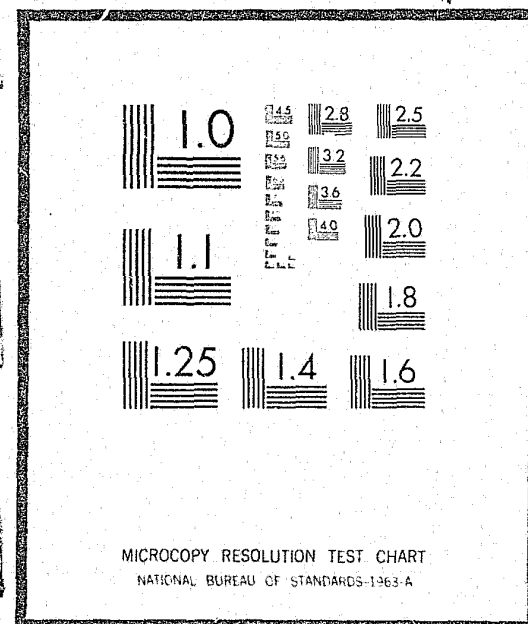


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FINAL REPORT, 1975-1976

DS-633-75

Comprehensive Drug Control Project in
Philadelphia ~~for the Pennsylvania~~
Board of Probation and Parole -

Evaluation Period 1975-1976

NCJRS

Submitted to

APR 13 1977

ACQUISITION

Pennsylvania Board of Probation and Parole

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Pennsylvania Governor's Justice Commission

Prepared by:

Research and Statistical Division
Bureau of Administrative Services
Pennsylvania Board of Probation and Parole

October 14, 1976

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I INTRODUCTION

This Final Evaluation Report relies on a newly developed technique to assess parole performance in the PBPP Comprehensive Drug Control Project. The new methodology is based on a client cohort follow up study of all new clients released to the supervision of the two Narcotics Units during the first six months of 1975. With the help of the PBPP's computer record, a cohort of eighty clients was followed for supervision status changes and client arrests until April 30, 1976, an average period of one year. Data for this final evaluation became available in August, 1976.

A. Project Goals and Objectives

The goals of this project with respect to drug dependent clientele, as clarified for the evaluation, are:

1. To maintain and continue to reduce recidivism among drug dependent clientele due to new convictions or technical violations.
2. To maintain effective control of drug dependent clients through close supervisory surveillance of their activities and regular urinalysis testing so as to afford maximum protection to the community against crime.
3. To provide effective supervisory treatment through modern techniques of counseling and close supervision so as to afford a maximum opportunity for rehabilitation.
4. To reduce, and where possible, eliminate drug dependency through modern therapeutic techniques so as to induce long range rehabilitative effects.
5. To maintain and possibly improve the employment status of the Comprehensive Drug Unit clients so as to afford maximum benefit to society and to clients.
6. To continue to maintain low caseloads of no more than 50 clients per agent and thereby provide intensive supervision in this unit.
7. To establish Narcotic Unit guidelines so that we will be able to adopt policies unique to the needs of the narcotic offenders in urban settings.
8. To assign Parole Investigators and Human Services Aides to the Unit, thereby freeing the professional agents' time for more treatment and services delivery.

B. Evaluation Background

The general design of the evaluation had two parts; 1) a comparison of one-year parole outcome measures between the cohort served in Philadelphia's Comprehensive Drug Treatment program with published results on drug project performance for offenders in other states, and 2) an indepth analysis of urinalysis testing in relation to parole performance. Previous designs have relied on a comparison of Drug Unit client performance with that of clients in Philadelphia General Supervision Units of the Pennsylvania Board of Probation and Parole. These previous designs were weak because the comparison populations were not comparable and there is little or no empirical data on the extent to which general caseload clientele abuse drugs. In light of data limitations, however, this was felt to be the best possible design at that time. After a new data collection system was developed, it was possible to overcome previous research design limitations. The present design compares first-year supervision outcome for groups of opiate-dependent clients in different drug programs.

Urinalysis administrative procedure provided a tool to monitor the results of urinalysis testing. For the current evaluation, this monitoring is accomplished by maintaining a record of the results of all urinalysis tests which come back from the contracting laboratory to the Philadelphia narcotics supervisors, before being given to the supervising agents. This data was recorded in a client-based alphabetical card file. Each card for clients given urinalysis tests also contains an arrest record for that client. Results of positive routine urinalysis tests provided a useful tool to assess the percentage of the clients in the narcotics units who fail to break their drug habits and/or are arrested for technical violations and new offenses.

The project evaluators consisted of an in-house evaluation team from the Board of Probation and Parole's Research and Statistical Division.¹ The Board allows evaluation activities to be conducted without Agency interference to insure the integrity of information and an independence of judgment in the evaluation's preparation.

This final evaluation report is divided into two analytic sections: a) an analysis of probation and parole outcome measures, and b) an analysis of program activity and operations. Implicit in the overall objectives of the Comprehensive Drug Control Project was the desire to improve the quality of services and subsequently, the rehabilitative effect of supervision.

C. Summary of Findings and Recommendations

- 1) *After approximately a twelve month follow up, the drug program successfully impacted upon 60% of the program's participants in a new release cohort.*

Among the 40% who failed supervision, 12.5% of the cohort has been recommitted or revoked, 7.5% of the cohort were absconder violators and 20% were detained pending the disposition of new criminal and technical charges.

¹The report was prepared and coauthored by James Alibrio and George Sullivan, the Director and Evaluation Coordinator respectively, with assistance from James Atz, a Division research staff person.

- 2) *In a simple comparison with drug offender supervision programs for other states, the 60% survivor rate for Pennsylvania offenders was comparable if not superior based upon this common measure of program effectiveness.*
- 3) *A majority of arrested clients did not have a urinalysis test and two thirds of those arrested for new criminal offenses were not tested for drug abuse.*

Among 739 clients available for urinalysis testing, 371 (50%) were not tested and 245 (33%) were arrested. Among the 245 clients who were arrested, 133 (54%) were not tested for drug abuse. There were 55 clients who were tested for drug usage which had new criminal arrests and 110 clients with new criminal charges that were not tested. Thus, among 165 clients with new crimes, 67% were not given urinalysis tests.

- 4) *Technical violation arrests were more frequently associated with having been given urinalysis tests and new criminal charge arrests with not being tested than statistical expectancies would suggest.*

Among 245 arrested clientele, 112 were given at least one urinalysis test of which 31% (35) had technical arrests while 133 were not tested of which only 17% (23) had technical arrests. Among 245 arrested clientele, 55 (49%) of 112 clients who were tested for drug abuse in comparison with 110 (83%) of the 133 clients not tested for drug abuse, were arrested for new criminal charges.

- 5) *Drug dependent clients with positive urinalysis tests were more likely to be arrested than those with negative urinalysis test results. However, a lower proportion of clients who had positive urine samples had new criminal charges than clients with negative urine samples.*

Among 48 clients with only positive urinalysis tests, 29% were arrested, in contrast to 23% among clients with negative tests only. However, among 134 clients with both positive and negative test results, 41% were arrested. Thus, when 'positive only' results are combined with 'mixed-positive' results, 38% were arrested in comparison with only 23% among 'negative only' results. The probability of arrest therefore is significantly higher among clients with at least one positive urinalysis sample.

In contrast with this observation is the fact that proportionately more clients with only negative urine samples have new criminal charge arrests in comparison with clients who had positive urinalysis results. About 43% of the clients with positive, or mixed-positive results had new criminal charges only in comparison with 67% among clients with negative urine samples.

- 6) *Arrest data for the cohort study population provided evidence that repeat violators are more likely to commit offenses within six months after release to drug supervision rather than later. Also noteworthy was the observation that repeat offenders have a high probability of rearrest a second time for a subsequent violation.*

Among 80 cohort offenders, 37 experienced an arrest or absconded during the evaluation follow up year. Of 37 repeat offenders, 73% violated parole within six months of release. Among 37 repeat offenders, 17 were involved in subsequent violations, either criminal or technical, before the conclusion of the follow up period.

- 7) Drug Control Unit clientele have average unemployment levels of approximately 37% with normal seasonal fluctuations. Unemployment levels also continue to be slightly higher than general caseload clientele when compared with Agency employment statistics. These differences, however, are attributable to unique difficulties associated with offender drug dependence in a competitive labor market that has high rates of unemployment.
- 8) Caseload data indicates that average agent caseload sizes in both drug units in Philadelphia's drug control program were maintained by the Agency in compliance with LEAA grant requirements of fifty clients per agent. From January to June of 1976, average monthly caseloads were 41.0 and 37.5 clients per agent in the two drug supervision units.
- 9) The cohort based data supported the contention that clients leaving the drug supervision program for general supervision had successfully overcome drug dependencies associated with crime. This was evidenced by their relatively low rate of recidivism after transfer.
- 10) *There was a significant difference between the drug control program's two supervision units in program output measures, client processing measures and program effectiveness measures used in this study.**
 - a) Drug Unit 1 had more clients under active supervision (74%) and fewer in detention (9%) on the average than Drug Unit 2 (66% and 15% respectively) suggesting operational differences.
 - b) Drug Unit 1 had fewer average monthly agent-client contacts per fifty "active supervision" clients (100 contacts) in comparison with Drug Unit 2 (138 contacts). They also had fewer average monthly collateral contacts (133) per fifty clients in comparison with Drug Unit 2 collateral contacts (234) suggesting a differential use of agent time between the two units.
 - c) Drug Unit 1 gave urinalysis tests to 35% of its clientele in contrast with 66% in Drug Unit 2. Of all urinalysis tests given, 64% were administered by Drug Unit 2 suggesting variant viewpoints among units on the use of urinalysis as a supervision control instrument.

*Drug Unit 1 is directed by Supervisor Roane and Drug Unit 2 by Supervisor London.

- d. Drug Unit 1 and Drug Unit 2 clientele in the study cohort experienced similar arrest frequencies, but Drug Unit 2 clientele were significantly more likely to experience a technical violation arrest (36%) in comparison with clients in Drug Unit 1 (11%) suggesting different intervention and control strategies between the two program units.
- e. Drug Unit 1 had not provided urinalysis tests for 75% of Drug Unit 1's clients with new charge arrests in contrast with 55% of Drug Unit 2's new charge arrest clients, suggesting differential effectiveness in the use of urinalysis as a means of increasing supervisory control over drug dependent offenders.
- f. Drug Unit 1's 1975 cohort follow up population had 70% program survivors after about twelve months in contrast with 50% program survivors in Drug Unit 2. Although this suggested differential overall program effectiveness in favor of Drug Unit 1, statistical tests indicated an insignificant difference in results between these two small cohort tracking samples. Furthermore, since 81% of all transfers were Drug Unit 1's and each unit covered different geographic territory, unit differences of an aggregate outcome measure may be explained better by subtle differences in client characteristics. Thus, relative program effectiveness assessments warrant qualification before making final judgment.
- g. Cohort client processing data for individual drug supervision units corroborated aggregate urinalysis and arrest data; it shows that differences in arrests, agent recommendations and use of detention exist between the two units. Unit 1 cohort arrests tended to less frequently result in a detention recommendation and more frequently came about from new criminal charges.

RECOMMENDATIONS

The findings of this evaluation provide considerable empirical evidence that Pennsylvania's drug control project in Philadelphia is successfully realizing its program objectives of providing effective control for drug dependent clientele through close supervisory surveillance and regular urinalysis testing. Philadelphia's drug control program overall appears to impact upon a majority of the offenders treated in a way which diverts most from a life of crime, at least for twelve months after release on parole. Urinalysis testing appeared to play a

significant role in the overall effort to reduce crime among the drug offenders. More specifically, research has demonstrated that clients who do not experience urinalysis testing have higher levels of new crime charges. The Agency's management should therefore consider a policy change which requires periodic urinalysis testing of all clients and explicit guidelines concerning the consequences of positive urinalysis test results. Underlying this recommendation is the goal of making better utilization of supervision resources which are designed to be instruments of control and means by which Agency objectives can be better realized.

Of equal importance to the general findings on the effects of urinalysis testing are those findings pertaining to differential operational performance between the two narcotics units in the drug control program. Substantial empirical evidence has demonstrated that a markedly different strategy of agent intervention and client control exists between supervision units. Also, strongly suggested is the fact that one unit affords greater protection to the community against client crime than the other unit regardless of their apparently comparable performance with respect to client rehabilitation goals. It is the recommendation of this report that greater consistency between units be encouraged possibly through the use of a mechanism for joint case reviews and self evaluation on a periodic basis. In addition, staff should become formally involved in making explicit policy regarding a) intervention into an offender's life where warranted before criminal acts are committed and b) detention policy after a client is charged with new alleged crimes. This need for serious consideration of explicit policy on agent arrest and client detention was made dramatically clear by follow up data which showed a high probability of rearrest after one instance of recidivism.

Although this analysis was substantially more exhaustive and rigorous than previous evaluations, it is clear that several avenues of program effectiveness research would be of benefit to the Agency for future policy making. It is lastly recommended that a) this report be used as a point of departure for further analysis and that b) specific prioritized suggestions be made concerning desirable directions for future research. *In short, it is suggested that the evaluation process and subsequent monitoring be designed as a formal means of developmental programming in this ongoing drug control project. The evaluation report recommends that the Governor's Justice Commission continues to provide support for the Philadelphia Drug Control Program which has been shown to be an effective means of providing a parole opportunity to drug dependent offenders.*

II EVALUATION DESIGN AND METHODOLOGY

A. Research Design

In part, the design of this final evaluation is a study of the recidivism of 80 drug addicts (68 Pennsylvania parolees and 12 special probation and parole cases) who were paroled from state correctional institutions or court-certified to the supervision of the two Philadelphia Narcotics Units during the period January through June, 1975. By means of computer techniques, these clients were followed for a tracking period ending April 30, 1976. This represented a fifteen month follow up at maximum and a ten month follow up at minimum for those clients released for supervision during the period. Comparisons of this cohort outcome with one-year follow up studies of other offender narcotics programs in other states are made. This design represents a radical departure from that of the Interim Evaluation Report, where successful overall cohort outcome was approximated by the "case closure ratio" technique.² In addition to comparison with other states' programs, various measures are compared with respect to the two supervisory units in this project.* This was done in order that programmatic differences revealed in the Interim Evaluation Report with respect to the two supervision units, might be studied in more depth.

A second part of the design for this final evaluation is an in-depth analysis of the impact of urinalysis testing on client rearrest rates. This has been made possible by a client-by-client record of urinalysis tests, test results, and arrests for the period October 1, 1975 through May 31, 1976. Unlike the cohort tracking study, which followed only 80 clients, the urinalysis-arrest study was a census of the

²Pennsylvania Board of Probation and Parole, Research and Statistical Division, Final Report: Evaluation of the Comprehensive Drug Control Project in Philadelphia for the Pennsylvania Board of Probation and Parole, June, 1976.

*For the purpose of this study, Unit 1 refers to agents in Supervisor Roane's unit and Unit 2 to agents in Supervisor London's unit.

entire Narcotics Program population of 739 individual offenders. The two separate units are also compared in this study. Two other features of the research design are continued monitoring of overall client employment adjustment and case supervision status. Client employment was previously selected because it is an outcome measure which correlates highly with successful adjustment to parole supervision. Case supervision status identifies percentages of clients who are under active street supervision, unsuccessful by virtue of absconding, or in detention pending court and/or Board decisions.

B. Research Methodology

1) Selection of Variables

The cohort portion of the study utilized the following variables:

a) Final case status as defined by actively supervised, discharged from supervision, recommitted to prison or revoked with new convictions or for technical violations, in detention pending disposition of charges for new offenses or technical violations, or absconded from supervision. A separate record was maintained of 16 clients who transferred out of the Narcotics Program during the follow up period. Clients who are supervised cooperatively for other states were excluded, because statistical reporting for these cases has been found to be inconsistent.

b) Client arrests and subsequent agent recommendations were used to corroborate case status data. In addition, total arrests and arrest types (new offense or technical violation) were used in the analysis of differences in operational procedure between the two narcotics supervisory units.

c) Client status changes which occurred during the follow up period were also tabulated. Delinquent statuses were sometimes temporary, with the result that some of these clients were in non-delinquent status at the end of the follow up period.

d) For a study of the relationship between time from release and client recidivism, the time variable was incorporated. Arrests and delinquent status changes were classified into three-month intervals. Transfers out of Narcotics Unit supervision were divided into two classes: those occurring within six months of release and those occurring after six months of release to supervision.

The urinalysis portion of the study utilized the variables of test outcome (positive or negative), arrest versus non-arrest, and type of arrest: agent-initiated for technical violations or police initiated for criminal offenses. Type of drug for samples with a positive outcome was also recorded; the reader is referred to the attached Interim Evaluation Report for a breakdown of positive specimens by type.

Outcome measures for the entire Narcotics Project population (not the cohort group) are client employment status and case supervision status. These variables have been selected for reasons mentioned in the "research design" section.

2) Collection of Data

Data on client cohort outcome, as determined by case status changes and final case status, was obtained from a computerized record of status changes of all clients under Agency supervision from January 1, 1975 through April 30, 1976. This data is entered into the computer bank in code form from information submitted by all parole agents for each client status change or transfer on "PBPP form #282." Cohort arrest data was obtained from a separate computerized arrest record which is based on preliminary arrest reports for Pennsylvania parolees and probationers also submitted by parole agents to the Agency's main office. Client status changes and client arrest records were merged manually by research office staff for the purpose of tabulation and analysis. Where data anomalies and inconsistencies were found in the merged client record, individual case folders were examined. For the 80 clients in the Narcotics cohort, 25 cases were examined for verification and correction where necessary. In the

majority of cases (55), arrest and status change records were both mutually and internally consistent.

Client employment data is supplied quarterly on a client-by-client basis by a census of parole agents' caseloads. Total caseload status is determined from computer printouts of numbers of clients in each category for every supervisory unit in the Agency; there are two such units in the Comprehensive Drug Control Project.

Urinalysis data was collected from the Philadelphia District Office. An alphabetical card file was maintained manually for all clients who had a urine specimen taken for the purpose of detecting drug abuse. Urinalysis test results were sent from a local laboratory to the drug control unit supervisors for appropriate agent follow up. Prior to being given to agents, information on test results was recorded promptly on research cards, on an individual client basis in order to avoid delays to agents awaiting the results. Information on test results included type of drug detected in the specimen. Before a final analysis of urinalysis results, client arrest records were merged manually onto urinalysis cards from the Research Division's accumulated records of reported client arrests (form PBPP 153). Tabulations of statistical parameters for urinalysis testing and client arrests over eight months were done by hand from the urinalysis card file.

3) Analysis of Outcome Data

Standard tests of statistical significance have been applied to most outcome measures. Proportions and chi-square tests are used when the outcome of this cohort is compared to other studies, and when the two Narcotics Units are compared to each other. In most cases, differences or departures from expected distributions are considered significant at the .05 level; that is, if the probability of accidental occurrences is less than 5%.

III PROGRAM ANALYSIS AND FINDINGS

A. Probation and Parole Outcome Measures

1) Program Impact on Recidivism

The central feature of the design of this evaluation study was a comparison of one-year follow up outcome of a group of clients released to the Comprehensive Drug Control Project with one-year "survivor rates" cited in the literature for various other narcotics programs for offenders. A survivor rate is defined as the percentage of cases in good standing in a cohort treatment group after recidivistic clients are deducted. Since all clients in the study population received the same treatment over the same period of time, survivors in a cohort treatment follow up represent the proportion of clientele for whom the program has had some positive impact and therefore represent a reliable measure of program effectiveness.

Table I provides supervision outcome data for 80 drug dependent clients who were assigned to the Philadelphia Drug Control program during the first six months of 1975. The case status of the study population which is shown after each case, was followed for approximately twelve months from the month in which treatment began. Also shown separately for methodological reasons are parole cases as compared to special county probation and parole cases (henceforth referred to as probation cases), and cases transferred out of the drug treatment cohort. Since probation cases tend to reflect clients with less serious criminal histories and consequently are less likely to recidivate, their involvement in a treatment program may have an upward biasing effect upon a 'survivor' measure of program effectiveness. Likewise, transfers which usually occur because a client does not need further specialized drug control treatment, reflect program successes whose exclusion would bias downward a performance assessment based upon survivors. However, transfers may also be made when a client relocates geographically, an exogenous factor which has no bearing upon programs, and all transfers are subjected to variant treat-

ment experiences, which may negate drug program accomplishments. In conclusion, transfers constitute a cohort subset whose program outcomes cannot be attributed to program performance with any degree of confidence. Table I separates these characteristics to make explicit those factors which impinge upon a realistic assessment of program effectiveness.

Table I
1975 Case Follow Up Outcome
April 30, 1976

Cohort Follow Up Status	Parolees	Probationers	Total	Percent
Actively Supervised				47.5%
a) In Narcotic Project	23	2	25	
b) Transferred Elsewhere	10	3	13	
Successfully Discharged				12.5%
a) From Narcotics Project	3	3	6	
b) Transferred Elsewhere	2	0	2	
c) Died (No Criminal Act)	2	0	2	
TOTAL PROGRAM SURVIVORS	40	8	48	60.0%
Detained Pending Disposition				20.0%
a) New Criminal Charges				
i) While in Narcotics Units	7	0	7	
ii) Transferred Elsewhere	1	0	1	
b) Technical Violation in Narcotics Units	7	1	8	
Recommitted While Under Narcotics Supervision				12.5%
a) Technical Parole Violator	3	0	3	
b) Convicted Violator	5	0	5	
c) Revoked/Technical Probation Violator	0	2	2	
Absconders from Narcotics Supervision	5	1	6	7.5%
TOTAL PROGRAM RECIDIVISTS	28	4	32	40.0%
TOTAL IN COHORT	68	12	80	100.0%

Table I indicates that after one year of supervision in the Philadelphia Drug Control Unit, about 47.5% of the 80 client-cohort population were still under active supervision; slightly over one third of the active cases had transferred elsewhere and therefore presumably benefited from the drug unit experience. An additional 12.5% of the cohort group were successfully closed cases which had been either supervised until their maximum expiration of sentence, or died of natural causes without being involved in any criminal or technical violations. In sum, about 60%, or 48 cohort program participants survived without technical or criminal violations of probation or parole.

Among those 40% of cohort cases which did not survive supervision without a violation, some 20% of the cohort were being detained in prison pending the disposition of either new criminal, or technical charges against them, 7.5% were absconder violations and 12.5% were official recommitments to prison for technical violations or new convictions. Although only 12.5% of the cohort were incarcerated by official action, new violators and absconders have a high likelihood of official recommitment and cannot be classified as program 'survivors' in their tenuous violation status. For purposes of analysis therefore, the program had been 40% ineffective in preventing unlawful behavior among drug dependent clientele.

A 60% rate of effective supervision cannot be qualitatively evaluated unless it is compared to another project which has similar objectives and clientele. A weakness of this evaluation's design lies in its inability to identify a comparable study comparison group. A 25% random sample of PBPP new male releases for the first six months of 1974 revealed an 84% survivor rate after twelve months of supervision. However, this statewide estimate represents a population with a large proportion of offenders without drug dependency. The only available source of information on a comparable drug dependent population is found in research reports on other states' narcotics projects. The results of a search of the literature which

was reported in our previous evaluation of this project, are displayed here for comparison with this study's cohort based measurement of program effectiveness. This is illustrated in Table II, where outcome for the present study is compared with 'survivor' rates - percentages of narcotics-dependent offenders not reincarcerated - with seven other studies in California, New York, and the District Of Columbia. Although most are at best crude comparisons because of differences in time, conditions and environment, they do provide some evaluative context. New York, in particular, studied a similar population with a similar methodology; their figures ranged from 27% (New York, 1956-63) to 54% (New York, 1966). Pennsylvania's survivor rate of 60% appears superior in this rough comparison.

Table II

Comparison of One-Year Survivor Rates with Other States' Programs

State	Study Size	Release Years	Survivor Rate	t	p
Pennsylvania	80	1975 ^b	60.0% ^a	-	-
California ³	919	1962-64	34.0%	4.65	.001
New York City ⁴	695	1956-63 ^c	27.0% ^a	6.06	.001
California ⁴	1,700	1967	37.0%	4.14	.001
California ⁵	1,843	1965 ^c	37.0% ^a	4.15	.001
California ⁵	1,380	1966 ^c	42.0% ^a	3.16	.001
New York State ⁶	424	1966 ^c	54.0% ^a	0.99	n.s.
District of Columbia ⁷	106	1965-66	51.0%	0.99	n.s.

^aAll clients not reincarcerated or absconded.

^bFirst six months.

^cSimilar methodology and definitions of success.

³"The Risk of Failure During the Early Parole Period: a Methodological Note," J. E. Berecochea, A. N. Himelson and D. E. Miller, Journal of Criminal Law, Criminology and Police Science 63, Number 1, March, 1972, Pages 93-97.

⁴"Major Federal and State Narcotics Programs and Legislation," Roland W. Wood, Crime and Delinquency 16, 1970, Pages 36-56.

⁵J. A. Inciardi and D. V. Babst, "Predicting the Post-Release Adjustment of Institutional Narcotic Addicts," Bulletin on Narcotics 23, April-June, 1971, Pages 33

⁶J. A. Inciardi, "The Use of Parole Prediction with Institutionalized Narcotic Addicts," Journal of Research in Crime and Delinquency 8, Number 1, 1971, Pages 61-73

New techniques such as methadone maintenance would probably result in increased survivor rates if up-to-date studies were conducted in the comparison jurisdictions. Although geographic differences, drug availability, period in time, peer group pressures, and numerous other variables are not controlled for here, a priori analysis suggests at least comparable and probably favorable program results from the Philadelphia Comprehensive Drug Control Units.

Present intake criteria restrict Pennsylvania's Drug Units to supervision of offenders addicted to hard drugs, primarily heroin. To verify this fact for this study's cohort, names on the cohort list were cross-referenced with an agent census of total caseload drug abuse history taken for the last project evaluation report. Abuse history data was found for 56 of the 80 clients in the cohort; of this number, 51 were cited for heroin abuse, one for morphine, three for amphetamines and one for barbituates. Thus, approximately 93% of the cohort group probably had a history of opiate addiction, a finding not inconsistent with the 88% for the total narcotics unit clientele which was cited in the Interim Report.⁸ In view of these findings, comparison of the Philadelphia Narcotics' cohort with past studies of cohort groups in other programs for addicted offenders appears to be reasonably justified.

Since special probation and parole cases comprised 12 of the 80 clients used in this cohort study, it might be argued that including these 'probationers' would favorably bias the cohort outcome because they have less extensive or less serious criminal histories and are therefore easier to

⁷S. Adams and V. McArthur, Performance of Narcotic-Involved Prison Releases Under Three Kinds of Community Experience, Research Report Number 16, District of Columbia, Department of Corrections, June, 1969.

⁸It is assumed that drug abuse histories missing on 24 of the 80 cohort clientele will not systematically bias the above percentage.

rehabilitate than parolees with longer sentences. Of the 12 probation cases, 3 or 25% were in prison at the end of the study period, as compared to 23 or 33.8% of the 68 "state" parolees. Since this difference was statistically insignificant, implying that probationers have a similar failure rate, and recognizing that they represent a small portion of the study population (15%), their inclusion was not judged to be a biasing factor.

A final factor to consider is the possible effect of case transfers upon the overall drug program effectiveness measure of 60%. Table I indicated that a total of 16 clients in the drug cohort were transferred during the follow up to other general units for supervision. A priori, if an offender had not remained under a drug units' supervision for at least six months, he must have either clearly demonstrated an early recovery from a drug dependency, or had to geographically relocate without sufficient time to benefit from the drug program's approach. If it were theorized that 'recovered' clients had a low likelihood of recidivism while the 'unrecovered' drug dependent client had a high likelihood of recidivism in a general caseload setting, an examination of case outcomes for those who transferred early (within six months) would provide strong evidence for the motivation for transferring a client. Among the sixteen transferred clientele, only nine were transferred within six months. Table III indicates the supervision outcome for these cases.

Table III
Case Transfers Within Six Months

	Transfer Within 6 Months	Transfer After 6 Months	Total Transferred	Total Not Transferred
Reporting Regularly	6	6	12	23
UCV on Bail	1	0	1	2
Sub-Total/Active Cases	7	6	13	25
Successfully Discharged	2	0	2	6
Deaths (Not Criminal Act)	0	0	0	2
Sub-Total/Closed Successfully	2	0	2	8
TOTAL SURVIVORS	9	6	15	33
Recommitments, CPV	-	-	0	5
Recommitments, TPV	-	-	0	3
Probation Revoked TPV	-	-	0	2
Detained UCV (Technical)	-	-	0	8
Detained UCV (New Charge)	0	1	1	6
Detained CPV	-	-	0	1
Sub-Total/Imprisoned	0	1	1	25
Absconded Supervision	-	-	0	6
TOTAL PROGRAM RECIDIVISM	0	1	1	31
TOTAL COHORT POPULATION	9	7	16	64

Table III shows the final status of 9 clients who transferred out of the drug units within 6 months of release or certification compared with 7 transfers who remained in the narcotics units 6 months or longer. None of those clients who transferred early were in detention at the end of the follow up period as opposed to one of those who remained at least 6 months. Among those cases which did not transfer, 25 or 39% were imprisoned. It is reasonable to expect that clients who clearly demonstrate early recovery from drug addiction would be transferred to general supervision units; a conclusion supported to a large extent by the outcome data for this cohort group.

2) Employment Status of Narcotics Unit Clientele

Employment adjustment and parolee recidivism are known to be closely interrelated. Unfortunately, employment status on a client-by-client basis is not readily available for the cohort group of 80 clients at the April, 1976, end of the follow up period. Thus, the relationship between employment stability and successful parole adjustment cannot be explored within the cohort analysis. Nevertheless, client employment level has traditionally been used as an evaluative tool for the LEAA project population groups, both as a trend monitor and for use in cost-effectiveness analyses. The Interim Evaluation Report updated Narcotic Unit employment levels to September, 1975; this final report documents the most current data available for the drug program which is December, 1975 employment statistics.

The Interim Report as well as previous evaluations have used Narcotics Unit employment as compared to employment in other PBPP Philadelphia programs as an evaluative tool. Since these comparisons are not part of the design for this evaluation, Table IV shows employment trends for the two narcotics units for four quarterly surveys in 1975. There appears to be a gradual decline in full time employment in the first narcotics unit and the average of the two units. The second unit, while holding near 50% in full time employment, shows a gradual increase in welfare dependency, as does the overall Comprehensive Drug Control Project population. Adverse economic conditions could be responsible for these trends. With respect to the 4-quarter average of full time and part time client employment, there is virtually no difference between the two units in full (50%) or part time (12%) employment. The Public Assistance averages do differ (39.2% of available clientele versus 32.5%), although not enough to be statistically significant ($t = 1.04$). In conclusion, despite a declining trend in employment among Narcotic Unit clientele, 1975 figures indicate approximately

50% of available⁹ clients employed full time and 11.5% employed part time for a total of over 61% gainfully employed despite adverse economic conditions and the handicaps of drug dependency.

Table IV
Quarterly Client Employment Status

Status by Quarter	Unit No. 1		Unit No. 2		Narcotics Total	
	No.	%	No.	%	No.	%
Employed Full Time; Percent of Total Able to Work						
1. March, 1975	79	66.4	28	47.5	107	60.1
2. June, 1975	61	44.2	50	54.9	111	48.5
3. September, 1975	69	48.3	46	50.5	115	49.1
4. December, 1975	65	38.7	54	47.0	119	42.0
5. Four Quarter Average		49.4		50.0		49.9
Employed Part Time; Percent of Total Able to Work						
1. March, 1975	11	9.2	9	15.3	20	11.2
2. June, 1975	11	8.0	9	9.9	20	8.7
3. September, 1975	19	13.3	15	16.5	34	14.5
4. December, 1975	23	13.7	10	8.7	33	11.7
5. Four Quarter Average		11.1		12.6		11.5
Unemployed, Public Assistance; Percent of Total Able to Work						
1. March, 1975	41	34.5	19	32.2	60	33.7
2. June, 1975	67	48.6	24	26.4	91	39.7
3. September, 1975	49	34.3	26	28.6	75	32.1
4. December, 1975	66	39.3	49	42.6	115	40.6
5. Four Quarter Average		39.2		32.5		36.5

⁹"Available" is used here to mean under active supervision and not incarcerated, hospitalized or in other 24-hour per day in-patient programs, or in absconder status.

B. Program Activity and Operational Performance

The program's accomplishments which were described in the previous section were brought about by a mix of resources and work activities. Although we cannot establish with any scientific certainty the causal relationships between input resources and program accomplishments with current data limitations, it is possible to examine several underlying factors which affect program outcomes. This section will explore factors such as 1) caseload size, 2) caseload active status, 3) agent-client contact, 4) urinalysis testing 5) client arrests and 6) programmatic differences between supervision units.

1) Caseload Size

Available data on average agent caseload size indicates that the Agency has been highly successful in maintaining caseload size at acceptable levels of less than 50 clients per agent as required by this grant. For the six months covered by this Final Evaluation Report, January through June, 1976¹⁰ the total number of Narcotics Unit clients including other states' clientele fluctuated between 562 (February) and 651 (June), with a monthly average of 597 clients. Since the monthly average for the last half of 1975 was 610 clients,¹⁰ the average for the fiscal year 1975-76, was a relatively constant 604 clients.

The number of parole agents was 16 at the start of the period and 15 in May and June. The monthly average caseload per agent was 39.4 clients for the first half of 1976 in comparison with 39.8 during the last half of 1975.¹⁰ The average case size for the two drug supervision units were nearly equal: 41.0 for Unit #1 versus 37.5 for Unit #2.

2) Caseload Active Status

Active case status is a measure which relates to program activity,

especially when the operation is studied in terms of the two supervisory units individually. Active cases consist of those who are obtaining 'active' supervision and those who are obtaining 'casework' supervision. Active supervision is defined as clients with whom the agent has personal contact ~~in contrast~~ with casework supervision which is defined as absconders or clients in detention due to new violations, mental illness, or serving detainer sentences for old offenses. During the first half of 1976 the Narcotics Units had 70.8% of their clients under active supervision (see Table V); 14.5% were absconders and 13.1% were in detention.

Table V

Active Supervision and Casework Supervision Status:
January - June, 1976 Averages

Case Status	Unit No. 1		Unit No. 2		Total Narcotics		12/75 Reference
	No.	% of Total	No.	% of Total	No.	% of Total	
Active Supervision	252.2	74.0	170.1	66.5	422.3	70.8	71.7%
Casework Supervision							
1) Absconders	44.0	12.9	42.5	16.6	86.5	14.5	15.2%
2) In Prison	44.6	13.1	43.2	16.9	87.8	14.7	13.1%
a) TV	13.4	3.9	14.0	5.5	27.4	4.6	
b) NC	18.5	5.4	24.5	9.6	43.0	7.2	
c) Detainer	12.7	3.7	4.7	1.8	17.4	2.9	
Total in Supervision	340.8	100.0	255.8	100.0	596.6	100.0	100.0%

The Comprehensive Drug Control Project had an average of 70.8% of its clients under active supervision during the first half of 1975, compared to 71.7% for December, 1975. This includes both regularly reporting cases and those unconvicted violators on bond or released on recognizance for relatively minor reasons.

¹⁰ The Interim Evaluation Report covered the last half of 1975.

The overall detention rate for the two units (including clients serving detainer sentences for old offenses) was 14.7%, versus 13.1% in December, 1975. However, the overall absconder percentage showed a slight decline: 14.5% compared to 15.2% in December, 1975. The results further indicate important differences between the two supervisory units, a fact of relevance to evaluations of relative unit program activity.

Since a possible programmatic difference might exist between the two narcotics units, statistical significance tests were undertaken. They showed that Narcotics Unit No. 1 had significantly more clients under active supervision (74.0%) and fewer in detention (9.3%, when those still confined for old offenses, or "detainers," are excluded) than Narcotics Unit No. 2 (66.5% active and 15.1% in detention). A similar result was found for the period covered by the Interim Evaluation Report. As will be discussed in a subsequent urinalysis section, there almost certainly appears to be a relationship between case status and program operating philosophy.

3) Agent-Client and Agent-Collateral Contacts

It was pointed out in the Interim Evaluation Report that the Narcotics Unit clients experience much more frequent agent-client contacts per month than all other Philadelphia supervisory units. Table VI displays average monthly agent contacts standardized for fifty clients in both the office and in the field for the two Narcotics Unit populations on the basis of both total caseload and "active supervision" caseload. As previously discussed, "active supervision" class excludes absconders and clients in detention whom an agent has no opportunity to contact personally. The values shown in Table VI were computed to represent a six-month average, or mean number of agent-client contacts per client per month and then expressed in terms of contacts per fifty clients to eliminate fractions and standardize a normative caseload size.

Table VI

Average Agent-Client Contacts for
Fifty Clients per Month:
January through June, 1976

Comparison Group	Office Contacts		Field Contacts		Total Contacts	
	Total Caseload	Active ^a Caseload	Total Caseload	Active ^a Caseload	Total Caseload	Active ^a Caseload
Unit No. 1	23.3	31.4	50.8	68.7	74.1	100.1
Unit No. 2	26.8	40.2	65.2	98.0	92.0	138.2
Narcotics Total	24.8	35.0	57.0	80.5	81.8	115.5

^aMonthly average case status from computer printouts for the time period were used to determine percentages of caseload being actively supervised.

Table VI indicates that both units have a significantly higher agent-client contact ratio for the first half of 1976 than did the composite of the two units for the latter half of 1975. In 1975, these average data were 71.0 contacts monthly per 50 clients in the total caseload or 99 contacts monthly per 50 clients based upon an active caseload. The combined effort for 1976 was 81.8 contacts monthly per fifty clients for the total caseload and 115.5 contacts monthly per 50 clients for the active caseload.

The data in Table VI also indicates that clients in Narcotics Unit No. 2 are contacted considerably more often than are clients in the Narcotics Unit No. 1, in both the office and the field. When based upon 'active' caseload, or clients with whom the agent is likely to have contact, the data indicates about 38 more contacts for fifty clients a month in Unit No. 2 as compared with Unit No. 1. These output data suggest that parole agents in the Narcotics Unit No. 2 have exerted greater effort to contact their clientele than agents in Unit No. 1. Although average caseload sizes appear to be slightly larger in Unit No. 1 and therefore might be expected to depress Unit No. 1's agent contact productivity per client, the difference in average client contact frequency cannot be adequately explained by a difference in average caseload size of only four clients per agent.

Although agent-client contact may be viewed as the most important part of case supervision, contacts between agents and other persons concerning the client, referred to as "collateral" contacts, provide a vital source of information on client behavior. Persons with whom collateral contacts are made include relatives, friends, volunteers, employers, community treatment facilities and police. Since agents may make collateral contacts for inactive supervision cases, i.e. the "active casework" client described earlier, they are not separated for a comparison as was done with client contact ratios. It was pointed out in the Interim Evaluation Report that as was the case with agent-client contacts, the ratio of agent-collateral contacts for fifty clients per month was much higher in the Narcotics Units than in all other Philadelphia supervision units, including Social Rehabilitation Units, which handle approximately the same number of clients per agent as do the Comprehensive Drug Control units. Table VII displays average agent collateral contact ratios for the two narcotics units for the first half of 1976, and for comparison the composite figure for the latter half of 1975.

Table VII

Total Collateral Contacts for Fifty Clients per
Month Based Upon January through June, 1976 Averages

Comparison Groups	Collateral Contacts	July - December, 1975
Unit No. 1	132.8	-
Unit No. 2	234.4	-
Narcotic Composite	176.5	163.0

Again, despite minor differences in average caseloads per agent, agents in Unit No. 2 reported over one hundred more collateral contacts per 50 clients than do agents in Unit No. 1, a possible manifestation of differential effort in field supervision. The project composite also shows an increase in collateral

contacts per client over the latter half of 1975. Further analysis suggests that the consistently greater contact effort in Unit No. 2 corresponds with the greater use of urinalysis testing and differential use of technical arrest and detention in that unit, which is discussed in more detail in the next section.

4) Urinalysis Testing

Urinalysis testing is an important tool in the supervision of drug dependent offenders. The Interim Evaluation Report (see Appendix) discussed the urinalysis program from the budgetary allocation point of view. A reported finding was that 378 clients were tested between October 1, 1975 and May 21, 1976; a total of 1,503 tests were administered for an average of four tests per tested client. A further result was that while Narcotics Unit No. 1 administered 427 tests to 75 clients with 53% having one or more positive results, Unit No. 2 gave 1,076 tests to 140 clients with 59% having positive results. It was noted, however, that the percentage of tested clients with one or more positive results was not statistically significant.

Since publication of the Interim Evaluation Report, a follow up study was conducted whereby the card file on tested clients*was manually cross-referenced with preliminary arrest reports on file for all Pennsylvania Parolees and Special Probation clients who were arrested during the urinalysis monitoring period. On each client card, the date and type of every arrest was entered. In this manner, it has been possible to explore the general relationship between the type of client arrest and urinalysis testing.

Table VIII examines urinalysis testing results in relation to arrests recorded for both the two narcotics units and the composite Comprehensive Drug Control Project. Only 368 clients were tested as compared to 378 cited in the Interim Report, a fact attributed to the exclusion of other states' clients because their arrest data was not available. The results are shown in a contingency table where the 'cells' contain the number of clients with urinalysis tests and client arrest results.

*The card file was updated to May 31, 1976.

It was necessary to deduce the number of clients who were neither tested nor arrested since neither urinalysis test control cards nor arrest report forms were generated for clients with uneventful records. Logically, since 739 Pennsylvania cases were under Narcotics Unit supervision for all or part of the eight month study period, while only 501 clients were tested, arrested, or both, a net of 238 clients were neither tested nor arrested. If the policy of the Narcotics Units is to take urine specimens of all new clients, it might be inferred that the 238 untested offenders were probably clients who had already been under supervision in the Narcotics Units and remained free from arrest. However, some also could have been absconded clients who were neither tested nor arrested during the period. The total number of clients under supervision all or part of the period (739) was arrived at by adding to the Pennsylvania client caseloads on October 1, 1975 all new additions by means of parole, reparole, or probation certification through May, 1976. Although this technique might have overlooked additions by means of transfer from non-narcotics units, it would have included clients paroled to detainer sentences who are never actively supervised. Both of these sources of error should be relatively minor. Present Agency computer capability did not permit a timely and more precise determination of this figure.

With composite client-based data on urinalysis testing and client arrest, it is possible to determine whether or not a relationship exists between urinalysis testing and arrest frequency. Table VIII displays this relationship:

Table VIII
Relationship Between Client Arrests and
Client Urinalysis Testing

A) Program Results

Program	Urinalysis Results		Total Tested
	Clients Tested	Clients Not Tested	
Clients Arrested	112	133	245
Clients Not Arrested	256	238	494
Total Arrested	368	371	739

$\chi^2 = 2.44$, d.f. = 1 not significant.

B) Controlling for Individual Supervision Unit

Unit #1	Clients Tested	Clients Not Tested	Total Tested
Clients Arrested	37	82	119
Clients Not Arrested	96	167	263
Total Arrested	133	249	382
Unit #2			
Clients Arrested	75	51	126
Clients Not Arrested	160	71	231
Total Arrested	235	122	357

Unit #1 - $\chi^2 = 1.056$, d.f. = 1 not significant.

Unit #2 - $\chi^2 = 3.44$, d.f. = 1 not significant ($p < 0.1$)

Chi-square contingency tests for test and arrest frequency distributions indicated that there is no statistical relationship between tested clients and arrested clients, and that the distribution differences were probably due to chance alone. When individual supervision units were statistically controlled to ascertain if one unit masked a possible relationship, there again was found to be no statistical relationship within a supervision unit between being arrested and being tested for drug usage. Since urinalysis testing was thought to be a super-

vision tool for detecting drug violations, a relationship with arrest was thought to be likely. The lack of one prompted further investigation for an explanation. However, it is important to note that 54% of the total clients arrested were not tested and that a majority of these were in drug control Unit #1.

Since the Interim Evaluation Report indicated markedly different patterns of urinalysis testing usage and client arrest, a series of chi-square contingency tables was developed to test for mutual association between program supervision unit and three program output variables: urinalysis testing, total clients arrested and type of client arrest. In each instance, the null hypothesis was that there was no relationship between the program supervision unit and the program output variable. In only one instance, the null hypothesis could not be rejected; the remaining two null hypotheses could be rejected. Table IX displays the results of this investigation.

Table IX

Relationship Between Drug Supervision Units and Urinalysis Testing,
Total Client Arrests, and Type of Client Arrest

Output Variable	Supervision Unit #1 (Roane)	Supervision Unit #2 (London)	Totals
1) Urinalysis Testing			
Tested	133	235	368
Not Tested	249	122	371
Total Clients	382	357	739
2) Arrest Status of Clients			
Arrested	119	126	245
Not Arrested	263	231	494
Total Clients	382	357	739
3) Type of Client Arrest			
New Charge (Police)	99	66	165
Technical Violation (Agent)	13	45	58
Both	7	15	22
Total Arrested Clients	119	126	245

Chi-Square Tests (H_0 = no relationship)

- 1) Urinalysis Testing $X^2 = 70.98$, d.f. = 1 $p < .001$ significant, \therefore reject H_0
- 2) Total Client Arrests $X^2 = 1.428$, d.f. = 1 not significant \therefore do not reject H_0
- 3) Type of Client Arrests $X^2 = 20.986$, d.f. = 2, $p < .001$ \therefore reject H_0

Table IX indicates that there is a strong relationship between the supervision unit and both the likelihood of having a urinalysis test and the type of arrest which is likely to occur. However, a mutual association was not found between supervision units and the likelihood of experiencing an arrest in the drug control program. More specifically, Drug Control Unit #1 tested 35% of its clientele in contrast with 66% in Drug Control Unit #2. Of all the urinalysis tests given, 64% were administered by Drug Control Unit #2.

Although the overall likelihood of being arrested did not differ substantially among program supervision units, Drug Control Unit #2 was substantially more likely to have agent initiated technical violation arrests than Drug Control Unit #1. About 36% of those clients arrested in Drug Control Unit #2 were agent initiated technical violators in contrast to only 11% in Drug Control Unit #1.

Since urinalysis testing was a special feature of the offender-drug program which was designed to increase the potential for supervision control, the empirical performance differential between supervision units is a finding of major importance. These observations also suggest a possible programmatic relationship between urinalysis testing and the type of arrest which occurred. Table X explores this relationship further.

Table X displays a cross-tabulation of client urinalysis testing use and type of client arrest. Employing chi-square statistical tests, the null hypothesis postulates no programmatic relationship between the type of arrest experienced by a client and the likelihood of having had a urinalysis test. Subsequent to an analysis of the entire program, statistical controls are introduced to determine whether observed effects apply equally to individual drug control units.

Table X

Relationship between Urinalysis Testing and
Type of Client Arrest on Program Level and Supervision Unit Level

Type of Client Arrest	Urinalysis Testing		Total
	Client Tested	Client Not Tested	
A) Overall Program			
New Charge (Police)	55	110	165
Technical Violation (Agent)	35	23	58
Both	22	0	22
Total Arrested	112	133	245
B) Control, Unit 1 Only			
New Charge (Police)	25	74	99
Technical Violation (Agent)	5	8	13
Both	7	0	7
Total Arrested	37	82	119
C) Control, Unit 2 Only			
New Charge (Police)	30	36	66
Technical Violation (Agent)	30	15	45
Both	15	0	15
Total Arrested	75	51	126

Chi-square tests (H_0 = no relationship)

A) Overall program X^2 (2 X 3) = 41.3, d.f. = 2, $p < .001$ significant \therefore reject H_0
 X^2 (2 X 2) = 6.55, d.f. = 1, $p < .02$ significant \therefore reject H_0
 (combines 'both' with 'NC')

B) Control, Unit 1 Only X^2 = (2 X 3) = 17.4, d.f. = 2, $p < .001$ significant \therefore reject H_0 *

C) Control, Unit 2 Only X^2 (2 X 3) = 16.58, d.f. = 2, $p < .001$ significant \therefore reject H_0 *

*When 'both' is combined with New Charge Arrest, a 2 X 2 table chi-square is insignificant, suggesting we may not be able to completely reject H_0 .

Table X demonstrates a program relationship between being arrested for a new offense and having been tested by urinalysis for drug abuse. A chi-square statistical test indicated a significant relationship; technical violation arrests were more frequently associated with having been given a urinalysis test than statistical expectancies would suggest while new charge arrests for criminal offenses were more frequently associated with clients who did not have a urinalysis test. In terms of percentages, 54% of all those (245) arrested clients did not have urine tests taken but among clients arrested for new charges, about 67% had not undergone urinalysis testing. More dramatic were the differences between the individual drug units; Drug Unit 2 had 55% of its new charge criminal arrests who had not been tested in contrast with 75% untested among clients arrested for criminal offenses in Drug Unit 1. This data strongly suggests that urinalysis testing has some effect upon patterns of arrest and may, in fact, prevent crime where technical arrest intervenes and co-opts criminal activity. The analysis does assume, however, that positive urinalysis results are catalysts to technical arrest, especially in Drug Unit 2 where urinalysis testing appears to be more liberally employed. Positive urinalysis results will be examined more critically before the end of this analysis.

Clients who had both technical arrests and new charge criminal arrests represent a sub-population which is very difficult to analyze. An attempt was made during data collection to screen out redundant technical arrests, i.e. those that resulted from a police arrest for a new offense. However, time constraints prohibited a file research to determine if technical arrests proceeded or followed police arrests, or whether they were intrinsically related to a crime (i.e. a CCDW technical arrest related to a new felony charge). Assuming that the technical arrests reported were independent of new charge arrests for clients classified as having "both" in Table X, the 'both' category of clients was combined with the 'new charge arrests only' category. When the new matrix was tested for statistical relationship, the results were not significant for

the separate units, but still significant for the entire project.¹¹ It is not known at this time why these results appear to reverse the statistical conclusions previously derived. Since any conclusions at this time would be highly speculative, the analysis of client arrests where both technical and new charge reports were evident, is postponed until additional research can be undertaken on client case folders in a follow up evaluation.

The above described relationship between type of arrest and urinalysis test assumes that a positive urine specimen leads to an arrest for violation of parole because of drug usage. An attempt was made to substantiate that assumption by examining urinalysis test results in relation to arrest findings. Unfortunately, the analysis was handicapped by the small sample size available in the urinalysis study population. Out of 739 clients available for arrest and urinalysis testing, only 112 were both arrested and tested for drug usage according to Table VIII. When these 112 individuals are further analyzed for urinalysis test results, unit of supervision and type of arrest, the number of individuals being studied in a cross-tabulation is insufficient for purposes of statistical reliability. Nevertheless, since the available data does provide some quantitative insight into the supervision-treatment process, a rough analysis of available data is presented here.

As a point of departure, it is appropriate to ask the general question: Do positive urinalysis tests imply client arrests? Table XI has been prepared to test and answer this question. Total clients receiving urinalysis tests were cross-tabulated with client arrest records. The results provide empirical evidence that clients who have positive urinalysis test results are more likely

¹¹ This result, however, was less significant than when "both" is treated separately for a 3 X 2 matrix of the combined units.

to be arrested than clients whose results are negative. This observation is supportive of the belief that a drug dependent offender population may be more effectively controlled through urinalysis testing.

Table XI
Urinalysis Test Results in Relation to Client Arrests

<u>Test Results</u>	<u>Clients Arrested</u>	<u>Clients Not Arrested</u>	<u>Total</u>	<u>Percent Arrested</u>
Positive Urine Sample	14	34	48	29%
Negative Urine Sample	42	141	183	23%
Mixed-Positive Samples	55	79	134	41%
Total Clients Tested	111 ^a	254 ^a	365 ^a	30%

$$\text{Chi-square } X^2 = 12.0, \text{ d.f.} = 2, p < .01$$

A chi-square statistical test of mutual association indicates that urinalysis test results are related to arrests in a systematic way. When percentages are examined, it is apparent that positive test results, especially mixed positive results, substantially increase an offender's likelihood of being arrested. Clients with mixed positive urinalysis tests, or multiple tests with both positive and negative specimens, had a 41% chance of arrest in comparison with 29% among those having only positive tests and 23% among clients with only negative results. When "positive only" is combined with mixed-positive results, there were 38% arrested in contrast with 23% among "negatives only."

Table XII provides a further breakdown of urinalysis test results according to the type of arrest experienced by the client. A basic question being addressed by Table XII is whether or not urinalysis test results imply different kinds of arrests as the previous analysis suggests.

^aThree clients could not be identified with urinalysis test results out of 368 available.

Table XII

Urinalysis Test Results in Relation to Type of Client Arrest

Type of Client Arrest	Positive Test Only	Negative Test Only	Mixed-Positive Test Results	Total
New Charge Only	7	28	23	58
Technical Violation	5	8	20	33
Both	2	6	12	20
Total	14	42	55	111

Of greatest interest from a research viewpoint are those clients with positive tests because positive tests represent a parole violation which theoretically requires a program response. The tabulation in Table XII clearly demonstrates the problem of insufficient sample size; only 12.6% of those clients both tested and arrested at some time during the study monitoring period produced only positive urine samples. An additional 38% of those both tested and arrested clients had only negative urine results but two thirds of them were eventually arrested for new criminal charges. In contrast, a relatively low proportion of clients with mixed test results had new charge arrests. In fact, when both positives and mixed positives were combined, the proportion of clients with new charge arrests was only 43% (30 ÷ 69) in contrast to 67% (28 ÷ 42) among cases where only negative test results were obtained.* This relative difference was tested and found to be highly significant ($t = 2.37, p < 0.03$). Since urinalysis testing was common to both study subsets, those with positive or mixed-positive results versus those with only negative results, the data strongly supports the idea that testing for drug abuse identifies potential criminal offenders who continue to have drug dependencies. Since drug dependency is highly associated with crime, this impact is worthy of mention.

*Notably, when new charge arrests only are combined with clients having both new charge and technical arrests, the proportion of positively tested clients with new charge arrests was 64% in comparison with 81% among clients with only negative tests.

Nearly one half of the tested-arrested population had multiple "mixed positive" urine samples.

Clearly, in order to properly analyze mixed positives, two variables need further research: 1) the timing of the test in relation to the arrest and 2) the frequency and sequence of positive results in multiply tested individuals.

Some indication of the frequency of positive tests for multiply-tested individuals also having negative results was available as shown in Table XIII

Table XIII

Mixed Urinalysis Test Results for Clients with Multiple Urine Tests

Type of Client Arrest	Number of Positive Samples		Total
	One Positive	Two or More Positive	
New Charge Arrest	13	10	23
Technical Violation	10	10	20
Both	3	9	12
Total Clients Arrested	26	29	55
Percent Total	47%	53%	100%

Among the 55 clients who experienced multiple urine samples with mixed-positive results, over one half had two or more positive samples. However, slightly more clients who had only one positive urine specimen were arrested for new offenses than multiple positive results, suggesting a need for more timely intervention when urine samples reveal renewed drug usage. Although these data are inconclusive, they provide some insight into potential benefits to be derived from a commitment to expand the analysis through more extensive data collection.

In conclusion, this study of urinalysis testing has provided strong evidence that the procedure is effective in reducing the likelihood that a client will be arrested for a new criminal offense. The following results summarize this section:

a) A majority of arrested clients did not have a urinalysis test and two thirds of those clients who were arrested for new criminal offenses did not have urinalysis tests, a tendency which is more predominant in Unit 1 than Unit 2.

b) Technical violation arrests are more frequently associated with having been given a urinalysis test than statistical expectancies would suggest while new charge arrests for criminal offenses were more frequently associated with clients who had no urinalysis test.

c) Clients with positive urinalysis results are more likely to be arrested than negative urinalysis results.

d) A significantly lower proportion of clients with positive urine samples had new criminal charges than clients with negative urine samples.

e) There was a significant difference between the two narcotics units in both the use of urinalysis testing and the type of arrest which was likely to occur. Drug Control Unit 1 was less likely to use urinalysis testing and less likely to use technical violation arrests.

5) Client Arrests: Types of Offenses and Time of Arrest

The previous analysis provided empirical evidence that urinalysis testing is an important operational tool for detecting drug usage and preventing potential crime through arrest intervention. However, it was also apparent that some clients are not apparently using drugs but are still committing new offenses as evidenced by arrested clients with negative specimens. One means of evaluating what may be happening to drug dependent clientele while under supervision in the narcotics program, is to examine client arrest patterns for any insight on behavior that they may provide. This inquiry is obviously exploratory and necessarily descriptive since in many instances, there was insufficient data on the study population in a readily available form to assure statistical reliability. With this caveat, the evaluation wishes to share some general empirical observations.

The urinalysis testing section of this evaluative report was based upon a one hundred percent monitoring survey of urine specimen test results; data therefore was not collected in a manner which would allow for an analysis of offense types or length of time under supervision. Fortunately, this kind of data was available for clients who were tracked in the cohort follow up section of this program evaluation; therefore, this investigation will be based upon the eighty new releases described earlier in this report.

Heroin addicts have been generally considered to be passive individuals who turn to property offenses to obtain money in order to support their habit. With the exception of the property-oriented crime of robbery, they are typically considered as unlikely to commit crimes of violence involving confrontation with individuals. Table XIV shows a new offense distribution for the two drug units. For classification purposes, clients were categorized by the most "serious" offense, or that arrest which leads to a final delinquent status. If no final delinquent status resulted, the offense was assessed according to agent recommend-

ation code. Table XIV therefore reflects clients arrested and not total new charge arrests. Also shown in Table XIV is a profile of 'instant' offenses for the cohort follow up population. Instant offense, or offense leading to incarceration, was available for 78 out of 80 study cases in the follow up computer printout. The percentages of both instant and new offenses are indicated for purposes of comparison.

Table XIV

Repeat Offenders' Type of Offense at Arrest

Client Offense	New Offenses				Instant Offense	
	Unit 1	Unit 2	Total	Percent	Number	Percent
Homicide	0	0	0	0%	5	6%
Assault	0	0	0	0%	2	30%
Robbery	3	2	5	21%	28	36%
Burglary, Theft	8	6	14	58%	24	31%
Narcotics Laws	3	2	5	21%	10	13%
All Others ^a	0	0	0	0%	9	12%
Total Clients	14	10	24	100%	78	100%

Table XIV indicates clearly the dominant position of robbery and burglary offenses among drug dependent clientele. About 68% of the cohort group were initially incarcerated for either robbery or burglary; among those 24 clients who were repeat offenders, 79% were involved in crimes of robbery and burglary. The estimated rate of arrest among the supervised population which was monitored for urinalysis testing, was approximately 33% based upon 245 clients arrested out of 739 clients supervised. The cohort population evidenced a similar rate of 30% with 24 clients arrested out of 80 available new releases. Given this similarity, it might be inferred that the cohort new arrest pattern generally reflects events occurring in the larger client population.

^aFraud, sex offenses.

Another aspect of client arrest concerns the length of time an offender takes after release to commit an offense and agency response to new offenses. Further analysis of cohort arrest data revealed that 41 out of 80 clients encountered serious difficulty: 6 absconded and 35 were rearrested. Among those arrested, 7 had technical violations and 28 had new criminal charges of which 4 were later acquitted or the charges were dismissed. In balance therefore, 24 clients were serious repeaters of new crimes for which the agent recommended a punitive Board disposition. Since 31 out of 35 arrested clients had charges pending, it can be assumed that others will have charges dropped eventually. The data in Table I indicated 26 clients were either detained in prison pending charges or recommitted. Thus, after a one year follow up, approximately five new arrests were continued on supervision. Since the available arrest data does not distinguish the five clients who were eventually continued on parole, they were included in the analysis of time on supervision which is shown in Table XV below. Table XV provides strong evidence that most clients are arrested within six months after being released, of those who recidivate.

Table XV

Length of Time Under Supervision
Prior to Client Arrest or Abscondment

Client Status	0 to less than 3 months	3 to less than 6 months	6 to less than 9 months	9 months or more	Total Clients
Absconders	4	1	1	0	6
TV Arrest	1	3	2	1	7
NC Arrest	11	7	6	0	24
Total Clients	16	11	9	1	37
Percent of Total	43%	30%	24%	3%	100%

Among 37 clients who absconded or were arrested in the release cohort of 80 clients in their first year, about 73% experienced an arrest or absconded within the first six months of supervision in the drug control units. This data supports the contention that most recidivism occurs immediately after release in a cohort

follow up. In addition, the table does not show the fact that 17 of the 37 repeat parole violators or 46% were rearrested a second time subsequent to their first violation and of these, 6 were rearrested a third time. More importantly, 14 of the 17 "second-time" arrested clients were charged with serious new criminal offenses, suggesting that once an offender is identified as a recidivist, there is a high probability that additional crimes will be committed. This observation may justify a critical examination of Agency follow up with respect to timely intervention after an offender has been arrested for a new offense. It is noteworthy that all arrest reports for these cases contained an agent recommendation for detention, recommitment or revocation.

6) Programmatic Differences Between the Two Narcotics Units

An important finding of this study has been apparent major programmatic differences in several key variables when supervision units were compared using overall census data on case status, or urinalysis data. For example, it was reported previously that Unit 1 had lower frequencies of agent-client contact, proportionately fewer technical arrests among total arrests and lower rates of urinalysis testing in contrast with Unit 2. When cohort data is used for supervision unit comparison, some parallels are observable. One striking difference between the two types of data, however, is found in the cohort survivor measurement of program effectiveness. Table XVI provides a breakout of cohort outcome categories for Unit 1 and Unit 2. Ironically, the number of clients released to each unit during the first six months of 1975 was identical in size; this occurred by chance and not by design.

Table XVI

1975 Case Follow Up Outcome
April 30, 1976

Cohort Follow Up Status	Unit 1		Unit 2		Total
	Number	Percent	Number	Percent	
Actively Supervised		52.5		42.5	
a) In Narcotic Project	11		14		25
b) Transferred Elsewhere	10		3		13
Successfully Discharged		17.5		7.5	
a) From Narcotics Project	3		3		6
b) Transferred Elsewhere	2		0		2
c) Died (No Criminal Act)	2		0		2
TOTAL PROGRAM SURVIVORS	28	70.0	20	50.0	48
Detained Pending Disposition		12.5		27.5	
a) New Criminal Charges					
i) While in Narcotics Units	3		4		7
ii) Transferred Elsewhere	1		0		1
b) Technical Violation in Narcotics Units	1		7		8
Recommitted While Under Narcotics Supervision		7.5		17.5	
a) Technical Parole Violator	0		3		3
b) Convicted Violator	3		2		5
c) Revoked/Technical Probation Violator	0		2		2
Absconders from Narcotics Supervision	4	10.0	2	5.0	6
TOTAL PROGRAM RECIDIVISTS	12	30.0	20	50.0	32
TOTAL IN COHORT	40	100.0	40	100.0	80

As Table XVI indicates, Unit 1 had a cohort survivor rate of 70% in contrast to 50% in Unit 2, suggesting greater effectiveness in Unit 1. Since previously reviewed program processing variables, such as, frequency of client contact, use of urinalysis testing and prevalence of technical violation versus criminal violation arrests, suggested better performance in Unit 2, this apparent paradox warrants some analytic consideration.

Despite the apparent differences in magnitude between units for the survivor rate, statistical tests of significance indicate the difference was possibly due to chance. More importantly, when client processing variables are examined in cohort outcome subcategories, questions may be raised concerning the validity of the 'survivor' program impact variable as a comparative measure of unit effectiveness. Specifically, when client transfers, final discharges, criminal versus technical violators and absconders are taken into account, the overall unit assessment of effectiveness may be challenged.

Among the total of 16 cohort clients who transferred to a general supervision unit during the drug unit follow up period, 13 or 81% were in Unit 1. It was previously shown (Table III) that nine clients transferred before six months of drug unit supervision and seven after six months of which only one transfer (after six months) was detained as a convicted parole violator. Table XVII provides a unit breakdown of cohort case transfers by time to illustrate a finding regarding case transfers in relation to the survivor measurement of unit effectiveness.

Table XVII

Cohort Follow Up Status	Unit 1		Unit 2		Total Client Transfers
	Transferred w/i 6 Months of Release	Transferred After 6 Mo. of Release	Transferred w/i 6 Mo. of Release	Transferred After 6 Mo. of Release	
Active Case	7	3	0	3	13
Successful Discharge	2	0	0	0	2
Detained CPV	0	1	0	0	1
Total Clients Transferred	9	4	0	3	16

Table XVII reveals that all nine clients who transferred out of the drug program within six months of release and did not fail after one year, were in Unit 1. A priori these "early recovery" clients may represent less difficult drug dependent offenders as the previous analysis suggested. Significantly, 13 out of 16

total transfers were in Unit 1, further supporting the notion that differences in client characteristics may account for differences in effectiveness as measured by cohort survivors, rather than some qualitative difference in Unit 1 supervision techniques. In fact, client processing variables already suggested poorer performance and therefore relatively negative qualitative differences in Unit 1 as opposed to Unit 2.

Further evidence for possible subtle differences in client characteristics between each unit lies in the fact that each unit covers a different geographic territory. Although boundaries are not fixed and do shift with the continual flow of new cases, agents in Unit 2 generally cover areas in the north and western part of Philadelphia in comparison with Unit 1 agents who are generally working in the southern and eastern part of the city. At the risk of oversimplification, these generalizations of geographic area which have differences in general crime rate and relative crime prevalence, as well as variant drug cultures, may account for different kinds of clientele in each unit and subsequent different rates of transfer and forms of client processing.

Cohort data does provide other information regarding relative unit performance which parallels previous findings. A comparison of clients in final detention status among units revealed that Unit 2 had significantly more of its detained clients imprisoned for technical violations: 66.7% versus 12.5% for Unit 1.

Table XVIII

Status of Detained^a Clients, 4/30/76

	Technical Violations	New Charges or Convictions	Total
Unit No. 1	1	7 ^b	8
Unit No. 2	12	6	18
Total	13	13	26

$$t = 2.55, X^2 = 6.5, p < 0.02.$$

^aIncluded 8 recommitted parolees, two revoked (TPV) probationers, 15 unconvicted and one convicted violator.

^bIncludes one UCV detained after transfer from Narcotics Unit supervision

The relative inbalance of reasons for detaining clients in the two units, technical violations as opposed to new offenses, raises the question whether agents in Unit 2, which has more client imprisoned as technical violations, tend to be more "punitive" in their approach to supervision than do agents in Unit 1. A method of answering this question is to examine total client arrests according to the recommendations given by agents who write the arrest reports. When the two supervisory units are examined separately with respect to total arrests in the cohort, a contingency test for statistical significance shows that clients in Unit 2 had over twice as many arrests with "detain or hold" agent recommendations than did clients in Unit 1 (see Table XIX). The proportion of arrests which carried detention recommendations for technical violations was lower in Unit 1 (1/15) where total arrests were lower in number as compared to Unit 2 (12/37). This difference is statistically weak in significance ($t = 1.94$, $p < .1$); however, this may be attributed to the small number of arrests in this small sample. The unit which had the fewest client arrests with detention recommendation, Unit 1, had the most arrests with 'continue on parole' recommendations, i.e., 10 as compared to 6 in Unit 2. When detain recommendations were taken as a proportion of total arrest recommendations for each unit, the two units differed significantly ($t = 2.44$). This significance is further substantiated by the cross-tabulation in Table XIX. A chi-square test based upon unit sub totals for detain and continue recommendations indicates a significant difference between units in the type of recommendation most frequently rendered. Therefore, significantly more of Unit 2 arrests resulted in detain or hold recommendations than did Unit 1 arrests.

Table XIX
Cohort Arrests Classified by
Recommendation and Supervisory Unit

	Unit No. 1			Unit No. 2			
	NC	TV	Sub-Total	NC	TV	Sub-Total	Total
Detain or Hold	14	1	15	25	12	37	52
Continue on Parole	9	1	10	5	1	6	16
Total	23	2	25	30	13	43	68

In conclusion, the narcotics units reflect differences in processing clients with respect to arrest, agent recommendation, and use of detention. This conclusion is supported by data on the cohort group as evidenced by client arrests, by urinalysis data, and by case reporting status data. Unit 2 tends to administer urinalysis tests the more frequently and makes more technical arrests; agents in Unit 2 also appear to give more detention recommendations for all types of arrests than agents in Unit 1. Unit 1 had the higher cohort survivor rate (28 ÷ 40 or 70%) when compared to Unit 2, which had only a 50% cohort survivor rate (20 ÷ 40). However, statistical significance of this difference was found to be marginal. The fact that a large number of clients transferred out of the Unit 1 cohort (13 of 40) as compared to Unit 2 (3 of 40), in addition to geographical differences, could account for this apparent anomaly.

A P P E N D I X

Appendix I
Test Outcome Versus Clients Arrested:
October 1, 1975 - May 31, 1976

Unit No. 1

	Less Than Two Months Before Arrest	Any Other Time During the Study Period	Never Tested	Total
<u>No Arrests</u>				
a. # of Clients	0	96	167	263
b. # of Negative Tests	0	163	0	163
c. # of Positive Tests	0	81	0	81
d. % of Positive Tests	0.0%	33.2%	0.0%	33.2%
<u>Technical Violator and New Charge</u>				
a. # of Clients	5	2	0	7
b. # of Negative Tests	6	2	0	8
c. # of Positive Tests	17	0	0	17
d. % of Positive Tests	73.9%	0.0%	0.0%	68.0%
<u>New Charge Only</u>				
a. # of Clients	20	5	74	99
b. # of Negative Tests	33	5	0	38
c. # of Positive Tests	26	4	0	30
d. % of Positive Tests	44.1%	44.4%	0.0%	44.1%
<u>Technical Violator Only</u>				
a. # of Clients	2	3	8	13
b. # of Negative Tests	1	2	0	3
c. # of Positive Tests	3	5	0	8
d. % of Positive Tests	75.0%	71.4%	0.0%	72.7%
<u>Total</u>				
a. # of Clients	27	106	249	382
b. # of Negative Tests	40	172	0	212
c. # of Positive Tests	46	90	0	136
d. % of Positive Tests	53.5%	34.4%	0.0%	39.1%

Appendix I
Test Outcome Versus Clients Arrested:
October 1, 1975 - May 31, 1976

Unit No. 2

	Less Than Two Months Before Arrest	Any Other Time During the Study Period	Never Tested	Total
<u>No Arrests</u>				
a. # of Clients	0	160	71	231
b. # of Negative Tests	0	619	0	619
c. # of Positive Tests	0	153	0	153
d. % of Positive Tests	0.0%	19.8%	0.0%	19.8%
<u>Technical Violator and New Charge</u>				
a. # of Clients	12	3	0	15
b. # of Negative Tests	36	13	0	49
c. # of Positive Tests	37	9	0	46
d. % of Positive Tests	50.7%	40.9%	0.0%	48.4%
<u>New Charge Only</u>				
a. # of Clients	19	11	36	66
b. # of Negative Tests	64	24	0	88
c. # of Positive Tests	25	5	0	30
d. % of Positive Tests	28.1%	17.2%	0.0%	25.4%
<u>Technical Violator Only</u>				
a. # of Clients	24	6	15	45
b. # of Negative Tests	78	21	0	99
c. # of Positive Tests	39	11	0	50
d. % of Positive Tests	33.3%	33.3%	0.0%	33.6%
<u>Total</u>				
a. # of Clients	55	180	122	357
b. # of Negative Tests	178	677	0	855
c. # of Positive Tests	101	178	0	279
d. % of Positive Tests	36.2%	20.8%	0.0%	24.6%

t between two units = 5.26, p < .001

INTERIM REPORT

Comprehensive Drug Control Project in
Philadelphia for the Pennsylvania
Board of Probation and Parole

Submitted to

Pennsylvania Board of Probation and Parole

Fred W. Jacobs, Chairman
William F. Butler, Board Member
Verdell Dean, Esquire, Board Member
Paul J. Descano, Board Member
John H. Jefferson, Board Member
Robert L. Johnson, Executive Director

and

Pennsylvania Governor's Justice Commission

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Pennsylvania Board of Probation and Parole
June 3, 1976

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I INTRODUCTION

This Interim Evaluation Report has been prepared to provide an updating of the program performance measures for the project year which began in July of 1975. The measures, evaluation design and methodology used to assess the attainment of project goals and objectives were identical to those used in the Final Evaluation Report for 1974-75.¹ A major change in evaluation methodology will be implemented in the last half of this project's Final Report for 1975-76. This new methodology will be based on a client cohort follow up study and a more sophisticated statistical analysis using computer "software" capability; data for the final evaluation will not become available until mid-1976.

Project Goals and Objectives

The goals of this project with respect to drug dependent clientele are:

1. To maintain and continue to reduce recidivism among drug dependent clientele due to new convictions or technical violations.
2. To maintain effective control of drug dependent clients through close supervisory surveillance of their activities and regular urinalysis testing so as to afford maximum protection to the community against crime.
3. To provide effective supervisory treatment through modern techniques of counseling and close supervision so as to afford a maximum opportunity for rehabilitation.
4. To reduce, and where possible, eliminate drug dependency through modern therapeutic techniques so as to induce long range rehabilitative effects.
5. To maintain and possibly improve the employment status of the Comprehensive Drug Unit clients so as to afford maximum benefit to society and to clients.

¹Pennsylvania Board of Probation and Parole, Research and Statistical Division, Final Report: Evaluation of the Comprehensive Drug Control Project in Philadelphia for the Pennsylvania Board of Probation and Parole, June, 1976.

6. To continue to maintain low caseloads of no more than 50 clients per agent and thereby provide intensive supervision in this unit.
7. To establish Narcotic Unit guidelines so that we will be able to adopt policies unique to the needs of the narcotic offenders in urban settings.
8. To assign Parole Investigators and Human Services Aides to the Unit, thereby freeing the professional agents' time for more treatment and services delivery.

The overall design of the evaluation consisted of a comparison of program effectiveness measures between clientele served in Philadelphia's Comprehensive Drug Treatment Program and general caseload clientele in Philadelphia. Without empirical evidence on the extent to which general caseload clientele are similarly abusing drugs, this comparison is recognized as being inadequate. However, since last year's evaluation report¹ explored comparisons of the Philadelphia Drug Units' performance with published results on drug project performance for offenders in other states as well as non-drug populations in Philadelphia, some base line data has been established. Consequently, the basis of this evaluation report will be a comparison of current performance with previous base line measures of program accomplishment. Since evaluation plans for this project year include a cohort follow up analysis of client parole performance, it is fully expected that a more meaningful basis of analysis is forthcoming within six months.

Statistical measures of program effectiveness were compiled and analyzed in the Board's Central Office using the Probation and Parole Statistical reporting system. Measures selected for study included numbers of new unconvicted parole violators, client arrests, and client employment. To provide some evaluative context for these measures, data for general caseload clientele was also displayed despite major differences in case

composition. The current Interim Evaluation focuses on the second half of 1975.

Survey data submitted by the Narcotics Unit agents provided a tool to monitor the results of urinalysis testing. For the current evaluation, this monitoring is accomplished by a PBPP Philadelphia-based research staff member who records the results of all urinalysis tests which come back from the contracting laboratory to the Philadelphia narcotics supervisors, before they are given to the supervising agents. This data is recorded in a client-based alphabetical card file. Since comparison group urinalysis data are not collected, this phase of the evaluation must serve as a monitoring function only. However, results of positive routine urinalysis tests are a useful tool in assessing the percentage of the clients in the narcotics units who fail to break their drug habits.

The project evaluators consisted of an in-house evaluation team from the Board of Probation and Parole's Research and Statistical Division. The Board allows evaluation activities to be conducted without Agency interference to insure the integrity of information and an independence of judgment in the evaluation's preparation.

This interim evaluation report is divided into two analytic sections: a) an analysis of probation and parole outcome measures, and b) an analysis of program activity and operations. Implicit in the overall objectives of the Comprehensive Drug Control Project was the desire to improve the quality of services and subsequently, the rehabilitative effect of supervision.

II RESEARCH FINDINGS ON SUPERVISION OUTCOME

Recidivism, when measured by parole recommitments and probation revocations as a percentage of total case closures, remained essentially unchanged during the last half of 1975 when compared to data accumulated from the end of 1972 and presented in the 1974-75 evaluation report. Data for a nearly three year period revealed that approximately 40% of the Philadelphia Narcotics Units' cases complete supervision successfully without being returned to prison. As indicated on Table I, successful closure ranged from 34% to 48% over the time period.

Table I

Case Closures for PBPP Narcotics Units: 1972-1975

<u>Year</u>	<u>Unsuccessful Closure Recommits and Revocations</u>	<u>Total Closures</u>	<u>Percent Successful</u>
1972 (3 months)	49	73	33.8%
1973	87	140	37.8%
1974	89	171	48.0%
1975 (first 6 months)	71	109	34.9%
1975 (last 6 months) ^a	83	141	41.1%
Totals	379	634	40.2%

^aCurrent evaluation period.

During the six month period at the end of calendar 1975, there were 83 recommitments or revocations out of 141 cases closed. The remaining 58 "survivors" concluded probation or parole supervision without a return to crime. Since the proportion of successful case closures rose during calendar 1975, it might be assumed that continued program efforts are succeeding in realizing their objectives of client reintegration into the community. An alternate perspective of this performance record is presented below.

The Philadelphia narcotics units were found to consistently have a higher proportion of unsuccessful (recidivistic) case closures in comparison with clients in Philadelphia's general caseloads. The result is expected, given the nature of drug addiction; this presentation serves to highlight the extraordinarily difficult problem of offender rehabilitation when the case is confounded by a history of habitual drug abuse. Relative case closures for the current evaluation period, July - December, 1975, in addition to the previous six month period, are shown in Table II.

Table II

Percentage of Unsuccessful Case Closures: 1974 and 1975
(Pennsylvania Cases)

Client Populations in Study	Successful Closures	Unsuccessful Closures ^a	6-Month Total Closures	Percent Closed Unsuccessfully	
				7-12/75	1-6/75
Philadelphia General Caseload ^b	161	65	226 ^c	28.8	41.1
Narcotics Units	58	83	141 ^c	58.9	65.1

^aRecidivism - return to prison.

^bIntensive Parole and Probation Units included.

^ct = 5.72, p < .001.

Table II indicates that there was a relative decrease in unsuccessful case closures in both the narcotics caseloads and the general caseloads in Philadelphia over a twelve month period in 1975. In fact, the relative decrease among general caseload clientele was larger despite the inclusion of intensive probation and parole clientele in their study group. When viewed from a longer term perspective, it becomes apparent that there was a slight increase in the percentage of case failures in the narcotics units since early 1974, although the difference was found to be statistically insignificant. These conclusions are necessarily tentative, however, since

confounding factors, such as, client transfers into and out of the study subpopulations can not be statistically controlled. It is hoped that these analytical problems will be resolved when the new cohort methodology is implemented during the last half of this evaluation cycle.

Established practice regarding client transfers according to evaluation interviews suggested that the unsuccessful case closure rate in narcotics units is not being biased upward significantly because of an export of rehabilitated clientele prior to the completion of their supervision. The rationale behind this thinking is that few narcotics cases, if any, are ever "cured" of narcotics abuse in an urban culture where heroin is plentiful and peer group pressures are strong. Consequently, few narcotics unit clientele were thought to be transferred into other units. However, it is apparent that this possibility exists. Evidence of a policy allowing for their transfer under conditions of improvement is found in an Agency memorandum which is photocopied in this report's appendix. More importantly, at the risk of digression, the attached memorandum documents the Agency's intake policy for drug clientele and the degree to which guidelines are established for supervision within the narcotics units. Given the existence of these guidelines, the analysis of this program during the current project year using a cohort follow up methodology will be greatly improved.

Analysis of Client Arrests

Narcotics Unit parolees and probationers were found to have significantly more arrests than general caseload clientele as would be expected. Table III shows the arrest rates for parolees and probationers, expressed as a monthly percentage of average caseload, for the current evaluation period and also for the 18-month period ending June 30, 1974 (12 months for probationers), compared with the current evaluation period.

Due to the fact that probationer arrest data for the third quarter of 1975 is incomplete, monthly averages for probationers are based only on October - December data for the last half of 1975.

Table III
Parolee and Probationer Arrest
Frequency: 1974-1975

Population Group	PAROLE				PROBATION			
	July - December, 1975		% Per Month	% Arrests Per Month: 1-74/6-75	October - December, 1975		% Arrests Per Month: 7-74/6-75	
	Total Arrests	Average Clients			Total Arrests	Average Clients		
Philadelphia General Caseload	196	963	3.4%	3.5%	50	445	3.7%	3.0%
Narcotics Units	209	489	7.1%	7.2%	25	96	8.7%	5.6%
SRS Units ²	258	837	5.1%	4.8%	31	249	4.1%	4.3%

In all instances, and for both probationers and parolees, Narcotics Unit offenders have higher arrest rates than those in general caseloads. SRS² units, which consist primarily of alcoholics, welfare recipients, and some soft drug users, are shown for comparison; the aggregate SRS population ranks between narcotics and general caseloads with respect to monthly arrest rate in all instances.

In the past, parolees always had higher reported arrest rates in all three programs than probationers; however, the first six months of this evaluation showed an apparent reversal of this trend in Narcotics Units and general

²The Social Rehabilitative Services of the U.S. Department of Health, Education and Welfare, provides funds through the Pennsylvania Department of Public Welfare for special services for welfare recipients and drug or alcohol dependent clientele who are incidentally on parole.

caseloads, where probation arrest rates have begun to exceed those for parolees. Due to the small sample statistics in the probationer arrest data, these apparent reversals are not significant and could be due to chance. What is important, however, is the rank-order of the three population groups, for probationers and parolees alike, with respect to monthly arrest frequency: Student's t values obtained from proportions tests range from 3.07 to 8.99, which means that all of the current differences between any of the three study groups are at least at a 99% level of statistical confidence and are not likely to be due to chance alone.

Further information may be gleaned from Narcotics Unit arrest data when percentage of arrests for technical parole and probation violations are compared with other population groups. Table IV shows a breakdown between technical and new charge arrests for the present compared with the previous evaluation period. Also shown is a breakdown between the two Philadelphia Narcotics Units. This latter breakdown is provided because of its relationship to data on urinalysis testing, which will be discussed later.

Table IV
New Charge and Technical Violation Arrests: 1974 and 1975

Population Group	PAROLE				PROBATION			
	July - December, 1975			1-74/6-75	October - December, 1975			7-74/6-75
	NC ^a Arrests	TPV ^b Arrests	% TPV of Total	% TPV of Total	NC ^a Arrests	TPV ^b Arrests	% TPV of Total	% TPV of Total
Philadelphia General Caseload	167	29	14.8	10.9	41	9	18.0	8.0
Narcotics Units:								
N ₁	98	9	8.4	12.3 ^c	10	0	0.0	0.0 ^c
N ₂	66	36	35.3	34.5 ^c	9	6	40.0	7.1 ^c
Total	164	45	21.5	15.8	19	6	24.0	9.9
SRS Units	220	38	14.7	11.3	29	2	6.5	10.5

^aNew charge for criminal offense.

^bTechnical parole/probation violation arrest.

^cSecond quarter of 1975 only.

It is apparent from Table IV that the composite Philadelphia Narcotics Units are consistently higher in percentage of parolee and probationer arrests which are for technical violations than are the other population groups, especially general caseload units. What is especially striking is that the two Narcotics Units, N_1 and N_2 , are quite different with respect to percentage of total arrests for technical violations. For the current evaluation period (July - December, 1975), the differences in percent technical arrests are highly significant. For parolees, although both units had the same number of total arrests out of similarly-sized client populations, the 35.3% technical in " N_2 " compared to 8.4% technical for " N_1 " is statistically significant to better than the 99% confidence level and therefore not due to chance ($t = 4.73$). The difference in probation technical arrests is also statistically significant ($t = 2.29$, $p < 0.05$). Furthermore, examination of data for the second quarter of 1975 revealed the same relationship between the two units: 34.5% versus 12.3% for technical parole violations ($t = 2.79$, $p < 0.02$), although total parolee arrests were again the same (57 versus 55 in the quarter).

It is demonstrated later in the analysis that agents in Narcotics Unit N_2 make much more frequent use of urinalysis testing than do agents in N_1 . Not only do they test more clients, but they test them more frequently. It is therefore suspected that the larger number of technical arrests probably arises from drug usage uncovered by urinalysis testing. It is well known that persons usually must commit crimes to support a drug habit. The potential relationship between technical arrests and urinalysis testing strongly suggests an important set of tools in reducing crime and protecting the community may be under-utilized. A more rigorous analysis of this relationship will be pursued in the final report for this year which is based on a cohort follow up of unit performance.

It is worthwhile to return for a moment to the concept of recidivism as measured by recommitment from parole, in light of the above observation with respect to differential use of urinalysis testing and technical arrest power by agents in Narcotics Units N_1 and N_2 . During the last half of 1975, N_1 had 6 parolees recommitted as technical parole violators and 22 with new convictions, for a total of 28 recommitments (21.4% technical). On the other hand, N_2 had 21 parolees recommitted as technical parole violators and 27 with new convictions, for a total of 48 (43.8% technical). Although recommitment is confounded by time lapses and other factors, N_2 was still significantly higher in the proportion of recidivism which was "technical" ($t = 1.96$, $p = 0.05$).

Analysis of Unconvicted Violators

The rate at which clients are classified by agents as unconvicted violators was found to be slightly lower in the Narcotics Units during the current evaluation period, than in both the Philadelphia SRS population and the general caseloads.

Table V shows UCV data for the last half of 1975, along with the 18-month period ending June 30, 1975. Since unconvicted violator additions were not available by probation or parole status until the end of 1975, composite data are displayed for all Pennsylvania cases.

Table V

Average Number of Unconvicted Violators Added
Monthly as a Percent of Average Monthly Caseloads

Client Comparison Group	July - December, 1975			January, 1974 - June, 1975
	Average Pennsylvania Caseload	New UCV's Added	% Per Month of Average Caseload	% Per Month of Average Caseload
Philadelphia General Caseloads	1,399	129	1.5%	1.7%
Narcotics Units	584	46	1.3%	2.2%
SRS Units	1,088	94	1.4%	1.6%

It is significant that Narcotics agents are not declaring clients UCV's more frequently than general caseload agents, especially when the Narcotics Unit clients are arrested twice as frequently. This finding is also inconsistent with the relatively higher return-to-prison ratio among drug-dependent clientele, because unconvicted violators are considered an "at risk" group of offenders and as such, likely candidates for recommitment or revocation.

Also significant is the decrease in the UCV rate for the Narcotics clientele from 2.2% per month in the previous evaluation period to 1.3% at present ($t = 3.09$, $p < 0.01$). Decreases in the other groups were not statistically significant. A possible explanation might be that most of the Narcotics client arrests during this evaluation period largely represent multiple arrests for a relatively small number of clients, who have already been reported as unconvicted violators but who are free on bond or in outpatient drug treatment programs. Another possibility is that the agents have not been reporting UCV status changes to the statistical system as promptly as they should. This point will receive further attention before the final evaluation report is submitted.

Analysis of Client Employment Status

Employment among narcotics addicts has always been problematic. Employers are reluctant to hire known drug addicts. Their absenteeism is high and their productivity is low. Nevertheless, agents in the Comprehensive Drug Control units have been consistently successful in keeping 60% or more of their clients employed full or part time, despite the recent effects of economic recession.

Table VI demonstrates relative employment status of the Philadelphia general caseloads, the two Narcotics Units, and the Philadelphia SRS caseloads for December, 1974 and three quarters of 1975. June and September data have been corrected for minor clerical errors since the Agency's original employment statistics were initially published.

Table VI
Quarterly Client Employment Status

Status by Quarter	Client Comparison Groups		
	Philadelphia General Caseload	Philadelphia Narcotics Units	Philadelphia SRS Caseload
Percent Full Time Employed of Total Able to Work ^a			
1. December, 1974	61.4%	54.1%	47.2%
2. March, 1975	59.9%	60.1%	33.9%
3. June, 1975	58.3%	48.5%	39.2%
4. September, 1975	57.1%	49.1%	38.7%
5. 8 Quarter Average (12/73 - 9/75)	61.2%	52.4%	46.8%
Percent Part Time Employed of Total Able to Work ^a			
1. December, 1974	6.2%	9.3%	8.2%
2. March, 1975	12.0%	11.2%	13.4%
3. June, 1975	8.4%	8.7%	14.5%
4. September, 1975	9.4%	14.5%	14.3%
5. 8 Quarter Average (12/73 - 9/75)	8.1%	9.3%	10.2%
Percent Unemployed on Public Assistance of Total Able to Work ^a			
1. December, 1974	17.6%	27.7%	33.9%
2. March, 1975	18.8%	19.7%	34.9%
3. June, 1975	21.3%	39.7%	42.4%
4. September, 1975	22.5%	32.1%	38.5%
5. 8 Quarter Average (12/73 - 9/75)	17.5%	26.3%	32.5%

^aAble to Work means not detained in jail, hospitalized, absconded or retired.

With the exception of one point in time (March, 1975) the Philadelphia Comprehensive Drug Units had proportionately fewer of their clientele classified as employed full time during a 24-month period than Philadelphia general caseload clientele. This is to be expected, in view of the difficulties inherent in the reintegration of heroin addicts.³

³A survey taken for the previous evaluation report (Reference #1) revealed that 87.6% of all Narcotics Unit clients had heroin as their primary drug problem.

However, when the 'able to work' caseload of the Narcotics Project is compared to SRS clientele, Narcotics Units consistently have a higher percentage of employed clients and fewer dependent on public assistance payments. This suggests that the program has had some impact on addict employment despite economic recession and job shortages. Since unemployment is not conducive to successful parole adjustment and drug dependent clientele are known to be potential risks for crime, it is apparent that the Agency must increase its efforts to maintain high levels of employment in this program.

III PROGRAM ACTIVITY

The program's accomplishments which were described in the previous section were brought about by a mix of resources and work activities. Although we cannot establish with any scientific certainty the causal relationships between input resources and program accomplishments with current data limitations, it is possible to examine several underlying factors which affect program outcomes. This section will explore factors, such as, a) caseload composition, b) drug abuse history, c) caseload size, d) caseload active status, e) agent-client contact and f) urinalysis testing.

Caseload Composition

The caseload in a typical supervisory unit consists of three components: Pennsylvania parolees, special probation and parole cases, and cases supervised for other states. Recidivism analysis in the evaluation has focused on Pennsylvania cases because recidivism data on other states' clients is incomplete and not consistently defined. Pennsylvania parolees tend to be more recidivistic than probationers who are often first time or minor offenders. Although no valid comparison group could be selected for this evaluation, it is possible to examine caseload composition in terms of parolees as a percentage of total Pennsylvania caseload. Table VII shows how these two components distribute among Narcotics, general caseload, and SRS study groups.

Table VII

Probation and Parole Caseload Composition
(Pennsylvania Cases): Previous and Present Evaluation Periods

Client Comparison Groups	Average Monthly Probation Caseload		Average Monthly Parolee Caseload	
	No.	% of Average Total Caseload	No.	% of Average Total Caseload
Philadelphia General Caseload				
1. 1-74/6-75	522	31.6	1,132	68.4
2. 7-75/12-75	436	31.2	963	68.8
Philadelphia Narcotics Units				
1. 1-74/6-75	111	18.6	486	81.4
2. 7-75/12-75	95	16.3	489	83.7
Philadelphia SRS Units				
1. 1-74/6-75	326	28.9	801	71.1
2. 7-75/12-75	251	23.1	837	76.9

The Philadelphia Narcotics Units have only 16 percent probationers among their Pennsylvania clientele, as opposed to 23% for SRS and 31% in general caseloads. This implies that the Narcotics Units supervise those cases with the most extensive records of criminal behavior, who are usually more difficult to rehabilitate.

Drug Abuse History

In order to properly interpret and evaluate client performance in the Narcotics Units, an understanding of caseload composition with respect to drug usage is required. This analysis has presumed that the Comprehensive Drug Control Project was established for clients who had a history of addiction to narcotic drugs of the opiate variety. These "hard" drugs produce an insidious addiction, the support of which almost demands a criminal life style.

For the last Final Evaluation Report,¹ a special client-by-client survey was completed December 2, 1975, using caseload listings for all Narcotics Unit agents. This survey revealed that out of 607 clients listed, "heroin" was cited by agents as being the primary drug problem of client abuse history in 518 cases and "morphine" in 14 cases, for a total of 532 or 87.6% of the drug unit caseload with their major problem being opiate addiction. The balance was divided between cocaine, amphetamines and barbituates as the primary problem in drug abuse history. It appears that since nearly 90% of the Comprehensive Drug Control Project serves heroin addicts, comparison of parole outcome of this group with similar projects in other states has been well justified.

Caseload Size

Available data on average agent caseload size indicates that the Agency has been highly successful in maintaining caseload size in the Narcotics Units at acceptable levels of less than 50 clients per agent as required by this grant. For the six months covered by this Interim Evaluation Report, July through December, 1975, the total number of Narcotics Unit clients including cooperative (other states') cases fluctuated between 604 and 630, with a monthly average of 610 clients. The number of parole agents was 15 at the start of the period and 16 during the last two months of 1975. The average caseload per agent was 39.8 clients, with a maximum of 40.8 (October, 1975) and a minimum of 37.9 (December, 1975).

Analysis of Active Caseloads

Analysis of active caseloads in the Narcotics Units, the Philadelphia general caseloads and the Philadelphia SRS units revealed that proportionately more Narcotics Unit clientele were in detention or absconder status in comparison with the other groups.

Active cases may be defined as all cases that are not closed. Active cases consist of those who are obtaining "active" supervision and those who are obtaining "casework" supervision. Active supervision is defined as clients with whom the agent has personal contact in contrast with casework supervision which is defined as absconders or clients in detention due to new violations or mental illness. Based on December, 1975 statistics, the Narcotics Units had only 71.7% of their cases under active supervision, compared to 81.9% for general caseloads and 89.7% for SRS caseloads. By contrast, clients in detention comprised 13.1% of Narcotics caseloads, 10.0% of Philadelphia general caseloads, and 8.9% of SRS caseloads. The greatest dispersion appeared in the absconder category: while 15.2% of Narcotics Unit clients were classified as absconders, only 8.1% of general caseload and 1.4% of SRS clients were reported as unlocatable. (It is possible that SRS clients who abscond are no longer "eligible" for SRS services and are then statistically transferred to general caseloads for nominal casework supervision.)

Table VIII shows the distribution of case status among the Narcotics, general, and SRS caseloads based on December, 1975 statistics. The data for cooperatively-supervised cases from other states was taken from January, 1976 printouts. However, since nearly all of this minor component of the total caseload is under active supervision (even among Narcotics Units), the differential effect on total percentages will be negligible. Shown for comparison are averages from the previous evaluation period, based on December, 1974, March, 1975 and June, 1975 case status listings.

Table VIII .

Active Supervision and Casework
Supervision Status

Case Status	Philadelphia General Caseload		Narcotics Units		SRS Units	
	No.	% of Total	No.	% of Total	No.	% of Total
Active Supervision						
1. 1974-75	1,457	85.6	545	81.1	1,003	91.6
2. 12-75	1,323	81.9	430	71.7	1,052	89.7
Casework Supervision:						
Absconders						
1. 1974-75	88	5.2	41	6.1	17	1.6
2. 12-75	131	8.1	91	15.2	17	1.4
Detained ^a						
1. 1974-75	156	9.2	86	12.8	75	6.8
2. 12-75	162	10.0	79	13.1	104	8.9
Total in Supervision ^b						
1. 1974-75	1,701	100.0	672	100.0	1,095	100.0
2. 12-75	1,616	100.0	600	100.0	1,173	100.0

^aIncludes mostly unconvicted violators and convicted violators in detention as well as a small percent of offenders paroled to detainers or in mental institutions.

^bTotals used in averages were arrived at through independent hand tabulation and consequently, did not agree precisely with monthly totals derived from PBPP statistical reports. The percentage variation was insignificant and therefore would not affect conclusions.

Table VIII illustrates what may be a significant point. From the December through June, 1974-75, 3-quarter average to the December, 1975 case status there has been a significant decrease in percentage under "active" supervision among all three groups. This is especially noticeable in the Narcotics Units, where a nearly 10% decrease in "active supervision" has been largely absorbed by an increase in the absconder category. Whether these changes

are programmatically significant or merely reflect a delay on the part of parole agents in "updating" their caseload information by submitting PBPP status change forms, will require further investigation. However, a possible programmatic difference might exist between the two narcotics units. Narcotics Unit No. 1, the unit reporting the lowest urinalysis frequency and technical arrest rates, had 74.4% "active supervision," 14.1% absconded, and 11.5% detained. Narcotics Unit No. 2, on the other hand, reported 68.8% "active supervision," 16.3% absconded, and 14.9% detained, based on December, 1975 statistics. Although proportions tests show these differences to be only marginally significant ($t = 1.52$ for "active supervision" differences, which has the greatest credibility level and is less than 80%), and X^2 tests show similar lack of significance ($X^2 = 2.47$, $df = 2$), a possible relation between case status and program cannot intuitively be ruled out.

Agent-Client and Agent-Collateral Contacts

A comparison of the frequency with which agents contact clients or collateral acquaintances indicates that the Narcotics Unit clients are experiencing much more frequent agent-client contacts per month than either Philadelphia general caseload or SRS clients. Table IX displays average monthly agent-contacts for fifty clients in the office and in the field for the Narcotics Unit populations, general caseload and SRS clientele in Philadelphia. Average monthly contacts are computed on the basis of both total caseload and "active supervision" caseload. The "active supervision" class excludes absconders and clients in detention whom an agent has no opportunity to contact personally. The values shown in Table IX were computed to represent a six-month average, or mean number of agent-client contacts per client per month and then expressed in terms of contacts per fifty clients to eliminate fractions and standardize a normative caseload size.

Table IX

Average Agent-Clients for Fifty Clients
Per Month, July through December, 1975

Comparison Group	Office Contacts		Field Contacts		Total Contacts	
	Total Caseload	Active Caseload ^a	Total Caseload	Active Caseload ^a	Total Caseload	Active Caseload ^a
Philadelphia General Caseload	13.75	16.8	35.5	43.3	49.25	60.1
Philadelphia Narcotics Units	22.0	30.5	49.0	68.5	71.0	99.0
Philadelphia SRS	13.2	14.5	46.0	51.5	59.2	66.0

^aCase status printouts for December, 1975, were used to determine percentages of caseload being actively supervised.

Narcotics agents contact their clients more frequently in the field than agents in the other groups, but the differences in the frequencies with which clients are seen in the office are especially large. The reason for the high rate of office contacts for Narcotics Unit clients probably arises from the fact that some of the Narcotics Unit agents conduct group therapy sessions in the Philadelphia District Office.

Although agent-client contact may be viewed as the most important part of case supervision, contacts between agents and other persons concerning the client, referred to as "collateral" contacts, provide a vital source of information on client behavior. Persons with whom collateral contacts are made include relatives, friends, volunteers, employers and police. Since agents may make collateral contacts for inactive supervision cases, i.e. the "active casework" client described earlier, they are not separated for a comparison as was done with client contact ratios. Table X

displays average agent collateral contact ratios for comparison populations.

Table X

Total Collateral Contacts for Fifty Clients
Per Month Based Upon July through December, 1975 Averages

<u>Comparison Groups</u>	<u>Collateral Contacts</u>
Philadelphia General Caseload	87.0
Philadelphia Narcotics Units	163.0
Philadelphia SRS Caseload	107.0

In conclusion, despite the fact that Narcotics Unit agents carry caseloads comparable to SRS agents (39.8 versus 38.4 for SRS during the last half of 1975), and not drastically lower than general caseload agents (47.6 clients per agent), Narcotics Unit agents have managed to contact their clients and collateral acquaintances with much greater frequency. This is especially noteworthy when one considers the additional paper work required by Narcotics Unit agents by virtue of the high level of criminal activity of drug dependent clientele, urinalysis testing, and other "extra" requirements upon Narcotics Unit agents.

Urinalysis Testing

As was pointed out in the description of project goals and objectives, urinalysis testing is an important tool in the supervision of drug dependent offenders. During the funding period of this project, state matching funds of \$650 per month have been made available for urinalysis testing at a contracted cost of \$2.50 per specimen regardless of analytical outcome. Systematic monitoring and recording of the outcome of all urinalysis test results by the evaluation team started October 1, 1975. In the 7 2/3-month period which elapsed from then until the "cut-off" date of May 21, 1976, a total of 1,503 client urine samples were

taken by the Narcotics Units, and tested by the laboratory. This compares to 1,993 for which funds were made available during the period. It appears that the Narcotics Unit are not making full utilization of this supervisory tool. Table XI indicates the urinalysis test results for the two narcotics units.

Table XI

Urinalysis Testing in Drug Control Units

	<u>Narcotics Unit No. 1 (Roane)</u>	<u>Narcotics Unit No. 2 (London)</u>	<u>Totals</u>
Average Monthly caseload ^a	311	294	605
Number of Clients Tested	142	236	378
Number of Urinalysis Tests	427	1,076	1,503
Number of Clients with Positive Urinalysis Tests	75	140	215
Average Number of Specimens per Client Tested	3.0/client	4.6/client	4.0/client
Percentage of Clients with Positive Results	53%	59%	57%

^aOctober, 1975 through January, 1976

A closer examination revealed that while one narcotics unit (N₂) conducted 1,076 urinalysis tests on 236 clients for an average of 4.6 specimens per tested client, the other unit, N₁, conducted only 427 tests on 142 clients for an average of 3.0 per tested client. It will be recalled that unit N₂ had over four times the Technical Violation arrest rate of N₁. It seems that the agents in N₁ had another 490 testing opportunities at their disposal, which could have been utilized.

The unit which tested 236 clients revealed 140 who had one or more positive results (59%). The unit which tested 142 clients revealed drug usage among 75 (53%). These percentages were not significantly different ($t = 1.24$). It thus appears that if N_1 agents had taken full advantage of their testing potential, they probably would have revealed more clients who were illicitly using narcotics.

It was mentioned in an earlier section that an October, 1975 agent survey indicated that 88% of Narcotics Unit clients had opiate abuse history as their primary drug problem. Urinalysis testing showed that those Narcotics Unit clients who had been using illicit drugs since October 1, 1975, tended to be substituting other drugs for heroin. Between the two Narcotics Units, 215 out of 378 clients who were tested for drugs (57%) had one or more positive samples.^a Since some clients had more than one positive result in a series of multiple tests, the total number of positive results was 296 urine samples for 215 clients. However, 48 of these 296 positive tests were legally prescribed drugs: 27 methadone, 9 prescribed tranquilizers, 3 prescribed barbituates, and 9 other types. The balance of the positive urinalysis results (248) were found to have been one or more non-prescribed drugs.

Table XII indicates positive urinalysis results according to the type of drug used. Both prescribed and non-prescribed (which in most instances are illegal) results are shown.

^aWhen more than one drug was found in a specimen, only the most addicting was recorded, with "preference" given to heroin and other opiates.

Table XII
Urinalysis Positive Results: Frequency of
Drugs Used by Type

	Non-prescribed Drug Use		Prescribed Drug Use	
	No.	%	No.	%
Heroin	109	44%	0	0%
Amphetamines	67	27%	0	0%
Barbituates	20	8%	3	6%
Methadone	17	7%	27	56%
Miscellaneous				
Opiate Types	6	2%	0	0%
Tranquilizers	4	2%	9	19%
Alcohol	10	4%	0	0%
Cocaine	2	1%	0	0%
Other Illicit Drugs	13	5%	9	19%
Totals	248	100%	48	100%

Illicit opiates (heroin, methadone plus miscellaneous opiate types) as an aggregate comprised 54% of the total positive specimens which may be contrasted to the 88% previously found to have been serious opiate addicts according to criminal records. Other "downers" (including alcohol) comprised 14% while amphetamines and cocaine accounted for twice this number (28%).

In conclusion, the data provides some evidence that the Comprehensive Drug Control Project has been successful in reducing total drug abuse. Of those clients tested, only 57% were using drugs in violation of their parole. Also, this is some suggestion that the program has resulted in some shifting from client reliance on opiates to less addicting drugs such as amphetamines and alcohol.

Evaluation Recommendations

This interim evaluation effort indicates that according to the measures of program performance reviewed, the Narcotics Project has continued to function satisfactorily. This tentative conclusion is reinforced by reports concerning recessionary conditions in the economy, increases in general crime rates and reported increases in heroin addiction. In terms of successful completions of parole supervision, the Philadelphia Comprehensive Drug Control Project of the PBPP continues to perform as well as similar projects in other states where the cohort follow up outcome measure has been widely cited.

The planned use of the computer-assisted cohort technique for the Final Evaluation of this project will make direct comparison with other projects more meaningful. In addition, it will virtually eliminate any measurement bias caused by client transfers into and out of the Narcotics Units.

The Comprehensive Drug Control Project consists of two supervisory units. This evaluation has revealed that one Comprehensive Drug Control unit is consistently more active in the use of urinalysis testing and technical violation arrest. These characteristics appear to have an impact on technical recommitments. Reasons for this difference should be investigated; it is recommended that the Agency's management critically review implicit policy on the use of urinalysis and technical arrest. It is tentatively concluded that explicit guidelines should be formulated which relate criteria for use of urinalysis and technical arrest to goals of the Agency regarding client reintegration and the protection of the community.

More specifically, if research demonstrates that clients who do not experience urinalysis testing have higher levels of new crime charges, as is suggested by the aggregate data, then the Agency's management should consider a policy change which requires periodic urinalysis testing of all clients and explicit guidelines concerning the consequences of positive urinalysis test results. Underlying this recommendation is the goal of making full utilization of budgeted resources which are designed to be instruments of supervision and means by which Agency objectives can be better realized.

It is recommended also that the evaluation set as its own goal the development of a measure of program efficiency. Such a measure could be a simple cost-effectiveness analysis where the overall cost of supervising Narcotics Unit offenders would be compared with other alternatives, such as general supervision, incarceration or in-patient hospitalization. The Agency would benefit from knowledge regarding costs for special programming relative to the result being achieved; this information should enhance future planning in terms of making better program decisions with limited resources.

A perennial concern of both evaluators and administrators in the past has been the location of the Narcotics Units. It is felt that the district office Narcotics Units should have a community based location in neighborhoods where parolees reside and drug dependency is a problem. This desire has not abated and should resources become available, this interim again suggests such a decentralization of services which have demonstrably improved services in our Agency programming efforts.

Finally, it is recommended that the Governor's Justice Commission continue support for this project, which appears to have a continuing beneficial impact on probation and parole outcome among narcotics dependent offenders.

A P P E N D I X

October 28, 1975

ECT: Intake Policy & Guidelines/Criteria
Philadelphia Narcotic Units

TO: Mr. George E. Barbour, Supervisor
Philadelphia District Office

FROM: John J. Burke
Superintendent
Parole Supervision

Effective November 1, 1975, the following intake policy and specific guidelines/criteria will be used in assigning cases to the Philadelphia Narcotic Units.

Candidates, either through parole from a State or County Correctional Institution, or through Special Parole or Special Probation stipulated to Board supervision in a drug unit, or by transfer from another unit, District Office, or State, must adhere to the following criteria prior to being assigned to supervision by the Pennsylvania Board of Probation and Parole Drug Units.

1. The client must have been actively involved (using only; sales are excluded) in the three-year period (36 months) prior to request for service in the drug units, or as a case assigned to the units by the Board's paroling action.
2. The client must have been and is currently using opiates, cocaine, and barbiturates only, or in conjunction with other sundry drugs under Controlled Substance Act.
3. The client can only be accepted in a drug unit if the Parole Agent in whose area the client resides has a caseload of less than 50. The maximum caseload of Parole Agents in the drug units will not exceed 50 cases.
4. If general caseloads acquire critical drug problem cases, Agents of the drug units will assist in getting detoxification and follow-up therapy to mitigate the circumstances.
5. Cases assigned to the drug units will receive Intensive or Close Supervision only.
6. In the process of our treatment, if cases improve to the extent that they no longer need intensive service, the case will be transferred to general caseloads in exchange for cases in more need of services.
7. Absconders will not be accepted by transfer to the drug units.

JJB:mr

cc: Board Members
Mr. Miller
Mr. Craddock
Mr. London
Mr. Roane
Mr. Rufus
Research & Statistics
Mr. Boor

October 29, 1975

Intake Policy and Guideline Criteria
for the Philadelphia Narcotics Units

John J. Burke, Superintendent
Bureau of Parole Supervision

James J. Alibrio, Director
Research and Statistical Division

Thanks for the copy of your memorandum concerning policy and guidelines for accepting clients into the Philadelphia Narcotics Units. Defining explicit intake policy makes the evaluation of the project easier to undertake; this is particularly important when summary statistics are used as a basis for evaluation as we have been forced to do in the past. Since we also are required to evaluate specialized units which provide intensive supervision, a similar statement of intake policy would be valuable.

There are two points in your memorandum for which clarification would be useful:

- 1) You stated that the client "must have been and is currently using opiates, cocaine and barbiturates only." What is Agency policy regarding usage of drugs in relation to the rules of parole? At what point does usage constitute a violation of parole?
- 2) You stated "if cases improve to the extent that they no longer need intensive service, the case will be transferred to general caseloads in exchange for cases in more need of services." Can you elaborate or further clarify this policy? What constitutes improvement? Is it a condition of drug free existence for a specified period of time?

Our evaluation plan for this year includes a brief summary of narcotics units' caseloads in terms of a description of drug users by type of drug. This will most likely be accomplished by requesting agents to code a list of their clients according to a predetermined drug classification in a similar way that data is collected on the employment survey. Next year we plan to expand this survey to collect more detailed information on drug dependency and type and level of supervision. These data collection efforts are essential for a sound evaluation on the project; I hope that you will have no objections to this type of survey.

JJA:des

November 18, 1975

SUBJECT: Intake Policy and Guideline Criteria
for the Philadelphia Narcotics Units

TO: Mr. James J. Alibrio
Director
Research and Statistical Division

FROM: John J. Burke
Superintendent
Parole Supervision

Please refer to your memo dated October 29, 1975, concerning the above.

1. Violators of parole are determined on an individualized basis by the agent and the supervisor. If the parolee is using and is determined by the agent and supervisor as a threat to the community, then he can be confined. There are other factors involved such as employment, family support, available resources to assist the agent, motivation to change, attitude, etc. These types of factors have always been taken into consideration by the field.

Condition six of the conditions governing parole states, "You will abstain from the unlawful possession, use or sale of narcotics and dangerous drugs, and may not own or possess any types of firearms or other deadly weapons."

The use of drugs, therefore, constitutes a violation of parole but does not necessarily mean confinement, which could be the case in any violation of the conditions of parole.

2. A condition of drug-free existence for a period of time determined by the agent and supervisor is the criteria for transferring a case to the general caseloads.

I have no objections to the type of survey you refer to in your memo.

JJB:ah



COMMONWEALTH OF PENNSYLVANIA

BOARD OF PROBATION AND PAROLE

January 19, 1977

REPLY TO: BOX 1661
HARRISBURG, PA. 17120

Ms. Linda Sheridan
Project Evaluation Planner
Evaluation and Monitoring Division
Governor's Justice Commission
P.O. Box 1167
Harrisburg, Pennsylvania 17120

JAN 21 1977

Re: Final Evaluation Report
DS-75-E-9B-633

Dear Ms. Sheridan:

Reference is made to the attached letter from Executive Director Thomas J. Brennan, of the Governor's Justice Commission, requesting my response to the Final Evaluation Report by Mr. James Alibrio (DS-75-E-9B-633).

It appears that the report submitted by Mr. Alibrio is factually accurate.

With regard to the recommendations made on pages 2 and 7 of the evaluator's report, please be advised that I agree with all of the recommendations made by the evaluator. In this regard, please be advised that we have already emphasized to the supervisory staff in the Philadelphia District Office, and particularly to the Supervisors of the two Drug Units, the policy requiring periodic urinalysis testing of all clients. The conditions governing parole and the policy of the Board govern the consequences of positive urinalysis test results.

Upon the initial receipt of the Final Evaluation Report on this project, I directed the Director of Field Services to meet with the administration of the Philadelphia District Office, the Supervisors of the two Drug Units, and the Agents and Investigators in these units to review the Evaluation Report and implement the recommendations contained therein. In this regard, see Quarterly Subgrant Report submitted by the Project Director, Mr. Rufus, dated January 7, 1977.

There are no recommendations contained in the report that I disagree with, and I feel that the report indicates a very gratifying and successful program in accordance with the project goals and objectives. The additional recommendations and continued monitoring of the grant, as a formal means of developmental programming, will be helpful in our continuing administration of this project.

CONTINUED

1 OF 2

Ms. Linda Sheridan
Project Evaluation Planner

- 2 -

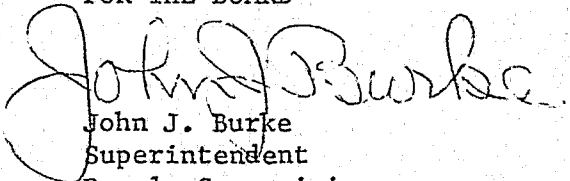
January 19, 1977

I agree with the Evaluation Report and recommendations that the Governor's Justice Commission continue to provide support for the Philadelphia Drug Control Program which has been shown to be an effective means of providing parole opportunity to drug-dependent offenders.

If I can be of any further assistance, do not hesitate to contact me.

Sincerely,

FOR THE BOARD


John J. Burke
Superintendent
Parole Supervision

JJB:mr
att.

cc: Mr. Johnson
Mr. Alibrio



GOVERNOR'S JUSTICE COMMISSION
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF JUSTICE
BOX 1167, HARRISBURG, PENNA. 17120

Milton J. Shapp
Governor

Robert P. Kane
Attorney General

January 6, 1977

Thomas J. Brennan
Executive Director
(717) 787-2040
Panel 447-2040

Mr. John J. Burke
Superintendent
Parole Supervision
Pennsylvania Board of Probation
and Parole
3101 North Front Street
Harrisburg, Pennsylvania 17120

RE: RESPONSE TO FINAL EVALUATION
REPORT BY MR. JAMES ALIBRIO
(DS-75-E-9B-633)

Dear Mr. Burke:

Please excuse the tardiness of this request. We, however, recently noted that our report file does not contain your official response to Mr. Alibrio's report.

Since this report is public information, we need your comments regarding Mr. Alibrio's findings and recommendations. Your response will then be available, along with Mr. Alibrio's reports, for distribution if it should be requested. Specifically, we would like your response to the following questions:

1. Is the report factually accurate?
2. Please be specific in addressing the recommendations contained on pages 2 to 7 of the evaluator's report.
 - a. With which recommendations do you agree and what actions are being taken to implement these recommendations?
 - b. With which recommendations do you disagree and why?

We look forward to hearing from you by January 27, 1977. After that date, requests for the above reports may be honored unaccompanied by your official response. Please mail your response to:

Ms. Linda Sheridan
Project Evaluation Planner
Evaluation and Monitoring Division
Governor's Justice Commission
P.O. Box 1167
Harrisburg, Pennsylvania 17120

and the evaluator:

November 5, 1976

SUBJECT: A Response to Questions on Final
Evaluation Report - Comprehensive
Drug Control - DS-633

TO: Linda Sheridan
Project Evaluation Coordinator
Evaluation and Monitoring Unit
Governor's Justice Commission

FROM: James J. Alibrio, Director
Research and Statistical Division
Pennsylvania Board of Probation and Parole

James J. Alibrio

Thank you for your review of our evaluation report on the Comprehensive Drug Control program in Philadelphia. I have tried to succinctly answer your questions, and by copy of this memorandum, will share these responses with the Board. Your suggestion that the Comprehensive Drug Project be nominated for exemplary status by LEAA is excellent; I am recommending that the Board consider this opportunity to obtain national recognition for this Agency's accomplishments.

My answers to your questions are as follows:

- (1) On the surface, there does seem to be a contradiction between the conclusion (page 6) that there exists a markedly different strategy of agent intervention and client control between the two drug units, and the conclusion (page 44) that differences in client characteristics may account for differences in effectiveness as measured by cohort survivors, rather than some qualitative differences in supervision techniques. Upon closer examination of the data, the apparent contradiction may be dispelled.

The program analysis is based upon two different types of data, cohort follow up data which indicates supervision outcome and urinalysis/arrest monitoring data which indicates operational aspects of case processing. Not only did the two data sets differ in size, they are different in their treatment of time. The cohort follow up controlled for time and identified client status at the same point in time; the urinalysis/arrest data followed events over time. Urinalysis and arrest data demonstrated very clearly that there were major differences between the units' operational procedures. (For example, Table IX, page 29.)

Unit 1 tested urine less frequently, initiated technical arrests less frequently but had new crime arrests more frequently than Unit 2. However, Unit 1 apparently had a higher survivor rate when parole outcomes were compared after twelve months (70% compared to 50%). Was Unit 1 more 'effective'? My answer would be no. An aggregate cohort follow up measure is not sensitive to operational factors such as urinalysis testing and the use of technical arrests, particularly where study client transfers are not distributed equally. Where transfers are systematically distributed, they have a biasing effect on the comparison data and strongly suggest underlying differences in the two populations being treated. On a overall program level of analysis, a program 'survivor' accurately reflects one dimension of the program's successful impact, i.e., a recovered client is transferred. When relative performance of operational units is the focal point, the survivor measure masks operational differences.

The report indicated that 13 out of 16 transfers were from Unit 1 of which nine occurred before completing six months within the program (page 43). We reasoned that these "early recovery" cases strongly implied a qualitatively different kind of drug problem; i.e., figuratively speaking, an "easier case" since narcotic drug dependency is characteristically persistent and insidious by nature. Thus, the Unit 1 study cohort of new releases was uncharacteristically weighted with easier cases. If we remove these nine 'early recovery' cases from Unit 1's release cohort for purposes of comparative analysis, we discover that Unit 1 has a reduced survivor rate of 68% (21/31). We are also left with a hypothesis that there are qualitative differences between the two supervision units' populations, a question which needs further research. Time constraints prevented additional research. However, the hypothetically "easier" cohort (40 cases) of Unit 1 represented a subset of 382 clients in the urinalysis/arrest monitoring data where the more important research finding remains; Unit 1 clients has relatively fewer urinalysis tests, relatively fewer technical arrests and relatively more new crime arrests. From a cost-effectiveness standpoint, I question this relative performance.

- (2) Yes, it is correct to assume that some clients with positive urine results do not get arrested by parole agents (see Table XI, page 34). Of 48 clients with only positive results, 34 were never arrested. Among 134 clients with "mixed-positive" urine samples, 79 were never arrested. A "mix-positive" set of samples is defined as a client who had multiple urine samples taken of which at least one was a positive result. When "positive only" clients were combined with "mixed-positive" clients, there was a 38% chance of being arrested in comparison with only 23% among "negative only" client specimens.

November 5, 1976

- (3) Page 16 states that 56 out of 80 clients in the cohort had drug abuse histories according to a field survey done many months before. The reason that we were not able to learn something about the drug abuse histories of the balance of 24 clients is that the survey was conducted earlier for the interim report and prior to the identification of release cohort members for the follow up study. There was an overlap of 56 clients in the two data sources; time did not permit a special survey or data search for the unknown 24 clients so we generalized from the known 56 clients to describe the 80 client population.
- (4) The data on page 3, item number 4, was taken from Table X-A on page 31. This data is reproduced below. There were 35 tested clients with technical arrests only, 55 tested clients with new charge offenses only and 22 tested clients who had both new charge arrests and technical arrests for a total of 112 tested clients.

CLIENT URINALYSIS

<u>Arrested</u>	<u>Tested</u>	<u>Not Tested</u>	<u>Total</u>
NC	55	110	165
TV	35	23	58
Both	<u>22</u>	<u>0</u>	<u>22</u>
Total	112	133	245

I hope these responses answer all your questions; please don't hesitate to call if I can be of further help.

JJA:des

cc: Board Members
Robert L. Johnson
John R. McCool

October 28, 1976

SUBJECT: FINAL REPORT - COMPREHENSIVE DRUG CONTROL - DS-633
UNIT (Questions that I have)

TO: Mr. James Alibrio
Director, Research & Statistical Division
Pennsylvania Board of Probation and Parole

FROM: Linda Sheridan *LS*
Project Evaluation Planner
Evaluation and Monitoring Unit
Governor's Justice Commission

- (1) In the summary of recommendations and findings (Page 6), you state that substantial empirical evidence has demonstrated that a markedly different strategy of agent intervention and client control exists between supervision units. However, on Page 44 you state that, "Significantly 13 out of 16 total transfers were made to general supervision, further supporting the notion that differences in client characteristics may account for differences in effectiveness as measured by cohort survivors, rather than some qualitative difference in Unit 1 supervision techniques. Does this sound a little contradictory?"
- (2) Is it correct to assume from this report that some parolees with positive urine results do not get arrested by parole agents? I interpreted that from your mentioning of "mixed-positive" results.
- (3) On Page 16 it states that 56 of the 80 clients in the cohort had drug abuse histories on record. What about the other 24?
- (4) On Page 3, number 4, it states that of the 112 clients tested and arrested, 35 had technical arrests and 55 had new charge offenses. That only equals "90".
- (5) Please consider the enclosed brochure for nomination of this project for exemplary status. Let us know what you think.

I was glad about the results of this cohort study. I also see very clearly, as I hope the Board will, the necessity of your recommendations on Pages 6 and 7. If other questions come to mind during the interim, I'll phone you.

LS:dm

cc: Masterfile

END