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# A Process Evaluation of the Multnomah County Drug Testing and Evaluation Program

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C O R P O R A T I O N

A PROCESS EVALUATION OF THE MULTNOMAH COUNTY  
DRUG TESTING AND EVALUATION PROGRAM

PRINCIPAL AUTHOR  
DAVID P. CAVANAGH PH.D.

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## PREFACE

This report on the process evaluation of the Multnomah County Drug Testing and Evaluation Program (DTE) 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—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 this report on the process evaluation we will indicate deviations from the intended operation of Multnomah County's DTE program. We will 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 will show 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 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. A brief description of DTE's organization and personnel is provided in Appendix B of this report.

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. 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.)
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 has occurred because many slots in 1992 are unavailable since they are occupied by clients enrolled during the program's first year. For the period from December 1990 through October 1992 clients have spent an average of 107 days in DTE's probation and parole program. This suggest 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 has 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.

This process evaluation will be 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.

## OVERVIEW OF THE PROCESS EVALUATION

This report describes separate process evaluations of the DTE pre-trial program and of the DTE probation and parole program. These process evaluations considered seven distinct components of each program:

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.

This report will consider the evaluation of each component in turn for each program. The evaluations compare how each component was designed to function with how it actually functioned, and also attempt 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.

Two process components are essentially the same for all DTE programs. The first is the procedure to collect urine from clients, conduct a drug urinalysis, and return the urinalysis results to client managers. The second is the procedure to communicate, record, and store information on clients. Therefore we will evaluate these procedures separately in the next section.



## **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**

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.

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 MULTNOMAH COUNTY'S PRE-TRIAL DRUG EVALUATION AND TESTING 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 614 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 35–40 pre-trial DTE slots become available each month. This means that PRSP case managers must select about 70–80% 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
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 supplement 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 of 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:

- 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.



- Many drug users are diverted from pre-trial supervision into the STOP Drug Diversion program.
- 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
- 34% needed employment counseling.

Ultimately evaluators recommended that 35% of those they evaluated needed some form of outpatient treatment, 27% needed intensive outpatient treatment, and 8% 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 should counsel clients and remind them of treatment possibilities after one or two failures to appear or positive urinalyses within a ninety day period. 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 nearly 3,300 urinalysis tests were scheduled for PRSP DTE clients. These resulted in 1,665 failures to submit a urine sample and 457 positive tests. Thus nearly 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 66 clients. Of these, 11 had a second action initiated and five had a third. Of these 76 supervisory actions, only 14 resulted in revocation of pre-trial release. In an additional 46 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/reoffense that they may be released under the Sheriff's "population release" authority. Thus sanctioning of pre-trial DTE clients is and is likely to remain a "paper tiger."

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## **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 29% of PRSP clients in the DTE program successfully terminated the DTE program. This is in marked contrast to the 71% of these same clients who successfully terminated PRSP.

The DTE program compliance of PRSP clients in DTE has risen significantly since the beginning of the program. Whereas in the early stages of the PRSP component of DTE "no-show" rates exceeded 50%, by late 1992 "no-show" rates had fallen to 35%. Despite this increase in program compliance, DTE failure rates among PRSP clients remained constant at around 70%. 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.

*Dirty mess  
therefore  
increased?*

Furthermore the 89 clients who were in 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%). This may be partly because PRSP personnel are more likely to assign lower risk cases to the control component of PRSP DTE. However, 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.

## PROBATION AND PAROLE DRUG EVALUATION AND TESTING 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.

*Wang is mentioned  
refuse?  
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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. 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. Fifty five percent will assign clients to DTE for indications of current drug use; thirty five percent will assign clients to DTE when a Court or Parole Board imposes a drug testing condition; twenty seven percent will assign clients to DTE when the client has a history of drug use; and twenty seven percent will assign clients to DTE as a replacement for 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-a-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 constantly 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.

*Some of this  
info is duplicated  
repetitions -  
see p. 19*

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 existence 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 urinalyses 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 treatment 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 capability 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.

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, the current informal method which probation/parole officers use to sanction DTE violations works. 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.

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.

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## **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 noncompliant 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 terminations 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

**EXHIBIT A: DTE OFFENDER TRACKING FORM**

**EXHIBIT B: DTE CLIENT ORIENTATION FORM**

**EXHIBIT C: URINALYSIS LOG FORMS**

**EXHIBIT D: ADDICTION SEVERITY INDEX**

**EXHIBIT E: REPORT OF 'NO-SHOW' OR 'NO TEST'**



**EXHIBIT F: INCIDENT REPORT FORMS**

**EXHIBIT G: OFFENDER ACTION FORM**