

University of Maryland Center for Applied Policy Studies
Bureau of Governmental Research

Strategies for the Drug-Involved Offender:

Testing→Treatment →Sanctions (BTC) and Offender Outcomes
After 4 Years of Implementation

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EXECUTIVE SUMMARY

Two recurring themes facing the criminal justice system are that: 1) nearly 70 percent of the offenders are drug-involved and 2) addict behavior is strongly linked to criminal conduct, although only half of the drug-involved offenders are addicts. National and local studies have documented the problem, while scientific studies have identified the programmatic features to address this persistent, chronic behavior (MacKenzie, 2000; Sherman, et al. 1997; Taxman & Bouffard, 2000). The recommended protocol is to: 1) monitor drug tests through a comprehensive program of testing offenders; 2) provide treatment for high-risk offenders that continue to be drug-involved; and 3) provide swift and certain sanctions for offenders that continue to be drug-involved (or rewards for those that show progress). These programmatic components are difficult to implement regardless of whether it is in a small drug court setting (Gottfredson, Nagata, Duran, 2002; Goldkamp, White & Robinson, 2001; Taxman & Bouffard, 2002), or in a systemic approach in supervision (Harrell et al., 2002).

The implementation challenges involve using testing, treatment, and sanctions in a manner that affords the services for all offenders. For example, even in the best of drug courts where the offender is closely monitored, studies have documented that between 30 to 50 percent of the drug-involved offenders never participate in treatment services (Gottfredson, Nagata, Duran, 2002; Goldkamp, White, & Robinson, 2001). The challenges confronting the criminal justice and public health systems are to find the best way to manage the offender population and to address the substance abuse problems despite the inadequate resources available for managing the drug-involved population.

Maryland has been pursuing the implementation of the best practices—treatment, testing, and sanctions—as a generalized approach to managing the population supervised by the Division of Parole and Probation (DPP) in seven jurisdictions. The implementation of the protocol, referred to as Break the Cycle (BTC), has been slowly evolving over a four-year window. DPP has adopted aggressive management and staff development efforts based on scientific knowledge in the past two years to systematically put in place testing→treatment→sanctions for offenders in seven jurisdictions. Establishing performance standards for staff has been part of a larger focus on improving supervision of the high-risk offender in the community. The programmatic components provide a template for accountability for both the drug-using offender and the supervising agent. In addition, the strategy has provided a blueprint for developing and improving networks within the criminal justice system¹. The ultimate goal of the model is to couple supervision with scientific principles of drug testing, treatment and sanctions to change the behavior of the offender; drug testing and sanctions provide external controls while treatment provides the offender with the means to internalize the change.

For the last four years researchers at the University of Maryland have been monitoring the implementation of BTC for DPP. The process evaluation was used as a means to provide timely information to the system regarding implementation, particularly given the failure of past efforts to reform practice. A program development evaluation model was employed, and DPP used the annual study findings to focus attention on persistent change issues. Progress has been made in many domains in the seven jurisdictions, but there is a need to continue reinforcing accountability on both the supervision staff and the offenders. More importantly, a number of

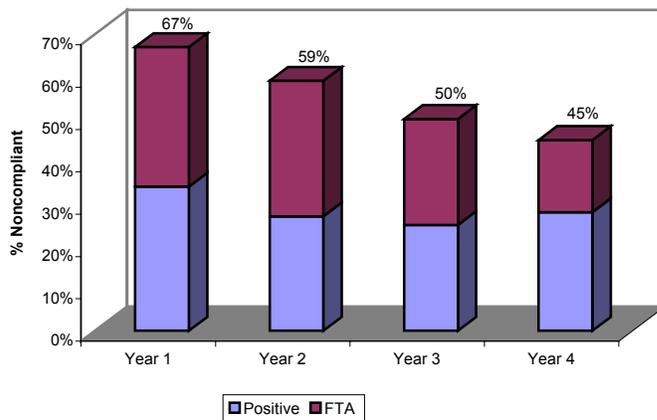
¹ The Manhattan Institute's report on "Broken Windows Probation: The Next Step in Fighting Crime" identified how probation and parole can become partners in community-based crime control strategies (Manhattan Institute, 1998).

criminal justice and treatment systems have yet to be thoroughly addressed, which continue to impact public safety.

General Deterrent Effort: As shown in Exhibit 1, there has been a steady decline in the number of offenders that are in noncompliance (positive drug test or failure to appear for testing) at intake. The decline from 67 to 45 percent at intake to probation or parole from Year 1 to Year 4 represents a 33 percent decrease in offenders that are in noncompliance with the BTC drug testing protocols. This represents a general deterrent effort from the intensive drug testing and sanction protocol that has occurred over the last four years—as offenders learned that DPP was drug testing and then sanctioning offenders, more offenders recognized that it is likely that illicit drug use would be detected and sanctioned.

As the chart shows, noncompliance includes both positive urines and failures to appear for drug testing. Collectively, these have experienced a decrease each year. However, each has exhibited different trends. The most dramatic declines have occurred in failure-to-appear rates

Exhibit 1: Positive Drug Test and Failure to Appear Rates (Noncompliance) for Drug Testing During Intake

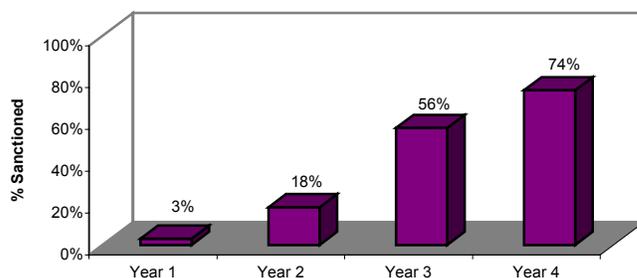


where more offenders are appearing regularly for intake and during the first two weeks of supervision.

Remarkably, drug test positives have declined, although in year four they increased slightly, offsetting the more substantive changes in failure to appear rates. The positive rate at intake (the first four scheduled drug test by DPP) is 28 percent, which is a 17 percent decrease from the positive rate at intake in year one (34 percent). The failure to appear rate has dropped from a high of 33 percent to 17 percent in year four, indicating a decline of nearly 49 percent.

Increase Offender Accountability. Exhibit 2 illustrates that the efforts by DPP to enforce a culture change—where offenders’ infractions (e.g. positive urine results, no-show for testing, etc.) are swift and certain—has occurred. Sanctioning for both positive drug tests and failures to appear for drug testing have climbed from none to over 70 percent. DPP managers

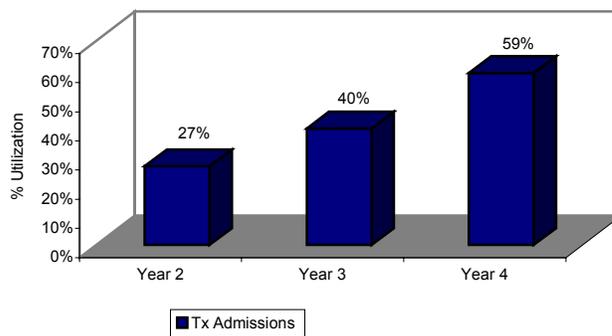
Exhibit 2: Sanction Rates for Positive Urines



have implemented a quality assurance procedure to monitor the use of sanctions, and they have provided training to staff on the communication strategies for addressing compliance management.

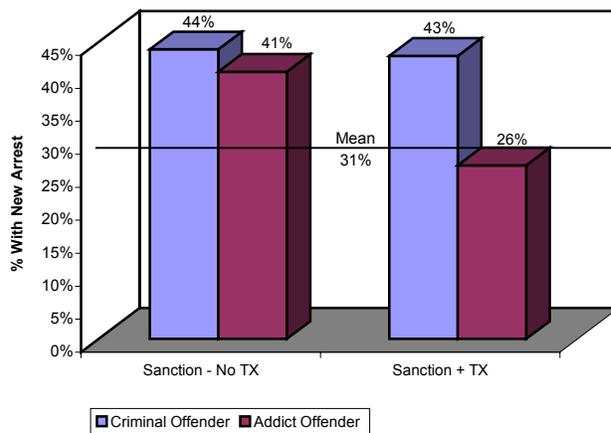
Increase Offender Engagement in Treatment. Getting offenders into treatment is one of the explicit goals of any effective offender programs. The challenge in the brokerage model of supervision is to link treatment and supervision systems, which alert agents to offenders' noncompliance with orders of release. Treatment utilization has increased from 27 percent in Year 2 to 59 percent this year, resulting in an increase of 119 percent (See Exhibit 3).

Exhibit 3: Treatment Utilization Year 2 to Year 4



Reduce Recidivism. Ultimately, the goal of testing→treatment→sanctions is to change the behavior of offenders, particularly the hard-core offender. The study found that offenders who initially test positive or fail to appear for drug testing and enter treatment, testing, and sanctions are less likely to be rearrested during the first six months of supervision compared to other offenders.

Exhibit 4: Recidivism for Sanctioned Offenders



On average, 31 percent of offenders ordered into testing or treatment are rearrested within 6 months. Offenders in the testing→treatment→sanctions protocol who test positive or fail to appear at intake and are sanctioned have a rearrest rate of 26 percent if they participate in treatment as compared to 41 percent of the offenders who had positive drug tests/failure to appear but did not go to treatment. The study results also found that offenders incorrectly labeled as drug addicts by the court or parole board who

are criminogenic, do not respond to the testing→treatment→sanctions regime. This is most likely because treatment is based on substance-abusing behaviors, not offending behaviors.

Overall Progress of Implementation. Great strides have been made so far, but more is needed to develop a systemic response to drug offenders and criminogenic offenders. Further development is needed: 1) The strategy is only used in seven jurisdictions. In the other 17 jurisdictions, agents can only drug test 7 offenders a month, which means that less than 5 percent of the offender population is ever drug tested with the results taking over a month to obtain; 2) System linkages with the judiciary are needed to address the persistent noncompliant offenders, particularly those that are in violation of their orders of release. The process is not swift or certain—it takes an average of 146 days for a revocation decision to be made; 3) System linkages with treatment are needed to ensure that assessments and drug using behaviors drive what type of offenders participate in treatment. New types of treatment interventions are needed to address

criminal values and behaviors for the non-addict offender.

In the last four years, the BTC demonstration has shown that a systemic drug testing protocol can have an impact on the addict population in terms of reducing substance abuse and recidivism. At the same time, it is apparent that the protocol is less likely to be useful for the offenders with criminogenic values. A similar lesson has been the need to focus on the interconnections between the criminal justice and treatment systems and on improved communication among supervision, treatment, and the judiciary. The average number of days to a revocation hearing has increased, while DPP has increased the percent of warrants requested during the first 180 days of supervision. These statistics indicate a movement toward DPP managing offender compliance problems by expediting warrants. However, this creates more pressure on the courts and parole board. More work is needed on closer collaboration with the judiciary and parole board for addressing compliance issues and to ensure proper utilization of resources.

TESTING→TREATMENT→SANCTIONS

(Break the Cycle): Year 4 of Implementation

Over the past four years, the Division of Parole and Probation (DPP) has implemented the testing→treatment→sanctions strategy. The emphasis has been to change the culture of the supervision agency to improve performance and to have a deterrent effect on offender behavior. Many hurdles occurred during the implementation process such as: staff training and learning techniques to effectively sanction and reward the offender; developing and implementing necessary technology such as drug testing equipment and computerized information systems; accessibility of necessary equipment to DPP staff; changing the daily work requirements and responsibilities of agents; and working towards collaboration among treatment providers and the judiciary to focus on system issues that impact the ability of DPP to respond to violations or noncompliance with the orders of release. The organizational culture change is to make supervision more responsive to the community and to focus scarce resources on offenders that continue to defy court- or parole board-ordered conditions.

Maryland's *Break the Cycle* (BTC) program is part of Maryland's reengineering effort to maximize the benefits from supervision and treatment efforts for substance abusing offenders (Division of Parole and Probation, 2001). This report documents the fourth year of implementation of the BTC effort in Maryland with improvements noted in two key areas: sanction rates and treatment participation rates. The goal of this evaluation is to examine the implementation of the protocol and the impact on trends in offender behavior.

THE BTC STRATEGY

BTC uses drug testing, treatment, and sanctions as tools to address the crime-prone behavior of drug-involved offenders as a means to reduce recidivism and substance abuse. In seven jurisdictions – Baltimore City, Baltimore County, Charles County, Howard County, Montgomery County, Prince George's County, and Washington County – the Division of Parole and Probation has adopted this strategy. The strategy is rigorous drug testing of offenders²; prior to BTC, only 5 percent of the offender populations in these jurisdictions were drug tested. The BTC approach has resulted in drug testing for ALL drug-involved offenders, utilizing a rigorous, systemic approach.

- **Drug Testing.** Drug testing is a tool used to monitor frequent drug use. The BTC strategy uses bi-weekly testing for the first 2 months of supervision to detect illicit drug use. Drug testing is then reduced to once a week for an additional 2 months and then once a month thereafter. The practice of reducing scheduled drug testing is under the assumption that the test results are negative. The testing is increased if the offender tests positive. Drug testing is used as a tool during the supervision tenure to have a sustained period of external control.
- **Sanctions and Rewards.** Deterrence occurs when positive or missed drug tests and/or treatment/supervision meetings result in swift, certain, and escalating

² In non-BTC jurisdictions, agents may only request 7 drug tests per month. Not all of the offenders ordered to treatment and testing are drug tested in these jurisdictions.

responses to the negative behavior. Sanctions are used as a tool to motivate the offender to remain drug-free and to comply with legally ordered conditions of supervision. Rewards are used as a tool to encourage prolonged periods of abstinence and supervision compliance.

- **Continuum of Treatment and Duration.** Assessment should determine the appropriate treatment placement for the offender, based on the severity of the substance abuse and the risk to public safety. Offenders should receive a minimum of six months of treatment services to ensure the achievement of recovery and to maintain abstinence. Treatment placement should be adjusted based on the offender's drug testing results and progress in treatment.

The expected outcomes are: reduced criminal behavior (recidivism); improved management of correctional populations; and reduced court caseloads.

PURPOSE OF A PROCESS EVALUATION

The Department of Public Safety and Correctional Services (DPSCS) funded an annual process evaluation of the *Break the Cycle* initiative to understand the degree of program implementation. This study is designed to examine implementation across the different programmatic areas compared to the prior year. The purpose of this evaluation is to examine how the program was implemented. An outcome study conducted by the Urban Institute with funding from the Governor's Office on Crime Control and Prevention will be completed in January 2003.

This process evaluation uses data from the major management information systems available on probationers and parolees, drug treatment, and criminal histories. The researchers merged data from seven different databases to assess implementation patterns for BTC. Over 6 million data records for offenders were analyzed to determine the patterns and trends among offenders that have been drug tested under the BTC initiative since January 1999. A stratified random sample of 10 percent of the offenders beginning supervision on or after August 1, 2001, (N=1,000) was selected, and these cases were coded to discern the patterns of BTC implementation and to develop the estimates of treatment, testing, and sanctions. An additional sample (N=2,532) was utilized to calculate estimates of positive drug tests, no-shows, and probation/parole compliance. All of the measures were compared to prior year efforts using the same sampling frame. The methodology validates the findings from case files with automated systems on several samples to ensure accuracy.

FINDINGS

The fourth year of BTC operations has focused on increasing adherence to testing→treatment→sanction protocols in each of the seven jurisdictions funded for drug testing (the implementation strategy was that funds were provided for drug testing; system and management resources were reallocated for treatment and sanction efforts). Year 3 was devoted to actual implementation of the BTC model. Year 2 was devoted to the development of policies and procedures (Chapter 6, Section 7 of the agent's manual) to ensure that probation and parole staff have a road map on the components of BTC. Year 1 was used as a baseline for subsequent reports.

In many areas, the management improvements in BTC have crystallized into programmatic implementation of core components. DPP management has devoted efforts to improve training for agents using motivational interviewing techniques, to modify the role of the Assessment and Placement unit in Baltimore City and the similar unit in Prince George's County, and to conduct management review of core components. This focus has resulted in dramatic improvements across the board. Failure-to-appear for drug testing is another area where management from DPP has focused attention on resolving issues. In Montgomery County, the problem of failure-to-appear for drug testing was responded to with an overhaul in the intake process to include new oversight of offenders as they appear for their intake appointment.

YEAR FOUR RESULTS

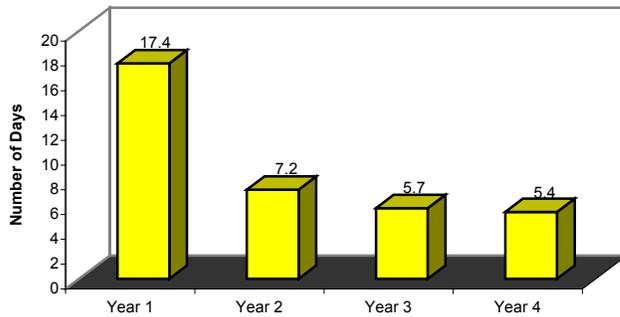
Target Population. The substance abuse management framework of BTC focuses on identifying all offenders who have a court or parole board order for substance abuse testing and/or treatment, and then managing offenders with the testing→treatment→sanction protocol. In Maryland, few resources are available to assess an offender for substance abuse before sentencing or release from prison. Judges and the parole board tend to rely on the offenders' self report of illicit substance use. Thus, the treatment condition is assigned frequently without having the offender diagnosed for a substance abuse disorder. In essence, DPP depends on the justice administration to identify the drug-involved offender without having the assessment. The assessment is generally conducted *after* the offender is placed on supervision. DPP refers offenders for an assessment (either internally or to the local health department).

This year, over 80 percent of the offenders who were drug tested were identified as having a special condition for drug testing or treatment. As in prior years, the typical offender is male (86 percent), with an average age of 35, and has an average of 7 prior arrests. Approximately 64 percent of the offenders have an instant offense charge involving illicit drugs (possession or possession with intent to distribute).

Testing. The strategy emphasizes the use of drug testing as a tool to manage offenders' behavior in the community. Under the BTC plan, offenders are drug tested twice a week for the first 2 months, once a week for the next 2 months, and once a month thereafter for an expected total of 32 tests in a given year. Drug testing is a relatively inexpensive technique to monitor the behavior of offenders. Prior to BTC, the funding only allowed DPP to have the average offender appear in the probation office once a month, resulting in no more than 5 percent

of the offender population being drug tested. With the BTC strategy, the average offender at the probation/parole office appears for a drug test and face-to-face contact, in the early months of supervision, for a minimum of 10 visits and ALL drug-involved offenders are drug tested. The average offender in this sample is drug tested an average of once every 5.4 days. Overall, from the first year to this year's study, there has been a 69% decrease in the average days between drug testing (see Exhibit 1). This substantial decrease illuminates high compliance with BTC protocols for drug testing.

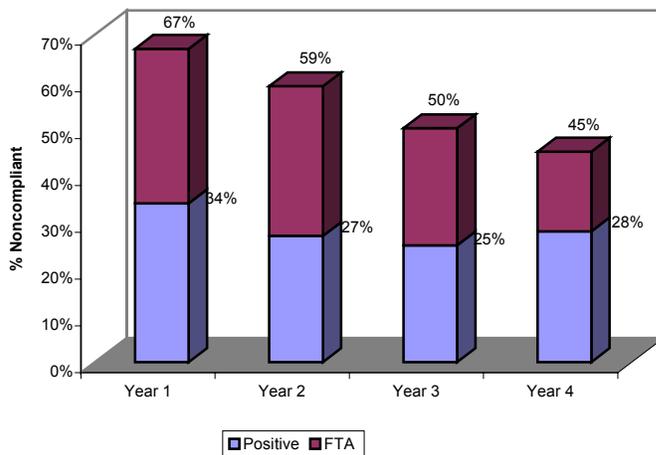
Exhibit 1: Average Days between Drug Testing over 4 Years



The process evaluation examined the different drug test positive rates at intake and throughout the duration of the study period. The analyses were based on looking at scheduled tests--whether or not the offender appeared for a scheduled test and the rate at which the offender tested positive. The study used the first four-scheduled drug tests to define the intake period. During this period, 45 percent of offenders tested positive

or failed to show for the scheduled test (See Exhibit 2). This represents a 28 percent decrease between the first year of the study and the fourth year implementation. Overall, the percentage of offenders in compliance *at intake* has climbed significantly from 33 percent in year 1 to 55 percent in year 4, resulting from a general deterrent effort with offenders being aware that DPP has adopted an aggressive strategy of testing and sanctions. More offenders are aware that they will be drug tested, and the results will be used to recommend technical violations to the court/parole board.

Exhibit 2: Noncompliance in Drug Testing



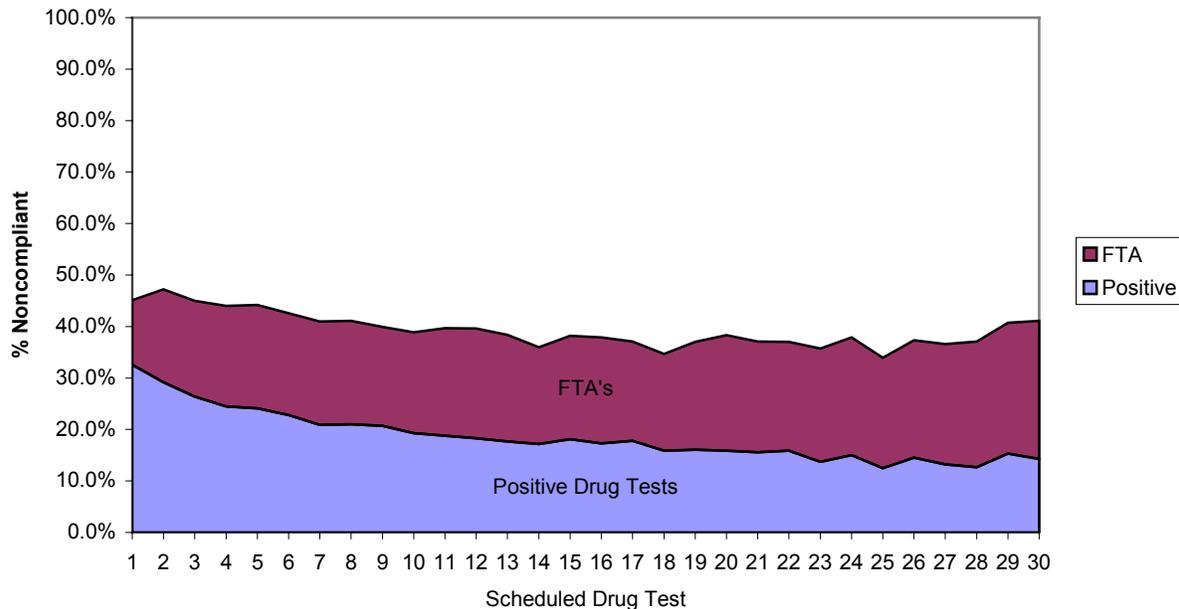
Over the past three years, there has been a gradual decrease in the percentage of offenders who have tested positive at the first scheduled drug test. In addition, due to a change in the management of failures to appear, more offenders are appearing for drug tests, and as expected, some of these are testing positive. However, this year there is a slight increase in the percentage of offenders testing positive for illicit drugs at intake (28 percent). Yet, another change in this year's findings from previous years is a substantial decrease in the number of offenders who fail to appear for their

first scheduled drug test.

Across 16 drug tests, the drug test positive rate declines to 17 percent (39 percent decline) and the no-show rate stays level at 17 percent. The drug test positive rates at intake vary by jurisdiction with Washington County offenders less likely to test positive (18 percent) than Baltimore City offenders (32 percent). These trends are consistent with years past. Smaller

jurisdictions such as Charles and Washington County tend to have lower positive rates at intake. On the contrary, Baltimore City has consistently had the highest positive urines at intake.

Exhibit 3: Negative Outcomes: Positive Drug Test and Failure to Appear Rate, 2002



Drug Testing--Failures to Appear. (See Exhibit 3 above) This year, approximately 17 percent did not appear for drug testing during intake. This represents a 48 percent decrease from Year 1 and a 32 percent decrease from last year's study. One major change that has affected the failure to appear rates is the different offender management styles across counties. For instance, Montgomery County has made a number of significant procedural changes that have greatly reduced the failure to appear rate in their County. The biggest change begins right at the beginning of an offender's supervision. Now, when someone begins supervision, he or she is sent to the Day Reporting Center. At the first meeting, the drug-testing schedule is established with the initial sample taken that day. Therefore, it is very difficult to FTA for the 1st drug test. This fact is supported by the data which reveals that less than 1 percent of Montgomery County offenders failed to appear for their first scheduled drug test.

Of those offenders who fail to appear for any of the first four-scheduled drug tests, a substantial percentage fail to appear for the next four tests (74 percent). This percentage is a 48 percent increase from last year. Only approximately 26 percent show up for all 4 subsequent tests. The overall probability of testing positive after a failure to appear is 11 percent. Consequently, the assumption that an offender will be positive after an appearance is inaccurate. Of the offenders who appear for the first four drug tests, these offenders are likely to appear for approximately 63 percent of their remaining scheduled drug tests.

Drug Testing-Positive Rate. Year Four shows a slight increase in the drug test positive rate at intake, due most likely to the decrease in the failure to appear rates. The types of drugs used continue to vary by jurisdiction. The study found that 66 percent of the offenders test

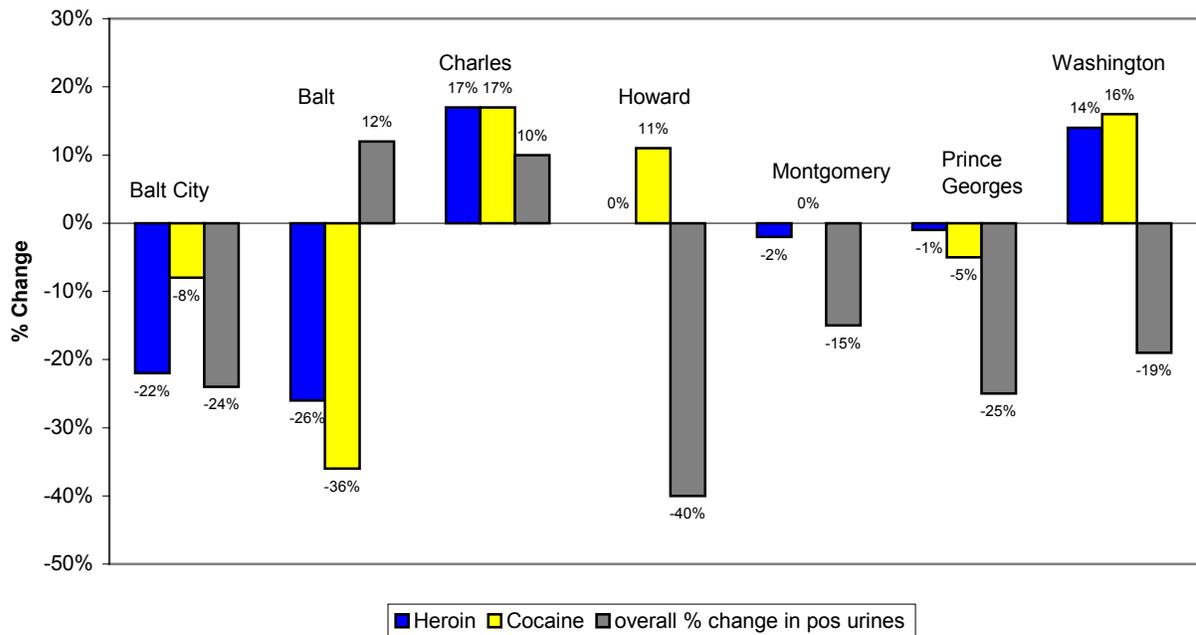
positive for only one substance at intake; most likely, the offender will test positive for marijuana except in Baltimore City (crack/cocaine) and Charles County (crack/cocaine). The assumption that poly-substance abusers (excluding alcohol) are presenting a major problem does not appear to be accurate since 66 percent of the offenders test positive for only one drug. As previously mentioned, marijuana was the most prevalent drug across most of the jurisdictions. (See Table 1).

Table 1: Distribution of Positive Drug Tests by Type of Drug

Jurisdictions	% Positive Marijuana (2002)	% Positive Cocaine/ Crack (2002)	% Positive Heroin (2002)
Baltimore City	28.0%	36.2%	35.8%
Baltimore County	45.3%	27.4%	27.4%
Charles County	33.3%	50.0%	16.7%
Howard County	33.3%	33.3%	33.3%
Montgomery	69.4%	24.5%	6.1%
Prince George's	66.0%	24.5%	9.6%
Washington	57.1%	28.6%	14.3%
Total	36.7%	33.5%	29.9%

An examination of heroin and cocaine reveals that there have been surprising changes over the past 3 years (see Exhibit 4). Recall that between Year 2 and Year 4 the positive drug test rate at intake is nearly identical. However, there has been a general decline in heroin and cocaine use as the percentage of positive urines has also declined, which is all part of the general deterrent effort. Further, polydrug use is also on the decline. While at the same time, marijuana usage has increased in many jurisdictions (not shown). So, it appears that many more offenders are choosing to use marijuana instead of using more hardcore drugs such as heroin and cocaine. Some jurisdictions – Charles, Howard and Washington Counties – had increases while others had decreases in the use of opiates.

Exhibit 4: % Point Change Year 2 to Year 4 by Drug Type

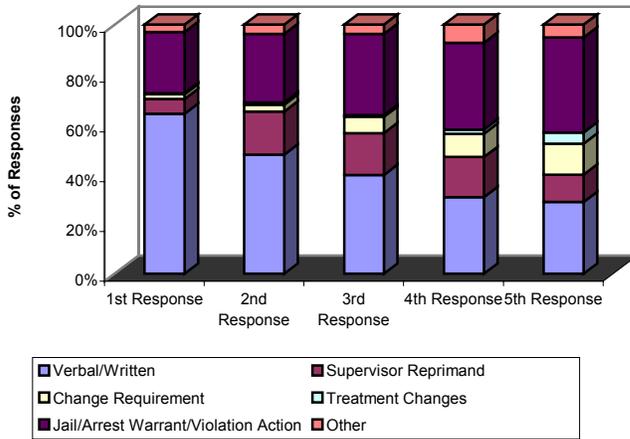


Sanction Rate. Responding to each and every positive drug test behavior is required under the BTC strategy. In the first year’s report, researchers found that the agents did not routinely use sanctions for positive drug test results. Based on the available data, it is estimated that the agents responded to approximately 3 percent of the positive drug test results. In the analysis of the second year, researchers estimate that 18 percent of the positive drug tests were followed by a sanction. In the third year, we saw dramatic improvements in which 57 percent of positive drug test were followed by a sanction. Continuing the striking sanction trends, in year four the percentage of sanctions for positive drug test continued to rise to 74 percent. Of the responses to positive drug tests, probation agents responded 57 percent of the time with a verbal/written warning, 20 percent of the time with a supervisory reprimand, and 10 percent of the time by sending the offender to jail or filing a warrant or violation action.

Dramatic improvements are also noted in response to failures to appear for scheduled drug tests. During the first few years of the program, few sanctions occurred for failing to appear. That changed in the third year when there were noticeable improvements with 65 percent of failure to appear behaviors followed by a sanction. That same trend continues this year with 69 percent of failures to appear for drug testing sanctioned by agent. The DPP protocol requires that each negative behavior (e.g., positive urine, failure to appear, etc.) have a response within 15 days. Due to the 15-day period, agents often have to address an accumulated number of infractions.

A sanction is also required for those offenders who fail to appear for scheduled meetings. Approximately 54 percent of those offenders who failed to appear for supervision meetings incurred a sanction. Agents responded 47 percent of the time by filing a warrant or a violation action and 41 percent of the time with a verbal or written warning (see Exhibit 5).

Exhibit 5: Type of Sanctions Imposed for Different Responses



The average time between the offender’s first and second (infractions or noncompliant or defiant) behavior rose between Year 3 and Year 4. This year the average time between infractions was 44 days compared to 32 days last year. Further, while this average decreases to 25 days between the offender's fourth and fifth behaviors, that average is also an increase from last year's 16 days.

Overall, the sanctions administered by the probation agents followed the graduated “pattern” of

escalating severity. The first response had the highest percentage of verbal/written warnings as a response to a noncompliant behavior, which is the lowest level of severity. In contrast, the fifth response has a much lower percentage of verbal/written warning as a response to behaviors, but a much higher percentage of JAV (Jail/Arrest Warrant/Violation Action) as a response. The large number of warrants filed for the first response may be due to the “stacking” effect in which several infractions build up within the 15 day window to respond.

Arrest Warrants for Urinalysis Results. The increased drug testing and use of sanctions is starting to result in agents requesting arrest warrants earlier for defiant offenders. In fact, there is a noticeable increase in warrant requests beginning with the second response to positive urines. Approximately 65 percent of warrant requests are made within 180 days of the start of supervision. This is a 55 percent change over last year when 42 percent were filed within this timeframe.

Use of Arrest Warrants. This year, roughly 25 percent of the offenders in the sample had a warrant filed on them, as compared to 17 percent of the sample last year. The reasons identified for requests for warrants differed from last year. The reasons are as follows: 34 percent for positive urines (Year 3 - 24 percent); 28 percent for failing to appear for drug testing (Year 3 - 13 percent); 27 percent for a new arrest or conviction (Year 3 - 24 percent); and 11 percent for a supervision violation (Year 3 - 35 percent). These changes reflect the supervision system using the formal process to address noncompliant behavior by offenders.

Time to Respond to Warrants. For 2002 BTC offenders, 22 percent were either arrested or had a warrant filed against them. The average number of days from the warrant request to the revocation hearings was 146 days, an increase of 9 days from last year. The average number of days between the start of supervision and a revocation hearing was 249 days for probationers, and 257 days for parolees. Revocation hearings are scheduled after a warrant has been served at the discretion of the court/parole board. During this period of time that the supervision system is awaiting a judicial/parole board decision, the supervision agency has limited influence over offenders that continue to be in noncompliance with supervision conditions.

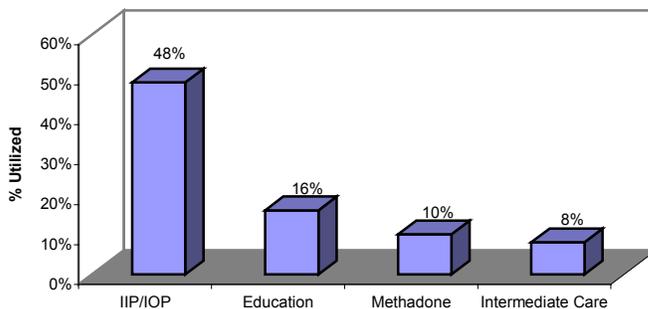
For those offenders who had a warrant or were arrested for new charges, roughly 37 percent went to court within the timeframe of the study. Of those addressed by the court, 62 percent had their probation/parole revoked, while 38 percent were reinstated on probation/parole. None of the revocation hearings occurred because of a warrant for positive drug tests or failures to appear for drug testing. Sanctions were administered for positive urines and failures to appear at drug testing (74 and 57 percent, respectively); yet it appears that less severe sanctions were used to address them. This suggests that agents focused more heavily upon the offender’s attendance for supervision and treatment than drug testing behaviors when assessing an offender’s compliance with supervision.

TREATMENT. Drug treatment is a vital component of the model to change the behavior of addict-offenders. Without it BTC merely provides a reactive model that provides responses to wrongdoings of offenders. Treatment is the missing link that assists the offender in developing internal controls over substance-abusing behavior. Protocols are in place to allow DPP to prioritize offenders for treatment based on the court order, the assessment information, and drug testing information. The overall goal is to ensure that active drug-using offenders are prioritized for treatment services. Related objectives are to improve retention in treatment and to increase the length of time in treatment.

Nearly all offenders who were drug tested, 80 percent, had an order for treatment or testing by the parole board or judiciary. DPP agents referred to treatment 78 percent of offenders with treatment conditions, which is a 14 percent decrease from Year 3. Of those who were referred to treatment, 59 percent of individuals attended at least one appointment.

Approximately 51 percent of offenders are placed in their recommended treatment modality. The most frequent drug treatment program utilized is intensive inpatient/outpatient services with 48 percent of offenders (See Exhibit 6). For the 49 percent that were not placed into their recommended treatment, the case files of DPP did not have sufficient information to document the placement or why the offender was placed in an alternative modality.

Exhibit 6: Most Utilized Treatment Programs for Offenders



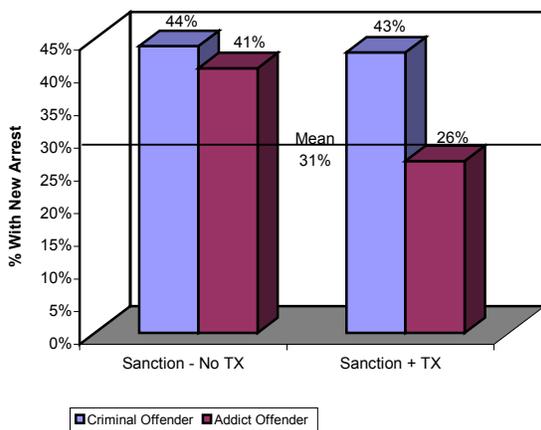
In just over half of the cases, the treatment agency is able to place the offender in the recommended treatment modality. This represents a decline from Year 3 when 77 percent of offenders were placed in their recommended treatment modality. While this decline is disappointing, one positive trend is that offenders are entering treatment much earlier than in years past. It generally takes the offender 52 days from first drug test to treatment admission and 53 days from

supervision commencement to treatment admission. Both figures are improvements from prior years. In Year 3 it took an average of 105 days from the start of supervision to treatment admission. Dramatic improvements like this reaffirm the positive potential that this program represents. Overall, of those offenders in treatment, there has been a slight increase from Year 3 for those who complete treatment (42 percent versus 40 percent).

Communication between treatment and supervision agencies is crucial to obtaining the goals of BTC in terms of reduced recidivism. The communication mainly depends on personal networks and not systemic efforts. An issue in previous years was the use of consent forms. By CFR 42 (federal regulation), offenders must give permission in order for treatment agencies to share information with DPP. This requires the agents to obtain a consent form. A review of the files found that consent forms were present in 67 percent of the files, although the majority of the forms were incomplete. While this is an improvement from years past, it is still lacking. Without complete consent forms, DPP is precluded from obtaining treatment information. The only exception is if the treatment agency also has a consent form signed. Few of the files had any reports from treatment agencies regarding the attendance and/or progress of the offender in treatment. Therefore, many supervision agencies rely on the offender to share information about progress in treatment. In fact, agents do not routinely get any information about the offender in treatment.

REDUCING RECIDIVISM³. Ultimately the goal of the testing→treatment→sanction protocol is to change the behavior of offenders, particularly the hard-core offender. The study found that offenders that are exposed to the protocol are generally less likely to be rearrested during the first six months of supervision than others that do not avail of these components. Overall, 31 percent of the offenders in the BTC sample from Baltimore City and Montgomery County are rearrested within 6 months.

Exhibit 7: Recidivism for Sanctioned Offenders



It is important to examine the testing→treatment→sanction protocol on different types of offenders. Based on intake results (and confirmed by ASI scores), the evaluators have created two categories: offenders that are testing positive or failing to appear due to substance abuse (**addict offender**) and offenders that are in compliance with testing and have negative test results (**criminal offender**). (Study findings over three years have found that the criminal addict generally stays in compliance, with less than five percent testing positive during a two month window of supervision). This distinction is important because offenders are mandated by the judiciary/parole board to be drug tested and treated; yet the authorities do not use clinical information to make this decision. The researchers used behavioral measures to distinguish between different types of offenders and confirmed by the Addiction Severity Index (ASI). Exhibit 7 looks at the effect of treatment in cases in which the supervising agent imposed a sanction for any negative behavior during the intake period.

As seen in Exhibit 7, addicted offenders (initially noncompliant with drug testing) are rearrested less frequently than those who are criminal offender (initially compliant). Drug

³ Recidivism data is available for Baltimore City and Montgomery County only. All recidivism rates refer to the percent of cases arrested for a new offense within 6 month of the start of supervision. Arrests on VOP warrants for the present case are excluded.

treatment and sanctions do not have any significant effect on the recidivism of criminal offenders (43 percent) but it does affect the addicted offender (26 percent).

This strongly supports the need for effective drug screening prior to sentencing. Exhibit 7 suggests that the criminal justice system is able to provide effective services to addicted offenders and less able to provide services to criminal offenders. Offenders who test positive at intake or fail to appear for initial drug testing are rearrested 37 percent less if they participate in drug treatment.

Further, for the criminal offender that is sanctioned, the sanctioning is usually for non-drug related negative behaviors (e.g. no show for supervision, failure to abide by conditions, etc.), and these offenders have higher recidivism rates. The sanctions, which were designed for the addicted offender, tend to be less effective for the criminal offender. Criminal offenders who are not using drugs are consuming scarce treatment and supervision resources without a commensurate reduction in criminal behavior.

FINAL COMMENTS ON BTC PROCESS EVALUATION/WHAT HAS BEEN ACCOMPLISHED, WHERE DO WE GO FROM HERE?

PROGRESS MADE

- **Deterrent Effect through Drug Testing.** A general deterrent effect was realized through the past four years of implementing the testing→treatment→sanction protocol. More offenders are appearing for intake for supervision in compliance. A specific deterrent effect of reduced recidivism is taking place for the addicted offender, particularly when the offender participates in treatment
- **Offender Accountability and Agent Accountability through Graduated Sanctions.** Each year, adherence to the graduated sanction schedule grows. This year, more than 70 percent of infraction behaviors (drug testing and no shows) are punished according to the schedule, which is quite amazing considering that sanctioning was almost non-existent in the first year.
- **Improve Offender Accountability through Treatment Admission.** Each year has seen a dramatic rise in the number of individuals referred for treatment. Part of this is due to the expansion of treatment overall but another portion is due to increased focus by agents on treatment. While the number of admissions has increased, there is still much work to be done to make sure that all offenders are afforded this element.

NEXT GENERATION OF TESTING→TREATMENT→SANCTION PROTOCOL: BUILDING ON THE SUCCESS

- **Drug Testing.** Drug testing is available statewide, but is extremely limited. That limitation effectively enables drug use among offenders to go undetected. Intensive drug testing with a set schedule is only available in seven jurisdictions—Baltimore City, Baltimore County, Howard County, Prince George’s County, Charles County, Montgomery County, and Washington County. Without additional drug testing funding, less than 5 percent of the offender population can be drug tested. With adequate drug

testing funding, 100 percent of the offenders are tested. Given the progress over the last four years, testing should be expanded to the other 17 jurisdictions in Maryland to improve supervision of offenders.

- **Graduated Sanctions.** Agents in the state of Maryland need more authority to change the conditions of supervision without infringing on the civil liberties of offenders as part of an overall strategy to manage the offender in the community. The sanctions are meritorious, but more emphasis is needed on using more substantive sanctions and to use rewards (an important part of compliance management). A paperless warrant process would expedite the handling of the difficult noncompliant cases.
- **Treatment Attendance and Retention.** A disconnect exists between referrals and treatment attendance. In theory, these offenders pose the greatest public safety risk. A greater focus needs to be on treatment services at the probation/parole offices and intensive treatment services for offenders. Furthermore, there is a need to expand intervention services to attend to criminogenic values, particularly for the criminal offender who is not an addict.
- **Development of More Intensive Treatment Services.** Treatment should be individualized to the needs of the offender. Most offenders are placed in outpatient treatment programs that consist of once or twice per week sessions. Additional treatment resources should be designated to fill the gap and would be likely to result in more intensive outpatient treatment services (12 to 15 hours of clinical services per week).
- **Development of Treatment for Criminal Offenders.** It is apparent that nearly half of the offenders with orders for treatment are not addicts but rather are criminals. Specialized treatment services are available to address these areas of dysfunction. However, no treatments are currently in place. Specialized programs are needed that focus on criminal thinking errors and value systems. Judges and the parole board should be provided with assessments that differentiate between the addict offender and the criminal offender.
- **Improve Reporting of Treatment Information.** One issue is that DPP and the treatment agencies do not have a routine method of reporting progress. HATS is available to the treatment community and has the potential to alleviate the need for paper reports. Expanded use of HATS will assist in meeting BTC goals. Further variation occurs in the case notes and records of many different treatment agencies which make it difficult to obtain information about treatment progress. Communication among the treatment and supervision agencies should facilitate more information sharing to improve retention in treatment.

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