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DRUG TESTING, DRUG TREATMENT, AND THE CONFINED OFFENDER:

THE PHOENIX IN-JAIL PILOT STUDY

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INTRODUCTION

Initially the Drug Testing Technology/Focused Offender Disposition Program was designed to include all persons entering probation with a recent history of drug use. Within a few months, however, serious questions arose about the feasibility of including in the study those persons who were detained while awaiting sentencing. Those detained could spend several weeks or months in jail between the date of conviction and the date at which they would be sentenced to probation, and this detention posed special problems for the FOD program. Some of these were administrative and could be resolved with modifications in the procedures used to identify and interview offenders who had been recent drug users, making special efforts for those still incarcerated awaiting sentencing. A major problem, however, was the unpredictability of the sentence.

In Phoenix, sentence predictability was not a problem among offenders who were not confined while awaiting sentencing. For those confined in jail, however, many offenders who appeared likely to receive probation were sentenced to a period of confinement in the county jail or state prison. The time and effort to identify and assess this in-jail population, only to then have

most of them sentenced to periods of confinement, was so unproductive that NASADAD and TASC soon concluded that the FOD program would be limited to only those probationers who were not confined while awaiting sentencing.

This decision to exclude from FOD those offenders on probation who were unable to qualify for recognizance release or to post bail raised questions about the representativeness of the probationers included in the study. In-jail confinement while awaiting sentencing is affected by the severity of the offense, by the offender's criminal, residential and employment history, and by the offender's economic status. Consequently, those probationers who were detained in confinement appear to be qualitatively different from those who were eligible for, and entered into, the FOD program.

Following the completion of the FOD program in Phoenix, a small pilot program was designed to include only those offenders on probation who had been detained in jail while awaiting sentencing. This program sought answers to two questions. First, what are the constraints and pitfalls involved in implementing a FOD program (or a FOD-like program) with this offender population? Second, is urinalysis monitoring alone as successful as when urinalysis monitoring is combined with some standard treatment modality for this in-jail population of probationers?

RESEARCH DESIGN

Working with the in-jail population required some adjustments in the procedures used to identify probationers. Like the

earlier program, this effort relied on the pre-sentence investigator to initiate referrals to TASC. Unlike the earlier program, TASC then had to take the initiative to interview the offender within a very short "window of opportunity," to track each offender's sentencing outcome, and to secure the cooperation of the offender's field probation officer. The result demonstrates quantitatively the problems encountered in working with the in-jail population of probationers.

The attrition of cases is illustrated in Figure 1. During the 14-month period between March 1, 1991 and May 1, 1992, pre-sentence investigations were conducted on a total of 6,342 offenders, of which 2,297 were being detained in jail while awaiting sentencing. Of the in-jail population, however, only 232 (or 10 percent) met the FOD-defined eligibility requirements and also appeared headed for probation. Four conditions determined eligibility: (1) convicted of a new felony offense (excludes revocations); (2) held in custody awaiting sentencing; (3) pre-sentence recommendation for probation; (4) evidence of recent drug use or abuse. Most of the offenders who were confined during the pre-sentence investigation had been convicted of more serious offenses and, consequently, were expected to be sentenced to jail or prison time.

The design called for each eligible offender to be interviewed and, if cooperative, assessed with the Risk Assessment Scale while still incarcerated awaiting sentencing. However, the length of time between the determination of eligibility (at the

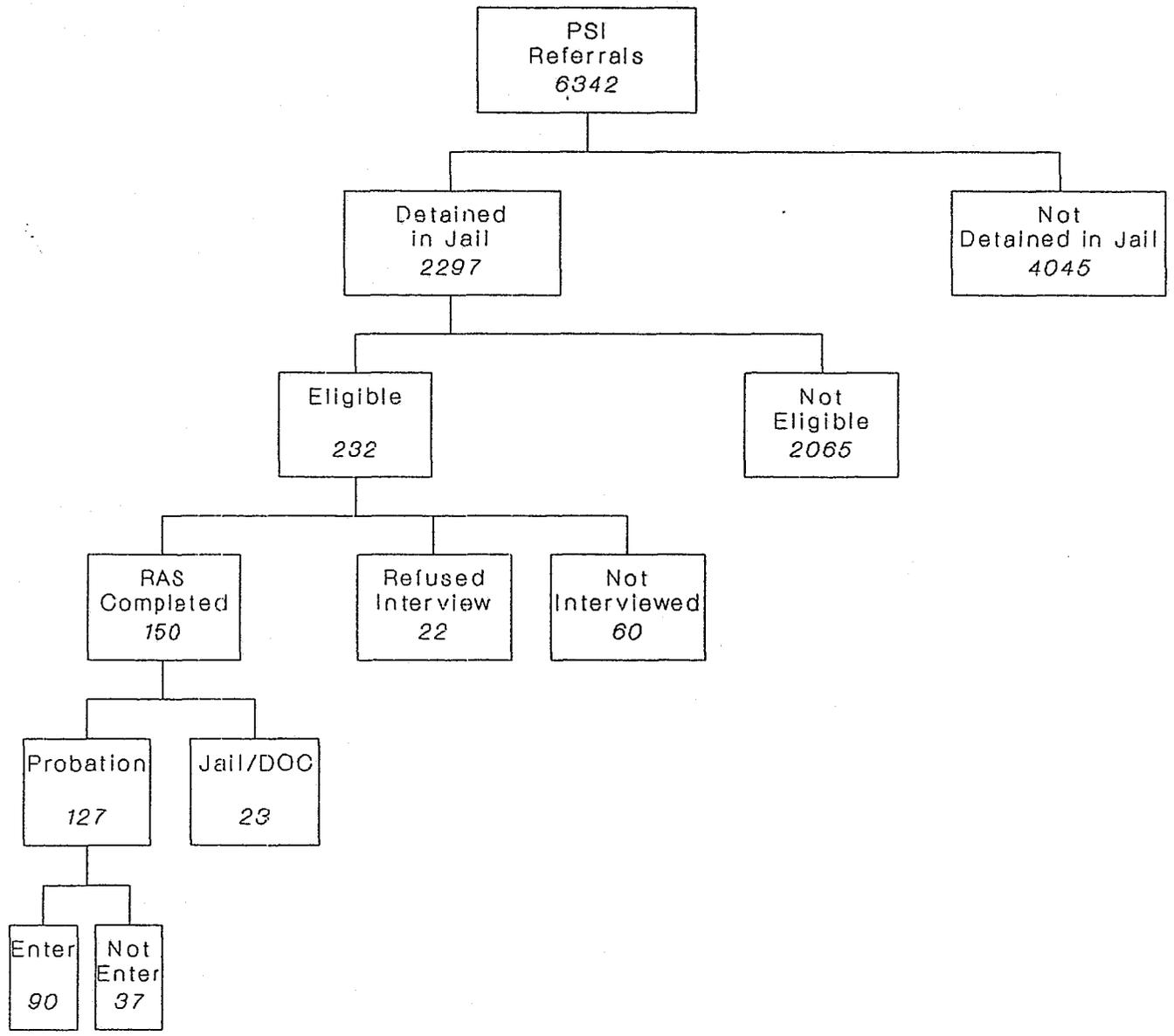


FIGURE 1: CASE SELECTION PROCESS

conclusion of the pre-sentence investigation) and the sentencing hearing was less than 48 hours, and often less than 12 hours. To further complicate the process, the routine procedures of the jail required that interviews be conducted during specified hours to avoid conflicts with other activities (e.g., meals) and staffing shortages. Also, interviews were made difficult by the fact that the offenders were confined in one of three physically distant jails. As a result of these factors, 60 of the 232 eligible offenders were not interviewed; that is, they were sentenced before interviews could be arranged. Of those who were interviewed, only 22 refused to participate.

Most of those who were screened with the RAS were sentenced to probation (127 of 150), but further attrition occurred among those receiving probation. There was a rather routine 3-5 week period between sentencing and the first meeting with the field probation officer. During this time, TASC would notify the field officer that this probationer is eligible for the drug-treatment program and request that the officer make the necessary referral. Although these probationers had been assessed while confined prior to sentencing, their actual enrollment in the program would not begin until they reported to TASC for their first "intake" visit. Phoenix's field officers had great latitude in prescribing activities for probationers, and some officers felt that the program was undesirable or unnecessary for the probationer identified. The result is that only 90 of the 127 eligible probationers reported to TASC.

Random assignment to the treatment or control group did not occur until the offender's first visit to TASC. By chance, the control group contained 50 probationers and the treatment group contained 40 probationers. Of the 50 offenders in the control group, 33 were assessed to need treatment and 17 were assessed to need only random urinalysis. Of the 40 offenders in the treatment group, 20 were assessed to need treatment and 20 were assessed to need only random urinalysis. Unfortunately, 9 of the 20 treatment group offenders assessed to need only urinalysis were inappropriately placed in some level of treatment -- and subsequently excluded from analysis.

GROUP ASSIGNMENT AND INTAKE CHARACTERISTICS

The resulting distribution of cases, and the characteristics of these cases, is presented in Table 1. The assumption that the in-jail probationers will differ qualitatively from those probationers studied in the earlier Phoenix FOD program appears to be supported. Compared to the offenders who entered the earlier Phoenix FOD program, this in-jail offender group is (1) less likely to be Anglo (63 percent vs 48 percent) and more likely to be African-American (11.6 percent vs 23.5 percent); (2) less well educated; (3) more likely to have a record of prior arrests (61 percent vs 79 percent); and (4) more likely to have been convicted of a crime against a person (6.6 percent vs 16 percent) or a crime against property (15 percent vs 42 percent) but less likely to have been convicted of a drug offense (61 percent vs 39.5 percent). There is no observed difference in mean age or in

TABLE 1
 CHARACTERISTICS OF OFFENDERS ENTERING FOCUSED OFFENDER DISPOSITION PROGRAM,
 BY GROUP ASSIGNMENT

	TOTAL		CONTROL GROUP		TREATMENT GROUP		t-test
	N	%	N	%	N	%	
Gender							-1.28
Male	59	72.8	39	78.0	20	64.5	
Female	22	27.2	11	22.0	11	35.5	
Ethnicity							.03
Anglo	39	48.1	24	48.0	15	48.4	
African American	19	23.5	10	20.0	9	29.0	
Hispanic	20	24.7	13	26.0	7	22.6	
Other	3	3.7	3	6.0	0	0.0	
Education							-.47
Some College	6	7.4	3	6.0	3	9.7	
High School/Tech. Grad	28	34.6	19	38.0	9	29.0	
Some High School/Tech.	38	46.9	23	46.0	15	48.4	
Elementary Grades Only	9	11.1	5	10.0	4	12.9	
Offense Type							
Person	13	16.0	10	20.0	3	9.7	
Property	34	42.0	21	42.0	13	41.9	-.16
Drug	32	39.5	17	34.0	15	48.4	1.13
Missing	2	2.5	2	4.0	0	0.0	
Prior Arrest Record							.11
Yes	64	79.0	39	78.0	25	80.6	
No	16	19.8	10	20.0	6	19.4	
Missing	1	1.2	1	2.0			
Age, X	26.46		25.46		28.13		1.38
Risk Assessment							
Social History	1.62		1.71		1.48		-3.30 ^b
Education	1.70		1.68		1.73		.71
Psychological	1.22		1.25		1.17		-1.21
Criminal Justice	3.66		3.59		3.77		1.36
Drug History	3.26		3.26		3.26		-.02
Substance Abuse	4.84		4.80		4.90		.36
RAS	1.81		1.81		1.81		-.11
Interviewer Assessment	1.30		1.32		1.28		-.37

^a significant at $.01 < P \leq .05$

^b significant at $P \leq .01$

^c significant at $P \leq .001$

percent male between the two offender groups, however.

With randomization, there should be no significant differences between the in-jail treatment and control groups at intake. The t-test results reported in Table 1 suggest that this is the case. There are no significant differences between the control and treatment groups at intake in gender, ethnicity, education, age, offense type, or prior arrest record. Further, there is no difference at intake between the two groups in their mean scores for the interviewer assessment, the total RAS score, or five of the RAS subscales. The only significant difference observed is that the control group had a somewhat more positive score than did the treatment group on the RAS social history subscale.

Further exploration of the randomization design is provided in Table 2, which examines the characteristics at intake by both group assignment and assessed need. With random assignment to the treatment and control groups, and with uniform assessment procedures, there should be no difference between those probationers in the control group who were assessed to need urinalysis only (C_1) and those in the treatment group who were assessed to need urinalysis only (C_3). The t-test results indicate that none of the observed differences is large enough to be statistically significant. Similarly, there should be no difference between those in the control group who were assessed to need treatment (C_2) and those in the treatment group who were assessed to need treatment (C_4). The only observed difference to reach statistical significance is the finding that treatment group clients had a

TABLE 2
OFFENDER CHARACTERISTICS, BY GROUP ASSIGNMENT AND ASSESSED NEED

	Control Group				Treatment Group				t-test	
	Assessed Level of Need				Assessed Level of Need				Hypothesis C ₁ = C ₃ C ₂ = C ₄	
	Urinalysis (C ₁)		Treatment (C ₂)		Urinalysis (C ₃)		Treatment (C ₄)			
	N	%	N	%	N	%	N	%		
Gender										
Male	13	76.5	26	78.8	9	81.8	11	55.0		
Female	4	23.5	7	21.2	2	18.2	9	45.0	- .33	1.76
Ethnicity										
Anglo	7	41.2	17	51.5	6	54.5	9	45.0		
African American	5	29.4	5	15.2	3	27.3	6	30.0		
Hispanic	3	17.6	10	30.3	2	18.2	5	25.0		
Other	2	11.8	1	3.0	0	0.0	0	0.0		
Education										
Some College	2	11.8	1	3.0	2	18.2	1	5.0		
High School/Tech. Grad	6	35.3	13	39.4	3	27.3	6	30.0		
Some High School/Tech.	8	47.1	15	45.5	6	54.5	9	45.0		
Elementary Grades Only	1	5.9	4	12.1	0	0.0	4	20.0	.08	.53
Offense Type										
Person	1	5.9	9	27.3	1	9.1	2	10.0		
Property	9	52.9	12	36.4	6	54.5	7	35.0	.08	.18
Drug	6	35.3	11	33.3	4	36.4	11	55.0	.06	-1.45
Missing	1	5.9	1	3.0	0	0.0	0	0.0		
Prior Arrest Record										
Yes	11	64.7	28	84.8	8	72.7	17	85.0		
No	6	35.3	4	12.1	3	27.3	3	15.0		
Missing	0	0.0	1	3.0	0	0.0	0	0.0		
Age, X										
		26.12		25.12		30.18		26.95	- .95	- .98

TABLE 2 (continued)
OFFENDER CHARACTERISTICS, BY GROUP ASSIGNMENT AND ASSESSED NEED

	Control Group		Treatment Group		t-test	
	Assessed Level of Need		Assessed Level of Need		Hypothesis	
	Urinalysis	Treatment	Urinalysis	Treatment	C1=C3	C2=C4
	Assessed Score	Assessed Score	Assessed Score	Assessed Score		
Risk Assessment						
Social History	1.54	1.79	1.39	1.54	1.88	2.86 ^b
Education	1.63	1.70	1.60	1.80	.26	-1.17
Phychological	1.13	1.30	1.11	1.20	.21	1.26
Criminal Justice	3.25	3.77	3.53	3.91	-1.71	-.81
Drug History	2.97	3.41	3.17	3.31	-1.31	.89
Substance Abuse	3.94	5.24	4.27	5.25	-.65	-.02
RAS	1.60	1.92	1.66	1.89	-.99	.70
Interviewer Assessment	1.12	1.42	1.09	1.39	.26	.25

^a Significant at $.01 < P \leq .05$

^b Significant at $P \leq .01$

^c Significant at $P \leq .001$

higher mean score than did control group clients on the social history subscale of the RAS.

In summary, it appears that the randomization procedures worked. There are no consistent differences noted between the treatment and control groups on the intake variables observed, which suggests that there are no important differences on variables which were not observed. If the membership of the groups is not substantially different at intake, then we have greater confidence that any observed differences in program impact are due to the effects of the program rather than to differences between the probationers.

PROGRAM IMPACT ON PROBATION OUTCOMES

As was the case with the FOD evaluation in Phoenix, "success" is measured in terms of *success while on probation*. Failure is measured by the occurrence of two events. One is that a *petition to revoke* probation is filed by the probation officer. These petitions can be for either a criminal violation or a technical violation. The second measure of probation failure occurs when the case is closed by a revocation of probation. For each of these two outcome measures, success or failure is examined for that period of time following initial referral to the FOD program. The end of observation was December 1, 1992, which results in an observation period which ranges from 7 to 21 months depending on the date of entry into the FOD program.

Due to the small number of cases, the analysis of outcome data consists of a series of t-tests designed to test the dif-

ference between urinalysis monitoring and treatment. Nominal and ordinal data are converted to binary interval measures to enable the computation of mean scores. If urinalysis and treatment are not equally effective, the t-tests will reveal a significant difference in the mean values of the outcome measures observed. Table 3 reports the outcome data for all participants and by assessment group.

Overall, only 20 percent of the program participants were judged by TASC to have completed the program successfully, a petition for revocation of probation was filed against more than half of the probationers (usually for technical violations), and probation was revoked for one-fourth of the probationers in the program.

A difference of means test comparing treatment and control group outcomes suggests that the treatment program was no more effective than urinalysis only. First, there is no statistically significant difference between the treatment and control group on several factors, including the likelihood of a positive urine, program success, length of time before a revocation petition is filed, or the likelihood of probation revocation. Second, where the differences do reach statistical significance, they are in a direction which suggests that control group probationers performed better than treatment group probationers.

One significant difference is that the control group was more likely than the treatment group to keep appointments. This may be a result of the fact that control group probationers had

TABLE 3
PARTICIPANT OUTCOMES, BY GROUP ASSIGNMENT

	Total		Control Group		Treatment Group		t-test
	(N=81)		(N=50)		(N=31)		
	N	%	N	%	N	%	
<u>FOD PROGRAM</u>							
Appointments Kept, \bar{X}		.71		.99		.50	-5.91 ^c
Urines Kept, \bar{X}		.87		.87		.87	.09
Urines Positive, \bar{X}		.20		.21		.18	-.39
Number of Positive Urines							
None	61	75.3	36	72.0	25	80.6	
One	8	9.9	6	12.0	2	6.5	
Two	3	3.7	1	2.0	2	6.5	
Three or More	6	7.4	5	10.0	1	3.2	
Missing	3	3.7	2	4.0	1	3.2	
Successful Completion of Program	16	19.8	12	24.0	4	12.9	-1.28
<u>PROBATION</u>							
Revocation Petition Filed	46	56.8	23	46.0	23	74.2	2.63 ^b
Revocation Petition for Technical Violation	29	63.0	17	73.7	12	52.2	.42
Revocation Petition for Criminal Violation	17	37.0	6	26.1	11	47.8	2.37 ^a
Time to Petition, \bar{X} days	163.43		144.17		182.70		1.16
Probation Revocation	21	25.9	11	22.0	10	32.3	.99

^a Significant at $.01 < P \leq .05$

^b Significant at $P \leq .01$

^c Significant at $P \leq .001$

fewer appointments to keep, but it still suggests less success with the treatment group. Another significant difference noted in Table 3 is that a petition to revoke probation was much more likely to have been filed against treatment group probationers than against control group probationers. One possible explanation for this difference is that the members of the treatment group, by virtue of the treatment program, have greater opportunities to fail and greater surveillance of failure than do members of the control group. If this explanation is valid, then we would expect to find greater use of technical violation petitions among the treatment group than among the control group. Yet, just the opposite is observed. Petitions among treatment group probationers are about equally divided between technical violations and criminal violations, whereas petitions among the control group are more likely to be based on technical violations. Stated alternatively, a revocation petition for a criminal violation was filed for slightly over one-third of the treatment group but only 12 percent of the control group.

CONCLUSION

Is urinalysis monitoring as effective as treatment for those probationers who were detained in jail while awaiting sentencing? Our results suggest that it is. Probation success did not differ significantly between those probationers who received only random urinalysis monitoring and those probationers who received both urinalysis monitoring and treatment.

This finding reinforces and strengthens the conclusions of

the earlier Phoenix FOD study. That study also found no treatment effect, but questions about the representativeness of the probationers studied arose because it excluded those probationers who had been detained in jail while awaiting sentencing -- offenders who tend to differ from those released pending sentencing on such characteristics as offense severity, criminal history, drug history, and both social and economic stability. Would there have been a treatment effect observed in the original Phoenix FOD study if that study had included the more serious in-jail probationers? Based on the findings of this study of these in-jail probationers, we can assume that the results of the earlier study would not have changed.

The findings are important to continued efforts by the criminal justice system to identify effective and affordable means to monitor offenders and to reduce the likelihood of failure while on probation. They suggest, first, that proportionately few offenders detained in jail while awaiting sentencing are likely to be eligible for such a probation-based drug treatment program -- largely because so few of these offenders receive probation. Second, the findings suggest that the addition of treatment does not have an effect on probation success beyond the effect already achieved by probation and urinalysis monitoring.