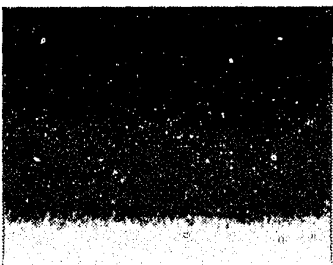
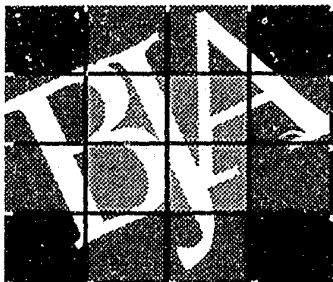


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Office of Justice Programs  
Bureau of Justice Assistance



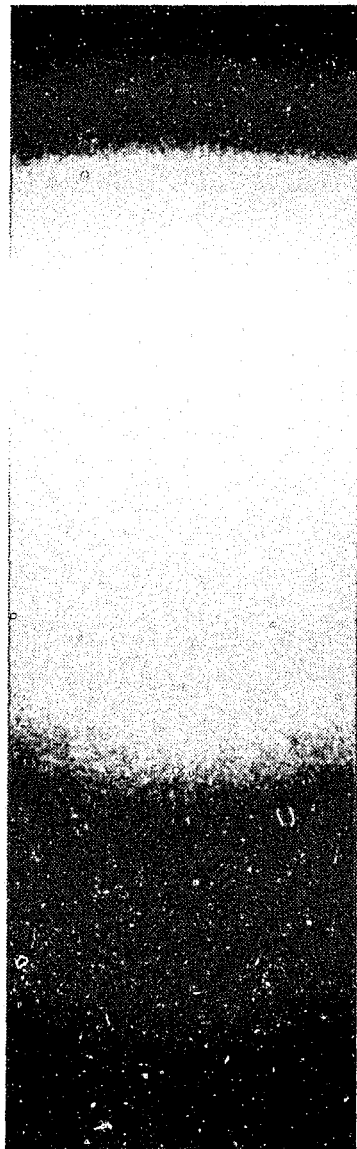
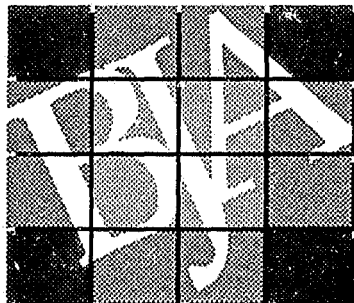
Bureau of Justice Assistance

# Treatment Alternatives to Street Crime: TASC Programs

Second Edition

129759

**PROGRAM BRIEF**



Bureau of Justice Assistance

# Treatment Alternatives to Street Crime: TASC Programs

Second Edition

129759

U.S. Department of Justice  
National Institute of Justice

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## PROGRAM BRIEF

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April 1992  
NCJ 129759

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**U.S. Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance**

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The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program Offices and Bureaus: Bureau of Justice Assistance, Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.



**U.S. Department of Justice**  
**Office of Justice Programs**  
*Bureau of Justice Assistance*

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Office of the Director

*Washington, D.C. 20531*

I am pleased to present this second edition of the Treatment Alternatives to Street Crime (TASC) program brief. The first program brief, distributed to over 10,000 State and local decisionmakers, TASC program operators, and other criminal justice agencies, has sparked a renewed interest in case management programs that supervise drug-dependent offenders in the community.

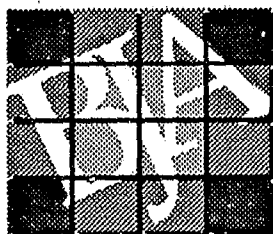
TASC provides an objective and effective bridge between two separate institutions: the criminal justice system and the treatment community. The criminal justice system's legal sanctions reflect community concerns for public safety and punishment while the treatment community emphasizes individual behavior change through therapeutic relationships. Under TASC supervision, community-based treatment is made available to drug-dependent offenders who would otherwise burden the criminal justice system with their acknowledged and persistent criminality.

In the past 2 years, TASC programming has become more sophisticated and our knowledge of the field has expanded. Thus, this second edition is offered to further national interest in case management programs and to promote their adoption.

Sincerely,

A handwritten signature in black ink, reading "Elliott A. Brown". The signature is fluid and cursive, with the first name "Elliott" and last name "Brown" clearly legible.

Elliott A. Brown  
Acting Director

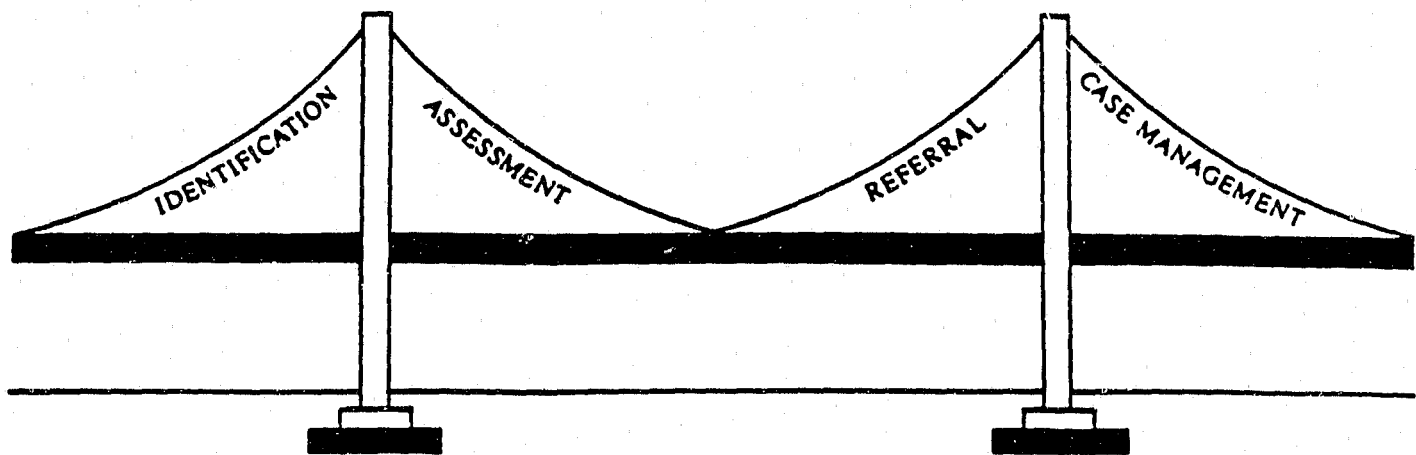


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# THE TASC BRIDGE



## Criminal Justice System

- legal sanctions
- community safety
- punishment

## Treatment System

- therapeutic relationship
- changing individual behavior
- reducing personal suffering

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# THE TASC MISSION AND PHILOSOPHY

Treatment Alternatives to Street Crime (TASC) provides an effective bridge between two separate institutions: the criminal justice system and the treatment community. The justice system's legal sanctions reflect community concerns for public safety and punishment while the treatment community emphasizes therapeutic relationships as a means for changing individual behavior and reducing the personal suffering associated with substance abuse. Under TASC supervision, community-based treatment is made available to drug-dependent offenders who would otherwise burden the justice system with their persistent criminality.

## Purpose

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TASC combines the influence of legal sanctions for probable or proven crimes with the appeal of such innovative criminal justice system dispositions as deferred prosecution, creative community sentencing, diversion, pretrial intervention, probation, and parole supervision to motivate the substance abuser to cooperate with treatment.

## Goals

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Through treatment referral and closely supervised community reintegration, TASC aims to permanently interrupt the cycle of addiction, criminality, arrest, prosecution, conviction, incarceration, release, readdiction, criminality, and rearrest. For a more in-depth discussion of TASC goals, see pages 27–29.

## Objectives

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Within the criminal justice system, TASC is able to reduce the costs and relieve many substance abuse-related processing burdens through assistance with such duties as addiction-related medical situations, pretrial screening, and post-trial supervision.

The treatment community also benefits from TASC's legal focus, which seems to motivate and prolong offenders' treatment cooperation and ensures clear definition and observation of criteria for treatment dismissal or completion. Public safety is also increased through TASC's careful supervision of criminally involved offenders during their community-based treatment experience.

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# THE DEVELOPMENT AND SUCCESS OF TASC

A 1962 landmark Supreme Court decision, *Robinson v. California*, stipulated that because chemical addiction is an illness rather than a crime, the State may force an addict to submit to treatment and may impose criminal sanctions for failure to comply with that treatment program. In the developing attitude of the times, penal coercion was being rejected as an effective rehabilitation incentive and community-based treatment for substance abuse was slowly gaining credibility. Alternatives to routine criminal justice system processing for drug-dependent offenders seemed worthy of serious consideration.

In the years following, several conceptual and strategic models were developed to implement these new perceptions. By the early 1970's, the Special Study Commission on Drugs, appointed by the President, established an unequivocal link between drugs (particularly narcotics) and crime. A small number of addicts were found to be responsible for a large percentage of crimes, and a disproportionate share of criminal justice system resources was being absorbed by their recidivism.

Discussions of how to link treatment and the judicial process and interrupt the relationship between drugs and property crimes were held by the Law Enforcement Assistance Administration (LEAA), the White House-established Special Action Office for Drug Abuse Prevention (SAODAP), and the National Institute on Mental Health's Division of Narcotic Addiction and Drug Abuse (DNADA)—predecessor to the National Institute on Drug Abuse (NIDA). The result was a Federal initiative, modeled after earlier experiments with diversion programs and two demonstration projects in New York City and Washington, D.C. The project was funded under the Drug Abuse Office and Treatment Act of 1972 and christened TASC—Treatment Alternatives to Street Crime.

The first TASC project opened in Wilmington, Delaware, in August 1972. It provided pretrial diversion for opiate addicts with nonviolent criminal charges who were identified in jail by urine tests and interviews.

After assessment of their suitability for treatment and treatment needs, arrestees who volunteered for TASC were referred and escorted to appropriate community-based treatment. While in the program the addicts were monitored for continued compliance with treatment requirements. Successful completion usually resulted in dismissed charges.

LEAA issued program guidelines for replication of the TASC model that focused on pretrial diversion and sentencing alternatives for drug-dependent offenders. "Seed" grants were awarded with the understanding that successful demonstration projects would obtain local or State funding to continue within a 3-year period. During the first year (1973), 13 TASC projects were initiated by local jurisdictions in 11 States. Within 2 years, there were 29 operational sites in 24 States. LEAA provided funding for TASC in 72 grant projects, 9 of which were statewide grants designed to support multiple TASC sites. Before Federal funding was withdrawn from all TASC sites due the demise of LEAA in 1982, some 130 TASC projects existed in 29 States and Puerto Rico.

An indication of the success of LEAA's seed funding is that more than 80 percent of the TASC projects that have completed the period of LEAA financial support have been continued with State or local funding.

In 1986, the Bureau of Justice Assistance (BJA) began providing Formula grants to the States as part of Federal Anti-Drug Abuse Initiatives. As a proven effective program, TASC was eligible for this funding. BJA support also included discretionary funding to provide technical assistance and training to those States interested in implementing TASC programming and to established TASC projects in need of assistance. The number of TASC programs has increased from about 130 in 1982 to more than 180 programs (adult and juvenile components) at 130 different sites in 25 States and 2 territories (Puerto Rico and the U.S. Virgin Islands).

LEAA funded TASC programs in various types of geographic locations such as large metropolitan

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areas, smaller cities, suburban and rural counties, and regional and statewide networks. Original offender participation criteria were also expanded to include polydrug and alcohol abusers, juveniles, and in some places, victims of domestic violence and offenders with mental health problems. Services to traffic offenders with alcohol and drug problems were also expanded during the early 1980's.

All of the LEAA-funded TASC programs were required to conduct independent evaluations of their effectiveness as part of the grant requirements. More than 40 local assessments were completed over the 10-year period of LEAA oversight. Although a few evaluators found that some TASC programs had excessively optimistic expectations for offender success, or were underutilized, the majority concluded that TASC effectively:

- Intervened with offenders to reduce drug abuse and criminal activity.
- Linked the criminal justice and treatment system.
- Identified previously untreated drug-dependent offenders.

During the same period, three national assessments of the TASC model were completed that focused on the success of multiple sites in meeting general TASC goals. Evaluators from System Sciences, Inc. concluded in 1974 that each of five early TASC projects (1) handled a substantial proportion of repeat offenders with long histories of addiction, (2) introduced more than half the identified offenders (55 percent) into their first treatment experience, and (3) reduced their criminal recidivism.

A 1976 Lazar Institute study of 22 TASC sites found that the mechanism of legally sanctioned referrals to treatment was more effective than informal treatment. Based on this finding, the investigators were able to identify several commonalities in the success of the TASC model. These included:

- The support of the treatment system.
- The broad-based support of the justice system.
- A monitoring function that was found to improve offender performance in treatment.

- TASC involvement seemed to reduce rearrest rates. (Only 8 percent of offenders in all sites were known to have been rearrested for new offenses while in the TASC program.)

However, TASC continued to have no solid data base nor strategy that would allow for long-term evaluation and comparison of the program's impact on drug-related crime or on the case processing in the justice system.

A subsequent 1978 evaluation of 12 TASC sites, also conducted by System Sciences, Inc., found the TASC model offered a beneficial and cost-effective alternative to the criminal justice system for handling drug-abusing offenders. In addition, the evaluators found that:

- TASC's major functions and procedures were effective in adhering to the stated goals and objectives.
- A majority of offenders were admitted to TASC prior to trial.
- TASC's threat of legal sanctions added a positive factor to the treatment process.
- Projects achieved remarkable success rates with offenders (considering the seriousness of the crimes and the drugs involved).
- The quality of the staff was more important to program success than other organizational factors.

Poor recordkeeping and information management, however, were found to be widespread among TASC programs.

Two reports from NIDA's Treatment Outcome Prospective Study (TOPS) examined the impact of TASC, and similar programs for drug-dependent offenders, on the behavior of offenders while in treatment. These 1983 and 1985 studies compared criminal justice-involved offenders (in TASC and under other justice system supervision) and volunteer counterparts, using demographic characteristics, treatment retention, treatment progress, and predatory behaviors in the year following the end of treatment.

---

Criminal justice-referred offenders were more likely to be male, nonwhite, young, and to have previous justice-system involvement in the year before treatment than did their volunteer counterparts. More important, TASC offenders were found to improve as much in relation to drug use, employment, and criminal behavior as other offenders during the first 6 months of treatment. TASC offenders under legal coercion also tended to remain in both residential and outpatient drug-free treatment modalities 6 to 7 weeks longer than other criminal justice-referred or voluntary offenders, a finding usually associated with better treatment outcomes. The monitoring/case management function of TASC seemed to encourage this longer treatment participation. Unfortunately, predatory crime and arrest before treatment were still the most consistent predictors of criminal reinvolverment, as measured by arrest records and self-reports, in the first post-treatment year.

Perhaps the most eloquent testimony to the success of TASC and the value placed on it by system participants, is the fiscal and program support provided to more than 100 sites in 18 States after Federal funding was withdrawn in 1982. Many of these local programs joined together to reestablish the National Consortium of TASC Programs (NCTP) in 1984.

These studies confirm the success and effectiveness of TASC programming through specific critical program elements. Among the successful elements are:

- The establishment of the broad-based support by the criminal justice and treatment system.
- The use of offender eligibility criteria that assist in early identification, assessment, and referral of the previously unidentified drug-dependent offender.
- A comprehensive monitoring or case management system that holds the offender accountable and has been proven to reduce offender rearrest rates and improve the treatment performance of the drug-dependent offender.

Conversely, these studies have also shown that the lack of data collection and evaluation as critical program elements have hindered TASC programming. Furthermore, staff training has been found to be a critical program element as the staff is a major factor in the program's overall success.

---

# CURRENT BLOCK GRANT FUNDING OBJECTIVES AND REQUIREMENTS

After a nearly 5-year hiatus, the Justice Assistance Act of 1984 revived Federal endorsement of and fiscal support for TASC. This legislation authorized a criminal justice block grant program (listing 18 purposes) to encourage State and local government implementation of specific programs of proven effectiveness deemed highly likely to improve criminal justice system functioning—with a special emphasis on violent crime and serious offenders. The Justice Department's Bureau of Justice Assistance (BJA), Office of Justice Programs, which has administrative authority for the block grants, published regulations for grant applicants in May of 1985.

Following the implementation of the Justice Assistance Act, Congress enacted the Anti-Drug Abuse Act of 1986. State and Local Assistance for Narcotic Control Formula Grant Program, P.L. 99-570, Subtitle K, complemented the Justice Assistance Act with seven additional purposes for block grant funding focusing on the (1) apprehension, (2) prosecution, (3) adjudication, (4) detention and rehabilitation, (5) eradication, (6) treatment, and (7) identification of major drug offenders. These purpose areas' primary focus was to assist the criminal justice system in expeditiously moving the drug-dependent offender through the criminal justice system.

As it pertained to Justice, the Anti-Drug Abuse Act of 1988 revoked the Justice Assistance Act of 1984, generating 21 purpose areas for Justice funding. These purpose areas combined the Justice Assistance Act and Anti-Drug Abuse Act of 1986 purpose areas. The 21 purpose areas in the 1988 Act include:

1. Demand reduction education programs.
2. Multijurisdictional task force programs.
3. Programs designed to target the domestic sources of controlled and illegal substances.
4. Provision of community and neighborhood programs that assist citizens in prevention and controlling crime.
5. Disrupting illicit commerce in stolen goods and property.
6. Improving the investigation and prosecution of white-collar crime, especially drug-related crime.
7. Improving operational effectiveness of law enforcement and the development and implementation of antiterrorist programs.
8. Career criminal prosecution programs.
9. Financial investigative programs targeting drug-related money laundering operations.
10. Improving the operational effectiveness of the court process.
11. Correctional resources and system enhancement programs.
12. Work and training programs for inmates.
13. Programs which identify and meet the treatment needs of adult and juvenile drug dependent and alcohol offenders.
14. Developing and implementing programs which provide assistance to jurors and witnesses and compensation to victims of crimes.
15. Programs which improve drug control technology, such as pretrial drug testing programs, programs which provide for identification and assessment, referral to treatment, case management and monitoring of drug-dependent offenders, enhancement of State and local forensic laboratories.
16. Innovative program approaches to enforcement, prosecution, and adjudication of drug offenders.
17. Programs to address the problem of drug trafficking and illegal manufacture of controlled substances in public housing.
18. Improving the criminal and juvenile justice system's response to domestic and family violence.

- 
19. Drug control evaluation programs.
  20. Alternatives to detention, jail, and prison for persons who are no danger to the community.
  21. Programs which strengthen urban enforcement and prosecution aimed at street drug sales.

As listed here, purpose areas related to TASC funding include: 11, 12, 13, 15, 16, and 20.

As part of its responsibilities for encouraging and assisting with the development of viable and effective TASC projects, BJA has defined and developed the TASC program model:

- Orthodoxy.
- Transferability.
- Permanency.

Orthodoxy implies the clear definition of essential, distinct, and interrelated elements of a model—both functional and organizational—that in their totality comprise a core program. Such elements must be sufficiently accepted by and adhered to among program practitioners to distinguish the generic framework and performance standards from other similar programs and to ensure their replication. Orthodoxy also implies common understanding of terminology that is critical to clear communication.

Transferability means a model's adaptability or potential for replication in a variety of settings because it meets common needs, has clarity of purpose,

can be easily implemented, and encourages both communication and innovation.

Permanency is defined as durability and stability expressed in the adequacy of program resources for continuing commitment and organizational viability. Permanency implies a network of well-qualified peers dedicated to maintaining program operations and visibility.

BJA funds assistance to State and local jurisdictions for operating programs developed under their legislative purpose areas. For TASC program efforts, this results in technical assistance and training for TASC.

From the BJA training and technical assistance effort, the following program elements and performance standards were developed by a 16-member advisory panel of program practitioners and experts who prepared recommendations for these elements from the existing network of TASC programs. The initial draft of these critical elements and performance measures was recirculated among field practitioners for further review and comment. (These elements are delineated in the next section.)

The timeframes for implementing each of the critical program elements will vary from one local jurisdiction to another. It should, however, take no more than three months to have the organizational elements in place. To have the program fully operational—to include all operational elements—should take no more than another three months. Overall, it will take at least six months to implement a TASC program that runs effectively and efficiently.

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# CRITICAL PROGRAM ELEMENTS AND PERFORMANCE STANDARDS

## TASC Critical Program Elements

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### Organizational Elements

#### Element 1

A broad base of support from the criminal justice system with a formal system for effective communication.

#### Element 2

A broad base of support from the treatment community with a formal system for effective communication.

#### Element 3

An independent TASC unit with a designated administrator.

#### Element 4

Required staff training, outlined in TASC policies and procedures.

#### Element 5

A system of data collection for both program management and evaluation.

### Operational Elements

#### Element 6

Explicit and agreed upon eligibility criteria.

#### Element 7

Screening procedures for the early identification of eligible offenders.

#### Element 8

Documented procedures for assessment and referral.

#### Element 9

Documented policies, procedures, and technology for drug testing.

#### Element 10

Procedures for offender monitoring with established success/failure criteria, and for constant reporting to criminal justice referral source.

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## Organizational Elements and Performance Standards

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**Element 1: A broad base of support from the criminal justice system with a formal system for effective communication.**

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### ***Purpose***

To ensure the effective and accountable operation of TASC by establishing and maintaining both a coordinated effort and an understanding through necessary communication and formal agreements for offender referrals between TASC personnel and the criminal justice components.

### ***Performance Standards***

1. Evidence or documentation of explanatory meetings convened by TASC staff with criminal justice system representatives (e.g., police, attorneys, jail personnel, judges, probation, parole, corrections, prosecutors).
2. Provide participants with a written description of the TASC mission, program elements, and services.
3. Documentation of understanding between TASC and cooperating justice system components that outlines TASC responsibilities, offender eligibility criteria, and procedures for service delivery.
4. A documented schedule of formal or informal communication between TASC and criminal justice system personnel.
5. Evidence that meetings are held regularly with both criminal justice and treatment system personnel to discuss mutual interests and concerns.

**Element 2: A broad base of support from the treatment system with a formal system for effective communication.**

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### ***Purpose***

To establish and maintain both a coordinated effort and an understanding between TASC personnel and the treatment community to ensure availability of appropriate treatment program options, effective offender referrals, and case management activities.

### ***Performance Standards***

1. Where appropriate, proof that licensing requirements have been met by the TASC program.
2. Descriptions of TASC services and requirements provided to local treatment agencies.
3. Written agreements between TASC and each cooperating treatment agency that detail, at a minimum: offender eligibility for TASC, standard procedures for referrals, normal services provided during treatment, TASC and treatment success/failure criteria, routine TASC monitoring and progress reporting, termination notification requirements, and confidentiality limitations and agreements.
4. Evidence of regular communication between TASC and the participating treatment agencies.
5. Evidence of regular meetings with both criminal justice and treatment system participants to discuss mutual interests and concerns.

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**Element 3: An Independent TASC unit with a designated administrator.**

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***Purpose***

To ensure TASC program integrity and organizational capability to carry out the program mission and meet the agreed upon expectations of the criminal justice and treatment systems.

***Performance Standards***

1. Specific evidence that the TASC program performs the discrete TASC/case management function.
2. Proper assurances (e.g., articles of incorporation, written agreement, and organizational chart) that the TASC unit will be full time and independent of the umbrella agency.
3. Documentation that a qualified administrator has been hired.
4. Documentation of TASC Standard Operating Procedures.

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**Element 4: Required staff training, outlined in TASC policies and procedures.**

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***Purpose***

To ensure that all professional TASC staff sufficiently understand the TASC mission and philosophy, as well as specific policies and procedures of their local site.

***Performance Standards***

1. A training plan and schedule developed for the TASC unit that delineates the unit's goals, policies, and procedures as well as the goal of each staff member.
2. At least 32 hours of TASC training provided to each professional TASC staff member. Topics covered should include: the TASC mission and philosophy, pharmacology, sentencing practices, assessment of drug dependency, substance abuse treatment modalities and expectations, and case management duties.
3. Documentation of completed training in staff personnel files.
4. Provision to each staff member of operational policies and procedures, and accurate job description within the first two weeks of employment.

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**Element 5: A system of data collection for both program management and evaluation.**

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***Purpose***

To provide timely and accurate information to TASC administrators for managing and developing program services, determining operational effectiveness, providing appropriate information to funding sources, and meeting public information needs.

***Performance Standards***

1. Standardized reports developed to provide management and evaluation information to program administrators and staff.
2. Routine collection of the following information: number of offenders identified, assessed, referred, and accepted; number of services provided to offend-

ers; number of offenders who complete treatment and drop out of treatment; offender age, sex, race, education, employment status, criminal or other charges, drug-dependent status, and primary drug of abuse; other diagnostic testing results; offender success criteria, failure, and rearrest rates; and other appropriate offender intervention points.

3. Quality control measures for data input.

4. Assurance of quality data collection, input, and reporting through file review; review and comparison of hard copy with computer printout; regular outside review; and supervisor review.

5. Impact reports on program effectiveness, problem identification and resolution, public information, management planning, and program evaluation.

6. Distribution of impact reports to appropriate administrators and staff.

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## **Operational Elements and Performance Standards**

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### **Element 6: Explicit and agreed upon eligibility criteria.**

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#### ***Purpose***

To set clear admissions standard for TASC programs so that all TASC staff, cooperating criminal justice system components, and treatment agencies understand who is eligible for TASC services.

#### ***Performance Standards***

1. Established eligibility criteria that include justice system involvement, current or previous drug involvement, voluntary consent, waiver of confidentiality, compliance requirements, and explanation of the limitation of confidentiality.
2. Documentation of the program's compliance with eligibility criteria through random sample of offender's files.

### **Element 7: Screening procedures for the early identification of eligible offenders.**

---

#### ***Purpose***

To ensure the earliest appropriate identification and screening of TASC candidates within the justice system.

#### ***Performance Standards***

1. Evidence of program efforts towards early referral from: pretrial release, diversion, deferred prosecution, presentence, sentencing, probation, probation violation, parole, and parole violation.
2. Use of a screening instrument that determines offender eligibility.

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**Element 8: Documented procedures for assessment and referral.**

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***Purpose***

To provide a standardized assessment (through written documentation) of the TASC offender's need for substance abuse treatment and/or other human service needs that facilitate referral(s) to the appropriate treatment modality, and to provide a basis for a case management plan.

***Performance Standards***

1. Face-to-face assessment interview with each potential TASC offender.
2. Standardized assessment forms for confirming each potential offender's drug-involved status; the extent of justice involvement; agreement to participate in TASC; and an explanation of confidentiality rules and regulations.
3. Matching offender to most appropriate treatment resource as determined by the assessment interview.
4. Offender is recommended to a treatment agency within 48 hours of the TASC assessment.
5. Policies and procedures for office monitoring by TASC staff for cases when treatment placement is not immediately available.
6. Collection of assessment data and reports made to appropriate sources.

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**Element 9: Documented policies, procedures, and technology for drug testing.**

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***Purpose***

To reliably monitor each offender's use or abstinence from specified drugs.

***Performance Standards***

1. Documented policies and procedures for monitoring TASC offenders through urinalysis and other physical tests.
2. Random or scheduled urine testing conducted as determined necessary by progress of offender in outpatient treatment.
3. Documentation of the following procedures: urine collection, chain of custody, 48-hour response time, quality control, confirmation of positive test results.
4. Formal relationship established with certified or licensed laboratories/professional to conduct urinalysis and/or other tests of physical specimens.

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**Element 10: Procedures for offender monitoring with established success/failure criteria, and for constant reporting to criminal justice referral source.**

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***Purpose***

To ensure effective and efficient case management and tracking of offender progress through the treatment system, including accurate and timely reporting of offender status to referring criminal justice system components.

***Performance Standards***

1. Documented specification criteria for successful TASC termination. (Success means completion of the case management plan.)

2. Documented specification criteria for unsuccessful TASC termination. Failure criteria should include:

- A specified number of unexcused absences for treatment or TASC.
- A specified number or percentage of positive urine tests or other evidence of continuing drug use.
- Documentation of a lack of cooperation or participation in TASC or treatment.
- The commission of a new crime.

3. Documented agreement of all cooperating system participants to the success/failure criteria.

4. Documentation of quarterly review of individual case files by a designated supervisor.

5. Random file review to ensure accurate and timely reporting between TASC and treatment. Documentation should include:

- Notification of each offender's TASC acceptance, treatment placement, and case management plan.
- TASC regular receipt of progress reports from the accepting treatment agency.
- Distribution of regular TASC progress reports to criminal justice.
- Immediate notification (within 24 hours) of any offender's unsuccessful TASC termination.

6. Documented verification (through random file review) of the case manager's written notification of all face-to-face and telephone contacts. The verification should include:

- All contacts with the TASC offender.
- All contacts with referring criminal justice system referral sources.
- All contacts with receiving treatment agency.
- Contacts that determine the TASC offender's progress in meeting the determined case management goals.
- Support documentation for all offender interventions, successful and unsuccessful terminations.

# DEFINING TASC STANDARDS— THE ASSESSMENT PROTOCOL

The assessment protocol enables the evaluation of how the TASC critical elements are implemented and operated at local TASC sites. It also details:

- The numbers and types of TASC system participants and how each relates to program operations.
- Problems that have been or are being encountered and effective strategies developed to overcome these difficulties.
- Individual site organization and administration and how these interact with the criminal justice and treatment systems.
- Characteristics of the TASC, criminal justice, and treatment participants at each site and the impact each of these has on TASC program functioning and potential offender outcome.

## Critical Element Assessment Protocol Instrument

### Element 1: Broad-based support by the criminal justice system.

#### *Purpose*

To establish and maintain both a coordinated effort and an understanding through necessary communication and formal agreements for offender referrals between TASC personnel and the criminal justice components to ensure the effective and accountable operation of TASC.

1. Does evidence/documentation exist of meetings held with the following?

Yes	No	
_____	_____	Police
_____	_____	Attorneys
_____	_____	Jail personnel
_____	_____	Judges
_____	_____	Probation
_____	_____	Parole
_____	_____	Corrections
_____	_____	Prosecutors
_____	_____	Other appropriate court services personnel (please specify):

2. Are TASC system participants provided with written descriptions for:

Yes_____	No_____	The TASC mission?
Yes_____	No_____	Program elements?
Yes_____	No_____	Other services?

If yes, please attach description(s):

3. Is there documentation between TASC and cooperating criminal justice system components that outline:

Yes_____	No_____	TASC responsibilities?
Yes_____	No_____	Offender eligibility criteria?
Yes_____	No_____	Procedures for service delivery?

4. Is there documentation of formal or informal schedules of communication between TASC and criminal justice system personnel?

Yes\_\_\_ No\_\_\_

(Observation of daily operation may be discussed)  
Please describe:

5. Is there evidence that meetings are held regularly with both criminal justice system participants and treatment system personnel to discuss mutual interests and concerns?

Yes\_\_\_ No\_\_\_

If yes, please describe (include timetable):

\_\_\_ Number of performance standards met

\_\_\_ Number of performance standards missing

Comments/recommendations:

## **Element 2: Broad-based support by the treatment community.**

### ***Purpose***

To establish and maintain both a coordinated effort and an understanding between TASC personnel and the treatment community to ensure the availability of appropriate treatment program options, effective offender referrals, and case management activities.

1. Have licensing requirements been met by the TASC programs (where appropriate)?

Yes\_\_\_ No\_\_\_

Please describe:

2. Have descriptions of TASC services been delivered to local treatment agencies?

Yes\_\_\_ No\_\_\_

How have these been documented?

3. Do written agreements exist between TASC and each cooperating treatment agency that detail at a minimum:

Yes___	No___	Offender eligibility for TASC
Yes___	No___	Standard procedures for referrals
Yes___	No___	Normal services provided during treatment
Yes___	No___	TASC and treatment success/failure criteria
Yes___	No___	Routine TASC monitoring
Yes___	No___	Progress reporting
Yes___	No___	Termination
Yes___	No___	Notification requirements
Yes___	No___	Confidentiality limitations and agreements

4. Is there evidence of regular communication between TASC and the participating treatment agencies?

Yes\_\_\_ No\_\_\_

Please describe:

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5. Is there evidence that regular meetings are held with both criminal justice participants and treatment system personnel to discuss mutual interests and concerns?

Yes\_\_\_ No\_\_\_

If yes, please describe (and include timetables):

\_\_\_ Number of performance standards met

\_\_\_ Number of performance standards missing

Comments/recommendations:

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**Element 3: An Independent TASC unit with a designated administrator.**

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***Purpose***

To ensure TASC program integrity and organizational capability to carry out the program mission and meet the agreed upon expectations of the justice and treatment systems.

1. Through observation, does this TASC program perform the discrete TASC/case management function?

Yes\_\_\_ No\_\_\_

- Are there proper assurances, e.g., an organizational chart, that TASC will function as a full-time independent unit from the umbrella agency (if appropriate)?

Yes\_\_\_ No\_\_\_

Please describe:

- Is there documented evidence that a designated and qualified administrator(s) with appropriate experience (by resume review/ interviews/observation) has been hired?

Yes\_\_\_ No\_\_\_

2. Are TASC Standard Operating Procedures documented?

Yes\_\_\_ No\_\_\_

\_\_\_ Number of performance standards met

\_\_\_ Number of performance standards missing

Comments/recommendations:

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**Element 4: Policies and procedures for regular staff training.**

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***Purpose***

To ensure that all professional TASC staff sufficiently understand the TASC mission and philosophy, as well as specific policies and procedures of their local site.

1. Has a training plan been developed, documented, and disseminated for the TASC unit?

Yes\_\_\_ No\_\_\_

Please attach:

2. Are there at least 32 hours of TASC-relevant training provided?

Yes\_\_\_ No\_\_\_

3. Has the training been documented in staff personnel files and have followup discussions taken place?

Yes\_\_\_ No\_\_\_

4. Is each staff member provided with the following:

Yes\_\_\_ No\_\_\_ Current operational policies  
and procedures

Yes\_\_\_ No\_\_\_ An accurate job description  
(that was provided to them  
within the first 2 weeks of  
employment)

\_\_\_ Number of performance standards met

\_\_\_ Number of performance standards missing

Comments/recommendations:

\_\_\_ Offender age  
\_\_\_ Offender sex  
\_\_\_ Offender race  
\_\_\_ Offender education  
\_\_\_ Offender employment status  
\_\_\_ Offender criminal or other charges  
\_\_\_ Offender drug-dependent status  
\_\_\_ Offender primary drug of abuse  
\_\_\_ Other diagnostic testing results  
(please specify):

\_\_\_ Offender success criteria  
\_\_\_ Offender failure criteria  
\_\_\_ Offender rearrest rates  
\_\_\_ Other appropriate offender intervention  
points (please specify):

**Element 5: A management information program  
evaluation system.**

***Purpose***

To provide timely and accurate information to TASC  
administrators for managing and developing program  
services, determining operational effectiveness,  
providing appropriate information to funding sources,  
and meeting public information needs.

1. Have standardized reports been developed to  
provide management and evaluation information to  
the program administrators and staff?

Yes\_\_\_ No\_\_\_

If yes, please attach:

2. Are specific data routinely collected, including:

\_\_\_ Number of offenders identified  
\_\_\_ Number of offenders assessed  
\_\_\_ Number of offenders referred and accepted  
\_\_\_ Number of services provided to offenders  
\_\_\_ Number of offenders who complete treatment  
\_\_\_ Number of offenders who drop out of  
treatment

3. Are quarterly reports completed that include:

Yes\_\_\_ No\_\_\_ Program effectiveness  
Yes\_\_\_ No\_\_\_ Problem identification  
Yes\_\_\_ No\_\_\_ Problem resolution  
Yes\_\_\_ No\_\_\_ Public information  
Yes\_\_\_ No\_\_\_ Management planning  
Yes\_\_\_ No\_\_\_ Program evaluation

4. Are quality control measures in place for input of  
data?

Yes\_\_\_ No\_\_\_

5. If answer is yes to any part of number 3, how  
often are these reports disseminated, and to whom  
are they distributed (title)?

\_\_\_ Number of performance standards met

\_\_\_ Number of performance standards missing

Comments/recommendations:

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**Element 6: Clearly defined offender eligibility criteria.**

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**Purpose**

To set clear admission standards for TASC programs so that all TASC staff, cooperating justice system components, and treatment agencies understand who is eligible for TASC services.

1. Does the site have established eligibility criteria?

Yes\_\_\_ No\_\_\_

(Criteria may be site-specific, programwide, or regionally defined where the program is multijurisdictional. Specify which situation(s) apply:

If no, how are offenders sorted for criminal justice system referral? Please specify:

If yes, do criteria include:

Yes___	No___	Justice system involvement
Yes___	No___	Current or previous drug involvement
Yes___	No___	Voluntary consent
Yes___	No___	Waiver of confidentiality
Yes___	No___	Compliance requirements
Yes___	No___	Explanation of the limitation of confidentiality

2. Is there documentation of the program's compliance with eligibility criteria through random sample of offenders' files?

Yes\_\_\_ No\_\_\_

\_\_\_ Number of performance standards met

\_\_\_ Number of performance standards missing

Comments/recommendations:

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**Element 7: Screening procedures for early identification of TASC candidates within the criminal justice system.**

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**Purpose**

To ensure the earliest appropriate identification and screening of TASC candidates within the justice system.

1. What populations are targeted by TASC sites? Check all that apply:

\_\_\_ Pretrial release  
\_\_\_ Diversion  
\_\_\_ Deferred prosecution  
\_\_\_ Presentence  
\_\_\_ Sentencing  
\_\_\_ Probation  
\_\_\_ Probation violation  
\_\_\_ Parole  
\_\_\_ Parole violation  
\_\_\_ Other (please specify)

2. Does the site use a screening instrument that determines offender eligibility?

Yes\_\_\_ No\_\_\_

If yes, please attach:

If no, how is eligibility determined?

\_\_\_ Number of performance standards met

\_\_\_ Number of standards missing

Comments/recommendations:

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**Element 8: Documented procedures for assessment and referral.**

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**Purpose**

To provide a standardized assessment (through written documentation) of the TASC offender's need for substance abuse treatment and/or other human services that facilitate referral(s) to the appropriate treatment modality, and to provide a basis for a case management plan.

1. Does the site conduct face-to-face assessment interviews with each potential TASC offender?

Yes\_\_\_ No\_\_\_

2. Are standardized assessment forms used for confirming, at a minimum, each potential offender's:

Yes\_\_\_ No\_\_\_ Drug-involved status  
Yes\_\_\_ No\_\_\_ Extent of justice involvement  
Yes\_\_\_ No\_\_\_ Agreement to participate in TASC  
Yes\_\_\_ No\_\_\_ Understanding of confidentiality rules and regulations

Please attach assessment instrument:

3. Is each offender matched to the most appropriate treatment (as determined by the assessment)?

Yes\_\_\_ No\_\_\_

4. Is each offender recommended to a treatment agency within 48 hours of the TASC assessment?

Yes\_\_\_ No\_\_\_

If immediate placement is unavailable, are policies and procedures for office monitoring by TASC staff performed during the interim period?

Yes\_\_\_ No\_\_\_ N/A\_\_\_

If yes, please describe:

5. Are the data collected from the assessment and reported to appropriate sources?

Yes\_\_\_ No\_\_\_

\_\_\_ Number of performance standards met

\_\_\_ Number of performance standards missing

Comments/recommendations:

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**Element 9: Policies, procedures, and technology for monitoring TASC offender's drug use through urinalysis or other physical evidence.**

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**Purpose**

To reliably monitor each offender's use of or abstinence from specified drugs.

1. Are there documented policies and procedures in place to monitor a TASC offender through urinalysis?

Yes\_\_\_ No\_\_\_

2. Do offenders who are referred to outpatient treatment comply with random or scheduled urine testing as determined by progress in treatment?

Yes\_\_\_ No\_\_\_

3. Are procedures documented and in place for each of the following:

Yes\_\_\_ No\_\_\_ Urine collection  
Yes\_\_\_ No\_\_\_ Chain of custody  
Yes\_\_\_ No\_\_\_ 48-hour response time for results  
Yes\_\_\_ No\_\_\_ Quality control  
Yes\_\_\_ No\_\_\_ Confirmation of positive test results

Please describe each:

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4. Are formal contract(s) executed with certified or licensed laboratories/professionals to conduct urinalyses and/or other tests of physical specimens?

Yes\_\_\_ No\_\_\_

Please attach or describe:

\_\_\_ Number of performance standards met

\_\_\_ Number of performance standards missing

Comments/recommendations:

**Element 10: Monitoring procedures for offender's compliance with established TASC and treatment criteria and regular reporting of offender progress to referring criminal justice system components.**

***Purpose***

To ensure effective and efficient case management and tracking of all offenders' progress through the treatment system, including accurate and timely reporting of their status to referring justice system components.

1. Does documentation specify criteria for successful and unsuccessful TASC termination?

Yes\_\_\_ No\_\_\_

If yes, does this documentation include:

Success for: Completion of the case management plan?

Yes\_\_\_ No\_\_\_

Failure for:

- A specified number of unexcused absences from treatment or TASC?

Yes\_\_\_ No\_\_\_

- A specified number or percentage of positive urine tests or other evidence of continuing drug use?

Yes\_\_\_ No\_\_\_

- Documentation of a lack of cooperation or participation in the treatment or TASC?

Yes\_\_\_ No\_\_\_

- The commission of a new crime?

Yes\_\_\_ No\_\_\_

2. Have the success/failure criteria been agreed to by all cooperating system participants?

Yes\_\_\_ No\_\_\_

Explain:

How is this documented?

3. Is there documentation that affirms that a quarterly review of individual case files has been completed by a designated supervisor?

Yes\_\_\_ No\_\_\_

4. Is documentation provided, by random file review, that ensures accurate and timely reporting/communication between TASC and treatment, including:

- Notification of each offender's TASC acceptance, treatment placement, and case management plan.

Yes\_\_\_ No\_\_\_

- TASC regular receipt of progress reports from the accepting treatment agency.

Yes\_\_\_ No\_\_\_

- 
- Distribution of regular TASC progress reports to justice.

Yes\_\_\_ No\_\_\_

- Immediate notification (within 24 hours) of any offender's unsuccessful TASC termination.

Yes\_\_\_ No\_\_\_

5. Is documentation (by random file review) provided that verifies the case manager's written notification of all face-to-face and telephone contacts, including:

- All contacts with TASC offender.

Yes\_\_\_ No\_\_\_

- All contacts with referring justice system referral sources.

Yes\_\_\_ No\_\_\_

- All contacts with receiving treatment agency.

Yes\_\_\_ No\_\_\_

- Contacts that determine the TASC offender's progress in meeting the determined case management goals.

Yes\_\_\_ No\_\_\_

- Support documentation for all offender interventions, successful and unsuccessful terminations.

Yes\_\_\_ No\_\_\_

\_\_\_ Number of performance standards met

\_\_\_ Number of performance standards missing

Comments/recommendations:

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# RECOMMENDED TASC OUTCOME MEASURES

The assessment protocol assists TASC programs in implementing proven process of TASC operations. Based on this assessment, it has been necessary to establish outcome measures that evaluate the effectiveness of TASC programs.

As all TASC professionals realize, measuring the outcome of a service or intervention when there are a myriad of uncontrolled variables cannot produce hard and fast results, but rather indications as to the likely direction of the effect of the intervention.<sup>1</sup> For programs such as TASC, outcome measures are relative. With a few exceptions, it is impossible to say conclusively what would have happened had an individual not been a part of a TASC program. Yet, it is also true that anecdotal measures of effectiveness are no longer a sufficient basis for policy and resource decisions.

What can be measured is the extent to which a TASC program meets the goals.

Articulating the goals of TASC programs was a lengthy process that was completed at the National Association of State Alcohol and Drug Abuse Directors (NASADAD) Drug-Related Program Development, Assistance, and Training Advisory Board meeting in October 1987. These goals were adopted by the National Consortium of TASC Programs in February 1989. The TASC goals are to:

- Reduce the criminality of the alcohol- and other drug-dependent offenders.
- Maximize the rehabilitative aspects of the criminal justice system.
- Maximize the rehabilitative aspects of the treatment system.

## Recommended Outcome Measures for TASC Programs

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### Goal 1: Reducing criminality

### Goal 2: Maximizing the rehabilitative aspects of the criminal justice system

#### *Recommended Outcome Measure 1:* Rearrest Rates

The relationship between drug use and criminal behavior is a very complex one. Some, but certainly not all, crimes committed by TASC offenders can be attributed to drug use. It would be unrealistic to expect criminal activity to cease in a group so entrenched in the criminal lifestyle, but it can be expected that the level of criminal activity will diminish.

Given that addicts chronically relapse, measures other than rearrest are often thought to be more appropriate. Intervention with the drug-dependent population requires a lengthy management program.<sup>2</sup> While it is true that the myriad interventions provided by TASC programs assist the criminal justice decisionmaker in managing the drug-dependent offender caseload, it is also true that the point of the offender's actual reentry into the criminal justice system is what is most significant to criminal justice decisionmakers. Overall, the criminal justice system's interest in the drug-dependent offender population hinges on law enforcement and safety.

The rehabilitation philosophy of the criminal justice system rests on the premise that persons who commit crimes have identifiable reasons for doing so, and that these can be discovered, addressed, and altered. Its aim is to modify behavior and reintegrate the law-breaker into the wider society as a productive citizen.<sup>3</sup>

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In fact, the National Academy of Criminal Justice has defined rehabilitation as no further criminal justice involvement.<sup>4</sup>

The criminal justice system is willing to lend its authority to TASC because TASC services reduce the management of an already burdensome caseload. For TASC to truly be an effective service to the criminal justice system, TASC must assist in diminishing criminal activity.

While rearrest does not necessarily presume criminal reinvolvement, because the individual defendant has yet to be proven guilty, rearrest does presume reentry into the criminal justice system and therefore resumption of the use of the local jurisdiction's criminal justice resources.

Through examination of rearrest rates, acceptable or "successful" levels can be determined over time.

### **Goal 3: Maximizing the rehabilitative aspects of the treatment system**

#### *Recommended Outcome Measure 2:* Retention in Treatment

Case management under the auspices of TASC is associated with longer retention in treatment.<sup>5</sup> Further, it is accepted that treatment retention is an important contributor to treatment effectiveness.<sup>6</sup> The problem of retention reflects the chronic and severe nature of drug dependence. For example, a study of seven therapeutic communities in six States found that 12-month retention rates averaged 12 percent.<sup>7</sup> Research, primarily completed with heroin addicts, indicated that treatment lengths of six months or more were necessary to produce significant changes in offender characteristics and conditions related to reducing drug use.<sup>8</sup> Finally, research also suggested that criminal behavior had been found to diminish while individuals were in treatment.<sup>9</sup>

Given the importance of retention and the findings of TASC's contribution to longer retention rates as reported in the Treatment Outcome Prospective Study (TOPS), that participation in treatment with a TASC referral contributes to longer retention, it is incumbent upon TASC programs to continue to measure the offender's retention in treatment as a means of strengthening the TASC position within the community.

While it would certainly be easier to choose a 6-month retention rate as the measure for this particular TASC goal, the countless treatment options, lengths, and diverse factors contributing to retention rates would convolute this outcome measure so that in the final analysis it would be worthless. The proportion of time the individual is retained in treatment presents a more accurate picture of offender outcome for this specific TASC program goal.

To measure an individual's retention in treatment one must look at the percentage of time the TASC offender remains in his or her *assigned or recommended* treatment modality, whether it is 26 days or 26 months. TASC programs need to generate individual treatment "Program Profiles" that document specific and intended treatment lengths of each facility to which TASC refers. Upon successful or unsuccessful termination from TASC, the offender's rate of retention, within his/her designated treatment facility, may then be recorded for future study and comparison.

#### *Recommended Outcome Measure 3:* Drug-Free Status

In recent years, urinalysis has received considerable attention as a source of information about an offender's drug use. Since its inception in 1972, TASC has used urine testing as a means of gathering information for both the identification and monitoring of the drug-dependent offender. To this day, urinalysis continues to be a critical element for TASC programs.

With the increasing use of urine testing over the past decade, substantial information collected from diverse offender populations has converged to show that addicted offenders are likely to commit both drug and nondrug crimes at high rates.<sup>10</sup> Research further indicates that with the use of urinalysis, treatment-induced reduction in narcotics use is associated with concurrent reductions in individual crime rates.<sup>11</sup>

Historically, much of what has been learned about the relationship between drug use and crime has come from studies that have relied heavily upon offender's self-reports.<sup>12</sup>

Generally, self-report of drug use data is unreliable even when collected in a research-oriented, confidential environment. If accurate self-reports cannot be obtained in a voluntary, confidential research setting, then valid self-reports are even less likely to be

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forthcoming in a nonconfidential, obligatory setting. Since it is a duty of TASC to report an offender's progress in treatment to criminal justice officials, the use of urinalysis is an essential tool for confirming or denying the accuracy of an offender's self-report.

To measure the rehabilitative aspects of the treatment system, in conjunction with the rehabilitative aspects of the criminal justice system, it is necessary to include the condition of the offender's drug-free status. Through the use of urinalysis as an outcome measure, TASC programs are provided with a technologically sound and credible method to determine offenders' compliance with this goal and their treatment plan.

## **TASC Effectiveness**

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Only after these outcome measures are recorded by TASC programs for a significant period of time will a true measure of program effectiveness become available for discussion. After data are collected using these measures by a number of TASC programs over a specific period of time, specific questions on TASC's effectiveness may begin to be answered. These questions include: how should TASC effectiveness or ineffectiveness be evaluated, should cutoff rates for rearrest and retention in treatment be used, and what should those cutoff rates for successful and unsuccessful programs be?

To achieve an accurate evaluation of TASC programs, this information must be gathered and compared, not only over time, but also with a non-TASC group.

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# OUTCOME MEASURES REFERENCES

1. Fazey, C.S.J., *The Evaluation of the Liverpool Drug Dependency Clinic: The First Two Years, 1985-1987*. Liverpool, England (1988).
2. Anglin, M.D., "The Efficacy of Civil Commitment in Treating Narcotics Addiction." Submitted to: *Journal of Drug Issues*, National Institute on Drug Abuse Monograph Series, Rockville, MD, 1988.
3. Inciardi, James, A., *Criminal Justice*, 2nd Ed., University of Delaware, Harcourt Brace Jovanovich, Inc., New York, NY (1987).
4. National Academy of Criminal Justice (1978).
5. Hubbard, Robert L., Collins, J., Rachal, J. Valley, and Cavanaugh, Elizabeth, R., "The Criminal Justice Offender in Drug Abuse Treatment." Carl G. Leukefeld and Frank M. Tims (ed.), *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. Rockville, MD: National Institute on Drug Abuse, 1988. 57-79.
6. Simpson, D.D., "Treatment for Drug Abuse: Follow-up Outcomes and Length of Time Spent." *Archives of General Psychiatry* 38(8): 875-880, 1981; Hubbard, R.L., Marsden, M.E., Cavanaugh, E.R., Rachal, J.V., and Ginzburg, H.M., "The Role of Drug Abuse in Limiting the Spread of AIDS." *Review of Infectious Disease* 10(2), 377-384 (1988).
7. DeLeon G., and Schwartz, S., "The Therapeutic Community: What are the Retention Rates?" *American Journal of Drug and Alcohol Abuse*, Vol. 10, No. 2, 1984.
8. *ibid.*
9. Harwood, Henrick J., et al. "The Cost of Crime and the Benefits of Drug Abuse Treatment: Cost-Benefit Analysis Using TOPS Data." In: Carl G. Leukefeld and Frank M. Tims (ed.), *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. Rockville, MD: National Institute on Drug Abuse, 1988; 209-235.
10. McGlothlin W.H., Anglin, M.D., and Wilson, B.D., *An Evaluation of the California Civil Addict Program*. Services Research Issues Studies. National Institute on Drug Abuse, 1977.
11. Wish, E.D., Johnson, B.D., "The Impact of Substance Abuse on Criminal Careers." In: Blumstein, A., Cohen, J., and Visher, C.A. (ed.), *Criminal Careers and Career Criminals*. Vol. II, Washington, DC: National Academy Press, 1986.
12. Wish, E.D. "Identifying Drug-Abusing Criminals." In: Carl G. Leukefeld and Frank M. Tims (ed.), *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. Rockville, MD: National Institute on Drug Abuse, 1988; 139-159.
13. *ibid.*

---

# SELECTED BIBLIOGRAPHY

## 1. History and Evolution of TASC Programs

Dahmann, J.S., *Diversionary Drug Treatment in the Impact Program—The TASC (Treatment Alternatives to Street Crime) Experience*. McLean, VA: Mitre Corporation Washington Operations, 1976, Microfiche, p. 53.

Mayer, M.J., "Issues in Interface Program Development." *Justice Treatment Interface* 1978: 65-80.

Mecca, A.M., "TASC (Treatment Alternatives to Street Crime) Historical Perspective and Future Implications." *Offender Rehabilitation* Vol. 2, No. 3 (Spring 1978): 279-94.

Sternhell, R., *Effect of the Criminal Courts on Diversion/Referral Programs—the Case of TASC*. Rockville, MD: National Institute of Justice/ National Criminal Justice Reference Service Microfiche Program, 1977, Microfiche, 20.

Weissman, J.C., "Survey of State Drug Offender Diversion Authorities." *Contemporary Drug Problems* Vol. 7, Winter 1978: 533-56.

## 2. Technical Assistance for TASC Program Development

Bureau of Justice Assistance, *Access to Criminal History Records by TASC Programs*. Washington, DC: United States Department of Justice, 1990 (NCJ 124138).

Bureau of Justice Assistance, *Treatment Alternatives to Street Crime (TASC): Implementing the Model—Implementation Manual*. Washington, DC: United States Department of Justice, 1988.

Bureau of Justice Assistance, *Treatment Alternatives to Street Crime (TASC): Participant's Manual—Training Manual*. Washington, DC: United States Department of Justice, 1988.

Bureau of Justice Assistance, *Treatment Alternatives to Street Crime (TASC): Resource Catalog*. Washington, DC: United States Department of Justice, 1989.

NASADAD *Alcohol and Drug Abuse Monthly Report*. National Association of State Alcohol and Drug Abuse Directors, D. Canova, ed., Washington, DC.

National Association of State Alcohol and Drug Abuse Directors, Inc., *TASC: An Approach to Dealing with the Substance Abusing Offender—Guideline for the Development of a TASC Project*. Washington, DC: LEAA, 1978 (NCJ 068655).

National Association of State Alcohol and Drug Abuse Directors, Inc., *Technical Assistance to Support TASC Drug/Alcohol Rehabilitation Program*. Washington, DC: NIJ, 1982 (NCJ 089694).

Stites, R. B., *TASC (Treatment Alternatives to Street Crime)—An Approach for Dealing with the Substance Abusing Offender—Guidelines for the Development of a Treatment Alternatives to Street Crime Project*. Washington, DC: National Association of State Drug Abuse Program Coordinators, Inc., 1978. Microfiche, 164.

Waggner, N., ed. *Directory of Pretrial Services, 1980-81*. Washington, DC: Pretrial Services Resource Center, 1981. Microfiche, 449.

## 3. Evaluation of TASC Programs

Arizona Auditor General's Office, *Performance Audit of the Pima and Maricopa County Treatment Alternatives to Street Crime Programs*. Phoenix, AZ: NIJ, 1980 (NCJ 075978).

Collins, J.J. and Allison, M., "Legal Coercion and Retention in Drug Abuse Treatment." *Hospital and Community Psychiatry*, Vol. 34, No. 12 (December 1983): 1145-49.

---

Hirschel, J.D. and McCarthy, B.R., "TASC-Drug Treatment Program Connection—Corruption of Treatment Objectives?" *Journal of Offender Counseling, Services and Rehabilitation*. Vol. 8, No. 1–2 (Fall/Winter 1983): 117–140 (NCJ 092858).

Lazar Institute, *Phase I Report, Treatment Alternatives to Street Crime (TASC) National Evaluation Program*. Washington, DC: Law Enforcement Assistance Administration, 1976 (NCJ 034057).

Lazar Institute, *Treatment Alternatives to Street Crime (TASC)—A National Evaluation Program—Phase 1 Study—Individual Project Reports—Narrative Descriptions*. Vol. 1. Washington, DC: Law Enforcement Assistance Administration, 1975. Microfiche, 356.

Lazar Institute, *Treatment Alternatives to Street Crime (TASC)—National Evaluation Program—Phase 1 Study—Individual Project Reports—Selected Background Materials*. Vol. 3. Washington, DC: Law Enforcement Assistance Administration, 1975. Microfiche, 69.

Romm, J., *Evaluation of the Treatment Alternatives to Street Crime National Evaluation Program—Phase 2 Report*. (NCJ 051931) Bethesda, MD: System Sciences, Inc. (1978), 162.

Toborg, M.A., Levine, D.R., Milkman, R.H., and Center, L.J., *Treatment Alternatives to Street Crime (TASC): An Evaluation Framework and State of the Art Review*. Washington, DC: Lazar Institute, 1975. Microfiche, 256.

Washington State Legislative Budget Committee, *Treatment Alternatives to Street Crime Programs in Pierce and Snohomish Counties—Performance Audit*. Olympia, WA: NIJ, 1983 (NCJ 091798).

#### 4. The Relationship Between Drugs and Crime

*AIDS and IV-Drug Abuse: Critical Issues, Policy Options, and Recommendations for Drug Abuse Treatment Programs*. NASADAD AIDS Policy Monograph, November 1988.

Ball, J.C., Rosen, L., Flueck, J.A., and Nurco, D.N., *The Criminality of Heroin Addicts When Addicted and When Off Opiates*. (ROI-DA-01375) Washington, DC: National Institute on Drug Abuse, October 1980.

Blount, W.R., "Alcohol, Drugs and Crime." *Journal of Drug Issues*, Vol. 12, No. 2–3 (Spring/Summer 1982): Complete Issues. (NCJ 083079).

Chaiken, J. and Chaiken, M., *Varieties of Criminal Behavior*, Santa Monica, CA: RAND Corporation, 1982.

Chaiken, J. and Chaiken, M., *Who Gets Caught Doing Crime?* Bureau of Justice Statistics Discussion Paper, 1985.

Collins, J.J., Hubbard, R.L., Rachal, J.V., Cavanaugh, E.R., Craddock, S.G., and Kristiansen, P.L., *Criminality in a Drug Treatment Sample—Measurement Issues and Initial Findings*. (RTI-1901-01-072) Research Park, NC: Research Triangle Institute, 1982.

Goldman, F., *Drug Abuse, Crime and Economics: The Dismal Limits of Social Choice*. Beverly Hills, CA: Sage Publications, 1981.

Green, B.T., "Examination of the Relationship Between Crime and Substance Use in Drug/Alcohol Treatment Population." *International Journal of the Addictions*. Vol.16, No.4, (1981) 627–45. (NCJ 084609).

Gropper, B.A., "Probing the Links Between Drugs and Crime." National Institute of Justice *Research in Brief*, Washington, DC: National Institute of Justice, (February 1985), (NCJ 096668).

Inciardi, J.A., *Drugs-Crime Connection*. Beverly Hills: Sage Publications, Inc., 1981.

Kalish, C.E., "Prisoners and Alcohol." *Bureau of Justice Statistics Bulletin*, Washington, DC: United States Department of Justice, 1983.

McBride, D.C., "Criminal Justice Diversion." Quoted in James A. Inciardi and Kenneth C. Haas, *Crime and the Criminal Justice Process*. (NCJ 053277): 14. Dubuque: Kendall Hunt Publications, 1978.

McGlothlin, W.H., Anglin, M.D., and Wilson, B.D., "Narcotic Addiction and Crime." *Criminology*, Vol. 17, No. 3 (November 1978): 293–315.

Nurco, D.N., Ball, J.C., Shaffer, J.W., and Hanlon, T.E. "Criminality of Narcotic Addicts." *Journal of Nervous and Mental Disease*, Vol. 173, No. 2. (1985): 94–102.

---

Regner, P. and Cavanaugh, E., "Treatment Alternatives to Street Crime (TASC)." Quoted in *Drug Use and Crime Report of the Panel on Drug Use and Criminal Behavior*, (NCJ 040293), 1976, 549-552, Microfiche, 4.

Sandhu, T.S. "Drug Abuse Problems—Community-Based Treatment and Corrections." Quoted in Harjit S. Sandhu *Community Corrections—New Horizons*, (NCJ 077695): 296-351. Springfield, IL: Charles C. Thomas, 1981. Microfiche, 20.

TASC, Inc., of Illinois, "Drug Use Forecasting (DUF) In Chicago: An Initial Analysis of Data From Four Quarterly Administrations of the Project." Chicago, IL: National Institute of Justice, 1988.

Watters, J.K., Reinerman, C., and Fagan, J., "Causality Context, and Contingency—Relationships Between Drug Abuse and Delinquency." *Contemporary Drug Problems*. Vol. 12, No. 3 (Fall 1985): 351-373. (NCJ 099663).

Weiner, N.A., *Violent Recidivism Among the 1958 Philadelphia Birth Cohort Boys*. Philadelphia, PA: University of Pennsylvania, 1986.

West, D.J. and Farrington, D.P., *Who Becomes Delinquent?* London: Heinemann, 1973.

Woody, G.E., McLellan, A.T., O'Brien, C.P., and Luborsky, L., "Psychiatric Symptoms as Internal Stimuli for Drug-Taking Behavior." *Behavioral Pharmacology of Substance Abuse*, NIDA Monograph Series, T. Thompson, ed. 1981.

## 5. Urinalysis and the Offender

Anglin, M.D. and McGlothlin, W.H., "Outcome of Narcotic Addict Treatment in California." *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects*. NIDA Research Monograph 51. Rockville, MD: National Institute on Drug Abuse, 1984.

APT Foundation, *Task Force Report on Drug and Alcohol Testing in the Work Place*. New Haven, CT: 1988.

Bigelow, G.E., Stitzer, M.L., and Liebson, I.A., "The Role of Behavioral Contingency Management in Drug Abuse Treatment." *Behavioral Intervention Techniques in Drug Abuse Treatment*. NIDA Research

Monograph 46. Rockville, MD: National Institute on Drug Abuse, 1984.

Blanke, R.V., "Accuracy in Urinalysis." *Urine Testing for Drugs of Abuse*. NIDA Research Monograph 73. Rockville, MD: National Institute on Drug Abuse, 1986.

Blanke, R.V., "Quality Assurance in Drug-use Testing." *Clinical Chemistry*. 33 41B, 1987.

Boyer, K.R. and McCauley, M., *1987 Juvenile Drug Use Trends and Findings*. Washington, DC: District of Columbia Pretrial Services Agency, 1988.

Bureau of Justice Assistance, *American Probation and Parole Association's Drug Testing Guidelines and Practices for Adult Probation and Parole Agencies - Monograph*. Washington, DC: United States Department of Justice, 1991.

Bureau of Justice Assistance, *Urinalysis as Part of a Treatment Alternatives to Street Crime (TASC) Program - Monograph*. Washington, DC: United States Department of Justice, 1988.

Calsyn, D.A. and Saxon, A.J., "A System for Uniform Application of Contingencies for Illicit Drug Use." *Journal of Substance Abuse Treatment*. Vol. 4, 1987. pp. 41-47.

Carver, J.A., "Drugs and Crime: Controlling Use and Reducing Risk Through Testing." *National Institute of Justice Reports*. (SNI 199), Washington, DC: 1986.

Carver, J.A., "Testing Urine for Drugs." *Science Magazine*, Vol. 241, 1988.

Hawkes, R.L. and Chiang, C.N., eds., *Urine Testing for Drugs of Abuse*. National Institute on Drug Abuse Research Monograph 73. Rockville, MD: National Institute on Drug Abuse, 1986.

International Association of Chiefs of Police, *Model Drug Testing Policy for Police Agencies*. 1986.

*McDonnell v. Hunter*, 612 F. Supp. 1122.

McGlothlin, W.H., Anglin, M.D., and Wilson, B.D., *An Evaluation of the California Civil Addict Program*. Rockville, MD: National Institute on Drug Abuse, 1977.

---

National Institute of Justice, *Drug Use Forecasting (DUF)*. 1988.

National Association of Pretrial Services Agencies, *Performance Standards and Goals for Pretrial Release*. Washington, DC: 1978.

"Scientific Issues in Drug Testing." *Journal of the American Medical Association*. Vol. 257, No. 22 (June 1987).

*Shoemaker v. Handel*, 795 F.2d. 1136, cert. denied, 107 S. Ct. 577 (1986).

Toborg, M. A., Bellassai, J.P., and Yezer, A.M.J., *The Washington, DC Urine Testing Program for Arrestees and Defendants Awaiting Trial: A Summary of Interim Findings*. Washington, DC: NIJ, 1986.

Toborg, M.A., Yezer, A.M., and Bellassai, J., *Assessment of Pretrial Urine Testing in the District of Columbia*. Washington, DC: 1987.

Toborg, M., *Urine Tests of Arrestees to Identify Hidden Drug Abusers in Washington, DC*. Washington, DC: Mary Toborg Associates, Inc. (1987).

Wish, E.D. and Johnson, B.D., "The Impact of Substance Abuse on Criminal Careers." *Criminal Careers and Career Criminals*. Vol. 2. Edited by A. Blumstein, J. Cohen, J. A Roth, and C.A. Visher. Washington, DC: National Academy Press (1986).

Wish, E.D., Brady, E., Cuadrado, M., *Urine Testing of Arrestees: Findings From Manhattan*. New York, NY: NIJ, 1986.

Wish, E.D., Cuadrado, M., and Martorana, J., "Estimates of Drug Use in Intensive Supervision Probationers: Results from a Pilot Study." *Federal Probation*, 1986.

Wish, E.D., *Drug Use as a Predictor of Behavior on Probation*. New York: Narcotic and Drug Research, Inc. (1987).

Wish, E.D., et al., *Analysis of Drugs and Crime Among Arrestees in the District of Columbia—Final Report*. Washington, DC: NIJ, 1980 (NCJ 077835).

Wish, E.D., Toborg, M., and Bellassai, J.P., *Identifying Drug Users and Monitoring Them During Conditional Release*. 1987.

Yezer, A.M., Trost, R.P., and Toborg, M.A., "The Efficacy of Using Urine-testing Results in Risk Classification." *Assessment of Pretrial Urine Testing in the District of Columbia*. Washington, DC: 1987.

## 6. Compulsory Treatment Research/Evaluation

Anglin, M.D. and Hser, Y., *Legal Coercion and Drug Abuse Treatment: Research Findings and Social Policy Implications*. Los Angeles, CA: University of California, Los Angeles Drug Abuse Research Group, Neuropsychiatric Institute, 1989 (NCJ 126043).

Anglin, M.D., Brecht, M.L., and Maddahian, E., "Pretreatment Characteristics and Treatment Performance of Legally Coerced Versus Voluntary Methadone Maintenance Admissions." *Criminology*. Vol. 27, No. 3. (1989):537-557 (NCJ 122647).

Anglin, M. D., *Optimization of Legal Supervision for Chronic Addicted Offenders*. Los Angeles, CA: UCLA, 1987.

Ball, J.C., Shaffer, J.W., and Nurco, D.N., "Day to Day Criminality of Heroin Addicts in Baltimore—A Study in the Continuity of Offense Rates." *Drug and Alcohol Dependence*, 1983.

Brecher, E.M., *Licit and Illicit Drugs*. Boston, MA: Little, Brown, 1972.

King, R., *The Drug Hang-up: America's Fifty-Year Folly*. New York, NY: W.W. Norton, 1972.

Leukefeld, C.G. and Tims, F. M., eds., *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. NIDA Monograph 86. Washington, DC: National Institute on Drug Abuse, 1988.

Leukefeld, C.G., "Opportunities for Strengthening Community Corrections with Coerced Drug Abuse Treatment." *Perspectives*, Vol. 14, No. 4 (1990):6-9 (NCJ 127743).

Lindesmith, A.R., *The Addict and the Law*. Bloomington, IN: Indiana University Press, 1965.

---

McGlothlin, W.H., Anglin, M.D., and Wilson, D.B., "Narcotic Addiction and Crime." *Criminology*, 1978.

Vaillant, G., "Twelve Year Follow-up on New York Narcotic Addicts." *American Journal of Psychiatry*, 123, 1966. pp. 573-584.

Wexler, H.K., Lipton, D.S., and Johnson, B.D., "A Criminal Justice System Strategy for Treating Cocaine-Heroin Abusing Offenders in Custody." *NIJ Issues and Practices*. (NCJ 08560) 1988.

## 7. Offender/Treatment Matching

Barr, H. and Antes, D., *Factors Related to Recovery and Relapse in Follow-up—Final Report of Project Activities*. Rockville, MD: National Institute on Drug Abuse, 1981.

Collins, J.J., Hubbard, R.L., Rachal, J.V., and Cavanaugh, E.R., *The Effects of Legal Involvement on Drug Abuse Treatment Outcomes*. Research Park, NC: Research Triangle Institute, 1984.

DeLeon, G. and Schwartz, S., "The Therapeutic Community: What Are the Retention Rates?" *American Journal of Drug and Alcohol Abuse*. Vol. 10, No. 2 (1984): pp. 267-284.

DeLeon, G., "Therapeutic Community Research: Current Status, Future Plans." Paper presented at

Quarterly Meeting of Therapeutic Communities of America, Washington, DC, May 1988.

Des Jarlais, D.C., "Stages in the Response of the Drug Abuse Treatment System to the AIDS Epidemic in New York City." *Journal of Drug Issues*, Vol. 20, No. 2 (1990):335-347 (NCJ 120452).

Gotthell, A., McLellan, T., Druley, K.A., eds., *Matching Patient Needs and Treatment Methods in Alcoholism and Drug Abuse*. Springfield, IL: Charles C. Thomas Publisher, 1981.

Holland, S., "Evaluating Community-Based Treatment Programs: A Model for Strengthening Inferences About Effectiveness." *International Journal of Therapeutic Communities*. Vol. 4, No. 4 (1983) pp. 285-306.

Hubbard, R.L., Marsden, M.E., Rachal, J.V., Harwood, H.J., Cavanaugh, E.R., and Ginzburg, H.M., *Drug Abuse Treatment: A National Study of Effectiveness*. Chapel Hill, NC: University of North Carolina Press, 1989 (NCJ 122647).

Peters, R.H., and Dolente, A.S., "Rehearsing Relapse Teaches Coping Skills." *Corrections Today*. Vol. 52, No. 2. (1990): 172-178 (NCJ 122990).

*Treating Drug Abusers*. London, England: Tavistock Publications, Ltd., 1989 (NCJ 123933).

---

# ENDNOTES

1. Fazey, C.S.J., *The Evaluation of the Liverpool Drug Dependency Clinic: The First Two Years, 1985-1987*. Liverpool, England, 1988.
2. Anglin, M.D., "The Efficacy of Civil Commitment in Treating Narcotics Addiction." Submitted to *Journal of Drug Issues*, National Institute on Drug Abuse Monograph Series, Rockville, MD. 1986.
3. Inciardi, James, A., *Criminal Justice*, 2nd Ed., University of Delaware, Harcourt Brace Jovanovich, Inc., Florida, 1987.
4. National Academy of Criminal Justice, 1978.
5. Hubbard, Robert L., Collins, James J., Rachal, J. Valley, and Cavanaugh, Elizabeth, R., "The Criminal Justice Offender in Drug Abuse Treatment," in Carl G. Leukefeld and Frank M. Tims (ed.), *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. Rockville, MD: National Institute on Drug Abuse, 1988, pp. 57-79.
6. Simpson, D.D., "Treatment for Drug Abuse: Follow-up Outcomes and Length of Time Spent". *Arch Ge Psychiatry* 38(8): 875-880, 1981; Hubbard, R.L., Marsden, M.E., Cavanaugh, E.R., Rachal, J.V., and Ginzburg, H.M., "The Role of Drug Abuse in Limiting the Spread of AIDS." *Rev Infectious Diseases* 10(2): 377-384, 1988.
7. DeLeon G. and Schwartz, S., "The Therapeutic Community: What are the Retention Rates?" *American Journal of Drug and Alcohol Abuse*. Vol. 10, No. 2, 1984.
8. *ibid.*
9. Harwood, Henrick J., et al., "The Cost of Crime and the Benefits of Drug Abuse Treatment: Cost-Benefit Analysis Using TOPS Data" in Carl G. Leukefeld and Frank M. Tims (ed.), *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. Rockville, MD: National Institute on Drug Abuse, 1988, pp. 209-235.
10. McGlothlin W.H., Anglin, M.D., and Wilson, B.D., *An Evaluation of the California Civil Addict Program*. Services Research Issues Studies. National Institute on Drug Abuse, 1977.
11. Wish, E.D. and Johnson, B.D., "The Impact of Substance Abuse on Criminal Careers. In: Blumstein, A., Cohen, J. and Visher, C.A. (ed.), *Criminal Careers and Career Criminals*. Vol. II. Washington, DC: National Academy Press, 1986.
12. Wish, Eric, D. "Identifying Drug-Abusing Criminals," in Carl G. Leukefeld and Frank M. Tims (ed.), *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. Rockville, MD: National Institute on Drug Abuse, 1988, pp. 139-159.
13. *ibid.*

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# CRIMINAL JUSTICE SYSTEM TERMINOLOGY

*The various impact points in the criminal justice process system are defined as follows:*

**Arrest:** the holding in legal custody, either at the scene of the crime or as a result of investigations. Could also be the result of complaint filed by a third party, outstanding warrant, or revocation of probation or parole.

**Booking:** the process of being admitted into detention.

**Initial Appearance:** appearance in court before a magistrate where bond is set or determination is made to retain in jail or release.

**Arraignment:** appearance in court when the accused is formally charged with a crime.

**Pretrial Conference:** the prosecutor, defense attorney, and judge meet prior to trial to establish parameters for the trial. Often a plea is negotiated at this point.

**Trial:** court hearing in which prosecutor presents case against the defendant to show that the person is guilty of the accused crime; judge or jury decides verdict.

**Presentence Investigation:** if the offender has been found guilty, a comprehensive report including social, criminal, and other histories; the report will usually include a recommendation for sentencing.

**Sentencing:** disposition of a case, where penalties are imposed.

**Probation:** sentence of community-based supervision. Includes stipulations and prohibitions of certain activities, often includes fines.

**Incarceration:** sentence of imprisonment, either in State prison or local jail.

**Parole:** release from prison before maximum completion of sentence. Parole involves stipulations and prohibitions on certain activities.

*Some commonly used terms by the criminal justice system are defined as follows:*

**Bail:** an amount of money set by judge to assure an appearance at court.

**Bond:** percent of bail actually paid.

**Capias/Warrant:** judge's order to rearrest individual.

**Court Order:** decision of the court, often mandating certain behaviors.

**Diversion:** a process whereby a defendant is not adjudicated if certain conditions are met.

**Docket:** order of cases to come before the judge.

**Felony:** major criminal offense.

**Misdemeanor:** minor criminal offense.

**Nolo Contendere:** plea, neither admitting or denying guilt.

**Plea Bargain:** a negotiated deal on penalty for alleged crimes.

**Rap Sheet:** record that contains all arrests of offender.

**ROR:** release on own recognizance.

**Speedy Trial:** right to trial within 180 days.

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# SUBSTANCE ABUSE TREATMENT TERMINOLOGY

**Treatment:** any intervening factor having the potential effect of changing behavior that has been previously judged as needing to be changed. Substance abuse treatment involves planned, therapeutic intervention with discontinuing the substance use or abuse as the ultimate goal. Substance abuse treatment generally consists of specific modalities designed to meet a particular offender's needs for degree of structure.

**Treatment Modalities:** specific methods of substance abuse treatment designed to meet an offender's need for structure, ranging from very restrictive (hospitalization, inpatient) to nonrestrictive (self-help groups, drop-in counseling centers).

The following list indicates types of treatment modalities and indicates basic points about that specific modality.

**Detoxification:** structured medical or social milieu in which the individual is monitored while undergoing withdrawal from the acute physical and psychological effects of addiction.

**Methadone Treatment:** an outpatient mode of treatment for opiate-dependent persons. Involves counseling, urinalysis, and the supervised dispensing of daily oral doses of methadone, a long-acting narcotic. Methadone maintenance involves dispensing to an offender a stable dose of methadone but not enough to make the offender "high." Methadone detoxification is the process of reducing the dose of methadone over a given time to "wean" the offender from opiates. Benefits include the termination of IV-drug use and its physical complications, no "highs" and "sickness," and elimination of the need to steal to support an expensive habit.

**Long-Term Residential:** inpatient, usually 6- to 24-months duration with gradually increasing levels of responsibility and privilege. Often in three major phases: inpatient, live-in/work-out, aftercare. Also

known as Therapeutic Community (TC), which is run on a family principle. Each offender is a member of the TC family.

**Short-Term Residential:** 28-day inpatient (may be as long as 90 days) and may include detoxification as the first stage.

**Halfway House:** transitional facility where offender is involved in school, work, training, etc. Offender lives onsite while either stabilizing or reentering society drug free. Usually receives individual counseling as well as group/family/marital therapy.

**Day Treatment:** offender resides at home while attending counseling/treatment 4-8 hours per day, 5-6 days per week.

**Drug-Free Outpatient:** offender lives away from treatment center. May be working or in school, sees therapist one to five times weekly for counseling that may include individual, group, or family therapy. Can be the primary modality of choice or may be part of the transition process from more restrictive to less restrictive therapeutic environment.

**Support Groups:** self-help peer groups for mutual support such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Adult Children of Alcoholics (ACOA). Meetings are either open or closed and occur at various times daily or weekly.

**Education Groups:** seminars, workshops, specific interest meetings discussing a particular topic designed for increased awareness.

**Family Education Groups:** structured education sessions to inform family members of chemical dependency issues.

**Ancillary or Auxiliary Services:** supplemental services provided outside the treatment facility such as job placement, training, food stamps, and vocational rehabilitation.

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# A GLOSSARY OF TASC TERMS

**Assessment:** the evaluation or appraisal of a TASC candidate's suitability for substance abuse treatment and placement in a specific treatment modality/setting, including information on current and past use/abuse of drugs, justice system involvement, and medical, family, social, education, military, employment, and treatment histories.

**Case Management Plan:** an individualized scheme for securing, coordinating, and monitoring the appropriate treatment interventions and ancillary services for each TASC offender's successful TASC treatment, and justice system outcomes.

**Chain of Custody:** necessary safeguards for ensuring the "purity" and intactness of specific materials collected for later use as legal evidence in court—usually applied in TASC projects to offenders' urine specimens that are forwarded for laboratory analysis.

**Court Liaison:** communications between TASC and justice system personnel for establishing and maintaining mutual understanding during the transaction of judicial business—most frequently referring to court visibility and testimony about specific offenders by TASC staff.

**Criteria:** rules, standards, principles, or tests by which the TASC offender is measured, judged, or assessed (e.g., success/failure in treatment, eligibility for TASC participation).

**Drug Dependent:** a loss of self-control in the use of licit or illicit substances, including alcohol, to the extent that physical, psychological, or social problems and/or harm result.

**Eligibility:** meeting the requisite criteria qualifying one to be chosen.

**Identification:** the act of establishing whether an offender is a TASC candidate—potentially eligible for acceptance into the project.

**Justice System Components:** any functioning part of the legal administration continuum—from police through parole.

**Monitoring:** supervision or overseeing offenders through the application of specific criteria to determine their progress and success/failure.

**Office Monitoring:** temporary supervision by TASC staff of a offender who is waiting for available space in a treatment program after assessment/acceptance by the TASC project—generally including orientation to TASC and the specific treatment facility, urine monitoring, and some social skills counseling.

**Referral:** assignment of a TASC offender to the most appropriate and available treatment facility and/or other ancillary service.

**Reporting:** officially accounting to TASC and/or the referring justice system component for the offender's cooperation with an approved treatment plan, using prescribed and objective facts and observations.

**Screening:** a systematic examination of all accused or convicted offenders at particular point(s) in justice system processing to determine their potential suitability or eligibility for TASC.

**Tracking:** maintaining contact with and keeping informed about the whereabouts of each TASC offender.

**Treatment Modality:** specific types of therapeutic processes or interventions that may be used for treatment of substance abuse and can be conducted in residential or outpatient settings (e.g., methadone maintenance, drug-free counseling, detoxification, psychotherapy, other forms of chemotherapy).

**Urinalysis:** examination of urine sample by technical methods to determine the presence or absence of specified drugs or their metabolized traces.

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**Voluntary Informed Consent:** agreement by the TASC candidate to participate in the project after a thorough and completely comprehensive explanation of its advantages and disadvantages, including potential benefits and sanctions by the justice system, TASC and treatment program rules and requirements, and confidentiality effects; and knowledge of consequences of successful or unsuccessful termination.

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# NATIONAL DIRECTORY OF TASC PROGRAMS

For new TASC programs or updated information,  
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444 North Capitol Street NW., Suite 642  
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Birmingham, Alabama 35233  
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Director

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Treatment Assessment Screening  
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602-497-5602

Yuma Behavioral Health Services  
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TASC Program Manager

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2491 Park Avenue  
Sanford, FL 32771  
407-324-5409  
Contact: Morris Kelly  
Director  
Larry Visser  
Executive Director

**Adult TASC Programs**

Alcohol and Drug Programs  
Department of Health and Rehabilitative Services  
1317 Winewood Boulevard  
Tallahassee, Florida 32301  
904-488-0900  
Contact: Ben Williams  
Adult TASC Coordinator

Operation PAR  
Adult TASC  
4400 140th Avenue North  
Suite 170 Box 14  
Clearwater, Florida 34622  
813-538-7280  
Fax 813-536-8221  
Contact: Shirley Colleti  
Executive Director

Adult TASC Program  
Mental Health Care Center of the Lower Keys  
P.O. Box 488  
Key West, Florida 33041  
305-292-6843  
Contact: Robert O. DeWolfe  
A-TASC Program Coordinator  
Dr. James Holbrook  
Executive Director

Mental Health Services  
Adult TASC Program  
P.O. Box 516  
686 C-32  
Bronson, Florida 32621  
904-495-2726/486-2181  
Contact: Shawn Snow  
Cheryl Smith  
Executive Director

ACT Corporation  
Adult TASC  
440 1/2 South Beach Street  
Daytona Beach, Florida 32114  
904-252-8026  
Contact: Carolyn Flemming  
Component Director of TASC  
Wayne Dreggars  
Executive Director

Stewart Treatment Center  
120 Michigan Avenue  
Daytona Beach, Florida 32114  
904-255-0447  
Fax 904-238-0877  
Contact: Chet Bell

Jerry Ellen Harr  
Earnie Cantley  
Executive Director

Program to Aid Drug Abusers (PAD)  
TASC  
2920 Franklin Street  
P.O. Box 1593  
Eaton Park, Florida 33840  
813-665-2211  
Contact: David Gonzales  
Director  
Tony Green  
Executive Director

Spectrum TASC  
2801 East Oakland Park Boulevard, Room 210  
Ft. Lauderdale, Florida 33306  
305-564-4200  
Contact: Dave Friedman

Indian River Community Mental Center  
800 Avenue "H"  
Ft. Pierce, Florida 33450  
407-464-8111  
Contact: Dottie Lawhorn  
Director

Spectrum  
Adult TASC Program  
20301 Wilton Drive  
Ft. Lauderdale, Florida 33305  
305-563-6413  
Contact: Warren Samet  
Bruce Hayden  
Executive Director

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## FLORIDA (continued)

Lee Mental Health Center  
Adult TASC Program  
P. O. Box 06137  
Ft. Myers, Florida 33906  
813-275-3222  
Contact: Evelyn Campbell  
Dr. Ruth Cooper  
Executive Director

TASC/Tri-County Services  
4300 SW. 13th Street  
Gainesville, Florida 32608  
904-374-5690  
Contact: Cheryl Smith  
Department Director  
904-472-2193  
Dr. Douglas Starr  
Executive Director

Starting Place  
2057 Coolidge Street  
Hollywood, Florida 33020  
407-925-2225  
Contact: Sheldon Shaffer

Gateway Community Services, Inc.  
555 Stockton Street  
Jacksonville, Florida 32204  
904-387-4661  
Contact: Virginia Borrok

River Region Human Services Center  
421 West Church Street, Suite 702  
Jacksonville, Florida 32201  
904-359-6571  
Contact: King Holzendorf  
Dick Warfel  
Executive Director

MH Services of Osceola County  
917 Emmett Street  
Kissimmee, Florida 32741  
407-846-0023  
Contact: Joe Verdier

North Florida Mental Health Centers/TASC  
P.O. Box 2818  
Lake City, Florida 32056-2818  
904-752-1045  
Fax 904-758-0560  
Contact: Suzanne Minnick  
TASC Coordinator  
Tim Atkinson  
Executive Director

Metropolitan Dade County Department of  
Human Resources Office of Rehabilitative  
Services/TASC  
111 NW. 1st Street, Suite 2150  
Miami, Florida 33128  
305-547-5040  
Fax 305-547-3298  
Contact: Janis Sanders, Director  
TASC Division  
Mae Bryant  
Executive Director

David Lawrence Center/Court  
Related Services, TASC Program  
265 South Airport Road  
Naples, Florida 33942  
813-643-6101  
Contact: Bill Flynn  
Dave Schimmel  
Executive Director  
Cal Winger  
CRS Program Director  
Lisa Lassman  
TASC Coordinator

Human Development Center  
PASCO Adult TASC Program  
P.O. 428  
New Port Richey, Florida 34656  
813-552-7204  
813-841-7868  
813-845-7735  
Contact: Steve Knowles  
Program Administrator  
Anthony Sulikowski  
Executive Director

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Marion/Citrus Mental Health Inc.  
Tri-County Adult TASC Program  
2801 SW. College Road, Suite 16  
Ocala, Florida 32674-2399  
904-732-1436  
Contact: Joann Hagan

Center for Drug Free Living/TASC  
100 West Columbia Street  
Orlando, Florida 32806  
407-423-6618  
Contact: Robert Lee Turner  
Director

Putnam County TASC  
P.O. Drawer 1355  
Palatka, Florida 32077  
904-328-3461  
Contact: Andy Clark

Escambia County TASC  
1190 West Leonard Street  
Pensacola, Florida 23501  
904-436-9855  
Contact: Herman Welch  
Randy Wilkerson  
Director

Circles of Care/Brevard County TASC  
1770 Cedar Street  
Rockledge, Florida 32955  
407-632-9480  
Fax 407-631-4714  
Contact: Mary Walker  
TASC Director  
James B. Whitaker  
Executive Director

St. Johns County TASC Program  
P.O. Drawer 1209  
Saint Augustine, Florida 32085  
904-825-5048  
Fax 904-825-5050  
Contact: Thomas D. Pierce  
Program Director  
David Pankins  
Executive Director

Coastal Recovery Center  
1750 17th Street  
Sarasota, Florida 34234  
813-953-0000  
813-365-7058  
Fax 813-951-0651  
Contact: Jim Sleeper  
Executive Director  
Pete Peterson  
Coordinator

Coastal Recovery Centers, Inc./TASC  
410 Cortez Road West, Suite 410  
Bradenton, Florida 34207  
813-758-5592  
Fax 813-756-8495  
Contact: Larry Land  
Branch Coordinator

Brafford/Union/Putnam Guidance Clinic, Inc./ TASC  
P.O. Box 1177  
Starke, Florida 32091  
904-964-8382  
Contact: Dennis Smith

DISC Village Inc./TASC  
3333 West Pensacola Street, Suite 100  
Tallahassee, Florida 32304  
904-488-6520  
Fax 904-576-5960  
Contact: Terry C. Turner, Director  
Criminal Justice Services  
Tom Olk  
Executive Director

DACCO TASC  
Treatment Alternatives to Street Crime  
4422 East Columbus Drive  
Tampa, Florida 33605  
813-620-3539  
Contact: Audrey Kouloheris  
Director  
Margo Parisi  
Executive Director

Lake Sumpter Mental Health TASC Program  
544 Duncan Drive  
Tavares, Florida 32778  
904-343-4747  
Contact: Rebecca Herbst  
Director  
Tim Camp  
Executive Director

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## **FLORIDA (continued)**

The Grove/TASC  
511 S.R. 434  
P.O. Box 4035  
Winter Springs, Florida 32708  
407-327-2686  
Contact: Morris Kelly  
Director  
Larry Visser  
Executive Director

Center for Drug Free Living  
Adult TASC Program  
100 West Columbia Street  
Orlando, Florida 32806  
407-423-6615  
Contact: Joyce Glenn  
Dr. Jerry Fuelner  
Executive Director

New Horizons of the Treasure Coast  
Adult TASC Program  
602 South U.S. Highway 1  
Ft. Pierce, Florida 34950  
407-468-5656 or 468-4073  
Contact: Dottie Lawhorn  
Richard Mills  
Executive Director

Bradford-Union-Putnam Guidance Clinic  
Adult TASC Program  
P.O. Drawer 1355  
Palatka, Florida 32177  
904-329-3780  
Contact: Daryl Oliver  
John Rogers  
Executive Director

## **GEORGIA**

TASC  
State Board of Pardons and Paroles  
Special Services Unit  
2 Northside 75, Suite 134  
Atlanta, Georgia 30318  
Contact: John Prevost  
Coordinator

Gwinnett/Rockdale/Newton TASC Program  
175 Gwinnett Drive  
Laurenceville, GA 30245  
404-995-6930  
Contact: Bruce Hoops  
Executive Director  
Toni Guidot, TASC  
Program Manager, Gwinnett Co.  
Ray Avant, TASC  
Program Manager, Rockdale/Newton  
404-786-1342

Daugherty County TASC  
419 W. Ogelthorpe Avenue  
Albany, GA 30226  
912-889-0590  
Contact: Marne Ellis

Georgia TASC Programs Association  
300 W. Yieuca Road  
#1-301  
Atlanta, GA 30342  
404-257-0066  
Contact: Marne Ellis  
Dr. Ann Clark

Crawford Support Systems  
2502 Chamblee-Tucker Road  
Suite 104  
Atlanta, GA 30341  
404-936-0380  
Fax 404-936-9756  
Contact: Rick Brown  
Executive Director

Lowndes County TASC Program  
101 E. Central Avenue, Suite 300A  
Valdosta, GA 31601  
912-249-9854  
Contact: Kay Crockett  
Program Manager

DeKalb County Court Services  
Risk Reduction Program  
DeKalb Addiction Clinic  
1260 Brianclyff Road NE.  
Atlanta, Georgia 30306  
404-894-2422  
Contact: Beth Upshaw

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## **HAWAII**

Hawaii Department of Corrections  
Drug Screening Project/TASC  
Gold Bond Building  
677 Ala Moana Boulevard, Suite 700  
Honolulu, Hawaii 96813  
808-548-3630  
Contact: Sandi Moritsugu

## **ILLINOIS**

TASC, Inc.  
1500 North Halsted, 2nd Floor  
Chicago, Illinois 60622  
312-787-0208  
Fax 312-789-9663  
Contact: Melody Heaps  
Executive Director  
Susan Stein  
Special Assistant to the Director  
Ethel Mull  
Director of Program Services  
Stuart Wegener  
Director of Programming  
and Development  
James Swartz  
Management Information  
Systems Coordinator  
Pamela Rodriguez  
Director, TERM  
TASC Evaluation Referral  
and Management Services for  
Public Aid Clients  
Mildred Brooke  
Region II Coordinator  
618-656-7672

## **AREA I**

### **Youth Services**

TASC, Inc.  
1100 South Hamilton  
Room 12  
Chicago, Illinois 60612  
312-666-7339  
Contact: Mary Kelly  
Coordinator

## **Court Services**

TASC, Inc.  
2700 South California Avenue, Room 107  
Chicago, Illinois 60608  
312-376-0950 or 0897  
Contact: Renee Ennis  
Court Services Coordinator

## **Court Outposts**

TASC, Inc.  
1500 North Halsted, 2nd Floor  
Chicago, Illinois 60622  
312-787-0208 ext. 54  
Contact: Beth Epstein  
Area Representative Coordinator

TASC, Inc.-DuPage  
201 Reber Street, Room 203B  
Wheaton, Illinois 60187  
312-260-0891 or 0892  
Contact: Luci Beinder

TASC, Inc.-Geneva  
c/o Juvenile Probation Department  
428 James Street  
Geneva, Illinois 60134  
312-232-5883  
Contact: Luci Beinder  
Janelle Prueter

TASC, Inc.-Waukegan  
415 Washington Street  
Waukegan, Illinois 60085  
312-249-2200  
Contact: Michelle Bloom  
Lynette Gottlieb

TASC, Inc.-Joliet  
58 North Chicago Office  
Suite 508  
Joliet, Illinois 60431  
815-727-6397  
Contact: Robin Hallett

## **AREA II**

TASC, Inc.  
119 North Church Street, Suite 202  
Rockford, Illinois 61101  
815-965-1106  
Contact: Shari Nissen

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**ILLINOIS (continued)**

**AREA III**

TASC, Inc.  
Regency Plaza Office Building  
2525 24th Street, Suite 101  
Rock Island, Illinois 61201  
309-788-0816  
Contact: Pamela Hauman

**AREA IV**

TASC, Inc.  
Central Building  
101 Southwest Adams Street, Suite 420  
Peoria, Illinois 61602  
309-673-3769 or 3794  
Contact: Ed Botkin  
Area Coordinator

**AREA V**

TASC, Inc.  
Three Old Capitol Plaza West, Suite 8  
Springfield, Illinois 62701  
217-544-0842  
Contact: David Gasperin

**AREA VI**

TASC, Inc.  
104 West University  
Urbana, Illinois 61801  
217-344-4546  
Contact: Christopher Patton

**AREA VII**

TASC, Inc.  
100 West Main Street  
Belleville, Illinois 62220  
618-277-0410  
Contact: Lindley James  
Area Coordinator  
Joe Schaffer  
DUI Coordinator

**AREA VIII**

TASC, Inc.  
1009 Chestnut Street  
Murphysboro, Illinois 62966  
618-687-2321 or 2322  
Contact: Linda Dougan  
Area Coordinator

**AREA IX**

TASC, Inc.  
103 Plaza Court  
Edwardsville, Illinois 62025  
618-656-7672  
Contact: Craig Cooper  
Area Coordinator

**AREA X**

Roosevelt Glen Corporate Center  
799 Roosevelt Road  
Building 6, Suite 2  
Glen Ellyn, IL 60137  
708-858-7400  
Contact: Beth Epstein

**INDIANA**

Lawrence Circuit Court TASC  
1502 I Street, Room 208  
Bedford, Indiana 47421  
812-275-1980  
Contact: Deanne Blackburn  
TASC Director  
Nedra Brock  
Chief Probation Officer

Alcohol Courtmeasure/Probation/TASC  
226 West Wallace Street  
Fort Wayne, Indiana 46802  
219-428-7523  
Contact: Sharon Franklin  
Director

ACP (Alcohol Countermeasures Probation)/TASC  
226 West Wallace Street  
Ft. Wayne, IN 46802  
219-428-7260  
Fax 219-428-7295  
Contact: Janet Luce  
Director  
Sylvia Starks  
TASC Project Director

St. Joseph's Hospital  
1900 Medical Arts Drive  
Huntingburg, IN 47542  
812-683-2121  
Contact: Bonita Bradley

---

TASC Component/Municipal Court Probation  
Marion County Municipal Courts  
200 East Washington Street  
Room T641  
Indianapolis, IN 46204  
317-236-3841  
Contact: J. Michael McConaha  
Project Director

TASC  
Dubois Superior Court  
Courthouse  
Jasper, IN 47546  
812-482-1661  
Contact: Judge Elaine Brown

TASC  
St. Joseph County Superior Court  
Courthouse  
South Bend, IN 46601  
219-284-9550  
Contact: Judge Geanne Jourdan  
Project Director

#### IOWA

Department of Correctional Services  
TASC 1035 3rd Avenue SE.  
Cedar Rapids, Iowa 52403  
319-398-3672  
Contact: Gail Juvik  
Assistant Director, TASC

National Council on Alcoholism and  
Other Drug Dependencies  
Suite 606, Fleming Building  
218 6th Avenue  
Des Moines, Iowa 50309  
515-244-2297  
Contact: John East Tabscott  
Executive Director

Department of Corrections  
Capitol Annex  
523 East 12th Street  
Des Moines, Iowa 50319  
515-281-4811  
Contact: Patrick Coleman  
TASC Coordinator

Department of Correctional Services  
P.O. Box 2596  
Waterloo, Iowa 50704  
319-291-2091  
Fax 319-236-3525  
Contact: Ben Merritt

#### MAINE

Division of Probation and Parole  
State House Station 111  
P.O. Box 3836  
Augusta, Maine 04333  
207-289-4381  
Contact: Edmund J. Tooher  
Assistant Director

Kennebec County Jail  
Community Correctional Services Program  
8 Highwood Street  
Waterville, Maine 04901  
207-623-2270 or 873-1127  
Contact: Sheriff Frank Hackett  
Sheriff William S. Tanner

TASC/Early Intervention  
Somerset County Jail  
5 High Street  
Skowhegan, Maine 04976  
207-474-9591  
Contact: Sheriff William T. Wright

#### MARYLAND

Baltimore County Alternative Sentencing/TASC  
201 West Chesapeake Avenue  
Towson, Maryland 21204  
301-887-2056  
Contact: Diedra Schmidt  
TASC Project Director

TASC Project  
105 Fleet Street  
Rockville, Maryland 20850  
301-279-1332  
Contact: Ron Rivlin  
Health Program Management

---

## **MICHIGAN**

Recorder's Court Main Drug Intake & Referral  
TASC Unit  
1441 St. Antoine, Room 101  
Frank Murphy Hall of Justice  
Detroit, Michigan 48226  
313-224-5184  
Contact: Theda T. Bishop, Ph.D.

## **NEW JERSEY**

Administrative Offices of the Court  
Criminal Practice Division, CN982  
Trenton, NJ 08625  
609-292-0012 or 777-1209  
Fax 609-633-1286  
Contact: Mary DeLeo  
Administrative Assistant

Burlington TASC-Court  
Liaison Program  
County Office Building  
2nd Floor, Room 202  
Mount Holly, New Jersey 08060  
609-265-5335  
Contact: Maureen Tablas  
Senior Court Consultant

Hudson County TASC  
Hudson Co. Administrative Bldg.  
595 Newark Avenue, Rm. 101  
Jersey City, New Jersey 07306  
201-795-6857  
Contact: John Perran  
Project Director

Middlesex Co. TASC Project  
P.O. Box 789  
New Brunswick, New Jersey 08903  
201-745-3649  
Fax 201-745-4152  
Contact: Annette Gautier  
TASC Coordinator

## **NEW YORK**

TASC of the Capital District, Inc.  
87 Columbia Street  
Albany, New York 12210  
518-465-1455  
Contact: Joanne Schlang  
Executive Director

EAC, Inc.  
1 Old Country Road  
Carle Place, New York 11514  
516-741-5580  
Fax 516-294-8987  
Contact: Rosemary Kelly  
Executive Director  
Rene Fiechter, Esquire  
Senior Associate Exec. Director/Counsel  
Susan Timler  
TASC Division Director  
Matt Cassidy  
Associate Executive Director

Queens TASC  
91-31 Queens Boulevard, Suite 218  
Elmhurst, New York 11373  
718-779-0100  
Contact: Douglas Knight  
Site Supervisor

Suffolk TASC  
Building 16  
County Center North  
Hauppauge, New York 11788  
516-360-5777  
Contact: Victor Dodd  
Site Supervisor

Staten Island TASC  
25 Hyatt Street  
Staten Island, New York 10301  
718-727-9722  
Contact: Martin Blondell  
Division Director/NYC TASC

Nassau TASC/EAC, Inc.  
250 Fulton Avenue  
Hempstead, New York 11550  
516-486-8944  
Contact: Ellenmarie Beale  
Division Director/L.I. TASC

Brooklyn TASC  
120 Schermerhorn Street  
Brooklyn, New York 11201  
718-237-9404  
Contact: Kenneth Linn  
Site Supervisor

---

Westchester County  
Treatment Alternatives to Street Crime  
112 East Post Road, 2nd Floor  
White Plains, New York 10601  
914-285-5265  
Contact: Carlos Maldonado  
Program Administrator

Orange County TASC  
P.O. Box 583  
Goshen, New York 10924  
914-294-9000  
Contact: Allison Jayne  
Director

Steuben County Probation Department  
3 East Pulteney Square  
Bath, NY 14810  
607-776-9631  
Fax 607-776-9631  
Contact: Ralph Schnell  
Director

ASAC of Ulster County, Inc.  
785 Broadway  
Kingston, NY 12401  
914-331-9331  
Contact: Gail Erdie  
Executive Director

Niagara County Probation Department  
Niagara Civic Building  
775 Third Street  
Niagara Falls, NY 14302  
716-284-3133  
Contact: N. James DiCamillo  
Acting Probation Director

TASC/Release for Treatment Services  
Department of Public Safety  
386 East Henrietta Road, Bldg. 7  
Rochester, NY 14620  
716-274-8305  
Fax 716-274-8309  
Contact: Robert Dunning  
Alternatives to Incarceration Coordinator

## NORTH CAROLINA

Alcohol and Drug Abuse Services  
N.C. Dept. of MH/DD/and  
Substance Abuse Services  
325 North Salisbury Street  
Raleigh, North Carolina 27611  
919-733-0566  
Fax 919-733-9455  
Contact: William Harris  
State Coordinator

Blue Ridge Area MH/MR and  
Substance Abuse Services  
283 Biltmore Avenue  
Asheville, North Carolina 28801  
704-252-8748  
Contact: David Capps

TASC/Substance Abuse Program of  
Alamance-Caswell Area MH/MR/SAS  
Developmental Disabilities and Substance  
Abuse Authority  
1946 Martin Street  
Burlington, North Carolina 27215  
919-222-6437 or 228-0580  
Contact: Gary Cole  
Criminal Justice Coordinator

Open House/TASC  
145 Remont Road  
Charlotte, North Carolina 28203  
704-332-9001  
Contact: Tonda Wilde

Durham County Substance Abuse Services  
705 South Mangum Street  
Durham, North Carolina 27701  
919-560-7500  
Contact: Allen Wolfersburger  
Program Director

Family Recovery Services/TASC  
P.O. Box 2068  
Fayetteville, North Carolina 28302  
919-433-2712  
Contact: James A. Miller

High Point Drug Action Council  
119 Chestnut Drive  
P.O. Box 2714  
High Point, North Carolina 27260  
919-882-2125  
Contact: Cole Carroll

---

## **NORTH CAROLINA (continued)**

Skinner House TASC/DWI Program  
123 West Third Street  
Greenville, North Carolina 27834  
919-752-7151  
Contact: Patricia Castleberg

TASC (Treatment Alternatives to Street Crime)  
Cape Fear Substance Abuse Center  
419 Chestnut Street  
Wilmington, North Carolina 28401  
919-762-5333  
Contact: Joanne Zarrello  
TASC Director

Step One Inc. TASC Program  
545 North Trade Street  
Winston-Salem, North Carolina 27102  
919-725-8389  
Fax 919-725-6628  
Contact: Ronald D. Pannell  
Case Management Director

The Sycamore Center  
301 East Washington Street  
Greensboro, North Carolina 27401  
919-333-6860  
Contact: Shirley Davis

Edgecombe-Nash TASC  
P.O. Drawer 4047  
Rocky Mount, North Carolina 27803-0047  
919-977-0151  
Contact: Ammie Edmoson

Cape Fear Substance Abuse Center  
801 Princess Street  
Wilmington, North Carolina 27401  
919-343-0145  
Contact: Robert Wilson

Albemarle Mental Health (TASC)  
P.O. Box 326  
Elizabeth City, North Carolina 27909  
919-335-0803  
Contact: Adren Hughes

Robeson County TASC  
711 North Maxton Road  
Lumberton, North Carolina 28359  
919-783-5261  
Contact: Marilyn Thomas

Tri-County MH/DD/SAS  
121 West Council Street  
Salisbury, North Carolina 28144  
704-637-5045  
Contact: Beverly Mobley

VGFW MH/DD/SAS  
125 Emergency Road  
Henderson, North Carolina 27536  
919-492-4011  
Contact: Debbie Riley

Drug Action of Wake County  
2809 Industrial Drive  
Raleigh, North Carolina 27609  
919-832-4483  
Contact: Earl Londdon

## **OHIO**

The Alternative Program/Quest for Recovery Services  
1341 North Market Street  
Canton, OH 44714  
216-453-8252  
Contact: Cheryl Benson  
Les Weaver

OH Department of Alcohol & Drug Addiction Services  
Two Nationwide Plaza, 12th Floor  
Columbus, OH 43216  
614-466-3445  
Fax 614-752-8645  
Contact: Leo Hayden

Preble County Juvenile TASC  
309 1/2 East Main Street  
Eaton, OH 45320  
513-456-4453  
Contact: Sandy McEntire

## **OREGON**

TASC of Oregon, Inc.  
1733 NE. 7th Street  
Portland, Oregon 97212  
503-281-0037  
Contact: Linda Tyon  
Executive Director

---

Marion Co. Dept. of Correction  
3060 Center Street NE.  
Salem, Oregon 97301  
503-588-5289

Contact: Lee Anders  
TASC Coordinator  
Mike Wilkerson  
Billy Wasson  
Facility Director

#### PENNSYLVANIA

Office of Drug and Alcohol Programs  
Dept. of Health  
929 Health & Welfare Building  
P.O. Box 90  
Harrisburg, Pennsylvania 17108  
717-787-2712  
Fax 717-787-6285  
Contact: Pete Pennington  
Criminal Justice Coordinator

Lehigh County TASC  
521 Court Street  
Allentown, Pennsylvania 11801  
215-432-6760  
Contact: Diane O'Brien  
TASC Director

GECAC TASC  
809 Peach Street  
Erie, Pennsylvania 16501  
814-870-5424  
Contact: C. Michael Calhoun  
Drug And Alcohol Unit  
Treatment Supervisor  
Jeffrey Geibel  
Supervisor

Chester County TASC Program  
734 East Lancaster Avenue  
Whiteland Business Park  
Exton, Pennsylvania 19341  
215-363-7709  
Fax 215-594-0278  
Contact: Susan L. Schildt  
TASC Coordinator

Drug and Alcohol Treatment and Prevention Services  
108 North Stratton Street  
Gettysburg, Pennsylvania 17325  
717-334-8154  
Contact: Richard Riggs  
Executive Director

Bucks County TASC Program  
James Way Plaza  
1661 Easton Road  
Warrington, Pennsylvania 18976  
215-343-8770  
Contact: Dolores Robertson  
Program Director

Westmoreland County TASC Program  
Comprehensive Substance Abuse  
Serv. of Southwestern PA, Inc.  
Miller Square  
105 West Fourth Street  
Greensburg, Pennsylvania 15601  
412-832-5880  
Fax 412-837-6466  
Contact: Timothy J. Merlin  
Executive Director  
Lou Conte  
TASC Supervisor

Dauphin County TASC  
Dept. of Drug & Alcohol Services  
25 South Front Street, Suite 836  
Harrisburg, Pennsylvania 17101  
717-255-2985  
Contact: Smittie Brown  
Director

Montgomery County TASC  
319 Swede Street  
Norristown, Pennsylvania 19401  
215-279-4262  
Contact: Allen Stillman  
Director

Allegheny County TASC Program  
MonYough Ielase Institute  
232 First Avenue  
Pittsburgh, Pennsylvania 15222  
412-261-2817  
Contact: Dr. Richard Asarian  
Director  
Cheryl Cimo  
TASC Director

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**PENNSYLVANIA (continued)**

Berks County Treatment Alternatives to Street Crime  
(TASC) Program  
524 Washington Street  
Reading, Pennsylvania 19601  
215-375-4426  
Contact: Stanley Papademetriou, President  
PA Coalition of TASC Programs

Catholic Social Services/TASC Program  
33 East North Hampshire Street  
Wilkes-Barre, Pennsylvania 18701  
717-822-7116  
Contact: Carol Nicholas  
M.A. Prospect Director

York County TASC  
York Alcohol and Drug Services  
211 South George Street  
York, Pennsylvania 17403  
717-854-9591  
Contact: Linda Morris  
Executive Director

**PUERTO RICO**

Programa TASC DSCA  
Apartado 1190  
Arecibo, Puerto Rico 00613  
809-879-2021

Ponce TASC  
P.O. Box 7321  
Ponce, Puerto Rico 00732

TASC Departamento de Servicios Contra La Adiccion  
414 Barbosa Avenue  
Hato Rey, Puerto Rico 00917-00928  
809-763-7575  
Contact: Carmen L. Rodriguez  
Director, Puerto Rico TASC

**RHODE ISLAND**

Substance Abuse  
Administration Building  
Rhode Island Medical Center  
Cranston, Rhode Island 02920  
401-464-2381  
Contact: JoAnn Cotnoir  
TASC Project Director

**VIRGIN ISLANDS**

TASC-St. Croix  
Star Route 00864, Suite 11  
Kingshill, St. Croix, VI 00850  
809-778-8800  
Contact: John Nowalcowski  
Program Coordinator  
Valera Jackson  
Director of Programs  
The Village/Virgin Islands TASC  
P.O. Box 3152  
Fredricksted, St. Croix, VI 00841  
305-573-3784

TASC-St. Thomas  
NISKE Mailbox #308  
Niske Center  
St. Thomas, VI 00840  
809-777-4443  
Contact: Art Howell III  
Program Coordinator  
Valera Jackson  
Director of Programs  
The Village/Virgin Islands TASC  
P.O. Box 3152  
Fredricksted, St. Croix, VI 00841  
305-573-3784

**VIRGINIA**

Richmond TASC  
Richmond Mental Health  
Mental Retardation and Substance Abuse Services  
804 West Main Street  
Richmond, Virginia 23220  
804-780-4536  
Contact: Martha S. Ransome

**WASHINGTON**

Snohomish County TASC/Pacific  
Treatment Alternatives  
1114 Pacific Avenue  
Everett, Washington 98201  
and 19324 40th Avenue W., Suite A  
Lynnwood, Washington 98036  
206-259-7142  
Fax 206-258-4782  
Contact: Dorothy Ferguson  
TASC Director, Felony Services  
Pat Bernhard  
Assessment Services Director  
TASC Family Services

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**Drug Free Systems-TASC Felony Services**

TASC Family Services

811 First Avenue, Suite 610

Seattle, Washington 98199

206-467-0338, ext. 111

Fax 206-467-5902

Contact: Jane E. Kennedy

Executive Director

Sharon Toquinto

TASC Program Supervisor

**North East Washington Treatment**

Alternative/TASC/SAAM

1320 North Ash

Spokane, Washington 99201

509-326-7740

Fax 509-327-3139

Contact: Janice Sutherland

Executive Director

Al Barrett

Director

**Tacoma TASC/Pierce County Alliance**

710 South Fawcett

Tacoma, Washington 98402

206-572-4750

Fax 206-272-6666

Contact: Terree Schmidt-Whelan

Executive Director

**Pacific Crest Consortium/Clark County TASC**

806 West 13th Street

Vancouver, Washington 98660

206-693-2243

Fax 206-693-1550

Contact: Robert G. Okey

Executive Director

**Yakima County Alcohol/Drug Assessment and  
Referral Center**

Yakima County Courthouse

128 North 2nd Street, Room B-18

Yakima, Washington 98901

509-575-4472

Fax 509-454-5014

Contact: Rodger O. Darnell

Director

**WISCONSIN**

Coordinator, Treatment Alternatives Program (TAP)

WI Office of Alcohol and Other Drug Abuse

P.O. Box 7851

Madison, Wisconsin 53707-7851

608-266-0907

Fax 608-266-0036

Contact: Oren Hammes

**Dane County Treatment Alternatives Program**

16 North Carroll Street, Suite 700

Madison, Wisconsin 53704

608-256-4502

Contact: Paul Pacheco

**Eau Claire Treatment Alternatives Program**

Triniteam, Inc.

515 South Barstow Street, Suite 114

Eau Claire, Wisconsin 54701

715-836-8114

Contact: Lynn Thalacker

Project Director

**Rock Valley Treatment Alternatives Program**

431 Olympian Boulevard

Beloit, Wisconsin 53511

608-362-8780

Fax 608-362-5592

Contact: John Schneider

Program Director

**Wisconsin Correctional Service**

436 West Wisconsin Avenue

Milwaukee, Wisconsin 53203

414-271-2512

Contact: Erv Heinzelmann

**COROLLARY TASC RESOURCES**

Bureau of Justice Assistance (BJA)

Office of Justice Programs

U.S. Department of Justice

633 Indiana Avenue NW.

Room 600J

Washington, DC 20531

202-307-0894

Contact: Jody Forman

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**COROLLARY TASC RESOURCES (continued)**

National Consortium of TASC Programs

444 North Capitol Street NW.

Suite 642

Washington, DC 20001

202-783-6868

Fax 202-783-2704

Contact: Ken Robertson

Executive Director

Tim Woods

Program Manager

**U.S. Department of Justice**  
Office of Justice Programs  
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