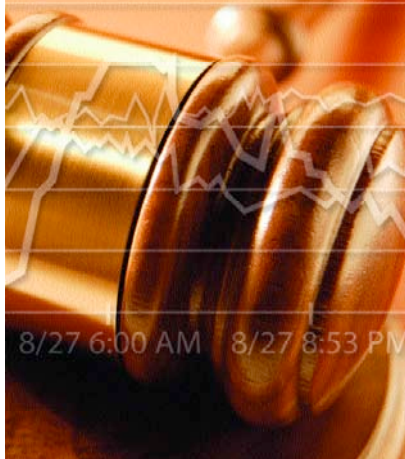
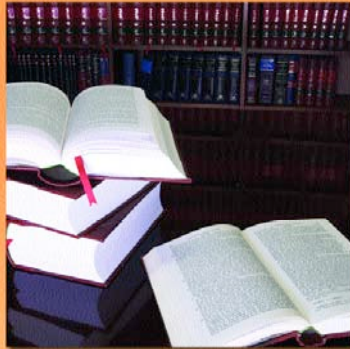


Continuous Transdermal Alcohol Monitoring: A Practitioner's Guide



Continuous Transdermal Alcohol Monitoring: A Practitioner's Guide

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The Traffic Injury Research Foundation


The mission of the Traffic Injury Research Foundation (TIRF) is to reduce traffic-related deaths and injuries. TIRF is an independent, charitable road safety institute. Since its inception in 1964, TIRF has become internationally recognized for its accomplishments in identifying the causes of road crashes and developing programs and policies to address them effectively.

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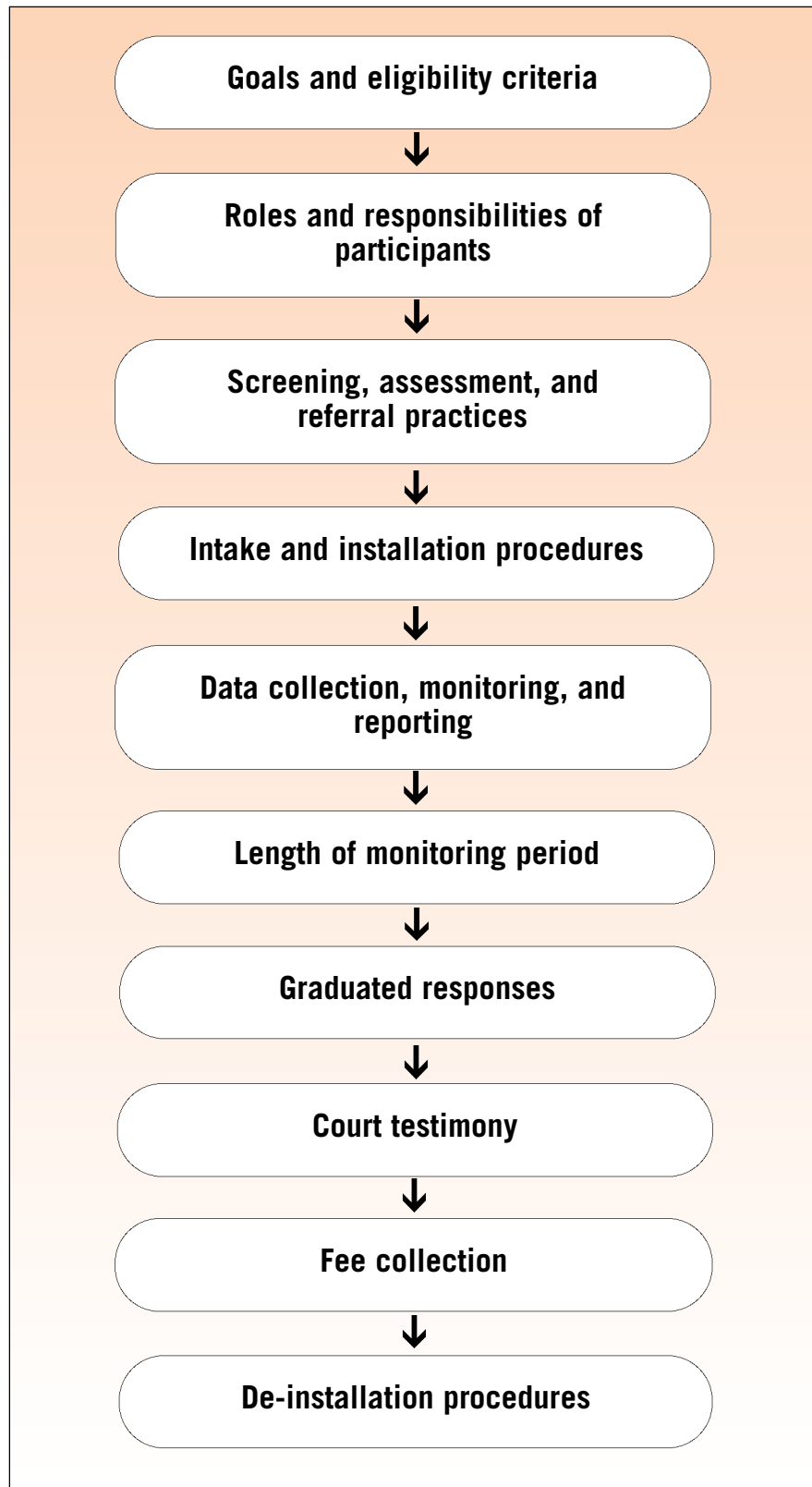
Table of Contents

Report Outline	iv
Prologue	1
Development of the Guide	3
Practitioner's Guide	5
Goals and eligibility criteria	6
Roles and responsibilities of participants	8
Screening and assessment	10
Referral practices	11
Intake and installation procedures	12
Data collection, monitoring, and reporting	15
Data collection	15
Monitoring	15
Reporting	16
Sharing data with treatment providers	18
Length of monitoring period	19
Graduated responses	20
Absconders	21
Court testimony	22
Fee collection	23
De-installation procedures	24
Epilogue	25
References	26
Appendix I: Agency Questionnaire	27
Appendix II: Agency Compliance Report	31
Appendix III: Violation Report	33
Appendix IV: Client Compliance Report	35
Appendix V: Request for Testimony	37
Appendix VI: Referral Form	39
Appendix VII: Program Participation Agreement	41
Appendix VIII: Client Policy	45
Appendix IX: Feedback Form	47



Report Outline

Implementation Process



Prologue

Technology and the Criminal Justice System

Continuous transdermal alcohol monitoring technology monitors the drinking behavior of offenders. This occurs through the testing of insensible perspiration (vaporous sweat) excreted through the skin for alcohol consumption. In the last decade, this technology has evolved into a non-invasive continuous transdermal alcohol monitoring bracelet that monitors alcohol consumption 24/7 from any location. Since 2003, over 40 American states have implemented the Secure Continuous Remote Alcohol Monitor (SCRAM®), the only commercially-available continuous transdermal alcohol monitoring technology to date.

As with any new technology introduced in the criminal justice system, implementation faces numerous obstacles. The justice system is a complex array of interdependent agencies, each with various goals and responsibilities. The challenge is to incorporate the technology in a way that streamlines and simplifies operations across agencies, improves the quality of supervision, and enables officers to create accountability among offenders to encourage sustainable changes in behavior.

Historically, agencies within the justice system have received limited guidance when incorporating electronic monitoring technologies into existing supervision practices due to a lack of supportive research and evaluation. Today, agencies rely on a range of technologies to aid in supervision; yet, the extent to which they are used and the ways in which they are applied vary widely. Many agencies have developed their own practices and strategies for using these technologies, often using the time-consuming process of trial and error.

The consequences of this inconsistent and unguided approach are far reaching. Paradoxically, agencies expend considerable time, energy, and resources developing effective ways to use technologies designed to better monitor caseloads, manage workloads, and improve the effectiveness and efficiency of offender management and supervision. Agency administrators are faced with identifying how these technologies should be applied, and front-line officers must develop practices to support the use of the technology. More importantly, efforts by administrators or front-line personnel to determine what impact technologies are having on offenders and agency operations, or at what cost, have generally been unscientific and sporadic.

It has been equally challenging for researchers to identify “evidence-based practices” to maximize the potential of technologies to control offending behavior and reduce recidivism. Despite the existence of projects that incorporate electronic supervision in almost all states, few projects have been evaluated. Moreover, no two applications are alike, making comparisons between and across jurisdictions difficult and limiting the ability of researchers to determine what elements or strategies have the greatest impact and produce the best outcomes. Not surprisingly, administrators and practitioners frequently rely on technologies to achieve a variety of goals with little information about whether those goals are being met, or knowledge regarding how to improve outcomes.

A practitioner’s guide can help overcome these problems and assist agencies in developing a comprehensive supervision system using these technologies. Technology is simply a tool, and cannot replace supervision or serve the role of supervision by itself. A practitioner’s guide can support consistency in implementation across agencies and facilitate the development of strong evaluations and evidence-based practices.



That is the purpose of this report. It is the second in a three-part series. The first report was a primer on continuous transdermal alcohol monitoring, released in November 2006. This second report is designed to assist practitioners with incorporating continuous transdermal alcohol monitoring technologies into existing supervision practices. It is a practitioner's guide developed with input from researchers, criminal justice practitioners, treatment professionals, and service providers in several states.

The areas addressed in the document include:

- | | |
|---|-------------------------------|
| • Goals and eligibility criteria | • Length of monitoring period |
| • Roles and responsibilities of participants | • Graduated responses |
| • Screening, assessment, and referral practices | • Court testimony |
| • Intake and installation procedures | • Fee collection |
| • Data collection, monitoring, and reporting | • De-installation procedures |

To facilitate the development of evidence-based practices, the Appendix to this report provides a brief questionnaire (Appendix I) for officers to complete at the end of the implementation process. It can help agencies understand the implementation process and contribute to the development of “evidence-based practices.” This survey can assist agencies in identifying problem areas, refining the implementation process, and streamlining the use of technologies.



Development of the Guide

The contents of this practitioner's guide are derived from a series of in-depth telephone interviews with a small sample of field practitioners possessing considerable experience using technologies in general, as well as practical experience using SCRAM, the only commercially-available continuous transdermal alcohol monitoring technology to date.

TIRF researchers requested Alcohol Monitoring Systems, Inc. (AMS) to provide a sample of 40 practitioners representing prosecutors, court professionals, probation officers, and treatment and service providers. Criteria for selection included those representing a range of professions and agency types, years of experience in the justice system, experience using SCRAM and other technologies, size of program, program maturity, and jurisdiction. Researchers then independently selected 10 individuals for interview representing courts, probation, treatment, and service providers; a total of nine interviews were completed. Jurisdictions represented included Arizona, California, Colorado, Indiana, North Carolina, Oklahoma, Ohio, and Texas.

Researchers were seeking a sample of participants who had gained considerable experience in the field using a variety of technologies, and who had operationally strong programs that incorporated SCRAM. The goal of interviewing these participants was to identify the elements and processes that work best with this type of technology, discuss any obstacles to implementation, and describe ways that obstacles were overcome. The purpose was to identify how continuous transdermal alcohol monitoring technology can best be implemented and share these insights with other agencies across the country considering using this technology to aid supervision and increase compliance.

A brief description of the research initiative, including a list of subject areas to be discussed, was sent to the nine key practitioners who agreed to be interviewed to help them prepare. These advance materials were developed through a brief review of existing literature pertaining to electronic monitoring technologies and designed to ensure all topics relevant to implementation were covered without confining the respondents to a strict scheme. The materials also provided participants with an opportunity to consider the various aspects of their respective programs and their experiences prior to the discussion.

The interviews were conducted by telephone in the Fall of 2006 over a three-week period in October - November. The length of the interviews ranged from 40 minutes to an hour and 15 minutes. Several participants also provided the researchers with supplemental documentation used by their respective agencies following the interviews.

The individuals interviewed were:

- 1 Rodney Knotts, Senior Court Officer, Criminal District Court #1, Tarrant County Adult Probation, Fort Worth, Texas
- 2 Zach Dal Pra, Deputy Chief, Maricopa County Adult Probation, Phoenix, Arizona
- 3 Brian Hendrix, Director, Payne County Drug Court, Stillwater, Oklahoma
- 4 Brian Barton, Executive Director, Marion County Community Corrections, Marion County, Indianapolis, Indiana
- 5 Deana Brutto, Program Administrator, Home Incarceration Program, Oriana House, Akron, Ohio
- 6 Marilyn Rosenberg, Director, Electronic Monitoring Department, Denver City and County, Denver, Colorado
- 7 Larry Vanderwoude, President and CEO, Recovery Health Care Corporation, Dallas, Texas
- 8 Pat Verweil, President and CEO, Diversified Counselling, Orange County, California
- 9 Bruce Roberts, President and CEO, Rehabilitation Support Services LLC, Mecklenburg County, North Carolina



As stated previously, this practitioner's guide was based in large measure on the results of expert interviews. However, it was also reviewed prior to publication by a range of experienced practitioners representing judicial and probation agencies. Reviewers are listed in the acknowledgements at the front of the document. As such, this document is useful to agencies considering using or already using continuous transdermal alcohol monitoring technology. It warrants mentioning that the rationale and broad strokes of this document are also generally applicable to other alcohol monitoring technologies.



Practitioner's Guide

Continuous transdermal alcohol monitoring technology can facilitate the monitoring of offenders who abuse alcohol. This technology can provide staff with greater knowledge about the offenders they supervise, improve decision-making, and allow officers to better monitor their caseloads and manage their workloads. To ensure that this technology is wholly adopted and its benefits are realized, it is important to develop accepted practices that incorporate the technology into existing supervision strategies to facilitate the management and monitoring of offenders. It also requires the development of policies outlining how and to whom the technology will be applied to ensure consistency in use.

As agencies move forward with a decision to implement a continuous transdermal alcohol monitoring project as a component of supervision, they must first weigh the benefits of managing the project directly versus utilizing the services of a local service provider. Agencies can minimize direct costs by managing the many facets of a SCRAM project, however consideration must be given to the depletion of resources that occur due to increased staffing, workload, paperwork, and a greater focus on administrative requirements. Such duties may ultimately detract from the efficient supervision of offenders if not well managed.

While some larger agencies possess the staff and resources to effectively manage a project in-house and take responsibility for the many administrative and technical tasks associated with the use of any technology, medium and smaller agencies can benefit substantially from working cooperatively with a service provider. This may be especially appropriate in regard to product acquisition and personnel training. Agencies have generally found that service providers are well-equipped to manage project administration, installation support, offender collections and bad-debt expense, equipment inventory control, offender contact for compliance and equipment issues, and court support. Service providers receive considerable training from the manufacturer and are governed by policies and procedures to ensure consistency in operations, while maintaining flexibility to meet the needs of a court or probation agency.

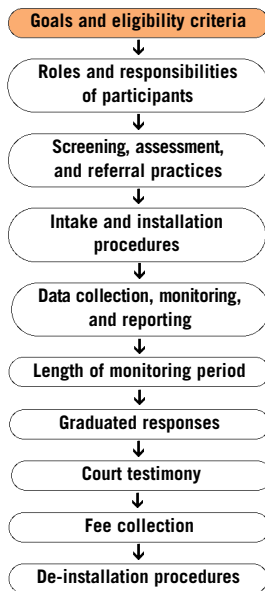
Prior to using this report, practitioners implicated in the delivery of this technology should have already received sufficient training and education about its operation and use, developed an understanding of the respective purpose and goals of implementing the technology, and be familiar with the offender population to which it will be applied.

This report is designed to guide practitioners through the critical steps associated with using a continuous transdermal alcohol monitoring technology, and allow them to incorporate those steps into existing practices in an effective and efficient manner. It can assist staff in becoming comfortable with, and confident in, the use of continuous transdermal alcohol monitoring technology, and provide them with a framework to develop a comprehensive set of practices and policies for applying this technology to offenders with diagnosed alcohol issues.

Moreover, consistent applications of the technology in a wide range of settings can form the basis for much-needed scientific evaluations of the impact of this technology. In some instances, technologies have been applied using diverse and distinct procedures and practices. As such, it can be challenging to identify “best practices” and optimal conditions to maximize outcomes (e.g., reductions in recidivism, success in treatment). Assisting practitioners in the implementation process can ensure that agencies collect the necessary data to complete a methodologically strong evaluation and facilitate comparisons across jurisdictions.

The following sections discuss the various steps involved in managing offenders using continuous transdermal alcohol monitoring technology and provide some caveats to guide decision makers in the development of standard practices for using the technology. Each section is preceded by a summary of the key points contained in that respective section. Again, training and educational efforts related to the function and use of the technology are recommended prior to reviewing this document.





Goals and eligibility criteria

Synopsis:

- Continuous transdermal alcohol monitoring technology is intended to support multiple agency goals including: increasing public and victim safety, distinguishing between high- and low-risk offenders, promoting behavior change, and reducing jail/prison populations. Offender eligibility must be guided by the purpose for which the technology is being used.
- Continuous transdermal alcohol monitoring technologies are best suited for offenders who have a history of persistent drinking behavior and non-compliance; have difficulty maintaining sobriety; have been unsuccessful in a treatment setting; or who have custody of minor children.
- Eligibility should be assessed on a case-by-case basis according to pre-selected criteria. Some offenders may be excluded based on pre-existing medical conditions or technical knowledge that allows him/her to compromise or circumvent monitoring.

According to the American Probation and Parole Association's guide on Offender Supervision with Electronic Technology (Crowe et al. 2002), the goal of electronic supervision programs is often intertwined with eligibility criteria. Deciding which offenders are eligible for electronic supervision in the community must be guided by the purpose for which the technology is being used.

Continuous transdermal alcohol monitoring technology supports multiple agency goals:

- increasing public safety and victim safety by closely monitoring an offender's drinking behavior 24/7;
- differentiating between high- and low-risk offenders to tailor conditions of supervision and creating accountability among offenders for their drinking behavior;
- promoting behavior change in combination with treatment; and/or,
- reducing jail/prison populations by providing cost-effective supervision alternatives.

Practitioners report that transdermal alcohol monitoring is a nexus between criminal justice and treatment settings. It is a tool that can facilitate the effectiveness of substance abuse treatment. This type of monitoring allows supervision professionals to take a more balanced approach to what have traditionally been opposing goals – enforcing compliance, supporting rehabilitation, and encouraging positive, pro-social behavior.

The purpose or goal of using the technology will guide the development of appropriate eligibility criteria to ensure that offenders most suited to the program's purpose are subject to the technology. Continuous transdermal alcohol monitoring technologies are best suited for offenders who have a history of persistent drinking behavior and non-compliance; have difficulty maintaining sobriety; have been unsuccessful in a treatment setting; or who have custody of minor children. Generally, agencies incorporate this technology to address compliance issues or to reduce the costs associated with incarceration. Officers report that this technology works well within larger agencies in which officers have considerable experience with other electronic monitoring technologies. It is also reported to work well in more rural jurisdictions where the population is more dispersed, and it is not practical for offenders to meet with their case manager two to three times a week because of the distance that has to be traveled. As such, continuous transdermal alcohol monitoring can enhance accountability by identifying offenders who consume alcohol.

Offenders most frequently monitored by this technology include:

- impaired driving offenders;
- domestic violence offenders where alcohol is identified as a contributing factor;
- illicit drug offenders who often return to alcohol when they are being actively tested for illicit drugs;
- juvenile offenders who demonstrate reckless behavior;
- substance abusing adults who have partial/full custody of minors; also may include individuals who are the sole provider of support for others, or who have the need to travel to sustain employment;
- low-risk offenders eligible for community release; and,
- licensed professionals (e.g., dentists, nurses, lawyers) whose drinking may jeopardize client safety or welfare.

While these categories of offenders can provide broad parameters for selection, eligibility should be assessed on a case-by-case basis according to pre-selected criteria.

Eligibility criteria may include:

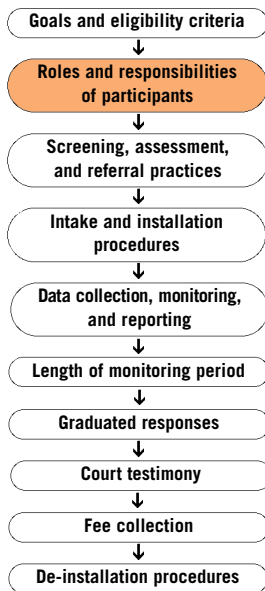
- | | |
|----------------------------------|--------------------------------|
| ___ offense history | ___ medical history |
| ___ number of prior convictions | ___ drinking history |
| ___ age | ___ employment history |
| ___ location of residence | ___ level of risk to community |
| ___ availability of a phone line | ___ family status |

Offenders who are classified into one of the broad categories listed above are eligible for enrollment into a supervision program using continuous transdermal alcohol monitoring but may be excluded for other more relevant reasons. For example, some offenders may be excluded for specific reasons such as elevated risk of absconding, medical conditions, or an advanced technical knowledge (Crowe et al. 2002) that allows him/her to compromise or circumvent monitoring. As such, agencies should develop a specific list of eligibility criteria and also identify clear reasons for excluding some offenders. It is also important for the agency to obtain a complete medical history to determine if there are any known pre-existing conditions that should be considered prior to assigning an offender to continuous transdermal alcohol monitoring.

Offenders may also be eligible for supervision using continuous transdermal alcohol monitoring technology according to their status within the justice system. To date, a majority of agencies have implemented SCRAM in a post-conviction setting. A few agencies are now beginning to expand their application of the technology to include pre-trial defendants, and use it as a condition of pre-trial release in order to allow the court to assess an offender's need for or amenability to treatment and their overall risk to the public prior to sentencing. In these instances, the bond officer may have responsibility for the use of SCRAM instead of probation officers. Continuous transdermal alcohol monitoring may be beneficial at several points in the justice system, and agencies may find that applying a technology such as SCRAM in one or more supervision strategies within an agency may result in economies of scale.

Of some interest, practitioners report that a technology such as SCRAM works particularly well in DWI and Drug Courts because the technology facilitates close monitoring of offenders, creates greater accountability of offenders, and allows the data from the device to be readily shared with the DWI Court team to monitor progress and help modify behavior. Practitioners report that SCRAM also works well with young offenders because parents are often supportive of the technology due to the ease of monitoring drinking behavior and the level of accountability created. Employers and spouses are also reported to support the use of SCRAM to ensure offenders maintain employment and reduce drinking episodes in the home.





Roles and responsibilities of participants

Synopsis:

- *The role of court/probation officers is to provide appropriate supervision to pre-trial defendants/offenders; ensure compliance with court-ordered conditions of supervision; actively encourage successful completion of supervision; enhance public safety; and, coordinate services with treatment providers.*
- *The role of service providers is to facilitate the effective use of the technology to enhance supervision practices, and provide assistance and support to court/probation agencies that enable defendants/offenders to successfully complete the requirements of supervision.*
- *Specific duties are outlined below.*

A variety of individuals play a role in the effective delivery of continuous transdermal alcohol monitoring technologies. The roles and responsibilities of court and/or probation officers and service providers are described below. The responsibilities of pre-trial defendants/offenders are adequately described in the section on intake and installation, and are also contained in the Participant Agreement employed by the SCRAM device manufacturer.

The role of court/probation officers is to provide appropriate supervision to pre-trial defendants/offenders; ensure compliance with court-ordered conditions of supervision; actively encourage successful completion of supervision; enhance public safety; and, coordinate services with treatment providers.

The duties of court/probation officers include:

- ___ ensuring referring agencies are familiar with eligibility requirements and the associated paperwork for referrals;
- ___ identifying pre-trial defendants or offenders within their caseload who are suitable for transdermal alcohol monitoring;
- ___ confirming that all pre-trial defendants and/or offenders have the transdermal alcohol monitoring device installed in a timely fashion;
- ___ following up with defendants/offenders who fail to have the device installed according to their scheduled appointments or court orders;
- ___ following up on all alerts forwarded by the service provider; applying reinforcement tools, as appropriate;
- ___ updating case files to include all violation reports and actions taken;
- ___ reporting to supervising officers when difficulty is encountered while monitoring the volume of offenders;
- ___ communicating to the service provider any changes in monitoring and reporting schedules;
- ___ imposing graduated sanctions/responses and graduated positive reinforcements, as appropriate;
- ___ coordinating activities to ensure treatment providers receive appropriate access to information to facilitate progress in treatment;
- ___ notifying the court of confirmed violations so appropriate proceedings can be initiated;
- ___ ensuring the court receives a violation report or formal court reports (if needed) pertaining to confirmed violations in which proceedings have been initiated;
- ___ providing testimony about the alcohol monitoring data as required; and,
- ___ completing documentation and notifications regarding completion of supervision.

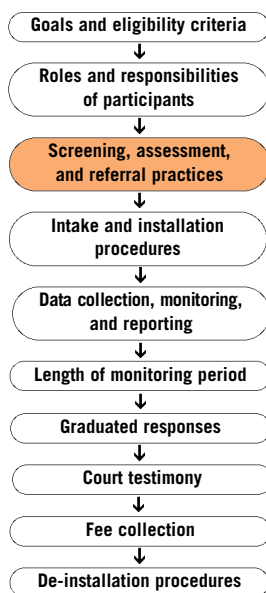
The role of service providers is to facilitate the effective use of the technology to enhance supervision practices and provide assistance and support to court/probation agencies that enable defendants/offenders to successfully complete the requirements of supervision.

The duties of service providers include:

- _____ providing training and information about the alcohol monitoring device, procedures, and processes to court/probation officers;
- _____ providing referral agencies with approved criteria and sample referral forms;
- _____ completing installation and intake procedures as appropriate;
- _____ providing confirmation of the installation to court/probation officers;
- _____ informing court/probation officers about defendants/offenders who fail to attend their appointments to have the device installed;
- _____ conducting all maintenance activities to ensure the proper functioning of the devices;
- _____ adjusting monitoring and reporting protocols for individual offenders as specified by court/probation officers;
- _____ meeting with defendants/offenders on a regular basis;
- _____ taking appropriate actions based on a daily action plan; exception-based notification provided by AMS;
- _____ providing court/probation officers with timely notice of violation reports; other reports upon request; according to their stated preferences regarding delivery and content of reports in ways compatible with case management systems;
- _____ facilitating court/probation officer access to data (e.g., SCRAMNET¹);
- _____ facilitating access of treatment providers to data (e.g., SCRAMNET), as appropriate;
- _____ providing formal court reports upon request;
- _____ collecting fees for supervision;
- _____ enabling a sliding scale fee system for individuals classified as indigent by the appropriate authority;
- _____ providing court testimony on violations as necessary;
- _____ performing de-installation procedures;
- _____ informing the court of any attempt to damage, destroy, or abscond with the equipment; and,
- _____ making appropriate notifications of successful completion of supervision and/or termination from supervision.



¹ SCRAMNET is a web-based application managed by Alcohol Monitoring Systems, Inc. This secure database receives encrypted data (e.g., alcohol tests, tamper/circumvention attempts, etc.) from the modem of every offender with a SCRAM bracelet and stores it for review by trained, certified AMS staff. This database is accessible to authorized users from any Internet-accessible computer with a standard web browser.



Screening and assessment

Synopsis:

- Agencies are encouraged to employ a screening mechanism to identify offenders with a moderate to serious substance abuse issue who are suitable for supervision using a transdermal alcohol monitoring technology.
- Screening can ensure that offenders who are most in need of controlling their drinking behavior and posing the greatest risk to the public are effectively monitored.
- An assessment can provide insight into an appropriate period of supervision.

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services defines screening as “a process for evaluating someone for the possible presence of a particular problem” and assessment as “a process for defining the nature of a problem and developing specific treatment recommendations for addressing the problem” (Center for Substance Abuse Treatment, TIP 44 2005, p. 7-8). While the screening process

determines whether there is a problem and whether or not further assessment is warranted, the assessment process identifies what and how serious the problem is and how it can best be addressed.

Agencies are encouraged to employ a screening mechanism to identify offenders with a moderate to serious substance abuse issue who are suitable for supervision using a technology such as SCRAM. Screening and assessment can determine the extent of an offender’s drinking behavior, assess the level of risk he or she poses to the public, and provide insight into the level (frequency and intensity) of monitoring and supervision that each offender requires. It is not feasible or cost-effective to subject all impaired driving, domestic violence, and other alcohol-abusing offenders to continuous transdermal alcohol monitoring based solely on their offense type and their use of alcohol. Screening can aid in the selection process to ensure that offenders most in need of controlling their drinking behavior and posing the greatest risk are effectively monitored.

More importantly, an assessment can provide insight into an appropriate length of supervision using the technology. For example, those offenders with more intense alcohol issues or who pose a greater risk of re-offending should be retained on continuous transdermal alcohol monitoring for longer periods to monitor drinking behavior and the return of executive cognitive functioning, enhancing their ability to make rational decisions in their own self-interests (Zinn et al. 2004).

Screening will often be ordered by the court prior to sentencing. Depending on the jurisdiction, the screen may be administered by court staff, probation staff, or an outside agency. It is recommended that any outside agency delivering the screen has no responsibility for providing treatment services to avoid a conflict of interest. The results of the screen can provide an indication of which offenders are most suitable for continuous transdermal alcohol monitoring. As mentioned previously, those with moderate to severe alcohol use issues are good candidates for monitoring using this technology.

Referral practices

Synopsis:

- Streamlined referral processes can ensure the offender is rapidly introduced to the technology after sentencing.
- The rate of referrals may vary among agencies, according to several factors.
- It is essential that the caseloads and workloads of probation officers/support personnel are closely monitored in the first several months to ensure that workloads do not become overwhelming, and events are responded to swiftly and appropriately.

The rate at which the referral process is adopted will vary according to a variety of factors. It is important that either the court, probation agency, or service provider monitors the flow of referrals to ensure they have adequate devices and staff to manage the volume of referrals received. In some jurisdictions, agencies experienced an overwhelming demand for the technology from the outset, and had difficulty rapidly accommodating the number of referred offenders. In other jurisdictions, referral agencies adopted the technology more slowly and demand was incremental. It is recommended that service providers inform those making referrals about the number of offenders they can accommodate, and be prepared in the event of rapid adoption.

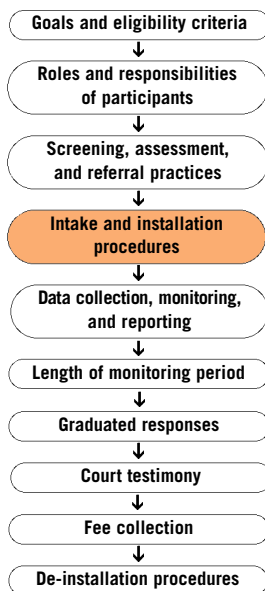
Streamlined referral procedures can ensure that offenders are rapidly introduced to the technology following the referral.

Referral procedures include:

- _____ Referral agencies are to be provided with the eligibility criteria and appropriate paperwork for referral to supervision using this technology.
- _____ Offenders are to be informed of the referral in writing and the referral agency must provide the offender with written information regarding this technology, available service providers, and the installation process.
- _____ Notification of the referral should be forwarded to the service provider so they can contact the offender to schedule the installation of the device. For agencies using SCRAM, a sample of a standard referral form is available from AMS. This form includes the date of referral, information on the referring agency, offender information, and the conditions of supervision using SCRAM (see Appendix VI for referral form).
- _____ Notification of the referral should be forwarded to the court and/or probation staff, along with the contact information for the service provider, so they can follow up with the offender and service provider as necessary.
- _____ Communication channels should be established with the service provider to confirm that offenders have the device installed in a timely fashion.
- _____ Service providers should issue a written confirmation of the installation that is forwarded to court/probation agencies (see Appendix IV for compliance report).



Of considerable importance, efforts are also needed to monitor the caseloads of officers and/or support personnel assigned to the referred offenders to ensure that workloads do not become overwhelming. Officers will require some time to adjust to the demands of supervision using a technology such as SCRAM, and efforts are needed to ensure that officers do not become overwhelmed by the demands of this technology at the outset, which can inhibit acceptance and lead to frustration. Caseloads of assigned officers should be closely monitored by probation supervisors during the first few months to ensure officers adapt to new practices and are able to manage their workloads accordingly. Moreover, it can be beneficial for officers to work with the service provider, who can take greater responsibility for managing the technology and allow officers to focus on case management.



Intake and installation procedures

Synopsis:

- *Strategically designed intake and installation procedures can save time, energy, and resources over the long-term.*
- *Agencies that opt to retain responsibility for intake and installation increase their workload while saving costs.*
- *Agencies generally prefer that service providers complete these tasks. Practitioners should be familiar with this process, even if they are not directly responsible for completing these tasks.*
- *The manufacturer provides standard training to service providers and agencies, and has developed standard procedures that govern the quality of this process.*
- *Service providers collect relevant information from offenders and provide them with necessary information and educational materials. Informing and educating the offender at the outset reduces the burden on officers during the monitoring period.*
- *Intake and installation can occur at the courthouse, probation agency, service provider office, or other specified location immediately following sentencing or at a scheduled time.*

Intake procedures have two primary purposes: 1) to gather information from the offender to develop a case plan; and, 2) to provide information to the offender about the obligations that have been imposed, how these obligations will be fulfilled, and the consequences associated with non-compliance. These procedures are important but they need not be time consuming. If properly designed they save time, resources, and energy over the long-term. Informing and educating the offender at the outset is an important step that reduces the burden on officers downstream during the monitoring period.

Some probation agencies opt to retain responsibility for the intake and installation process. This approach has the added advantage of reducing costs associated with the project. However, practitioners generally report that this process can be labor intensive, particularly in relation to the maintenance of devices, and can detract from supervision priorities if not well designed. Also, it is noted that for those agencies with higher rates of staff turnover, intake and installation by the service provider can reduce the need for continued intensive training of new staff and allow staff to devote more time to supervision duties. If practitioners do elect to install the devices themselves, service providers should be able to provide them with the requisite training. With SCRAM, for example, an explanatory DVD developed by the manufacturer (AMS) outlines the necessary steps for performing the equipment tasks. The DVD is available on request and is made available to all agencies and service providers implementing a SCRAM Program.

In the case of SCRAM, agencies generally appear to prefer that the service provider conducts the intake interview and installs the device, as the manufacturer has developed standard procedures to govern this process and has trained the service providers accordingly using AMS Level 1 Training. The Level 1 Training ensures consistency in operations across service providers and provides a high level of support for agencies. The training protocol introduces service providers to the SCRAM system, provides set-up information, identifies daily tasks to be completed, explains ongoing maintenance procedures, and specifies data interpretation and reporting protocols. Service providers are required to attain a score of 75% or higher to obtain a Level 1 Training Certificate. As such, the service provider is well-positioned to undertake this responsibility and has explanatory materials to provide to the offender.

Materials provided to the offender include:

- _____ contact information for the service provider during regular hours of operation and in the event of an emergency;
- _____ care and use of the SCRAM device;
- _____ requirements of supervision using SCRAM;
- _____ schedules and procedures for downloading information from the device;
- _____ payment schedules; and,
- _____ schedule of appointments with the service provider.

During intake, offenders have the opportunity to ask questions about supervision using this technology. Service providers also collect relevant health information that may impact the use of the device. At this time, all of the necessary paperwork is reviewed with the offender, who signs a program participant agreement (see Appendix VII) to confirm in writing that he/she understands the terms and conditions of using the technology and the payment schedule associated with its use. Elements of this participation agreement include: program costs, required communications, equipment replacement costs, filing of criminal charges, and equipment care/replacement restrictions. A DVD explaining the contents and meaning of the participation agreement is available from the service provider for viewing by the offender, and can be viewed either in English or Spanish. This written confirmation can be important evidence if the offender subsequently engages in non-compliant behavior that results in violation proceedings.

In instances where the service provider has responsibility for the intake interview and device installation, court or probation agencies may wish to review this protocol and include any additional information that the offender may require from a supervision perspective. Familiarity with the information provided by the service provider will also assist officers in responding to any claims made by offenders during the period of supervision.

During the intake procedure, the service provider also collects the following information that will be entered into the SCRAM system (SCRAMNET).

Information entered into SCRAMNET includes:

- demographic information;
- criminal history (offense reason);
- employment history (current occupation and work schedule); and,
- medical history 'can be noted.'

Such information is also essential if the agency plans to conduct an evaluation of the technology in the future. Courts and probation agencies should strongly encourage service providers to consistently enter this information into the system. Of some benefit, AMS uses the same case identifier assigned by the court or probation agency to facilitate the tracking and management of offenders via SCRAMNET.

This information is relevant to the use of the technology in a variety of ways. For example, an offender with a serious skin disorder may have some type of reaction to the faceplate of the SCRAM device, making it uncomfortable or not possible for him/her to wear it. Individuals with diabetes are prone to vascular diseases in the extremities and are potentially at greater risk of discomfort and potential adverse side effects as a result of wearing the SCRAM bracelet. It is recommended that any pre-existing medical conditions are revealed to determine if an individual is an appropriate candidate for the SCRAM device.



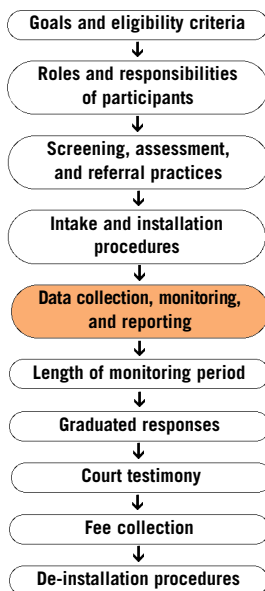
From an employment perspective, SCRAM is based on an offender-pay model, so the financial circumstances of the offender and the availability of indigent funding may be an issue. The offender will also require access to an analog phone line either at the offender's residence; his/her work; a friend's or family member's residence; or, at the probation officer's/service provider's office to complete downloads of information stored in the bracelet and update monitoring schedules.

The timing and location of the intake and installation may vary depending on which agency is ordering the device. Some court agencies prefer that the intake and installation procedure occurs at the courthouse with the service provider, immediately following pre-trial release or post-conviction sentencing. Some probation agencies have selected to have the intake and installation occur at the probation office following the first meeting with the probation officer. In these instances, service providers appear at the court house or probation office on a scheduled day every week to complete the intake of new pre-trial defendants or post-conviction offenders, meet with those individuals supervised by the SCRAM system, and complete battery changes or replace devices in need of servicing. They may also visit the offender's residence to install the device under unique circumstances. Other agencies prefer to have the service provider conduct these activities in their own offices.

Agencies report that having the service provider complete intake and installation procedures at the court/probation office on a regular basis ensures rapid installation, and also has a number of other advantages. Conducting an intake interview and installing the device requires a certain amount of time and can be labor intensive. Having trained service providers undertake this effort allows court and probation staff to devote more time to the monitoring and supervision of offenders. Additionally, having the service provider onsite for regular visits provides court and probation staff with the opportunity to regularly communicate with the provider, observe the intake and installation process if so desired, receive feedback on an offender's progress, and ask any questions they may have.

This onsite method also has the advantage of streamlining entry into any program using the technology, and allows officers to evaluate the quality of the orientation, become familiar with the protocol, and verify that offenders have the device installed as ordered. Moreover, offenders can meet with both the probation officer and the service provider at the same time, reducing the need for multiple appointments and follow up. Officers can then manage their workloads more efficiently by having all of these cases scheduled on a particular day.





Data collection, monitoring, and reporting

Synopsis:

- Information from the device is date- and time-stamped and collected hourly; this information can be downloaded once or up to six times daily at pre-determined times.
- The data collected by the device can serve as an ongoing risk-assessment tool that indicates which offenders are drinking and require closer supervision.
- This technology allows officers to identify “problem” offenders, and devote greater time and resources to effectively manage them as well as reinforce positive behavior.
- Agencies should develop a policy on monitoring compliance to address specific issues such as level of communication and frequency of contact, methods of documenting relevant information, and methods to confirm compliance.
- AMS employs exception-based reporting. Events reported to court or probation agencies include confirmed alcohol consumption events, tampering, obstructions, unauthorized removals, and failures to download data. Agencies can specify methods to receive this information (e.g., email, fax).
- Trained and certified AMS staff analyzes and interprets the data collected by the device, using conservative and well-defined criteria validated using live test subjects.
- At the request of the agency, AMS can generate a variety of standard reports that will allow agencies to monitor offender progress and review their entire caseload.
- Agencies are strongly encouraged to share relevant information with treatment providers to assist in the recovery process.

Data collection. A device such as SCRAM collects a wealth of information including transdermal alcohol readings, tampering and circumvention data, information about the functioning of the equipment, and personal identifiers. The information is date- and time-stamped, and is collected continuously regardless of the offender’s location. The information is downloaded once or up to six times daily at pre-scheduled times from the bracelet to the modem, and forwarded to the AMS network for review and analysis by a group of certified AMS staff. Court and probation officers should be familiar with the data that is recorded by the device and the types of communications and alerts that can be generated. Explanations regarding the different types of information collected, analyzed, and interpreted are available from the service provider.

Of some value, service providers will retain basic offender information, referral information, length of use, program completion rates, and other meaningful statistics that are available to agencies upon request in the form of monthly, quarterly, or annual reports.

Monitoring. Officers report that continuous transdermal alcohol monitoring is used to monitor offenders both in specialized court programs (e.g., DWI courts and youth courts) and in general jurisdiction courts. It is also used to monitor offenders in specialized probation caseloads, as well as regular probation caseloads that involve a variety of offender profiles. Using a specialized court or caseload approach can reduce the number of officers involved in monitoring offenders with the technology, and can also facilitate coordination and information sharing with treatment providers. Using the technology to supervise a regular probation caseload can better manage finite resources by facilitating the identification of non-compliant offenders that are consuming alcohol using transdermal alcohol readings.



A minimum of 12 -24 alcohol tests occur on a daily basis, and this number will increase if alcohol is detected. The data collected by the device can serve as an ongoing risk assessment tool that indicates which offenders are consuming alcohol and which offenders are not. Those offenders who demonstrate continued non-compliance and drinking behavior with elevated transdermal alcohol readings should be closely monitored. Those offenders who refrain from drinking can benefit from reduced supervision over time, and officers can benefit from reduced workloads with these cases. Essentially, this technology allows officers to identify the “problem” offenders in their caseloads based on their drinking behavior and devote more time and resources to effectively managing them. It also provides officers with the opportunity to reinforce positive behavior and encourage continued compliance.

Officers report that monitoring should be more intensive in the first several weeks when offenders are initially subjected to the device. There is a tendency among offenders to challenge the device, and officers and/or support personnel should employ close monitoring and supervision during this period and swiftly respond to all instances of non-compliance using graduated responses. For example, an admonishment by the court for initial drinking events or attempts at obstruction is useful. This quickly demonstrates to offenders the accuracy of the device and the immediacy of responses, which should encourage future compliance. Officers generally report that once offenders become accustomed to the transdermal device, the level of compliance increases and estimates of compliance are high for a majority of their caseloads. Those using the device profess that it allows them to identify the 20% who are “problem offenders” within their caseloads.

Those offenders who continue to demonstrate non-compliance over an extended period should be closely monitored on a continuing basis. On a positive note, many officers report that offenders will often confess to improper behavior when confronted with hard data documenting their drinking episodes, thus avoiding probation violation challenges. Agencies should also develop a policy on monitoring compliance.



A policy on monitoring compliance should address a number of key issues including:

- _____ the level of communication and frequency of contact between officers, service providers, offenders, and any treatment professionals;
- _____ a method for documenting communication relating to specific events with documentation being easily entered into any case management system; and,
- _____ a method to confirm that offenders are fulfilling obligations (Godwin et al. 2000).

This policy can be useful in clarifying the roles that each agency plays in the monitoring process, and can minimize gaps in supervision.

Reporting. Reports can help agencies determine the overall effectiveness of a particular application, thus helping ensure they are achieving the desired results. When using the device, court and probation agencies will receive a few types of communications from service providers. Many communications will involve some type of violation alert (e.g., drinking, tamper, obstruction, removal, failure to download) that indicates action is needed on the part of the court or probation officer. The device also generates maintenance alerts (e.g., replace equipment, low battery) that are often relevant only to the service provider and not forwarded to the court or probation agency. Due to the volume of maintenance alerts that can occur with a large volume of devices, it is recommended that agencies permit the service provider to undertake responsibility for the servicing of these devices.

AMS employs *exception-based reporting*, meaning that the paperwork associated with SCRAM-supervised offenders is minimized for court and probation agencies. This means that only confirmed violations that require action are reported to court/probation agencies.

Agencies are notified of the following events:

- confirmed drinking events indicating alcohol consumption by the offender (alcohol-detected alert); other alcohol events, such as those resulting from an interferrant, are recorded but do not generate an alcohol detected alert;
- confirmed tampering, obstruction, or unauthorized removal events;
- alerts that the bracelet or modem has failed to download information to the AMS network in the past 48 hours (critical communication alert); and,
- equipment maintenance needs like battery changes, or servicing requirements for the equipment.

Trained and certified staff at AMS is solely responsible for analyzing and interpreting the data collected by the device. Typically, AMS staff completes an intensive level of product training of up to 40 hours. Subsequently staff will be mentored and trained for 3-6 months by senior monitoring personnel before alerts can be confirmed independently. The service provider is not involved in this process. The confirmation criteria used to analyze the data from the bracelet are conservative and clearly defined, have been validated using live test subjects, and are based on information collected from thousands of individuals monitored with SCRAM as well as scientific research on how the body processes alcohol.

Violation reports are generated each time a confirmed violation occurs. These reports are forwarded to the court or probation agency if action is required. This one-page report consists of a graph of the drinking or tampering event with supporting data and information. Practitioners agree that these reports are very succinct and easy to read (see Appendix III for a copy of a violation report).

Agencies can receive the graph of the reported violation in one of two ways. The first option is a graph that contains just the transdermal alcohol reading; the second option is a graph that has the transdermal alcohol reading along with tamper detection readings (temperature and infrared readings). Agencies consistently report that the data provided from AMS is well organized, and is easy to review and manage.

Agencies can tell their service providers the method by which they wish to receive these alerts (e.g., email, fax, etc.). This allows agencies to receive information that can be entered directly into their respective case management systems, thereby minimizing paperwork and reducing data entry requirements. Agencies can also generate a variety of standard reports that will allow them to monitor the progress of individual offenders on SCRAM or review their entire SCRAM caseload.

Available reports include:

- *Client Summary for Court (judicial summary report)* - contains the number of positive readings and tampers per offender since the offender had the device installed or for a specific point in time.
- *Client Compliance Report* - provides a summary of the offender's compliance and non-compliance while monitored by the device. It allows the probation officer or supervisor to make editorial comments about the behavior of the offender while assigned to the device.
- *Client Details Report* – allows the supervisor to select a period of time to report the compliance or non-compliance of an offender with supporting detail.
- *Client Summary for Judge Report* - provides a snapshot for a judge of all the offenders wearing the device, with the detail of any violations since the last court date.
- *Court Activity Report* - contains the number of confirmed and non-confirmed positive readings, tampers, and technical problems per court.
- *Violation Report* - provides the detail of each event that resulted in a violation by the offender.
- *Compliance Summary by Court Report* - summarizes compliance rates by courts.
- *Usage by Court Report* - contains the number of offenders and days assigned to SCRAM.



Similarly, court and probation agencies can also specify the manner in which reports should be forwarded (e.g., email, fax, or paper copy), to whom, and how many copies should be received.

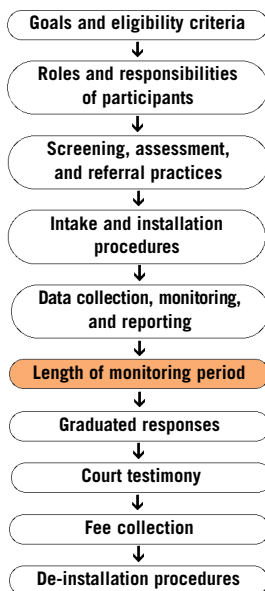
Of considerable use, agencies can select the frequency with which reports should be sent to the court or probation office. For example, a judge may wish to receive a report prior to a court hearing, while a probation officer may wish to receive a report prior to an appointment with an offender. This method can reduce the workload of officers, and allow them to spend more time working directly with non-compliant offenders and positively reinforce compliance. Moreover, officers agree that the availability of tailored reports through SCRAMNET facilitates the supervision of offenders.

Sharing data with treatment providers. Combining continuous transdermal alcohol monitoring technologies with treatment is especially beneficial, considering at least some offenders have a high likelihood of relapsing due to the extent of their alcohol problem. Research generally shows that 34-70% of men relapse in the first year, and 29-61% of women relapse during the first 12-14 months (see Walitzer and Dearing 2006). Although alcohol monitoring technologies will not resolve the issue of alcohol abuse, they can provide deterrence and accountability, which will create a window of opportunity for the successful completion of treatment. These technologies can also increase the likelihood that clients will become sober for an extended period of time, due to the regular monitoring of drinking. This is a necessary condition for clients to make rational decisions with respect to their treatment.

The easily accessible electronic format of data that is collected and charted can facilitate the sharing of data with treatment providers, as necessary. Agencies are strongly encouraged to share alcohol readings and other pertinent information with treatment providers to assist in the recovery process. In some instances, offenders may be required to sign waivers so that information can be shared. In other settings, such as DWI and Drug Courts, this sharing of information with treatment is often readily facilitated. Moreover, within this environment, testing occurs more readily and frequently, providing consistent and regular feedback to treatment professionals. This allows the offender's progress in treatment to be more closely monitored.

This sharing of information and forced accountability can help treatment professionals gauge the level of success and progress they achieve using the offender's treatment curriculum, and help determine if more intensive treatment or intervention is necessary and appropriate. This, in turn, may improve success rates in treatment and ultimately, over time, can have an impact on the level of compliance and recidivism.

Agencies are strongly encouraged to negotiate a confidentiality agreement with treatment professionals that stipulates the terms and conditions for the usage of this data. Such an agreement may be critical in case a privacy dispute has to be resolved. Any codes used to access electronic data should also be limited to gain access only to those data involving individual offenders that are being treated by particular treatment professionals. It is not recommended to provide treatment professionals with monitoring reports containing data pertaining to the overall performance of a jurisdiction, and certainly not to data pertaining to individuals they are not treating. It should be noted that the AMS network (SCRAMNET) containing offender information is password protected, and agencies, officers, and other authorized personnel are only able to view select information pertaining to the offenders they supervise.



Length of monitoring period

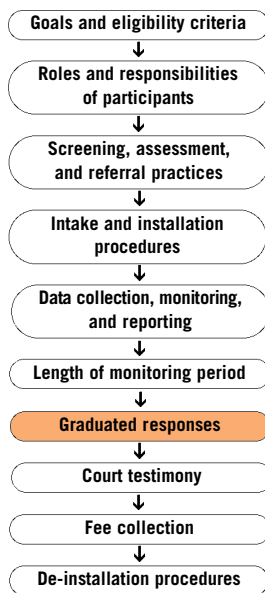
Synopsis:

- *The length of the monitoring period varies substantially depending on the offender, his/her criminal history, level of compliance, and other factors such as the ability of the offender to pay for monitoring services.*
- *Research on executive cognitive functioning concludes that a period of 90 days of sobriety is needed to counteract the effects of alcohol and correct impairments in thinking (Zinn et al. 2004). Treatment professionals familiar with the various devices report that a longer period of supervision is beneficial and achieves better outcomes.*
- *Researchers are still trying to determine the optimal length of monitoring.*

The length of the monitoring period varies substantially depending on the offender, his/her criminal history, level of compliance, and other factors such as the ability of the offender to sustain costs associated with monitoring. To date, there is no consistent period for which continuous transdermal alcohol monitoring technology is applied. Agencies that opt for a minimum of 30 days on SCRAM generally agree that this is not sufficient time, although some judges report that during this time they begin to see a considerable change in the appearance, attitude, and quality of life of the offender. Some agencies rely upon 45-90 days of supervision using SCRAM; others use six months to one year or longer.

Of some interest, a few agencies are beginning to employ 90 days on SCRAM followed by a performance-based review. Essentially, those offenders who demonstrate continued and persistent drinking patterns are retained on the device until their drinking is reduced. Some agencies are also requiring that offenders complete a minimum number of days of sobriety before being released from the device. Research on executive cognitive functioning concludes that a period of 90 days of sobriety is needed to counteract the effects of alcohol and correct impairments in thinking (Zinn et al. 2004), and treatment professionals familiar with the various devices report that a longer period is more beneficial and better outcomes are achieved. Researchers are still trying to determine the length of monitoring that is the most effective. As more agencies begin to complete evaluations of this technology, researchers will gain a better sense of how long offenders should be monitored to maximize outcomes.





Graduated Responses

Synopsis:

- Officers should be prepared to manage and respond to all events (which may occur frequently at the outset) including drinking/tampers/obstructions, using graduated responses early in the supervision period.
- Practitioners should recognize that this workload will decrease over time as offenders become accustomed to the device and levels of compliance increase.
- A few jurisdictions are beginning to move toward implementing performance-based measures that are tied to an offender's level of compliance.
- As with any form of electronic monitoring, it is a good practice to have a contingency plan in place to deal with absconders.

Not surprisingly, offenders are likely to incur multiple instances of non-compliance when the technology is first applied. Offenders have a tendency to challenge the new technology to see if it “works,” and how frequently non-compliant behavior is detected. These events can be addressed using a continuum of graduated responses. When offenders realize that these devices can identify drinking episodes, levels of compliance generally tend to increase. Officers should be prepared to manage and respond to all events (which may occur frequently at the outset), including drinking/tampers/obstructions, using graduated responses early in the supervision period, knowing that this workload will decrease over time as offenders become accustomed to the devices and levels of compliance increase. It is recommended that the first instances of non-compliance be responded to swiftly with administrative actions including warnings from probation, admonishments by the courts, and increased frequency of reporting periods.

In the case of continuous transdermal alcohol monitoring devices, some agencies choose to require that offenders come into the court/probation office or office of the service provider to download information from the device as a sanction. Agencies should be prepared to manage and assist offenders coming into the office for this purpose, and a designated location should be assigned.

If non-compliant behavior persists, officers should then increase their level of response and impose additional conditions such as extended time on the device, more intensive treatment, or short periods of incarceration where feasible. Some jurisdictions are able to issue warrants for arrest in response to drinking violations. Agencies should ensure that they have the cooperation of judges for this tactic, that judges are willing to undertake the revocation hearings, and that jails are able to accommodate the influx of offenders who are sentenced to short periods of incarceration for non-compliance. Moreover, officers should be prepared to testify at hearings regarding the data and information the device gathers if violations are challenged.

A few jurisdictions are beginning to move toward implementing performance-based measures that are based on an offender's level of compliance. Those offenders who demonstrate continued compliance may be released from monitoring prior to the completion of a probation sentence; those offenders who are non-compliant may have their monitoring period extended until they demonstrate compliance. It cannot be emphasized enough that those offenders who demonstrate persistent drinking behavior and consume large quantities of alcohol be subject to close supervision using either the transdermal device or alternative means. Not surprisingly, these offenders frequently have substantial alcohol abuse issues and may pose a considerable risk if they are allowed to remain in the community without intensive monitoring.

Graduated responses currently employed by agencies include:

- _____ meeting with the offender to discuss the event and review a checklist of the offender's responsibilities;
- _____ increasing the frequency of testing and reporting;
- _____ issuing a formal warning that is documented in the case file;
- _____ re-starting the period of sobriety;
- _____ requiring participation in community-based support meetings;
- _____ requiring offenders to come into the court or probation office to download information from the device;
- _____ increasing supervision contacts;
- _____ increasing treatment services;
- _____ imposing community service;
- _____ extending time on device for additional week(s);
- _____ court hearing;
- _____ residential placement;
- _____ serving a short jail sentence; and,
- _____ revocation of pre-trial release/probation/parole.

Whatever response is initiated, it is important to understand what motivates each offender. Those responses that effectively motivate one offender may not work as well with other offenders. Whenever possible, responses should be tailored and individualized.

Offenders who demonstrate persistent non-compliance should be retained on some comparable form of supervision until they can demonstrate compliance. Graduated responses to non-compliance may include intensive treatment or incarceration. Individuals who consume excessive amounts of alcohol and persist with non-compliant behavior are frequently most in need of supervision, and it is important that further non-compliance be discouraged.

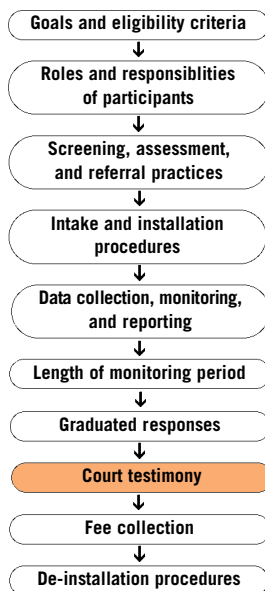


Agencies also report using graduated positive reinforcement tools, including:

- _____ giving verbal praise;
- _____ decreasing monitoring and reporting;
- _____ providing a certificate to recognize the amount of "clean" time;
- _____ decreasing time remaining on device; and,
- _____ offering small discounts at the end of the program or waiving fines/fees, where applicable.

Similarly, offenders who demonstrate compliance with their conditions of supervision should be recognized in an effort to encourage continued positive behavior. These reinforcements need not be substantial in order to be effective, and officers are encouraged to use the information provided by the device to identify those offenders who routinely comply with conditions of supervision.

Absconders. A graduated response scheme is designed to respond to different forms of non-compliance. However, as with any form of electronic monitoring, it is good practice to have a contingency plan in place to deal with absconders. While people who are being monitored for alcohol use may pose less risk for absconding than, for example, those who are electronically monitored to verify whether they comply with house arrest, a contingency plan covering situations beyond the typical circumvention of the functioning of the device may prove useful. The American Probation and Parole Association's report on offender supervision for electronic technologies (Crowe et al. 2002, p. 107) identifies the components of such a contingency plan. These include: a determination of when to involve law enforcement or other arresting authorities and how they are to be notified; procedures to follow when filing orders of revocation and how to request a warrant for arrest; process for retrieval of equipment from the absconder's residence or work; and methods to secure restitution for lost or damaged equipment (this is covered in the SCRAM Participant Agreement).



Court testimony

Synopsis:

- *Legal challenges to the technology should not be unexpected.*
- *To date, rulings have been generally positive and support the use of the technology.*
- *The manufacturer provides training and support in these instances.*

Legal challenges regarding the use of or science supporting continuous transdermal alcohol monitoring technologies may not be frequent, but should be expected at some point during the use of the technology. To date, some jurisdictions report multiple challenges, whereas other jurisdictions report none. Many cases are heard in lower courts and are part of evidentiary hearings for probation violations or revocations. There have been few published opinions. Generally, court rulings have been positive and support the use of the technology.

When AMS receives notification regarding a contested violation hearing, a Customer Services Manager will prepare a formal analysis of the violation. This report is reviewed by the AMS Director of Technical Support and/or the Chief Technology Officer and subsequently provided to the court and probation officer, as well as to the offender. It is important that officers are prepared to provide court testimony on a specific violation and are able to describe how and why the SCRAM data supports the violation. Agencies report that, with good training procedures, officers are comfortable testifying on the data supporting a specific violation regarding the continuous transdermal alcohol monitoring bracelet. Some resources are available to support officers in the event of a legal challenge, such as a formal evidentiary-level hearing or a Frye or Daubert² hearing.

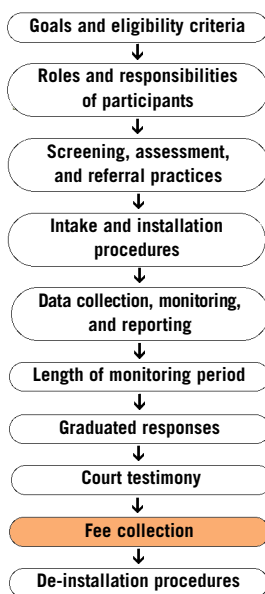
One such resource is the first document in this three-part series, which is a primer for criminal justice professionals about continuous transdermal alcohol monitoring. This primer, prepared by TIRE, reviews the available research on continuous transdermal alcohol monitoring and provides information about the functioning of the only commercially-available device – SCRAM. A description of the various applications of the technology is also provided. This 2006 document, entitled “Continuous Transdermal Alcohol Monitoring: A Primer for Criminal Justice Professionals” contains a complete list of research references, as well as case citations. It is electronically available at <http://www.trafficinjuryresearch.com> in the “Publications” section under “Drinking and Driving.”

AMS has also developed a course entitled “Presenting Basic SCRAM Data in Court” for its Service Providers and court/probation professionals, based on expertise provided by prosecutors and expert witnesses. This class explains the data interpretation and analysis process used by AMS to confirm alcohol consumption and tamper events, outlines the history of transdermal research, summarizes how alcohol interacts with the body, reviews information about the functioning of the bracelet, and explains the various court reports that are provided to court/probation agencies. The course also includes information regarding some of the challenges that are frequently raised by defense counsel. Participants who attend obtain a better understanding of the supporting data for a violation that is being challenged. This program will be available on a scheduled basis and the estimated cost is \$150.00.

² Frye and Daubert refer to common state legal standards governing the admissibility of evidence in court (e.g., what testimony and exhibits will be admitted during a hearing or trial). This standard may vary across jurisdictions.

It is recommended that personnel who will be testifying in a formal court hearing regarding a SCRAM violation enroll in this course. This will allow the person testifying to become proficient so that he or she can successfully defend and explain the SCRAM data for a specific violation to reduce the burden imposed by court challenges. More information about this course is available by contacting AMS at <http://www.alcoholmonitoring.com>. Costs associated with this course will be offset in the long-term. Successfully providing testimony adds to the credibility of the use of the devices by the agency, saves time by reducing the number of times testimony is necessary, and may facilitate the use of such supervision programs based around technologies.

If either the service provider or the court/probation agency determines that evidentiary support is needed from AMS, they can submit a Request for Testimony Form (see Appendix V) a minimum of 14 days prior to the formal court hearing. Generally, these hearings must involve challenges of the technology of the SCRAM system in courts where SCRAM has not been accepted. Efforts are made to encourage telephone or video testimony, where available. It should be noted that, in some instances, industry professionals have less experience with the legal system and may be unfamiliar with the relevant evidentiary standards including Frye and the Federal Rules of Evidence. In this regard, courts and probation agencies can benefit from reviewing such standards with industry or manufacturer representatives selected to testify in court.



Fee collection

Synopsis:

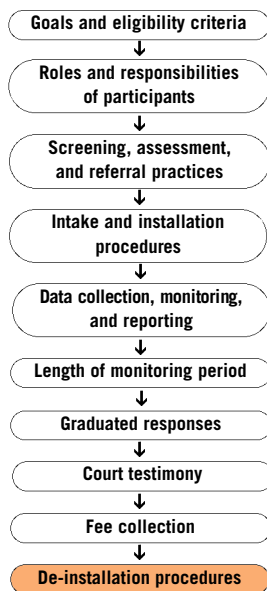
- *Either the court or probation agency or the service provider may elect to take responsibility for collecting fees.*
- *Generally, higher collections rates are achieved by service providers, which reduces the workload of supervision staff.*
- *Jurisdictions should refer to any relevant legislation pertaining to this issue before developing a policy.*

The collection of fees associated with continuous transdermal alcohol monitoring technologies can be managed in two ways: 1) the court or probation agency takes responsibility for collecting fees; or, 2) the service provider takes responsibility for collecting fees.

Agencies generally agree, and research shows, that higher collection rates are achieved when service providers are responsible for collecting fees. Court and probation agencies report collection rates in the range of 50%, whereas service providers report collection rates in the area of 80% or better. Fee collection can be a time-consuming process, and it is generally agreed that court and probation officers can be more effective if their time is devoted toward supervision tasks rather than fee collection. Agencies should be aware that fee collection is challenging and is not always an easy process, and that this will increase the workload associated with each case.

Some service providers and courts report that offenders cannot have the device removed until all the fees have been collected and, in some jurisdictions, judges have been willing to incarcerate offenders for non-payment. Jurisdictions should review any relevant legislation pertaining to this issue (e.g., Fair Debt Collection Practices Act; <http://www.ftc.gov/os/statutes/fdcpa/fdcpact.htm#805>) to ensure the practices employed are acceptable.





De-installation procedures

Synopsis:

- *De-installation procedures can be completed by either the court or probation agency or the service provider.*
- *The manufacturer provides appropriate information and training in this area.*
- *Practitioners should be familiar with this process, even if they are not directly responsible for completing these tasks.*

While it is beneficial to have an arrangement with a service provider to install, maintain, and de-install transdermal alcohol monitoring technologies, it is recommended that officers gain basic knowledge of the technology and this process. In the case of SCRAM, AMS has produced a DVD that demonstrates the de-installation procedures, which is available upon request and accessible on-line from the SCRAMNET Help-page. There is also an on-line operations training program (Level 1 Training) that reviews all of the operational tasks associated with the equipment.

Tasks to be completed during de-installation include:

- ___ uploading all of the data;
- ___ performing the de-installation/removal procedures and updating the system so that it shows the bracelet has been removed;
- ___ removing the bracelet for return to the service provider;
- ___ ensuring that the offender has paid all fees and costs associated with the program;
- ___ sending a notice of program completion to any designated agencies;
- ___ cleaning the device according to the manufacturer's instructions and returning the device to inventory; and/or,
- ___ returning the device to the manufacturer for servicing.

Epilogue

Historically, the incorporation of electronic monitoring technologies into effective supervision projects has been inconsistent. Practitioners frequently acquired minimal knowledge of these devices and received limited guidance about practical applications, procedures, and processes that could best facilitate the supervision of offenders. Despite the promise of more effective supervision and accountability of offenders, few technologies have been able to realize these goals. As a result, many technologies are used in a fragmented fashion, and agencies have been unable to maximize the potential of these technologies to improve the quality of supervision and reduce recidivism.

Greater efforts are needed to educate agencies about the use of these technologies and the ways in which implementation can be streamlined to realize their benefits. Educational efforts can lead to greater consistency in project development, and provide opportunities for large-scale evaluations to identify effective practices.

In this regard, the tools that have been developed to support the use of continuous transdermal alcohol monitoring can facilitate the use of this technology. With regard to SCRAM, the only commercially-available technology, the manufacturer, AMS, has developed a wide range of tools that can assist agencies in streamlining many of the monitoring tasks. These tools include a variety of training programs, forms, and procedures that are made available to agencies in all jurisdictions. AMS has also implemented a number of useful policies that are available to agencies, as needed. Practitioners acknowledge that these tools have assisted agencies in managing workloads and provided them with the tools and education needed to use this technology.

Of some note, SCRAM service providers are governed by strict policies and procedures from AMS, and must complete the required training. This has resulted in knowledgeable and well-trained service providers that are responsive to the needs of agencies. Moreover, this regulation of service providers has contributed to consistent implementation across jurisdictions. Practitioners generally report effective communication with service providers and the ability to obtain needed information with minimal effort. This level of education, guidance, and regulation is strongly encouraged and can benefit the application of all electronic monitoring technologies.



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NOTE: TIRF and Alcohol Monitoring Systems, Inc. can provide additional references and resources upon request that can assist practitioners in establishing their continuous alcohol monitoring programs.

Appendix I: Agency Questionnaire

(Use by courts and/or probation agencies)



Introduction

This section contains a brief questionnaire, developed by the Traffic Injury Research Foundation, that can be used to evaluate the process of implementing continuous transdermal alcohol monitoring. It is not designed to conduct a scientific evaluation, but rather is a 'quick and dirty' tool to provide agencies and vendors/manufacturers with an assessment of certain aspects relevant to the implementation process. It will provide participants in the implementation process with an opportunity to inject their thoughts and experiences into future initiatives, and results can be used to refine and improve operating practices.

Instructions

The following questionnaire can be copied and distributed among participants involved in the implementation process. The questionnaire should be distributed at the outset of this process, but should only be completed at the end. Collecting thoughts and opinions during the implementation process will facilitate the completion of the questionnaire at the end of this process.

This questionnaire represents an opportunity for practitioners to share their experiences and thoughts with supervisors and service providers. Completed questionnaires should be collected by a point person, and the different answers should be summarized for each question so a summary of the results can be shared with all participants. The completed questionnaires or the summary can also be sent to the vendor/manufacture to provide feedback and allow them to accumulate the experiences of agencies to refine implementation and service delivery. The manufacturer can also use this information to improve their products and services to agencies.

Agency Questionnaire

This anonymous questionnaire is to be completed by all probation officers, judges, and court personnel involved in the implementation and use of continuous transdermal alcohol monitoring technologies. Reviewing the questionnaire prior to undertaking implementation will assist officers in thinking through critical issues that should be addressed. The questionnaire should be completed after the technology becomes fully operational. Responses will contribute to the development of evidence-based practices and improve the implementation of continuous transdermal alcohol monitoring technology across the country.

Please circle the most suitable answer in response to each question. Please return the completed survey to _____ no later than _____.

A: GENERAL INFORMATION

Date: _____ Position/title: _____

Type of agency: _____ State: _____

Number of offenders supervised using device: _____

Number of officers supervising offenders: _____

Size of jurisdiction (geographic population) :

< 50,000 _____ 50,000-250,000 _____ 250,000-500,000 _____ > 500,000 _____

B: GENERAL KNOWLEDGE

- | | |
|---|--------|
| 1) Were you presented with sufficient information about the research supporting the effectiveness of continuous transdermal alcohol monitoring? | YES/NO |
| 2) Do you feel comfortable using this technology? | YES/NO |
| 3) Are you aware of your agency's purpose and goals of using continuous transdermal alcohol monitoring technology? | YES/NO |
| 4) Are you aware of the limitations associated with the technology? | YES/NO |
| 5) Do you understand your role and responsibilities in monitoring offenders using continuous transdermal alcohol monitoring technology? | YES/NO |
| 6) Are there roles and responsibilities you are unable to manage? Please explain. | YES/NO |
-

- | | |
|---|--|
| 7) Is there any information about the research or the transdermal alcohol monitoring device that you did not receive that you feel would be useful? If YES, please explain briefly. | |
|---|--|
-

- | | |
|--|--------|
| 8) Do you feel confident in your knowledge of the technology? | YES/NO |
| 9) Do you feel confident in your ability to testify in court about the supporting data of a confirmed violation? | YES/NO |
| 10) Are you aware of resources available that would assist you in responding to a legal challenge of the technology? | YES/NO |

C: TRAINING

- | | |
|---|--------|
| 11) Do you think that the amount of training provided will allow you to effectively use the device to supervise offenders? | YES/NO |
| 12) Did you have the opportunity to ask questions and try the technology during training so that you now feel comfortable using it? | YES/NO |
| 13) Do you feel that additional training is required? If YES, please specify. | YES/NO |
-

D: REFERRALS AND ELIGIBILITY REQUIREMENTS

- | | |
|---|--------|
| 14) Has your agency developed eligibility requirements to determine which offenders are suitable for supervision using a transdermal device? | YES/NO |
| 15) Are you able to identify within your caseload the offenders most suitable to monitor with this technology? | YES/NO |
| 16) Are referral agencies appropriately notified of eligibility requirements and the necessary paperwork to be completed? | YES/NO |
| 17) Have screening or assessment procedures been implemented in your agency/program to identify the most appropriate offenders to supervise with this technology? | YES/NO |
| 18) Is treatment a part of supervision using the technology? | YES/NO |

E: INFORMATION EXCHANGE

- | | |
|--|--------|
| 19) Is there a sufficient level of communication between you and the service provider? If NO, please state briefly what the problem is and any potential solutions you would suggest to overcome it. | YES/NO |
|--|--------|
-

- | | |
|---|--------|
| 20) Do you receive a sufficient level of support from the service provider? | YES/NO |
|---|--------|
-

- 21) Is the service provider responsive to your needs and concerns? YES/NO
- 22) Please identify ways that the service provider can improve the quality of service.
-
-

F: MONITORING

- 23) What type of offender violation events occur most frequently?
- | | |
|--|---|
| <input type="checkbox"/> drinking events | <input type="checkbox"/> tampering events |
| <input type="checkbox"/> obstruction events | <input type="checkbox"/> removal events |
| <input type="checkbox"/> failure to download information | |
| <input type="checkbox"/> other (please specify) _____ | |
- 24) Do you understand the meaning of information provided in the alerts and violation reports? YES/NO
- 25) Can you easily identify any necessary action that is required following each of the alerts or reports you receive? YES/NO
- 26) Do you think this information is relevant? YES/NO
- 27) Please identify the most and least useful reports:
- | | most useful | least useful |
|-------------------------------|-------------|--------------|
| • Client Summary for Court | _____ | _____ |
| • Client Compliance Report | _____ | _____ |
| • Client Details Report | _____ | _____ |
| • Client Summary for Judge | _____ | _____ |
| • Court Activity Report | _____ | _____ |
| • Violation Report | _____ | _____ |
| • Compliance Summary by Court | _____ | _____ |
| • Usage Report by Court | _____ | _____ |
- 28) Is the information you receive from the service provider easily entered into your case management system? YES/NO
- 29) Are you able to manage the paperwork associated with this technology?
If NO, please briefly explain why.
-
-
- 30) Please indicate the preferable method of receiving the various alerts and reports indicated previously.
- | | | |
|--------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Fax | <input type="checkbox"/> Mail |
|--------------------------------|------------------------------|-------------------------------|
- 31) Do you use the monitoring and reporting functions as a risk assessment tool to identify and more closely supervise non-compliant offenders? YES/NO
- 32) Are the monitoring procedures in your agency used as a tool to enable graduated responses for non-compliance and rewards for compliance? YES/NO
- 33) Which graduated responses and/or positive reinforcements do you find most useful?
-
-
- 34) How has this technology impacted your workload? Please explain.
- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> increased work | <input type="checkbox"/> decreased work | <input type="checkbox"/> no change |
|---|---|------------------------------------|
-
- 35) How has this technology impacted the quality of supervision that offenders receive? Please explain.
- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> increased quality | <input type="checkbox"/> decreased quality | <input type="checkbox"/> no change |
|--|--|------------------------------------|
-
- 36) Do you have any recommendations that can improve the implementation of this continuous transdermal alcohol monitoring technology?
-

Appendix II: Agency Compliance Report (Use by Court/Probation Agency)

SCRAM AGENCY COMPLIANCE POLICY



Information for the agent while their client is on the SCRAM Program . . .

Obstruction Violation

- First Time
 - The service provider phones the client and asks them to bring in the modem to perform an observed IR reading and review the data with client, showing good pattern vs. bad pattern.
- Second Time
 - The service provider will notify the agent by phone and/or e-mail and a Violation Report of the first and second violation will be faxed and/or e-mailed.
- If the client continues to obstruct, the service provider will notify the agent by phone and/or e-mail and a Violation Report will be faxed and/or e-mailed.

Drinking Violation

- The first time consumption is confirmed, the service provider will notify the agent by phone and/or e-mail and fax and/or e-mail them the Violation Report.

The service provider will contact the agent when:

- The client has fallen more than 14 days behind with payment plan.
- The client will not return the service provider's phone calls.
- When the service provider fails to receive communication from the client's bracelet and/or modem for more than seven days.
- The client has missed an appointment time with the service provider.
- The client has completed the SCRAM Program.



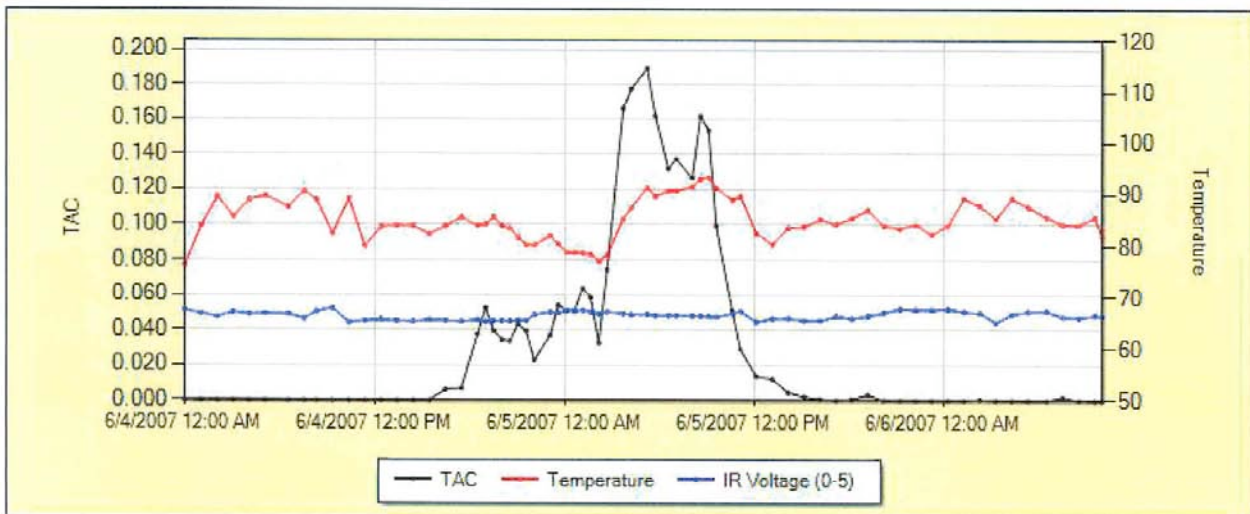
Appendix III: Violation Report (Use by Court/Probation Agency)



Activity Report for (offender name)

6/4/2007 - 6/8/2007

Overlay Chart



Daily Summary

Date	Readings	Alert Description	Start Date/Time
06/04/2007	28	Alcohol Detected	06/04/2007 6:26PM
06/05/2007	30	Alcohol Detected	06/05/2007 5:41AM
06/06/2007	11		

Confirmed Alerts

Appendix IV: Client Compliance Report (Use by Court/Probation Agency)



Activity Report for (offender name)

6/4/2007 - 6/8/2007

CLIENT

(offender name)

,

Case #: 15715
File #:
Offense: Volunteer
DOB:

SUPERVISING AUTHORITY

Adams County

Mark Davis

Date On Program: 05/30/2007
Expected Date Off Program:
Days Monitored: 10
Report Period: 6/4/2007 - 6/8/2007
Prepared: June 08, 2007

ASSIGNED EQUIPMENT

Device Type	Serial Number
SCRAM Modem	11946
SCRAM Bracelet	15715

(offender name) was placed on the SCRAM program on May 30, 2007 at 1:43 PM and continues to be monitored under the SCRAM program as of the date of this report. This report has been prepared for the above stated period.

The SCRAM system detected 2 alcohol consumption events and no tamper events for the reporting period.

Additional Comments:

Sincerely,

Appendix V: Request for Testimony (Use by Court/Probation Agency)

REQUEST FOR TESTIMONY



The following information is needed.

Service Provider:		Client Name:	
Case Number:		Date of Violation:	
Court:		Judge:	
Parole Officer:		Phone #:	
Prosecutor:	Phone #:	E-Mail:	
Proposed Date/Time of Hearing:		Location of Hearing:	

Type of hearing:

- ☐ Parole Violation ☐ Probation Violation ☐ Bond Revocation
☐ Daubert, Frey ☐ Evidentiary Hearing

Please answer the following questions.

Has a Violation Report been generated and supplied to the Case Manager?

Is a formal Court Report required?

What other data is being requested by the defense or court?

What role will the Service Provider be playing in this hearing?

How comfortable is the Service Provider with adequately explaining the violation?

Has AMS testified in this court previously?

Is the transdermal science and SCRAM technology understood and accepted by this court or does a foundation or basis of understanding need to be developed?



Does the client have a private defense team or court appointed?

Does this court accept video or audio testimony?

Based on these answers, determine which of the following statements apply:

- ☐ If data interpretation only is needed, the CSM will offer testimony via teleconference only. The Service Provider can provide testimony in person of the operational aspects of the program.
- ☐ If a scientific basis needs to be established or the technology is being challenged, a separate hearing needs to be scheduled. A minimum of two hours should be set aside.

The cost of testimony will be covered by:

- ☐ Court ☐ AMS

Appendix VI: Referral Form

(Use by Referring Agency for Court/Probation Agencies)

SCRAM Referral

Date of Referral: _____

AGENCY INFO

Referring Agency: _____

Referring Officer: _____

Officer Contact Info: _____

E-Mail: _____

Preferred Method of Notification: _____

CLIENT DATA

Offender's Name: _____

Case Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ D.O.B. _____ Sex: _____ Race: _____

Education Level: _____

Preferred Language: _____

Employment Info: _____

Hourly Wage: _____

CRIMINAL BACKGROUND

Current Charges: _____

Prior Arrests: _____

Prior Convictions: _____

Term of Probation / Parole: _____

Status of Driver's License: _____ Valid _____ Suspended _____ Revoked

SCRAM CONDITIONS

Client to begin SCRAM monitoring by _____

Length of Program: _____

Total Days to Complete: _____

Other Conditions: _____

Appendix VII: Program Participation Agreement (Use by Service Provider with Offenders)

SCRAM Program Participant Agreement

Participant Name _____
Agency _____
Agent Name _____

I, {Participant Name}, have been placed in the SCRAM Program. As a condition of being allowed to participate in this Program, I agree to comply with all Program requirements set forth in this Agreement and to strictly follow the instructions of my probation officer or pre-trial services agent. I understand that any failure by me to comply with this Agreement or the instructions of my officer or agent will be considered a violation of my supervision and may result in adverse legal consequences.

As a condition of my participation in the Program, I agree to properly use the Secure Continuous Remote Alcohol Monitoring™ (“SCRAM”) equipment provided to me by my officer or agent. In that regard, I will wear the SCRAM Bracelet on my ankle for the duration of the Program and will allow the SCRAM Modem to be connected to my home or office telephone or as agreed with my officer or agent. I understand that the SCRAM Bracelet will, at pre-programmed intervals, test me for the presence of a positive blood alcohol concentration by the measurement of alcohol, which is being emitted as vapors through my skin. When the SCRAM Bracelet detects the presence of alcohol, it will record a positive reading and will transmit an alcohol alert to the SCRAM Modem. The SCRAM Bracelet also contains systems designed to detect interference or tampering and will also transmit a tampering alert to the SCRAM Modem.

I acknowledge receipt of:

SCRAM Bracelet Number	Initial Here
SCRAM Modem Number	_____
1 Power Cord	
1 Phone Cord	

I understand that I may be required to pay the daily cost of my SCRAM monitoring. If so ordered, I agree to pay the following cost per day on a schedule set forth in a separate payment agreement and will submit payments as directed by my officer or agent:

Daily Monitoring Cos	_____	Initial Here
Hook Up Fee	_____	_____
Additional Hook	_____	

The additional hook up fee will be assessed if a new bracelet is required as a result of cut strap, submersion, or intentional damage to the bracelet components. I also understand that I will be held responsible for damage, other than due to normal wear, to the SCRAM equipment. I also understand that if I do not return the equipment in good working condition, I will be charged for the repair or the replacement of the equipment as follows:

Full Replacement of the SCRAM Bracelet	Initial Here
Full Replacement of the SCRAM Modem	_____
Front Strap Replacement	
Back Strap Replacement	
Clip and battery replacement	

While Participating in the Program, I agree to wear a non-removable SCRAM Bracelet that will be attached by my agent, officer or other authorized agency personnel. I agree not to remove, tamper with, or place any obstruction material between the SCRAM Bracelet and my leg. Only in an emergency or with the prior permission of my officer or agent will I remove the SCRAM Bracelet. I also agree not to move, disconnect, or tamper with the SCRAM Modem without the prior approval of my agent.

WARNING: If I experience a burning sensation, rash on my skin or any other apparent health risk from the bracelet, I will contact my agent immediately. If I must remove the SCRAM Bracelet for health risks, I will cut the front bracelet strap where it says "Cut Here".

I agree to maintain an analog telephone line and electrical service in my residence at my own expense. I agree that I will not make any changes in the telephone equipment or services at my residence without prior approval of my agent. If notified by my agent or officer, I agree to remove any telephone features or functions that interfere with normal operation of the SCRAM Modem. I agree to provide copies of my monthly telephone and electric bill when requested by my agent or officer.

I understand that my officer or agent will use telephone calls, the SCRAM equipment, and personal visits to monitor my compliance with this Agreement. Therefore, when I am at home, I agree to promptly answer my telephone or door. I further understand and agree that all telephone calls from my officer or agent to my residence may be tape-recorded.

Reporting Schedule: I understand that my daily SCRAM equipment reporting times are as follows:

I agree to be physically in range of my SCRAM Modem for 15 minutes prior to each of the above designated reporting times. I will not leave SCRAM Modem range while the green light is blinking. SCRAM Modem range is within the same room as the SCRAM Modem or within 30 feet of the SCRAM Modem.

If I experience problems with the SCRAM Bracelet or SCRAM Modem, or if I lose electrical power at my residence, I agree to call my agent immediately. If I am unable to speak to my agent in person, or during non-business hours, I agree to call my agent and leave a message on their answering machine including my name, the date, the time, and the nature of my problem. If there has been a power problem, I agree that I will call and leave another message when the power is restored. I also agree to notify my agent of any problems with my telephone service as soon as I am able to do so.

As a condition to being allowed to participate in the Program, if required, I agree to pay these costs. And, I agree to allow authorized personnel to inspect and maintain the SCRAM Bracelet and SCRAM Modem.

I understand that as a participant in the Program that I am to abstain from any and all alcohol consumption and to avoid the use of products containing alcohol and to avoid certain restricted activities, as described as follows:

Initial Here

Banned Products:

I understand that I am not to use or possess any product containing alcohol, including, but not limited to: mouthwash, medicinal alcohol, household cleaners and disinfectants, lotions, body washes, perfumes, colognes, or other hygiene products that contain alcohol. No products other than soap and water should be used on the skin around the bracelet.

Initial Here

Tampering:

I understand that the use of banned products or any topical application of a product near the SCRAM Bracelet in an attempt to tamper with or alter its readings will be considered a violation of this Agreement.

Initial Here

Swimming & Bathing:

I understand that I am not to submerge the SCRAM Bracelet in water. Showers are the only permitted bathing method. I understand that if I submerge the SCRAM bracelet in water it will be treated as an 'attempt to defeat' and will be handled in the same manner as a tamper or obstruction. I understand that I will be held liable for any damages caused by submerging or damaging the SCRAM Bracelet as well as for additional hook up fees when new equipment is required due to intentional damage.

Initial Here

Personal Hygiene:

I agree that when showering, I will thoroughly clean the area around the bracelet with soap and water. I will thoroughly rinse with clean water and dry underneath the SCRAM Bracelet. I understand that failure to rinse away all soap and dry the area around the bracelet may result in a mild skin rash.

Initial Here

Current Health Status or Pre-existing Medical Conditions:

I agree that I will reveal my current health status to my officer or agent and will also notify them of any pre-existing medical conditions that I am aware of such as pregnancy, diabetes or any type of known skin disorder or condition.

I acknowledge that I have received a copy of this Agreement and that it has been explained to me before signing. I understand that I must comply with the requirements of this Agreement until notified otherwise by my probation officer or pre-trial services agent. I agree to call my officer or agent immediately if I have any questions about this Agreement or if I experience any problems with the SCRAM Bracelet or SCRAM Modem. I further understand that any violation of this Agreement will constitute a violation of the Program and may cause immediate adverse legal action to be taken against me.

Participant

Date

Field Representative/Witness

Title

Date

Appendix VIII: Client Policy (Use by Service Provider with Offenders)

SCRAM CLIENT POLICY



Information for the client prior to SCRAM installation . . .

Installation Appointment

You must contact the service provider/agency within 24 hours to set a date and time for the installation of a SCRAM bracelet. You are responsible for setting up the installation appointment. Contact your agent to schedule an installation appointment.

Fees

Dues for the SCRAM Program include the installation fee and the daily fee, which are defined by the service provider/agency.

On the date and time set for the bracelet installation, you must bring:

- Installation fee
- Your Directive
- Picture ID

SCRAM Bracelet

The SCRAM Bracelet fits around your ankle, is worn 24/7, and tests for alcohol every hour.

SCRAM Modem

Plug the modem into a phone line and ensure that you are within the modem's range (30 feet) for 30 minutes everyday. The modem does not affect your phone's operation.

You have three options for using the modem:

- Have an analog telephone line in your home
- Be able to plug the modem into an analog phone line at a remote location at the designated communication times
- Go to your service provider's office to use their analog phone line

Information for the client while on the SCRAM Program . . .

Equipment Maintenance

Your agent may require that you come into your service provider's office for bracelet or modem maintenance. If the bracelet or modem malfunctions, you will be contacted to schedule an appointment.





Personal Hygiene

The following restrictions are strictly enforced:

- No swimming or submerging in liquid
- Showers are the only permitted bathing method

If SCRAM becomes damaged, you will be held responsible for the cost of the damages or the equipment.

Alcohol-Based Products

You cannot use or be around products that contain alcohol. The list of products includes but is not limited to:

- Lotion
- Cologne
- Hair spray
- Cleaning products
- Bug spray
- Gasoline
- Lysol
- As further stipulated by supervisory authority

Violations

Client actions resulting in a violation:

- Alcohol consumption
- Tampering with the bracelet
- Missing your communication times
- Not keeping up with your payment plan
- No call/no show for a scheduled appointment

SCRAM Program Completion

This will be determined based upon court directive and compliance.



Appendix IX: Feedback Form (Use by Service Provider with Offender)



SCRAM System Feedback Form

Your Name: _____

Would you be willing to briefly discuss your SCRAM System experience with us? **Yes** ☐ **No** ☐

If yes, please include a telephone number at which you can be reached, and a time of day that would be most convenient for you.

Phone number: _____ Time of day: _____

Please take a moment to record your thoughts, feelings, and experiences you have had using the SCRAM System. We value your suggestions, as we are continually improving the SCRAM System's usability. Use the following scale to indicate your responses as you read the statements below:

Scoring 1 - 5									
5	Strongly agree	4	Somewhat agree	3	Agree	2	Somewhat disagree	1	Strongly disagree

The SCRAM Bracelet

The SCRAM Bracelet is easy to wear while performing my daily activities.

Comments:

The SCRAM Modem

Setting up the SCRAM Modem in my home was a simple process.

Comments:

The SCRAM Modem setup instructions, which outline the setup process, served as a valuable reference tool while I was installing the SCRAM Modem.

Comments:

Additional comments or suggestions for improvement:

SCRAM System Overall Rating

The SCRAM System deters me from drinking alcohol.

Comments:

The SCRAM System is convenient, compared to other forms of alcohol monitoring I have experienced.

Comments:

Additional comments or suggestions for improvement:

Thank you for your participation!
Please write additional comments on the back of this page



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