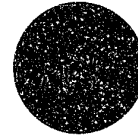


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EVALUATION OF THE MULTNOMAH COUNTY DRUG TESTING AND EVALUATION PROGRAM

A Report Prepared for
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EVALUATION OF THE MULTNOMAH COUNTY DRUG TESTING AND EVALUATION PROGRAM

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Preface

This report includes the results of a process and impact evaluation of the Multnomah County Drug Testing and Evaluation Program (DTE). The process evaluation describes the functioning of DTE from its inception in January 1991 through the spring of 1992. The evaluation analyzes how DTE's functioning during this period deviated from that intended by its designers and implementers.

It is worth noting that when the intended and actual functioning of DTE differ, it is neither always counterproductive nor necessarily subversive of DTE's ultimate goal of reducing drug abuse and its consequences among DTE clients. In some instances alterations in DTE's operations may have favorably influenced the achievement of program goals.

In the process evaluation, we indicate deviations from the intended operation of Multnomah County's DTE program. We also attempt to illuminate the rationales behind intentional changes made by DTE personnel, and to analyze the causes of unintended deviations from the program's original design. Finally we discuss the positive and negative impacts such changes, intentional or not, may have upon the Multnomah County DTE's goals.

Like all such pioneering programs, Multnomah County's DTE has evolved since the time of our process evaluation, as experience has demonstrated the need for changes in the program's structure and procedures. Providing a complete description of the evolution of the DTE program from its inception to the present is beyond the scope of our process evaluation or this report. However, Appendix A of this report contains a summary of changes in Multnomah County's DTE subsequent to the time of this process evaluation along with a brief discussion of the reasons for those changes.

Introduction

The Multnomah County Drug Testing and Evaluation Program (DTE) is intended to help selected clients (either arrestees awaiting trial or convicted and sentenced offenders) rid themselves of drug abusing behavior by providing random, weekly drug tests to all clients in the program. These drug tests are designed to allow DTE to monitor each client's compliance with release conditions and progress in treatment programs, and to intervene appropriately when a client shows signs of a drug abuse problem. DTE is also intended to provide a bridge between the pre-trial and post-trial supervision of clients. The DTE program supplements drug testing with client drug evaluations and treatment recommendations which are provided to the client's Probation Officer or case manager.

The DTE program's rationale is that drug abuse is a disorganizing factor in clients lives which increases the likelihood of continued criminal behavior. Drug testing and appropriate interventions for those clients who test positive should reduce client drug use and hence the propensity of clients towards criminal acts. This in turn should reduce costs to the criminal justice system and to society as a whole by reducing the incidence of new crimes, re-arrests, and failures to appear for criminal justice system processing.

Multnomah County's DTE has two main divisions: a pre-trial program and several post-sentence programs. A brief description of DTE's organization and personnel is provided in Appendix B of this report. DTE's post-sentence programs serve many more clients than the pre-trial program, and consist of four major programs which serve, almost exclusively, probationers and parolees:

1. drug testing and evaluation of probation and parole clients,
2. drug testing of clients in women offender programs,
3. drug testing of at-risk women offenders in residential drug treatment and in the community, (Until July 1992 this program included up to forty women offenders who were enrolled in residential drug treatment at Volunteers of America, Incorporated (VOA). In July 1992 DTE discontinued doing VOA's drug testing. This was done to reserve drug testing funds for those DTE clients who were not in programs with a pre-existing drug testing component), and
4. drug testing in the Community Service Forest Project. (This project is a 30 bed work program in Mount Hood National Forest for sentenced male felons which is operated by the Multnomah County

Department of Community Corrections in partnership with the U.S. Forest Service.)

The bulk of post-sentence clients are in the probation and parole program. This program has slots for testing 415 clients. The number of client enrollments in a given year can exceed the total number of available slots since clients typically spend less than a year in the program. During the period of this study clients spent an average of about 100 days in the probation and DTE program. Thus one slot could serve more than three clients per year.

From December 1990 through December 1991, the first year of DTE, 1,692 clients were enrolled in DTE's probation and parole program. In the first ten months of 1992, a year into the program, 757 new clients were enrolled. This slowdown in probation and parole enrollment occurred because many slots in 1992 were unavailable since they were occupied by clients enrolled during the program's first year. For the period from December 1990 through October 1992 clients spent an average of 107 days in DTE's probation and parole program. This suggests that at equilibrium the probation and parole program can process slightly over 1,400 clients per year.

The Women's Transition Services (WTS) component of DTE served 62 clients between January 1991 and October 1992. Clients spent an average of 235 days in the program. The Community Service Forest Project component of DTE served 393 clients during this period, who spent an average of 38 days in the program. All the post-sentence programs of DTE together can thus service somewhere between 1,800 and 1,900 clients each year.

During this same period, DTE's Pre-trial Release Supervision Program (PRSP) component processed 615 clients. These clients were in the program an average of 54 days. Since there are 50 pre-trial DTE slots, in theory DTE should be able to process approximately 340 clients per year or approximately 620 clients during this period. Thus the PRSP component of DTE is operating at capacity and processes about one-third the number of clients which post-sentence DTE components can process.

The evaluation is concerned mainly with the pre-trial DTE program and with the DTE probation and parole program. The pre-trial program is especially important because it is the first opportunity the criminal justice system has to supervise and control the drug use of potential DTE clients. The probation and parole program is important for at least three reasons. First, it is the largest component of Multnomah County's DTE program. Furthermore the linkage between it and the pre-trial DTE program is a paradigm for the linkage between the pre-trial DTE program and all other post-sentence DTE programs. Finally the experience of Multnomah County's probation and parole DTE program can be readily applied to the development of other such programs in other jurisdictions.

The next section provides a review of the research literature which supported the development of drug testing programs for offender populations. A description of the evaluation approach in the next section describes the conceptual framework used to organize the process and impact evaluations and the sources of data used in the analysis. The process evaluation begins with assessment of the drug testing procedures and the communication, recording and storage of the results, which were essentially the same for both pretrial and probation/parole DTE programs. This is followed by the process evaluation of the remaining components of the pretrial DTE program, the impact evaluation of the DTE pretrial program, the process evaluation of the probation/parole DTE program, and the impact evaluation of that program. The final section discusses the implications of these results.

Drug Testing in the Criminal Justice System

Drug testing programs have been developed in response to evidence of extensive drug use among the criminal population and close connections between drug use and criminal activity. Drug testing within the criminal justice system recognizes the potential benefits to reducing or, at the very least, monitoring drug use among those accused or convicted of a crime while in the community and under supervision of the court.

An extraordinary proportion of crime can be attributed to drug dependent offenders (Chaiken 1986; Gropper 1985; Inciardi 1979; Johnson, Goldstein, Preble, Schmeidler, Lipton, Sprunt, and Miller 1985). The National Institute of Justice's Drug Use Forecasting (DUF) program consistently finds that a majority of arrestees in major cities test positive for drugs at the time of their arrest (NIJ 1990). Substance abusers, especially offenders who use heroin and cocaine, have been found to exhibit extremely high crime rates (Ball, Rosen, Flueck, and Nurco 1981; Ball, Corty, Petroski, Bond, and Tommasello 1986; Chaiken and Chaiken 1983; Collins, Hubbard, and Rachal 1985; Johnson, et al. 1985; McGlothlin, Anglin, and Wilson 1977). As the severity of drug abuse increases among users, the frequency and severity of their criminal behavior rises dramatically (Chaiken 1986; Chaiken and Chaiken 1982; Collins, Hubbard, and Rachal 1985; Speckart and Anglin 1986a, b). Heavy illegal drug use also seems to be one of the most important factors which distinguish criminals with persistently high frequencies of violent criminal acts from other types of offenders (Chaiken and Chaiken 1982; Rolph and Chaiken 1987; Dembo et al. 1990; Visher 1990).

Drug abuse is linked to violent crime through: (1) the psychopharmacological effects of the drug which lead to crimes committed while under the influence; (2) economically compulsive crimes committed to support drug consumption; and (3) systemic crime associated with drug-transactions and marketing (Goldstein 1985). In the underground economy, non-using dealers engage in and are victimized by violent crime as part of their business (Falkin, Wexler, and Lipton 1992; Brounstein, Hatry, Altshuler, and Blair 1989). They are joined in drug selling by users who traffic and engage in property crimes to generate income for drug consumption. User-sellers may lure others not only into drug use, but also into criminal behavior in anticipation of large profits (Chaiken and Chaiken 1982; Goldstein 1985; Johnson, et al. 1985). Research also supports the folk wisdom that heavy drug users resort to other crimes in order to support their drug habit (Chaiken and Johnson 1988) and use drugs as part of the crime committing process (Johnson, et al. 1985).

Drug use plays a major role in recidivism. The vast majority of the nation's prisoners, more than 85 percent, are recidivists, and about three-quarters have histories of drug use (Innes 1988). Criminal offenders who are regular

users of hard drugs or of multiple drugs are typically at high risk of recidivism after release from prison (Chaiken and Chaiken 1982; Innes 1986; Wexler, Lipton, and Johnson 1988). In California, drug possession or use is a contributing factor in 64 percent of the cases in which parolees are returned to prison for parole violations (Blue Ribbon Commission 1990). In general, drug-dependent criminals lead lifestyles characterized by self-destructive and antisocial behaviors; they also have problems related to the absence of job training, dependence on others, and frequent conflict with criminal justice authorities (Collins, Hubbard, and Rachal 1985; Wexler, Lipton, and Johnson 1988).

Controlling the drug use of arrested or convicted offenders by the criminal justice system is key to interrupting the criminal careers of drug-involved offenders. Studies have found that the threat of sanctions for drug use appears to enable many offenders to at least temporarily desist from the use of illegal drugs (Carver 1986; BOTECH Analysis Corporation 1987; BOTECH Analysis Corporation 1990). Drug testing has been found to lower drug-using arrestees' re-arrest rates and rates of failure to appear for hearings (Toborg, Bellassi, Yezer, and Trost 1989). Prison drug treatment programs have been found to be at least moderately effective at weaning participants from illegal drug use and are highly cost-beneficial in terms of the crime they prevent (Chaiken 1989; National Institute on Drug Abuse 1988; American Correctional Association 1981).

Since 1984, Washington, D.C. has conducted urinalyses of arrestees and defendants at the time of arrest and, for those testing positive, during the period of pretrial release. Smaller experimental programs have been implemented in other jurisdictions (Wish, Toborg, and Bellassi 1987; Dembo et al. 1990). During pretrial release, regular, random tests are conducted, and those who test positive are penalized with jail time. The rationale for these programs is that offenders who continue to use drugs are expected to be less likely to appear in court and more likely to engage in criminal activity than offenders who never used drugs or abstain from drugs.

Evaluation of the DC drug testing program indicated that drug tests conducted shortly following arrest predicted pretrial misconduct (Visser 1992) and that dropping out of testing predicted subsequent pretrial failure (Toborg, et al. 1989). In addition, Smith and Polsenberg (1992) found that the urinalysis results predicted recidivism independently of other predictors of risk and were more effective in predicting recidivism among some groups of offenders, e.g., novice offenders and employed offenders, than others. Despite the relationship of pre-arraignment drug test results to behavior while on release, subjecting these offenders to drug testing during pretrial release did not result in lower rates of arrest or failure to appear than the rates for offenders assigned to drug treatment without testing or a control group (Toborg, et al. 1989; Visser 1992).

Subsequent replications of the DC program found that: (1) pre-arraignment drug testing did not contribute to predicting failure to appear independently of other available information; and (2) testing of offenders during pretrial release did not result in lower re-arrest rates and failure to appear rates (Kapsch and Sweeny 1990; Goldkamp, Jones, and Gottsfredson 1990; Gottsfredson, Britt, and Goldkamp 1990). However, these replication programs experienced significant problems in program implementation which may have weakened the validity of the evaluations (Goldkamp 1989; Visher 1992). These findings have led to conclusions by some experts that pretrial drug testing is not cost-effective (Belenko, Mara-Drita, and McElroy 1992).

Evaluation of drug testing during probation and parole has also produced mixed results. Evaluation of Drug Intensive Supervision Probation (ISP) in five sites found no reduction in officially-recorded recidivism, regardless of the drug testing schedules, system responses, and offender characteristics (Turner, Petersilia, and Deschenes 1991). However, the authors note that sanctions for testing failures were not consistently applied and found that technical violations increased due to improved offender monitoring, which increased the pressure on overcrowded jail and prison facilities. The implication is that unless drug testing programs plan resources for sanctioning failures consistently and swiftly, the programs are unlikely to deter continued drug use and criminal activity. Other studies suggest that urinalysis may be an effective tool for managing offenders when coupled with speedy and certain sanctions. The Drug Reduction of Probationers (DROP) program found that drug-tested offenders respond to sanctioning. The DROP program in Oregon arrests and jails probationers for two days after each positive drug test. Offender drug use declined after penalties were applied: 53% tested positive again after their first sanctioning, 24% tested positive again after a second sanctioning, and 6% tested positive again after a third sanctioning. Overall, positive drug tests among probationers declined from 43% before program implementation to 10% after program implementation (Kushner 1993). This finding is consistent with other studies which recommend combining legal sanctions with treatment (Hubbard, et al. 1989; Anglin and Hser 1990).

Overview of the Evaluation

This report includes both a process and impact evaluation of each of the two major programs within DTE, the pre-trial program and the probation and parole program.

The process evaluation examines seven distinct components of program operation:

1. recruitment of clients,
2. drug testing of clients,
3. adjunct client processing, e.g. diagnosis, evaluation, and treatment of clients,
4. sanctioning and rewarding of clients,
5. client termination or continuation,
6. data communication, storage, and recording among program participants,
7. linkage of the program to other DTE programs.

The process evaluation compares how each component was designed to function with how it actually functioned, and attempts to explain any discrepancies between the intended and actual functioning of a component. Where it is appropriate the report will suggest procedures that might bring the actual operation of a program component closer to its intended operation.

The impact evaluation examines whether the pre-trial and probation/parole programs reduce recidivism and increase compliance with court orders among defendants or offenders released under the supervision of the courts.

The impact analysis is guided by a conceptual model (see Exhibit A) in which program benefits or outcomes are hypothesized to be a function of participation in drug testing. Exhibit B illustrates the variables used to operationalize the model, with category labels or unit of measurement in the second column and data source in the third column.

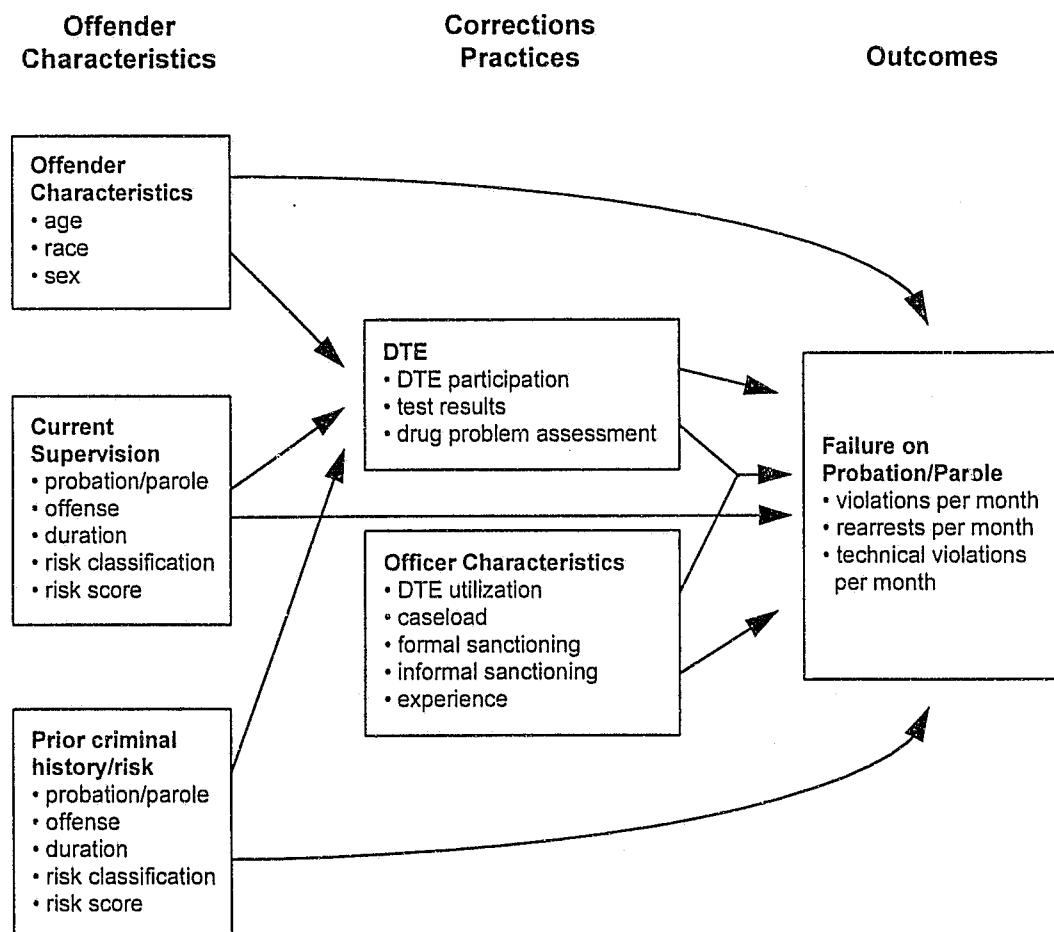
Program Outcomes. The outcomes of interest (shown in the block on the far right of Exhibit A) include arrest, technical violations of the conditions of court orders, and the number of violations of any kind (arrest, technical violations, and other infractions).

Exposure to DTE. These variables reflect the functioning of the DTE program and supervision practices (shown in the blocks in the center of the page). The

variables include any participation in DTE as well as the duration of DTE participation, number of tests, test outcomes, and drug severity assessment results.

Officer Characteristics. The second block of intervening variables includes officer characteristics such as years of experience, caseload size during the prior month, use of formal and informal sanctions for testing infractions, and factors related to caseload management. These characteristics are used in the analysis of DTE during probation and parole because they may affect outcomes directly and interact with DTE to affect outcomes. Those officers who used only informal penalties for DTE infractions were contrasted with

Exhibit A: Evaluation Framework



those who used a mix of formal and informal sanctions. A second indicator of officer supervisory practices was willingness to request a revocation hearing for missed or positive tests.

Client Risk of Probation/Parole Violations. Client characteristics which may independently affect recidivism and compliance with court orders include the client's criminal history, demographic characteristics, and current offense and status (as shown in the blocks on the left in Exhibit A). As a result, the analysis controls for age in years, sex, race (classified as white, African-American, and other), and current offense (drug offense, a Part 1 property crime, a Part 1 violent crime, and other offenses*). The analysis also controls for number of prior arrests on drug charges, number of prior arrests on other charges, and number of prior convictions. The client's risk score and risk classification category (high versus medium, low, or limited) at the start of supervision, and the number of days on probation or parole supervision are used to control for factors that predict recidivism independently of drug testing services.

Data used for testing this model (see Exhibit B) were collected from the following computer systems: (1) the Portland Police Department database (PPDS); (2) the Oregon State Law Enforcement Data System (LEDS); the DTE program files; the Oregon Justice Information Network System (OJINS); and the Oregon probation and parole tracking database (AS400).

- *The Oregon State Law Enforcement Data System (LEDS) and the Portland Police Data System (PPDS).* Records maintained by law enforcement agencies for the state of Oregon and for the city of Portland include arrest information (date and charge). LEDS contains information on prior conviction (date and charge), dates of incarceration in jail or prison, and dates of probation or parole revocation.
- *Data from the DTE Program Files.* Records were provided for all DTE clients seen before December 1, 1992. Data includes the testing results (number, outcome) and evaluation results of clients in DTE as well as demographic descriptors, and dates of entry and exit.
- *The Oregon Justice Information Network System (OJINS).* This system contains court records of court orders conditions and records on officially recorded violations of probation or parole conditions.

* Part 1 property crimes include burglary, larceny, auto theft and arson. Part 1 violent crimes include homicide, aggravated assault, rape, and robbery.

Exhibit B: Data for Impact Analysis

Variable	Measurement	Source
Client Characteristics		
Demographics		
Age	18-25;26-34;35+ years old	LEDS
Sex	male/female	LEDS
Race	white/African-American/other	LEDS
Current Supervision		
Type	probation/parole	AS400
Offense	drug/violent crime/property crime/ other offense	LEDS/PPDS
Risk classification	high/other	AS400
Duration of supervision	days of probation/parole	AS400
Risk score	score on Oregon Risk Assessment Instrument at start of supervision	AS400
Criminal History/Risk		
Drug offenses	# prior drug arrests	LEDS/PPDS
Other offenses	# prior arrests - nondrug	LEDS/PPDS
Convictions	# prior convictions	LEDS
DTE Experience		
Any testing	yes/no	DTE MIS
Testing history	number of tests any and by drug	DTE MIS
Failure to appear for test	number and % of total tests	DTE MIS
Positive drug tests	number and % of total tests any and by drug	DTE MIS
Any drug assessment	yes/no	DTE MIS
Duration in DTE	cumulative # days	DTE MIS
# times in DTE	0-3 times	DTE MIS
Officer Characteristics		
Caseload size	average # clients in past month	Survey
Experience in corrections	years	Survey
Willingness to request revocation	3 = very tough; 2 = moderately tough; 1 = not very tough	Survey
Informal sanctions		
1) for more than 2 positive drug tests	1 = would use only informal sanctions	Survey
2) for more than 2 missed drug tests	0 = would use mix of formal and informal sanctions	
Probation/Parole Outcomes		
Total violations	# per month	LEDS/OJINS
Re-arrests	# per month	LEDS/OJINS
Technical violations	# per month	LEDS/OJINS
Drug violation	average # of violations for positive drug test, test no-show, or self-reported drug use	LEDS/OJINS

- *The AS-400 System.* The Oregon probation and parole tracking database (AS400) contains current information on client status, the type and duration of supervision by each officer, score on the Oregon Risk Assessment instrument, and risk classification category.

Data from the various systems were merged by individual SIDS number or by social security number. In addition, data from the survey on officer sanctioning and supervisory practices, attitudes towards DTE, and use of the DTE were merged by officer identification number. Plans to collect data from hard copy probation and parole records on compliance with conditions other than DTE (including attendance at drug treatment, other types of treatment, community service, restitution, etc.) and sanctions imposed by the officer were abandoned because this information could not be retrieved reliably for a sufficient number of cases.

Process Evaluation of the DTE Drug Testing and Data Handling Procedures

The Drug Testing of Clients

Intended Urinalysis Procedures

TASC of Oregon, a private, non-profit drug treatment and evaluation program, conducts all urinalyses on DTE client urine specimens. TASC has a dedicated staff of one courier, one drug testing analyst, and one part-time manager dedicated to DTE urinalyses. A TASC courier collects specimens from the four branch offices of the Multnomah County Department of Community Corrections where DTE corrections technicians are assigned to collect urine samples. (NB: The DTE computer separates out client results by program, supervising location, and supervising officer, subsequent to the time at which urinalysis results are reported to DTE.) The courier follows procedures that ensure that the "chain of custody" of the samples is maintained. The courier also determines the needs of corrections technicians for specimen cups and lids, gloves, and other collection paraphernalia and provides these as needed. The courier begins his rounds at 1:00 PM and makes two rounds each day.

The TASC technician does a urinalysis of DTE urine specimens by conducting an enzyme immunoassay using Syva's EMIT system and Hitachi 704 auto-analyzer technology. All positive tests are re-tested (affirmation testing). The process is highly automated with strictly monitored chain of custody and quality assurance procedures. TASC retains urine samples which test positive so that contested test results can be confirmed by gas chromatography and/or mass spectrometry at another laboratory (confirmation testing).

At the time of specimen collection the DTE corrections technician records the client's ID Number (which may be the Oregon correctional systems ID number (SID) or Social Security Number) along with the associated sample container number on the lab report sheet. This sheet goes along with the samples to TASC. The TASC lab technician records test results by hand on this lab sheet when specimens are analyzed. The TASC lab technician faxes the completed lab reports to the DTE office. The Hitachi 704 automatically records test results on floppy disks. A number on the sample container's label uniquely relates each test to a urine sample.

At the DTE office the DTE computer operator enters the raw data from the lab reports into the DTE database using the clients' ID numbers. The computer then prints out separate report sheets for each urine specimen. Each

specimen can be tested for the presence of up to five different drugs. These reports are filed by supervising office, supervising officer, client, and test date. The DTE main office faxes these sheets to DTE corrections technicians who then distribute them to the appropriate supervising officer. This process will be streamlined when supervising officers have their own terminals.

Intended Random Urine Collection Procedures

The DTE program supervisor generates a schedule of random one digit urinalysis codes which changes daily. The daily urinalysis code is communicated to DTE clients through a recorded message which the clients must telephone and listen to every day. DTE corrections technicians maintain urinalysis log books in which clients' records are filed numerically by urinalysis code. Thus it is easy for technicians to determine who should be providing a urine specimen on any given day.

Corrections technicians and PRSP case managers have detailed instructions on how to obtain, log, and store urine samples from DTE clients. Following these instructions ensures that a proper "chain of custody" is maintained. The instructions also detail ways for dealing with and recording improper client behavior. Our observation suggests that corrections technicians adhere closely to these instructions.

A correction technician requires about 10-20 minutes per client to collect and store urine samples, and maintain associated records. However, this time may be greatly extended on occasion if a client experiences difficulty urinating and must make several attempts, waiting and then retrying to provide a urine sample. The technician at the East Branch Probation Office supervises about 15 collections per day, although this number can vary widely. Some clients may need several attempts to provide a proper sample. Corrections technicians must also orient new clients and maintain extensive records. Therefore corrections technicians can probably supervise between 75 and 100 clients per week depending on their experience and the difficulties encountered with individual clients.

We describe selection and enrollment of DTE clients later in this evaluation. When a DTE corrections technician or PRSP case manager enrolls a new client in the DTE program, the technician or case manager gives the client a one digit urinalysis code and a telephone number which the client must call each day. When clients call this number they learn whether their urinalysis code matches the randomly computed urinalysis code for the following day. If it does, their corrections technician or case manager will expect them to appear and provide a urine sample the next day. This procedure assures that the DTE urinalyses are random.

One exception is made for low-risk probation clients in the DTE program and for medium-risk clients who test negatively for an extended period. These clients must submit urine specimens randomly every other week.

Deviations From Intended Procedures

The urine collection and urinalysis procedures which Multnomah County actually uses in its DTE program vary little, if at all, from the intended procedures. Furthermore there are only slight variations in the urine collection procedures between the pre-trial, the probation and parole, the pregnant women offenders, and the forestry DTE programs. These procedures seem to work quite well and cause no problems in the way other components of the various DTE programs function.

During the period January 1991 through October 1992 TASC conducted approximately 1,500 urinalyses for pre-trial DTE; 17,500 urinalyses for probation and parole DTE; 1,700 urinalyses for the forestry program DTE; and 600 urinalyses for the WTS component of DTE. Thus TASC conducted an average of about 225 urinalyses per week for DTE during this period. TASC representatives stated that they could conduct many more urine collections and urinalyses for DTE than they currently do.

Multnomah County's DTE program is using currently available drug-testing funds as efficiently as possible by randomizing drug testing and paying TASC on a per-test basis. If the DTE program had more funds to support additional drug testing, TASC could easily process far more DTE urinalyses than it currently does.

During the period of this evaluation TASC charged DTE \$8 per three-assay urinalysis. Funding allowed for 13,750 of these tests. Since PRSP clients spend an average of eight weeks in the DTE program, and probation and parole clients spend an average of 15 weeks, the funding was adequate to provide weekly drug testing for about 1,700 PRSP clients, or about 900 probation or parole clients, or for some combination of PRSP and probation and parole clients, e.g. 200 PRSP clients and 800 probation and parole clients.

If funds for drug testing were the only financial constraint upon expanding the DTE program, then DTE would require additional funds of about \$50 per client to expand its PRSP client base, and \$120 per client to expand its probation and parole client base.

The Communication, Recording and Storage of Program Information

Intended Data Handling Procedures

The procedure to communicate, record and store program information is essentially the same for both the pretrial and probation/parole components of DTE. These procedures are assessed below.

Corrections technicians transmit copies of all client reports and forms to the DTE computer clerk in the central office. The computer clerk enters data from these reports and forms into the DTE database. (This database is currently maintained on an 80486 based personal computer using DataEase software. Earlier in the program the database was maintained on an 80286 based computer, but this computer proved inadequate to the task and was replaced.) The computer clerk uses DataEase programs to prepare reports which are sent to DTE administrators or corrections technicians who then distribute these reports to appropriate program personnel.

The hard copy records which the computer clerk collects and distributes are maintained in files by the corrections technicians, case managers and probation/parole officers, and by the DTE central office. When a client leaves the program, the DTE central office creates and files a hard copy of all transactions for the client.

Couriers or FAX machines transmit hard copy documents between the different offices in the program. This system appears cumbersome, but works well. Much of the complication arises from concerns for due process and efforts to maintain the "chain of custody" as well as legally unimpeachable records. Individual program components vary slightly around this general pattern, and will be described below.

Deviations from Intended Data Handling Procedures

The DTE procedures for communicating, recording, and storing client information do not vary much from the intended procedures. DTE corrections technicians are the link between case managers, probation/parole officers, and the central DTE office. These technicians also do most of the paperwork involved in registering and monitoring clients in the DTE program. They provide case managers and probation/parole officers with appropriate forms and ensure the completion of these forms. They also transmit forms from DTE's central office to case managers and probation/parole officers. Finally, corrections technicians maintain logs detailing all client transactions, although PRSP case managers and probation/parole officers are also expected to keep client files.

Corrections technicians are certainly one of the most important links in the DTE program. By dealing with the most difficult, tedious, unpleasant, and time-consuming aspects of drug testing, they make drug testing a reasonable option for PRSP case managers and probation/parole officers. Our observations suggest that most corrections technicians are not over-burdened by their current DTE case loads. Therefore, the number of DTE clients could be increased moderately without over-burdening the current staff of corrections technicians. This aspect of DTE is working well and has won praise from probation/parole officers who use the DTE program.

Process Evaluation of the DTE Pre-Trial Program

Introduction

The pre-trial DTE program is meant to reduce failures to appear for trials and hearings and re-arrests during the pre-sentence period. The theory is that random urinalyses coupled with sanctions for failures to submit urine samples, or submissions of samples that test positively for drugs will inhibit the use of drugs by DTE clients between their arrest and court disposition. Reduced drug use should increase clients' senses of responsibility and decrease their criminal behavior. This should be reflected in reduced rates of failures to appear and re-arrest.

Client Recruitment

Intended Client Recruitment

The intended clients of Multnomah County's pre-trial DTE program are PRSP clients with a prior or current felony drug charge or who admit to drug use. Multnomah County Pre-trial Service officers conduct an intake interview with all arrested persons during booking at the Multnomah County Justice Center. The court has granted Pre-trial Service officers the right to release arrested persons on their own recognizance after this interview, and about 52% of arrestees are released in this manner with the expectation that they will report to an arraignment hearing.

The remaining 48% of arrestees are held for arraignment. After arraignment a number of dispositions are possible. The one that concerns this report is release conditional upon pre-trial supervision. There are several pre-trial supervision programs in Multnomah County, but the largest of these is PRSP and it is from PRSP clients with drug problems that DTE clients are selected.

During the period from January 1991 through October 1992, the PRSP program has employed 13 case managers who have managed a total caseload of 615 PRSP clients. Approximately 100 clients are released to PRSP supervision each month. The National Institute of Justice's Drug Use Forecasting System figures suggest that about half of all arrestees held for arraignment are drug users, so it is safe to assume that at least this proportion of PRSP clients are eligible for DTE. Thus PRSP supervises about 300 clients per year who are eligible for pre-trial DTE and about 50 DTE-eligible clients are released to PRSP supervision each month.

However, only about 3540 pre-trial DTE slots become available each month. This means that PRSP case managers must select about 70% to 80% of incoming PRSP clients for the DTE program. The remaining eligible clients become part of a control group but do not participate in the DTE program. In practice the number of PRSP clients entering DTE each month varied widely during the period from January 1991 through October 1992 ranging from a high of 55 in January 1992 to a low of seven in March 1992.

Each new pre-trial DTE client is assigned to a PRSP case manager. The case manager meets weekly with each of his or her PRSP clients. In the first meeting the case manager orients new clients to PRSP. In addition, for DTE clients, the PRSP case manager completes a DTE Offender Tracking Form (Exhibit A) and gives this form to the on-site DTE corrections technician. The PRSP case manager also arranges for a DTE orientation meeting between the new DTE client and the corrections technician. This meeting is supposed to occur within a week of the PRSP orientation meeting and before the first DTE urinalysis.

As an adjunct to this meeting the DTE corrections technician assigns urinalysis code numbers to new clients and enters the codes and other Offender Tracking Form information onto Urinalysis Log Forms (Exhibit C). Corrections technicians file the Log Forms in their urinalysis log books and use these forms to record clients' urine collection and urinalysis results. They also submit this code and all other client paperwork to the DTE computer clerk after orientation. The computer clerk enters clients' Offender Tracking Form information and urinalysis codes into the DTE personal computer database. The computer clerk also maintains all client information which is collected by corrections technicians in the client's file located in the DTE computer.

During DTE orientation, corrections technicians interview new clients, make sure clients understand the DTE program, and have clients sign the DTE Client Orientation Form (Exhibit B). Corrections technicians give the case manager this Client Orientation Form to add to clients' PRSP files. Within a week after the Client Orientation Form is filed the client begins urinalysis.

Deviations From Intended Client Recruitment

There are no apparent problems with the formal aspects of entering new clients into the pre-trial DTE program. The number of PRSP case managers and corrections technicians is adequate to orient and complete the paperwork for the number of clients entering the program which has been a maximum of 55 per month in January 1992, but is more typically around 30 per month. (In 1991, 380 clients entered the PRSP DTE program and 307 clients terminated. In the first ten months of 1992 there were 235 entries and 300 terminations.)

There are some potential concerns about whether the current procedures for selecting pre-trial DTE clients actually do select the most appropriate clients for DTE. Three filters determine who will be selected for the pre-trial DTE program:

1. the intake interview, which determines which arrestees will be held for arraignment,
2. the selection of arrestees who will be released under PRSP supervision, and
3. the selection of PRSP supervisees who will be selected for DTE.

An additional factor complicates this situation. The police apprehend nearly 50,000 persons in Multnomah County each year. About 25,000 of these apprehensions result in arrests and intake interviews. The remainder become "citations in lieu of arrest" where the citee is required to appear for arraignment but is not detained. As a result, the citee will not have an intake interview and therefore will never even be considered as a DTE client. It is unclear how many "citations in lieu of arrest" might be eligible for PRSP and/or DTE, but current recruitment procedures tend to exclude these persons from each program.

Adjunct Client Processing

Intended Adjunct Client Processing

The pre-trial DTE program was intended to supply each client with an evaluation of drug abuse severity and to refer appropriate clients to suitable drug treatment programs. PRSP case managers of DTE clients were to encourage client compliance by emphasizing both the sanctions clients could receive for non-compliance and the availability of drug treatment for those who had difficulty abstaining from drug use. All pre-trial DTE clients are supposed to see a DTE drug evaluator within two to six weeks of entering the program. Furthermore, PRSP case managers are supposed to arrange an additional drug evaluation for any pre-trial DTE client who misses or tests positive on three or more drug tests within 90 days.

From the beginning of the DTE program, two full-time DTE drug evaluators were available for doing drug evaluations. Currently Multnomah County funds support a third full-time DTE drug evaluator. Among them the three evaluators can do about 45 evaluations per week, three interviews per evaluator each morning and write-ups of these into reports in the afternoon. The central evaluation form is the Addiction Severity Index (Exhibit D), which gives a numeric index of addiction severity. The evaluators supple-

ment this with a narrative report of the client's history and personal, medical, and social problems. The evaluations are intended for use by case managers and judges, prosecutors, and defense attorneys to assist in plea bargaining, trial, and sentencing.

Multnomah County boasts a large number of drug treatment programs representing a wide array of modalities and treatment styles. Programs range from residential medical treatment of alcohol/drug addiction to participation in Alcoholics Anonymous/Narcotics Anonymous programs. As of July 1993, the Multnomah Department of Community Corrections had nearly \$3 million in contracts with drug treatment agencies for the provision of drug treatment services to Department of Community Corrections' clients. About two-thirds of this money is for residential drug treatment services. In addition, the Multnomah County Department of Social Services contracts for additional drug treatment slots, and these slots are available to clients of the Department of Community Corrections.

Deviations From Intended Adjunct Client Processing

DTE staff is more than adequate to evaluate all entering pre-trial DTE clients. Several issues have affected the evaluation process, however. First, as of February 1992 some staffing problems (due to illness) have created a scheduling backlog so that evaluations must be scheduled from two weeks to as far as six weeks in advance. Many PRSP clients are on an expedited court docket which means that the time between arraignment and sentence is usually less than three months. This suggests that some pre-trial DTE clients might never be evaluated, since they leave the pre-trial DTE program before their scheduled evaluation.

A second problem is that more than half of all clients fail to appear for their evaluations. Of the 615 clients who entered the PRSP DTE program between January 1991 and October 1992, only 304 were ultimately evaluated. This figure understates the problem, however, since many of these 304 clients were evaluated only after missing several scheduled evaluation appointments. These missed appointments are obviously wasteful of DTE resources. They are probably also detrimental to the DTE program in terms of evaluator morale and the message they send to clients about how much clients in the program can get away with.

Furthermore there does not seem to be any sanctioning policy in place for those clients who miss their evaluation appointments. (The next section will discuss the overall low level of sanctioning in the PRSP DTE program.) This lack of sanctioning is partly due to the apparent lack of any clear-cut policy on what use PRSP case managers and other elements of Multnomah County's criminal justice system should make of the evaluations.

PRSP case managers would probably value evaluations more if they were an adjunct to getting the proper clients into drug treatment programs. But in fact there seems to be little drug treatment within the pre-trial DTE program. There are several reasons for this:

1. The Department of Community Corrections has given priority to probation and parole clients for access to treatment programs. State funding requires that the Department of Community Corrections focus its resources on high-risk, post-trial clients. Given this situation, pre-trial clients with an apparently high-priority need for drug treatment may be assigned a relatively low priority need compared to probationers and parolees.
2. Many drug users are diverted from pre-trial supervision into the STOP Drug Diversion program.
3. DTE clients spend a relatively short time in the pre-trial program, due to the expedited court docket. Drug treatment programs and case managers hesitate to enroll clients in programs when it is likely that those clients may quickly leave the program when pre-trial DTE supervision ends.

The DTE evaluator we interviewed knows only one PRSP case manager who followed up on the evaluation and tried to get a client into treatment. This trend appears to be confirmed by the fact that very few treatment referrals are made by PRSP. Neither judges, prosecutors, nor defense attorneys appear to be using the evaluations in plea-bargaining or sentencing. It is not entirely clear whether this is because PRSP case managers do not provide them with evaluations or because judges, prosecutors, and attorneys choose not to use the evaluations which they do receive. Since evaluations are not being used, there is little emphasis on ensuring that clients participate in them.

The lack of drug treatment for pre-trial clients is unfortunate because the evaluations which do occur suggest that many persons in Multnomah County's PRSP DTE program are desperately in need of various kinds of interventions and treatments. Among those who were evaluated the evaluators found that:

- 22% needed medical treatment,
- 36% needed family or social counseling or intervention,
- 27% needed treatment for alcohol dependence,
- 52% needed treatment for drug addiction,

- 42% needed assistance with legal issues,
- 23% needed psychological counseling or treatment, and
- 34% needed employment counseling.

Ultimately evaluators recommended that 70% of those they evaluated needed some form of substance abuse treatment. Of those needing treatment, half—or 35% of all evaluated clients—needed some form of outpatient treatment, two-fifths—or 27% of all evaluated clients—needed intensive outpatient treatment, and the remainder—8% of all evaluated clients—required hospitalization or treatment in some other form of inpatient care.

It is worth noting here that the Department of Community Corrections has had an on-going concern with the allocation of treatment and other resources to pretrial clients. Currently a substantial number of arrestees charged with drug possession receive treatment in the S.T.O.P. Drug Diversion Program. This program is supported jointly by federal, City of Portland, and Multnomah County funds.

Client Sanctioning and Rewarding

Intended Client Sanctioning and Rewarding

When clients fail to appear, fail to provide a urine sample, are excused from testing, or provide a bogus sample, corrections technicians complete a "Report of 'No-Show' Or 'No Test'" form (Exhibit E) and send a copy to the PRSP case managers. When clients are intoxicated, report drug abuse, or behave improperly during urine collection visits, corrections technicians complete Incident Report Forms (Exhibit F) and send copies to PRSP case managers who must complete the forms and return them to corrections technicians for entry into the urinalysis logs. Corrections technicians also send copies of these reports to the DTE computer clerk who enters the data into the DTE computer database.

Every second week the DTE computer clerk creates a list of clients who currently have three or more failures to appear for urine collection or positive urinalyses and sends these to the appropriate DTE corrections technicians. The technicians provide each PRSP case manager with an Offender Action Form (Exhibit G) for each client on this list. The case managers complete these forms and return them to the technicians who enter any actions taken into the urinalysis logs. The technicians then send these files to the DTE computer clerk who enters all sanctioning actions into the DTE database.

PRSP case managers have considerable latitude in determining their response to a PRSP client who is seriously violating the conditions of his pre-trial release. For instance, they can counsel the client, require more frequent meetings with him, or require that he obtain treatment for substance abuse or other problems. In extreme cases they can notify the court of the client's behavior and request that the court schedule a hearing for the client. These hearings can lead to sanctioning of a client or even revocation of a client's pre-trial release.

The DTE program provides formal guidelines for how PRSP case managers should respond to DTE clients who violate provisions of either the PRSP or the DTE program. First, after one or two failures to appear or positive urinalyses within a ninety day period, PRSP case managers should counsel clients and remind them of treatment possibilities. After three failures to appear or positive urinalyses within a ninety day period case, managers should schedule a drug evaluation and a show-cause hearing before the court. The Multnomah County Sheriff has set aside five beds in the jail to sanction pre-trial DTE clients for non-compliance.

Deviations From Intended Client Sanctioning and Rewarding

Prior to November 1991 the court did not sanction DTE clients for non-compliance. The judges have altered this policy since then, and the court now schedules show-cause hearings when PRSP case managers report two failures to appear for a drug test or positive drug tests. Ninety percent of non-complying clients will receive some sanction (frequently a couple of days in jail) after a show-cause hearing. The court also will detain pre-trial releasees on high bail after a second show-cause hearing.

The expedited docket poses a major problem here. Show-cause hearings are typically scheduled two weeks to a month in advance. By then many clients are out of pre-trial DTE's supervision. The median time in the PRSP DTE program is only 45 days while over a quarter of all PRSP DTE clients are in the program a month or less. The court would like to resolve this problem with immediate show-cause hearings. In addition about half of all clients fail to appear for show-cause hearings. Warrants are issued against them, but no officers are available to serve these warrants, so this is an empty gesture.

Between January 1991 and October 1992, 3,184 urinalysis tests were scheduled for PRSP DTE clients. These resulted in 1,649 failures to appear for testing and 455 positive tests. Thus about two-thirds of all scheduled tests resulted in violations. Over half (355) of all PRSP DTE clients failed to submit scheduled urine samples on two or more occasions. Fifteen percent (135) failed to submit five or more. About one-third (222) of all PRSP DTE clients tested positive on at least one occasion for one or more drugs. Over 10% (63) tested positive on three or more occasions.

As a result of these lapses case managers initiated supervisory action against 64 clients. Of these, eleven had a second action initiated and three had a third. Of these 78 supervisory actions, only 14 resulted in revocation of pre-trial release. In an additional 32 supervisory actions, either the court was informed or a court hearing was set. As a result of "show-cause" hearings, nine clients were sent to jail for two days and then returned to the program while 23 clients were removed from the program and remanded to custody.

Despite the considerable number of infractions of program rules, case managers seem to have initiated little disciplinary action. What disciplinary actions were initiated seem to have resulted in little actual sanctioning. In all probability increasing the level of sanctioning would greatly reduce the number of "no-shows" for evaluation and urine collection as well as the number of positive drug tests. However, it is worth noting that, given the current jail population pressure, revoked DTE pre-trial clients are likely to pose a low enough risk of flight/re-offense that they may be released under the Sheriff's "population release" authority. Thus sanctioning of pre-trial DTE clients was and is likely to remain a "paper tiger."

Client Termination or Continuation

Intended Client Termination or Continuation

Pre-trial clients, including DTE clients, successfully complete their supervised release when they are sentenced. Clients are terminated from DTE if their pre-trial release is revoked either for failure to appear or positive urinalyses. DTE clients are also terminated from DTE for other reasons, unrelated to the program, such as abscondment or re-arrest. In all such cases PRSP case managers must complete the Offender Tracking Form (described above) and submit this to the DTE corrections technician within five days. The corrections technician must sign this form and send it and all the client's urinalysis log forms to the DTE central office. There the DTE computer clerk enters the termination data into the DTE database. Finally the DTE central office files all client paperwork.

Deviations From Intended Client Termination or Continuation

The considerable number of infractions of DTE rules means that the majority of PRSP clients who are also DTE clients are unsuccessfully terminated from the DTE program although they may still successfully complete PRSP. Between January 1991 and October 1992, only 16.5% (86) of PRSP clients in the DTE program successfully terminated the DTE program. This is in marked contrast to the 70.1% of these same clients who successfully terminated PRSP.

The DTE program compliance of PRSP clients in DTE has risen slightly since the beginning of the program. Rates at which clients fail to appear for testing consistently remained around 50%, between the first quarter of 1991 and the third quarter of 1992. But program compliance increased, because the proportion of completed urine tests which tested positive for any drug declined from 40% to 22%. Overall the proportion of scheduled urinalyses which resulted in either a failure to appear for testing or a positive drug test declined from 70% in the first quarter of 1991 to 58% in the third quarter of 1992. Despite this increase in program compliance, DTE failure rates among PRSP clients actually increased slightly, rising from 70.1% in the first quarter of 1991 to 82% in the third quarter of 1992. Apparently program compliance has little impact on a PRSP client's ability to successfully complete the DTE program. Improved access to drug treatment could conceivably alter this situation.

Furthermore the 83 clients who were randomly selected for the control component of the PRSP DTE program (i.e. they did not participate in the random drug testing component of DTE) actually experienced a lower percentage of pre-sentence release failure (18%) than that experienced by the 526 PRSP DTE clients who were supposed to receive random drug testing (30%). These figures suggest that the PRSP DTE program as it currently operates does not increase the success of PRSP clients.

Program Linkage to Other DTE Programs

The main link between the pre-trial component of DTE and probation is the use of pre-trial DTE evaluations and urinalysis results by probation officers during the probation intake process. Currently about one-quarter of the 250 to 300 new probation clients who are processed each month have had a pre-sentence investigation. Therefore the pre-trial DTE evaluations are a valuable supplementary source of information for probation officers who are doing risk assessments of new probation clients. Aside from DTE evaluations, the only bases for such assessments are an interview of the new client and a search of various law enforcement databases such as the FBI's NCIC system.

Other than this use of the DTE evaluation there appear to be no explicit linkages between the pre-trial and post-sentence components of DTE. Since an estimated 75% of those on pre-trial drug testing go on to probation, linkages between pre-trial DTE and probation DTE should be an essential part of the program.

Such linkages are important because the expedited court docket means that termination of a client's pre-trial DTE participation as a result of sentencing may occur long before that client has actually demonstrated a drug-free lifestyle or successfully completed a drug treatment program. At the very least clients in the pre-trial DTE program who are sentenced to probation should

have as an added condition of probation continued participation in any drug treatment programs they were enrolled in at time of sentencing and continued participation in the probation component of DTE if they have not had a long enough period in the pre-trial DTE program.

Summary Of Process Evaluation For The Pre-Trial DTE Program

Generally the pre-trial DTE program in Multnomah County functions as intended. However some aspects of the program are operating at substantial variance from original plans. Some of these have been affected by a scarcity of resources that has adverse impacts on all components of the criminal justice system. Other aspects of the program may be brought into conformity with the original intentions of the DTE program by some relatively minor changes in implementation.

Pre-trial DTE has the resources to evaluate all new pre-trial DTE clients when they enter the program. The DTE evaluation is a valuable aspect of the program and one which can be used by other elements of the criminal justice system including the courts and probation and parole. Therefore all pre-trial DTE clients should be evaluated during their orientation, and clients who fail to appear for their evaluation should receive sanctions similar to those imposed for failure to appear for testing and positive drug tests.

Currently PRSP case managers seem not to use the DTE evaluations. When the evaluations suggest the need for drug treatment, case managers appear stymied by a lack of resources to fund drug treatment and by an apparent unwillingness of drug treatment programs to accept clients who may leave their treatment as soon as pre-trial supervision ceases. The availability of more funds for drug treatment and a carryover of DTE supervision from pre-trial through probation might resolve these issues and encourage PRSP case managers to make more use of DTE evaluations and drug treatment for clients. Alternatively, given the uncertainty that drug treatment for PRSP DTE clients will continue into their post-sentence disposition, it might be better to consider cost effective alternatives to drug treatment for these clients, such as a drug education program and referrals to Alcoholics Anonymous, Narcotics Anonymous, or similar free programs.

The sanctioning process for failures to appear for evaluations and urinalyses and for urinalyses which test positive for drugs should be expedited and enforced. Immediate show-cause hearings for pre-trial DTE clients seem necessary in light of the expedited docket. But show-cause hearings and the penalties imposed by them currently have no teeth, since the failure to appear rate of pre-trial DTE clients for these hearings is currently about 50%. The time of warrant-serving officers must be made available so that FTAs for show-cause hearings can be sanctioned.

DTE must work to ensure that pre-trial clients' evaluations, urinalysis log sheets, and explanations of the significance of these items reach trial judges, prosecutors, and defense attorneys and are used in making plea bargains and sentencing decisions. One possibility is tagging the court files of DTE clients so that court officers are aware that these files contain DTE information. Another is separately scheduling all DTE cases to appear together on the court docket. In any case DTE clients should be aware that their DTE records will be considered by the court. This may further encourage their compliance with the program.

Currently the Department of Community Corrections has established a committee, including staff from Presentence Investigation, Intake, field supervision offices, and the Pretrial Release Office, whose purpose is to enhance case flow and operational linkages. This committee is aware of the issues raised in this evaluation of the DTE pre-trial program and will almost certainly adopt measures to address the problems with pre-trial DTE mentioned in this evaluation.

The Impact of the DTE Pre-Trial Program

Evaluation Design

Evaluation of the use of DTE during pre-trial release is based on an experimental design. Eighty-five percent of the PRSP clients who were eligible for DTE were randomly selected for referral to the program based on the last two digits of their identification number. The remaining eligible clients serve as a control group. The sample used in the impact analysis consists of 251 pre-trial cases: a treatment group of 168 DTE clients randomly chosen from those referred to DTE, and a control group of all those not referred to DTE (n=83)*.

The cases in the treatment and control group appear similar in demographic characteristics and criminal activity. Our analysis found no significant differences between the groups in age, race, sex, the current offense charge, or number of prior arrests. Most sample members were male (79%) and most were white (58%). Although 36% had been arrested less than three times before the current offense (34% of the treatment group and 40% of the control group), most had lengthier arrest records, with 18% reporting 11 or more prior arrests (Table 1).

The goals of the pre-trial DTE program included reducing criminal activity, obtaining abstinence from drug use during pre-trial release, identifying defendants in need of treatment and connecting them to treatment providers, and linking the pre-trial and post-adjudication supervision of drug-involved offenders. In the absence of drug testing or self-report data on the control group, it was not possible to assess differences in drug abstinence, early treatment entry, or linkage of pre-trial and post-adjudication supervision. However, evidence from the process evaluation and records from the DTE program suggest that problems in implementation limited goal attainment in these areas. Only 14% of the clients appeared for all scheduled tests; 46% missed more than half of their scheduled tests. Of those who appeared for at least one test (n=139), 60% tested positive on one or more tests. Over one-third (34%) tested positive on more than three-quarters of their tests (Table 2). Relatively few evaluations of drug problems were completed, and efforts to refer clients to treatment were not vigorously pursued for reasons described in the process evaluation. Although violations of DTE conditions led many DTE clients to be terminated from the testing program, testing violations did not result in sanctions by the court or change PRSP completion rates.

* Forty-eight cases originally selected for the sample were excluded because the records on arrests could not be obtained or matched to DTE files.

The indicator of criminal activity used in this impact analysis is re-arrests. This indicator of criminal activity does not, therefore, measure criminal activity in which the offender is not apprehended. The impact analysis examines the effects of DTE on any arrests: (1) during DTE participation, and (2) between referral to DTE and January 1993 (3 to 23 months depending on date of referral to DTE), using logistic regression models that controlled for prior arrests, age, race, sex, and offense type. During the evaluation time period, 45% of the sample members were re-arrested after starting DTE, 25% more than once. Because the amount of time on pre-trial release and the amount of time in the community after sentencing varies, the analysis also examined the number of rearrests per 30 days of active supervision, using linear regression models that controlled for the same client characteristics.

Results

The probability of arrest did not differ between the treatment and control group during DTE or across the entire period of study (Table 3) showed no differences between the treatment and control group, either during DTE participation (Model 1) or following entry into DTE (Model 2). Similarly, the number of arrests per 30 days between entry into DTE and January 1993 did not differ significantly between DTE participants and those not in DTE, controlling for other variables (Table 4).

Table 1:
Description of Sample of Pretrial Clients

	Received DTE (n=168)	Did Not Receive DTE (n=83)	Total (n=251)
Age Groups			
18-25	36%	33%	35%
26-34	36%	42%	38%
35 and older	29%	28%	28%
Sex			
Male	80%	78%	79%
Female	20%	22%	21%
Race			
White	60%	54%	58%
African-American	31%	30%	31%
Other	9%	16%	12%
Offense			
Drug felonies	88%	88%	88%
Other felonies	12%	12%	12%
Number of Prior Arrests			
0-2	34%	40%	36%
3-10	49%	41%	46%
11 or more	17%	19%	18%
Number of Rearrests During DTE			
0	86%	87%	86%
1	10%	12%	11%
2	3%	0%	2%
3 or more	1%	1%	1%
Number of Rearrests After Start of DTE			
0	54%	55%	55%
1	20%	23%	21%
2	10%	10%	10%
3 or more	16%	12%	15%

Table 2:
DTE Violations for Tested Pretrial Clients

Percentage of Scheduled Tests Missed (n=168)	
None	14%
1-25%	16%
26-50%	24%
51-75%	18%
76% or more	28%
Percentage of Tests Which Were Positive	
None	40%
1-25%	7%
26-50%	12%
51-75%	7%
76% or more	34%

Table 3:
Logistic Regression Odds Ratios of the Effects of DTE Participation on Re-arrests of Clients on Pretrial Release

	Model 1 Any Arrest During DTE	Model 2 Any Arrest After DTE Start
Intercept	.26	1.90
Number of Prior Arrests	1.14 ***	1.12 ***
Drug Felony Charge	1.11	1.39
Race (other omitted)		
White	2.67	1.20
Black	1.30	.82
Male	.39	.71
Age Group (35+ omitted)		
18-25	.30 *	.38 **
26-34	.72	.57
DTE Participation	.78	.89
df	242	242

* p < .05

** p < .01

*** p < .001

Table 4:
Regression Coefficients of the Effects of DTE Participation and Drug Problem Severity on Rearrests of Offenders on Pretrial Release

	Number of Arrests After Start of DTE
Intercept	.01
Number of Prior Arrests	.01 ***
Drug Felony Charge	-.01
Race (other omitted)	
White	-.02
Black	-.01
Male	.03
Age Group (35+ omitted)	
18-25	.05 **
26-34	.00
DTE Participation	.01
df	241
R ² (corrected)	.13

* p < .05

** p < .01

*** p < .001

The Process Evaluation of the Probation and Parole DTE Program

Introduction

Part of the original intent of Multnomah County's probation and parole DTE was to select a subset of probation and parole clients and subject them to an extended period of drug testing with evaluation and drug treatment when appropriate. DTE guidelines for probation/parole officers and case managers suggest that client participation should be for a period of three to six months. This is a standard model of how random drug testing should be utilized in probation and parole programs. In this model random drug testing is either a compliance monitoring technique, often as an adjunct to a treatment program, with associated sanctions to ensure clients' cooperation, or a process for detecting when clients may need drug treatment. However, the DTE guidelines allowed probation/parole officers considerable latitude in using DTE. For example, probation/parole officers were free to use DTE primarily as a tool for monitoring and controlling the substance abuse of clients whom they suspected of drug abuse.

Multnomah County probation/parole officers have taken advantage of the latitude the DTE program offers them and it is not uncommon for probation/parole officers to shift drug using clients in and out of the DTE program depending on clients' current behavior. Probation/parole officers put a client into the DTE program when they wish to sanction and/or increase control over that client. They remove a client from the program when that client's behavior no longer seems to warrant the level of supervision that DTE provides. In essence they use the DTE program as an additional tool for controlling and supervising all aspects of client behavior. They do not always treat it as an integrated program for controlling and treating drug abuse.

This approach is consistent with the original, broad intentions of the DTE program, which included the concept that probation/parole officers might use DTE as a case management tool. Partly because the responses of probation/parole officers to DTE are so important to the successful operation of the DTE program, BOTEC Analysis Corporation and the Urban Institute conducted a confidential survey of Multnomah County's probation/parole officers. A brief description of this survey is provided in Appendix C of this report. Responses to our questionnaire suggest that the majority of probation/parole officers use DTE in the majority of cases as a case management tool for clients at risk of drug abuse. For example, they may assign clients to DTE for indications of current drug use or assign drug abusing clients to DTE in lieu of drug treatment.

However, some probation/parole officers will use DTE as a case management tool for occasional clients who are not necessarily at high risk of drug abusing behavior. It is likely that these probation/parole officers may feel that almost all their clients are at risk of drug abusing behavior and therefore almost all are eligible for DTE whether they are manifesting such behavior or not.

Client Recruitment

Intended Client Recruitment

During probation and parole intake, Multnomah County Community Corrections Department intake officers use the Oregon Risk Assessment instrument to evaluate the risk of violence which new clients may present to the community. Intake officers classify clients as low, medium, or high risk, or "red flag" cases where the client is believed to be extremely dangerous.

Parole officers base the level of supervision and amounts of time they can allocate to clients upon these classifications.

A probation/parole officer is allowed about three-quarters of an hour per month to supervise low risk offenders. Probation/parole officers basically supervise these offenders by mail. Probation/parole officers are allowed about one-and-a-half hours to supervise medium risk offenders. These offenders should visit their probation/parole officer's office at least once each month and the probation/parole officer should visit them at home once every other month. Probation/parole officers are allowed about two-and-half hours to supervise high risk offenders. These offenders should receive a monthly home visit and have at least two face-to-face meetings with their probation/parole officer each month.

This classification system is complicated by the fact that probation/parole officers can change clients' classifications at any time by completing a new risk assessment form. In fact probation/parole officers are required to reassess each client every six months. Probation/parole officers use re-classification to distribute their time and resources among different clients. If a client's behavior seems to be out of control, a probation/parole officer will increase his or her risk assessment. On the other hand, clients who are behaving themselves can be given a lower risk assessment so that the probation/parole officer will not have to allocate as much time to that client. Both clients and probation/parole officers regard reclassification partly as a sanction, since higher risk assessments place more onerous responsibilities on clients.

Even though the probation and parole DTE program is intended for high risk clients with drug problems, because offenders' risk scores and classifications can change over time, clients are not necessarily removed from DTE if their risk management score changes. If this were the case clients would con-

stantly be entering and leaving DTE which would contravene the intent of the urinalysis program and interfere with the continuity of testing.

The processes which probation/parole officers use to enroll clients in the probation and parole DTE program are essentially the same as those which PRSP case managers use, described earlier in this report. The allocation of DTE slots to probation/parole officers varies among the branch offices. Most branch offices rely on a "first come, first served" method for providing available DTE slots. A probation/parole officer can assign a client to one of these slots by filling an Offender Tracking Form and giving it to the corrections technician in his or her branch office. Similarly, a probation/parole officer can remove a client from a DTE slot by completing an Offender Tracking Form and giving it to the corrections technician.

Deviations From Intended Client Recruitment

In practice, although current or past drug use seem to be the primary criteria which probation/parole officers use when shifting clients into and out of the DTE programs, other criteria are also considered. In a survey of 84 probation/parole officers, 55% reported using signs of current drug abuse as a circumstance which made them want to put a client on DTE. Thirty-five percent reported that a court or hearing board order would be a circumstance which would make them want to put a client on DTE. Thirty-one percent said a desire for closer supervision of a client would be a reason for putting clients on DTE. Other circumstances which probation/parole officers suggested as reasons for putting a client on DTE included: a history of drug use (27%), as a replacement for drug treatment (27%), and need for additional case management (20%). Thus client control seems to be a very important consideration, just behind current and past drug abuse, when probation/parole officers decide whether to place a client on DTE.

Among the additional factors probation/parole officers consider when deciding whether to assign a client to the DTE program are the following:

1. Work schedule: Clients with regular work hours have difficulty with the DTE program because the 8:00 AM to 5:00 PM hours for urine collection interfere with their employment. This is an extremely important consideration since reintegration of clients into the community is a major responsibility for probation/parole officers. Forty-eight percent of the probation/parole officers in our sample said that DTE interfering with work hours is a major problem; 39% said it is a minor problem.

Currently the Department of Community Corrections is planning to open a Day Reporting Center which will operate during evening hours and which will include a drug testing component. The exis-

tence of this Center should make it easier for probation/parole officers to assign clients with regular work hours to the DTE program.

2. Participation in special programs: Clients participating in special programs may be excluded from DTE for the same reasons as are clients with a full-time, day shift job.
3. The distance a client must travel to provide a urine specimen: Branch offices and probation/parole officers have only limited numbers of bus tickets, which they can provide to clients. Any client on DTE who requires bus tickets will need eight per month. This problem is compounded for female clients since only two branch offices have female correction technicians. In our sample 24% of Probation/parole officers reported client travel as being a major problem with DTE while 62% reported it as a minor problem.
4. The general capability of clients to adhere to rules and regulations: One probation/parole officer presented anecdotal evidence to suggest that some clients are well intentioned and could benefit from the DTE program, but are just not capable of meeting program requirements.
5. The general behavior of clients: The prevailing attitude of probation/parole officers seems to be that drug testing is a valuable tool for controlling client misbehavior, whether or not that behavior explicitly and primarily involves the use of drugs.
6. The time allocated to a client based on his/her risk assessment: The extra work a probation/parole officer must expend on clients in the DTE program almost by definition excludes from the program low risk clients, who are allocated a maximum of about three-quarter hours of supervision per month.

Drug using clients are a major problem for probation/parole officers. The probation/parole officers in our survey had an average of 94 clients; an average of 34 used drugs, and in the opinion of our probation/parole officers an average of 29 needed drug treatment. On average, probation/parole officers had nine clients in DTE and 14 in some sort of drug treatment. Obviously DTE has significantly increased the amount of drug-related supervision probation/parole officers can provide, although just as obviously probation/parole officers could easily use still more capacity for drug-related supervision.

Probation and parole officers have always wanted the option of requiring their clients to submit to random drug tests. Prior to the DTE program this was difficult for several reasons. First, there was very little funding to pay for urinalyses. Managers consequently discouraged the frequent use of uri-

nalyses by probation/parole officers. Second, unassisted probation/parole officers had to conduct and manage urine collection and all other aspects of urinalysis except the testing itself. This was unpleasant, messy, and inordinately time consuming. Third, random drug testing required that probation/parole officers collect urine in clients' residences. This sometimes subjected probation/parole officers to extremely hazardous conditions.

Probation/parole officers are enthusiastic about DTE because they see it as an opportunity to put clients on a random drug testing regimen without having to worry about constraints on their time or resources. Although almost all probation/parole officers in our sample had minor complaints about DTE, all were enthusiastically in favor of the program as a whole.

After selecting clients for DTE, probation/parole officers must arrange for them to enter the program. The arrangements which probation/parole officers must make vary among the branch offices and differ somewhat from the procedures the program's designers envisioned. Seventy-seven percent of the probation/parole officers in our sample report they must fill out Offender Tracking Form to place a client in DTE; 36% report they must contact the DTE office; small numbers report having to check on whether DTE slots are available or having to obtain consent to perform urinalyses. In addition, 67% report they must check with another person before placing a client on DTE. Six probation/parole officers report that they must check with a court or hearing board, one reports he must check with his supervisor. On the whole though, the procedure which probation/parole officers use to get clients into the DTE program seems to be as efficient and easy as its designers intended.

Adjunct Client Processing

Intended Adjunct Client Processing

One implicit intention of the DTE program was to channel clients needing drug treatment into an appropriate drug treatment program. The *Multnomah County Drug Testing and Evaluation Procedures Manual* explicitly states that while all participating agencies should manage clients as they did before the DTE program, officers of the participating agencies should emphasize the availability of drug treatment programs to clients. This emphasis on treatment should be particularly important in probation and parole where a fundamental goal is to remove impediments that hinder a client's reintegration into society.

Deviations From Intended Adjunct Client Processing

Some probation/parole officers whom we interviewed see the DTE program as a way around the difficulties of enrolling clients in substance abuse treat-

ment programs. Drug treatment programs are expensive, require the use of scarce state or county subsidies, and are often averse to providing probation/parole officers with drug test results, since the treatment programs see themselves as medical treatments and not surveillance and control mechanisms. Furthermore, drug treatment in Multnomah County is still inconveniently concentrated in Portland and probation/parole officers must struggle to get clients into appropriate treatment programs and keep them there. By enrolling clients in DTE probation/parole officers can use drug testing to monitor and control, if not always treat, clients' substance abuse problems.

This is not to say that probation/parole officers would not prefer to couple DTE with drug treatment in the case of most clients. In our survey of probation/parole officers, eighty percent stated that the lack of drug-treatment slots was a problem they had with the DTE program, and fifty percent stated that this was a major problem.

Client Sanctioning

Intended Client Sanctioning

Probation/parole officers should use measures of client participation in the DTE program and DTE UA results to supervise clients and ensure clients' adherence to court orders. In pursuance of this, probation/parole officers should report to the court any occurrence of three failures to appear for urine collection or urinalyses that test positive for drugs. The courts should sanction this behavior in some fashion. However, the manner of sanctioning DTE probation and parole clients is never officially specified.

Deviations From Intended Client Sanctioning

In practice probation/parole officers record all failures to appear for urine collection and all positive urinalyses whether or not they occur in the DTE program. This is part of a recent informal policy of recording all interactions with clients and all client infractions. Probation/parole officers have adopted this policy out of a concern over potential negligence claims. This concern arises from a recent civil suit in which probation officers were found partly liable for damages caused by a probation client.

Probation/parole officers report all failures to appear and positive urinalyses of DTE clients to the court. However, probation/parole officers express a great deal of concern for clients. At least one officer we interviewed said that he will determine why failures to appear occur. Often clients honestly forget or have a reasonable excuse and he will add this to his court report or not report this failure to appear to the court at all.

Despite probation/parole officers' detailed reporting of DTE violations, a lack of sanctioning resources means that clients will not usually be punished in any way for technical violations of probation or parole. In fact probation/parole officers are actively discouraged from seeking hearings for technical violations, because such hearings are costly and disruptive to the criminal justice system as a whole. The probation/parole officers in our sample clearly thought that the lack of sanctioning capacity was a serious flaw in DTE's operation. Fifty-four percent thought it was a major problem that DTE had no effective method of sanctioning violations. An additional 34% thought this was a minor problem.

However, probation/parole officers do use informal sanctioning procedures to deal with positive urinalyses. Although it is not a standard or encouraged procedure, in the event of a positive urinalysis some probation/parole officers will immediately search the client's home for drugs, drug paraphernalia, or other contraband. (A frequent condition of probation and parole is the waiver by clients of Fourth Amendment rights against search and seizure. This is a standard part of the "drug package" for probationers with a drug problem.) Any contraband the officer discovers is a violation of condition ten of the probation/parole agreement which forbids behavior in violation of the law. With or without the discovery of such contraband the probation/parole officer can use positive urinalyses to justify increased surveillance and control of the client. Both clients and probation/parole officers regard such increases as onerous sanctions against the client.

The probation/parole officers in our survey provided a variety of informal sanctioning procedures they might use to deal with clients who violate DTE restrictions. These included: providing warnings or reprimands (44%), adding additional probation or parole requirements (42%), requiring clients to obtain new or additional counseling and/or treatment (27%), requiring clients to submit to more frequent drug testing (12%), and subjecting clients to home visits (5%).

The Multnomah County Community Corrections Department is currently using "tourniquet sanctions" for parolees and investigating their use for probationers. ("Tourniquet sanction" programs involve gradually increasing the degree of sanctioning for each additional offense a client in the program commits. The theory is that for most clients a very mild sanction will discourage further violations, while repeat offenders will eventually be discouraged by the increasing level of sanctions to which they expose themselves.) These sanctions might include alternative community service, house arrest, electronic monitoring, stays at the Restitution Center, or short jail terms. Local hearings officers will be granted power to impose the sanctions. This program has already proven successful in parole cases and legislation permitting its use in probation cases currently been enacted by the Oregon legislature. These tourniquet sanctions provide an added sanctioning capa-

bility to the DTE program. At the time of our evaluation, however, there was no "tourniquet sanction" program.

Client Termination or Continuation

The designers of Multnomah County's DTE program were not explicit about many aspects of this program's probation and parole component. Since probation/parole officers in the county are quite autonomous this may have been intentional. In particular, the circumstances under which probation and parole clients were to be continued in the DTE program were never clearly explicated aside from the guidelines that clients should be kept in the program for between three and six months and that clients who either fail to appear for their first four tests or who accumulate a 75% no-show rate over time should be dropped from the DTE program and not be allowed to re-enroll for at least two months.

Eighty-six percent of the probation/parole officers we surveyed did, in fact, state that when they place a DTE client they have a minimum number of months which they plan to keep that client in the program. The median minimum length they plan is three months, in line with program guidelines. But many probation/parole officers plan for a minimum of less than three months.

Sixty-five percent of surveyed probation/parole officers have a maximum number of months they plan to keep a client in DTE. The median maximum is six months. Again this is in line with program guidelines. But some probation/parole officers have a maximum of as little as one month while one probation/parole officer plans to keep at least one client on DTE for five years. Probationers' and parolees' average length of stay in the DTE program is 107 days, well within program guidelines.

There is some evidence that probation/parole officers move clients in and out of DTE depending on each client's responsiveness to DTE. Probation/parole officers in our survey report that after a median of ten and one half weeks of negative drug tests they will remove clients from DTE. However, at least one probation/parole officer requires ten months of negative tests for doing this. Furthermore fifty four percent (54%) of surveyed probation/parole officers report that they have returned clients to DTE after an earlier successful termination. The probation/parole officers reporting this had returned an average of three such clients each to DTE during the preceding year.

Summary Of Process Evaluation For The Probation And Parole DTE Program

The designers of the Multnomah County DTE program allowed probation/parole officers great latitude in how they could utilize DTE. As a result

county probation/parole officers have autonomously evolved the DTE probation and parole process. As DTE's developers intended, probation and parole officers use DTE as an additional method of client surveillance and control. The drug testing DTE provides has become an added item in the progressively increasing level of surveillance and control that Probation/parole officers can impose upon clients.

Probation/parole officers also use DTE as an informal sanctioning procedure. Probation/parole officers can force clients whom they perceive as having a drug problem into the DTE program. Not only does this provide the probation/parole officer with increased control over clients, but also clients regard this as a sanction since to them the requirements of the DTE program are an annoying imposition. Enrollment in the DTE program thus becomes a sanction for drug use or other client misbehavior. Furthermore, probation/parole officers can use failures to appear for urinalysis or positive urinalyses in the DTE program as justification for house searches and other onerous sanctions which they can independently impose on clients.

Probation/parole officers' responses to our questionnaire suggest that this method of operation has its advantages. First, probation/parole officers are pleased with the program and are utilizing DTE's drug testing facilities. Second, probation/parole officers are using their experience to select clients whom they suspect will most benefit from DTE. Finally, probation/parole officers believe that the informal method which they currently use to sanction DTE violations does provide them with additional effective control over client behavior. Although a variety of informal control and sanctioning procedures were already available to probation/parole officers before DTE -- for example, intensified home visits or upping a client's risk category -- DTE is perceived by probation and parole officers as a valuable addition to these procedures.

It is worth noting here that, in general, Multnomah County's probation/parole officers think in terms of controlling, rather than punishing, clients and tend more than is usually the case to blur the distinctions between punishment and control. These officers tend to regard sanctions as a way of controlling clients by sharply reining them in. They also feel that measures for controlling clients are inherently sanctioning, since their clients find the obtrusiveness and restrictiveness of such controls obnoxious and uncomfortable. Furthermore, Multnomah County's probation/parole officers are fully aware that a lack of hearing time and jail space would prevent the more formal sanctioning procedures which were designed into DTE from operating in the intended manner. Therefore, both by inclination and force of circumstances, Multnomah County's probation/parole officers tend to use DTE as an additional case management tool for controlling the behavior of clients. As such, they regard it as a valuable addition to the resources they previously had for controlling client behavior.

At the time this report was completed the Multnomah County Department of Community Corrections was in the midst of a new training series on substance abuse interventions. Probation and parole officers are included in this training program. It is probable that this program will educate probation/parole officers away from ever using DTE as a sanction rather than a method of surveillance and control.

The Impact Evaluation of the DTE Probation and Parole Program

Evaluation Design

Theoretically, DTE may reduce criminal activity and increase compliance with court orders in at least two ways:

1. *Deterrence.* Deterrent effects are achieved if offenders reduce their drug use or abstain entirely from drug use to avoid penalties. The success of a drug program aimed at deterring drug use is expected to depend on the certainty, severity, and perhaps the celerity, of negative sanctions for testing positive or failing to appear for tests without an acceptable, verifiable excuse.
2. *Improved Access to Treatment.* Improved detection of offenders in need of treatment and more appropriate treatment referrals are expected to decrease drug use among participants. The success in improved detection and treatment referrals for offenders with serious drug problems is expected to depend upon using the results of assessments of drug problem severity to get offenders into appropriate treatment programs.

Unfortunately, because so few client drug assessments were completed, no analysis of the effects of early diagnosis on treatment access could be conducted. Thus, evaluation focuses on the deterrent effects of DTE and includes analysis of the effects of officer supervisory practices related to the use of penalties for testing violations.

The evaluation of DTE as used by probation and parole officers is based on a cross-sectional comparison of 53 officers that varied in their use of DTE and their response to testing violations (failure to appear for testing or testing positive for drugs), based on outcomes for 504 clients under their supervision. This design was adopted because equivalent groups could not be constructed for quasi-experimental comparisons. Assignment of clients to DTE was made by the supervising probation or parole officer based either on: (1) conditions set forth in the court-order authorizing the offenders release, or (2) officer perceptions of client need for drug use monitoring. This process for deciding who entered DTE was highly selective and often based on transitory events, rather than stable characteristics of the client, such as risk category and offense, which could be measured and used as control variables. As a result, DTE clients may have been more likely to violate probation/parole than other clients, even after controlling for group differences, which would bias esti-

mates of treatment impact downward. It was also not possible to construct appropriate pre-post comparisons of comparable clients supervised before and after DTE implementation. The county and state probation and parole offices were merged in July 1991, just prior to the study period, and resulted in such significant changes in client handling that pre-post comparisons would not be valid.

The selected design is based on the more plausible assumption that, on average across probation officers, groups of clients within risk categories will have the same likelihood of "failure." That is, that the propensity of high risk cases to re-offend or fail to complete probation requirements is the same for Officers A, B, C...n. So that in the absence of DTE, the same failure rate is expected for all officers, controlling for differences in the risk level of their clients. This leads to a design that compares client outcomes controlling for risk category, officer use of DTE, and other officer characteristics expected to affect outcomes. This approach does, however, suffer from the same shortcoming that plagues quasi-experimental comparisons, namely that variables not included in the analysis may explain differences in outcomes and these cannot be assumed away in the absence of random assignment.

The analysis used hierarchical linear models (HLM) using maximum likelihood estimation in which intercept for each officer was defined as a random effect and all other variables as fixed effects. Caseload rates of new arrests and probation/parole violations per 30 days of active supervision were hypothesized to decrease as a linear function of:

1. increasing numbers of clients on DTE;
2. greater willingness to request a revocation hearing for test program violations;
3. increasing numbers of clients on DTE combined with greater willingness to request a revocation hearing;
4. greater willingness to combine formal and informal sanctions for test program violations; and
5. increasing numbers of clients on DTE combined with greater willingness to combine formal and informal sanctions for test program violations.

Because arrests generally result from police activity, not correction officer reports, the assumption was made that the identification of new criminal activity is largely independent of the level of supervision. In contrast, technical violations are largely the result of correction officer detection of violations of conditions of probation or parole and may well increase as a result of the improved monitoring through drug testing. Thus DTE may increase the

number of violations known to the officer and recorded in the corrections management information system.

Survey of Probation and Parole Officers

The evaluation design for the probation and parole use of DTE builds on the survey of probation and parole officers in Multnomah County conducted as part of this study. The decision to conduct this survey resulted from the descriptions of how officers used DTE as a case management tool provided in a limited number of in-person interviews during our initial site visit in January 1992. To collect more systematic information on how DTE was used by corrections officers, a mail survey was conducted in August and September 1992. The questionnaires were distributed to all officers by the branch chiefs.

Principle findings included:

- **Officer discretion was a key determinant of who got tested.** Over half the officers (57%) used DTE for clients suspected of current drug use; only 37% said they referred clients to DTE because it was required by their court or parole board orders.
- **Not all clients suspected of using drugs or needing treatment were referred to DTE.** Seventy percent of the officers said that 1/5 or more of their clients in the prior month were using drugs, and 64 percent thought that 1/5 or more of their past-month clients needed drug treatment. However, only 18 percent of the officers reported that 1/5 or more of their past month clients were in DTE.
- **Officers differed widely in the likelihood of referring a drug-using client to DTE.** The ratio of clients in DTE to clients thought to use drugs showed considerable variation. For 1/3 of the probation officers, the difference between the percentage using drugs and the percentage in DTE was 11% or less. For another third, the difference was 13% to 34%. Thus, for one third the difference was 34% or higher (up to 76%).
- **Officers' accounts of how they respond to DTE violations indicated variation in the use of formal and informal sanctions.** The officers used many forms of informal sanctions, including referrals for additional counseling or drug treatment, more intensive drug treatment, requiring additional drug tests, making home visit inspections, and adding extra requirements (calling in, keeping a log, maintaining a curfew). A significant portion used warnings or reprimands for missed tests, but rela-

tively few did so if the client tested drug positive (13% reported warnings for 1 or 2 positive tests; 2% for more than 2 positive tests). One-third of the officers mentioned using DTE to increase supervision, and 21% used DTE to manage the client.

- **Officer sanctioning practices did not vary significantly by the proportion of clients in DTE.**
- **Officers were concerned about the lack of effective sanctions for DTE violations.** This problem and the problems of insufficient drug treatment slots and hours of operation which interfered with client employment were cited as major problems with DTE by about half of the officers. The accuracy and timeliness of drug test results were widely endorsed.

Overall, the results of the survey are consistent with the key assumptions for the impact evaluation: (1) there was variation in DTE utilization among officers, (2) there was variation in sanctioning of violations of testing conditions among officers, and (3) the variation in DTE use was independent of other supervisory practices and client risk level.

Measurement of Variables

The two dependent variables examined were new arrests and technical violations. Rates of arrest and technical violations per 30 days of active supervision were used to control for differences in opportunity to offend in the absence of reliable data on days of incarceration for offenders whose periods of supervision varied.

Client characteristics which may independently affect recidivism and compliance with court orders include the client's criminal history, demographic characteristics, and current offense and status. The analysis controls for age in years, number of prior arrests on drug charges, number of prior arrests on other charges, number of prior convictions, and risk classification category (high versus medium, low, or limited) at the start of supervision. Other variables tested, but not included in the final models, included sex, race (classified as white, African-American, and other), and current offense (drug offense, a Part 1 property crime, a Part 1 violent crime, and other offenses).

Willingness to request a revocation hearing was used as a measure of officer supervisory practices. The survey included questions on how officers would respond to four types of testing program violations: failure to appear for testing 1 or 2 times, failure to appear for testing more than 2 times, testing positive 1 or 2 times, and testing positive more than 2 times. Officers were classified as "tough," "moderate," or "easy" in their use of revocation hearings for DTE violations as follows: tough officers were those who reported that

they usually or sometimes recommended revocation for a DTE client who failed to show up for a drug test once or twice. Easy officers were those who said they sometimes or never recommended revocation for more than 2 dirty tests. The remainder were classified as moderate. Based on this definition, 41% were classified as tough, 33% as moderate, and 26% as easy with respect to the use of formal sanctions.

A second measure of officer supervisory practices was based on reported use of other informal methods of offender control imposed for testing program violations. Those officers who used only informal penalties for DTE infractions were contrasted with those who used a mix of formal and informal sanctions. Officers were asked what requirements they would impose on DTE clients who test positive for drugs more than twice and classified as: (1) using formal sanctions if they mention revocation hearings, jail, or enhanced court-mandated conditions of release, alone or in combination with informal sanctions; or (2) using informal sanctions only if they mentioned increased surveillance, additional reporting requirements, additional testing, or increased drug treatment, but not any formal sanctions.¹ Officers were also grouped into these two categories based on their reports of what they would do if a client failed to appear for more than two scheduled tests; the 13 officers who said they would warn the client or do nothing for more than 2 no-shows were placed in a third category.

The Sample

A two stage sampling procedure was used to select a sample of probation and parole clients. At stage 1, all probation officers who responded to the Officer Survey on DTE conducted in the Fall of 1992 and were employed as probation officers in Multnomah County in August of 1991 were included in the sample if their caseloads included medium or high risk clients (or clients with special drug conditions) who might be referred to DTE. The final sample included 53 officers employed in Multnomah County community corrections in August of 1991. Of 99 eligible officers in Multnomah County at the time of the survey in October 1992, 86 (87%) completed the survey. Of these, seven officers were eliminated because they did not supervise any clients with drug conditions or medium or high risk classifications; 21 were deleted because the officers did not identify themselves on the survey so we could not match their clients; and five were deleted because they were new to the department and did not have active clients in August through October 1991.

Most (77%) of the 53 Multnomah County corrections officers included in the sample supervised both probation and parole clients; the remainder super-

¹ The question was phrased hypothetically to avoid the problem that some officers might not have faced the violation pattern described in the question.

vised only probation clients. Most were experienced corrections officers with 0 to 26 years of experience (mean=11 years). Their caseloads ranged in size from 19 to 230, averaging 80 in the month prior to our survey in the fall of 1992. Most used DTE: the samples of probation and parole clients selected randomly from the caseloads of these officers in 1991 included at least one DTE participant for 68% of the officers. Because high risk offenders were oversampled to include clients more likely to need DTE, the percentage of clients in DTE in the caseload samples ranged from 25% to 50% for 11 officers.

At stage 2, a random sample of 802 clients supervised by officers from August to October 1991 was randomly selected from a computer printout prepared by the Oregon Offender Profile System. This time period was chosen to provide a sample of clients after the DTE program was fully implemented and after the merging of the County and State corrections July 1, 1991. It provided a sufficient number of clients and an 18 month follow-up period during which to observe client outcomes. The printout listed all clients active during August, September and October 1991 by branch and probation officer with the risk classification, a code for special conditions associated with drugs, and a state offender identification number. High risk offenders were deliberately oversampled to increase the proportion of DTE-eligible clients in the sample and comprise 40% of the sample, with another 40% classified as medium risk. Selection was proportionate to caseload size, with a minimum of 13 clients per caseload. Missing data from key records resulted in dropping a number of cases from the sample as follows: 287 cases were deleted due to missing OJINS files, and 11 were deleted because no matches could be made on SIDS or social security numbers. Analysis indicated that offenders deleted from the sample due to missing data did not differ from those included in the analysis on the basis of risk classification.

The sample of clients is described in Table 5. The clients are predominantly male (84%), white (70%), and on probation (75%) rather than parole (25%). Although the sample contains a relatively high proportion of high risk clients (40%), only 17% (n=87) of the clients ever participated in DTE drug testing and only 1% (n=7) ever completed a DTE assessment for drug problem severity. There was considerable variation in the criminal history of these clients who averaged .76 prior arrests on drug charges, 4.78 arrests on other charges, and 1.7 convictions prior to the offense for which they were on probation or parole. The DTE testing history of the 87 program participants in the sample is described in Table 6. On average just over 7 drug tests per DTE client were completed, with the number of completed tests ranging from zero to 32. Most tests included the screen for cocaine, marijuana, and/or amphetamines. Less than half the tests included opiate screening and only a few screened for barbiturates or benzodiazepine. Many DTE participants violated DTE conditions and faced the risk of sanctions. Almost half (47%) of the DTE participants in the sample tested positive at least once and 20% tested positive more than twice.

A relatively large portion of the offenders in the sample (54%) had at least one officially recorded violation of their probation or parole conditions. The total number of violations between August 1991 and January 1993 was 518: 184 new arrests, 138 technical violations of conditions of release, and 196 other violations (e.g.; failure to benefit from probation and other non-specific reasons). Thus, offenders in the sample averaged 1.03 violations, .37 new arrests, .27 technical violations, and .39 other violations in 17 months.

Results

New Arrests per 30 Days of Active Supervision. Table 7 presents the results of the effects of extent of DTE use and willingness to request a revocation hearing for DTE violations on the new arrest rate for officers. The HLM models were run first without controlling for client risk (Model 1) and then controlling for client risk (Model 2). The hierarchical linear models used maximum likelihood estimation in which intercept for each officer was defined as a random effect and all other variables as fixed effects. The results show that DTE use and willingness to request revocation hearings did not significantly reduce the average number of new arrests per month, nor was the interaction between these two variables in either model.

Table 5:
Description of Sample of Clients (N=504)

	Number	Percent of Sample
Age of client		
18-27	127	25%
26-34	191	38%
35-44	126	25%
45-68	60	12%
Gender		
Male	421	84%
Female	83	17%
Race		
White	352	70%
Black	127	25%
Hispanic/Other	25	5%
Current Offense		
Drug-related	154	31%
Violent crime	166	33%
Property	105	21%
Other	79	16%
Type of Supervision		
Probation	378	75%
Parole	126	25%
Initial Risk Classification		
Limited	131	26%
Low	19	4%
Medium	205	41%
High	149	40%
Any DTE testing	87	17%
Any DTE Assessment	7	1%

Table 6:
Client Criminal History

	Mean
Number of Prior Drug Arrests	.76
Number of Prior Non-drug Arrests	4.78
Number of Prior Convictions	1.70

Table 7:**New Arrests per 30 days of Active Supervision Predicted by Officer Use of DTE, Client Characteristics, and Officer Willingness to Request a Revocation Hearing**

	Model 1 Estimates	Model 2 Estimates
<i>Fixed Effects Within Officer Variables</i>		
Intercept	.43 *	.77 **
Age		-.01
Prior drug arrests		.01
Prior other arrests		.00
Prior convictions		-.03
Risk classification		.44 ***
<i>Effects of Between-Officer Variables</i>		
DTE use	.06	-.13
Willingness to request revocation	-.02	-.05
DTE use * Willingness to request revocation	-.07	.03

* p < .05

** p < .01

*** p < .001

Similarly, officers who mentioned only informal sanctions for more than two positive drug tests (Table 8) did not have significantly fewer new arrests in their caseloads than officers who used both formal and informal sanctions. The introduction of a control variable for client risk (Model 2) did not affect the results. As expected, caseloads with more high risk offenders had higher re-arrest rates. Moreover, there were significant differences in the re-arrest rates among officers (the intercept), controlling for differences in client risk.

Technical Violations per 30 Days of Active Supervision. The rate of technical violations for officers was not significantly related to greater use of DTE, willingness to request a revocation hearing (Table 9), or a use of only informal sanctions for more than two positive drug tests (Table 10). The interactions between DTE and sanctioning practices were not significant. As with rearrests, the rates of technical violations were significantly higher among caseloads with more high risk offenders than other caseloads, and varied significantly among officers after controlling for client risk.

Table 8:**Arrests Predicted by Officer Use of DTE, Client Characteristics, and Officer Informal Sanctioning of More than Two Positive Drug Tests**

	Model 1 Estimates	Model 2 Estimates
<i>Fixed Effects Within Officer Variables</i>		
Intercept	.29	.63 *
Age		-.01 *
Prior drug arrests		.01
Prior other arrests		.00
Prior convictions		-.03
Risk classification		.44 ***
<i>Effects of Between-Officer Variables</i>		
DTE use	-.01	-.10
Informal sanctioning	.13	.04
DTE Use * Informal sanctioning	-.08	.04

* p < .05

** p < .01

*** p < .001

Table 9:**Technical Violations Per 30 Days of Active Supervision Predicted by Officer Use of DTE, Client Characteristics, and Officer Willingness to Request a Revocation Hearing**

	Model 1 Estimates	Model 2 Estimates
<i>Fixed Effects Within Officer Variables</i>		
Intercept	.25	.34 *
Age		-.00
Prior drug arrests		-.01
Prior other arrests		-.01
Prior convictions		-.01
Risk classification		.27 ***
<i>Effects of Between-Officer Variables</i>		
DTE use	.12	.10
Willingness to request revocation	.02	.02
DTE use * Willingness to request revocation	-.08	-.06

* p < .05

** p < .01

*** p < .001

Table 10:**Technical Violations Per 30 Days of Active Supervision Predicted by Officer Use of DTE, Client Characteristics, and Officer Informal Sanctioning of More than Two Positive Drug Tests**

	Model 1 Estimates	Model 2 Estimates
<i>Fixed Effects Within Officer Variables</i>		
Intercept	.33 **	.48 **
Age		-.00
Prior drug arrests		-.01
Prior other arrests		-.01
Prior convictions		-.01
Risk classification		-.28 ***
<i>Effects of Between-Officer Variables</i>		
DTE use	-.21	-.25
Informal sanctioning	-.05	-.11
DTE use * Informal sanctioning	.20	.27

* p < .05

** p < .01

*** p < .001

Implications

The results of this evaluation indicate that the DTE program of drug testing did not significantly reduce arrests among offenders or increase compliance with conditions of court orders. No differences in any arrests during DTE participation or after the start of DTE, nor in the average number of arrests per month after the start of DTE were found between the participants in the Multnomah County PRSP program and the randomly selected control group of eligible defendants who were not tested. Probation and parole officers who made more extensive use of DTE did not have caseloads with lower rates of arrest, technical violations or total violations than officers who made less use of DTE, controlling for client risk.

These results may reflect the lack of sanctioning of positive tests and failure to appear for scheduled tests. Rates of violations were high. Among the pre-trial sample, only 14% appeared for all scheduled tests; 46% missed more than half of their scheduled tests. Of those who appeared for at least one test (n=139), 60% tested positive on one or more tests. In the probation and parole sample, 54% had at least one officially recorded violation of their probation or parole conditions. This group of 504 clients recorded 518 violations: 184 new arrests, 138 technical violations of conditions of release, and 196 other violations (e.g.; failure to benefit from probation and other non-specific reasons) across the 17-month study period.

Many probation and parole officers, aware of the lack of options for formal sanctions, relied on informal sanctions for DTE violations. These informal sanctions included home visits, additional testing requirements, additional reporting requirements, and increased treatment requirements. However, officer willingness to request a revocation hearing and relative toughness in applying informal sanctions to DTE violations did not significantly affect the arrest and technical violation rates of their caseloads. Moreover, the interaction between DTE utilization and use of sanctions was not significant, providing no support for the thesis that sanctioning preferences of officers combined with use of DTE increased positive outcomes.

As in earlier evaluations of drug testing programs, the results are weakened by problems in implementation. These included the lack of sanctions for DTE violations, the limited use of evaluations of client drug problems, limited access to treatment, and the apparent lack of coordination between the pretrial and post-adjudication phases of the program. These findings lead us to echo the call of others for swift and sure sanctions in drug testing programs and expanded access to treatment for offenders with drug problems (Visher 1990).

The limitations of this study design must also be considered in interpreting these results. This evaluation shares with others the problem that the out-

come variables, detected criminal activity and violations of conditions of release, are imperfect measures of the underlying prevalence of criminal activity and violations in the population of offenders. Because drug testing increases surveillance of participants, DTE may increase the detection of infractions, thereby masking any reductions that might occur. Indeed, the RAND evaluation of intensive supervision probation/parole for drug offenders indicated increased violations and recidivism for offenders subject to additional scrutiny while on release (Turner, Petersilia, and Deschenes 1993). Weaknesses in the data included missing OJINS records on 36% of the originally selected probation and parole clients, lack of information on which technical violations resulted from positive test results, and lack of information on days spent in jail after start of DTE. These problems allow for the possibility that significant impact of testing at probation and parole would be detected with more comprehensive data. Moreover, the cross-sectional design of the probation and parole analysis falls well short of an experimental design. Although efforts were made to control for client and officer characteristics which predict caseload outcomes, it is possible that variables omitted from the model played a significant role in affecting violation rates and might have masked positive effects of DTE.

Although the pretrial analysis was based on an experimental comparison of randomly assigned groups, many pretrial clients failed to appear for their scheduled tests and evaluations, and those that did appear skipped many tests. As a result, exposure to treatment was weak and it may be that more intensively applied drug testing might have had the desired effects. Similarly, the DTE pretrial evaluations of client drug problems did not appear to predict arrest rates, suggesting the need to examine further the validity of the procedures used for identifying treatment needs.

On balance, the findings suggest that testing alone is not effective in reducing criminal activity and improving compliance with court orders. In the absence of consistent sanctioning for testing violations and access to treatment for clients with severe drug problems, the potential benefits of a system-wide comprehensive drug testing program cannot be said to have been fully tested.

Appendix A: Administrative and Logistical Changes in Multnomah County's Drug Testing and Evaluation Program

Over the course of the program, from 1 January 1991 through 28 February 1993, several systematic and logistical changes were made in Multnomah County's DTE Program. These changes were generally implemented to increase the program's efficiency, particularly in the face of two problems: budgetary concerns and client-compliance concerns. Most changes involved additions to or rearrangements of the program's initial goals and set-ups. Program changes are outlined chronologically below.

In the third quarter of the program (1 March 1991 through 30 June 1991), the goal of conducting a controlled study of parolees and probationers was determined to be infeasible, since it would require withholding drug testing resources from high risk clients. However, a study was developed using the pre-trial population.

A change outside the program, that is, the transfer of Parole and Probation from the state to the county, led to some "PO staff turmoil," according to the quarterly report.

A problem that emerged early in the program was lack of coverage for DTE staff absences (for illness or vacation). Without the funding to hire additional staff, "cross training" began to allow more staff flexibility, especially to enable other staff to fill in for the computer clerk and to enable female probation/parole officers to cover for the sole female corrections technician.

In the fourth quarter (1 July 1991 through 30 September 1991), DTE expanded its drug evaluation services to two additional groups of offenders: pregnant women offenders and clients in the Community Service Forestry Project on the verge of being expelled for having two positive drug urinalyses. Another planned expansion was to offer UA surveillance on an intermittent or as-needed basis to assist probation/parole officers manage cases where clients did not need testing on a consistent basis.

A logistical change in the program relocated the two DTE evaluators closer to the pre-trial and probation services in order to increase the visibility of the program to those services and the courts. Plans were also made to develop a computer network linking pre-trial services with the probation intake center and field offices, and to create "data packets" on each client that would follow the client through the system.

With the merger of Community Corrections with the former State Corrections, the program reported an enhanced "opportunity for developing alternative sanctions." What constituted appropriate sanctions for client

noncompliance and how to facilitate consistent application of those sanctions were ongoing issues for all components of the DTE program. After the shift from state to county, the department formed several committees to "address the needs of the offender and the community," one of which was to focus on resources and strategies for encouraging client compliance and the flow of information between concerned departments.

In the fifth quarter of the program (1 October 1991 through 31 December 1991), some changes were made regarding show-cause hearings. For pre-trial clients, a second no-show or positive urinalysis would lead to a show-cause hearing, and one judge presided over all such cases. Further, DTE evaluations and urinalysis results for those clients were added to probation intake files for PRSP clients, and more client information was made available to the courts, which was useful in show-cause hearings. The number of non-compliant incidents (failure to appear, positive drug tests, etc.) that brought about a show-cause hearing was lowered from three to two.

In February of 1992, the department began recording the daily urinalysis code line in Spanish as well as English, due to a growing number of Spanish-speaking clients in the program. Again this was an effort to encourage compliance. In addition, a Spanish version of the client orientation form was introduced, and Spanish-speaking interpreters were available at evaluations.

In this same quarter, a new evaluator was hired, allowing expanded services to newly released parolees and drug-affected probationers.

Another logistical shift was made, requiring all women clients to report to one centrally located test site. This was the result of consolidating resources, and the continuing need to provide female technicians for female clients.

In the seventh and eighth quarters (1 March 1992 through 30 September 1992), in response to a reduction in overall funding for drug urinalysis, the program changed urinalysis scheduling procedures. Instead of reducing the number of clients tested, a change in schedule replacing random weekly/biweekly drug testing with only biweekly tests allowed 39 percent more new clients to fill the drug testing "slots."

In the following quarter, this biweekly-only schedule was reversed to the original weekly/biweekly set-up because the change hadn't met department expectations. However, a change in "accounting" accompanied the switch back. Whereas formerly a certain number of urinalysis "slots" were assigned to a particular branch and the probation/parole officers determined when to use them weekly or biweekly, now each "slot" was designated as a weekly or a biweekly one, enabling a more accurate prediction of program costs.

Appendix B: The Organizational Structure and Personnel of Multnomah County's Drug Testing and Evaluation Program

The Drug Testing and Evaluation Program (DTE) is a program of the Multnomah County Department of Community Corrections. The DTE staff comprises a program supervisor, a computer clerk, one female and three male corrections technicians, three drug and alcohol evaluators, and secretarial and clerical support staff. In addition, DTE operations require that PRSP case managers and probation/parole officers coordinate and cooperate with DTE staff. Finally, TASC of Oregon provides urinalysis testing services to the DTE program on a contractual basis.

The DTE program supervisor monitors DTE's collection and chain of custody procedures, resolves disputes and unclear situations, trains corrections technicians, computer clerk, case managers and support staff in DTE procedures, coordinates DTE activities with other agencies, and does quality control on all aspects of DTE operations. This position requires administrative experience within the criminal justice system.

The DTE computer clerk maintains the DTE computer data base and serves as the central nexus for information flow within DTE. This person enters new clients into the DTE computer database and works directly with case managers to enter client data when expedited processing is required, informs TASC when urine samples can be destroyed, enters TASC urinalysis results in the DTE data base, transmits urinalysis results to corrections technicians, checks the DTE data base for non-compliant clients and prepares and disseminates a report of such clients to probation/parole case managers, and enters DTE client termination data from DTE corrections technicians into the DTE data base. This position requires computer data base experience, and some facility with basic statistics.

DTE corrections technicians are responsible for the mechanics of urine collection, the maintenance of client records, maintenance of the chain of custody, and communication between the DTE computer clerk and PRSP case managers, probation/parole case managers, and probation/parole officers. The corrections technicians help PRSP and probation/parole personnel complete DTE paperwork, complete DTE enrollment paperwork, orient new DTE clients, communicate information on new clients to the DTE computer clerk, along with case managers maintain chain of custody for urine sample, distribute urinalysis test results from the DTE computer clerk to the appropriate PRSP case managers or probation/parole officers, log all urinalysis test results, log then transmit reports on non-compliant clients from probation/parole officers to the computer clerk, record all DTE client termi-

nations from case managers and probation and parole officers and transmit them to the DTE computer clerk.

DTE drug evaluators are responsible for administering the Addiction Severity Index to selected DTE clients in the PRSP program, interpreting the results, and communicating these results to the DTE central office, which can then disseminate them to case managers, the courts, probation/parole officers, and other relevant officials. These positions require at least a Bachelors Degree in psychology or a related discipline and experience in administering the Addiction Severity Index.

The Circuit Court has a memorandum of understanding with the Department of Community Corrections that PRSP case managers will select and enroll suitable PRSP clients in the DTE program, will assist TASC and corrections technicians in maintaining the chain of custody for urine samples, will counsel DTE clients on test results, will arrange drug and alcohol evaluations for DTE clients, will schedule show-cause hearings for DTE clients when appropriate, will inform corrections technicians of all DTE client terminations.

TASC of Oregon (TASC) is a private, non-profit corporation providing drug testing, substance abuse evaluation, and substance abuse treatment services in and around Multnomah County. TASC has a contractual agreement with the Department of Community Corrections to assist DTE case managers and corrections technicians in maintaining the chain of custody for urine samples, to provide couriers who pick up urine samples from each test site and deliver them to TASC, to receive, store, and test all urine samples, and to transmit test results to DTE computer clerk

Appendix C: The Multnomah County Drug Testing and Evaluation Program Probation Officer Survey

Between September 14 and September 16, 1992, a research associate for BOTEC Analysis administered a survey questionnaire to groups of Multnomah County probation officers at the five branch offices of the Multnomah County Department of Community Corrections. A copy of the questionnaire is included as part of Exhibit H.

Earlier the officers received a letter which described the survey (see Exhibit H), and asked them to sign up to for a meeting during which the survey would be distributed. At the meeting, BOTEC's research associate assured the officers that their answers would be confidential and answered any questions which the officers had about the survey and its purposes. A total of seventy four officers completed the survey at these meetings, and an additional twelve officers returned completed surveys by mail. This represents 86.8% of the ninety nine eligible officers employed at the five branch offices during the survey. Two questionnaires had a large number of unanswered items and were excluded from many analyses.

The 86 respondents reported a total caseload of 8,060 clients, or an average caseload of ninety four clients in the month before the survey. Most clients were male (81%) and most were white (63%). Approximately half of the clients were classified as high or medium risk--the group most likely to receive DTE. Only 20% were parolees; the remainder were on probation or probation and parole. Officers suspected that more than one-third of their clients were using drugs or needed drug treatment during the month before the survey.

Seventy percent of the officers said one-fifth or more of their past-month's clients used drugs and sixty four percent said that 1/5 or more needed drug treatment. Indeed, thirty percent of the officers said that more than half of their past-month clients used drugs and twenty four percent said that more than half needed drug treatment. In contrast, only eighteen percent said that 1/5 or more of their past-month clients were in DTE.

Utilization of DTE was related to perceived client need. Officers who reported that 1/5 or more of their past-month clients were in DTE (n=15) were far more likely than officers with a smaller proportion of clients in DTE to report that 1/5 or more of their clients used drugs or needed treatment.

We defined officers as "tough", "moderate" or "easy" based on their sanctioning of DTE violations. "Tough" officers usually or sometimes recommended revocation for a DTE client who failed to show up for a drug test once or twice. "Easy" officers sometimes or never recommended revocation for more than 2 dirty tests. The remaining officers were "moderate". Forty one per-

cent of officers were "tough", thirty three percent were "moderate", and twenty six percent were "easy" with respect to the use of formal sanctions.

Officer toughness in sanctioning did not vary substantially with the level of DTE utilization. Officers with twenty percent or more of their clients in DTE were slightly more likely to be classified as "tough" than officers with a smaller proportion of their caseload in DTE (47% compared to 43% for officers with 5 to 20% of their clients in DTE, and 38% of those with fewer than 5% in DTE). And they were more likely to be classified as easy than those with fewer than 5% of their clients in DTE (the latter reporting somewhat inconsistent patterns of sanctioning). Thus, utilization does not appear to be related to the use of formal sanctions.

However, the officers used many forms of informal sanctions, including referrals for additional counseling or drug treatment, more intensive drug treatment, requiring additional drug tests, making home visit inspections, and adding extra requirements (calling in, keeping a log, maintaining a curfew). A significant portion used warnings or reprimands for missed tests, but relatively few did so if the offender tested drug positive (13% reported warnings for 1 or 2 positive tests; 2% for more than 2 positive tests).

The most frequently cited reason for placing a client on DTE was sign of current drug use; 57% of the officers mentioned this reason, compared to 37% who cited court or parole board orders. A third mentioned using DTE to increase supervision, and 21% used DTE to manage the client. Over a quarter used DTE instead of treatment or treatment without testing, some reporting that clients could not afford treatment.

Getting a client into DTE did not seem to present administrative hurdles. Most officers fill out the forms, and two-thirds contact the DTE program. Only one officer reported checking with the supervisor. Most planned to keep clients in DTE for a specified minimum period of time, which averaged four months. Nearly two-thirds planned to keep clients in DTE no longer than a maximum number of months--which averaged between six and seven months. Thus, officers did not plan to make an on-and-off-again use of the program as a temporary fix for a transitory problem. They planned instead for clients placed on DTE to remain in the program for four to six months.

Officers did not seem well-informed about the availability of DTE slots, possibly due to the shifts in slots that occurred across the program operation. While fifty three officers thought there was a cap on the number of DTE clients who could be served, only eighteen could provide an estimate and the estimates varied widely.

The survey shows some significant variation in the perceived problems with DTE reported by officers. About half the officers reported that three aspects of the DTE program were a major problem: lack of effective sanctions, no drug treatment space, and hours of operation that interfered with offender

employment (a key goal of probation). The officers widely endorsed the accuracy and timeliness of drug test results.

Exhibit A: DTE Offender Tracking Form

MULTNOMAH COUNTY DRUG TESTING AND EVALUATION

421 SW 5th, Suite 724
Portland, Oregon 97204
Phone (503)248-5112
Fax (503)248-3990

OFFENDER TRACKING FORM

Code

Date

Enrollment

Modification

Termination

PHOTOGRAPHICS

Print name

First name

MI

M / F
Sex

/Soc. Sec. #

DOB

Race

Referring offense

TESTING

g test required (pick three):

Cocaine

Opiates

Amphetamines

Barbiturates

Marijuana

Benzodiazapine

ervised by:

1. PENO

2. PBSE

3. PBSW

4. PBEA

5. PRSP

6. OWTS

7. CSFP

8. MCRC

9. VOA

10. ISU

e. Manager/P.O.

Phone number

ctions Technician

Date

MINATION STATUS: #

Successful/drug free

Unsuccessful/revoked, abscond, warrant status; with no drug use

Unsuccessful/Revoked, abscond, warrant status; with continued drug use

Unsuccessful/continued drug use

REMARKS

DTE office; orig: Technician's file

frm_ua/2.19.91

Exhibit B: DTE Client Orientation Form

**MULTNOMAH COUNTY COMMUNITY CORRECTIONS
DRUG TESTING AND EVALUATION PROGRAM**

Client Orientation Sheet

You have been enrolled in the Multnomah County Community Corrections Drug Testing and Evaluation Program (DTE). The purpose of the program is to assist corrections staff in client drug use surveillance.

You will be assigned a single-number code by your corrections technician. Every Monday through Friday workday, the DTE central office will randomly select one of the code numbers. If your code number has been selected for that day, you must report to your probation office site to submit a true urine sample. To find out whether your code number has been selected, you must call the UA code line at 248-3818. You may telephone the UA code line any time after 5:00pm for the next day's code (e.g., call on Wednesday evening for Thursday's code). Parole and Probation Offices are open Monday through Friday from 8:00am to noon and 1:00pm to 5:00pm.

To submit a sample:

- A) The corrections technician will accompany you through the entire sample collection process and will act as a witness to the process.
- B) Tell the corrections technician the names of all drugs you have used since your last visit.
- C) Accompany the corrections technician into the restroom. The technician will supervise the sample collection.
- D) Remove any coat or jacket that may block the vision of the corrections technician.
- E) Wash and dry your hands. Do not place your hands in your pockets afterwards.
- F) Prepare to give the UA sample.
- G) Fill the specimen container with midstream urine. (Women: Transfer the collected urine into the lab container when you are finished.)
- H) Place the cap securely onto the lab container.
- I) Rinse and dry the container.
- J) Initial the identification label and place it onto the container.
- K) Give the container to the corrections technician.
- L) Your parole or probation officer will have the test results by 1:00pm the next working day.

Program policy:

- A) Urine sample collection will be directly supervised by a corrections technician (witness).
- B) Contamination or attempts to contaminate urine samples will be recorded as "No Sample Taken" and result in a positive drug score.
- C) Showing up but failing to provide a urine sample for the specified day will be recorded as such and result in a positive drug score.
- D) Laboratory containers must be half full of urine. Providing a partial sample for the specified day will result in a positive drug score.
- E) Urine samples will not be accepted when the sample collection procedure is not followed and will result in a positive drug score.

have read and understand the Client Orientation Sheet.

Client signature

Corrections tech.

Current date

Exhibit C: Urinalysis Log Forms

Exhibit D: Addiction Severity Index

INSTRUCTIONS

1. Leave No Blanks - Where appropriate code items: X = question not answered
N = question not applicable
Use only one character per item.
2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).
3. Space is provided after sections for additional comments

ADDICTION SEVERITY INDEX

SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. Note: These severity ratings are optional.

Fifth Edition

SUMMARY OF PATIENTS RATING SCALE

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

I.D. NUMBER

LAST 4 DIGITS OF SSN

DATE OF ADMISSION

DATE OF INTERVIEW

TIME BEGUN :

TIME ENDED :

CLASS:
1 - Intake ☐
2 - Follow-up ☐

CONTACT CODE:
1 - In Person ☐
2 - Phone ☐

GENDER:
1 - Male ☐
2 - Female ☐

INTERVIEWER CODE NUMBER

SPECIAL:
1 - Patient terminated ☐
2 - Patient refused ☐
3 - Patient unable to respond ☐

GENERAL INFORMATION

NAME

CURRENT ADDRESS

GEOGRAPHIC CODE

1. How long have you lived at this address? YRS. MOS.

2. Is this residence owned by you or your family? ☐
0 - No 1 - Yes

3. DATE OF BIRTH

4. RACE ☐
1 - White (Not of Hispanic Origin)
2 - Black (Not of Hispanic Origin)
3 - American Indian
4 - Alaskan Native
5 - Asian or Pacific Islander
6 - Hispanic - Mexican
7 - Hispanic - Puerto Rican
8 - Hispanic - Cuban
9 - Other Hispanic

5. RELIGIOUS PREFERENCE ☐
1 - Protestant 4 - Islamic
2 - Catholic 5 - Other
3 - Jewish 6 - None

6. Have you been in a controlled environment in the past 30 days? ☐

1 - No
2 - Jail
3 - Alcohol or Drug Treatment
4 - Medical Treatment
5 - Psychiatric Treatment
6 - Other

7. How many days?

ADDITIONAL TEST RESULTS

Shipley C.Q.

Shipley I.Q.

Beck Total Score

SCL-90 Total

MAST

SEVERITY PROFILE

9									
8									
7									
6									
5									
4									
3									
2									
1									
0									
PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH		

MEDICAL STATUS

<p>1. How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.) [][]</p> <p>2. How long ago was your last hospitalization for a physical problem [][] YRS. [][] MOS.</p> <p>3. Do you have any chronic medical problems which continue to interfere with your life? 0 - No 1 - Yes []</p> <p>4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes []</p>	<p>5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.) 0 - No 1 - Yes []</p> <p>6. How many days have you experienced medical problems in the past 30? [][]</p> <p>7. How troubled or bothered have you been by these medical problems in the past 30 days? []</p>	<p>8. How important to you now is treatment for these medical problems? []</p> <p>9. How would you rate the patient's need for medical treatment? []</p> <p>10. Patient's misrepresentation? 0 - No 1 - Yes []</p> <p>11. Patient's inability to understand? 0 - No 1 - Yes []</p>
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FOR QUESTIONS 7 & 8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

Comments

INTERVIEWER SEVERITY RATING

CONFIDENCE RATINGS

Is the above information significantly distorted by:

EMPLOYMENT/SUPPORT STATUS

<p>1. Education completed (GED = 12 years) [][] YRS. [][] MOS.</p> <p>2. Training or technical education completed [][] MOS.</p> <p>3. Do you have a profession, trade or skill? 0 - No 1 - Yes []</p> <p>4. Do you have a valid driver's license? 0 - No 1 - Yes []</p> <p>5. Do you have an automobile available for use? (Answer No if no valid driver's license.) 0 - No 1 - Yes []</p> <p>6. How long was your longest full-time job? [][] YRS. [][] MOS.</p> <p>7. Usual (or last) occupation. [] (Specify in detail)</p> <p>8. Does someone contribute to your support in any way? 0 - No 1 - Yes []</p> <p>9. ONLY IF ITEM 8 IS YES Does this constitute the majority of your support? 0 - No 1 - Yes []</p>	<p>10. Usual employment pattern, past 3 years. 1 - full time (40 hrs/wk) 2 - part time (reg. hrs) 3 - part time (integ., daywork) 4 - student 5 - service 6 - retired/disability 7 - unemployed 8 - in controlled environment</p> <p>11. How many days were you paid for working in the past 30? (include "under the table" work.) [][]</p> <p>How much money did you receive from the following sources in the past 30 days?</p> <p>12. Employment (net income) [][][][]</p> <p>13. Unemployment compensation [][][][]</p> <p>14. DPA [][][][]</p> <p>15. Pension, benefits or social security [][][][]</p> <p>16. Male, family or friends (Money for personal expenses). [][][][]</p> <p>17. Illegal [][][][]</p>	<p>18. How many people depend on you for the majority of their food, shelter, etc.? []</p> <p>19. How many days have you experienced employment problems in the past 30? [][]</p> <p>20. How troubled or bothered have you been by these employment problems in the past 30 days? []</p> <p>21. How important to you now is counseling for these employment problems? []</p> <p>22. How would you rate the patient's need for employment counseling? []</p> <p>23. Patient's misrepresentation? 0 - No 1 - Yes []</p> <p>24. Patient's inability to understand? 0 - No 1 - Yes []</p>
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FOR QUESTIONS 20 & 21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

Comments

INTERVIEWER SEVERITY RATING

CONFIDENCE RATINGS

Is the above information significantly distorted by:

DRUG/ALCOHOL USE

PAST 30 LIFETIME USE

Days	Yrs.	Rt of adm.
------	------	------------

- 01 Alcohol - Any use at all
- 02 Alcohol - To Intoxication
- 03 Heroin
- 04 Methadone
- 05 Other opiates/analgesics
- 06 Barbiturates
- 07 Other sed/hyp/tranq.
- 08 Cocaine
- 09 Amphetamines
- 10 Cannabis
- 11 Hallucinogens
- 12 Inhalants
- 13 More than one substance per day (Incl. alcohol).

Note: See manual for representative examples for each drug class

Route of Administration: 1 = Oral, 2 = Nasal
= Smoking, 4 = Non IV inj., 5 = IV inj.

- 14** Which substance is the major problem? *Please code as above or 00-No problem; 15-Alcohol & Drug (Dual addiction); 16-Polydrug; when not clear, ask patient.*

15. How long was your last period of voluntary abstinence from this major substance?
(00 - never abstinent)

16. How many months ago
did this abstinence end?
(00 - still abstinent)

- 17 How many times have you:

Had alcohol d.t.'s

Overdosed on drugs

- * 18 How many times in your life have you been treated for:

Alcohol Abuse:

Drug Abuse:

- 19 How many of these were detox only?

Alcohol

Drug

- 20 How much would you say you spent during the past 30 days on:

Alcohol

Drugs

Comments

- 21 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days (Include NA, AA).

- 22 How many days in the past 30 have you experienced:
Alcohol Problems

Drug Problems

**FOR QUESTIONS 23 & 24 PLEASE ASK
PATIENT TO USE THE PATIENT'S
RATING SCALE**

- 23 How troubled or bothered have you been in the past 30 days by these:
Alcohol Problems ☐

Drug Problems

- 24 How important to you now is treatment for these:
Alcohol Problems ☐

Drug Problems

INTERVIEWER SEVERITY RATING

- 25 How would you rate the patient's
need for treatment for:
Alcohol Abuse

Alcohol Abuse

Drug Abuse

CONFIDENCERATINGS

Is the above information significantly distorted by:

- 26 Patient's misrepresentation?
0 - No 1 - Yes

0 - No 1 - Yes

- ②⑦ Patient's inability to understand?
0 - No 1 - Yes

0 - No 1 - Yes

LEGAL STATUS

Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)

0 - No 1 - Yes

Are you on probation or parole?

0 - No 1 - Yes

How many times in your life have you been arrested and charged with the following:

- (03) - shoplifting/vandalism
- (04) - parole/probation violations
- (05) - drug charges
- (06) - forgery
- (07) - weapons offense
- (08) - burglary, larceny, B & E
- (09) - robbery
- (10) - assault
- (11) - arson
- (12) - rape
- (13) - homicide, manslaughter
- (14A) - prostitution
- (14B) - contempt of court
- (14C) - other

(15) How many of these charges resulted in convictions?

How many times in your life have you been charged with the following:

- (16) Disorderly conduct, vagrancy, public intoxication
- (17) Driving while intoxicated
- (18) Major driving violations (reckless driving, speeding, no license, etc.)
- (19) How many months were you incarcerated in your life?

20. How long was your last incarceration?

21. What was it for?
(Use code 3-14, 16-18.
If multiple charges, code most severe)

(22) Are you presently awaiting charges, trial or sentence?
0 - No 1 - Yes

(23) What for (If multiple charges, use most severe).

(24) How many days in the past 30 were you detained or incarcerated?

Comments

(25) How many days in the past 30 have you engaged in illegal activities for profit?

FOR QUESTIONS 26 & 27 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

(26) How serious do you feel your present legal problems are?
(Exclude civil problems)

(27) How important to you now is counseling or referral for these legal problems?

INTERVIEWER SEVERITY RATING

(28) How would you rate the patient's need for legal services or counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

(29) Patient's misrepresentation?
0 - No 1 - Yes

(30) Patient's inability to understand?
0 - No 1 - Yes

FAMILY HISTORY

Have any of your relatives had what you would call a significant drinking, drug use or psych problem- one that did or should have led to treatment?

Mother's Side

	Alc	Drug	Psych
Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Father's Side

	Alc	Drug	Psych
Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Siblings

	Alc	Drug	Psych
Brother #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direction: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category. Code most problematic relative in cases of multiple members per category.

--	--	--	--

FAMILY/SOCIAL RELATIONSHIPS

① Marital Status

- 1 - Married
2 - Remarried
3 - Widowed
4 - Separated
5 - Divorced
6 - Never Married

2 How long have you been in this marital status?

YRS.		MOS.	

(If never married, since age 18).

③ Are you satisfied with this situation?

- 0 - No
1 - Indifferent
2 - Yes

* ④ Usual living arrangements (past 3 yr.)

- 1 - With sexual partner and children
2 - With sexual partner alone
3 - With children alone
4 - With parents
5 - With family
6 - With friends
7 - Alone
8 - Controlled environment
9 - No stable arrangements

5. How long have you lived in these arrangements.

YRS.		MOS.	

(If with parents or family, since age 18).

⑥ Are you satisfied with these living arrangements?

- 0 - No
1 - Indifferent
2 - Yes

Do you live with anyone who:
0 = No 1 = Yes

6A. Has a current alcohol problem?

6B. Uses non-prescribed drugs?

7. With whom do you spend most of your free time:

- 1 - Family 3 - Alone
2 - Friends

8. Are you satisfied with spending your free time this way?

- 0 - No 1 - Indifferent 2 - Yes

9. How many close friends do you have?

Direction for 9A-18: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

9A. Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

Mother

Father

Brothers/Sisters

Sexual Partner/Spouse

Children

Friends

Have you had significant periods in which you have experienced serious problems getting along with:

0 - No 1 - Yes

PAST 30 DAYS IN YOUR LIFE

⑩ Mother

⑪ Father

⑫ Brothers/Sisters

⑬ Sexual partner/spouse

⑭ Children

⑮ Other significant family

⑯ Close friends

⑰ Neighbors

⑱ Co-Workers

Did any of these people (10-18) abuse you: 0 = No; 1 = Yes

18A. Emotionally (make you feel bad through harsh words)?

18B. Physically (cause you physical harm)?

18C. Sexually (force sexual advances or sexual acts)?

⑲ How many days in the past 30 have you had serious conflicts:

A with your family?

B with other people? (excluding family)

FOR QUESTIONS 20-23 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

⑳ Family problems

㉑ Social problems

How important to you now is treatment or counseling for these:

㉒ Family problems

㉓ Social problems

INTERVIEWER SEVERITY RATING

㉔ How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

㉕ Patient's misrepresentation?
0 - No 1 - Yes

㉖ Patient's inability to understand?
0 - No 1 - Yes

Comments:

PSYCHIATRIC STATUS

--	--	--	--

1 How many times have you been treated for any psychological or emotional problems?

In a hospital

As an Opt. or Priv. patient

2 Do you receive a pension for a psychiatric disability?

0 - No 1 - Yes

☐

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

0 - No 1 - Yes

PAST 30 IN
DAYS YOUR
LIFE

- 3 Experienced serious depression
- 4 Experienced serious anxiety or tension
- 5 Experienced hallucinations
- 6 Experienced trouble understanding, concentrating or remembering
- 7 Experienced trouble controlling violent behavior
- 8 Experienced serious thoughts of suicide
- 9 Attempted suicide
- 10 Been prescribed medication for any psychological/emotional problem

11 How many days in the past 30 have you experienced these psychological or emotional problems?

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FOR QUESTIONS 12 & 13 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

12 How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

☐

13 How important to you now is treatment for these psychological problems?

☐

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is patient:

0 - No 1 - Yes

- 14 Obviously depressed/withdrawn
- 15 Obviously hostile
- 16 Obviously anxious/nervous
- 17 Having trouble with reality testing thought disorders, paranoid thinking
- 18 Having trouble comprehending, concentrating, remembering.
- 19 Having suicidal thoughts

Comments

INTERVIEWER SEVERITY RATING

24 How would you rate the patient's need for psychiatric/psychological treatment?

☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

25 Patient's misrepresentation?
0 - No 1 - Yes

☐

26 Patient's inability to understand?
0 - No 1 - Yes

☐

DIAGNOSTIC INDICATORS (per DSM-III-R)

PSYCHOACTIVE SUBSTANCE DEPENDENCE

A. AT LEAST THREE OF THE FOLLOWING:

- A1. Substance often taken in larger amounts or over a longer period of time than intended.
- A2. Persistent desire or one or more unsuccessful efforts to cut down or control substance use.
- A3. A great deal of time spent in activities necessary to get the substance (e.g., theft), taking the substance (e.g., chain smoking), or recovering from its effects (e.g., hangovers or crashing).
- A4. Frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations at work, school, or home (e.g., does not go to work because of hangover, goes to school or work high, intoxicated while caring for children) or when substance use is physically hazardous (e.g., driving under the influence).
- A5. Important social, occupational, or recreational activities given up or reduced because of substance use.
- A6. Continued use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of the substance (e.g., keeps using heroin despite family arguments about it, continued legal problems, cocaine-induced depression, ulcer made worse by drinking).
- A7. Marked tolerance: need for markedly increased amounts of the substance (i.e., at least 50% increase) in order to achieve the desired effect, or marked diminished effect with continued use of same amount.
- A8. Characteristic withdrawal symptoms.
- A9. Substance often taken to avoid withdrawal symptoms.
- B1. Some symptoms of the disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time.

PSYCHOACTIVE SUBSTANCE ABUSE

A. AT LEAST ONE OF THE FOLLOWING:

- A1. Continued use despite knowledge of having a persistent or recurrent social, occupational, psychological, or physical problem that is caused or exacerbated by use of substance.
- A2. Recurrent use in situations in which use is physically hazardous (e.g., driving under the influence).
- B1. Some symptoms of the disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time.
- C1. Never met the criteria for Psychoactive Substance Dependence for this substance.

RECOMMENDATION	ASI SEVERITY	DRUG/ALCOHOL USE HX OR IMPRESSION	PRIOR TX HISTORY	UA MONITORING HX	LEGAL	COMPLIANCE HISTORY 3rd PARTY SUPERVIS.	FAMILY/SOC. SUPPORT HOUSING	EMPLOYMENT DEPENDENTS
1. DOES NOT NEED TX NO RECOMMENDATION NO UA MONITORING	0 - 1	NO HX OF ALCOHOL OR DRUG DEPENDENCE OR ABUSE, OR VERY MINIMAL USE WITH SIGNIFICANT LONG TERM ABSTINENCE.	NO PRIOR TX	NO UA MONITORING HX OR ALL NEGATIVE UA'S IN LAST 90 DAYS.	FIRST OFFENSE; CURRENT CHARGES NOT DRUG RELATED; NOT UNDER THE INFLUENCE AT THE TIME OF THE OFFENSE; NO DUI'S.	CURRENTLY ON 3rd PARTY SUPERVISION; NO PROBATION OR PAROLE HISTORY.	POSITIVE FAMILY &/OR SOCIAL SUPPORT IN PLACE; STABLE HOUSING.	GOOD EMPLOYMENT HISTORY; CURRENTLY FULLY EMPLOYED. POSSIBLE RESPON. FOR DEPENDENTS.
2. UA MONITORING NO TX REQUIRED	0 - 3	ADMITS TO SOME USE OR DRINKING WITH NO EVIDENCE OF RECENT ABUSE OR DEPENDENCE. SIGNIFICANT LONG TERM ABSTINENCE.	NO PRIOR TX OR TX SUCCESSFULLY COMPLETED WITH ONE YEAR OR MORE OF ABSTINENCE.	NO UA MONITORING HX OR ONE POSITIVE UA WITHIN 90 DAYS.	CURRENT CHARGES NOT DRUG RELATED; POSSIBLE DUI HX; NOT UNDER THE INFLUENCE AT THE TIME OF THE OFFENSE	CURRENTLY ON 3rd PARTY SUPERVISION; PROBATION OR PAROLE HX OF COMPLIANCE OR SUCCESSFUL COMPLETION OF PROBATION OR PAROLE	AS ABOVE	GOOD EMPLOYMENT HISTORY; CURRENTLY EMPLOYED. RESPONSIBILITY FOR DEPENDENTS POSSIBLE.
3. UA MONITORING MANDATORY AA/NA	2 - 5	MAY ADMIT TO SOME ABUSE OF DRUGS OR ALCOHOL; EVIDENCE OF RECENT ABUSE; BEGINNING SIGNS OF DEPENDENCE.	NO PRIOR TX OR TX SUCCESSFULLY COMPLETED WITH 6 MO. - 1 YR OF ABSTINENCE.	AS ABOVE.	CURRENT CHARGES NOT DRUG RELATED; HX OF DUI'S; MAY HAVE BEEN UNDER THE INFLUENCE AT THE TIME OF THE OFFENSE	CURRENTLY ON 3rd PARTY SUPERVISION; PROBATION OR PAROLE HX OF COMPLIANCE OR COMPLETION OF PROBATION OR PAROLE	MODERATE FAMILY AND/ OR SOCIAL SUPPORT AVAILABLE; OR SUPPORT INCONSISTENT STABLE HOUSING.	SATISFACTORY EMPLOYMENT HX; CURRENT EMPLOYMENT OR SEEKING WORK WITH GOOD PROSPECTS.
4. OUTPATIENT TX UA MONITORING MANDATORY AA/NA	3 - 7	DRUG/ALCOHOL ABUSE EVIDENT BUT MAY NOT BE ADMITTED; EVIDENCE OF DEPEND- ENCE; SIGNIFICANT USE 30 DAYS PRIOR TO ARREST.	PRIOR TX WITH NO MORE THAN ONE TX FAILURE; HISTORY OF RELAPSE OR NO PRIOR TX WITH EVIDENCE OF DRUG/ALCOHOL DEP.	2 POSITIVE UA'S WITHIN 90 DAYS.	POSSIBLE HISTORY OF DRUG RELATED ARREST; CURRENT CHARGES ARE DRUG RELATED; UNDER THE INFLUENCE AT THE TIME OF THE OFFENSE.	CURRENTLY ON 3rd PARTY SUPERVISION; PROBATION OR PAROLE HX OF COMPLIANCE PROBLEMS OR ONE OR MORE PV HEARINGS WITHIN LAST 2 YEARS	MINIMAL SUPPORT; FEW STABLE FRIENDS; FRIENDS MAY BE USERS MAY BE IN NEED OF TRANSITIONAL HOUSING ASSISTANCE.	LESS STABLE EMPLOYMENT HX; MAY BE CURRENTLY EMPLOYED, UNDER EMPLOYED OR UNEMPLOYED, BUT IS EMPLOYABLE. HAS LEGAL INCOME
5. INTENSIVE OP TX UA MONITORING MANDATORY AA/NA	5 - 7	CHRONIC HX OF DRUG/ ALCOHOL ABUSE OR DEPENDENCE; DEPENDENT USE 30 DAYS PRIOR TO ARREST.	2 OR MORE PRIOR TX ATTEMPTS; HISTORY OF TX FAILURE AND RELAPSE; OR NO PRIOR TX WITH EVIDENCE OF DRUG/ ALCOHOL DEPENDENCE.	3 OR MORE POSITIVE UA'S WITHIN LAST 90 DAYS.	HX OF DRUG RELATED ARRESTS; CURRENT CHARGES DRUG RELATED UNDER THE INFLUENCE AT THE TIME OF THE OFFENSE.	CURRENTLY ON 3rd PARTY SUPERVISION; PROBATION OR PAROLE NUMEROUS PV'S WITH POSSIBLE REVOCATION WITHIN LAST 2 YEARS	ABSENT OR NEGATIVE FAMILY AND/OR SOCIE SUPPORT; MAY BE IN NEED OF TRANSITIONAL HOUSING ASSISTANCE.	MINIMAL, UNSTABLE EMPLOYMENT HX; MAY BE EMPLOYED, UNDER-EMPLOYED, OR UNEMPLOYED, BUT IS EMPLOYABLE; HAS LEGAL INCOME; POSSIBLE DEPENDENTS
6. INPATIENT TX COMPREHENSIVE AFTERCARE UA MONITORING MANDATORY AA/NA	6 - 9	CHRONIC HX OF DRUG/ ALCOHOL DEPENDENCE; INABILITY TO REMAIN ABSTINENT; DETERIORATING HEAL OR LIFE STYLE.	2 OR MORE PRIOR TX ATTEMPTS; HISTORY OF TX FAILURE AND RELAPSE; OR PATTERN OF NON-COMPLIANCE.	AS ABOVE	CURRENT CHARGES DRUG RELATED; EXTENSIVE HISTORY OF DRUG RELATED ARRESTS.	CURRENTLY ON 3rd PARTY SUPERVISION; PROBATION OR PAROLE NUMEROUS PV'S WITH REVOCATION WITHIN LAST 2 YEARS.	NEGATIVE SUPPORT; UNSTABLE HOUSING OR HOMELESS.	LITTLE EMPLOYMENT HX; CURRENT EMPH NOT STABLE OR UNDER-EMPLOYED OR UNEMPLOYED OR UNEMPLOYABLE; NO LEGAL INCOME; NO DEPENDENTS.

TREATMENT RECOMMENDATION GUIDELINES FOR WOMEN

RECOMMENDATION	ASI SEVERITY	DRUG/ALCOHOL USE HX/ DX IMPRESSION/ PRIOR TX/ UA HX/ HX OF DRUG AFFECTED PREGNANCIES & BIRTHS	FAMILY/SOC. SUPPORT DEPENDENTS/ HOUSING	EMPLOYMENT/SUPPORT	LEGAL	COMPLIANCE HX 3rd PARTY SUPERV.
1. DOES NOT NEED TX NO RECOMMENDATION NO UA MONITORING	0 - 1	NO HX OR EVIDENCE OF ALCOHOL/DRUG DEPENDENCE OR ABUSE, OR MINIMAL HX WITH NO USE IN LAST 90 DAYS. NO PRIOR TX. NO PRIOR UA MONITORING OR NO POSITIVE UA'S IN 90 DAYS. NO HX OR EVIDENCE OF ALCOHOL/DRUG USE DURING PREGNANCIES; NO DRUG EFFECTED CHILDREN AT BIRTH; NO PAS; NO HX OF IV DRUG USE. NOT CURRENTLY PREGNANT.	POSITIVE FAMILY/SOC SUPPORT IN PLACE; STABLE HOUSING; NO CSD HX; POSSIBLY CHILDREN WITH NO CSD INVOLVEMENT.	GOOD EMPLOYMENT OR STEADY INCOME HX; FULLY EMPLOYED OR LIVING WITHIN ADC BUDGET. POSSIBLE RESPONSIBILITY FOR DEPENDENTS.	FIRST OFFENSE; CURRENT CHARGES NOT DRUG RELATED; NOT UNDER THE INFLUENCE AT TIME OF OFF. NO DUTII, DRUG OFFENSE HX.	CURRENT 3rd PARTY SUPERVISION; NO HX OF PROB. OR PAROLE.
2. NO TX NEEDED UA MONITORING	0 - 3	ADHITS TO OR EVIDENCE OF SOME HX OF ALCOHOL/DRUG USE/ABUSE, WITH SIGNIFICANT PERIODS OF ABSTINENCE OR LITTLE OR NO USE IN LAST 90 DAYS. NO PRIOR TX OR TX SUCCESSFULLY COMPLETED W/ ONE YEAR OR MORE OF ABSTINENCE. NO UA HX OR ONLY ONE POSITIVE UA IN 90 DAYS. NO EVIDENCE OF DRUG EFFECTED PREGNANCIES OR BIRTHS. NO HX OF IV USE. NOT CURRENTLY PREGNANT.	AS ABOVE	AS ABOVE	CURRENT CHARGES NOT DRUG RELATED; NOT UNDER THE INFLUENCE AT TIME OF OFFENSE; PRIOR OFFENSES NOT DRUG RELATED.	CURRENT 3rd PARTY SUPERVISION; HX OF COMPLIANCE OR SUCCESSFUL COMP OF PROB/PAROLE.
3. UA MONITORING MANDATORY AA/NA	2 - 5	EVIDENCE OF RECENT ABUSE OR DEPENDENCE; ONE POSITIVE UA IN LAST 90 DAYS; NO PRIOR TX OR TX SUCCESSFULLY COMPLETED WITH 6 MOS. - 1 YEAR OF ABSTINENCE; NO HX OF DRUG EFFECTED PREGNANCY OR BIRTHS; NO HX OF IV USE; NOT CURRENTLY PREGNANT.	MODERATE FAM/SOC SUPPORT IN PLACE, PERHAPS INCONSISTENT STABLE HOUSING. NO CURRENT CSD INVOLVEMENT; POSSIBLE RESPON FOR CHILD.	SATISFACTORY EMP.HX. CURRENT EMPLOYMENT OR OTHER LEGAL & STABLE INCOME.	CURRENT CHARGE NOT DRUG RELATED; POSS. DUTII'S, MAY HAVE BEEN UNDER THE INF. AT TIME OF OFFENSE;	CURRENT 3rd PARTY SUPERVISION; HX OF COMPLIANCE OR COMPLETION OF PROB/PAROLE.
4. OUTPATIENT TX UA MONITORING MANDATORY AA/NA	3 - 7	DRUG/ALCOHOL ABUSE/DEPENDENCE EVIDENT. USE WITHIN LAST 30 DAYS 2 POSITIVE UA'S IN 90 DAYS; PRIOR TX WITH NO MORE THAN ONE TX FAILURE; HX OF RELAPSE; HX OF DRUG EFFECTED PREGNANCY OR BIRTH; POSSIBLE HX OF IV DRUG USE; POSSIBLE CURRENTLY PREG; POSSIBLE DRUG/ALCOHOL INVOLVEMENT WITH OFFENSE.	MINIMAL FAM/SOC SUPPORT; FEW STABLE FRIENDS; FRIENDS MAY BE USERS; MAY BE IN NEED OF HOUSING; POS. DEPS W/ CSD INVOLVEMENT.	LESS STABLE EMP. OR INCOME HX; IS EMP'D OR EMPLOYABLE OR ELIGIBLE FOR ASSIST; POSSIBLE RESPON. FOR CHILDREN.	HISTORY OF DRUG RELATED ARRESTS; CHARGES DRUG RELATED UNDER THE INFLUENCE AT TIME OF OFFENSE;	CURRENT 3rd PARTY SUPERVISION; HX OF PROB/PAROLE PROBLEMS W/ COMP. 1 OR MORE PV HEARINGS IN LAST 2 YEARS.
5. INTENSIVE OP TX UA MONITORING MANDATORY AA/NA	5 - 7	CHRONIC HX OF ALCOHOL/DRUG DEPENDENCE; DEPENDENT USE WITHIN 30 DAYS OF ARREST; 2 OR MORE PRIOR TX ATTEMPTS; HX OF TX FAILURE OR RELAPSE; OR NO PRIOR TX; 3 OR MORE POSITIVE UA'S IN PAST 90 DAYS; CURRENTLY PREGNANT; HX OF DRUG EFFECTED PREGNANCIES OR BIRTHS; POSSIBLE DRUG RELATED SPONT. ABORTIONS; IV DRUG USE;	ABSENT OR NEGATIVE FAM/SOC SUPPORT; MAY NEED HOUSING ASSIST. DEPS W/ CSD INVOLVEMENT	MINIMAL, UNSTABLE EMP./INCOME HX; IS EMPLOYABLE OR ELIG. FOR ASSIST; POSSIBLE RESPONSIBILITY FOR CHILDREN.	HX OF DRUG RELATED ARRESTS; CURRENT CHARGES DRUG RELATED UNDER THE INFLUENCE AT TIME OF OFFENSE	CURRENT 3rd PARTY SUPERVISION; HX OF PV'S W/ POSSIBLE REVOCATION IN LAST 2 YEARS.
6. INPATIENT TX COMPREHENSIVE AFTERCARE UA MONITORING MANDATORY AA/NA	6 - 9	CHRONIC HX OF DRUG/ALCOHOL DEPENDENCE; INABILITY TO REMAIN ABSTINENT; DETERIORATING HEALTH OR LIFE STYLE; 2 OR MORE PRIOR TX ATTEMPTS; HX OF TX FAILURE, RELAPSE OR NON-COMPLIANCE CURRENTLY PREGNANT AND/OR HX OF DRUG EFFECTED PREG. OR BIRTHS; POSSIBLE DRUG RELATED SPONTANEOUS ABORTIONS; POSSIBLE DRUG INVOLVEMENT WITH CURRENT OFFENSE; 3 OR MORE POSITIVE UA'S IN LAST 90 DAYS.	NEGATIVE FAM/SOC. SUPPORT; UNSTABLE HOUSING OR HOMELESS; CSD CUSTODIAL INVOLV WITH DEPENDENTS.	LITTLE EMP. OR INCOME HX; NO LEGAL INCOME; POSSIBLY NOT CURRENTLY EMPLOYABLE; NO DIRECT RESPON. FOR DEPENDENTS.	EXTENSIVE HX OF DRUG RELATED ARRESTS; CURRENT CHARGES DRUG RELATED; UNDER THE INFLUENCE AT TIME OF OFFENSE.	CURRENT 3rd PARTY SUPERVISION; NUMEROUS PV'S WITH REVOCATION IN LAST TWO YEARS

Exhibit E: Report of 'No-Show' Or 'No Test'

MULTNOMAH COUNTY DRUG TESTING AND EVALUATION

REPORT OF "NO-SHOW" OR "NO TEST"

Client: _____

DOB: ____/____/____

SID: _____

The above named client:

- ____ 1. Failed to report for testing on ____/____/____.
- ____ 2. Was unable to provide a specimen on ____/____/____.
- ____ 3. Was excused from testing on ____/____/____.
- ____ 4. Attempted to submit bogus specimen on ____/____/____.

NOTES:

Corrections Technician

Office

____/____/____
Date

Exhibit F: Incident Report Forms

INCIDENT REPORT

: Supervising Officer _____

OM: Corrections technician _____

ANCH: _____

ASONS INVOLVED _____

st Name	First	MI	Last Name	First	MI
---------	-------	----	-----------	-------	----

st Name	First	MI	Last Name	First	MI
---------	-------	----	-----------	-------	----

PE OF INCIDENT REPORTED _____

- | | | |
|--------------------------|-------|-----------------------|
| 1. Apparent intoxication | _____ | 7. Damage to Property |
| 2. Admission of drug use | _____ | 8. Firearm |
| 3. Verbally abusive | _____ | 9. Other weapon |
| 4. Threat | _____ | 10. Attempted bribe |
| 5. Physical force | _____ | 11. Other _____ |
| 6. Injury | | |

RRATION (Who, what, when, where, how, and why) _____

TION TAKEN _____

ST INCIDENT REVIEW _____

E Supervisor: _____ Date _____ / _____ / _____

: PO supervisor
DTE central office

Exhibit G: Offender Action Form

MULTNOMAH COUNTY DRUG TESTING AND EVALUATION

421 SW 5th Ave., Suite 724

Portland, Oregon 97204

Phone: (503)248-5112

FAX: (503)248-3990

OFFENDER ACTION FORM

PO/Case Manager

Office

Date

DTE records show that _____ has had three or more positive UAS and/or no shows in the last 90 days. Please indicate what supervisory action has been taken with this offender. You can mark more than one box if appropriate.

Corrections Technician

- ____ 1. No action has been taken.
- ____ 2. Offender has been counseled as to his/her repeated drug use.
- ____ 3. Offender has been referred for treatment.
- ____ 4. Court or parole board has been notified.
- ____ 5. Hearing has been set.
- ____ 6. Hearing was held, supervision continued.
- ____ 7. Hearing was held, supervision was revoked.

PO/Case Manager signature

Date of signature

Please return this form to the DTE corrections technician when you have completed it.

frmactn/2.11.91

**Exhibit H: Cover Letter and Questionnaire Form for the
Multnomah County Drug Testing and Evaluation Pro-
gram Probation Officer Survey**

July 16, 1992

Dear :

BOTEC Analysis Corporation, a research firm specializing in research on drugs and the justice system, is conducting a study of Drug Testing and Evaluation for the National Institute of Justice. The purpose of this research is to develop information on the use and impact of this type of program for criminal justice systems around the country based on the system-wide drug testing implemented in Multnomah County under a grant from the Bureau of Justice Assistance.

As key players in the Multnomah county DTE project, your opinions on the program—its advantages, disadvantages, and ideas on how to use these services—are a valuable source of information based on field experience with this type of program. To incorporate this information into the study, we are planning a survey of all the probation and parole officers working in Multnomah. The objective will be to gather statistics that compare your DTE clients to the other clients you supervise, data on how you handle clients who fail to show for tests or test dirty, and comments and suggestions for others interested in a drug testing and evaluation program. Your responses will be used for research purposes only and will be held confidential by the research project staff.

The survey will consist of a brief written questionnaire which will take about 15 to 20 minutes to complete. We plan to visit the branch offices and administer the questionnaire at a series of pre-scheduled meetings. The times will be announced in advance and you will be asked to sign up for a session. If you are unable to attend, please note that on the sign-up form and we will send you a questionnaire and self-addressed envelope to return directly to BOTEC Analysis.

We would like to thank you in advance for helping with this project. The results will be of wide interest to courts and community correction services facing the problems associated with supervising drug-involved offenders.

Sincerely,

Mark A.R. Kleiman

MULTNOMAH COUNTY DTE PROJECT PROBATION AND PAROLE OFFICER SURVEY

Introduction

BOTEC Analysis Corporation and the Urban Institute are studying drug testing of offenders under supervision. Because Multnomah County's Drug Testing and Evaluation (DTE) program is a demonstration project which may serve as a national model for other such programs, we are particularly interested in learning how Multnomah County Probation and Parole Officers view the DTE program. We want to learn how you use drug testing, what advantages and disadvantages the DTE drug testing program has for you, and your opinions on how the program can be improved.

Your responses will remain confidential. They will help us assess the impact of the program and provide suggestions for program improvement. We appreciate your help with this project.

Because the policies and procedures relating to DTE have changed a number of times, we request that you base all your responses on your understanding of policy and procedure currently in force.

Experience

1. How many years have you worked as a probation/parole officer?

_____ years

Caseload

2. Last month how many offenders were you managing?

_____ offenders

3. Last month how many of the offenders you managed were:

Female _____ offenders

White _____ offenders

On Probation _____ offenders

On Parole _____ offenders

On Probation
and Parole _____ offenders

4. On the Oregon Offender Management System, how many of the offenders you managed last month were:

High Risk _____ offenders

Medium Risk _____ offenders

Low Risk _____ offenders

Limited Risk _____ offenders

Red Tag _____ offenders

5. Last month did you manage any special types of offenders (such as sex offenders)?

☐ Yes → For each special type of offender that you were supervising last month please describe the type and estimate the number of offenders of this type which you were supervising last month:

Type	Number
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_____	_____
_____	_____
_____	_____
_____	_____

☐ No

6. How many of the offenders that you managed last month do you think used drugs?

Number of offenders _____

7. How many of these offenders (who you think were using drugs) do you think needed drug treatment?

Number of offenders _____

8. Of the offenders you managed who you think needed drug treatment, how many would you estimate are:

In DTE and drug treatment _____

In DTE but not treatment _____

In treatment but not DTE _____

In neither DTE nor treatment _____

The Drug Testing and Evaluation Program

9. Last month how many of the offenders you managed were in any of the following kinds of programs?

Please estimate the total number of offenders in these programs in the first column, and the number of offenders on DTE in these programs in the second column.

Programs	Total Offenders	DTE Offenders
Mental health services	_____	_____
Employment or job training programs	_____	_____
Other special programs:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Is there a maximum number of offenders you can place on DTE?

☐ Yes → What is this number currently?

☐ No

11. Please describe in your own words what kinds of circumstances make you want to place an offender you manage on DTE.

12. Please describe in your own words what you must do if you want to place an offender you manage on DTE.

13. To place an offender on DTE, do you need to check with any other person or agency?

☐ Yes → Who? (Check any that apply)

☐ Your supervisor

☐ The DTE program

☐ Other → Who?

☐ No

14. When you place an offender in the DTE program, do you plan that he will be in the DTE program for at least a certain minimum number of months?

☐ Yes → What is this minimum number of months which you plan that an offender will be in the DTE program?

_____ months

☐ No

15. When you place an offender in the DTE program, do you plan to keep the offender in the DTE program for at most a certain maximum number of months?

☐ Yes → What is this maximum number of months which you plan to keep an offender in the DTE program?

_____ months

☐ No

Different probation/parole officers have different criteria for recommending revocation hearings. Below are a four different behaviors that might cause a probation/parole officer to recommend that a revocation hearing be held for an offender on DTE. For each of these behaviors please indicate whether you would usually, sometimes, or never recommend a revocation hearing if one of the offenders you manage who is on DTE behaved this way.

Scenario	Usually	Sometimes	Never
16. How frequently do you recommend a revocation hearing for an offender on DTE who fails to show for tests once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How frequently do you recommend a revocation hearing for an offender on DTE who fails to show for tests more than twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How frequently do you recommend a revocation hearing for an offender on DTE who tests positive for drugs once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How frequently do you recommend a revocation hearing for an offender on DTE who tests positive for drugs more than twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Besides asking for a revocation hearing there are other requirements probation and parole officers can impose for unacceptable offender behavior while on the DTE program. (For example: requiring extra call-ins, requiring the offender to keep a log, requiring the offender to report to the treatment program, etc.)

For each behavior below list what requirements you would impose for the given behavior.

20. What requirements would you impose for offenders on DTE who fail to show for tests once or twice?

21. What requirements would you impose for offenders on DTE who fail to show for tests more than twice?

22. What requirements would you impose for offenders on DTE who test positive for drugs once or twice?

23. What requirements would you impose for offenders on DTE who test positive for drugs more than twice?

24. How many weeks do you leave offenders on DTE after they consistently show up and test negative?

_____ weeks

25. Do you ever place offenders who have previously been successful on DTE (showed up and tested negative consistently) back on DTE?

☐ Yes → In the past year how many times have you put previously successful offenders back on DTE in this way?

_____ times

In the past year for what reasons have you put offenders back on DTE in this way?

☐ No

Below are listed some problems which you might have had with the DTE program. For each problem could you check the appropriate box to tell whether this is a major problem with DTE, a minor problem with DTE, or no problem with DTE.

Problem	Major	Minor	None
26. Too few DTE slots for offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The hours interfere with offender employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Traveling to testing is difficult for offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. No same-sex technician is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. No drug-treatment spaces are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. No effective sanctions for violations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Inaccurate reporting of urinalysis test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Late or delayed reporting of urinalysis test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Incomplete reporting of urinalysis test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. In your own words, what other problems have you or the offenders you manage had with DTE?

36. In your own words, please tell us how DTE has helped you or the offenders you manage.

37. If you have any comments or advice on the use of DTE, please write them for us here.
