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NATIONAL NARCOTICS INTERVENTION PROJECT

STRATEGY BRIEFS

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NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF
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Program Name: Intensive Supervision Program for Drug Offenders (ISDO)

Agency: Adult Probation Division of the First Circuit/The Judiciary

Address: 777 Punchbowl Street
P.O. Box 2629
Honolulu, HI 96813

Contact Person: Nathaniel Kim
Acting Probation Administrator

Phone: (808) 548-7667

Statement of Purpose or Program Philosophy:

The Intensive Supervision Program for Drug Offenders is designed for the overall purpose of developing graduated sanctions in criminal justice through targeting of specific and identifiable groups of offenders with clearly defined risk, needs and deficits. The major goals of the ISDO Project are:

1. provide an alternative form of supervision for identified high risk drug users whose probability of incarceration is significant at sentencing and revocation phases;
2. increase community safety and enhance crime reduction efforts through a structured, restrictive and coordinated effort among criminal justice agencies;
3. provide intensive supervision and enhance crime prevention purposes through development of specialized surveillance and treatment phases; and
4. improve and expand the management information system to better identify, track, assess and evaluate offenders in the program for development of research-based policy, planning and evaluation.

The primary program objectives are:

1. identification, assessment and diversion of 30 to 60 offenders into the program at sentencing and revocation phases for twelve months;
2. final design and utilization of a risk assessment component at the pre sentence phase to enhance identification of appropriate offenders prior to sentencing for placement;
3. provide supervision through establishment of a two-officer team involving close control, contact and objective-based case plans; and
4. successful transfer of at least 70% of the offenders in the program through stages of less restrictive and control means.

Operational Framework (Key Features of the Program):

The ISDO Project is an intensive supervision program specifically targeting offenders identified as high risk drug users and whose likelihood of incarceration is significant. Individuals identified and selected for the program at either sentencing or revocation phases will be placed in the program which consist of four phases:

1. Entry;
2. Maintenance;
3. Phase Down; and
4. Transfer.

The offender must successfully complete each phase which will involve referral to a certified outpatient drug abuse program, inclusive of methadone maintenance. The program will commence implementation in the First Circuit (island of Oahu) and will be administered by the Adult Probation Division of the First Circuit. It will be restricted to adult felons who meet all screening criteria and are not subject to mandatory imprisonment or who have committed violent offenses. A TASC program is under development in the Second Circuit (island of Maui) but the ISDO Project will utilize an existing outpatient treatment program. The project will provide drug treatment, counseling, monitoring, and maintenance in addition to established program requirements and services such as community service, crisis intervention, objective-based case plans, and drug testing. The program also includes search and seizure provisions, employment, and/or educational or vocational involvement, mental health referrals and community/family participation.

Statement of the Problem (From the Agency's Perspective):

The project was developed in response to two factors involving the community and criminal justice:

1. the extensive use of drugs in Hawaii by offenders involved in criminal activity; and
2. the need to develop graduated sanctions in criminal justice to address prison overcrowding, development of viable and long-term community supervision oriented programs, and to enhance traditional probation.

From the division's perspective, the drug problem in Hawaii is substantial from both a supply and demand aspect. Of 4,000 offenders on probation in the First Circuit, 30% to 32% are identified drug users. Of 1,816 samples tested by the division between 1/87 and 1/88, 44% tested positive with the three most prevalent drugs being marijuana, cocaine and amphetamines. Hawaii is considered by law enforcement as a major transshipment point for drugs and has a marijuana crop estimated to be in the tens of millions of dollars. The drug use figures are considered relatively low for a number of reasons, but it is a definite problem that on-site testing has confirmed. The ISDO Project is designed to address crime reduction and prevention concerns involving drug users and their criminal activity.

Identification/Assessment Process:

Identification and assessment occurs at two stages:

1. presentence investigation phase when an offender is to be sentenced; and
2. revocation of probation phase subsequent to filing of a motion and setting for hearing.

A management classification system of risk and need is used for offenders already under supervision who are facing revocation. A separate risk instrument has been developed for the presentence investigation phase for offenders to be sentenced. Project personnel have undergone additional assessment and identification drug training and additional criteria are provided for selection purposes. Project emphasis is on those offenders convicted of drug offenses and, more importantly, those offenders convicted of other types of offenses where information and history indicates drug use and treatment, including juvenile records. Basic program requirements for screening are:

1. conviction offense is non-violent by crime type or circumstance;
2. circumstances of the offense indicate drug use or possession;
3. prior criminal history;
4. risk and need factors;
5. stable residence and means of ongoing support;
6. rearrest for felony or misdemeanor or the offender has tested positive two or more times; and
7. supervision adjustment is marginal or poor.

At time of sentencing or revocation, the division will recommend to the court placement in the program following screening review by investigation or supervisory officers and acceptance by project personnel.

Drug Screening Policy:

General division policies require drug testing within the first 60 days of placement on probation when court-ordered and a minimum of once a quarter for the first year of probation (traditional). ISDO Project requirements mandate a minimum of two drug tests per week through Entry and Maintenance and once a week for Phase Down and Transfer. Random tests are additionally required as determined by the officer team. Drug use is detected through on-site testing utilizing the SYVA QST system with all tests conducted by certified operators of the division and project personnel. All initial screens resulting in positive hits are sent immediately to laboratory for confirmation tests with turnaround time of less than 24 hours. Drugs routinely tested are marijuana, cocaine, amphetamines, barbiturates and opiates.

Supervision/Surveillance Strategies:

Primary program requirements are:

1. referral to and involvement with a certified drug treatment program;
2. involvement with case planning and setting of objectives;
3. routine and random drug tests;
4. search and seizure provisions;
5. daily curfew and monitoring;
6. full-time employment or educational/vocational enrollment;
7. home detention;
8. completion of 20 hours of community service a month; and
9. Restitution payments of no less than \$20 a month.

Contacts are as follows:

1. Entry-4 face-to-face contacts a week for first 30 days reduced to 3 contacts a week for 60 days;
2. Maintenance - 3 face-to-face contacts a week for next 180 days;
3. Phase Down - 2 face-to-face contacts a week for 60 days; and
4. Transfer - 2 face-to-face a week for 30 days.

Night and weekend contacts are required. Curfew is continuous and electronic monitoring incorporated within the Entry Phase or as a sanction in the Phase Down or Transfer Phases if deemed appropriate. The officer team will be equipped with portable cellular telephones, electronic monitoring and portable computers for data entry and activity recording. The Honolulu Police Department will maintain a list of offenders in the program by name and address. The project is targeting 30 offenders at any given time in the program. Violations occurring at Entry and Maintenance Phases will result in immediate removal from the program through revocation of probation. Swift and certain sanctions are the theme for violations. The one option available to the program for offenders who violate the program in either the ENTRY or MAINTENANCE phases is placement in a residential treatment program for one year or more. The ISDO Project personnel will exercise this option extremely carefully and in very limited circumstances in order to avoid dilution of the program's goals and objectives. To exercise this option, the offender must still be returned to court in all instances on a revocation motion, the offender must have been accepted into a residential program under current purchase-of-service certified contracts with the division, and the team must recommend this option with specific justification. It is an option to be extended only once. If the offender enters a program which is of less than one years duration, the offender will be returned to the program (provided he or she has successfully completed the

residential program) and begun in the phase deemed most appropriate by the team following review and assessment. Should the residential program be of one year or longer in duration, the offender will be released from the program and placed under regular supervision with mandated revocation if the offender fails. The offender will not be eligible for further placement in the program.

If an offender violates the program at the PHASE DOWN or TRANSFER Phases, the team has the discretion as to the type of adverse action sought. This may take the form of return to the MAINTENANCE Phase for an additional 90 days, residential placement, electronic monitoring for 90 additional days, imprisonment or any combination which is appropriate. The type of action will be determined by the offender's length of time in that particular phase, the type of violations, and overall progress in the program since ENTRY. However, it is a program requirement that any new arrest or absconding by the offender at any phase of the program will mandate revocation of probation and recommendation for imprisonment. This action may also apply to those offenders who continue to use drugs or have drugs in their possession or both depending upon the circumstances as evaluated by the team.

Treatment/Intervention Strategies:

The primary treatment modality is drug treatment and modification of behavior through phases. The primary focus is reduction of criminal activity, drug use and preventing re-occurrence of drug use or related activity. Offenders must remain in the program for a minimum of 12 months with the possibility of a 3 month extension (one-time only). Both contracted outpatient and residential drug treatment programs are utilized and supplemented by objective-based case plans, monitoring and additional community services. The offender's transfer to traditional probation means integration into the management classification system with debriefing and review of the offender's history in the program. Coordination in this area is part of the State Master Plan on drug use involving interagency development, planning and implementation. There is also an emphasis on self-assistance and systems support. Search and seizure is an integral part of assessment, tracking and determination of degree of drug involvement.

Program Staffing:

Program personnel are senior level officers with experience in supervision and management classification. Personnel for the program have been field tested through participation in Home Detention test program. Specialized training in drug assessment and identification, surveillance, search and seizure, drug testing, forfeiture, crisis intervention, computer technology, and legal concepts and principles. Program personnel hold Master Degrees in Social Work or related fields. More specialized training is anticipated as these programs gain maturity. Supervision is provided at the administrative level.

Program Evaluation:

The division had developed and expanded a management information system incorporating local area networking plans as part of the overall evaluation. The actual use of computer equipment as part of the officer team's activity is considered a significant test with substantial potential and impact in tracking and evaluation of activity, services and outcomes. Additional information for

final evaluation will be drawn from interagency data bases linked with the division. For the current project, program evaluation will include a comprehensive assessment of all data collected from pretrial to termination phases as obtained through the division's management classification system once the project has been completed in September 1989. This will also allow follow-up data to be collected and analyzed. Post-mortem evaluations will be conducted on cases that fail within the program.

Program Funding:

Funding for the ISDO Project is through a federal block grant (Narcotics Control Formula Grant) stemming from the Anti-Drug Abuse Act of 1986, and administered through the Department of the Attorney General, State of Hawaii. Additional services, including staff, are funded through operational expenditures of the division. No offender fee is charged at this time.

Miscellaneous Comments:

It is the division's belief that the future of probation services as an effective alternative to imprisonment rests with the development of these types of specialized services which attempt to more effectively identify, assess and target offenders for supervision and treatment. In conjunction with this is the additional need to begin development of a graduated sanctions approach in criminal justice as advocated along the lines of O'Leary and Clear. Another important development and component considered highly essential is the need to fully operationalize and integrate computer technology from line to administrative levels. This need to develop total management information systems is viewed as basic if further advances in the assessment, supervision and treatment of offenders is to eventually yield effective insight and knowledge about elements which constitute successful intervention and what does not. The ability to access and utilize data generated at line levels on a daily basis within a format that allows for future analysis holds potential in the search for truly effective measures of intervention. It is this middle ground between admission and termination which holds promise of improved success.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Benton County Alcohol/Drug Resister's Group

Agency: Benton County Community Corrections

Address: 530 N.W. 27th Street
Corvallis, OR 97330

Contact Person: Russell C. Smith, Field Services Manager

Phone: (503) 757-4148

Statement of Purpose or Program Philosophy:

The Benton County Community Corrections "Resister's Group" was designed to reduce the failure rate of corrections clients that are mandated to successfully complete an alcohol/drug treatment program. The "Resister's Group" was jointly developed in 1984 by Benton County Parole and Probation and Benton County Mental Health staff with the goals of defining what alcohol/drug success was, reducing jail commitments, and reducing parole/probation violations for clients failing treatment conditions. Essentially, this program was created for the "anti-social" client that traditionally was seen as resistive or unwilling to complete treatment designed by mental health staff.

Operational Framework (Key Features of the Program):

Benton County Community Corrections utilizes parole/probation officers and mental health counselors as co-therapists for a weekly alcohol/drug counseling group. The co-leaders have special training in dealing with substance abusing clients. Parole and probation officers share the responsibility as group co-leaders and rotate this each month among officers. Selection of the mental health therapist depends on an interest and knowledge in dealing with anti-social substance abusing clients. The program format and criteria have evolved over the years. Currently, successful completion is achieved after attendance of 16 successful sessions, which includes completion of homework assignments as well as other objectives. During this period, group members must also remain substance free, meet their court ordered and treatment financial obligations, and attend NA/AA meetings as designated. If a client fails to attend a scheduled session or fails to participate, the attending parole/probation officer informs the supervising officer who then takes immediate action. Missed sessions can only be excused by the client's supervising parole/probation officer. Monitoring of substance abuse is done by the parole/probation officer, using random urinalysis, skin checks, searches, home visits and occasional polygraph examinations.

Statement of the Problem (From the Agency's Perspective):

The Resister's Program was instituted as a result of the problem our parole/probation officers were having with the high failure rate of clients with substance abuse problems that were court mandated to complete a treatment program. Clients were referred to mental health for treatment, but were continually failing due to poor attitude, appearance, lack of funds, etc. The

mental health professionals were unprepared to deal with many of our client's "anti-social personalities." Mental health staff would "close out" our clients and refer them back to the parole/probation officers who would then be forced to return these clients to the sentencing authorities as failures on conditions of their release. This would tie up officer time, the District Attorney's time, the Courts, and ultimately the local jail with technical violators. Another problem was that successful completion of a treatment program was undefined. Clients would be placed in a "black hole" not knowing what constituted success which was dependent solely on mental health staff's judgment calls. There needed to be clarification of expectations for clients and officers as to what "complete an alcohol/drug treatment program" meant. Parole and probation needed to become the "driving indicator" as to what success was and who was returned to the sentencing authorities for violation.

Identification/Assessment Process:

Clients are referred to Resister's Group by their individual parole/probation officers. Clients are eligible if they have first failed or cannot successfully complete a regular substance abuse program, or have returned to alcohol/drug abuse after completing a regular treatment program. Some clients are placed into the Resister's Group pending their placement into a residential treatment program. Others are identified in the presentence investigation process as having failed previous attempts at alcohol/drug counseling or as being so anti-social or hostile that the probability of being successful in a regular traditional treatment group is doubtful.

Drug Screening Policy:

Monitoring of substance abuse is done by mental health staff, by the parole and probation officer leading the group and by the individual case-assigned parole/probation officer. Weekly, clients are selected at random for urinalysis tests. Individual drug screens are taken along with drug groupings (for poly drug abusers). Urine test results are sent to the State Hospital to be analyzed by the EMIT system. These urine samples are immediately tested (one assay takes about one minute). Drugs in Oregon that are most commonly being abused are alcohol, THC, amphetamines, cocaine, barbiturates and opiates. This capacity to detect drug use and intervene immediately has deterred many clients from using. The speed and accuracy of the test has eliminated client "game playing" with their parole/probation officer. Client skin checks, searches and home visits with collateral contacts are also used. There is also a polygraph examiner located in the parole/probation office to conduct polygraph examinations when requested.

Supervision/Surveillance Strategies:

Currently the primary program requirements for clients are attendance and completion of 16 successful sessions, including completion of homework assignments; attendance at weekly NA and AA meetings; participation in all group discussions; remain substance free and meet their court ordered treatment and financial obligations. The average time to complete the Resister's Program has been approximately six months. Essential elements of this drug program are: (1) monitored abstinence (immediate response); (2) qualified counseling staff (trained staff to deal with resistive/anti-social offenders); (3) confrontation and consequences for failing to comply (immediate action for noncompliance);

(4) education and realistic program goals. These are best accomplished by: (a) cooperation between probation officers, sentencing authorities and mental health; (b) having consequences of jails, prisons, work crew, and house arrest or other sanctions; (c) having a good background history of client; (d) having a good background on anti-social personalities and client thinking errors; (e) willingness of clients to participate and change; (f) immediate response to failure to abstain; (g) providing monetary (employment) as well as spiritual and emotional support for the clients and staff; (h) having reasonable expectations of success.

Treatment/Intervention Strategies:

A variety of treatment modalities are used in the group sessions. These include reality therapy, confrontation, behavior modification, peer pressure, and an emphasis on "thinking errors". Thinking errors include such things as excuse making, blaming, minimizing, victim playing, and vagueness. The first and fourth steps from traditional "twelve steps" substance abuse programs are used, as well as homework assignments developed by the co-leaders. Prior to admission to the program, the client's parole/probation officer meets with the Resister's Group leaders to determine eligibility. The client is also consulted and must agree to the expectations of the group. By this time, the client realizes that the Resister's Group is the only option other than referral back to the sentencing authority. Prior to successful completion, the client must participate in an exit interview, where follow-up services such as AA or NA are discussed. The clients continue to be monitored for alcohol/drug use by their parole/probation officer. A host of other community resources are coordinated by mental health and parole and probation staff. These include residential treatment, employment, education, and counseling services, etc.

Program Staffing:

The Parole/Probation "Resister's Group" is jointly staffed by Mental Health Specialists requiring a Masters Degree or above and State Certification in Alcohol and Drug Treatment and a Parole/Probation Officer requiring a Bachelor of Science/Arts Degree and State Certification by the Board on Police Standards and Training. There are intensive case staffings done weekly by all parole/probation officers involving participation and compliance of clients. There is ongoing training for staff in (1) understanding and confronting the anti-social substance abusing clients about their thinking errors; (2) drug identification; (3) different types of drug detection available and its usage; (4) successful types of programs being used on anti-social parole/probation clients; (5) treatment program for female and pregnant clients.

Program Evaluation:

Since September 1985, 36 clients have successfully completed the Resister's Treatment Program, 8 have failed, 8 have been institutionalized on new charges, and there are currently 6 clients in this group. The Resister's Group has had as many as 20 clients at one time, however, the average is approximately 8 participants at any given time. When the group reaches 4 clients or less, it is suspended until more referrals are received. The clients that are in a suspended group are referred to individual treatment programs. The success rate is significant considering that 100% were at one time treatment failures and traditionally would have been referred back to the sentencing authorities as

being in violation. The most common technical violations are missed meetings and continued substance abuse.

Program Funding:

The program is funded by the State of Oregon Community Corrections Act. The main costs are in staff time and drug testing. The participating clients are required to pay a sliding scale fee for participation in the group. Complete payment of this obligation is a component of successful completion of the group.

Miscellaneous Comments:

This program deals with the resistive, hard to place client population that usually "falls through the cracks" by failing regular treatment programs. This program has been successful in that it allows these resistive clients to complete an alcohol/drug treatment program. It allows parole/probation officers to participate and treat the client population. These clients would have been returned to Court on technical violations before the "Resister's Group" was established, thus adding strain to the criminal justice system. Having mental health personnel and probation officers involved in this team approach establishes better communications between agencies and lets parole/probation staff better control their revocation rates.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Adult Probation Mental Health Clinic—Naltrexone Outpatient :

Agency: Bexar County Medical/Psychiatric Dept.

Address: Medical Holding Unit
622 Dolorosa St.
San Antonio, TX 78207

Contact Person: David W. Abbott, Ed.D.
Clinic Director

Phone: (512) 220-2862

Statement of Purpose or Program Philosophy:

The purpose of the Bexar County Adult Probation Mental Health Clinic is to utilize the narcotic antagonist Naltrexone as a bridge to assist opioid addicted probationers to break the cycle of recidivism and to return to a productive, drug free life.

It is also our objective to assist the Criminal District Courts and the County Mental Health Officer in placing opioid addicted persons into Court ordered treatment other than admission to the State Hospital, methadone maintenance or confinement in the Texas Department of Corrections.

Operational Framework (Key Features of the Program):

Target population is limited to clients actively supervised on Regular Felony or Intensive Supervision Felony Probation by the Bexar County Adult Probation Department. All probationers served are likely to have a pathological pattern of abuse involving daily opioid use to intoxication. Only probationers required by the Court to participate as a condition of probation are accepted as clients. Successful intervention depends upon the offender being held accountable for unacceptable substance abuse or program noncompliance.

The Adult Probation Mental Health Clinic is a cooperative effort between the Bexar County Adult Probation Department and the Bexar County Medical/Psychiatric Department. The Clinic Director, a licensed psychologist, is employed by the County Medical/Psychiatric Department and assigned to manage Adult Services. The Clinic Director, for all practical purposes, also serves as an administrator within the Adult Probation Department. Thus, the Clinic is an integral, operationally defined part of the Adult Probation Department. Professional staff are employed by the Medical Psychiatric Department, but interact daily with probation officers on specific cases.

The Adult Probation Mental Health Clinic is housed separately from the Adult Probation Department but is within walking distance. The close, cooperative association between Clinic staff and the Probation Officer is critical in the treatment of resistant, opioid addicted probationers. The Bexar County Adult Probation Department and the Bexar County Judicial District Courts preserve

quality treatment by holding opioid addicted offenders strictly legally accountable for law violating behavior subsequent to enforced treatment.

Identification/Assessment Process:

Clients for the Adult Probation Mental Health Clinic are selected by Probation Officers completing pre-sentence investigations. Referrals are also generated by Probation Officers who have active probation cases who test positive for opiates on random urine screens. All treatment referrals are solely the domain of the Probation Officer and the Court of Jurisdiction.

Once court ordered for treatment the Clinic assigns the probationer to a counselor. The counselor is responsible for obtaining history and outlining to the probationer the program rules and regulations. All medical services for Clinic cases are supervised by a licensed physician. Detoxification prior to treatment with Naltrexone occurs at the Bexar County Adult Detention Facility. All candidates are completely detoxified from all opioid drugs for approximately ten days before Naltrexone treatment is begun. During this ten day period a physical examination and laboratory blood tests are completed by the Clinic nurse. Clients are required to sign an agreement which explains medical correlates of Naltrexone use and program expectations.

Treatment/Intervention Strategies:

The close association with the Adult Probation Office and the District Criminal Courts is a relationship that is both unique and beneficial therapeutically. It is extremely difficult to engage addicts in treatment as indicated by their failure to return even for a second appointment in many clinic settings.

Since all clients of the Probation Clinic are court ordered into the Naltrexone treatment program, the authority of the Court provides a beneficial therapeutic leverage which allows the client to experience other treatment modalities. In addition, the therapeutic effect of close supervision from both systems focuses a clear emphasis on consequences of the client's behavior.

The high monthly client compliance rate (81%) at the Adult Probation Mental Health Clinic reflects the leverage provided by this unique relationship. While the program is not primarily behavior or criminal justice oriented the leverage of the Court appears to provide greater exposure to the supportive, educational, vocational and psychotherapeutic elements of the program and thus increases the likelihood of successful outcomes.

The Naltrexone treatment program offered at the Probation Clinic is designed to be approximately one year in length, depending upon individual needs. All clients are required to report for Naltrexone medication on Monday, Wednesday and Friday. All clients are required to participate at least one hour weekly in group or individual counseling. Once monthly random urine screens are performed routinely. Clients with three months or less in the program are randomly screened bi-weekly. The Probation Clinic has on-site EMIT-ST for urine screens. This capability permits rapid, reliable verification of drug free status. The supervising Probation Officer receives same day copy of the urine screen results.

Program Staffing:

The Adult Probation Mental Health Clinic is staffed by two doctoral level licensed psychologists, one master's level psychologist, three master's level counselors, one registered nurse and one secretary. One physician provides part time consultation.

The Adult Probation Mental Health Clinic serves thirty Naltrexone cases, over one-hundred antabuse cases, and ten to twenty individual therapy cases per month. Additionally,, the Adult Probation Clinic provides Adult Probation Officers with approximately one hundred fifty consultations/psychological evaluations per month.

Program Evaluation:

Internal data collection is completed every three months. Data includes demographics as well as client compliance rates.

Currently, the Probation Clinic is working with the research department of the University of Texas Health Service Center of San Antonio. A proposed study would determine long-term outcome of mandatory treatment with Naltrexone.

Program Funding:

The Adult Probation Mental Health Clinic is cooperatively funded by the Bexar County Adult Probation Department (Texas Adult Probation Commission) and the County of Bexar. The Adult Probation Mental Health Clinic currently operates on an annual budget of \$237,972. Of this total figure \$122,500 is provided by Bexar County Adult Probation (Texas Adult Probation Commission) with the remaining expense incurred by the County of Bexar.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Substance Abuse Services
Agency: Brazos County Adult Probation Department
Address: 202 E. 27th Street
P. O. Box 2015
Bryan, Texas 77806-2015
Contact Person: Dan Richard Beto
Chief Probation Officer
Phone: (409) 361-4410

Statement of Purpose or Program Philosophy:

The Brazos County Adult Probation Department's Substance Abuse Services are designed to address both risk control and rehabilitation issues by providing a continuum of services and sanctions for substance abusing probationers.

The primary objectives of these services are as follows:

- 1) Cessation of drug use by the probationer, which, if successful, will enhance the rehabilitative process and reduce the risk of reoffending;
- 2) Education of probationers in the physiological effects of drugs; and
- 3) Accountability through compliance with the conditions of probation imposed by the courts.

To achieve these objectives, the Department places considerable emphasis on early identification and referral of substance abusing probationers.

While the primary focus of the Department's programs is on treatment, control too plays a significant role in dealing with this very difficult offender. The courts of Brazos County impose a number of special conditions of probation which emphasize compliance and yet require probationers to participate in a variety of programs designed to treat substance abuse.

Operational Framework (Key features of the Program):

The Brazos County Adult Probation Department employs a number of strategies to address the needs of the substance abusing probationer. Included under the umbrella title of Substance Abuse Services are the following programs and initiatives:

- 1) Intensive Supervision Caseloads;
- 2) Specialized Caseload for Chemically Dependent Offenders;
- 3) Presentence investigation on 90% of offenders;

- 4) Drug Education and Screening Program;
- 5) Substance Abuse Counseling Program;
- 6) Urinalysis;
- 7) Variety of assessment and supervision tools;
- 8) Referrals to area service providers for alcohol education classes, crisis intervention, employment training and placement, medical detoxification, counseling, and participation in Narcotics Anonymous and Alcoholics Anonymous; and
- 9) Contracts with area service providers for psychiatric evaluations and treatment, psychological evaluations and counseling, family education and counseling, and residential treatment.

The staff members of the Department are encouraged to develop individualized supervision and treatment plans to address the specific needs of their respective probationers,

All programs of the Department must be approved by the Chief Probation Officer; however, the immediate responsibility for treatment initiatives falls under the immediate supervision of a Deputy Chief Probation Officer.

Statement of the Problem (From the Agency's Perspective):

The Brazos County Adult Probation Department, located in Bryan, Texas, serves three District Courts and two County Courts-at-Law. The Department is responsible for approximately 2,400 probationers at any given time, and research suggests that 70% have substance abuse problems in varying degrees. In addition to alcohol, the most frequently abused drugs in Brazos County are marijuana, cocaine, and amphetamines.

Commencing in 1983, the Department, focusing on substance abuse issues and, concurrently, being dissatisfied with the delivery and quality of services being provided by other governmental and private agencies, began to develop in-house programs and to enter into contracts to address this very critical problem.

Factors contributing to the Department creating its own programs include strong judicial support, a desire for quality control, and the gathering of a highly qualified and dedicated staff.

Identification/Assessment Process:

The identification and assessment of substance abusing offenders coming under the Department's supervision is a continuing process.

The initial assessment begins with the initiation of a presentence investigation. Regardless of the offense, presentence reports are prepared on most cases handled by the courts of Brazos County. These reports contain specific recommendations as to sentence and special conditions of probation, and they serve as the foundation for the initial supervision plan.

The Department uses the statewide Case Classification System promulgated by the Texas Adult Probation Commission. In addition, the Strategies for Case Supervision instrument is also employed. Other assessment instruments may include the MMPI, Carlson Psychological Inventory, Social Stability Index, the

SASSI, several intelligence tests, Mortimer-Filkins, Brief Symptoms Inventory, and a substance abuse checklist.

Referral to a program operated by the Department is made by the supervising probation officer. In cases where a referral to a contract service provider is desired, it may be done only after consultation with a designated Deputy Chief Probation Officer. The courts, relying on the presentence reports and recommendations of probation officers, regularly mandate participation in treatment programs.

Drug Screening Policy:

Urinalysis is viewed as a tool for supervision and treatment. Depending upon the probationer and the circumstances of the offense, urine samples may be collected at random or in adherence to a specific schedule. Frequency, degree of monitoring, and level of security are determined by the supervising probation officer. In addition to testing for drugs, the strategy of confrontation is also employed.

While the Department has the capability to test for a number of drugs, screens are generally limited to marijuana, cocaine, opiates, amphetamines, and alcohol.

Officers involved in taking urine samples must wear gloves. Those employees who test the specimens must wear protective garments and masks.

The Department uses the Emit as well as the Abbott instruments. In cases where confirmation is necessary, the Department uses a local hospital or the Texas Department of Public Safety's laboratory.

Drug screens are seldom used for the purpose of probation revocation proceedings; rather, their primary use is for identification of a problem and to establish an appropriate supervision plan, which will include some form of treatment.

Supervision/Surveillance Strategies:

The Brazos County Adult Probation Department's Substance Abuse Services are available to all probationers. The degree of abuse or dependency determines the program to which a probationer is assigned. This flexibility allows for continual reassessment and reevaluation with supervision intensified or lessened on a case by case basis. All probationers can be referred to the Drug Education and Screening Program, Alcoholics Anonymous or Narcotics Anonymous, the in-house counseling program, or the local Mental Health-Mental Retardation authority counseling program. Some probationers are eligible for referral to Veteran's Hospitals, State Hospitals, or private treatment facilities via personal insurance or department contracting. For probationers who continue to use drugs despite intervention or for those who have symptoms of addiction, intensive supervision probation and the caseload for chemically dependent offenders are available. Legislative mandate requires that probationers assigned to either of these caseload types be diversions from the Texas Department of Corrections. Additionally, the probationer must meet specific need criteria, including drug or alcohol dependence. These probationers are seen on a weekly basis, and officers assigned to these caseloads can supervise

no more than 40 probationers at any time. These probationers are seen in the office, at home, or at work. Their actions are subject to intense scrutiny. They are required to undergo a substance abuse evaluation with emphasis on their drug history and patterns of abuse. In addition, they are subject to frequent urinalysis on a random basis and are required to attend Alcoholics Anonymous or Narcotics Anonymous meetings. Violations of the conditions of probation are dealt with on a case by case basis. As the primary issue in these cases is chemical in nature, the most frequent violations are related to continued chemical use coupled with the probationer's denial of a problem. Detoxification, inpatient treatment, jail therapy, or court action are possible options for violations. Each case is reviewed and staffed with the Chief or Deputy Chief Probation Officer and a course of action is determined. The probationer's attitude, motivation level, prior treatment record, drug of choice, prior criminal record, length of sobriety, and type of violation are all considered prior to the recommendation of one or more sanctions.

Treatment/Intervention Strategies:

The focus of the Brazos County Adult Probation Department's Substance Abuse Services is multifamily in nature. As there are potentially life-altering consequences for probation violations, reality therapy is emphasized. While a probationer may be placed on probation for up to ten years, placement on the caseload for chemically dependent offenders is limited to one year. This year can be renewed on an indefinite basis not to exceed the probation expiration date if circumstances warrant renewal. Placement on intensive supervision probation is somewhat more restrictive in that extension can only occur for one additional year, after which the probationer must be placed on a regular caseload.

To be eligible for placement on the caseload for chemically dependent offenders or intensive supervision probation, the probationers must be diversions from the Texas Department of Corrections. They additionally must meet specific need requirements including a documentable substance abuse problem.

The substance abuse services program utilizes methadone, matrixes, or other antagonists only when a physician prescribes such treatment. These are generally last resort treatment methods used when all else fails or because of the medical complication that could be effected adversely by detoxification.

The substance abuse services program utilizes every available community resource including the Brazos Valley Mental Health-Mental Retardation Authority, State hospitals, the Texas Rehabilitation Commission, private treatment facilities (inpatient and outpatient), Veteran's hospitals, the Texas A&M University Counseling and Assessment Clinic, private psychologists, psychiatrists, and counselors, Alcoholics Anonymous, Narcotics Anonymous, Alanon, Adult Children of Alcoholics, the Brazos County Health Department, the Texas Employment Commission, and the Driving While Intoxicated Education Program offered through Texas A&M University. In addition, the Brazos County Adult Probation Department offers an in-house counselor for substance abuse evaluations and counseling (groups and individual) as well as an in-house Drug Education and Screening Program. As a form of external control, all probationers are subject to random drug and alcohol testing via urinalysis or Alcoscans.

Follow-up services vary, depending on the need of the client. Services range from private aftercare groups to monitored attendance in public support groups such as Alcoholics Anonymous, Narcotics Anonymous, etc. It is also conceivable that an individual with a fragile hold on sobriety may be extended by court order on intensive supervision probation or on the caseload for chemically dependent offenders.

Services with out-of-department resources include both written and oral contact with a counselor, Alcoholics Anonymous sponsor, psychologist or psychiatrist, or staff representative. Progress reports are requested on a quarterly basis with probation supervision closely coordinated with treatment recommendations provided by the out-of-department resource. Persons who go inpatient are required to call their supervising probation officer every other week once their inpatient counselor approves outside contacts. This provides continuity of services and allows for a smooth transition from inpatient to outpatient status. Aftercare can also be carefully arranged via these telephone contacts.

The substance abuse services program has formal, written agreements with select services providers. These service providers include a physician, a psychiatrist, psychologists, and several treatment facilities. In addition, the in-house substance abuse counselor is a Licensed Professional Counselor who contracts with the Brazos County Adult Probation Department to provide the counseling services.

Program Staffing:

To be a probation officer in Texas one must possess a bachelor's degree; in addition, a year of graduate study or a year of work related experience is required. Finally, probation officers must receive annually 20 hours of training approved by the Texas Adult Probation Commission.

In Brazos County, these statutory requirements are met. In addition, because of the emphasis placed on dealing with substance abusers, one officer is a Certified Alcohol and Drug Abuse Counselor (CADAC) and two other officers are working toward certification. One officer is a Social Worker certified by the state. The Deputy Chief Probation Officer in charge of treatment initiatives serves as a trainer for the Texas Adult Probation Commission in Strategies for Case Supervision training, Assessment, Planning and Documentation training, and Case Classification training. Finally, officers are afforded many opportunities to participate in specialized training; for the past several years, the officers of the Department each received over 80 hours of training annually. Much of this training was related to case management and substance abuse issues.

Program Evaluation:

The Texas Adult Probation Commission, a state agency created in 1977 and charged with the responsibility of establishing standards for local adult probation departments, distributes state funds for local probation services. This agency regularly audits, both fiscally and as to programs, local judicial district probation departments. Since the creation of the Commission, the Brazos County Adult Probation Department has always received very favorable audits. In fact, staff members at the Commission have recommended the Brazos

County Adult Probation Department to other probation departments desiring to expand programs and enhance the delivery of services.

Program Funding:

All of the Department's programs are funded by supervision fees and state aid. In addition, Brazos County government assists financially by providing facilities, utilities, and all office equipment.

Probationers receiving substance abuse services through the Department are not required to pay a fee for these services. Most probationers are, however, required to pay a supervision fee.

The Department also receives some support from the Brazos Valley Private Industry Council through small grants for the purpose of purchasing films/videos on drug abuse.

Finally, the Department has been the recipient of discretionary grants from the District Judges of Brazos County. For the past several years, the District Judges, because of their interest in treatment issues, have awarded funds to the Department to purchase drug testing reagents. In addition, they purchased audiovisual equipment and a drug testing instrument for the Department.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Intensive Supervision Program for Drug Offenders

Agency: Contra Costa County Probation Department, California

Address: 100 - 38th Street, Room 122 (Branch Office)
Health Department Building
Richmond, California 94805

Contact Person: Yosh Murakawa
Probation Supervisor I

Phone: (415) 374-3041

Statement of Purpose or Program Philosophy:

The purpose of the West County Intensive Supervision Program (ISP) is to increase protection to the targeted community by implementing an intensive supervision/surveillance program for drug abusing and drug-related adult probationers by strictly enforcing court ordered conditions of probation and by affording probationers an opportunity for drug rehabilitation. The primary objectives are:

- o to reduce recidivism;
- o to reduce the number of incarceration days;
- o to increase employment;
- o to reduce drug trafficking, drug abuse and drug-related offenses;
- o to increase restitution and/or fines paid; and
- o to provide for speedy revocation in the event of violations of probation.

West County ISP emphasizes probationer control by continued and frequent supervision contacts, random drug testing as a means of drug use identification, and probation officer counseling sessions that guide and direct the probationer's behavior. Drug treatment efforts are made secondarily to control issues; however, once implemented, treatment can become the means of control.

Operational Framework (Key features of the Program):

West County ISP is an intensive program which utilizes a team approach concept of two probation officers and a probation aide supervising 85 adult drug offenders in West Contra Costa County. The program is administered out of the Richmond Branch Office and only serves adult probationers in our defined geographical area.

The program is an exploratory research project that has randomly assigned cases to the intensive supervision program (experimental group) and to regular caseloads (control group).

Our probation aide is primarily responsible for the urinalysis program with urine samples analyzed by Pharm-Chem Laboratories, Inc., Menlo Park, California, on a contractual basis.

ISP utilizes a three-phase supervision plan for all probationers commencing with maximum supervision and testing and reducing both functions with time and probationer's successful adjustment on probation. Probationers unable or unwilling to adjust satisfactorily to probation are required to remain in the maximum phase until such an adjustment is accomplished. Violations of probation are returned to court for sanctions.

Statement of the Problem (From the Agency's Perspective):

This federally funded demonstration program was created out of "need." West Contra Costa County has been experiencing a severe drug problem for some years. In October of 1985, in response to political and community concerns of blatant drug trafficking and abuse, a local law enforcement drug arrest and prosecution program, "Operation Clean Streets" was implemented. This "buy-bust" operation has resulted in a significant increase in arrests and prosecution resulting in a flood of drug offenders into the probation system. Commencing January 1, 1987, the Bureau of Justice Assistance funded our department for an 18 month period to June 30, 1988, to assist us in coping with this problem. We were recently extended an additional seven and one-half months to February 15, 1989.

West Contra Costa County has severe drug related problems with limited treatment resources to deal with this "epidemic." The area of Richmond is a relatively depressed socio-economic area and is struggling with the crack problem as are similar communities throughout the country.

The most frequent drugs of abuse in our area are: cocaine, methamphetamine, and marijuana.

Identification/Assessment Process:

All cases have been randomly assigned to this research program. By program design, the only eligibility criteria for admission into the project were that adult probationers be convicted of a drug or drug-related offense and lived in our defined geographical area. Cases were assigned into the program until the maximum of 170 cases was reached. Subsequent to the initial assignment, an additional 20 cases have been assigned to ISP to replace cases which were revoked or unsuccessfully terminated. (For the project, 40 additional cases were assigned - 20 experimental, 20 control).

Cases cannot be mandated to the program due to its research design. Risk and need assessment instruments are applied to all cases after assignment to the project. ISP Deputies are required to conduct Client Management Classification Inventories on all cases and develop appropriate casework plans.

Drug Screening Policy:

All probationers in the program are required to submit to drug testing, if ordered by court order (five of the original group did not have drug testing clauses). ISP uses a telephone call-in system where probationers are required to phone six days a week. If a probationer hears his/her number announced over the recorder, he/she is required to report for testing the following day.

During the initial sixty days of supervision, or if the probationer is required to remain in stage I, twelve random drug tests are required during a sixty day period. In addition to the telephonic random system, the probation officers will randomly test defendants before or after a scheduled interview or phone probationers and request a urine sample without previous notification.

The frequency of drug tests is determined by the probationer's stage in the intensive supervision program or is based upon the probation officer's suspicion of continued drug use. Drug samples are forwarded to Pharm-Chem Laboratories, Menlo Park, for analysis, with results of the urinalysis forwarded back to the probation department within five to ten days. Pharm-Chem uses thin layer chromatography to screen urine samples and confirms all positive tests with emit and gas chromatography. Pharm-Chem normally tests for the following drugs: cocaine, heroin, methadone, PCP, amphetamines, barbiturates, hallucinogens, and upon request, for marijuana or other specifically identified drugs.

Supervision/Surveillance Strategies:

All ISP probationers are placed into a three-phase program as follows:

- Phase I - sixty days and involves a minimum of weekly probation officer contacts and counseling, random drug testing on telephone system (twelve random drug tests are administered during the initial sixty days), employment verifications, job referrals and referrals to counseling if necessary;
- Phase II - 180 days and is only implemented if the probationer successfully complete Stage I. This phase requires a minimum of two face to face contacts per month, a minimum of two random drug tests per month or continued use of random telephone call-in system, surveillance checks, employment verification, and referral for treatment or counseling as necessary; and
- Phase III - is the minimum level of supervision and is only utilized when the probationer has successfully completed Stages I and II. This level requires a minimum of one face to face contact per month, surveillance check, drug testing and employment verification as deemed appropriate by the probation officer. (At this stage in our program, we are considering whether or not to transfer our Phase III cases to regular caseloads or have the probation aide supervise these minimum cases).

Our program's primary means of surveillance is by random drug testing. For those probationers suspected of continued drug trafficking, ISP Deputies have developed communication channels with Richmond Police Officers to track suspected drug traffickers. Some surveillance is conducted by probation officers of defendants suspected of continued drug trafficking by means of unannounced home visits or "drive bys" of identified drug trafficking areas. ISP Deputies have developed a form of "controlled surveillance" by conducting Saturday field visits to the residences of selected probationers.

Each probation officer is assigned 42 cases for supervision with direct assistance of a probation aide. The three work together as a "team" and have developed a knowledge of all ISP cases.

The probation officers impose sanctions along a graduated continuum from warnings and notices to the court, to court appearances, incarceration and recommendations for court ordered residential drug treatment following a period of incarceration. For those defendants who have "used up" their quota of sanctions, revocation of probation or unsuccessful termination of probation with County Jail time or commitment to a state institution is imposed.

Treatment/Intervention Strategies:

West County ISP's primary intervention strategy is one of providing the probationer with structure and predictability, frequent drug testing to either identify continued drug abuse or deter drug use, and treatment for identified drug abuse by referral to a county residential drug treatment program. For those probationers who appear able to handle their drug problems with outpatient counseling, the probation department has established a Narcotics Anonymous Chapter in our building.

ISP Deputies have access to all local government and community resources and have the assistance of the Probation Department Resource Officer. With continued experience in the area of drug abuse, however, we have learned that this community severely lacks treatment resources for drug abusing probationers.

Program Staffing:

All departmental probation officers are college educated with a minimum of a Bachelor's Degree. In addition, California Probation Officers are required to complete Basic Probation Officers Training (200 hours) and forty hours a year of continued certified training. Our probation aide position requires a college diploma. For our program, ISP staff have received additional drug abuse training from our departmental training division, from the Haight-Ashbury Clinic, and from other drug treatment programs.

Program Evaluation:

The program's success will be measured along our primary program objectives comparing the ISP, or experimental group, to the regular probation, or control group. The Rand Corporation is now in the process of collecting comparative data, along predetermined indices. Along comparative lines, it is safe to say at this point that ISP Probation Officers will show to have more contacts with their probationers, conduct more drug testing, and refer more probationers to drug treatment programs. At this juncture, however, other results cannot be predicted until further data is collected and analyzed. We are hopeful that ISP will show a reduced recidivism rate over time.

Rand has provided us with a general profile of our original 170 cases:

Background Characteristics: Average Age 27.2;
Male 80.6%;
Single 75.9%;
White 17.6%; Black 79.4%; and Hispanic, 2.9%;
High School Graduates 42.9%;
Living with Parents 53.6%.

Prior Criminal History: Age of First Arrests - 18.4;
Age of First Conviction - 20.3;
Number of Arrests - 5.5;
Number of Felony Convictions - .6;
Number of Misdemeanor Convictions - 2.3;
Number of Probation Terms - 1.8;
Number of Probation Revocations - .6;
Number of Jail Terms - 1;
Percent of Probationers with
Prior Prison Terms - 5.3%;
Percent with Prior Parole Revocations - 1.8%.

Current Offense and Sentence: Drugs - 66.9%;
Robbery - 5.9%;
Assault - 1.8%;
Burglary - 8.9%;
Theft - 8.9%;
Fraud - 4.1%;
Weapon Charges - 3%;
Miscellaneous - .6%.

Conditions of Probation: Employment - 100%;
Drug Treatment - 81.7%;
Restricted Contact - 24.8%;
Urine Testing - 92.4%;
Search and Seizure - 92.9%.

Of the original 85 cases assigned to ISP, ISP program data collected (our own program data) as of June 30, 1988 show the following: 32% arrested for new offenses with 30% convicted of these offenses; 29 (n=24) probationers either revoked or unsuccessfully terminated from probation, with 14.5% (n=12) of defendants committed to state institutions; of the 29% of the defendants revoked or unsuccessfully terminated, 3% (n=3) went to state institutions solely on a technical violation of probation, and 11% (n=9) were committed to our County Jail solely for a technical violation.

Of all our probationers tested for drugs (all defendants were not tested as a few did not have a drug testing clause and several defendants failed to show at all), 75% tested positive at least once for drug use, with roughly one-half of this group using cocaine. In order, 42% (n=32) tested positive for cocaine; 19% (n=14) for methamphetamine; 5% (n=4) for morphine; and 8% (n=6) for THC. Our data showed that 39 defendants tested positive three or more times indicating addiction with crack cocaine leading the way with 25, or 33%, of the entire experimental group.

During progressive stages of our program, ISP staff have raised questions about the use of drug testing and threat of incarceration as a deterrent to further drug use. After tracking our cases from February 1987 through June 1988, we have concluded that 19% of the defendants (n=16) of our ISP cases have been deterred from further drug use by our intervention techniques. The Rand Corporation is now developing a profile of these probationers for us.

Additional data from our program show that 60% of our probationers have been incarcerated for a positive drug test at one time or another during the program, and that 29% of the defendants (n=24) have participated in our county

residential drug treatment program. However, this data also shows that only one person successfully completed the program, with ten defendants leaving the program prior to 30 days, and five defendants leaving between 30 and 90 days. Eleven percent of the defendants (n=9) remained in the residential drug treatment program 90 or more days. We have requested Rand to run profiles of those defendants who remained in a residential program 90 or more days, and of those who left prior to 30, in order to compare the two.

Thirty-eight percent of our probationers have held a job at one time or another, but only 14% have held steady work for more than six months. Probation officers report that the probation system has only been responsible for securing two jobs for probationers, but that 12% of the defendants (n=10) were directed toward securing employment by counseling. Again, this information is internally collected data.

Throughout the initial year-and-one-half of this program, we have averaged approximately 24-30% outstanding warrants at any given time. Probationers testing dirty for drugs abscond from probation and fail to report or cooperate. The ISP program has developed an informal process of furnishing names of probationers with outstanding warrants to the Richmond Police Department with requests that these probationers be apprehended. However, because of its informal nature, this process has been inconsistent and needs to be formalized to be more effective.

As of June 30, 1988, 48% of the original probationers remained on active probation, 29% have been either revoked or unsuccessfully terminated, and 23% have outstanding warrants.

Program Funding:

We were originally funded at \$152,000 by the Bureau of Justice Assistance for a period of 18 months. ISP subsequently received a continuation grant of an additional \$67,000 for a total of \$219,000, which will carry us through February 15, 1988. ISP probationers do not pay a fee for participating in our program, though most have been ordered by the Court to pay a \$100 restitution fine.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Program Against Cocaine

Agency: Florida Dept. of Corrections

Address: 1350 N.W. 12th Avenue, Room 450
Miami, FL 33136

Contact Person: Jack Nichols, Senior Circuit Administrator

Phone: (305) 325-3310

Statement of Purpose or Program Philosophy:

The purpose of the Program Against Cocaine (PAC) is to provide an opportunity for early intervention and treatment to first offenders who are charged with possession of two grams or less of cocaine upon arrest. The intent of the program is to solicit a guilty plea from the offender and grant him/her a minimum one-year probation-with-treatment. If the terms of probation are successfully completed, the offender's record is expunged. It is also one of the objectives to allow the Probation Officer to act not only as an enforcement arm of the Criminal Justice System, but also as an active and participatory component of the addiction treatment system. The program also employs the concept of increased sanctions as added incentive for the offender to complete the treatment program.

Operational Framework (Key Features of the Program):

The Program Against Cocaine (PAC) utilizes Correctional Probation Officers with specialized drug training to perform assessments and referrals to chemical dependency treatment programs. At this time, there is one project site, Probation and Parole Services in Dade County, Florida, that has a specialized probation and treatment program for drug offenders.

The Program makes direct referrals to outpatient (drug free, methadone maintenance) and residential (drug free and detoxification) services in community-based treatment programs.

Urinalysis is currently being conducted by the individual drug treatment programs, however, that testing will soon be augmented by additional testing by Probation and Parole Services.

The project currently uses data management services from Treatment Alternatives to Street Crime of Dade County (TASC), however, Probation and Parole Services will assume this function shortly, in order to provide an integrated control of records for tracking, treatment, supervision, and success rate of various programs utilized for treatment.

Statement of the Problem (From the Agency's Perspective):

This program was created as a result of the weakness of Pre-Trial Diversion and Intervention in effectively dealing with this group of drug cases. This offender population was deemed to need more authoritative supervision with a wider, and graduated range of sanctions for non-compliance with program requirements. Office and Probation and Parole Services jointly devised a plan to place first time offenders charged with possession of two grams, or less, of cocaine under probation supervision with drug treatment, and incentive for successful program completion. Recently studies of Dade County offenders suggest that as high as 75% to 80% were abusing drugs upon felony arrest, and the primary drug of abuse in this jurisdiction is cocaine (crack).

Identification/Assessment Process:

Offenders for this project would qualify for probation under Sentencing Guidelines. Those offenders charged with two grams or less of cocaine with no prior felony convictions would enter a negotiated plea of guilty in exchange for a one year probationary supervision term with drug treatment.

The offender is instructed to report to the Probation Intake Office where they are assigned to a Drug Specialist Officer based upon residential geographical location.

Drug Screening Policy:

UA's are used to detect drug use. Urine samples are collected on a random basis by the drug treatment programs and the results are reported to the assigned Probation Officers. The Emit System is used by most of the drug treatment programs. The Probation Department will shortly be conducting urinalysis testing for screening purposes only, with a new Abuscreen Drug Detection Test from Roche Diagnostic Systems which provides results for cocaine within four (4) minutes. To confirm positive tests, the sample will be sent to the Forensic Toxicology Laboratory which uses Gas Chromatography.

Supervision/Surveillance Strategies:

The primary program requirements are adherence to the standard conditions of probation; plus drug treatment and urinalysis. Frequency of offender contacts vary depending on the individual officer's workload, and program participation by the offender. Most offenders receive a minimum of two personal contacts and two collateral contacts in the office, home, job site or treatment program, however, more frequent contacts are one of a number of increased sanctions. Normally the field contacts are conducted on a random, no-notice basis. Field urinalysis is being considered in the near future.

Electronic Monitoring is available for those cases that fail to comply with their drug treatment requirements and are in need of more intensive supervision, and monitoring. There are currently eighteen Probation Officers used to supervise the PAC cases. Their caseload varies depending upon location. At present, seven Probation Officers are absorbed in regular probation caseloads, due to lack of staffing, but efforts are currently underway to place them on reduced caseloads (50-60).

Treatment/Intervention Strategies:

The PAC Program will be implementing an Offender Profile Index (OPI) under a Federal Grant Project sponsored by the National Association of State Alcohol and Drug Abuse Directors (NASADAD). This instrument is expected to provide drug assessment and referral recommendations on drug offenders to out-patient or residential treatment facilities. Currently, the PAC Program uses out-patient treatment along with increased supervision and increased involvement by the Probation Officer in the treatment process. The offender is required to attend two group therapy sessions per week with their drug counselor. The PAC Program provides community supervision for a period of one year from the date of probation, continuing after treatment program completion. In extenuating cases, the period of supervision can be extended between eighteen months and two years. The project utilizes TASC for tracking, and the Dade County Office of Criminal Justice Assistance for coordination with other county governmental agencies and facilities. Services and contacts with other agencies are coordinated through the supervisor in charge of the project through bi-weekly meetings and on-site visits. Contracts and budgeting (NASADAD Grant) will be administered by the Dade County Office of Substance Abuse Control.

Program Staffing:

PAC was initiated within existing resources, and Probation Officers participating in the project were selected by their office supervisors for their knowledge, skill, and interest in working with drug offenders. The program staff have attended training in drug abuse sponsored by DEA and the Florida Department of Law Enforcement, and will be participating in Drug Recognition Training. Additionally, all staff have been trained in administering the Roche Abuscreen On-Trak Drug Test, and the PAC concept as opposed to normal Probation. The project does not require degrees, certification or licenses other than specialized training.

Program Evaluation:

The success of the program will be measured by the number of offenders who successfully complete their term of probation. At the time this Strategy Brief was issued, no data on the completion rate had been analyzed since the program was initiated only on August 1, 1987. According to the statistical information so far provided by TASC, the current violation rate is approximately 25%. The most frequent technical violations are for absconding and failing to keep their scheduled appointments at the drug programs. The current revocation rate is approximately 32%.

There have been no recidivism studies taken at this time, but it is one of the program goals. Participating treatment programs success rate will also be evaluated, over a long term tracking program of rearrest or reinvolvement.

Program Funding:

The program is funded by existing budgetary resources, supplemented by Dade County and private sector. Offenders participating in the project are ordered by the Court to pay \$30.00 supervision fees to the State's General Revenue fund just as any offender supervised by Probation and Parole Services. Waivers are permissible. Additionally, the offenders are required to pay a sliding fee for

their drug treatment. They will not initially be required to pay for Abuscreen Tests as this is a joint project of Probation and Parole Services and Roche Laboratories.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Drug Surveillance Program - Probation
Drug Offender Surveillance Project - Target Probation Population

Agency: Georgia Dept. of Corrections/Probation Division

Address: Community Program/Probation Division
2 Martin Luther King, Jr. Drive
Suite 954 (East Tower)
Atlanta, GA 30334

Contact Person: Annette Z. Henderson
Community Programs Coordinator

Phone: (404) 656-4696

Statement of Purpose or Program Philosophy:

The purpose of the general drug testing program, which is available for all our probationers regardless of which sentencing option program they are in, is to identify drug users so that appropriate referrals for service may be made; to detect local trends in drug preference among the probation population; to maintain awareness of scope of drug usage; to detect drug usage through known ability to detect usage; and to amass data needed to make decisions on programmatic adjustments for alternative initiatives.

The purpose of the Drug Offender Surveillance Project is to apply various surveillance techniques for varying time periods, while conducting urinalysis screening at varying intervals, to determine the comparative costs and benefits of selected combinations of surveillance and testing schedules. The focus of this Demonstration Project is both on rehabilitation and control with the primary goals being to increase public safety through increased drug treatment/deterrence and increased control of the offender, and to develop community supervision alternatives which address and provide for the specific needs of the target population.

Operational Framework (Key Features of the Program):

Our general drug testing program is available to regular probationers, IPS probationers, and diversion center residents. We have three main drug labs which are operated by probation staff serving our state probation system. Smaller labs are located in almost all 17 of our diversion centers. We serve adult probationers sentenced to our statewide probation system and we do not contract for drug abuse services. The majority of probationers are referred to local resources for treatment, which probation supervisors monitor, and follow-up treatment. Some diversion centers do have in-house treatment staff for the drug offender which may be coordinated with local resources.

In addition to our basic drug testing program, the Georgia Department of Corrections was awarded a Federal Bureau of Justice Assistance (BJA) grant to complete a demonstration project, beginning in October 1987 and scheduled for

completion in April 1989. The project was designed to determine what type of surveillance works best for the drug offenders, and works in conjunction with the IPS/Home Confinement Sentencing Alternative.

Home Confinement is the strictest phase of Georgia's Intensive Probation Supervision (IPS). This supervision strategy is designed to represent the most restrictive sanction imposed while a probationer remains in residence at his own home. Probationers sentenced under this option must abide by all the conditions of IPS with the added condition that they cannot leave their home for any purpose without the permission of an IPS team member. The circumstance for which permission may be given to leave the residence include employment, approved and mandated rehabilitative treatment activities, necessary appointments and emergencies.

The three sites selected for participation in this project are Atlanta, Macon and Waycross IPS programs. The project is coordinated centrally through the Probation Division Office, and at each site the IPS supervisor is the team leader responsible for program management, and he in turn reports to his administrative supervisor, the chief probation officer and district director.

The services provided to probationers in all programs include individual, family and group counseling; job related and/or readiness training; school and/or drug education and urinalysis. Through the utilization and availability of local community resources other services include individual, family, and group psychotherapy; in- or out-patient detoxification; therapeutic community placements; and academic training. We do not contract for any drug abuse services.

Statement of the Problem (From the Agency's Perspective):

Our initial involvement with drug testing came as a result of our interest in developing more effective ways to manage the drug offender population. As a result of the prison overcrowding crisis, we have greatly increased the number of probationers we manage through our community based services. Although accurate statistics are not known, we assume that approximately 80% of our probation population has some involvement with abuse of alcohol and/or drugs. Therefore, we are increasingly becoming responsible for managing the drug probationer through control, deterrence and/or rehabilitation.

Every probationer who participates in the BJA Project has a current drug involvement problem, or a recent history of one. The most frequently abused drugs for all probationers is marijuana and cocaine.

Identification/Assessment Process:

Judges order offenders to our statewide probation system. Every probationer is screened with our Needs/Risk Assessment, which was adopted from the Wisconsin Needs/Risk assessment and validated for our probation population. Based on the scores, and/or the probation supervisor's professional opinion, and/or specific court order, an offender will be referred to an appropriate drug treatment organization such as a local mental health agency, NA, etc., in addition to random urinalysis screening.

For participation in the Demonstration Project there is specific eligibility criteria which an offender must meet before being included in the project. The inclusion criteria are: the offender must be sentenced to Intensive Probation Supervision/Home Confinement; s/he must have been convicted of a current, drug related offense; there must be evidence of current drug usage via intake drug screen, admitted usage, or other verifiable evidence; or the offender must have a past history of drug use or treatment within the past five years. Probationers are excluded from participation if they have major psychological disorders, no telephone in residences, conviction, or residence outside circuit of project site.

A total of 50 probationers per site are supervised according to Intensive Probation Supervision/Home Confinement standards and requirements of BJA Grant. Probationers meeting this eligibility requirements will be randomly assigned to an experimental group (i.e. electronic surveillance) or in the control group by the Rand Corporation, 25 probationers in each group, per site.

The three pilot circuits will be used to establish a comparison of outcomes with supervision protocols which include one site with an experimental group where emphasis is on human surveillance only, with increased procedures for identifying problems and providing appropriate treatment, plus increased urinalysis screening. The second site utilizes passive electronic surveillance plus increased urinalysis, and the third site utilizes active electronic surveillance, plus increased urinalysis.

A substance abuse/life circumstance evaluation is also used in Waycross, which provides a computerized assessment of alcohol and drug involvement.

Drug Screening Policy:

For the general probation population, IPS, and diversion centers, there is currently no specific policy on drug screening. Probationers are usually tested at random, and/or upon suspicion of illegal behavior, and/or as specified by court order or sentence of probation. The frequency of screens conducted vary greatly according to resource availability, location, sentencing option, program, and personal philosophy of probation personnel.

Our three main drug labs are equipped with the Abbott TDX, which utilizes the immunoassay method. The labs are located in the same area as the project sites. Initial positives are retested on the same equipment and if this test is positive, it is considered to be a confirmation. If a revocation is to be requested, the sample is frozen in the event the probationer requests outside laboratory testing at his own expense. A chain of custody is always maintained.

Urinalysis for the Demonstration Project is also conducted by these labs and under the same conditions. Under guidelines established for the project, each probationer is tested two times per week until he completes this initial phase of his probation.

Supervision/Surveillance Strategies:

For basic probation, supervision will depend on the scores probationers receive on the Risk/Needs assessment. Contacts range from monthly telephone or mail-in

reports for minimum cases, to two face-to-face contacts per month and a quarterly field and collateral contact for maximum cases. Probation Officers' caseloads statewide average between 150-300 cases. There are currently over 102,000 offenders on probation and there is no limit to the yearly number we receive.

The IPS program utilizes a team of one probation officer and 1-2 surveillance officers to supervise a caseload of no more than 55 probationers, thus ensuring the capability of near daily contact with the probationer and close surveillance of his/her activities. Current annual diversion capacity is approximately 3,900.

Diversion Centers provide 24-hour a day residential supervision for an annual diversion capacity of 2,800 residents, who are all required to maintain eligible employment.

The Demonstration Project utilizes electronic surveillance to assist in helping with 24-hour monitoring of probationers. This target population is supervised by IPS teams in addition to their regular IPS cases.

If violations of probation occur for any of these programs, there is a range of sanctions which may be utilized depending on the circumstances of the violation and the probationer. Sanctions could include, but not limited to added community service hours, added treatment requirements, travel or curfew restrictions, jail time, partial or full revocation.

Treatment/Intervention Strategies:

Treatment/Intervention will vary with the program option utilized, the background and expertise of probation staff, and the availability of local community resources. The primary behavior technique used throughout probation is basic social casework. The majority of drug treatment will be done by local resources such as NA, Mental Health, local hospitals or community treatment centers, V.A., private psychiatric facilities, employment agencies, etc. The Diversion Centers do have counseling staff which may provide in-house drug counseling and treatment.

As far as the Demonstration Project, probationers from Atlanta and Macon will be referred to local appropriate treatment agencies. In Waycross they have an in-house counselor who is trained in working with A&D offenders. Outside services may also be utilized at this site.

We do not contract with anyone for services; follow-up services and monitoring are provided by probation staff. Case histories are confidential, but the information can be shared with judges, treatment providers, and other probation staff on a "need to know" basis.

The time frames spent in each program varies. There is a 4-year cap on supervision for regular probationers. IPS lasts from 6-12 months. (Those participating in Demonstration Projects will be supervised for the normal length of an IPS case.) Probationers in a diversion center are supervised for approximately 120 days before returning to regular probation.

Program Staffing:

Basic requirements for employment in any probation position include having a bachelor's degree in criminal justice or some related field, meeting state merit requirements, being certified by Peace Officers Standards & Training (POST). Staff do receive substance abuse training in both Basic Probation Training and In-Service Training. Drug lab personnel must receive training and certification from the vendor of the equipment used.

Program Evaluation:

There is no overall evaluation in place for probation drug testing/treatment as a whole. Individual diversion centers may evaluate their in-house programs through testing and attendance rating.

The Demonstration Project will be evaluated. An internal evaluation report will be prepared for administrators by the Office of Evaluation and Statistics, of the Georgia Department of Corrections. The following sources will be utilized in the evaluation process:

1. department data base will be the primary basis for information;
2. IPS Manual/mandatory reports;
3. file reviews;
4. assessment scores; and
5. field interviews.

Findings will be reported in the following areas:

1. Percentage of success by program participants under specific supervision protocols.
2. Percentage of re-arrest and re-conviction with varying frequencies of drug testing as an indication of deterrent effects of drug screening.
3. Profiles of offenders who succeed and those who fail under each supervision protocol.
4. Analysis of variables which are associated with success under each supervision protocol.
5. Development of a hypothetical profile of the offender for whom home confinement, electronic surveillance and drug screening have the most beneficial effect.
6. Comparison of the benefits/costs of:
 - o human surveillance versus electronic surveillance when drug screening is held constant;

- o passive electronic surveillance versus active electronic surveillance when drug screening is held constant; and
 - o in-house treatment by staff drug/alcohol specialist versus standard probation staff configuration and the use of outside referrals at the discretion of the probation supervisors.
7. Development of an actuarially based definition of optimum levels of intrusiveness supervision for various profiles of offenders in terms of costs and outcomes.
8. Formal evaluation report/national perspective. A formal evaluation report will be completed by the Rand Corporation. This evaluation will provide extensive quantitative and qualitative analysis. Flowing from this analysis, the evaluation report will provide recommendations regarding the continuation and/or expansion of the project in Georgia and the benefits which may be expected by other agencies which may be considering replication. Within the scope of this project, it will not be expected that the evaluation will produce any analysis of system impacts. The focus will be on the development of the body of data which can build knowledge-based profiles of offenders for whom various methods of supervision may be considered appropriate and effective.

Statistical findings are not yet available.

Program Funding:

State funds provide drug testing capabilities for probation. BJA grant funds support the testing/surveillance resources for the Demonstration Project. There is no fee for participation in drug testing/treatment in our probation programs.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Narcotic Evaluator

Agency: Los Angeles County Probation Department

Address: 9150 E. Imperial Highway
Downey, CA 90241

Contact Person: Sandra Summe
Narcotic Consultant

Phone: (213) 940-2536

Statement of Purpose or Program Philosophy:

The Narcotic Evaluator is available to serve as a resource person to the Deputy Probation Officer (DPO) by:

1. determining the nature and extent of a probationer's drug abuse.
2. acting in a consulting capacity to the DPO who has investigative or supervisory control of the case by:
 - a. examining the relationship between the probationer's drug abuse and his criminality;
 - b. assessing the probationer's amenability to deal with his problem;
 - c. examining available treatment alternatives;
 - d. discussing the degree of progress which the probationer has made as a result of his involvement with treatment modalities which have previously been utilized; and
 - e. recommending a plan to meet the directives of protecting the community and helping the probationer abstain from abuse of drugs.

Operational Framework (Key Features of the Program):

The Narcotic Evaluators are a team of Deputy Probation Officers (currently six) specially trained and educated in substance abuse, subculture, language, etc., methods of detection and in interviewing skills. They are under the supervision of the department's Narcotic Consultant.

The Evaluators provide extensive drug screening and evaluation services, on a rotating basis, to both juvenile and adult probation officers in fourteen field offices. The majority of referrals are adults.

Appointment schedules are posted at each office and evaluated monthly to ensure that offices, with the greatest demand, are provided maximum available service. Jail facilities are also scheduled.

Once their services have been requested, the Narcotic Evaluators and Consultant are authorized to:

1. interview probationers to determine the nature and extent of substance abuse;
2. conduct skin checks;
3. review all files, reports, and other written materials available to the DPO regarding the case.

The Evaluator is responsible for providing the DPO with a written report in which he indicates in separate paragraphs his findings, opinions, and recommendation as they relate to the nature and extent of substance abuse and treatment plan.

Evaluators are also available to act as an adjunct to the special narcotic testing units by providing skin check "clinics", assisting in unusually difficult cases, determining suitable treatment resources, and in providing on-site training in detection tools and in interviewing techniques.

Evaluators are sometimes personally and directly ordered by the court to evaluate a person under supervision of the department and must report his findings directly to the Court.

Statement of the Problem (From the Agency's Perspective):

The Narcotic Evaluator concept developed in the early 1970's upon a rapid expansion of specialized narcotic testing caseloads. Several factors fostered the need for special services.

1. dramatic increase in court ordered narcotic testing;
2. rapid expansion of testing caseloads;
3. lack of formalized training;
4. high sophistication level of drug abusers; and
5. lack of knowledge and sophistication among Deputies.

Probation Officers having years of experience in the original Narcotic Unit and who had developed skills and expertise in this area, became the Evaluators used to assist new Deputies supervising narcotic offenders. As the special caseload Deputies became more sophisticated, the use of the Evaluators shifted to the investigation level.

Once again the sophistication of the drug user prevailed. Many serious drug users convicted of non-drug crimes were going undetected. Many criminally oriented persons or dealers were admitting drug use in hopes of receiving Probation/testing to avoid more severe sentencing. Drug Diversion Laws provided sophisticated ex-felons an opening for a "free ride" on first time drug arrests while other first time offenders were in need of stronger treatment than drug education classes provided. Evaluators have become almost exclusively involved in the investigation process to identify:

1. the criminally oriented person whose drug use, however severe, is secondary to his activity; versus
2. the substance abuser who resorts to crime as a result of, or to support his use; versus
3. the early or experimental user who may be able to avoid further criminal prosecution (diversion).

Los Angeles has a severe drug problem. Currently, cocaine is the drug most often admitted to, and the most frequent positive result from our urine testing program.

Identification/Assessment Process:

Suspected drug using offenders are referred to the Evaluator by other Deputy Probation Officers or by direct order of the Court. The Evaluator first reviews all written documents and whenever possible holds a conference with the referring Deputy.

The offender is interviewed for an hour during which time a drug history is taken. The Evaluator must be sensitive to demeanor, physical appearance, non-verbal communication, and language that supports or betrays the verbal picture created by the conversation. Discrepancies are confronted.

A physical examination is conducted and includes skin checks for identification of injection sites or tracks, indicating past use, nasal exams for evidence of sniffing and eye reaction tests. Appropriate referrals may be directly given to the offender. A written report is submitted to the DPO with findings, opinions and recommendations.

Program Staffing:

This position is a special function and care is taken in the selection of staff. Selection criteria include:

1. past experience in supervising drug abusers, and
2. work record and interview reflects:
 - a. integrity;
 - b. exceptional communication skills, both written and oral;
 - c. self-motivation;
 - d. functions with little need for direct supervision;
 - e. special interest in the substance abuse field;
 - f. not repulsed by physical contact with persons who may be unclean or ill (AIDS or hepatitis); and
 - g. confidence in confronting misconduct.

Special training in the use of detection tools and in various interviewing techniques is provided on the job under the direction of experienced Evaluators and the Consultant. Training lasts from 4 to 6 months and, when needed, includes:

1. 40 hours of drug education available through the department;
2. on-site exposure to special departmental programs (gang units, ISP/ESP, NTU);
3. police agency contacts and ride-alongs; and
4. drug resource contacts and evaluations.

Before an Evaluator may be quoted in a court report as having performed a skin check and evaluation, he must first be officially certified by the department. This is done by way of an examination:

1. A minimum of five suitable subjects (probationers or volunteers from a drug detox program) are used for the test.
2. Subjects must inject substances.
3. Two certified Skin Checkers score the results (one involved in the training of the trainee and one who has not been involved).
4. Trainee must:
 - a. correctly identify 80% of the injection sites;
 - b. must not call any injection site incorrectly; and
 - c. accurately assess, in writing, the extent of use.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Evaluation, Diagnosis and Referral Program

Agency: Maryland State Division of Parole and Probation in cooperation
with the Maryland State Alcohol and Drug Abuse Administration

Address: Division of Parole and Probation
6776 Reisterstown Road - Suite 305
Baltimore, MD 21215

Program Site Addresses:

Baltimore City E.D.R. Unit
Division of Parole and Probation
2100 Guilford Avenue
Baltimore, MD 21218

Prince George's County E.D.R. Unit
Division of Parole and Probation
14601 Main Street
P.O. Box 248
Upper Marlboro, MD 20772

Contact Person: Stephen A. Bocian, Manager
Special Field Services

Phone: (301) 764-4010 or 764-4307

Statement of Purpose or Program Philosophy:

The purpose of the Evaluation, Diagnosis and Referral Program (EDR) is to provide an effective mechanism for those parole and probation clients who require substance abuse treatment services to be identified, assessed and placed in appropriate treatment programs in a timely fashion.

The two existing EDR units are located in the jurisdictions in Maryland which experience the heaviest rates of special conditions for substance abuse treatment being ordered by the courts and/or parole commission. These jurisdictions also have a centralized intake process for opening parole and probation cases.

The primary goal of the EDR is to evaluate, diagnose and refer all parolees, probationers and mandatory releasees identified by the Maryland Parole Commission or the courts as needing drug and/or alcohol screening and/or treatment. A secondary goal is to identify, screen, evaluate and, if necessary, refer to treatment programs those clients who may have a substance abuse problem that has not been previously identified by special condition. These clients can be referred by their supervision agents to the EDR for an evaluation if there is suspicion that the clients have a substance abuse problem. Clients can also be referred to EDR for substance abuse evaluation services at the pre-sentence investigation level.

As of July 31, 1988, the Baltimore City EDR Unit has serviced approximately 19,000 clients since it was established in March of 1983. The Prince George's County EDR Unit, established in March of 1985, serviced nearly 3,000 clients by the end of July 1988.

Operational Framework (Key Features of the Program):

Two State of Maryland agencies, the Division of Parole and Probation and the Alcohol and Drug Abuse Administration, jointly staff and fund the EDR Program. Inter-agency agreements are in place to formalize the cooperative relationship and respective contributions for the participating agencies. The day to day supervision and operation of the units are the responsibility of the Division of Parole and Probation.

Within their respective jurisdictions, the EDR Units provide primary points of contact between the parole and probation and the treatment communities. This is accomplished by the daily contact between the units and treatment providers. EDR staff assure that necessary releases of information are signed at the point of treatment referral so that all involved parties can communicate immediately. Treatment providers who experience problems with the nature or appropriateness of specific referrals have a structure in place (i.e. the EDR Unit) to contact and address concerns.

Through the inter-agency cooperation, priority access to treatment slots is given to parole and probation clients referred by EDR. The Alcohol and Drug Abuse Administration has instructed its programs to provide the first treatment contact for EDR clients within 72 hours of referral. This time frame shows the client that treatment of special conditions are taken very seriously. It effectively meets court/parole commission mandates for treatment and gives the client an opportunity for treatment during a time when denial or resistance may be a bit lower than normal (i.e. while the crisis of court or the stress of community re-entry is still present).

Treatment programs receive necessary up-front information regarding referrals (e.g. offense history, treatment history, name of supervising agent, release of information). Supervision agents know that their clients are already placed in appropriate treatment settings by the time they receive the case.

Once the client has been evaluated and referred (with copies of all completed forms and information releases sent to the supervision agent and treatment provider), the EDR Unit has no further involvement with the case. The supervision agent then has the responsibility to monitor and support the client's progress in treatment.

It should be noted that the EDR serves clients of Maryland's statewide adult parole and probation system. DWI related cases are handled via a separate set of inter-agency protocols. There are no TASC programs in Baltimore City or Prince George's County.

Statement of the Problem (From the Agency's Perspective):

The EDR concept was a result of the work of the Governor's Task Force on Addictions and the Criminal Justice System. Created by Governor Harry Hughes in June of 1981, the Task Force examined the criminal justice system in Maryland

in terms of availability of addiction rehabilitation and treatment and gave particular attention to those points at which intervention for addiction control may take place. The Task Force was also charged to identify responses which could be made at the various points of intervention; recommend steps to facilitate transfer of client information; recommend changes in site, kind or source of services and any changes in laws or regulations.

The impact of substance abusing offenders on the criminal justice and treatment systems in Maryland has been tremendous. Surely this experience echoes that of many states across the country. Growing parole and probation caseloads coupled with stretched treatment resources necessitated a new and more inter-dependent approach utilizing shared resources and clarified agency roles. At the interface of treatment and parole and probation, EDR became the model for this new approach.

Prior to EDR the average time frame between the point of intake on parole/probation and entry into treatment was measured in terms of weeks (at best) and frequently months. There was also a difference in the level of access to treatment resources that experienced agents had (through their informal network of contacts) as compared to newer agents. Clients already identified by special condition as needing substance abuse treatment services comprised an estimated 40-45% of all new cases each year. The ever growing DWI population contributed to this rate, but dramatic increases in the use of cocaine, PCP and heroin (especially in Baltimore City and Prince George's County) necessitated improved inter-agency cooperation.

Identification/Assessment Process:

Following release on parole or probation, clients report for intake. After completing the intake, agency staff notify the EDR Unit regarding cases where there is a special condition (i.e. court/parole commission order) that is related to substance abuse issues. The client is escorted to the EDR Unit where the substance abuse evaluation takes place.

In addition to current sentencing, supervision and sociological data, the intake material indicates the number of times since 1969 that the client has been on parole or probation supervision. Also, an arrest record is included. With the aid of this information, the EDR interviewer gathers the client's medical, substance abuse, treatment, employment, family and other criminal justice history. All of this information is used in conjunction with the interviewer's observations and impressions to determine the appropriate treatment referral. It should be noted that the Michigan Alcoholism Screening Test (MAST) is used on all clients seen at the unit.

Appointments are made immediately with treatment programs. All necessary releases of information are signed and copies forwarded to the supervising agent and treatment provider. In those cases where substance abuse treatment orders are discretionary and referrals to treatment are not made, recommendations are given to the supervising agent to be alert for certain indicators of substance abuse. Specific recommendations for urine surveillance are made by EDR staff to be included in the case plan. If necessary, the case can be referred back to the Unit at a later date for additional EDR activity.

Drug Screening Policy:

Urine samples are not collected at the EDR Units, although evaluation staff do make recommendations to supervision agents about urine surveillance in many cases. The agency has a contract for urine testing with an independent lab which can be utilized for a program of random screening.

Supervision/Surveillance Strategies:

The EDR approach strives to impose the structure - and potential benefits - of substance abuse treatment as early in the casework process as possible. The supervision agent's job in this area becomes one of monitoring and supporting the treatment process. In concert with the NIC sponsored Client Management Classification System and Risk/Need Assessment System, the agent can use the EDR work-up and recommendations as an integral part of an overall casework approach.

Treatment/Intervention Strategies:

Given better initial case information as a routine part of the referral process, the treatment provider is in a much better position to confront client denial and other significant behaviors. A cornerstone of the EDR concept is the belief that timely access to the appropriate treatment must occur as early in the casework process as possible.

Program Staffing:

The EDR utilizes existing parole and probation senior agents (with a functional designation of Substance Abuse Coordinators) and addictions counselors to provide necessary staff. A parole and probation representative serves as the "team leader" and assures the proper utilization of all criminal justice information. This position also facilitates effective communication between the EDR Unit, supervision agents and treatment providers. The Baltimore City EDR has two agents (one serving as "team leader"), two addictions counselors and one secretary. The Prince George's County EDR has one agent ("team leader"), one addictions counselor and a half-time secretary.

All staff assigned to the units have extensive training experience in substance abuse treatment and criminal justice issues. Another important aspect of a successful EDR process is the close working relationship at the state level between key Division of Parole and Probation and Alcohol and Drug Abuse Administration headquarters staff.

Program Evaluation:

At the time this strategy brief was written no formal state level program evaluation has taken place. Regular contact at the unit, city or county and statewide levels focus closely on areas of potential concern (e.g. the number of clients who are referred by EDR and fail to keep their treatment appointment). A recent internal Division of Parole and Probation audit at the Prince George's County EDR Unit reported that of the first 2,684 cases seen at the unit, 13.3% (356) of those referred failed to keep their first treatment appointment. It should be noted that when such "no shows" occur, the supervision agent responds with quick follow-up to confront the client with

appropriate action (i.e. keeping the second treatment appointment or facing court/parole commission sanctions).

The cooperative relationship and frequent interaction between the treatment and parole and probation systems provide an atmosphere of open communication. This facilitates effective identification and resolution of issues by staff committed to timely intervention and appropriate treatment for substance abuse related offenders.

Program Funding:

The two existing units are totally supported by staffing and funding contributed from the budgets of the participating state agencies. The combined level of funding (including salaries, equipment, rent and operating costs) is approximately \$200,000/year.

Miscellaneous Comments:

The EDR concept is an example of a successful partnership between treatment and criminal justice agencies with involvement by state and local agencies. The support of the treatment community has been critical to the success of the program.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Intensive Supervision of High Risk Drug
Offenders Project

Agency: Maryland State Division of Parole and Probation

Address: 6776 Reisterstown Road
Suite 305
Baltimore, Maryland 21215

Contact Person: Stephen A. Bocian
Manager, Special Field Services

Phone: (301) 764-4010 or 764-4307

Statement of Purpose or Program Philosophy:

The Intensive Supervision of High Risk Drug Offenders Project is designed to provide intensive case management services to offenders with a drug abuse problem who are released on parole or placed on probation in Prince George's County and who receive an upper range high risk score on the agency's risk and needs assessment classification instrument (NIC model).

The focus of this project is on assuring that those probationers and parolees referred to the agency for case management participate fully in drug treatment programs in compliance with special conditions and to assist them in addressing those other personal and social problems that have a high relationship to continued criminal behavior and chemical dependency.

Operational Framework (Key features of the Program):

Organizational Structure and Administration

The project is comprised of three (3) case management teams, each consisting of an experienced Agent Senior and one (1) paraprofessional (Correctional Program Associate). Each team is limited to thirty-five (35) cases. The experienced agent concentrates on assuring proper case management and on brokering community services to address the problems and needs of the client, as well as providing support and guidance counseling. The Associate conducts special condition verifications and surveillance related activities.

Case Intake and Selection Process

Cases assigned to the Intensive Supervision of High Risk Drug Offenders Project will originate from two sources:

1. New Case Openings with special conditions for the treatment of drug abuse (high profile).
2. Transfers from regular case management agents that are discovered to be in need of drug abuse treatment (low profile).

All new cases referred to the agency are currently processed through intake units. In Prince George's County those with a special condition for substance abuse treatment are referred to the Evaluation, Diagnosis and Referral (EDR) Unit which is located on site with the intake function. The EDR Unit is staffed by specialists from the State's Alcohol and Drug Abuse Administration and a Parole and Probation Agent and has the responsibility for assuring the timely evaluation, diagnosis and placement of drug and alcohol dependent clients in appropriate treatment programs.

Statement of the Problem (From the Agency's Perspective):

Over a five-year period between Fiscal Years 1982 through 1986, there was a significant increase in the number of drug and alcohol cases with special conditions for treatment. In FY 1982 drug special conditions were present in only 7.1 percent of all case intake. By the end of FY 1986, the percentage of intake with drug special conditions had grown to 15.9 percent.

As of June 30, 1986, there were 2,711 offenders in the standing population under probation and parole supervision, with drug related special conditions, who received a high risk score on the agency's Risk and Needs Classification instrument. Sixty-seven (67%) of these offenders are being supervised in Baltimore City and in Baltimore and Prince George's Counties. It is estimated that approximately 800 to 1,000 of the total 2,711 score in the upper ranges of the high risk and high needs scale.

It is also noted that the 2,711 "high profile offenders" (those with special conditions for treatment) does not include the approximately 2,906 "low profile offenders" who may not be discovered to be in need of treatment until sometime during the period of supervision. A significant number of these clients (37.3%) may also be "high risk drug offenders." Of note also is the fact that 1,339 new drug case openings during FY 1986 received a high risk offender score.

Of major concern to agency management is the fact that substance abusers as a group present very special problems to case management agents, especially those clients who have an active addiction problem. In most instances one must assume that if drug addicted offenders are not employed full time or are without means of adequate support, they are most likely involved in illegal ways to feed their drug habits. Some authorities estimate that an addict may commit 10 to 20 crimes per day in order to support his/her habit, depending upon its severity. Coupled with the fact that the addicted offender is often a resistant client and therefore tries to avoid treatment and strategies designed to stabilize his/her condition, substance abusers are very difficult clients to supervise and control.

Statistics maintained by the Division of Parole and Probation reflect that clients with special conditions for the treatment of drug abuse tend to violate at rates higher than other groups. Although "maximum" cases as a group experience a high percentage of unsatisfactory closings, those with special conditions for drug abuse treatment are failing at an even greater rate.

In the interest of public safety all "high risk" drug clients should receive, and could certainly benefit from, considerably more time and attention than regular supervision currently affords or allows. Large workloads and limited agent staff restrict the amount of time and attention agents are able to devote to substance abusing clients as well as to other types of clients with difficult problems.

Identification/Assessment Process:

Agency intake process

Evaluation, diagnosis and referral process
(See EDR Strategy Brief)

Risk/Need Assessment (NIC Model)

Client Management Classification process (NIC Model)

Case Plan and follow-up

Drug Screening Policy:

A minimum of one (1) random weekly urine test will be conducted on each client.

Supervision/Surveillance Strategies:

An essential element of this project is the formulation of a detailed and comprehensive case plan. The case plan is designed as a cooperative venture between the client and the agent subject to modifications as necessary. The case plan is to ensure proper surveillance and that the service needs of the client are addressed. The plan will contain behavioral goals and objectives for both the client and the team. Team counseling sessions will be formulated to assist the client to identify and work through problem areas.

If needed, the client will be referred to a community based facility to receive vocational skill training and G.E.D. tutoring. Job readiness skills and job interview preparation will be provided by the agency's citizen volunteer program and community based resources. The Department of Employment and Training will provide, via liaison established by the agency's Community Resource Coordinator, a placement and job referral service with private and public employers.

Case staffing will be instituted monthly to further enhance the qualitative aspects of the project. The staffing team will include the case management team, the Field Supervisor I, the Community Resource Coordinator, and the EDR specialist.

The project will utilize the following client control standards:

1. Weekly face to face contact
2. A home positive or home collateral contact each month (this will count as one of the face to face contacts, even when it is a home collateral)
3. Two contacts per month with the treatment program staff
4. All other special conditions verified monthly
5. Collateral contact as deemed appropriate
6. Weekly urinalysis (on random days) for at least the first five weeks; periodic and random urinalysis thereafter upon agreement of the agent and supervisor
7. Verification of employment/job training will be made at least monthly; verification of job searches for unemployed clients will be made weekly
8. All cases with State Identification Division (SID) numbers will be entered into the Arrest and Disposition Reporting (ADR) hit notification system; if a case has no SID number, monthly criminal record checks will be performed
9. Monthly district court traffic checks will be conducted; record checks with the Motor Vehicle Administration will be made every six (6) months

Treatment/Intervention Strategies:

The Supervision Team will work closely with community treatment agencies to strongly support the drug treatment plan and monitor client progress through frequent, random urinalysis. It is envisioned that the supervision agent will serve as a "co-therapist" in drug counseling sessions led by local health department staff.

Program Staffing:

- One (1) Field Supervisor I
- Three (3) Senior Agents
- Three (3) Correctional Program Associates
- One (1) Office Secretary

Given reduced caseloads and a paraprofessional assistant, specially selected agents are able to devote the necessary time, attention, and assistance that drug abusing clients need in order to stay in treatment, find employment, and abide by the conditions of their parole or probation supervision. Working as a team the agent and aide can provide increased surveillance and thereby initiate more timely actions in removing potentially dangerous and non-cooperative clients from the community, in the interest of public safety, when necessary.

Program Evaluation:

As the project has not yet been implemented, no evaluation is available. The following program performance indicators will be utilized:

INPUT:

- Total number of offenders
- Types of convictions
- Needs and Risk Scores (socio-demographic profile)

OUTPUT:

- Number and type of client contacts
- Number of case plans behavioral objectives
- Number of positive/negative drug screens during 90 day intervals
- Number and percentage of reprimands
- Number and percentage of client's active in drug treatment programs
- Number and percentage employed vs. unemployed at intake and at 90 day intervals
- Average period of employment or unemployment
- Number and percentage requiring and receiving vocational training

OUTCOME:

- Number and percentage who successfully complete drug treatment
- Number and percentage employed vs. unemployed at case termination
- Number and percentage who are drug free at case termination
- Number and percentage of rearrests
- Number and percentage of technical violations
- Number and percentage of convictions by offense
- Number and percentage of adjudicated hearings
- Number and percentage of unsatisfactory/satisfactory case closings

Previous agency studies have shown that the target population of high risk drug offenders with special conditions for the treatment of drug abuse failed under supervision at a rate significantly higher (64.3%) than high risk offenders without drug treatment special conditions (49.95%). It is therefore anticipated that this project will help to significantly reduce the failure rate among high risk drug offenders.

Program Funding:

FEDERAL FUNDING FOR 75% OF PROJECT (WITH 25% STATE MATCH)
- 1st YEAR FEDERAL FUNDS (7/1/88 - 1/31/89) - \$111,511

Miscellaneous Comments:

The Intensive Supervision of High Risk Drug Offenders is modeled after many of the "intensive supervision programs" found in several other states as well as former programs in Maryland. The difference is that this close supervision project will target a select group of drug abusing offenders that are traditionally referred for probation or parole supervision in Maryland, but who represent more than a normal threat to public safety and who fail under supervision at rates greater than other similarly classified groups of offenders. The fact that these are offenders already approved for community based supervision by the courts or parole authorities will be key to the overall acceptance of the project by all parties concerned in the criminal justice community, the legislature and the general public.

Due to site acquisition delays, the project is scheduled to begin supervising clients early in the Fall of 1988.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Probation and Parole Intervention (PPI)

Agency: Montgomery County - Adult Probation and Parole Department

Address: 1800 Markley Street
Norristown, PA 19401

Contact Person: D. Michael Frey, Deputy Chief

Phone: (215) 278-3448

Statement of Purpose or Program Philosophy:

The purpose of PPI is to effectively interface evaluation/treatment and referral with the criminal justice system, by providing on-site consultations and training for probation staff and treatment services for clients. Our program is designed to offer constructive, innovative, cost effective treatment services as needed by the probation department for their clients - these services are available on a voluntary basis or court mandated as a condition of probation/parole. This may provide a diversion alternative for the court system.

The primary objective is to respond to probation staff requests for evaluation of their clients, and if they have a drug/alcohol and/or mental health problem, to determine if they are appropriate for treatment. PPI also assesses the financial status of each client and their eligibility for funding options; being clear that all avenues of funding are explored before public/probation department money is utilized. A referral is then made to the most appropriate treatment program (inpatient or out-patient, etc.) and tracking and follow up are provided.

If PPI is the most appropriate treatment program and/or court ordered, we provide individual, couple and family group, partial hospitalization and a specialized children of offenders' program on site. PPI is licensed as a provider for drug and alcohol and mental health services.

Another objective is to provide on site consultation and training to probation staff in regard to any clinical issue for their cases.

The primary emphasis of the program is treatment and increasing the level of functioning and responsibility.

Operational Framework (Key Features of the Program:

The program model begins with an evaluation of the client and may result in referrals to both inpatient and outpatient programs. Specialized cases and their needs may develop a specialized treatment module if no others are available, i.e. Sexual Offenders, Children of Offenders, etc.

The program is administered by the County Adult Probation Department with a contract for services to PPI, which is a unit of a private non-profit corporation (Resources for Human Development). We maintain a strong cooperative management team from Probation and PPI.

PPI serves adult probationers and parolees.

We can obtain urinalysis through our own EMIT system. Other services, if needed, are referred to on a fee-for-service basis based on funding available at the county level.

Our jurisdiction does have a TASC program which is administered by Resources for Human Development. TASC services expand PPI services into the prisons, as well as, at any point in the justice system for evaluation.

Statement of the Problem (From the Agency's Perspective):

The program was created in response to an interest to provide clearer and more effective treatment programming for the Probation Department. A negative history existed between treatment and the courts, involving lack of cooperation, animosity and lack of treatment programs wanting or knowing how to work with criminal justice clients.

The drug problem in our jurisdiction is exceptionally high; over 70% of court related cases, show some drug or alcohol involvement.

The most frequent drugs of abuse in our area are amphetamines, cocaine, heroin and in most cases cross addicted with alcohol.

Identification/Assessment Process:

We utilize the Wisconsin Risk Needs Assessment along with our own extensive Intake/Assessment form to identify substance abuse and other issues.

Program eligibility is based on the following criteria:

1. the client must be involved in the criminal justice system and referred by appropriate justice staff;
2. the assessment must show a need for therapeutic intervention;
3. the client should demonstrate positive motivation for help (not just plea bargaining away from jail);
4. an appropriate program must be available;
5. funding and financial responsibility is determined (private funds, public, insurance, etc.); and
6. their history in other treatment experiences will be assessed as to how long they abstained, why they stopped the program, etc.

Clients are usually assigned to the program after they have seen our Intake worker and the worker meets with the probation officer. However, judges can mandate clients directly to our program.

The referral process is usually initiated by the court or probation officer requesting a PPI evaluation. Our evaluators will call the client and arrange an interview and then develop the evaluation and recommendation. If appropriate for treatment at PPI, the case is reviewed at our disposition meeting (Director, Psychiatrist, Intake Worker, other interested staff) and assigned to the most appropriate unit in our program with a specified therapist - who best can meet the individual needs of that client.

Drug Screening Policy:

An active substance abuser is usually required to give bi-weekly urine samples. (This can be increased or decreased based on treatment plan developed.) The phase will usually last 3 months at which time a redetermination is made by the Probation Officer, supervisor and PFI staff. Random urinalysis is normally used at this point to monitor the abuser.

Urinalysis is our main form of drug detection; observation of clients' hygiene, behavior and physical appearance is also utilized.

Drug screens are conducted based on treatment plan, this can be scheduled and/or at random.

We utilize enzyme immuno assay (EMIT) drug screening at the probation office to screen for positive samples. Positive samples are then sent to a contracted lab for confirmation. The confirmation process for positive tests is the use of high performance thin layer chromatography and then gas-liquid chromatography.

We can test for all drugs with special attention to drugs of choice and suspected use.

Supervision/Surveillance Strategies:

Clients are required to follow the treatment plan developed with them and their treatment team (probation officer and therapist). This includes attendance at therapy, follow through with tasks, remaining drug and/or alcohol free, no new violations and accepting the responsibility to begin to act as an adult by working with this process in a responsible way, i.e. calling if unable to attend, payment of agreed fees, etc.

Probation officers may make random home visits for "reality testing", as well as employment checks and family contacts.

Probation officer caseloads are approximately 100 clients per officer that are geographically assigned to the team covering that area. Therapists at PPI will usually have a caseload of approximately 35 cases.

There are approximately 500 clients admitted to PPI's program every year.

If a client violates his probation/parole, he is referred back to the court. The sanctions can range from incarceration to continuation on probation with further special treatment conditions.

Treatment Strategies:

The primary treatment modality is a multi-modal focusing on the "whole person." Individual, couple, family and group modalities are available. The primary behavioral technique is limit setting around probation requirements, attendance, drug free status, adult life behavior, etc.

The time frame for client participation will vary based on severity of needs, program assigned and motivation of clients. The overall average is approximately 8 months. The probation officer has the option of being an active member of treatment team.

The program does not use methadone, naltrexone, or other antagonists.

A full range of community resources are utilized such as: AA, NA, halfway houses, community treatment centers (MH, MR, D/A), local hospitals, residential facilities, tutoring, job training, etc.

Follow-up is available through written questionnaires, phone calls and availability of short-term support groups.

Services with non agency resources are coordinated by PPI's director.

There are formal written agreements with treatment providers.

Program Staffing:

PPI offers positions to degreed therapists (BA, MA, MSW, Ph.D.) as well as recovered individuals. Experience with drug and alcohol and/or the courts is highly desirable. The majority of the staff have Master's Degrees, and a Psychiatrist must be on the staff. PPI is licensed in MH and D/A by the PA Department of Health, and provides services with the approval of Montgomery County Drug/Alcohol Administration.

Evaluation:

Program success is measured by reviewing recidivism to the court system; our goal is no new court contacts, along with curtailing/stopping drug and alcohol abuse. Overall, success is measured by reviewing client treatment plans and seeing if the client has increased functioning with adult responsibility and a better sense of self. Meeting with probation staff regularly provides feedback on client recidivism.

The completion rate of those who participate is approximately 75%.

The violation rate is 25%. The most frequent violations are failure to remain drug free, attendance and rearrest.

Recidivism studies have been taken on a yearly basis to assess the program. The most recent data indicates an 18-20% recidivism rate. The higher the level of cooperation and clarity of expectations, the better the results.

Program Funding:

Our program is funded by a contract from the County through Adult Probation. There is a sliding fee scale, and approximately 15% of clients are paying something from \$1 to \$20 per session. The scale is based on income compared to expenses (ability to pay).

Comments:

PPI is a unique concept of cooperation, clinical expertise, innovative techniques and accountability. PPI treats traditional cases with drug and alcohol issues as well as with sexual abuse and dysfunction, families and children of offenders, and responds to the needs of the court system. It is a highly visible, developing, cooperative model. Its ability to respond within a week to requests for help, availability to testify, and its on-site capability are primary to our success.

Prior to its existence the Probation Department had to spend endless hours trying to get funding and evaluations through community resources. The Court was directing offenders to programs with no thought towards appropriateness or funding resources. PPI now provides in-house services to meet these needs along with outpatient treatment and evaluations. They act as the probation department's right hand in dealing with treatment problems and our intermediary with various treatment programs. They track placements for the probation department and have reduced confidentiality problems with other service agencies.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Chemical Abuse Specialized Supervision Program

Agency: Montgomery County Common Pleas Court
General Division
Adult Probation Department

Address: 41 North Perry Street
Dayton, Ohio 45422-2001

Contact Person: Lauren Maio, Division Manager

Phone: (513) 225-4697

Statement of Purpose or Program Philosophy:

The primary purpose of the Montgomery County Adult Probation Department Chemical Abuse Specialized Supervision Program is to assist chemically dependent probationers by developing strategies to effectively control and cope with their chemical abuse problems. The program provides support and treatment opportunities and assists chemically dependent probationers in working towards living a chemical free life. The primary emphasis of the program is treatment and rehabilitation. Instead of incarcerating a person who is involved in chemical abuse, our program tries to provide treatment opportunities to them while monitoring their probation closely. The Chemical Abuse Specialists also provide support, guidance and education to the "Generalist" Probation Officers.

Operational Framework (Key features of the Program):

The Montgomery County Adult Probation Chemical Abuse Program consists of adult felons who have been placed on probation supervision by the Court, but who are in need of specialized supervision because they are chemically dependent on drugs or alcohol. The Adult Probation Department supervises approximately 2,200 probationers. Probationers are assigned to individual teams according to geographical zip codes. There are four teams of probation officers, two Central teams and two Satellite offices geographically situated on the East and West side of town. Each of the four teams has at least one Chemical Abuse Specialist who supervises the specialized caseload of chemically dependent probationers. The Chemical Abuse Specialist's caseload is approximately one half the size of a "Generalist" Probation Officer's caseload to allow for more "intensive" supervision. Chemical Abuse Specialists are responsible for the supervision of the probationers placed in their casebook. They conduct chemical abuse assessments on probationers referred to them from other Probation Officers in their team, conduct case staffings with team members regarding problematic chemically dependent probationers, monitor all urinalysis referrals within the team for appropriateness, and accept transfers of chemically dependent probationers into their caseload from "Generalist" casebook when deemed appropriate. Because the casebook is so specialized, the Chemical Abuse Specialists accept only those probationers who are problematic and who are having difficulty in their treatment.

Another operational aspect of the program is urinalysis monitoring. We have in-house urinalysis testing of probationers. We employ a part-time lab technician on an hourly basis who conducts all of our tests. In addition, we provide testing on a contractual basis to Montgomery County Juvenile Probation and also to a Residential Adolescent Drug Treatment Program in the Dayton area.

Statement of the Problem (From the Agency's Perspective):

The specialized caseload was created as a result of an increasing number of probationers who are chemically dependent and in need of special services. The "Generalist" Probation Officers were not able to provide adequate services or supervision to problematic chemically dependent probationers because of the large number of probationers they supervise. Therefore, specialized supervision was created. At the time the program was created, the drug problem was escalating but was not as prevalent as it is today in the Dayton area. The creation of the specialized supervision caseload has answered some of our problems regarding increased drug use.

Identification/Assessment Process:

Program eligibility is determined in various ways. At the time of the pre-sentence investigation, a chemical abuse assessment may be conducted (MAST Test) where a person is found to be in need of treatment or specialized supervision because of a potential for being problematic in treatment. If the probationer is placed on probation, he or she would be supervised by the Chemical Abuse Specialist in specialized supervision. Another way of entering into specialized supervision is through a transfer from a "Generalist" casebook because the chemically dependent probationer is having problems in treatment. After a staffing and/or an assessment, the Chemical Abuse Specialist will recommend that the probationer's supervision be transferred to the Specialist's caseload for specialized supervision.

Supervision can be assigned directly from the Court, or by a Division Manager, or by the specialist's recommendation, depending upon the situation. The referral process begins while the Probation Officer is conducting a pre-sentence investigation or while supervising a probationer the Probation Officer discovers that the individual has a problem with abusing chemicals. The Probation Officer will schedule a staffing or consultation with the Chemical Abuse Specialist to discuss the situation. The Specialist will most likely recommend that an assessment, or evaluation be conducted and the evaluation is scheduled. The Specialist conducts the evaluation within a certain time period and provides the Probation Officer with written feedback including a recommendation for supervision and treatment. If the probationer is placed on probation or the case is transferred, supervision would go to the Chemical Abuse Specialist. Once the probationer completes primary treatment and aftercare, the case can be transferred back to general supervision.

Drug Screening Policy:

Our drug testing is performed in-house except when a confirmation of a positive urine is required. A confirmation is conducted by an outside private contractor. We presently test for nine drugs of abuse: Amphetamines, Barbiturates, Cocaine, Opiates, Phencyclidine, Methaqualone, Alcohol, Marijuana, and Benzodiazepine. Presently, we have very few requests for Phencyclidine and Methaqualone. We use the Syva Emit system and our positives are confirmed (by an outside private contractor) using a Gas Mass Spectrophotometer.

Probation officers are able to request urine testing at any time they feel it is appropriate. The Chemical Abuse Specialist must initial, approve and monitor each request in order to insure appropriate frequency and types of drugs tested. Specialists monitor requests also to insure that the officer is not requesting a certain test, which may be too expensive to run (i.e. marijuana) without good intent of consequences if the result is positive. Some Probation Officers put their clients on a frequent urinalysis schedule and some request testing on a random or surprise basis.

Once a person is referred for urinalysis, the sample is taken by a collection officer (a Probation Officer assigned to collect urine samples at a specific time of day) and is analyzed by the lab technician. The results of the analysis are sent back to the probation officer who requested the test. The consequences for a positive urine can be one of many. Some examples are; treatment referral, more frequent urinalysis monitoring, community service hours, book reports or presentations, AA meetings, Recovery and Support Group participation, chemical education classes, and incarceration or revocation filing.

Supervision/Surveillance Strategies:

The primary program requirement is for the probationer to be able to abstain from the use of chemicals and to restructure his or her lifestyle to be able to live chemical free. This is accomplished through substance abuse treatment, individual and group counseling, education, urinalysis, and skills training. The probationer is initially supervised for the first six months according to a Risk/Need assessment. Based upon his or her score, office visits and field contacts are made according to the classification. Each Chemical Abuse Specialist carries a caseload of approximately 35 to 45 probationers. Cases are accepted on an as needed basis, i.e. those who are having problems in treatment. Once a classification level is established, a caseplan is developed with objectives established for the probationer to accomplish. While the probationer is in treatment, monthly progress reports are received by the Chemical Abuse Specialist. At anytime during supervision, a probationer who becomes in violation of his or her probation can be brought before the Court for revocation proceedings. Reasons for a violation can be: positive urinalysis, failure in treatment, failure to abide by a special condition of probation requiring admittance into treatment, etc. Probationers who are in violation may be continued on probation after a revocation hearing but it is not ruled out that they can be revoked at a later date.

Treatment/Intervention Strategies:

Since our program is not a treatment program, we utilize community treatment facilities for both inpatient and outpatient treatment. The Chemical Abuse Specialist's process all outside referrals. The Specialist keeps in direct contact with the treatment provider who provides monthly progress reports to them or on a more frequent reporting schedule as needed.

The Chemical Abuse Specialists also run an in-house Recovery and Support Group for probationers who have completed primary treatment. The group meets one night per week for ten weeks. Probationers must attend at least eight of the ten sessions to successfully complete the group. At the end of the group, certificates are given out to probationers who successfully complete the group.

Program Staffing:

The Specialized Supervision Program is staffed by five Chemical Abuse Specialists who are also Probation Officers. All Specialists possess Bachelor's degrees and are working towards or already possess a CAC (Certified Alcoholism Counselor Certification). The Chemical Abuse Specialists receive ongoing training in various areas depending on cost and availability. The Adult Probation Department received its Accreditation in March 1987 and as a result, all Probation Officers are required to receive 40 hours of training per year. The Chemical Abuse specialists usually opt to take their training in their specialized area of chemical dependency.

Program Evaluation:

Each Chemical Abuse Specialist keeps an accurate account of successes or failures on probation which are reported on a monthly basis. The statistics are kept on the number of complete terminations from the Specialized casebook as well as the number of incomplete terminations. Also kept are the numbers of probation revocations with the types of revocations specified, i.e. technical violation, new charge or failure in treatment. Every 24 months, a list of probationers being supervised under specialized supervision is reviewed and a random sample is taken. Those cases are then reviewed to see where the probationer is at the present time, whether or not their probation has been terminated or revoked, and when possible, contact is attempted.

Another way of measuring the effectiveness of specialized supervision is by monitoring consequences of positive urinalysis, especially for those who participate in the Recovery and Support Group. We have been gathering statistics over a period of time to compile success and failure rates and are presently in the process of measuring those statistics. To date, this information is not completed. In the future, we will not only measure recidivism rates based on chemical abuse, but we will also attempt to measure success based on a Positive Performance Index Scale.

Program Funding:

Since this is not a funded program, this question is not relevant to specialized supervision. Our program is funded under the Adult Probation Department budget; Montgomery County Common Pleas Court, General Division.

The only fee collection that takes place is when a probationer is ordered by the Court to pay for his/her own urinalysis testing. Otherwise, the tests are paid for by the in-house urinalysis testing, budgeted through the department.

Miscellaneous Comments:

The Montgomery County Adult Probation Department's Chemical Abuse Specialized Supervision Program has enabled the Court to deal with the increasing drug abuse problem in the Dayton area. Through specialized supervision, we are able to assess, identify and refer for treatment those probationers who are chemically dependent and in need of treatment. This has been a valuable tool in the supervision of probationers, especially in today's society where the drug problem is reaching epidemic proportions.

Although we presently do not have any concrete data on the successes or failures, we are able to help out at least some of the probationers we serve to become or remain chemical free. To us, this is a success.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Intensive Supervision Units

Agency: Nevada Department of Parole and Probation

Address: 1445 Hot Springs Road, Suite 104
Carson City, NV 89710

Contact Person: Patricia Chambers, Deputy Chief

Phone: (702) 885-5040

Statement of Purpose or Program Philosophy:

The concept of Intensive Supervision for high risk offenders, both probationer and parolee, was developed and implemented in our department in 1973 because narcotic addiction and its associative criminal activities was considered to be the number one problem affecting the successful supervision of offenders in Nevada.

The first responsibility of our department is the protection of our community. One of the primary means we have used to address this responsibility is the development of Intensive Supervision Units. The purpose of these units is to reduce the use of drugs and provide optimum services in an effort to stabilize an offender who is headed for revocation, or to remove that offender from the streets.

There is a dual emphasis in program response. Not only is there a strong emphasis on risk control, but also it is the responsibility of staff to ensure that all identified drug abusers are referred to community treatment programs. The officer is to follow up with the treatment counselor in order to facilitate an optimum climate for positive change to take place with the offender.

Operational Framework (Key Features of the Program):

The Nevada Department of Parole and Probation, supervising adult offenders only, uses Intensive Supervision Units in our two largest districts, located in Reno and Las Vegas, to address community risk control, as well as the increased needs of those identified as high risk drug offenders.

Currently there are two Intensive Supervision Unit Officers located in our Reno office and six officers and a Field Supervisor located in our Las Vegas office. Each unit is under the direction of a Unit Supervisor and the officers carry a maximum caseload of 30 offenders each, composed of both parolees and probationers.

Both districts have in-house urinalysis capability. Any positive in-house tests used in the revocation process are sent to an outside laboratory with which we have a contact for confirmations.

All identified drug abusers are referred to local community substance abuse programs, usually those which provide a sliding fee scale. The offender must pay for these services. The local treatment programs provide monthly written progress reports to the offender's supervising officer.

Monthly contact, or more as needed, is made by the supervising officer and the treatment counselor. Joint conferences between the officer, the treatment counselor and the offender are recommended.

Statement of the Problem (From the Agency's Perspective):

The program was implemented in our Las Vegas office in July 1973, as a result of narcotics addiction and its related criminal activity being identified by the Southern Regional District Allocation Committee as a number one problem facing Southern Nevada. In 1978 it was implemented in our Reno office. In both instances, grant funds available under the Omnibus Crime Control and Safe Street Act of 1968, 1970, distributed through LEAA, were received as the primary funding source for the first two years of operation. After these funds were exhausted, funding provided by the State of Nevada through the budget of the Department of Parole and Probation (a state agency) continued to make the program available.

Drug abuse continues to represent a major problem to offenders supervised in Nevada, with cocaine or crack being the primary drug of choice. Recently the sixteen District Court Judges of the 8th Judicial District (Las Vegas) passed a resolution of support for all efforts our department can make to address the problem of drug abuse, such as through increased deterrent drug testing programs, increased availability of counseling and intensive supervision caseloads.

We are currently supervising 240 offenders under the Intensive Supervision Program, but have an identified waiting list of approximately 200 offenders who could benefit from this program.

Identification/Assessment Process:

The ISU Supervisor determines which cases are accepted for ISU supervision, based upon a thorough review of the case and a recommendation by the Unit Supervisor of the unit in which the case is currently supervised. In the case of a denial, the case can be appealed to the District Administrator for a final decision. Progress evaluation and discharging of a client from the Intensive Supervision Unit is made by the ISU Supervisor.

An offender being considered for assignment or transfer into ISU must meet the following criteria. The degree or extent to which this offender falls into the categories must be identified by the supervising officer and approved by his/her Unit Supervisor. The Pre-sentence Report and supervision chrono entries must clearly support the officer's decision to request an ISU transfer. The officer also utilizes the department's Risk and Needs Classification Instrument.

1. Chronic Substance Abusers: Profile Example - A person who abuses controlled substances to the extent of chronic physical or mental dependence and is unable to function without use of controlled substances. This person is a

high risk for resorting to criminal activity to support his/her dependence and/or is financially unable to function without resorting to criminal behavior.

2. Identified Organized Crime Associates (gang, i.e., Mafia; motorcycle; and street gangs, etc.): Those persons who have been identified by local law enforcement agencies as having allegiance to a subversive criminal element, or who participate in illicit gang activities for negative or illegal purposes which will directly or indirectly benefit him or the group.
3. Informants: Those persons permitted by the Chief to act as informants for local, state and federal law enforcement agencies for a specific purpose and a determined period of time.
4. Violent Offenders: Those persons who have displayed violent backgrounds or who were convicted of violent crimes, who pose a risk to others or themselves.
5. Residential Treatment Clients: Those persons who are treated on a local inpatient/residential basis for abuse or dependency problems, exceeding a period of sixty days.
6. Controlled Substance Traffic Violators: Those persons suspected or identified by law enforcement agencies as conspirators or traffickers in controlled substances for profit.
7. Other: Those persons Court/Board-ordered to be intensively supervised; those revoked while under Intensive Supervision; Interstate Compact ISU cases transferred to Nevada; other household members supervised by ISU; identified pimps.

The Sentencing Courts or the Parole Board may direct a probationer or a parolee to be supervised under the Intensive Supervision Program. However, this continues to be a rare occurrence.

Drug Screening Policy:

Urine samples are collected on a random basis and are used to detect drug use. Frequency is determined by the supervising officer, based on the case history. The department has some latitude as to the action to be taken with a positive drug test. If the person is not immediately arrested and the violation process begun, then the supervising officer must submit a written report to the Sentencing Court or the Parole Board, advising them of the positive test and the actions to be taken by the department, such as increased testing or an intensified treatment program.

The urine samples are collected and tested by in-house support staff using the Abbott Laboratories ADx Drug Detection System. Confirmation tests are run by American Toxicology, an independent laboratory in Las Vegas, and the Washoe County Sheriff's Laboratory in the Reno area using similar equipment. Tests are usually run for cocaine, heroin, amphetamines, barbiturates and marijuana.

Supervision/Surveillance Strategies:

The primary program requirements are increased contact, drug testing and treatment program referrals, as well as intensified contact with other local law enforcement agencies, specifically Narcotics Units.

An officer is expected to complete each month, as a minimum contact guideline: one home visit; one office visit; four program verifications; two employment contacts; four collateral field contacts; one special condition verification; one face to face, in addition to the home visit; and random drug testing.

ISU officers are mandated to carry 30-person caseloads. They are expected to work primarily as two officer teams, usually working four swing shifts (1:00 PM - 10:00 PM) per week, as well as random weekends. ISU officers are expected to spend 80% of their time in the field instead of in the office.

Treatment/Intervention Strategies:

All identified drug offenders are referred to local community substance abuse programs. The officer is expected to maintain weekly program contact and the treatment program is expected to provide a monthly written progress report. The offender is expected to remain in the program until he/she is released by the treatment personnel and the supervising officer.

The department has established a formal referral process with each local treatment agency.

Program Staffing:

Experienced journeyman officers are chosen for our Intensive Supervision Program. They are called out during hours other than their regularly scheduled shift and are expected to work primarily a swing shift schedule. ISU officers receive an additional +5% in pay.

The program's in-house drug testing is handled by assigned support staff who have been certified by Abbott Laboratories in the operation of the equipment. They also receive a +5% in pay for this expertise.

Program Evaluation:

Although approximately 40% of those offenders placed in the program are revoked, we believe the department's Intensive Supervision Program provides for risk control among a high risk group of offenders. We are planning to expand its usage over the next biennium.

We have been storing computerized program data since 1983. If successful in our FY 1989-90 budget requests, we will be able to make a thorough program evaluation.

Program Funding:

The program is funded through our regular budget allocations, per State statute, provided by the State of Nevada. All persons under supervision must pay a \$20.00 per month supervision fee. Our general budget appropriation is reduced by a like amount of fees collected.

The offender pays the cost of community treatment based on the sliding scale available in individual treatment programs.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Special Intensive Supervision Drug Project (SISDP)

Agency: Pennsylvania Board of Probation and Parole

Address: P.O. Box 1661
3101 North Front Street
Harrisburg, PA 17105-1661

Contact Person: Joseph M. Long, Executive Assistant

Phone: (717) 787-6208

Statement of Purpose or Program Philosophy:

The program goal is designed to provide special intensive supervision for a select group of parolees who have a history of drug dependency, are considered high risk, and reside in a densely populated metropolitan area where drug usage is high.

There are three objectives which are the foundation of this project: 1) to increase supervision control and have an impact on drug abuse; 2) to reduce crime caused by drug abuse; and 3) to provide treatment services to clients amenable to treatment.

The emphasis on control is achieved through structured and stringent supervision requirements, frequent urinalysis testing and the use of various sanctions, including electronic monitoring. Simultaneously, the program places a high priority on treatment. This is achieved by having made arrangements with treatment providers to provide inpatient, partial inpatient, and outpatient treatment for parolees who can benefit from such treatment.

Operational Framework (Key Features of the Program):

This program provides special intensive supervision and needed treatment services to adult felon parolees under the jurisdiction and supervision of the Pennsylvania Board of Probation and Parole. The program is administered as a special project by a designated project director (executive assistant to the Chairman) who gives overall direction to the program, using the normal management channels of the Board's Bureau of Supervision.

The program has two operational sites in densely populated areas of Philadelphia and Pittsburgh where there is a high incidence of drug usage and crime. Treatment services are provided differently in the two project sites. In Philadelphia there is no TASC program, and treatment is provided through the City of Philadelphia Coordinating Office for Drug and Alcohol Abuse Programs. This coordinating office has provided funds to treatment providers to service the Board's parolees in the program. The Board's parole agents determine which specific program to refer the client to, based on client needs and the treatment provider's program components.

A TASC program operates in Pittsburgh through the Allegheny County Mental Health/Mental Retardation program. Funds were provided to one agency to evaluate each parolee in the program to determine the treatment needs. This evaluation unit then makes the referrals to the specific treatment providers.

Frequent urinalysis of all parolees in the program is required. The testing is done by a hospital laboratory contracted to perform the service for the Board. Because of the similarity of all clients included in the program, minimum supervision requirements are imposed on all clients. However, regular client assessments are conducted and a supervision plan is prepared for each client to meet the individual needs of the client.

Statement of the Problem (From the Agency's Perspective):

Data from Board cohort follow-up studies of supervision effectiveness has demonstrated that parolees who are assessed as frequent abusers of drugs have a higher rate of recidivism (29%) after 12 months of supervision, in comparison with clients who are assessed as having no interference with functioning (19%). This corresponds with the findings of a study by a National Research Council panel which found that criminals who are drug abusers commit crimes at least twice as often as other offenders and may commit as many as six times more crimes during periods of heavy use.

A predominant characteristic in the Board's client population is drug abuse, particularly in the metropolitan areas of Philadelphia and Pittsburgh. In these cities between 20% to 25% of the Board's caseload have been identified as having various types of drug histories. These nearly 2,000 clients represent about 30% of an estimated 6,600 Board clients statewide who have been identified with drug problems.

From our studies, the Board's field staff are effective at making clinical assessments regarding the detrimental effects of drug abuse on successful parole completion. However, the provision of supervision services and sanctions for the frequent abuser client has been inadequate due to high parole agent workloads.

An analysis of the urine testing results of the clients in the project for a two-month period reveals that by far the drug of choice is cocaine, 47.8% of the positives. Other high usage drugs are codeine, 11.6%; morphine and quinine, each 10%; and Glutethimide, 8.7%. Approximately 27% of the positive drug screens detected two or more drugs.

Identification/Assessment Process:

A risk/needs initial assessment and reassessment instrument is used to identify clients who have drug abuse histories and/or continue to have drug abuse problems. These instruments were developed in 1982 as a result of the Board's involvement in the NIC Model Probation and Parole Management Project.

The approximately 350 clients to be supervised in this project are those who reside in densely populated areas of Philadelphia and Pittsburgh, where neighborhood drug usage is high and:

- o have completed an in-patient treatment program to which they were paroled;
- or

- o have a history of drug dependency; and
- o are determined to be high risk clients through the use of the Board's client assessment and reassessment process.

Clients will remain in these units until they demonstrate their ability to overcome their drug dependency. At such time as it is determined that these clients no longer need this intensive supervision, they will be transferred to the Board's other supervision units, making room for other clients from the Department of Health contracted in-patient programs, and referrals from general caseload units.

As the program began, clients in the targeted areas were reviewed to identify clients already under supervision who met the program criteria. A reassessment was completed on each client as part of the review process. These cases were transferred to the project for a second screening by the project staff, who have the authority to reject any cases which, in their judgment, do not meet the criteria.

New clients come into the program through the pre-parole process. Parole plans are initially screened to determine if they meet the program criteria and are located in the project's area. In these cases, the parole plans are submitted to the program's unit supervisor to investigate in the usual manner, at which time a second review is made of the eligibility of the client for the program. It is also possible for the Board to order the parolee into the program as part of the parole release conditions.

Drug Screening Policy:

Detection of drug usage is done by frequent urinalysis of clients. In the beginning phase of the project, a minimum of six urine samples per month are collected from each client on a random basis. The samples are taken in the home and the office, seven days a week, including holidays. When drug usage is detected, samples are taken more frequently, and the client is required to come to the office on Saturdays and Sundays to provide urine samples.

The Board contracts with HealthEast Laboratories, affiliated with a hospital, to conduct the urine testing. The laboratory uses the thin-layer chromatology (TLC) process for the initial screening, and the confirming tests are done by enzyme immunoassay (EMIT). Tests are conducted for the following drugs: cocaine, cocaine metabolite, codeine, methamphetamine, barbiturates, quinine, opiates, amphetamine, morphine, benzodiazepines, norpropoxyphene, methadone, glutethimide, ethanol, thimide, and phenothiazine.

Supervision/Surveillance Strategies:

Program requirements include frequent client contacts and urinalysis, curfews, limited use of electronic monitoring and participation in treatment programs as needed. There are three phases to which the client may move in the program. The phases range from 12 client contacts (field and office) and eight collateral contacts per month to five client contacts and two collaterals. The field contacts are always random, unannounced, at various times of the day and night, seven days a week. Curfews are also imposed, ranging from 6-8 p.m. in Phase 1 to 12 midnight in Phase 3. Curfews are modified for clients employed during the

evening hours. Permits for travel outside Philadelphia or Pittsburgh are prohibited except in Phase 3, when travel permits may be issued for family and non-recreational purposes.

When clients violate established rules and procedures, the parole agent has the option of imposing one or more sanctions. Sanctions may include written instructions, administrative conferences, increased urinalysis, intensified reporting requirements (including weekends and evenings), imposition of special conditions, house arrests, and electronic monitoring.

Program Staffing:

There are no specific educational or other requirements for program staff. However, all of the agents have had previous training in working with drug offenders, drug identification, etc., through the Board's ongoing in-service training program. In addition, an initial one-week orientation and training session was conducted in the beginning of the project for all members of the staff, including the support staff. The training provided insight into the goals and objectives of the program, additional training in working with the drug offender, urine testing procedures, and team building. In addition, several staff from another jurisdiction's intensive supervision program provided training based on their experiences in working with a similar program for a year or more.

Follow-up training experiences are scheduled on a regular basis to secure feedback from program staff on the project's development and to provide further training related to becoming more effective in working with drug offenders.

In addition to the supervision staff, support staff is also assigned for each unit to provide needed clerical services, including computer data input, and to assist the supervision staff in many of their duties.

Program Evaluation:

The Board's Division of Management Information has been assigned the primary responsibility for data collection and analysis related to the project. The research and statistical analysts' work is directed toward providing information used to measure the achievement of program objectives. These objectives are: to have an impact on crime by reducing new offense commitments; to reduce the number of technical parole violation arrests; and to reduce the rate of convicted parole violator commitments.

Since the program began only in January, sufficient data is not yet available to provide violation and revocation information. However, the most frequent technical violations are for positive urines and failure to report as ordered (curfews).

Program Funding:

The Pennsylvania Commission on Crime and Delinquency has provided to the Board funds from the federal Narcotics Control Assistance Program to be used primarily for personnel costs, leasing of electronic monitoring equipment and urine testing. These funds total approximately \$500,000. In addition, state funds are used to pay for other operational costs.

Clients do not pay any fees for participation in the program, including the use of electronic monitoring. The Probation and Parole Act of Pennsylvania, which governs the work of the Board, does not permit the collection of fees from clients.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Intensive Supervisor for Drug Offenders

Agency: Probation & Parole Division - Corrections Department

Address: 1422 Paseo de Peralta
Building 3
Santa Fe, NM 87503

Contact Person: Caryn Apodaca, PPO2
Don de Cordova, CA2

Phone: (505) 827-8837

Statement of Purpose or Program Philosophy:

The purpose of the Intensive Supervision Program (ISP) is to relieve overcrowded prisons, ensure public safety, rehabilitate and control offenders, save tax dollars and revive community corrections. The primary program objective is to deter the offender from going to prison and at the same time help them rid themselves of their drug addictions through counseling. In ISP staff are both control and treatment oriented. Project personnel are adamant about enforcing the conditions imposed, yet they provide and encourage outside counseling.

Operational Framework (Key Features of the Program):

The New Mexico Corrections Department, Santa Fe District Office, utilizes 2 probation/parole officers. One is a Risk Officer and the other is a Needs Officer. They work together on an adult caseload of probationers and parolees. The program is overseen by the Santa Fe District Supervisor. He is involved in all staff meetings and final decisionmaking.

ISP contracts with the Reference Laboratories which is located in Albuquerque, New Mexico. Also, the counseling services are contracted with Alternative Corrections System. Both agencies are located in Albuquerque, NM (60 miles south of Santa Fe).

Santa Fe does not have a TASC program in its area. The ISP does provide counseling (group, individual and family) to the offenders free of charge. There is also the Needs Officer who tends to all of the offender's needs, such as seeking employment, monetary or food assistance. The program was designed to hurdle all the problems that arise in the offender's life which cause non-compliance.

Statement of the Problem (From the Agency's Perspective):

The program was created to provide ISP for drug offenders in Santa Fe who could benefit by the use of ISP methods with substance abuse methods. Available (out-patient) programs for drug offenders in Santa Fe were limited. Some in-patient programs were available, but due to costly admission rates which the offenders

could not afford, these programs could not be utilized. Thus, the ISP was created to help those with drug problems who could not help themselves.

In the Santa Fe area, the drugs of choice are cocaine, heroin and marijuana. Most of the older offenders inject heroin while the younger offenders use cocaine. We are now finding that the heroin users are crossing over to cocaine or using both (speed balling).

Drug usage is becoming a major problem in Santa Fe. Investigations have discovered that drugs, coupled with alcohol, play a significant role in most crimes committed.

Identification/Assessment Process:

Prospective clients are screened by probation/parole officers while conducting the Presentence Report Investigation. The PPO will identify the offenders who are in danger of being revoked and make appropriate recommendations to the District Supervisor. At this time, the offenders are assessed for risk/needs utilizing the Wisconsin Risk & Needs Assessment/Reassessment form. Those scoring 14 or higher on risk or 20 or higher on needs are eligible for ISP. Please note that all offenders must have a prior history or evidence of current drug abuse to be eligible for ISP. When the offender has been determined to be eligible for ISP, he is supervised by the ISP staff and the District Supervisor. Eligible persons are then recommended to the appropriate authorities, the sentencing court or the Parole Board. They are the ultimate decisionmakers until the offender is no longer under supervision.

Drug Screening Policy:

Random urinalysis is used to detect drug usage. The frequency of UA's are determined by the offender's usage. At the outset of ISP, offenders are required to give urine samples one time per week. If drugs are found, then it is increased to 2-3 times per week. The method used by the lab is thin layer chromatography (TLC). If a test is positive for drugs/alcohol, a lab technician will call the PPO within 48 hours to inform them of their findings. Within a week the written findings (verification) are sent to our office. Since ISP is a drug program, the lab checks for all categories of drugs.

Supervision/Surveillance Strategies:

All offenders selected for ISP are required to have daily contact with their PPOs and participate in drug treatment (counseling and urinalysis). There are three (3) phases which are generic in nature, and movement may be progressive or regressive depending on documented contact compliance. Phase 1 (2-3 months) has three face-to-face contacts, two unannounced counseling sessions and field visits, one urine per week, collateral contacts, and placement in employment if employment is required.

The second phase (2-3 months) has two face-to-face contacts, one unannounced field visit, two collateral contacts, one urinalysis per week, one phone call and ongoing counseling.

The third phase (2-3 months) is one office visit per week, one unannounced field visit, one phone call, counseling and random urinalysis. When the offender reaches the end of each phase, the PPOs and District Supervisor will review the case to determine if the offender can move to the next phase.

There are two (2) PPOs capable of supervising a caseload of 75 offenders (experimental group). The control group is supervised by four PPOs. If an offender violates imposed conditions, he is given a curfew, increased counseling or jail therapy. If violations are severe, he is revoked. Sanctions are graduated, depending on the severity of the violation.

Treatment/Intervention Strategies:

The Alternative Corrections System staff use an art therapy mode, i.e., they use drawings and other creative aspects to counsel the offenders. Again, there are three phases to move through. During the first phase, the offender has three counseling sessions per week for four weeks. During the second phase the offender meets two times per week with a counselor, and during phase three, he meets one time per week with a counselor. He/she is also encouraged to go to AA or NA meetings. Missed counseling sessions have to be made up within one week. These three phases have a time frame of six months. The counselor prefers that the offender not use any antagonist unless it is absolutely necessary.

All community resources are provided by the program. As pointed out before, there is a needs officer who assists the offender whenever a need arises. Therefore, the PPO uses the available resources to meet those needs.

After completing the program, the ISP offender is placed on a regular caseload until his supervision expires. A PPO will then be assigned the case and will provide follow-up services. The only contracts utilized are with the Reference Laboratories and Alternative Corrections System. All other agencies are utilized only when the need arises. All potential resources are informed of our program and have offered assistance whenever needed.

Program Staffing:

ISP PPO's selected were from the staff of Santa Fe District Office. All ISP staff are required to have prior PPO experience. Staff supervising ISP caseloads are required to have 40 hours of training in all areas of PPO work. Training includes transportation of offenders, safety orientation, counseling techniques and other areas. After completing the training requirements, certificates are awarded to the PPO and placed in their file.

Program Evaluation:

The success rate is measured by the offenders program completion rate and drug usage while on ISP. The timeframe for participation on ISP is 6-9 months. So far, six of the seven offenders placed on ISP have been revoked. All offenders have violated their conditions where sanctions were imposed. All violations were due to the offenders continued drug use. One other offender committed another crime and is facing criminal charges. At present, recidivism studies are not being undertaken, but upon completion RAND will compile all information to determine the success of ISP.

Program Funding:

BJA granted ISP \$150,000 for an 18 month program. The offender is not required to pay a fee to the program, but at sentencing they are ordered to pay a probation fee that goes into the Corrections Department General Fund.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Orange County Probation Department Supervision of Drug Abusers

Agency: Orange County Probation

Address: 301 The City Drive
Orange, California 92668

Contact Person: Joan Merritt, SPO

Phone: (714) 834-6671

Statement of Purpose or Program Philosophy:

Within non-specialized probation caseloads, a programmatic approach has been applied with the goal of assisting the drug offender in becoming and remaining law abiding and productive. Appropriate referrals are made for treatment of specific problems, including behavioral dysfunction and educational and/or vocational deficiencies. In conjunction with treatment, monitoring and surveillance are maintained. Repeat offenders and those who do not respond to treatment are removed from the community as soon as they present an unacceptable degree of risk to themselves or others.

Operational Framework (Key features of the Program):

Individuals placed on probation under the supervision of Orange County Probation are segregated into juvenile and adult caseloads and assigned on a geographical basis. Through a risk/need classification system based on the NIC model, the level of supervision is determined with most narcotic offenders initially rated as high supervision. This model allows for flexibility in case assignment boundaries and maximum utilization of deputy skills: narcotic offenders are assigned to those deputies having the most experience and training in this area and, consequently, their caseloads are comprised primarily of these offenders. All field deputies are offered specialized training in the detection of drug use via a simplified physical examination to pre-screen cases to determine need for urinalysis. Interface with treatment programs and other law enforcement agencies is encouraged through notification to local police agencies of individuals with search and seizure orders, participation in professional organizations, and combined efforts of mutual benefit.

Treatment services are for the most part brokered. Not only are other county agencies (e.g., Drug Abuse Services) utilized, a contractual agreement with private providers affords both in- and out-patient treatment. The department has in the past employed an employment counselor and a community resource evaluator whose services were utilized in long term case planning and for additional resources.

The program was created to provide cost effective supervision of a client base dominated by drug abusers. An effort is being made to balance the cost of incarceration, the cost of supervision, the personal cost to the drug abuser

and his/her family, and the inherent cost to the community of ongoing criminal behavior associated with drug use when making case management decisions and dispositional recommendations to the Court.

Statement of the Problem (From the Agency's Perspective):

In California generally, and in Orange County particularly, escalating drug use and the motivation of profits from drug sales have brought increasing numbers of drug offenders into the criminal justice system. The proportion of adults arrested, convicted and placed on probation for felony drug abuse violations in Orange County has risen from 13% in 1980 to 26% in 1986, according to the California Bureau of Criminal Statistics (1987 data are not yet available). Increases were also noted for juvenile cases with sustained petitions for felony drug abuse violations over a similar period of time (i.e., 1982 = 5%, 1986 = 10%). In addition to increases in the numbers of probationers who have been convicted of felony drug law violations there has been an increase in the proportion of adult probationers as a whole who have occasional or frequent drug abuse problems as indicated by NIC risk/needs assessment of the cases by Deputy Probation Officers (1985 = 26%, 1986 = 29%, 1987 = 37%). Juvenile probationers have shown a higher level overall than the adults (1986 = 46%, 1987 = 42%). In addition, it has become apparent that the increasing level of street gang violence is directly related to drug involvement.

Available drug testing information suggests that, excluding marijuana, cocaine is the number one drug of abuse in the Orange County population. Heroin constitutes an ongoing problem and PCP use is common in juvenile populations. Stimulant use, particularly methamphetamine, is increasing and LSD is re-emerging. The most prevalent trend has been poly-substance abuse.

The increased incidence of cases with drug abuse problems has created a need, both for Deputy Probation Officers with specialized skills to detect, supervise and appropriately refer cases for treatment, and for innovative ways to provide these services in a cost-effective manner.

Although reliable and timely drug testing is the cornerstone of any narcotic suppression program undertaken by probation, three times per week urinalysis (a standard of intensive supervision programs) is prohibitively expensive. One hundred fifty (150) tests/year/probationer cost approximately \$750 per year in initial lab fees alone or \$75,000 per 100 probationers. Staff costs incurred in the collection and handling of samples must be added to the initial lab fees. In 1987, 1962 active adults and 1128 juvenile probationers were identified as occasional or frequent drug abusers. An intensive supervision program for these cases would cost approximately \$2.3 million. The resources that have currently been allocated for testing for the department as a whole are at a much lower level (\$80,000).

Identification/Assessment Process:

A risk/needs instrument modeled on the NIC System, but modified to Orange County experience is used for assessment. The nature of the offense, Court imposed conditions, and ongoing drug evaluations of probationers identify specialized supervision needs.

Drug Screening Policy:

Within budgetary limits, the assigned probation officer determines when, where and how often to test each probationer with a testing order. He may elect to place the probationer's name on the code-a-phone system. This requires that the probationer call in each day and respond for testing if his/her name has been randomly selected. The deputy may also specify a schedule for testing.

Urine collection is observed by the officer who follows a chain-of-evidence procedure. The sample is submitted to Physician's Reference Laboratory where it is processed by Immuncassay. All positive tests are retested by GC/MS before the lab reports a positive result. Turn around time for positive tests average 2-3 days while negative results require only one day. All samples are routinely screened for opiates (codeine, morphine and methadone); sympathamimetic amines (dextro and meth amphetamine); barbiturates (amo, buta, butal, peno, pheno, seco barbital); benzodiazepines (diazepam, noriazepam); benzoylcoagnine, PCP, propoxyphene, and methaqualone. Testing is available for alcohol, MJ, LSD and meperidene at extra cost.

Orange County trains deputies to conduct a simplified physical examination of the probationer, including pupillary response, other eye function tests, injection site examination, nasal passage exam, and pulse to detect recent drug use. If the pre-screening physical exam is negative for recent drug use, time and money need not be spent in collecting a urine sample that will produce a negative analysis. The series of tests comprising the physical exam takes less time than collecting a urine sample and has proven accurate in detecting those drugs routinely screened by the lab. Due to levels established in the lab, the incidence of detection by the physical symptoms has proven more reliable than by urinalysis, while incidents of positive lab tests without symptoms are extremely rare. If no symptoms are present, testing can be avoided.

Supervision/Surveillance Strategies:

Within the NIC Model System, utilization is made of field officers with advanced narcotic skills and training. This has resulted in caseloads that are composed primarily of narcotic offenders. Assignment to these caseloads is based on the probationer's offense history and instant offense. In Orange County, the City of Santa Ana has the highest number of narcotic offenders. The probation area office serving Santa Ana has one adult and one juvenile supervision unit. Four of the eight officers in the adult unit have caseloads composed exclusively of narcotic offenders. Each officer averages a caseload of over 100 probationers. Other area offices have both a reduced percentage of drug offenders and smaller caseloads.

In order to enforce Court orders and provide effective supervision/surveillance, we have developed a close working relationship with other law enforcement agencies. In addition to local police agencies, and the Sheriff's Department, we coordinate activities with the District Attorney's office, ENF, DEA, and the Orange County regional narcotics task force.

Since 1985, we have been engaged in Probation Offenders Search and Seizure Enforcement (POSSE) programs. These programs have the objective of monitoring the probationer's behavior in the community soon after the grant of probation and returning him/her immediately to court if they are not in compliance with

the Court's order. The programs have four phases and are coordinated by the DA's office. Target offenders most likely to present problems for the community are first identified; second, probation collects collateral information and documents residence, vehicles, probationary status and search and seizure (S&S) conditions; thirdly, teams of local police and assigned probation officers effect county-wide S&S of targeted offenders; and finally, new offenses discovered during searches are filed and litigated by a designated deputy district attorney, who also ensures prosecution of any associated probation violations. POSSE's are initiated approximately four times a year.

Probation enforces smaller scale S&S on a monthly basis in selected cases or areas. These operations are carried out primarily in Santa Ana with assistance from the Santa Ana Police Crime Suppression Unit. In addition, probation officers assisted by police or other PO's conduct unannounced home calls and searches of the probationer's living area, vehicle or person as suggested by case needs. Through the searches completed through POSSE, or smaller operations, approximately 25% of the targeted probationers are found to be in possession of weapons, narcotics, and/or narcotics related cash.

Cash found in connection with narcotics is confiscated and forfeiture proceedings through the federal or state programs are initiated by the DA. In shared operations forfeited funds are disbursed to all involved agencies based on their participation. To date, two forfeiture cases have been completed which resulted in Orange County Probation receiving approximately \$13,000. Five other cases are pending.

Forfeited funds awarded to Orange County Probation are placed in a special fund earmarked for narcotic enforcement activities. Body armor for use by PO's has been purchased from these funds and plans have been submitted for the purchase and training or "leasing" from law enforcement of a narcotic detection dog to enhance surveillance.

Performance standards for PO's assigned to narcotic caseloads include face to face contacts with each probationer a minimum of two times per month. During the initial six month supervision period contacts should be increased to one to three times per week, as they are during significant problem periods. Urinalysis testing is utilized during many contacts, along with skin checks and narcotic evaluations. Graduated sanctions are used for those probationers found to be using drugs. The first effort is directed to referral to an appropriate treatment program with an increased level of supervision and testing. Should the probationer fail to accept responsibility for and resolve the problem, he is returned to court with a recommendation for local jail time for detoxification purposes. He may be recycled through this process several times prior to a recommendation for revocation and imposition of sentence.

Treatment/Intervention Strategies:

Using the needs portion of the risk/needs instrument, an objective based case plan is formulated for each probationer. This specifies goals for the probationer to accomplish and casework strategy for the supervising officer. The majority of treatment is brokered out. The primary referral is to the regional drug abuse team under Mental Health Services for outpatient counseling. They, in turn, can refer for medical, financial and housing assistance. Either they or Probation can refer to one of the two locally

available public funded residential treatment programs. Methadone maintenance and 21-day detoxification programs are available from private clinics and on a limited basis through drug abuse services. We have found that the 21-day methadone detoxification program used alone seldom achieves its goal, but is somewhat more successful when used in conjunction with drug abuse counseling or followed by residential treatment. Probationers referred for counseling are required to participate until released by the treatment agency with the concurrence of the assigned PO. Outpatient counseling continues for an average of one year and residential programs average 6 to 24 months.

To assist field deputies in making other referrals, the Probation Department maintains a Community Resource Directory, describing various approved programs. Generalized and specialized counseling, developmentally disabled services, emergency assistance, employment resources, immigrant and medical services were evaluated for compliance with standards established for organizations wishing to serve the specific needs of the Probation Department prior to their inclusion in the Directory.

As probationers are assessed for cost of probation and urinalysis testing, as well as fines and restitution, emphasis is placed on the probationer securing and maintaining employment. Employment or schooling have been found to be essential in altering the drug abuser's lifestyle and maintaining abstinence.

The drug involved probationer requires a significantly higher level of dynamic intervention than that commonly provided in general casework. Utilizing reality-based one to one counseling, the probation officer addresses critical issues with the probationer. Behavior modification is encouraged through the imposition of negative consequences for unacceptable performance and rewards for compliance.

Program Staffing:

Program staff are deputy probation officers, supported by other Probation staff and training. Forty (40) hours of annual STC Certified Training is required of all deputies. A series of elementary to advanced drug detection classes designed to increase expertise are offered annually. In-house instructors are used to provide classes in basic drug symptomology, recognition of influence and recent use of drugs, drug evaluation for urinalysis pre-screening, and a 40-hour expert drug evaluator and court testimony class. The 40-hour class provides 16 hours of hands-on practicum with probationers and prepares the trainee to qualify in court as an expert witness. Other classes are offered in field safety, street drugs, interview skills, arrest procedures, counseling, cultural awareness, gangs and other job specific areas. Training costs are reimbursed by STC.

Program Evaluation:

The NIC Model System implemented in Orange County includes a Management Information System which may be used to evaluate the impact of probation services over time. It contains information on each probationer's scores on the NIC Risk/Needs Classification Scale. Analysis of this information for active cases in 1987 reveals 37% of the adult (N = 1962) and 42% (N = 1128) of the juvenile probationers were identified as having occasional or frequent drug abuse problems suggesting the need for intervention.

The Management Information System also contains information on cases that have terminated probation supervision. Of those cases terminating probation supervision in 1987, 37% of the adults and 41% of the juveniles were identified as having occasional or frequent drug abuse problems, either at the point of initial assessment or at a subsequent reassessment. Selecting these cases only (i.e., those with occasional or frequent drug abuse), it is possible to obtain some general information with which to evaluate the success of the program. One measure of success that may be used is completion of probation without new law violations. Of those probationers with occasional or frequent drug abuse problems, 70% of the adults and 67% of the juveniles completed probation without a new law violation. Termination disposition is also available from the Management Information System. This information helps to describe the program successes as well as the program failures. For example, of the adult cases with occasional or frequent drug abuse, 17% terminated by having probation revoked and State Prison imposed and 11% terminated with probation revoked and jail imposed. In the juvenile arena, new law violations are unlikely to result in termination of probation, but rather continuation of probation with the possibility of an institutional commitment. In unusual cases, juveniles may receive a commitment to the California Youth Authority or be remanded to Adult Court for sentencing. In 1987, 2.5% of the terminating juvenile cases with occasional or frequent drug abuse received CYA commitments and less than 1% received remands to Adult Court.

Program Funding:

The Orange County Probation Department is funded primarily by County General Funds. Approximately 16% of the funding is received from fees for service and grants/subsidies from other government agencies.

Miscellaneous Comments:

Without assistance from major grant funds and with the reality of severe budget restrictions, Orange County Probation strives to cope with the intensifying drug problem by utilizing and maximizing all available resources. Task force approaches with other agencies permit safer and more effective enforcement of court orders. Brokering services allows for more productive use of staff time. A strong training program provides the skills needed by field staff to provide protection to the community and resocialization of the drug involved probationer.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Specialized Caseloads for Drug Abusers

Agency: Tarrant County Adult Probation

Address: 200 W. Balknap
Ft. Worth, Texas 76196-0255

Contact Person: Tim Musgrave
Supervisor - Specialized Caseloads Unit

Phone: (817) 535-6363

Statement of Purpose or Program Philosophy:

The philosophy utilized with substance abusers is to modify their dysfunctional, abusive lifestyles, to become gainfully employed, and attempt to develop individual support groups in order to curb criminal behavior. The rehabilitation of the offender and the protection of the community are interwoven goals of the department, which very much impact the philosophy in dealing with substance abusers.

Operational Framework (Key features of the Program):

Tarrant County Adult Probation (the Department) uses ten intensive supervision caseloads, three specialized caseloads, one Surveillance caseload, two residential programs, Cenikor, referral to residential and non-residential treatment, urinalysis screening, and an in-house drug education program to address substance abuse issues. Intensive supervision and constructive confrontation with adult probationers in Tarrant County is provided by the afore-mentioned caseloads. Each caseload handles, wholly or to a very large degree, substance abusers.

The Department uses assessment and referral services from several out-patient drug abuse counseling agencies. Contracts for supplemental funds have been made with Mental Health Mental Retardation (MHMR) and Family Services, both in Tarrant County, to help facilitate those services. TASC programs are not available locally at this time but the implementation of same is being considered.

Urinalysis screenings taken at the Department are tested by contract at the Texas College of Osteopathic Medicine (TCOM) hospital.

Statement of the Problem (From the Agency's Perspective):

As the frequency of drug abuse rose and the number of drug-related cases increased a more effective way of managing drug offenders was sought. In October, 1979, a drug abuse caseload was created. Up to 80% of all criminal activity involves substance abuse, and as the number of probated cases grew so

did the variety of approaches to deal with the problem. Alcohol, of course, is the most abused drug in this area. In descending frequency, the controlled substances most commonly abused are marijuana, amphetamines and cocaine.

Identification/Assessment Process:

Identification of drug offenders is done by noting the instant charge details in the offense report, collecting information about the client's drug history, conducting random urinalysis screenings, and obtaining verbal admission. It can also during the course of supervision of probationers. Assessments are made at the Department by using a questionnaire developed from a DSMIII. They are also obtained by referral to private treatment hospitals or out-patient programs.

Probationers are most commonly court-ordered by judges into a special program upon recommendation by the district attorney, probation officer (P.O.), or defense attorney. In some cases, clients voluntarily enter counseling and are not entered into a specialized program.

Probationers are assigned directly by the court into one of the specialized programs. A court officer calls the specific program coordinator for an intake appointment and the officer is then assigned. During the intake the client will be assessed to determine type of counseling needed.

Drug Screening Policy:

Urinalysis (UA) screenings are begun upon intake and can be done at scheduled intervals or randomly at the request of the P.O. Initially they are done at least weekly, then every other week, monthly, etc. The department has contracted with TCOM to analyze the UA's in Ft. Worth, Texas. The initial test is done by thin layer chromatography (TLC), followed by a confirmation test using gas chromatography or immunoassay before a positive result is reported to the Department.

TCOM screens for the following drugs: Cannabinoids, Amphetamines, Barbiturates, Benzodiazepine, Cocaine, Hydromorphone, Mepiridine, Methadone, Opiate, Methaqualone, Morphine, Phencyclidine, Phenylpropanolamine, Propoxyphene and Quinine.

Supervision/Surveillance Strategies:

The Department strategy involves a graduated level of supervision to aid in the treatment program goals. The range of personal contacts per month ranges from two or three up to Residential Center supervision where the probationer resides at the Center. Curfews are required by some programs.

Each probationer is required to work full-time and provide proof of same, participate in a counseling program, submit to random urinalysis screenings and abstain from drugs.

ISP caseloads have a maximum capacity of 40 cases. Certain specialized caseloads do not have caps on their numbers, so may be as high as 75-80. Surveillance caseloads have a maximum of only 25 cases for the two officers. The Restitution Center can take up to 55 probationers while the contract residential services allow only 25. Two officers are assigned to these two programs.

A more restrictive supervision is sought for offenders who violate program rules. Most programs originated as diversions from the Texas Department of Corrections (TDC) prison system to alleviate prison overcrowding. Many first time drug offenders are supervised on a regular caseload and so are not entered into a special program until there are substantial violations.

Treatment/Intervention Strategies:

Supervision goals almost always require participation in a community treatment program, a variety of which are available to this department. Depending on the risks/needs of a particular offender and how the officer believes he/she will best be served, a referral may be made to individual counseling, a highly structured group approach, in-patient treatment, or a program somewhere in between.

Twelve (12) weeks of client participation is a minimum requirement for most programs. Twelve-step community support groups are utilized as a part of the treatment plan. Close supervision and verification of program participation insures that maximum benefit is achieved from treatment. Follow-up to treatment involves AA/NA attendance and UA testing. Trexan is used in very limited cases of cocaine abuse. Methadone clinics are available but not referred to very often.

There are many local programs referred to in dealing with substance abuse. Contract monies are available to Family Services, Inc., MHMR, and TCOM at the present time.

Program Staffing:

Probation officer staff must meet basic Texas Adult Probation Commission (TAPC) qualifications for a P.O. I position. Officers must have a Bachelor's Degree, one year related experience, plus 20 hours of ongoing training per year. Beginning September 1, 1987, officers must pass a certification test within one year of being hired to remain with the Department.

Program Evaluation:

A random survey of 51 substance abuse clients from the specialized caseloads unit identified in January, 1988 was completed in July, 1988. The results are as follows:

- Successful completion: 9 cases
- Still active in a specialized caseload: 28 cases
- Motions to revoke pending: 12 cases
- Placed in Surveillance program: 1 case
- Revoked: 1 case

No other data is available at this time.

Program Funding:

The Department programs which are organized to divert offenders from the TDC prison system are grant funded through the TAPC. Legislated monies are available to TAPC to ease the overcrowding in the prisons.

Probation fees are collected from probationers which go into a general fund. Two specialized drug abuse caseload officers are paid from the account. Treatment providers also charge a variety of fees for service.

Miscellaneous Comments:

The variety of programs and treatment providers allows for much flexibility and diversity in the methods used to supervise substance abusers.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Community Surveillance of Drug Offenders

Agency: Washington State Department of Corrections

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Statement of Purpose or Program Philosophy:

The purpose of the Community Surveillance of Drug Offenders (CSODO) project is to reduce the criminal activity of a selected group of approximately 80 drug offenders.

Washington State's Sentencing Reform Act (SRA), which became effective 7-1-84 is a determinate sentencing model which does not allow for diversion of jail or prison sentences, except in very narrow instances. Also, the SRA does not allow the Courts to order the offender to be involved in treatment, except for first time offenders or in exceptional situations.

It is our expectation, approximately half of our offenders will be sentenced under the first time offender option of the SRA. Therefore, all of our offenders under supervision are subjected to a much higher level of community control than on a normal caseload, while half of the offenders also receive treatment oriented emphasis.

It is also one of our objectives to attempt to have those offenders volunteer for treatment, who are not required by the Court to participate in treatment.

Operational Framework (Key features of the Program):

Washington State Department of Corrections (DOC) utilizes Community Corrections Officers (Probation and Parole Officers) to supervise adult felons, using an intensive supervision model. At this time there is one project site, in Seattle, which supervises offenders in an urban area.

The project uses assessment and referral services from Treatment Alternatives to Street Crime of King County (TASC), out-patient treatment services of the Central Area Community Alcohol and Substance Abuse Program, and in-patient services from several different residential treatment programs.

Additionally, all referrals to TASC go to a single case manager, who also sits on the project's staffing committee.

Urinalysis is conducted by both TASC and state staff. Urine samples collected by project staff are tested at a state work/training release facility.

The project also receives assistance from specialized teams in three precincts of the Seattle Police Department (SPD). Information is exchanged between the project staff and these police teams, and a representative of the SPD also sits on the staffing committee.

A supervision plan is used for each offender. This plan is set by the staffing committee. The supervision plan consists of the offender contact level, the urinalysis frequency level, the collateral contact level, the Client Managed Classification system supervision strategy group, and a case plan.

The supervision plan is reviewed at the request of a Community Corrections Officer (CCO) or at least quarterly. The offender's monitoring phases are adjusted higher or lower based on the offender's progress.

Statement of Problem (From the Agency's Perspective):

This program was created as a result of several factors coming together at the same time.

The DOC's administration was extremely interested in having some impact on drug offenders, as the abuse of drugs has increased with the availability of illegal drugs. According to the Prosecuting Attorney's Office for King County (in which Seattle is located) from September 1985 to February 1986, 169 drug charges were filed. A year later, from September 1986 to February 1987, 436 drug charges were filed. The DOC's own studies conclude that 80% of incarcerated felons have substance abuse histories.

Of the first 33 offenders, for which this project has collected data, 23 have a dependence on cocaine, 14 have a dependence on heroin, and 16 use marijuana regularly. These figures are higher than the number of offenders in the data sample because 21 of the 33 offenders were using more than one drug.

Identification/Assessment Process:

Offenders for this project are selected by officers completing Presentence Investigations. Those offenders who have been convicted of a drug offense or a clearly drug related offense, who will not be going to prison under the SRA, who live in three of the SPD's precincts, and who meet or exceed a certain score on National Institute of Corrections (NIC), Risk and Needs Assessment, are referred to the project. Offenders can be referred even if they are currently under supervision for past offenses.

Rand Corporation of California is then telephoned, and the offenders are placed in an experimental group or a control group. The experimental group is supervised by the project team, and the control group is supervised by officers with usual caseloads.

Since the DOC makes the decision as to which officer will supervise which offender, we do not ask the Courts to order a person "into our project" as this would be beyond the purview of the Courts according to our sentencing statutes.

Drug Screening Policy:

UA's are used to detect drug use. Urine samples are collected on a random basis. Frequency is determined by the monitoring phase set by the staffing committee. There are five urinalysis phases, which range from ten UA's to two UA's per month.

The urine samples are collected and tested by either TASC, or collected by the project staff, and tested at one of the DOC work release facilities. The Emit system is used in the work release facility, and TASC uses both the Emit system and Thin-Layer Chromatography (TLC). To confirm positive tests the sample is usually retested by the same system on another day, after the equipment has been recalibrated. Tests are usually run for cocaine, heroin, amphetamines, barbiturates, and marijuana.

Supervision/Surveillance Strategies:

The primary program requirements are frequent contact, urinalysis, and treatment if ordered.

There are four phases of offender contacts, ranging from 12 contacts per month to 6 contacts per month. Most offender contacts are conducted at the offender's home, worksite or wherever the offender is found. These "field" contacts are almost always random and unannounced.

Additionally, we have a great deal of cooperation from SPD's Anti-Crime Teams in the three precincts in which the offenders live. The narcotics division of the SPD provides a great deal of assistance and information, along with a representative to the staffing committee.

A team of four COO's are used to supervise the 80 offenders. A senior COO is the Case Manager, who handles most of the paperwork, and is the liaison with TASC and treatment programs. Another senior COO is the Lead Surveillance Officer who does most of the field work, and assigns field work to two other Journeyman COO's, which are also Surveillance Officers. The Lead Surveillance Officer also sets up the random urinalysis schedule and is the liaison for the testing.

Treatment/Intervention Strategies:

The CSODO project uses the Client Management Classification system sponsored by NIC. Any of the four officers conducts the semi-structured interview and sets the case plan with the offender. Since any of the team might work with an individual offender, we found it important that all officers work with the offender in the same manner.

The SRA allows community supervision periods of either one year, or in the case of first time offenders, two years. The period of community supervision begins upon the offender's release from confinement, if any. The project will supervise the offender's community supervision for one year.

As mentioned above, TASC, an out-patient treatment program, and several in-patient treatment programs are all utilized.

Services and contacts with other agencies are well coordinated with the other agencies having an identified person as a liaison with our project, and the project has assigned a particular liaison for each of the other agencies.

Program Staffing:

CCO's participating in the project are all lateral transfers who were picked for their high degree of skill in working with offenders.

The project does require the CCO's be trained in the use of the CMC semi-structured interview, and they attend drug identification training. Additionally, the Case Manager has been asked to become expert in our computer based tracking system, and the Lead Surveillance Officer has been asked to become expert in urinalysis.

Also involved in the project is a Community Corrections Supervisor and a Word Processing Operator. The Word Processing Operator is the primary data collection person.

Program Evaluation:

This project is partially funded by the Bureau of Justice Assistance (BJA).

BJA has also funded the Rand Corporation to collect and analyze the data. At the time this Strategy Brief was issued, no data had yet been analyzed.

Program Funding:

The Bureau of Justice Assistance granted \$150,000 for this project which is to be eighteen months in duration.

Offenders participating in the project are not required to pay identified fees for their participation in the project. However, some of the offenders are ordered by the Court to pay supervision fees to the state's general fund, just as any offender supervised by the DOC.

NATIONAL NARCOTICS INTERVENTION PROGRAM
STRATEGY BRIEF

Program Name: Adult Probation Positive Experiential Learning Program (APPEL)

Agency: Williamson County Adult Probation

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Statement of Purpose or Program Philosophy:

The purpose of the Adult Probation Positive Experiential Learning (APPEL) Program is to introduce a behavioral based intervention program designed to reduce recidivism and the revocation rate among a classified caseload of felony probationers having a high percentage of drug offenders. These offenders are classified as Casework Control (CC) by the Strategies for Case Supervision (SCS).

Throughout the State of Texas this CC category of offender represents 37% of the probation population. Williamson County Casework Control parallels the same percentage distribution. The CC group has the highest revocation rate of the offender classification groups. Currently, a core curriculum does not exist for these individuals. The purpose of this program is to introduce and refine a program modality specifically designed for the CC probationer. Through a specialized program for the CC offender, the desired outcome would be to reduce criminal activity including the use of drugs.

Operational Framework (Key Features of the Program):

The emphasis of the APPEL Program is specialized case management for the offender identified as Casework Control (CC) by the Strategies for Case Supervision (SCS). The management centers around a positive experiential learning curriculum with intensive supervision for a designated time period. The surveillance strategies for urinalysis would enable a measurement of the frequency of drug use.

The program is administered under the jurisdiction of Williamson County, Texas, through the Williamson County Adult Probation Department. The program is for Adult Felony (CC) Probationers. The program is designed for a maximum of forty probationers.

For this study the drug abuse services will continue to be contracted to conduct urinalysis, inpatient and outpatient psychological evaluations, and drug education. The Williamson County Adult Probation Department was selected as one of the eighteen sites in the nation as a test site for the Abuscreen Program. This test utilizes a slide which contains the reagents for urinalysis and allows immediate verification of drug usage. The staff will conduct this slide analysis and document the results. Positives will continue to be verified by mass spectrometry with a service provider on a contract basis. The Probation Department has in effect a Treatment Alternative to Street Crimes (TASC) Program which will be utilized in conjunction with the APPEL program.

The core curriculum of the APPEL Program embraces several disciplines that affect behavior. The program requires staff to conduct and closely supervise sessions and intervention treatment plans. Inherent in the design is the facilitation of activities which assist in resolving issues that are emotional and interpersonal. These often block successful academic and vocational training as well as recovery from chemical dependency. The APPEL Program is twelve weeks in duration with continuing support and after care sessions. Long term commitment is included as an important element in the supervision plan for the CC involved in the APPEL Program.

The program applies a team approach to supervision with a group of probation officers in the Williamson County Adult Probation Department and area professionals involved in an experiential learning research study. All persons involved have received special training in the facilitation of the program concepts.

The Project Director reviews all Williamson County CC referrals for admission into the APPEL Program. It is the responsibility of the Project Director to assign the case load to the staff for supervision and management. The program sessions are conducted in Georgetown, Texas. Community resources are involved in inpatient and outpatient drug and alcohol treatment programs with the core program.

Statement of the Problem (From the Agency's Perspective):

The category of probationers termed CC by the SCS have the highest revocation record statewide. They are the ones most often sent to prison. This program's focus is on identifying the characteristics that profile the CC probationer and the use of appropriate channels to deal with them. From the initial studies it appears that the compulsive behavior that led the probationer to the court system involves unresolved problems experienced in childhood. According to a study reported by Lerner, et.al., in Crime and Delinquency, July 1986, "The Casework Control is characterized by chronic and generalized instability. Casework Control clients are often the product of unstable, chaotic and abusive childhoods. Emotional problems are frequently evident." The Casework Control group has been described as a difficult group to supervise. These clients have a problem understanding accountability and accepting responsibility for their actions or predicaments. They often demonstrate a negative attitude toward authority. Criminal behavior of the CC group seems to reflect the general lack of direction often seen in the lifestyles of these clients. The negative attitudes and interpersonal problems often inhibits productive participation in treatment plans.

Within the entire probation population of Williamson County, 27% of felony probation cases are for possession of marijuana and 80% of felony cases are drug related (including alcohol). The CC group has roughly the same percentages. Marijuana, cocaine and amphetamines are the most frequently abused drugs in this jurisdiction. If an appropriate intervention program of behavior modification were successful by proper treatment modalities, then the drug offenses should decrease.

Identification/Assessment Process:

Felony probationers are referred by the Courts and Probation Officers after evaluation and pre-sentencing into the APPEL Program. This program may be mandated by the Court. The Project Director reviews the cases and assigns the probationer to one of the staff officers working with the APPEL Program. Only the felony CC probationers are eligible to participate at this time. The Minnesota Multiphasic Personality Inventory (MMPI) is conducted on every participant to better profile personality traits.

Drug Screening Policy:

If any drug history is indicated through SCS, pre-sentencing reports, arrests, and other information then frequent and/or random urine screenings are required at such intervals by each Probation Officer. This means drug screens may be conducted daily to bi-annually, primarily dependent on individual cases. Sample testing and mass spectrometry are used for drug determination. This is a contract service. Williamson County Adult Probation recently has been selected as one of the 18 test sites for slide urinalysis by Roche Laboratories. The slide test allows instantaneous determinations of drug use due to the methodology that uses reagents contained in the slides. Contract is with San Antonio, Texas for urinalysis through Centauri Lab. Results are reported by telephone or return mail, whichever is most appropriate on the basis of individual cases. Two tests are performed with other analysis available for additional confirmation. Testing is primarily conducted for marijuana, cocaine, speed, barbituates and amphetamines.

Supervision/Surveillance Strategies:

The program requirements for supervision are the scheduled sessions as a participant in the APPEL Program as a CC probationer. The individual probation officers determine the additional number of contacts required; however, the minimum is one time a week. For surveillance purposes slide urinalysis, home visits and electronic monitoring are employed. If probation conditions are violated, attendance at a specific number of Narcotics Anonymous meetings, outpatient treatment, in-patient treatment, house arrest or other sanction(s) are required. These sanctions are graduated depending on the severity of the first violation.

Treatment/Intervention Strategies:

Williamson County Probation Office works in conjunction with Narcotics Anonymous, Alcoholics Anonymous, the Georgetown Health Care System, and the Williamson Council on Alcohol and Drug Abuse. Therefore, in lieu of methadone, naltrexone or other antagonists for treating drug abuse, APPEL participants are referred for private treatment. The basis of the APPEL Program is positive

experiential learning by having groups of probationers go through a "Challenge" program; in other words, learning to solve problems, promote self-esteem, confidence, trust and accountability related to everyday life situations through activities that are similar to games.

In addition, behavioral techniques (consequences of actions) will use initiatives in evening sessions. The APPEL Program is conducted both indoors and outdoors. The intervention/treatment program (APPEL) is designed as a twelve week program. Important to the success of the program is an intensive aftercare component requiring an additional commitment by the probationer.

The core group sessions meet for two hours, one time a week for the twelve week program. The first sessions deal with recognizing one's learning styles and patterns and determining information processing through problem solving activities. Following the second class, a one day Saturday session is scheduled on a Ropes and Challenge Course. Group activities on the low elements involve developing trust and increased levels of self esteem. The activities in the outdoor environment allow the probationers to interact with others, to take risks in a non-threatening environment, give and ask for help, and to recognize the importance of group support. It must also be fun.

The activities which involve some physical or emotional risk in a safe environment assists in developing a healthier self-esteem. The graduated series of activities in the first two sessions prepare the individual for the increasingly more difficult tasks to come on the Challenge Course. Communication skills are a critical part of the process. Analysis of activities through extensive video allows for self-evaluation.

Sessions three through five involve discussions and initiatives which build on trust, self-confidence, and stresses the importance of accountability. Each decision made in the problem solving activities has a direct result. Another all day program of activities is to be scheduled after the fifth session. This session does not involve the Challenge Course.

Communication skills, one's responsibility to the team, identification of resources in others, consequences of decision making, and problem solving are the program's emphasis for the following four weeks. The value and importance of the ability to focus is demonstrated for successful task completion. Outcome thinking is introduced. These sessions conclude with an all day trip to the Challenge Course to experience the high elements. These elements focus more on the individual development rather than team development. The importance of group support is recognized.

The concluding sessions will deal with outcome thinking, performance criteria, and integration into society as a positive contributing member. Appropriate support groups will be established for the probationers by the Georgetown Health Care System or referred to existing programs.

The learning goals which are the primary purpose of programmatic initiative activities are:

- o to increase the personal confidence level for probation officers and probationers;

- o to increase mutual support within the group;
- o to develop an increased level of agility and coordination;
- o to develop an increased enjoyment in one's physical self and in being with others; and
- o to recognize playfulness as a resource.

The aftercare phase of the program is anticipated to be an ongoing support group meeting on a weekly basis. Probation supervision will continue as ordered unless a modification is granted.

The APPEL Program study will continue to use community resources for drug treatment and refer the probationer for participation in Narcotics Anonymous, Alcoholics Anonymous, Georgetown Health Care System and Williamson County Council on Alcoholism. Personnel from Williamson County work in these programs. The probation officer continues to provide supervision while probationers are involved in the treatment program. Georgetown Health Care system has a Program Coordinator assisted by key personnel to function as facilitators for the APPEL Program.

Program Staffing:

It is a requirement for staff to receive Certification as a probationer officer or to be working toward certification with TDAC (Texas Alcohol and Drug Commission).

Additional required training programs include professional team training (Techniques and Metaphors), Challenge Initiatives, and Strategies for Casework Supervision (SCS).

Program Evaluation:

In Williamson County the total percentage of CC participants revoked is 37%. The success of the program will be measured in the revocation rate in Williamson County for those who have been involved in the program. Adherence rate of those participating in the program will be documented. Violations and revocation rate will provide more information in regard to the character of the CC probationer.

On a general basis this population has been exposed to instability most, if not all, of their lives. Therefore, probationers are encouraged toward consistent participation and completion of the program. Since one of the primary traits of the CC participant is recidivism, the Challenge Program in the APPEL Program is extremely critical for behavioral learning. Recidivism and revocation rates will assess the success of the program. Modification of the terms of probation and early terminations will be documented and considered as a successful measurement criteria.

Because the age group for whom this program was developed is mid to late twenties the possibilities for positive behavioral change are favorable for this group of probationers.

Program Funding:

Williamson County Adult Probation Department provides partial funding; Georgetown Health Care System provides personnel in conjunction with Capstone Research Program. Sam Houston State University is providing technical assistance. Fees for services performed are a condition of probation. The client fee is established on a sliding scale based on individual needs or ability to pay. Permanent pay schedules are being structured.

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