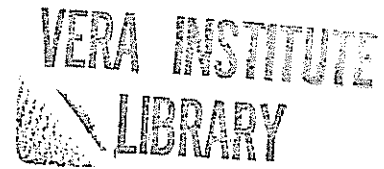


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## **The Delta Program**

**A Program Plan for  
A Day Drug Treatment Program  
for Bronx Drug Felony Offenders**

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## Introduction

The Delta Program, a day treatment program for incarceration-bound drug-abusing offenders has been designed to target a group of offenders who are not reached by existing New York City Alternatives to Incarceration (ATI) programs. The cognitive-behavioral intervention it embodies has been tailored for the specific population it proposes to serve. As will be shown below, there are currently large numbers of jail-bound substance-abusing or drug-dependent defendants being processed through the court system in the Bronx who are in need of treatment for their drug-related problems, many of whom are not receiving treatment because there is currently no systematic effort to identify them early enough for an effective ATI intervention.

### Population in need of treatment.

Specifically, the Delta Program seeks to ameliorate the drug-related problems of appropriate defendants whose cases are disposed in Parts N and C (the "special narcotics" court parts) of the Bronx County Supreme Court. Both data and anecdotal evidence from several sources show that there is a significant jail-bound population in the special narcotics parts, which could be targeted if suitable screening criteria were devised, and which needs and could benefit from drug treatment. Here follows a summary of that evidence:

#### 1. Most arrestees use or abuse drugs.

The Drug Use Forecasting ("DUF") program of the National Institute of Justice has performed drug tests from a representative sample of arrestees in central booking facilities in 23 cities across the country, including the borough of Manhattan. For 14 consecutive days in each calendar quarter since 1987, trained staff obtained voluntary urine specimens and interviews from a sample of arrestees. From April to June of 1991 (the most recent period for which data is available), 79% of male arrestees and 74% of female arrestees in Manhattan tested positive for some drug of abuse; 29% and 31%, respectively, tested positive for two or more drugs of abuse.

These percentages may underestimate the severity of drug use among the arrestee population, because DUF investigators deliberately under sampled the number of male arrestee in the sample charged with sale or possession of drugs, precisely because they assumed that such persons were most likely to be using drugs at the time of arrest. Moreover, if Manhattan arrestees charged with sales and/or possession could be considered separately from all others, the percentage testing positive for drugs would probably be higher still. Data from a 1988 analysis of Chicago arrestees broken down by charge support this premise: 92 percent of drug sale/possession arrestees there tested positive for some drug of abuse --the highest percentage among the various charges.

If the DUF study were to be conducted in the Bronx, it seems likely that a similarly large percentage of arrestees would test positive for drug use. It is also reasonable to suppose that a significant number of those who are arrested for drug possession/sale in the Bronx and are subsequently adjudicated in the special narcotics parts have significant drug

problems. They have easy access to drugs; they are mostly poor, undereducated and unemployed.

**2. Vera's previous experience with similar clients at the parole stage suggests that persons convicted of drug sale/possession have significant drug and alcohol problems.**

Vera's research on New York State's Interagency Initiative produced extensive data on the criminal careers and substance abuse histories of a large and representative sample of New York State prison inmates.<sup>1</sup> Our data did not suggest that there were differences in the chronicity or severity of drug problems of offenders sentenced to prison for drug sale/possession from offenders doing time on other charges.

**3. Our experience with pre-trial detainees in the Bronx charged with drug sale/possession suggests that most of them have significant drug problems.**

Vera's Bronx Bail Bond Agency targets long-term detainees, and consequently does not screen among the pool of detainees tracked for early dispositions in the special narcotics parts. Since it commenced operations, however, it has bailed out a total of 86 defendants who were detained on drug sale/possession charges. For the group of 86, 24 placements have been made for residential drug treatment and 46 for outpatient treatment.<sup>2</sup> As a group they appear to have more significant drug problems than bail bond principals with other charges.

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<sup>1</sup> This multi-agency effort was established to provide services to offenders with a history of drug or alcohol abuse. Vera conducted research and provided technical assistance to the four cooperating agencies: the State Department of Correctional Services (DOCS), the Division of Parole (DOP), the Division of Substance Abuse Services (DSAS), and the Division of Alcoholism and Alcohol Abuse. The objective of the Initiative was to coordinate the provision of services by these four agencies to offenders with a history of drug and alcohol abuse. The goal was to reduce the criminal recidivism of these parolees. The methodology was to identify the substance abuser at his initial classification in the State prison system, to provide treatment while the offender was still in prison, and to provide support upon release to ensure continued treatment by community-based service providers.

<sup>2</sup> Twelve of the 86 individuals received both types of placements -- that is, having failed to complete an out-patient program, they were placed in residential treatment.

## Program Planning

### Development of Screening Criteria to Identify Target Cases.

The large majority of felony drug cases in the Bronx are processed through the special narcotics parts in the court, where great effort is concentrated on obtaining pleas within six days of arrest. There are no Alternative-To-Incarceration programs currently providing systematic screening for the substance-abusing defendants whose cases are processed in these court parts every day. Yet there appears to be a very large pool of jail- and prison-bound defendants currently facing felony drug charges in the Bronx who are not predicate felons, and therefore are not subject to mandatory prison sentences. A study of dispositional patterns in the Bronx performed during preliminary planning for the Delta Program showed that 58 percent of these "non predicates" received incarcerative sentences.

In order to ensure that the program will help to alleviate custodial population pressures, Vera staff have developed specific case screening criteria based on an examination of empirical data. The data set used was CJA's 1989 data set, a six percent random sample of all arrests in New York City throughout that year. It contains court case and criminal history information, CJA demographic and community ties information and Department of Corrections admission and release data on each case. The data are both recent enough to account for the impact of the flood of crack cases on the criminal justice system, and old enough to permit most of the sample cases to have reached disposition. This data set was enriched with data collected by hand from the files of the Bronx District Attorney's Office.

There were 1754 Bronx felony arraignment cases in the data set. Because the Delta Program targets drug cases and screening will take place in the N-Part and AP-6 Part in the Bronx Criminal Court (the special narcotics parts where almost all drug cases are sent for the first post-arraignment hearing), the bulk of these cases were excluded from examination. The analysis began with a sub-set of 621 cases, those involving drug charges which had their first post-arraignment hearing in the Bronx N-part or AP-6 court parts. These cases were disposed either in the Criminal Court N-part or AP-6 parts, or other general criminal court parts, or in the Supreme Court.

Cases involving defendants with one or more prior felony convictions in the past ten years were not included in subsequent data analysis. Although some offenders with one or more prior felony convictions would not necessarily be convicted of a felony in the case in question (therefore not attaining predicate felon status with the requirement of mandatory imprisonment), the case information available at the first post-arraignment appearance would not allow a case screener to conclusively distinguish cases bound for misdemeanor Criminal Court disposition from felony Supreme Court disposition.

After selecting out those cases with prior felony convictions, 417 cases remained. A coding sheet and methodology was developed for gathering key data elements for these cases from the Bronx District Attorney files, including such items as case assessment and evidentiary data, and plea offers. Of the files requested, the searching and coding effort resulted in 179 cases, an overall

return rate of 43 percent. This overall rate comprises a low overall return rate of 36 percent for the Criminal Court cases and a much higher rate of 64 percent for Supreme Court cases.

When looking in more detail at the rate of case files returned by final disposition the following can be seen: For Criminal Court cases, the return rate ranged from 42 percent of all convicted cases, to 19 percent of all dismissed cases, and zero percent of all warrant-ordered cases requested. The return rate for the Supreme Court cases was 59 percent of conviction cases, 17 percent of dismissed cases, 42 percent of warrant ordered cases, and 21 percent of cases with some other final case status.

These discrepancies in return rates led to an examination of whether the resulting samples were skewed. Cross-tabulations distinguishing records with DA data from those without DA data were examined on selected variables, such as arraignment and disposition information, CJA recommendations, and prior criminal history data. This examination showed that the Supreme Court cases with DA data did not have significantly different distributions for these key variables, when compared with the distribution patterns for the remaining Supreme Court cases which were lacking the coded DA data.

However, the Criminal Court cases with DA data did have significantly different distributions in a number of key areas. The Criminal Court cases with DA data had more cases arraigned on D felonies, more conviction dispositions, and more A misdemeanor convictions but fewer dismissals and ROR's at arraignment than cases with no DA data. The number of dismissals was not, however, too small to allow for the modeling effort to proceed. Further, because the missing cases were randomly distributed, it was felt that the characteristics of those available for analysis would be representative of all Criminal Court dismissals.

Preliminary analytic tests demonstrated the importance of the information available from the coding of the DA files data, and led to a decision to analyze only those cases that had information from both this source and the original CJA data set. Thus, the number of cases available for analysis was reduced to 179 cases. In addition, analysis of final sentencing outcome necessitated the reclassification and eventual deletion from the analytic sample of cases with missing or pending, sentencing outcomes. This further reduced the analytic sample to 160 cases.

Program planners had determined that the optimal target pool for intervention would be those defendants that would be expected to get more than six months of incarceration at sentencing. Those facing less time might lack sufficient motivation to attain success in a rigorous treatment regimen. Consequently, a variable was devised that split the 160 case analytic sample into target cases (those cases with more than six months of incarceration time) and non target cases (those with any other sentence outcome or dismissal). This target variable was used as the outcome measure in the subsequent analytic model.

There are two stages in developing a useful predictive model (a mathematical formula which can be used to compute expected case outcomes at a high rate of accuracy for a set of cases whose actual outcomes are known). The first stage is to develop a statistically significant model which correctly predicts case outcomes in a high proportion of cases. The second stage is to



examine whether the specific predictive variables contained in the model can be applied in an actual screening process.

The first stage of model building begins with an examination of all potential predictor variables and their relation to the outcome variable. Screening will occur at the time of the first post-arraignment hearing and so all court case variables that would be available to the screener at that time were tested by examining the strength of the relationship between these predictor variables and the outcome. Those that were significantly related to the outcome<sup>3</sup> were then examined in relationship to each other to avoid using duplicative ones. (For a list of these initial variables and descriptive statistics please see Appendix A.) Those variables that were found to be highly related to the outcome measure (at .05 significance or less) were then examined in combination for redundancy or high intercorrelation at .5 or above. (The set of final variables remaining that met this test can be seen in Appendix B.)

A logistic regression modeling technique was then used for the model-building exercise. Data elements were recoded into dichotomous values or ranked into a hierarchy for inclusion into the models. Various combinations of variables were tested, and the predictive power and overall significance (based on the Chi square statistic) of the combined total were assessed. The selection ratio was also examined as a measure of the predictive power of a model. A selection ratio is a measure of cases predicted as targets or non-targets by the model compared with the actual case outcomes. The proportion of false positives among all target predictions was of great concern to the program planners. Falsely predicting a jail or prison bound offender, and including that offender in the program would incur costs for both the offender and the program.

The selection of a particular model from among the various combinations rests not only on the statistical adequacy of a model, but also rests upon the usefulness of those variables specified as an element in actual case screening. This second stage of the modeling procedure -- determining the applicability of the model -- used the outcome scores of the modeling equation. These scores were developed by multiplying the variable score by the weights developed from the model to see how variables interact with each other.

This examination of the scores led to a rejection of several models due to an "overlapping" effect in the interaction between certain variables. For example, in a model where the target outcome is always found in relation to one variable regardless of the other variables, the effect of the other variables, though predictive, is masked -- rendering the model unworkable for use by a case screener.

At that point, the choice among the remaining models was guided by two principles. The first principle was ease of use. It was important that the variables by which target cases could be identified be ones which a screener could easily find and use. Second, a set of screening rules which included a variety of case variables representing the way a case had been treated or assessed by various actors in the criminal justice process was preferred over a set containing

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<sup>3</sup> A significance level of .05 or less was used. This means that the relationship found between the two variables could be attributed to chance only five times or less out of 100.

variables dependent on a single actor. As will be seen below, the set of screening rules chosen contained, in addition to the N-Part plea offer, elements drawn from the type of drug enforcement activity which produced the arrest, the earliest assessment of the case by the District Attorneys Office, and the bail decision made by the judge at arraignment.

Using the process described above, two predictive models were selected for use in combination with each other in screening cases for entry to the program. The first consists solely of the DA's N-part plea offer (listed as BPLEATRG in Appendix A) simply coded as a target or non-target sentencing outcome. This model has a total correct prediction of 83.6 percent, and a false positive rate of 21.4 percent; the overall chi square value for the model is significant at .0001 (i.e., highly significant). It was the strongest model found in terms of prediction classification. Plea offers are policy dependent, however, and in order to be able to detect shifts in plea policies a second model was chosen, which -- in combination -- will act as a verification of the first.

The second model uses the value of the lowest arraignment bail set (ARBAIL), whether or not the arrest was a "Buy and Bust" (BBANDB), and the ECAB rating (BECAB).<sup>4</sup> This model had a total correct prediction value of 76.4 percent and a false positive rate of 26.3 percent, and again, the overall chi square value for the model is significant at .0001. The examination of the scores for the predictor variables led to the following criteria for use to verify target case status:

**EITHER:** The case is a "Buy and Bust," **AND**

ECAB is A or B, **OR**

ECAB is C and bail amount is \$750 or more, **OR**

ECAB is D and bail amount is \$2500 or more.

**OR:** The case is not a "Buy and Bust," **AND**

ECAB is A and bail amount is \$2000 or more, **OR**

ECAB is B and bail amount is \$3500 or more, **OR**

ECAB is C and bail amount is \$5000 or more, **OR**

ECAB is D and bail amount is \$7500 or more.

Identification of target cases predicted to receive more than six months of incarceration within the pool of offenders without a prior felony conviction consists of two steps: 1) selection of cases which have received a target plea offer of more than six months, and then, for those cases, 2) application of the verification rules displayed above.

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<sup>4</sup> The "ECAB" rating is assigned to a case by the DA's Office during pre-arraignment case assessment. It represents an early rough estimate of offense severity and evidentiary strength.

The application of this approach to the analytic sample of 160 cases resulted in 35 cases being predicted as targets out of the 127 cases which contained the required screening variables in both models. (33 cases were missing one or more of the variables required to be scored by both models.) While 35 cases were identified by both models as targets, 62 were scored by both as non-targets, and 30 were scored as targets by one model or the other, but not by both. These 35 "double-scored" cases comprise the final target group examined in comparison to the initial data set of 621 cases in the attached Tables, (see Tables 1 through 5).

Although using a two-model approach decreases the size of the target pool available for screening, it further strengthens the power of the screening process to correctly identify defendants headed for the target sentences the program aims to displace. The combination of these two sets of screening criteria boosts the total correct prediction rate to 90 percent, and produces a "true positive" rate of 85.7 percent, and a "false positive" rate of 14.3 percent -- a significant reduction from the "false positive" rate resulting if either model were used by itself. By extrapolation,<sup>5</sup> it has been estimated that these thirty-five cases represent an actual pool of 1,908 cases which were processed through the Bronx N-Parts and which would have met these target criteria during 1989.

A projection of the actual jail or prison bed days which will be saved through the program's operations can be estimated by examining the patterns of detention and incarceration among this target group. These 35 cases show an average total pretrial length of stay of 28.1 days, with an average of 3.3 days between arraignment and first appearance after arraignment. Once operating at full capacity, the program will admit 160 offenders per year. Assuming that those selected by the court for treatment will enter a plea on the first appearance date after arraignment, each case would represent an average of 24.8 days of pretrial detention, resulting in an overall total of 3,968 jail bed days (11 bed years) saved pretrial with program intervention.

To estimate sentence bed days saved through diversion of cases from the sentences they would have otherwise received, two figures are provided. First, for those sentenced to jail, it has been assumed that those who received this sentence were given credit for any pretrial days they served, and were released after serving two-thirds of their sentences (allowing one-third off for "good time"). For those who have been sentenced to prison, however, it has been assumed that they served out the minimum time imposed (with no good time credit applied). It is also assumed that the distribution of jail and prison sentences among the 160 cases admitted to the program will be the same as for those in the prediction model: 48 percent jail and 52 percent prison. Given these assumptions, then, the sentenced jail days saved is expected to be 15,364 -- or 42 bed years -- and the prison days saved would be 30,923 -- or 85 bed years. Combining pretrial and post-sentence jail time, the total jail bed years saved would be 53.

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<sup>5</sup> The method used for extrapolation is as follows. First the percentage represented by 35/127 -- 27.6 percent -- was applied to all cases which were in the initial screening pool: 417 felony drug defendants with a first post-arraignment hearing in the special narcotics parts (27.6% times 417 = 115). Then the result was multiplied by the sampling frame: because the original CJA data set was comprised of a random selection of cases -- a six percent sample -- 115 was multiplied by 16.6 to reach a total case estimate.

Obviously, the level of custodial bed savings will be eroded by those who fail to complete treatment and are returned to the court for resentencing. Assuming a 35 percent failure rate (and assuming that all who fail will be resentenced to custodial sentences) a rough accounting for this factor may be made by simply cutting the above figures by that proportion: the jail bed-years to 34, and the prison bed years to 55<sup>6</sup>

### **The Screening Process.**

The process by which defendants will be identified as appropriate for treatment will only begin with application of screening criteria to weed out those cases where a substantial period of incarceration is either mandatory, or not likely. Determination as to whether the defendant is in need of or amenable to treatment, as well as whether he or she has ties to the local community will comprise vital aspects of the screening process.

To find candidates for release, a staff screener will examine the Criminal Court arraignment calendars to identify all defendants facing specific felony drug charges whose cases had been adjourned to Part N or AP6 (the Criminal Court counterpart to Part C). Using this list, the screener will locate the case file for each defendant to screen out predicate felons and identify eligible candidates using the initial screening criteria described above to identify those who fit the target profile.

The screener will then examine the specific community ties information contained in the CJA report and will attempt to contact family members and friends to conduct a more in-depth assessment of each defendant's home situation. Defendants with very unstable living environments will be rejected, but where the nature of the home is in question, a home visit may be made (as also could be done for those defendants whose community ties could not be verified by phone). Because the entire screening process will span a maximum of five days, home visits could be made only sparingly.

For those defendants deemed eligible at this point, attorneys will be contacted to seek permission to interview clients before their appearance in Criminal Court Part N or AP6. Candidates will be interviewed in the court pens on the day of their appearance. At this interview, the screener will describe the program in detail to each defendant. The program's screener will then question defendants who wish to be interviewed about their substance abuse, legal and life histories. He or she will obtain names of additional personal contacts and document all pertinent information. Defendants will be notified that if they are released to the program they will be escorted to their homes on the first evening after they attended the program to verify their

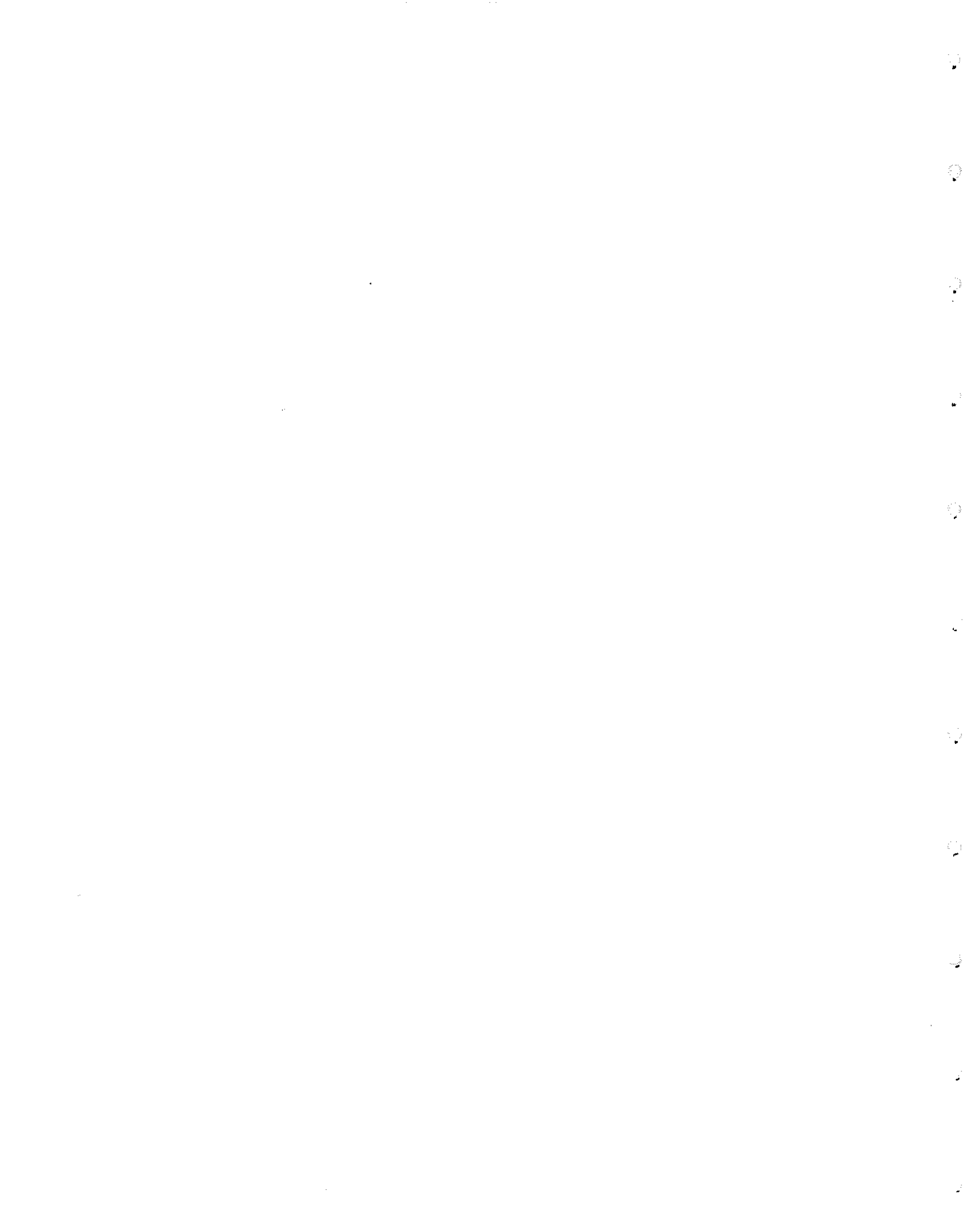
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<sup>6</sup> Of course, it may be that judges will sentence those who fail in treatment to longer sentences than they would have received had they not entered a treatment program, and so the impact of program failure on sentence time saved may be underestimated. The impact of failure on pretrial time saved may be overestimated, however -- since those allowed into the program will have already entered a plea of guilty, and should receive a re-sentence fairly quickly

address. Interviewers will pay particular attention to detainees' truthfulness and to their willingness to participate in a highly structured, demanding substance abuse treatment program.

Detainees will be excluded from further consideration for release if the screener determines that the detainee is not sufficiently motivated; does not have a history of substance abuse; has insufficient community ties; gives evidence of a personality so unstable that the screener believes they will be unable to participate in program activities; or has an out-of-county "hold" on his or her case (or a transfer order).

For each defendant who is chosen, the screener will speak to both the attorney and the assistant district attorney on the case, proposing that an alternative sentence be agreed upon for the defendant if he or she pleaded guilty immediately to a probation-eligible charge and entered the program. If both sides are amenable, the agreement will be presented to the judge. If the proposal is acceptable to the judge, the defendant will plead guilty with a promised sentence of probation upon program completion in six months.



## Program Description

The program design is based on a philosophy of intervention which views behavior such as addiction and criminality as primarily the consequence of social, economic, situational, cognitive and behavioral factors. The efforts of the program staff will be directed towards modifying those aspects of the clients' behavior and thinking (and to whatever extent possible, their environment) which are causally related to their criminal behavior. The program will teach them new ways of thinking and behaving. It is less intensive than the therapeutic communities which are now available to serve at least some portion of the offender population, but more intensive (at least during its first phase) than the outpatient or day treatment currently available to them. Because it is conceptually and technically parsimonious, it should be able to accomplish its goals in less time than either TCs or existing outpatient programs.

Completion of the program will take six months. It is structured in four phases in order to enhance treatment effectiveness and client motivation by providing participants with a dynamic structure through which to progress, which directly and tangibly reflects their efforts and rewards their positive performance. The phases are described below.

Generally speaking, the program will emphasize breaking through the defense of denial which characterizes many substance abusers; enhancing their motivation; relapse prevention techniques; cognitive skills training; general life skills training; and substance abuse education.

### Phase I -- Drug-free Stabilization (30 days)

The offenders targeted by the program will have been in jail and thus without easy access to drugs for only a few days before their release. In fact they may still test positive for drug use at the time of their release. The first and most urgent task of the program therefore will be to stabilize and maintain its clients through treatment in a drug-free state. Attaining this objective requires:

**A seamless transition from jail to program.** Project staff members will pick up each new client from jail or court upon their release and bring them directly to the program offices, giving them no opportunity to get high.

**The clients' motivation for treatment must be strengthened while they are in a vulnerable state after arrest.** Skilled counselors can make the most of the circumstances of the clients' current arrest. The Institute's (admittedly limited) experience in its relapse prevention program at the Essex Bail Bond Agency suggests that arrest often precipitates emotional vulnerability, opening the client to suggestions about the maladaptive nature of his/her behavior and the desirability or necessity of change. This vulnerability -- in combination with other factors -- can translate into treatment compliance and clean urine.

**"Slips" must be immediately detected and addressed before they blossom into full-scale relapses.** Particularly in the first phase of the program, lapses must be dealt with strictly. One dirty urine will not automatically trigger expulsion from the program, but a

second, and perhaps even a third, dirty urine within the first thirty days of program involvement will strongly suggest the desirability of a stay in a detoxification center and/or residential treatment program. Responses to dirty urine will be somewhat more lenient during the second phase of the program, given the exposure to specific relapse prevention training which can make optimal usage of slips as learning episodes for how to avoid them in the future.

The program will run from 10:00 AM to 9:00 PM on weekdays, with weekend clinical activities delivered for those participants who need them or will benefit thereby. Program components will include:

**Evaluation:** Clinical staff will assess new participants using the Addiction Severity Index, a standard instrument which evaluates six important areas of a participant's life in relation to their substance abuse problems: medical history and current health problems, means of support, patterns of drug and alcohol use, legal difficulties, family and social relationships, and psychological difficulties. Results will be used to determine the services needed by the participant.

**Orientation:** During the first five days of the program, new participants will be provided with an overview of program content, and will become acquainted with what is expected of them, and will immediately be engaged in treatment.

**Drug testing:** The staff will perform urinalysis tests from five to seven times each week to eliminate the possibility of undetected drug use and to increase the participant's perception of control.

**Confrontation/Motivation Groups:** All participants will be involved in daily groups not dissimilar to, but yet distinct from, those commonly used in therapeutic communities. These groups will focus on breaking through the denial characteristic of substance abusers and upon strengthening motivation for behavioral change. The group, under the influence of its leader, becomes an agent of change by consistently providing feedback to the members about their behavior, attitudes and values. The group is a mirror in which the participants can see themselves as others see them, an ability in which drug abusers are notably deficient. As a result they gradually modify their way of relating to themselves and others. Supportive confrontation by the group can be a valuable clinical technique, provided that the group leader exercises careful control to avoid the humiliating (and sometimes abusive) practices which often dominate group dynamics in traditional "confrontation groups."

**Educational Groups:** All participants will be involved twice a week in groups whose purpose is to provide basic information about drugs and alcohol, including such topics as processes of addiction. Instructional methods will include video and audio-tapes, lectures, and assigned reading and writing.



**Individual Counseling:** Upon entry into the program each participant will be assigned an individual counselor for the duration. During Phase I participants will meet with their counselors two to four times per week. The sessions will focus on the establishment of rapport, the building up of a supportive relationship, challenging maladaptive defense mechanisms, and acquiring insight.

**Participation in self-help groups:** Participants who have previous experience with, or a preference for, self-help groups such as Alcoholics Anonymous and Narcotics Anonymous will be encouraged to attend. Throughout the program, participants without such experience will be urged to consider joining such groups as a means of building a positive, drug-free support network. Program staff will, from time to time, accompany participants to meetings.

**Re-assessment and Referral:** Participants who fail to comply in the early stages of the program, who suffer serious relapses, or who otherwise prove not amenable to participation will be referred to appropriate programs such as detoxification facilities, residential programs, and self-help groups. If a participant refuses to accept referral (or absconds) they will be terminated from the program, and the court will be notified accordingly.

#### **Description of a Typical Day in Phase I:**

A newly admitted program participant average day will typically include a Confrontation/Motivation group (two hours); an educational class (one hour) with a follow-up assignment (one to two hours); some time in constructive recreational activity (either physical exercise or attendance at cultural or social events with other participants); time watching an educational video; and participation in a special interest group (e.g., women's issues; family counseling; relapse difficulties), or a Narcotics Anonymous meeting. He or she will meet with his or her individual counselor three to five times each week and will attend an orientation session lasting several hours one day during his or her first week. A typical schedule will be:

10:00am - 10:30am Coffee, Doughnuts, Program Announcements

10:30am - 12:30pm Confrontation/Motivation Group

12:30pm - 1:30pm Lunch

1:30pm - 2:30pm Educational Class

2:30pm - 3:00pm Break

3:00pm - 4:00pm Individual Counseling Session

4:00pm - 5:00pm Educational video

5:00pm - 6:00pm Dinner

6:00pm - 7:30pm Recreation Activity

7:30pm - 9:00pm Special Interest Group

No participant will be permitted to progress to Phase II who has not been abstinent for the last two weeks, besides having completed the program requirements of Phase I.

### **Phase II – Skills Acquisition (30 days)**

Phase II will focus upon the acquisition of necessary skills for the prevention of relapse. Participation will be reduced to a more normal eight hour day (though weekend attendance at clinical activities may still be required). Participants will learn to cope with high risk situations and manage their urges and cravings. They will also repair certain cognitive deficits characteristic of substance abusers. In other words, they will learn to recognize rigid, illogical, egocentric and impulsive thought patterns triggered by the recurrence of problematic situations, and to replace them with more open and flexible patterns geared to problem-solving.

To this end, the program will add two important components to the Phase I activities already described: Relapse Prevention and Cognitive Skills Training.

#### **Relapse Prevention Groups:**

All will participate five times per week in groups whose curriculum is drawn from the Relapse Prevention Model developed by G. Alan Marlatt and others. The concept of addiction which underlies Relapse Prevention is very different from the well-known disease model, the psychodynamic model, or the model implicit in the treatment modalities employed by therapeutic communities. In the Relapse Prevention model, addictive behaviors are "automatic" and over-learned maladaptive coping responses which the addict employs to his/her long-term detriment, rather than the surface manifestations of a profoundly disturbed personality or of an underlying disease process. Addiction is viewed as something addicts do, not something they are. Therefore the potential for substance abuse is highest when the recovering addict faces a high risk situation with which he cannot cope for want of an adequate learned response.

These views dictate the preferred approach to treatment. Substance abusers are not assumed to be the passive victims of an insidious disease process; rather, their aid is enlisted in devising a treatment strategy that will empower them in their recovery. Relapse prevention is an integrative clinical approach, predicated on the tenets of social learning theory, which applies to the addictions, the clinical techniques developed in cognitive-behavioral psychology and psychiatry in the treatment of a broad spectrum of psychopathology.

The goal of relapse prevention treatment is to increase awareness of the conditions likely to trigger a relapse, to develop coping skills and strategies for self-control, and to foster the development of a sense of competence. A fundamental assumption underlying treatment is that increased

cognitive and behavioral coping skills will help the person to tolerate delayed gratification and to experience craving less acutely. This should help him to abstain.

The relapse prevention curriculum progresses through a series of lessons. The information learned in each session lays the foundation for later sessions. The content of the curriculum will undoubtedly change over the life of the project as the effectiveness of each component is evaluated.

The core curriculum includes strategies for coping with urges and craving; strategies for managing emotion, particularly anger; strategies for building up one's tolerance for frustration; exercises in recognizing high-risk situations and strategies for dealing with them; help in recognizing situations conducive to relapse set up by the client himself; and what to do if a lapse occurs.

In group, counselors will draw examples of maladaptive responses from the experiences of group participants in order to illustrate the differences between adaptive and maladaptive responses. The group will identify the cognitive contributors (i.e., irrational beliefs or faulty attributions which maintain addictive behaviors) to problematic situations, and refute them. Counselors will draw on these examples to model the skill to be taught step-by-step. These displays of modeling may be live or videotaped. After the display, the group will discuss its relevance and utility. Then participants rehearse the skill by role-playing. Each group member gives feedback to the actor and the latter responds. Counselors give particular attention to reinforcing positive aspects of performance.

Another technique commonly employed in relapse prevention is self-monitoring, both as an assessment aid and as a tool for change. Participants are asked to keep a journal of their urges and cravings and the surrounding circumstances. These episodes are discussed in group, with particular attention to the effectiveness of the participant's actions, imagining more effective strategies, and reinforcing successful behavior.

Upon completion of the core curriculum, participants will form follow-up groups to consider additional topics: assertiveness and social skills; social pressure and refusal skills (moving beyond "Just say no"); breaking off relationships with active users; structuring leisure time; building new friendships; and planning for remaining drug free in the long run.

The follow-up group is crucial to the transfer of skills to daily life. This is done by assigning homework, putting into practice in real settings the skills they have acquired through the core curriculum. Homework assignments generally begin with simple behaviors to be rehearsed, gradually leading up to complex and demanding assignments which more closely approximate the complexities faced in daily life.

## **Cognitive Skills Training:**

Cognitive skills training groups are held five times per week and utilize a curriculum developed by Dr. Robert R. Ross which is already in use at the Bronx Bail Bond Agency. Cognitive skills training is intended to identify and remedy specific cognitive deficits which research has shown are common among offenders and which may be a contributing cause of their inadequate social adjustment and maladaptive behavior. Its premises are that:

- Offenders tend to be under-socialized. They lack the values, reasoning and social skills required for appropriate social adjustment; and that
- These skills can be taught.

Cognitive skills training attempts to modify the impulsive, egocentric, illogical and rigid thinking patterns of offenders. It teaches them to stop and think before acting, to consider the consequences of their behavior for themselves and for others, and to think of better responses to difficulties.

Like relapse prevention, cognitive skills training is predicated on the tenets of social learning theory. The techniques employed are conducive to the development of critical reasoning skills, general social skills, social perspective taking, problem-solving, emotion management, and empathy for others.

A central premise of cognitive skills training is that people learn best by doing or practicing new skills or behaviors rather than by simply talking about them. Therefore cognitive skills training uses performance-based techniques to change behavior. A performance-based technique is one which involves identifying the skills that need practice, performing them in front of the group, receiving the criticism of the group, and incorporating group feedback into further performances. Two examples of performance-based techniques are role-playing and "brainstorming"-- group analysis of a problem into its component parts or of a skill into its component "microskills. "

Performance-based techniques are used to teach a skill called "stopping and thinking," intended to remedy the impulsivity characteristic of many offenders. Participants will take part in a series of exercises to help them recognize the benefits of deliberate thought and to practice the skill. Individual participants then relate for group discussion instances of impulsive action and its consequences. The group then brainstorms about sample problems introduced by the leader, focusing on the relationship of proposed solutions to the participant's goals.

The skills learned are reinforced by material rewards, recognition or praise by the trainer, and group support. The process moves from simple hypothetical situations to the complexities of social interaction in real life. Offenders gradually learn that their new skills enable them to cope more effectively than they have done hitherto.

Many of the activities begun in Phase I will continue in Phase II of the program. However, their content will be adapted to assure its consonance with the emphasis on skill acquisition of Phase II.

For example, the opportunity to participate in recreational activities will depend upon compliance with the program and achievements within it. Drug testing will be performed only two or three times per week -- still sufficient to detect use, but symbolizing that the participant has by his or her performance so far earned a degree of trust. Lapses will serve as occasions for group and self-examination in the relapse prevention program; the clinical response may therefore be more flexible than in Phase I. Individual counseling will decrease in frequency to two or three times per week and will serve to reinforce the skills being acquired through the Cognitive Skills and Relapse Prevention curricula.

### **A Typical Day in PHASE II:**

Once a participant graduated to Phase II, he or she will spend eight hours a day in the program, and will begin attending Relapse Prevention groups and Cognitive Skills Training classes every day. Individual counseling will be reduced to an average of two times each week. Continued attendance in special groups will be required, and Narcotics Anonymous meetings will be encouraged.

A possible schedule for a day will be:

1:00pm - 3:00pm Relapse Prevention Core Curriculum (30 days)

3:00pm - 3:30pm Break

3:30pm - 5:00pm Cognitive Skills Training (non-core)

5:00pm - 6:00pm Dinner

6:00pm - 7:00pm Individual Counseling or Educational Video

7:00pm - 9:00pm Recreation

No participant will progress to Phase III who has not completed the program requirements of Phase II.

### **Phase III -- Community Preparation (30 days)**

The emphasis in Phase III will be upon acquiring the life skills and habits necessary for success in the job market, while maintaining and broadening the use of the skills acquired in Phase II. Participants will spend only six hours per day in the program (down from eleven), leaving them time to search for work.

To accomplish these objectives, the program will introduce Life Skills Workshops in this phase. Participants will learn about setting and achieving realistic goals for education, employment, place of residence and family relationships. They will learn parenting skills, including information about nutrition, hygiene, and grooming, and about meeting their children's emotional needs. They will learn skills related to a job search, such as preparing a resume, developing contacts, preparing for an interview, and making a favorable impression during an interview. They will also learn about money management and financial responsibility, such as budgeting and reviewing bills.

Drug testing will continue twice weekly for all participants, and more frequently for those who have slipped. Individual Counseling sessions will also be held at least twice a week.

The Relapse Prevention follow-up groups begun in Phase II will continue to meet three times a week. They will focus on maintaining relapse prevention skills and relating them to the events of daily life as participants spend less time in the program. Similarly, follow-up groups meeting once a week will be established to reinforce the lessons of the Phase II Cognitive Skills program.

### **A Day in Phase III:**

During Phase III, participants will be required to attend structured program activities from 3:00pm to 9:00pm. It is expected that participants will look for employment and engage in other constructive community activities during the earlier hours of the day. Participants will attend Life Skills classes daily, and will no longer be required to attend Cognitive Skills Training classes or Core Relapse Prevention sessions. They will meet with their individual counselors twice weekly, will attend follow-up Relapse Prevention and Cognitive Skills groups five times each week. They will no longer attend educational classes, but will continue to attend special interest groups watch educational videos. A possible day for a participant in Phase III will be:

3:00pm - 5:00pm Life Skills Class

5:00pm - 6:00pm Dinner

6:00pm - 7:30pm Follow-up Group (Relapse Prevention and Cognitive Skills Training)

7:30pm - 8:00pm Break

8:00pm - 9:00pm Special Interest Group

Acceptance in Phase IV will depend upon successful completion of Phase III, including securing employment. Those participants who cannot find jobs (or full-time job training) will remain in Phase III.

### **Phase IV – Community Reintegration (3 months)**

Phase IV focuses on the maintenance and expansion of the gains made during the earlier phases as the participant returns to life in the community. Participants will report three evenings a week. They will be randomly tested for drugs about once a week, and more often if it appears necessary. Individual counseling will continue once a week and follow-up groups will meet twice weekly. Backsliding in Phase IV may be met by reassignment to Phase III.

#### **A Typical Day in Phase IV:**

Participants in Phase IV will be required to spend minimal amounts of time in structured program activities. They will meet with their individual counselor once each week and will attend a Follow-Up Group twice each week. A possible schedule for one of the three nights a Phase IV participant will be required to attend the program will be:

6:00pm - 7:30pm Follow-Up Group

7:30pm - 8:00pm Break

8:00pm - 9:00pm Individual Counseling (once each week)





## Compliance Strategies

Given the level of behavioral compliance required in implementing cognitive-behavioral interventions, we will make three things very clear to participants in order for treatment to effect behavioral change:

**1. Satisfactory involvement in the program ought to result in a non-incarcerative sentence or probation, thereby providing a positive incentive to comply with the various "hoops" they will be expected to jump through.**

Having a significant quid pro quo to encourage behavioral compliance is particularly important with a drug-involved population.

**2. Program participation will result in other tangible and significant rewards as participants progress through the program.**

The contents of the curricula described below are considered intrinsically rewarding and involving by their developers. Prior to making the decision to implement these curricula, Vera planners visited community-based and in-jail programs around the country (and Canada) which were using them, and took the opportunity to speak to numerous program participants. Our interviews verified that many program participants find that the techniques learned are useful to them in a variety of situations and that they are engaging and interesting.

Progression through phases of treatment will reward participants with less actual time required in-program, as participants prove themselves capable of handling it. They will also have the opportunity of accessing other rewarding activities (i.e., employment, vocational education or training, GED or college) as a direct consequence of their progress through the program.

An intrinsic part of program structure will be to build in cultural and recreational activities which will be used on a contingent basis to reward progress and satisfactory participation in the program. Material incentives may also be used from time to time in order to enhance the effectiveness of activities (e.g.; program hats and T-shirts; consumables; trips to movies and ball games; etc.)

**3. Non-compliance will have immediate and significant effects.**

Although not supervised under the statutory powers which accrue to the Bail Bond Agency, the Delta program participants should nonetheless feel themselves constrained by a tight programmatic "string" which can be pulled almost immediately when there is a lapse in compliance. Satisfactory involvement means that participants must successfully progress through the various phases of the program. Performance which is not satisfactory -- i.e., non-compliance or poor performance -- may result in return to earlier treatment

phases which will include more intensive supervision and accountability, or in referral to other service agencies (e.g.; detoxification or residential treatment facilities) either permanently or until clients are stabilized sufficiently to resume participation. Where these measures fail to secure progress in attaining clinical goals, staff will refer the case back to the court and request issuance of an arrest warrant.

Our observations of the Vera Institute's Bail Bond Agency experience and of that of CASES ATI programs suggest that the stick is as important as the carrot, if not more so. The degree of tolerance for non-compliance must appear to be minimal to program participants, though in reality we must try to curb, as much as possible, the usage of program dismissal (and eventual return to custody by the court) as a sanction. Accordingly, the program will rely primarily upon a range of intermediate responses short of program expulsion in order to enhance compliance. These could include "home detention" (verified via telephone and monitor contact); increases in frequency of urinalysis; decreased curfew on non-program days; exclusion from recreational and cultural activities; and increased frequency of monitoring in the community by program staff. Additionally, as noted above, positive reinforcements will be built into the program which will be contingent upon satisfactory performance by participants.

## Court Advocacy

An important objective of the program is to save jail and prison beds by increasing its successful participants' chances for a non-incarcerative sentence.<sup>7</sup> To this end only participants eligible for such a sentence will be accepted. Before sentencing the program will provide the court with a written report describing the nature of the treatment services provided, the course of the participants' treatment, the participants' success at seeking and holding a job, and other relevant facts. The program may recommend the imposition of specific non-custodial sentence conditions as appropriate. A program staff member personally familiar with the client will attend all hearings at which his or her input might prove helpful to the court.

All advocacy activities will be carried out after due consultation with the client's counsel, and with due consideration given to issues of confidentiality.

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<sup>7</sup> It is possible that some participants may be sentenced before the completion of the six month program, although it is anticipated that the court will delay sentencing to permit participants to complete. "Successful" participants, in this context, therefore includes those who, at the time of their sentencing hearing, have not yet advanced through all the stages of the program but whose behavior is appropriate to the stage they have reached so far.



## Success/Failure

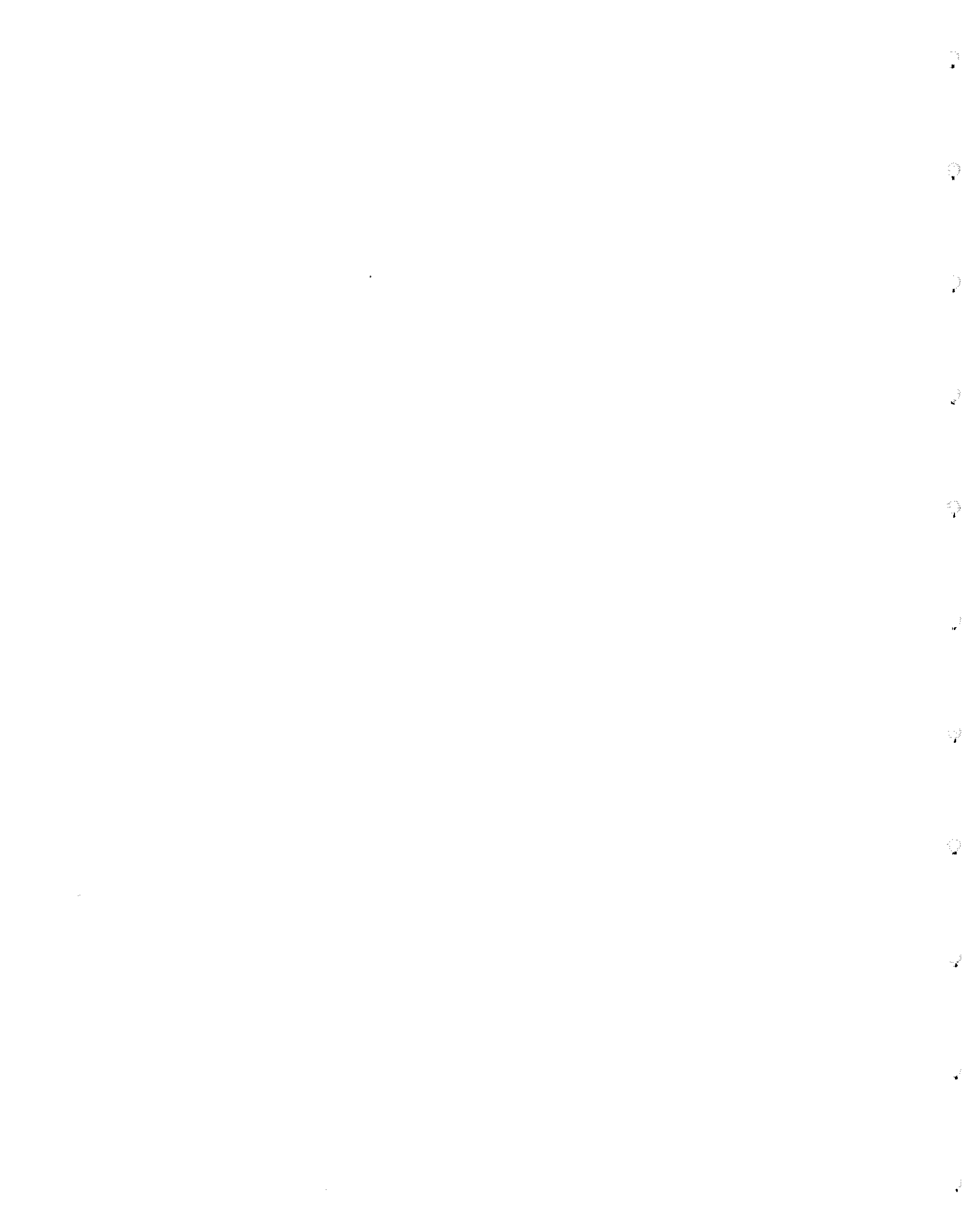
We anticipate a "failure" rate in the range of 30 to 40 percent in the first year of program operations. "Failure" will be defined as all program terminations due to re-arrest, a persistent pattern of non-compliance with program requirements, and absconson. We arrive at this estimate by considering the return rates which have prevailed during the early months of operations of Vera's three Bail Bond Agencies. We believe that rate to be a reasonable approximation of program failure in the first year given that we will capitalize on the monitoring expertise of the Bail Bond Agency in responding to lapses in attendance and other manifestations of program noncompliance.

Participation will be terminated for the following reasons:

- Commission of any crime on program premises (including drugs or weapons on site).
- Theft or violence on premises.
- Inability to achieve at least two weeks of sobriety in Phase I.
- Failure to complete either Phase I or II of treatment after a second attempt.
- Refusal to participate in essential services.

We will define as "successful" participants those who:

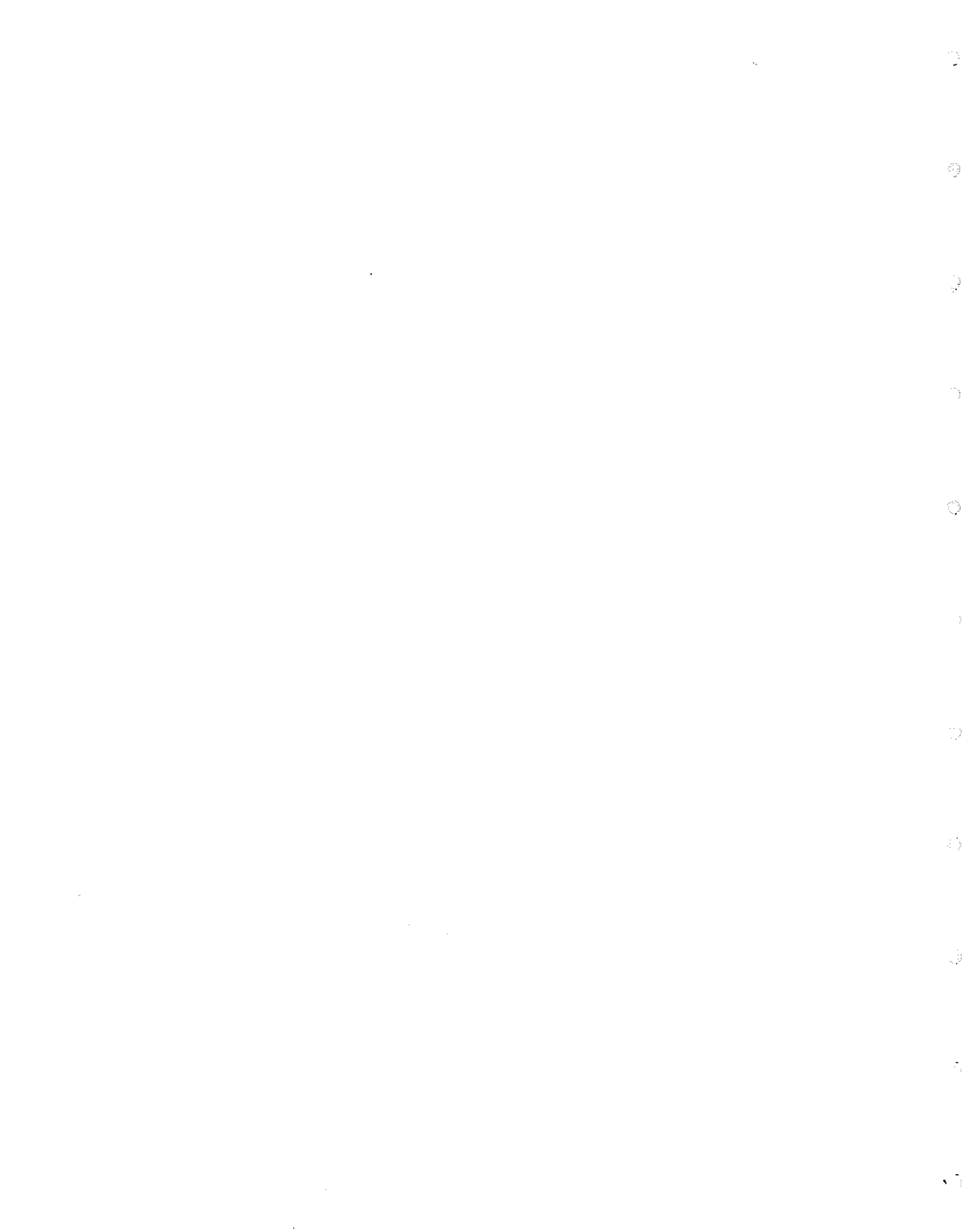
- Proceed through the treatment phases in a timely fashion.
- Demonstrate an earnest effort to achieve and maintain sobriety as manifested by an ongoing record of negative urinalysis results.
- Successfully engage in treatment as manifested by participation in, and attendance at, groups and individual sessions.



## Program Costs

At the intake rate discussed above, we can anticipate approximately 15 to 25 participants in Phase I at any given time. Subsequent phases are more difficult to forecast due to the expected attrition of unsuccessful participants. Due to the sequential nature of the Relapse Prevention curriculum (described above), groups must be formed in cohorts. Given a minimal group size of four and a maximum group size of 12, and given that Vera's Bronx Bail Bond Agency will contribute perhaps three to six of its own principals to the group per month, we should be able to begin two-to-three cycles per month, with approximately 15-20 treatment participants in Phase II at any given time. Cognitive skills groups are designed so that participants may enter at any time, without the difficulty of having to arrange cohorts. Phase III will contain the graduates of Phase II, plus any clients who have not progressed or will not progress to Phase IV for whatever reasons. Hence, Phase III may contain 15-20 N part clients at any given time. In Phase IV clients will require less attention by staff and they will spend considerably less time at the program site. Given a flow into Phase IV of approximately 10 clients per month, there may be approximately 20-30 clients in Phase IV at any given time. With a full program census of 80, counselors will have an individual caseload of approximately 20 clients each.

The phase structure outlined above maximizes the services which a relatively small staff can provide to a relatively large number of participants. At an annualized cost of \$499,776, program cost per participant equals \$3,124. The Division of Substance Abuse Services currently pays \$5,000 to \$7,000 per year for outpatient treatment slots in programs which may involve only one or two treatment sessions per week. Thus the annualized "slot" costs of the proposed program, which offers sessions at least five times per week and an average of eight hours per day through Phase III, compare very favorably with other programs for the level and intensity of service delivered.





**TABLE 1**  
**DEMOGRAPHIC INFORMATION**  
**COMPARISON OF TOTAL SAMPLE AND TARGET GROUP SAMPLE**

<u>AGE</u>	<u>Total Group</u>		<u>Target Group</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
15-18	63	10.1	35	8.6 11.4
19-20	57	9.2	33	8.6 6.8
21-22	63	10.1	34	8.6 9.1
23-24	68	11	75	20 18.2
25-26	68	11	33	6.8
27-28	56	9	33	8.6 6.8
29-30	57	9.2	34	8.6 9.1
31-35	110	17.7	76	20 12.6
36-40	44	7.1	55	14.8 11.4
41 or Older	35	5.6	12	2.9 6.8
<b>TOTAL</b>	<b>621</b>	<b>100</b>	<b>354</b>	<b>100</b>
Average Age	27		28.28	
Range	15 - 58		18-42 16-58	
<u>RACE</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
AFRICAN AMERICAN	208	33.5	89	22.8 20.5
WHITE	13	2.1	2	4.5
LATINO	392	63.1	273	27.8 75.0
AMERICAN INDIAN	1	0.2		
OTHER	7	1.1		
<b>TOTAL</b>	<b>621</b>	<b>100</b>	<b>354</b>	<b>100</b>
<u>GENDER</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
MALE	543	87.4	323	91.4 80.4
FEMALE	78	12.6	36	8.6 12.6
<b>TOTAL</b>	<b>621</b>	<b>100</b>	<b>354</b>	<b>100</b>

**TABLE 2**  
**CRIMINAL JUSTICE AGENCY COMMUNITY TIES INFORMATION**  
**COMPARISON OF TOTAL SAMPLE AND TARGET FROUP SAMPLE**

<u>CJA PRETRIAL RELEASE RECOMMENDATION</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
RECOMMENDED FOR RELEASE	147	23.7	144	29.9
QUALIFIED FOR RELEASE.	134	21.6	116	18.6
INSUFFICIENT COMMUNITY TIES	163	26.2	119	10.5
NOT A NY RESIDENT.	4	0.6		
CONFLICTING INFORMATION	27	4.3	1	2.9
INTERVIEW INCOMPLEAT	3	0.5		
BENCH WARRANT	143	23	155	34.1
TOTAL	621	100	354	100
<u>EMPLOYMENT STATUS</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
EMPLOYED	227	36.6	110	22.7
NOT EMPLOYED	357	57.6	222	72.7
EMPLOYMENT STATUS NOT VERIFIED	36	5.8	12	4.5
TOTAL	620	100	354	100
Missing	1			
<u>HOUSEHOLD STATUS</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
LIVES WITH FAMILY	374	60.3	120	45.5
NOT WITH FAMILY	207	33.4	120	45.5
LIVING STATUS NOT VERIFIED	39	6.3	14	9.1
TOTAL	620	100	354	100
Missing	1			
<u>RESIDENCY STATUS</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
NY AREA ADDRESS	620	100	354	100
TOTAL	620	100	354	100
Missing	1			
<u>TELEPHONE ACCESS</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
HAS TELEPHONE	212	34.2	112	22.9
NO TELEPHONE	358	57.7	229	65.9
TELEPHONE NOT VERIFIED	50	8.1	13	6.2
TOTAL	620	100	354	100
Missing	1			

**TABLE 3**  
**CRIMINAL HISTORY INFORMATION**  
**COMPARISON OF TOTAL SAMPLE AND TARGET FROUP SAMPLE**

<u>FIRST ARREST</u>	N	%	N	%
YES	130	21	<del>15</del> 5	<del>11.4</del> 11.4
NO	489	78.9	<del>31</del> 39	<del>88.6</del> 88.6
UNKNOWN	1	0.2		
TOTAL	620	100	<del>35</del> 44	100
Missing	1			
<u>PRIOR FELONY CONVICTIONS</u>	N	%	N	%
0	417	67.1	<del>35</del> 44	100
1	147	23.7		
2 or MORE	57	9.2		
TOTAL	621	100	<del>35</del> 44	100
Missing	1			
<u>PRIOR MISDEMEANOUR CONVICTI</u>	N	%	N	%
0	387	62.4	<del>28</del> 30	<del>68.8</del> 68.2
1	89	14.4	<del>8</del> 5	<del>14.3</del> 11.4
2	43	6.9	<del>2</del> 3	<del>5.7</del> 6.8
3 or 4	56	9	<del>8</del> 3	<del>8.6</del> 6.8
5 or MORE	45	7.3	<del>2</del> 3	<del>2.9</del> 6.8
TOTAL	620	100	<del>35</del> 44	100
Missing	1			
<u>OPEN CASES</u>	N	%	N	%
0	311	50.2	<del>12</del> 17	<del>34.3</del> 38.6
1	177	28.5	<del>14</del> 17	<del>40</del> 38.6
2	91	14.7	<del>6</del> 10	<del>25.7</del> 22.7
3 or more	41	6.6		
TOTAL	620	100	<del>35</del> 44	100
Missing	1			

**TABLE 4**  
**CRIMINAL CASE INFORMATION**  
**COMPARISON OF TOTAL SAMPLE AND TARGET FROUP SAMPLE**

<u>LOWEST BAIL AMOUNT</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
\$1-250	23	3.7	11	29 2.3
\$251-500	73	11.8	13	29 6.8
\$501-750	38	6.1	24	5.7 9.1
\$751-1000	99	15.9	77	20 15.9
\$1001-1500	65	10.5	11	31.4 25.0
\$1501-2000	30	4.8	45	11.4 11.4
\$2001-2500	31	5	2	8.6 4.5
\$2501-3500	17	2.7	1	2.9 2.3
\$3501-5000	17	2.7	2	5.7 4.5
\$5001+	11	1.8	1	2.9 2.3
NO BAIL ROR	1	0.2	7	15.9
NO BAIL REMAND	216 ↘	34.8 ↘	57	
<b>TOTAL</b>	<b>621</b>	<b>100</b>	<b>3544</b>	<b>100</b>
<u>COURT OF DISPOSITION</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
CRIMINAL COURT	296	47.7	1	2.9 2.3
SUPREME COURT	325	52.3	43	97.1 97.7
<b>TOTAL</b>	<b>621</b>	<b>100</b>	<b>3544</b>	<b>100</b>
<u>BAIL STATUS</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
REMANDED	2	0.3		
BAIL NOT MADE	379	61	36	91.4 89.8
BAIL MADE	24	3.9	1	2.9 2.3
ROR	216	34.8	7	5.7 15.9
<b>TOTAL</b>	<b>621</b>	<b>100</b>	<b>3544</b>	<b>100</b>
<u>TOP CHARGE AT ARRAIGNMENT</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
FA	22	3.5		
FB	453	72.9	44	100
FC	40	6.4		
FD	103	16.6		
FE	3	0.5		
<b>TOTAL</b>	<b>621</b>	<b>100</b>	<b>3544</b>	<b>100</b>
<u>TOP CHARGE AT DISPOSITION</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
FA	10	1.7		
FB	123	20.7	15	34.5 34.1
FC	144	24.3	28	62.9 63.6
FD	56	9.4		
FE	23	3.9		
MA	180	30.4	1	2.9 2.3
MB	13	2.2		
MU	1	0.2		
VI	43	7.3		
<b>TOTAL</b>	<b>593</b>	<b>100</b>	<b>3544</b>	<b>100</b>
Missing	28			

TABLE 4  
CRIMINAL CASE INFORMATION  
COMPARISON OF TOTAL SAMPLE AND TARGET FROUP SAMPLE

<u>DISPOSITION STATUS</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
GUILTY	446	71.8	3544	100
DISMISSED/ACQUITTED	121	19.5		
WARRANT ORDERED	35	5.6		
OTHER	19	3.1		
TOTAL	621	100	3544	100

TABLE 5  
SENTENCES RECEIVED  
COMPARISON OF TOTAL SAMPLE AND TARGET FROUP SAMPLE

<u>SENTENCE</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
CONDITIONAL DISCHARGE	34	9.2		
FINE	32	8.6		
TIME SERVED	3	0.8		
PROBATION	22	5.9	182	28.45
PROBATION AND TIME SERVED	19	5.1		
PROBATION AND JAIL	12	3.2	84	8.9
JAIL	124	33.5	1819	43.2
PRISON	124	33.5	1819	43.2
TOTAL	370	100	3844	100
Missing	251			

## Appendix A.

## VARIABLES EXAMINED FOR CORRELATION WITH THE PREDICTOR VARIABLE

Variable	Label	N	Minimum	Maximum	Mean
MSAFSEV	ARRAIGNMENT CHARGE SEVERITY 1=FEL A, 2=FEL B 3=FEL C, 4=FEL D, 5=FEL A,6=MISD A, 7=MISD B, 8=VIOL.	160	1	4	2
BINATARG	DEFENDENT IN AT ARRAIGNMENT 1=YES 0=NO	160	0	1	1
ARBAIL	CASH BAIL AMOUNT LEAVING ARRAIGNMENT	160	0	10,000	834
AGE	AGE	160	16	58	26
BHISP	HISPANIC? 1=YES 0=NO	160	0	1	1
BBLACK	BLACK? 1=YES 0=NO	160	0	1	0
PFEL	NUMBER PRIOR FELONY CONV	160	0	0	0
PMIS	NUMBER PRIOR MISD CONV	160	0	13	1
OPEN	NUMBER OF OPEN CASES	160	0	4	1
FIRAR	FIRST ARREST 1=YES 2=NO	160	1	2	2
NSTAMP	CJA STAMP RECOMMENDATION 1=HIGH ..5=LOW	160	1	5	3
BE CAB	ECAB RATING: A=0 B=1 C=2 D=3	149	0	3	1
BSCHOOL	SCHOOL CASE 1=YES 0=NO	145	0	1	0
BBANDB	ARREST IS BUY & BUST? 1=YES 0=NO	155	0	1	0
BOBSS	ARREST IS OBSERVATION SALE? 1=YES 0=NO	155	0	1	0
BPOSS	ARREST IS POSSESSION CHARGE? 1=YES 0=NO	155	0	1	0
BEVIDDP	DRUG PARAPHANALIA SEIZED? 1=YES 0=NO	160	0	1	0
BLABREP	DRUG LAB REPORT PRESENT? 1=YES 0=NO	160	0	1	1
BBUYMNYR	BUY MONEY RECOVERED? 1=YES 0=NO	160	0	1	0
BUNIF	DEFENDENT ID'D BY UNIF COP? 1=YES 0=NO	158	0	1	1
BLEGAL	ATTORNEY=LEGAL AID 1=YES 0=NO	160	0	1	0
BPRIVATE	ATTORNEY=PRIVATE? 1=YES 0=NO	160	0	1	0
B18B	ATTORNEY=18B? 1=YES 0=NO	160	0	1	0
BNSEVM	PLEA OFFER SEVERITY 1=FEL A, 2=FEL B 3=FEL C, 4=FEL D,	129	3	8	4
BDIFFSEV	ARRAIGNMENT SEVERITY - PLEA SEVERITY	160	0	7	2
BNPROB	PROB IS PART OF PLEA OFFER 1=YES 0=NO	140	0	1	0
BNTS	PLEA OFFER IS T.S 1=YES 0=NO	140	0	1	0
BNDAYS	PLEA OFFER HAS JAIL TIME IN DAYS	140	0	730	161
BPLEATRG	PLEA OFFER W/ TARGET JAIL TIME=1 OR NOT=0	140	0	1	0

## Appendix B.

## VARIABLES USED IN THE SELECTION OF THE FINAL MODEL

Variable	Label	N	Minimum	Maximum	Mean
MSAFSEV	ARRAIGNMENT CHARGE SEVERITY 1=FEL A, 2=FEL B 3=FEL C, 4=FEL D, 5=FEL E, 6=MISD A, 7=MISD B, 8=VIOL	160	1	4	2
BINATARG	DEFENDENT IN AT ARRAIGNMENT 1=YES 0=NO 16	160	0	1	1
ARBAIL	CASH BAIL AMOUNT LEAVING ARRAIGNMENT	160	0	10,000	834
FIRAR	FIRST ARREST 1=YES 2=NO	160	1	2	2
NSTAMP	CJA STAMP RECOMMENDATION 1=HIGH ..5=LOW 16	160	1	5	3
BE CAB	ECAB RATING A=0 B=1 C=2 D=3	149	0	3	1
BSCHOOL	SCHOOL CASE 1=YES 0=NO	145	0	1	0
BBANDB	ARREST IS BUY & BUST? 1=YES 0=NO	155	0	1	0
BOBSS	ARREST IS OBSERVATION SALE? 1=YES 0=NO	155	0	1	0
BPOSS	ARREST IS POSSESSION CHARGE? 1=YES 0=NO 15	155	0	1	0
BLABREP	DRUG LAB REPORT PRESENT? 1=YES 0=NO	160	0	1	1
BBUYMNYR	BUY MONEY RECOVERED? 1=YES 0=NO	160	0	1	0
BUNIF	DEFENDENT ID'D BY UNIF COP? 1=YES 0=NO	158	0	1	1
BNSEVM	PLEA OFFER SEVERITY 1=FEL A, 2=FEL B 3=FEL C, 4=FEL D, 5=FEL E, 6=MISD A, 7=MISD B, 8=VIOL	129	3	8	4
BDIFFSEV	ARRAIGNMENT SEVERITY - PLEA SEVERITY	160	0	7	2
BNTS	PLEA OFFER IS T.S 1=YES 0=NO	140	0	1	0
BNDAYS	PLEA OFFER HAS JAIL TIME IN DAYS	140	0	730	161
BPLEATRG	PLEA OFFER W/ TARGET JAIL TIME=1 OR NOT=0	140	0	1	0