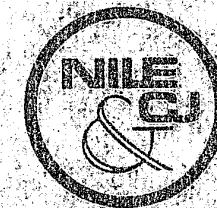


HIGH IMPACT ANTI-CRIME PROGRAM

DIVERSIONARY DRUG TREATMENT IN THE IMPACT PROGRAM:
THE TASC (TREATMENT ALTERNATIVES TO STREET CRIME) EXPERIENCE



U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE

U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE
WASHINGTON, D.C. 20531

NATIONAL-LEVEL EVALUATION

**DIVERSIONARY DRUG TREATMENT IN THE IMPACT PROGRAM:
THE TASC (TREATMENT ALTERNATIVES TO STREET CRIME) EXPERIENCE**

J.S. DAHMANN

THE MITRE CORPORATION

NOVEMBER 1975

**U.S. DEPARTMENT OF JUSTICE
Law Enforcement Assistance Administration
National Institute of Law Enforcement and Criminal Justice**

This document has been prepared by The MITRE Corporation,
Washington Operations, under Contract J-LEAA-028-75 for
the Law Enforcement Assistance Administration for authorized
distribution. It has not been approved for public release.

ABSTRACT

One strategy for combating drug-related crime is the treatment of drug-using criminal offenders. A program which employs this strategy, Treatment Alternatives To Street Crime (TASC), was developed by the federal government through the Special Action Office of Drug Abuse Programs (SAODAP) and was implemented in five of the cities participating in the High Impact Anti-Crime Program. This paper discusses the problems encountered by these projects in the areas of planning, implementation and evaluation during the time period covered by the Impact program national-level evaluation.

MITRE Department
and Project Approval:

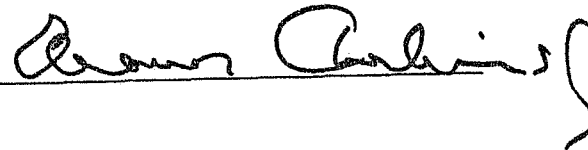


TABLE OF CONTENTS

	<u>Page</u>
LIST OF ILLUSTRATIONS	vi
1.0 INTRODUCTION	1
1.1 Drugs, Crime, and Public Policy	1
1.2 The Treatment Alternatives To Street Crime (TASC) Program	10
1.2.1 Program Description	12
1.2.2 Coordination Efforts Required by TASC	14
2.0 TASC IN THE IMPACT PROGRAM	17
2.1 The Impact Program Context	17
2.2 Impact TASC Projects	20
2.3 TASC and the Impact Program's National-Level Evaluation	21
2.4 Background Information on the Five Impact TASC Projects	25
3.0 IMPACT TASC PLANNING, IMPLEMENTATION, AND EVALUATION PROGRAMWIDE	33
3.1 Problem Identification in Crime-Oriented Planning	33
3.2 Project Operations and Implementation	34
3.3 Program Evaluation	39
4.0 SUMMARY AND RECOMMENDATIONS	42
REFERENCES	47

LIST OF ILLUSTRATIONS

<u>Figure Number</u>		<u>Page</u>
1	1975 Funding of Federal Drug Abuse Programs	3
2	Federal Agency Involvement in Drug Abuse Prevention	4
3	Government's Role in Policy/Programs To Combat Crime Through Treatment and Rehabilitation of Drug-Using Criminal Offenders	9
4	Federal Drug Structure, 1974	11
5	The COPIE Cycle: A Model	19

LIST OF TABLES

<u>Table Number</u>		
I	Impact TASC Projects	22
II	Time Delays in Impact TASC Projects	26

1.0 INTRODUCTION

1.1 Drugs, Crime, and Public Policy

The criminal involvement of drug users is one of the most emotionalized aspects of U.S. drug problems today. The amount of reported crime is growing yearly and the number of individuals arrested for narcotics-related offenses is growing as fast if not faster. The search for solutions to the problem of rising crime has included drug use as an important crime-correlate. Based on the assumption that drug users are involved in the commission of non-narcotics-related crimes as well as drug offenses, much of the current crime problem has been attributed to the widespread use of drugs.

The federal government has reacted to public concern over drug-crime problems by acting in three general directions to curb drug abuse:

- Law enforcement agencies have tried to stop the traffic of drugs into and within the United States.
- Social service and health agencies have implemented a variety of programs, including education, research, treatment and rehabilitation, designed to prevent individuals from abusing drugs and to combat the adverse personal and social consequences of drug use.
- Internationally, the State Department has led an effort to reduce illicit international trafficking in drugs through diplomatic incentives and assistance to countries where drugs are produced and trans-shipped.¹

Actions taken at the state and local levels fall into two areas:

- Law enforcement agencies have increasingly worked together to stop the traffic of drugs.

¹Federal Strategy for Drug Abuse and Drug Traffic Prevention 1974.
A report prepared for the President by the Strategy Council pursuant to the Drug Abuse Office and Treatment Act of 1972, page 1.

- Social service and health agencies have responded to the need for treatment programs, vocational rehabilitation projects, school prevention programs, and other community activities designed to integrate and expand local resources.²

More and more reliance is being placed on state and local agencies to carry out drug enforcement and prevention efforts through federal funding via block grant programs. The distribution across these areas of federal monies totaling \$745 million for the fiscal year 1975 is shown in Figure 1 below.

A number of different federal agencies are involved in developing and operating these drug programs. Such agencies have included both law enforcement organizations, like the Law Enforcement Assistance Administration and the Drug Enforcement Administration, and social service agencies including the National Institute of Drug Abuse and the Special Action Office of Drug Abuse Prevention. Figure 2 shows those agencies involved in the prevention aspects of federal drug programs. The number of federal agencies directly involved in drug use prevention has decreased substantially since 1970-71 (from 18 to 6) because of federal reorganization which has consolidated activities in this area. However, certain agencies such as LEAA, while no longer directly involved in drug treatment, continue to be very much involved in the efforts to curb drug use. Because law enforcement agencies at the local level come into contact with drug users frequently, various components of the criminal justice system (police, courts and corrections agencies) act as a major source of referrals to drug treatment facilities. LEAA funding continues to be allocated to this referral function under both pre- and post-release offender assistance programs.

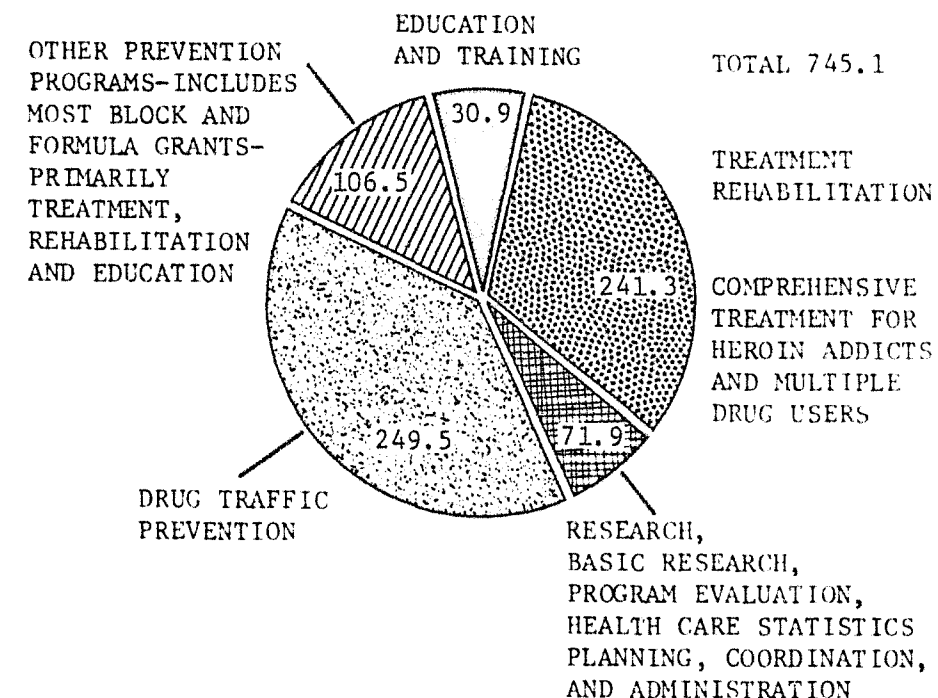


FIGURE 1
1975 FUNDING OF FEDERAL DRUG ABUSE PROGRAMS
(ESTIMATED OBLIGATIONS IN \$ MILLIONS)

SOURCE: FEDERAL STRATEGY FOR DRUG ABUSE AND DRUG PREVENTION 1974. A REPORT PREPARED FOR THE PRESIDENT BY THE STRATEGY COUNCIL PURSUANT TO THE DRUG ABUSE OFFICE AND TREATMENT ACT OF 1972, PAGE 13.

² Ibid, page 2.

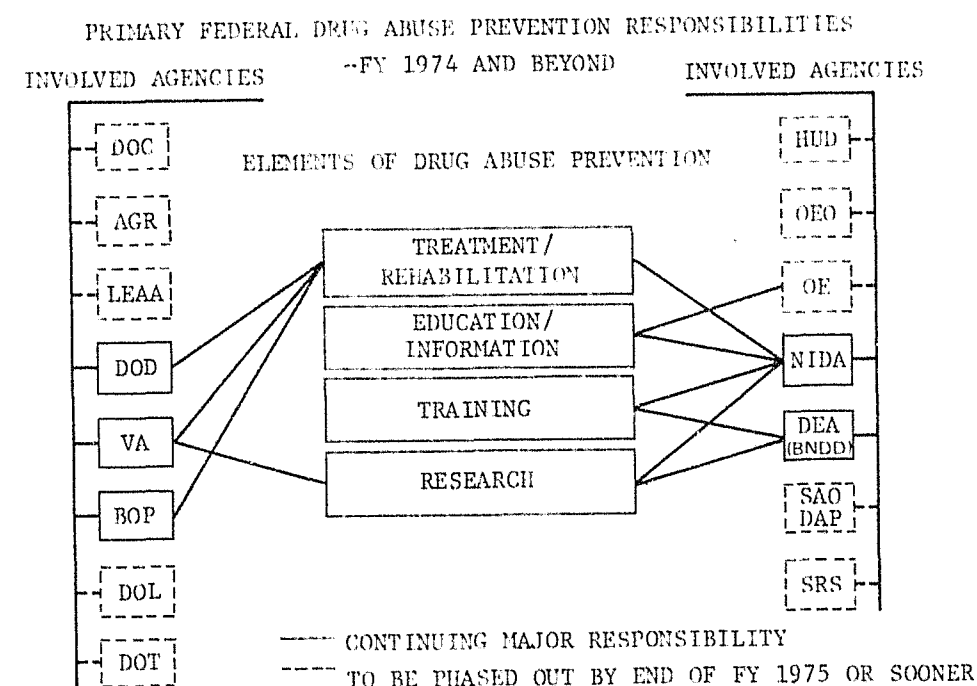
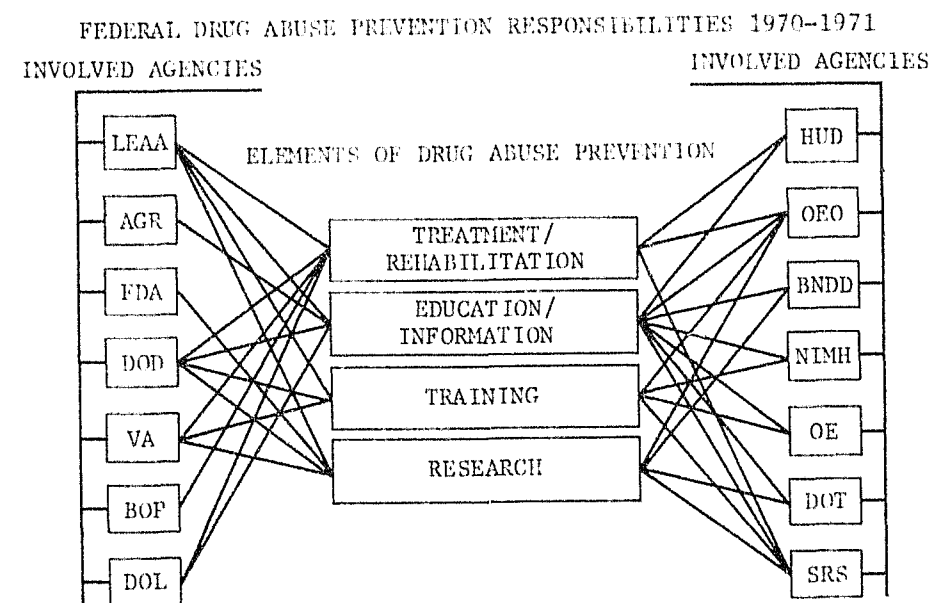


FIGURE 2
FEDERAL AGENCY INVOLVEMENT IN DRUG ABUSE PREVENTION

SOURCE: FEDERAL STRATEGY FOR DRUG ABUSE AND DRUG TRAFFIC PREVENTION 1974. A REPORT PREPARED FOR THE PRESIDENT PURSUANT TO THE DRUG ABUSE OFFICE AND TREATMENT ACT OF 1972, p. 17-18.

Developing and maintaining coordination between criminal justice agencies and drug treatment facilities has been one goal of federal policy. Federal policy on drug use in general and, specifically, the need for cooperation in this area has been based on two assumptions:

- that drug treatment, whether voluntary or involuntary, is beneficial to individuals who are drug-dependent;
- that drug usage leads certain individuals into the commission of other criminal offenses and therefore poses a danger to society.³

Problems in coordination between criminal justice and drug treatment agencies can be linked to disagreement over certain issues involved in these assumptions.

Since narcotics use involves a violation of the law, units of the criminal justice system are often the first governmental agencies to encounter a drug dependent person. Such an individual may be apprehended or arrested for a violation of narcotic laws or for another criminal offense. If, once in the custody of the criminal justice system, the individual is identified as a drug user, the system may react in one of several ways. On the one hand, the person's drug problem may be considered ancillary to his criminal problem and no action may be taken in this regard. On the other hand, he or she may be referred to a drug treatment facility either unofficially by the police officer in lieu of arrest or officially by the court as part of a formal diversion program or as a condition of probation. Drug use among criminal suspects evokes varied agency reactions from locale to locale, within particular jurisdictions, and among personnel in any agency.

³ Ibid, page 81

Traditionally, however, the criminal justice system has looked to legal sanctions as the proper corrective action for handling criminal behavior involving drug use. Only in exceptional cases were concessions made to allow the drug user to participate in drug treatment in lieu of further judicial processing. Vigorous police activity to impede the spread of drug use was seen as an important function of the criminal justice system.

In addition to suppressing the traffic in narcotics, police activity against drug addicts is a very essential part of general police operations. The great majority of addicts are parasitic. This parasitic drug addict is a tremendous burden on the community. He represents a continuing problem to the police through his depredations against society. He is a thief, a burglar, a robber; if a woman, a prostitute or a shoplifter. The person is generally a criminal or on the road to criminality before he becomes addicted. Once addicted he has the greatest reason in the world for continuing his life of crime. Most policemen recognize that one of the best ways to break up waves of pocket-picking, petty thievery and burglary in a community is by making a round-up of the narcotic addicts. Often, a long term of imprisonment for a narcotic addict on narcotic charges will rid the community of a burglar or thief for that period.⁴

As the above statement indicates, this perspective on the handling of drug users is based on an understanding of drug use as a symptom of criminality rather than as a cause. Criminal behavior is seen as preceding drug use and thus a substitution of drug treatment for legal processing would be inappropriate.

During the past two decades, however, as the number of drug users continued to grow, many began to doubt the effectiveness of a purely punitive approach to fighting drug use. More and more, criminal justice agencies have incorporated a combination of

⁴H. J. Anslinger and W. F. Tompkins, The Traffic in Narcotics, page 170, (1953).

punishment and rehabilitation into their approach to handling drug-using criminals. Drug use itself, however, continues to be viewed as a crime and most agencies of the criminal justice system are reticent when it comes to eliminating criminal sanctions to individuals for their drug use especially when they have been charged with the commission of other, non-narcotic-related, offenses. Some agencies, however, have been willing to forego adjudication for non-narcotics offenses when the offender has shown progress in solving his drug problem during a pretrial diversionary period.

The perspective taken by the treatment system, on the other hand, is based on a somewhat different understanding of drug use and its meaning in terms of criminal behavior. The treatment community sees drug addiction as a medical problem and tends to view both the extent and nature of the criminal involvement of the drug user as peripheral to that problem. Typically drug use is seen as the prior condition and criminality is perceived as but one of numerous social consequences or concomitants of drug use. The treatment community thus focuses its attention on drug use as a symptom of individual or personal problems, with changes in the anti-social or deviant behavior (including criminal involvement) of the individual being viewed as an indicator of treatment success. Drug use itself is not considered a crime and prior criminal history does not dictate the approach to treatment. In fact, criminalization of drug use is generally perceived as being counterproductive to therapy, as failing to aid (and in fact often hindering) the rehabilitation of drug users.

Current crime control policy is aimed at using the facilities provided by these two systems, the criminal justice system and the treatment system, to fight crime through the treatment of drug-using criminal offenders. The criminal justice system which comes into

contact with drug-using criminals for violation of laws, narcotics-related and other, appears to offer a natural location for problem identification. The treatment system appears to offer a capability for handling the drug use problems of these individuals, which crime control policy assumes as underlying the offender's criminal behavior. Successful treatment of these individuals should thus logically lead, the policy then assumes, to a solution of the client's criminality.

Government programs which aim to combat drug-related crime through the treatment and rehabilitation of drug-using criminals must therefore establish a linkage between these two systems (see Figure 3). Establishing this linkage not only involves the logistical problems of integrating two complex organizational structures, but it also involves bringing together two systems with different conceptions of the problem at hand. The success of any government policy or program in this area is largely dependent upon the way the basic differences in viewpoint held by these two groups are conciliated or mediated. Examination of government programs from the perspective of the resolution of these conflicting approaches or viewpoints provides a framework for understanding problems faced in implementing such a strategy. The differences in approach of the criminal justice and treatment communities must be dealt with at a number of different levels. In initially establishing a program in the area of drug treatment for criminal offenders, a general agreement on objectives must be reached. Programs must then be organized in a fashion which manages conflict and allows for adequate operation of program functions. Evaluation planning must be carefully executed to insure that all parties involved understand their roles and expectations and that the information necessary for program evaluation is made available. While these are prerequisites for any program, they are especially important when operating a program which is attempting

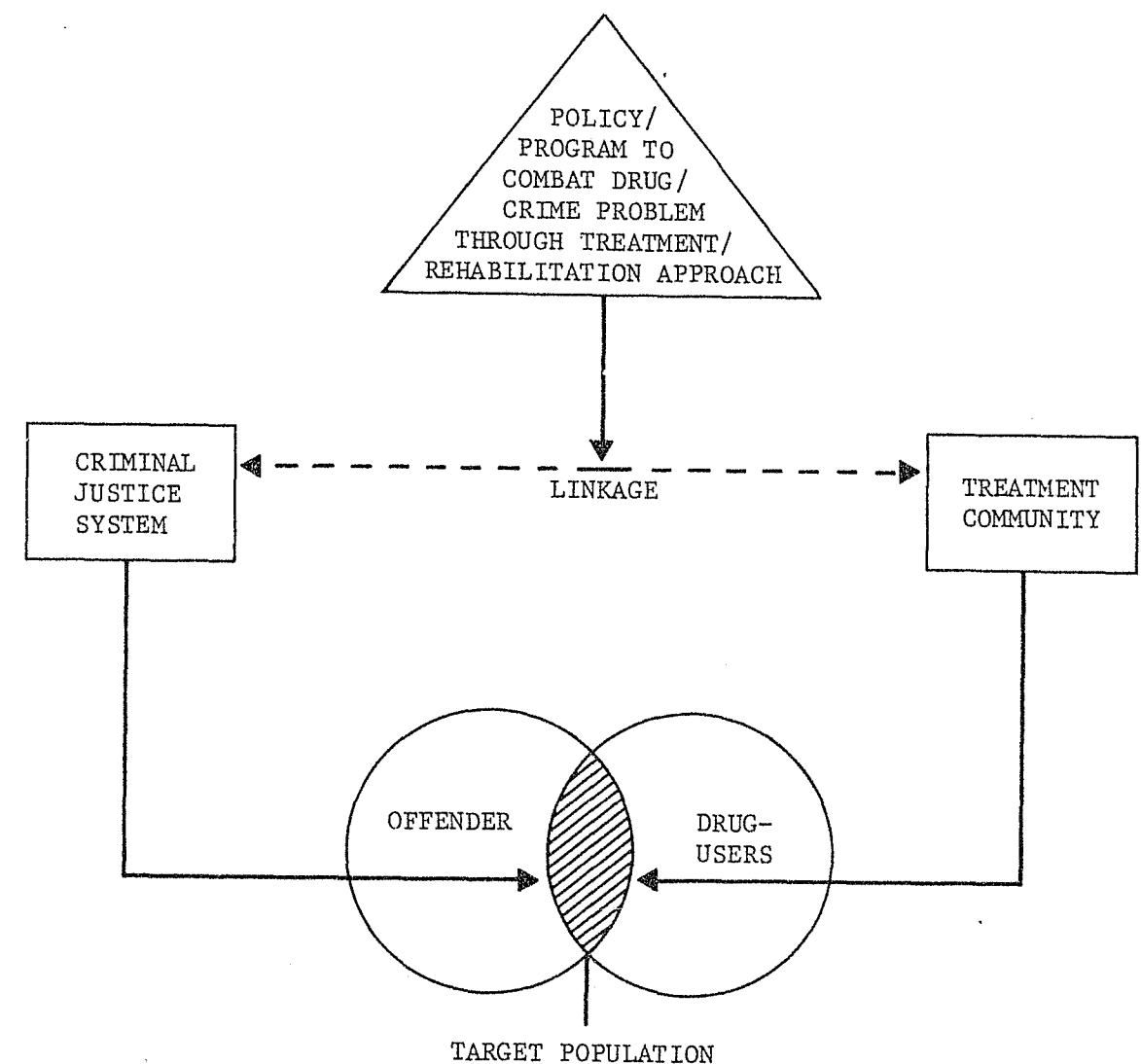


FIGURE 3
GOVERNMENT'S ROLE IN POLICY/PROGRAMS TO COMBAT CRIME
THROUGH TREATMENT AND REHABILITATION
OF DRUG-USING CRIMINAL OFFENDERS

to integrate two independent groups with different understandings of the target problems, and different approaches to their solution.

In the Impact program, one program effort which was undertaken sought to coordinate law enforcement and drug abuse agencies in an attempt to fight drug-related crime. This program, Treatment Alternatives to Street Crime (TASC), and its experience in the Impact program will be discussed in this paper.

1.2 The Treatment Alternatives To Street Crime (TASC) Program

Treatment Alternatives to Street Crime (TASC) is a diversionary drug treatment program which was designed, according to the policy outlined above, to bring together the resources of the criminal justice system and the drug treatment community in an effort to reduce drug-related crime.

The TASC program was developed at the federal level by the Special Action Office for Drug Abuse Prevention (SAODAP), an executive agency created in 1972 to set forth a federal strategy which could deal effectively with the growing problem of drug use in this country. From the outset, TASC was a major component in this strategy. The primary responsibilities for TASC implementation were divided among three federal agencies, SAODAP, the Law Enforcement Assistance Administration (LEAA) and the National Institute of Drug Abuse (NIDA) (see Figure 4 below) with SAODAP functioning largely in a planning and advisory capacity and LEAA and NIDA sharing funding responsibilities. All three agencies participate in national-level TASC policy decision-making.

During the first two years of the program (FY 72 and 73) individual TASC projects were funded solely by LEAA or NIDA. For FY 74, however, funding procedures changed. Under the new

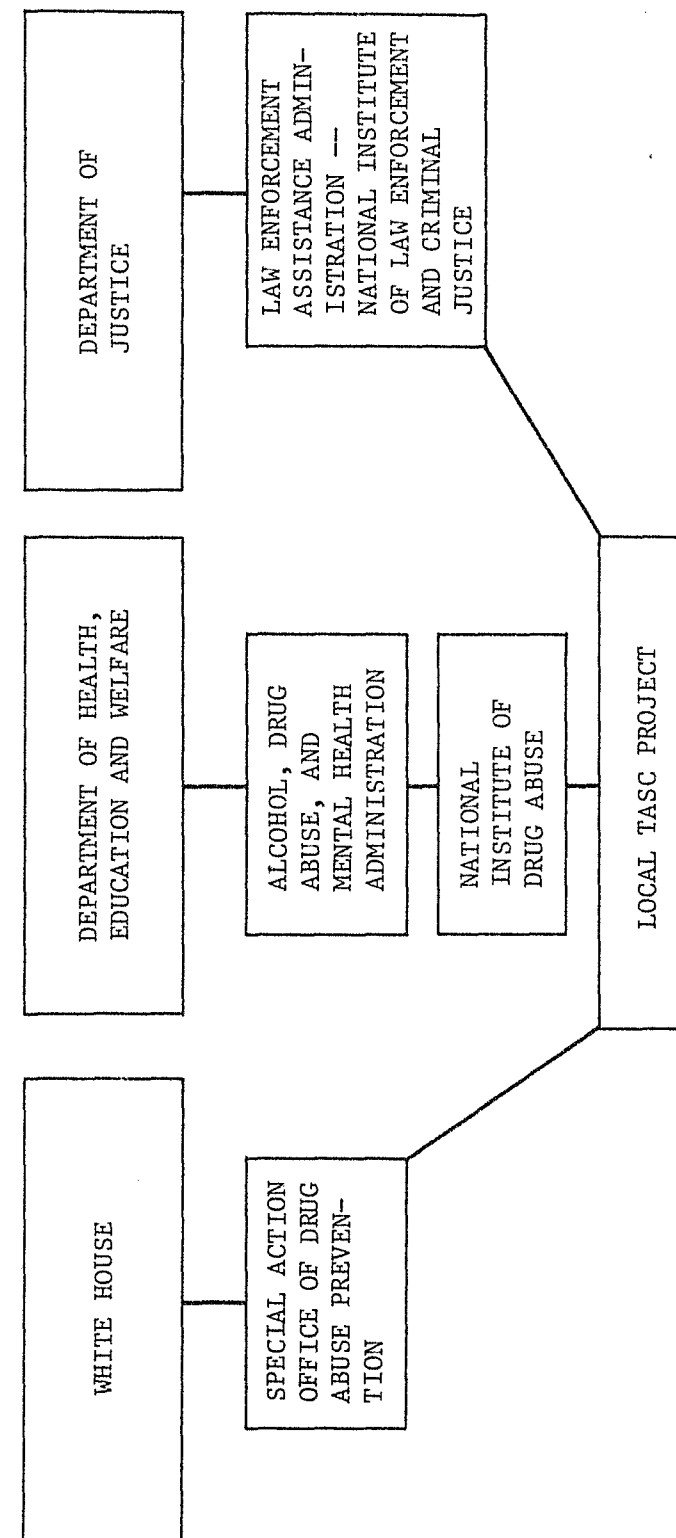


FIGURE 4
FEDERAL DRUG STRUCTURE, 1974

ADAPTED FROM: TREATMENT ALTERNATIVES TO STREET CRIME BULLETIN, DECEMBER 1973, NARCOTICS AND DRUG ABUSE PROGRAMS OFFICE OF THE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION, PAGE 3.

arrangements, LEAA was given refunding and operational responsibility for the criminal justice components of all TASC projects formerly funded by NIDA and all LEAA-funded projects. This LEAA funding was to support:

- general project administration and planning
- urinalysis
- client interviewing, screening and referral
- case management and tracking
- apprehension of delinquent clients
- detoxification holding units within the correctional facility.

Under these arrangements NIDA was to assume the funding for all treatment facilities including detoxification (outside of the correctional facility), methadone maintenance and drug-free treatment methods.

The TASC program strategy is based on the assumption that there are a significant number of drug-using criminals who, because of their drug problems, are tied to a life of criminality. The TASC program targets this group of drug-using offenders by identifying them as they come into contact with the criminal justice system, diagnosing their particular drug problems, and referring them to appropriate drug treatment facilities. It is anticipated that participation in the program will lead to a reduction in drug use and criminal behavior on the part of program participants and, in this way, TASC will lead to the reduction of drug-related crime.

1.2.1 Program Description

The function of the TASC mechanism is to identify all arrestees who are involved in drug use so that this group may be considered for referral to the treatment structure. TASC establishes, in advance, links with treatment programs so that referrals are

expedited, increasing the number and effectiveness of these referrals. TASC also functions to identify and categorize the arrestees so that the city becomes more aware of the extent of the problem and can more readily assess the need for increased treatment capacity.

The following general description of the TASC system dynamics, prepared by the Special Action Office for Drug Abuse Prevention, describes how the program works:

The program begins in the jail, where all arrestees are screened for heroin dependency after police processing. Types of offenders ineligible for referral to treatment are determined by the local authorities, namely the prosecuting attorney and judiciary.

The screening process includes a brief interview to explain the program to the arrestee. At this time, the arrestee is told that information given or obtained from the urinalysis may not be the subject of any court proceedings or prosecution against the arrestee other than in determining the conditions of release. With the arrestee's permission, urinalysis is conducted, followed by a more intensive counselor interview to determine drug-related history. Results from the urinalysis (obtained within about two hours) and interview findings are compiled in a report which is sent to the judiciary, the prosecutor and the defense counsel.

The judiciary then determines whether to send the arrestee to detention or to set treatment as a condition of release and refer him to the TASC system. If the former course is followed, an arrestee sent to detention, who is currently dependent on heroin, is provided medical assistance in the detention facility (or a secure detoxification unit as permitted by local statutes and procedures). If the latter process is followed, an arrestee currently dependent on heroin is detoxified.

Next, an evaluation is performed on each client by the diagnostic unit, with referral to an initial treatment facility. The individual is treated in this facility until he may be transferred to a community treatment program. During the treatment period, a tracking system functions to ensure that each client is following conditions set at arraignment. This system reports drop-outs from treatment or failure to comply with release conditions to the judiciary, which then handles

the individual as if he had violated conditions of bail. When the individual case comes up for trial, the judiciary may take into account his cooperation and success in the treatment program thus far, and may determine that he should remain in that program as an alternative to prosecution or possible incarceration subsequent to prosecution.

As the above description of the TASC process indicates, representatives of a number of diverse groups from within the local structure, are drawn into the development of a TASC program, including city administrators, criminal justice officials, and community leaders. A multifaceted coordination effort is required given that organizational relationships must be worked out between the mayor/city manager, police, courts, district attorney, public defender, corrections, community treatment programs, community-based groups, and the state planning agency.

1.2.2 Coordination Efforts Required By TASC

The mayor's office generally has administrative responsibility and influence over all municipal agencies including city-run drug programs, the police department (in most cases) and the city's health care delivery system. The mayor's office also possesses the best information on the city's problems, resources and resource allocations. The endorsement, backing, advice and recommendations of this office are therefore essential to the success of TASC.

At the planning stage the judiciary (composed of the court, the prosecutor, and the public defender) identifies the extent of the need for TASC. Court records provide data on addict numbers and on the frequency of known drug-related crimes. It is the discretion of the judiciary which will determine arrestee eligibility for referral to TASC.

Police department records are also a valuable source for estimating the scope of the drug use problem before deciding to

implement TASC. These records, pertaining to arrested addicts and drug-related crimes, are also supposed to be made available to program evaluators throughout the program duration.⁵ The initial arrest by the police serves to introduce the addict to TASC personnel, and continued police contact with the drug population at the street level may identify those addicts who have drifted from the program and are again involved in the drug-crime cycle.

Drug treatment personnel initially provide a detailed knowledge of existing available treatment facilities, their resources and capacity, as well as an awareness of their individual effectiveness and limitations. With TASC operational, these agencies are the providers of various treatment modalities to the arrested addict who otherwise might have been unaware of their availability.

The involvement of community-based groups can increase the possibility of institutionalization in the event of TASC success. In pursuit of such citizen involvement, efforts are made to seek out other projects with the same goals (such as reduction of drug-related crime, easing of tension in jails, or lowering the recidivism rate for addicted criminals) and a community advisory board may also be formed to take part in TASC decision-making and to instill public confidence in TASC. Further, community representatives contribute job training, educational opportunities and voluntary work, all essential to the long-term success of any treatment and rehabilitation program.

⁵ TASC Guidelines for the Development of a Treatment Alternatives to Street Crime Project, Social Consult, Inc. for U.S. Department of Justice, Law Enforcement Assistance Administration, Office of Criminal Justice Assistance, June 1973, page 15.

The state planning agencies (SPAs) provide technical assistance and monitoring to the local TASC programs, and serve as the administrative liaison with the regional office and national LEAA headquarters.

There are diverse groups which make up the drug treatment network, the criminal justice system and the community. All of these need to be linked and coordinated in order to be effective or even to function at all. The interface between public officials and certain community groups is a continuing objective throughout the progress of the program. Since TASC's primary function is to serve as a link between the criminal justice system and treatment programs, the degree of inter-agency cooperation may serve indirectly as a measure of its success. Cooperation is essential since agencies of the criminal justice system may use their authority either to encourage an arrestee into treatment as an alternative to incarceration, or to block such referral. The discretion of the court and prosecuting attorney to defer or alter prosecution pending satisfactory progress in the treatment structure can be used as an inducement to get and keep the client in treatment. The court also has the option to initiate action when a client drops out of treatment. Treatment agencies can reduce the program's credibility by refusing to supply information on an ongoing basis to concerned criminal justice agencies.

The TASC program, then, involving a major effort to coordinate drug treatment and law enforcement agencies, was the program mechanism promoted by the LEAA for adoption by the participating cities in the Impact program.

2.0 TASC IN THE IMPACT PROGRAM

2.1 The Impact Program Context

The High Impact Anti-Crime Program was launched in 1972 by the Law Enforcement Assistance Administration as a major federal initiative in the fight against rising urban crime in America. The program focused resources on particular crime problems in eight cities. The Impact target offenses included the person crimes of murder, rape, robbery and aggravated assault as well as the property crime of burglary; the designated Impact cities were Atlanta, Baltimore, Cleveland, Dallas, Denver, Newark, Portland and St. Louis. Approximately \$20,000,000 in LEAA discretionary funds was made available to each of the Impact cities with the expectation that each city would plan and implement a comprehensive package of crime reduction activities as part of the program. The intended result was a 5 percent reduction in Impact crime 2 years into the program and a 20 percent reduction in Impact crime 5 years after program initiation.

Impact was developed at the national level and was funded by the federal government via the state planning agencies. Crime control policy decisions rested jointly with the LEAA regional offices and with the Washington-based policy decision group. The actual program activities were planned and implemented by local operating agencies, under the review of city Crime Analysis Teams, state planning agencies and regional offices.

The Impact program differed from previous national crime control endeavors in two important ways. First, Impact was an attempt to concentrate a larger amount of resources on city crime problems than had heretofore been customary, in the hopes that a stronger focus would generate more substantial results. Second, federal funds were earmarked for use in each Impact city for direct application

to Impact crime reduction activities, focusing on crimes rather than on systems. Prior to the Impact program, criminal justice programs had generally focused resources exclusively upon improvement of agency operations within the criminal justice system. Program objectives and priorities were correspondingly directed towards the need to upgrade the institutional capability of the criminal justice system. The Impact program, on the other hand, was developed with the explicit objective of reducing particular types of crime in designated localities.

Achievement of Impact program objectives was intended through the implementation of the Crime-Oriented Planning, Implementation, and Evaluation (COPIE) cycle. The COPIE cycle (see Figure 5 below) involves several iterative steps in the process of the design of projects through the assessment of their impact.

Crime-oriented planning, the first step in the COPIE cycle, is a criminal justice planning approach which is based upon the analysis of attributes and variables associated with target crimes. Such crime-specific analysis provides the basis for the identification of major crime problems and forms the framework for the organization of a program's action expenditures or projects. Crime-oriented plans were to be developed by each Impact city and programs were to be structured in a fashion consistent with those plans. This crime-oriented program planning function was performed by Crime Analysis Teams (CATs), agencies created in each target city specifically to fulfill Impact program COPIE cycle roles at the city level and to provide a focus for coordination and integration of the various agencies of the criminal justice system.

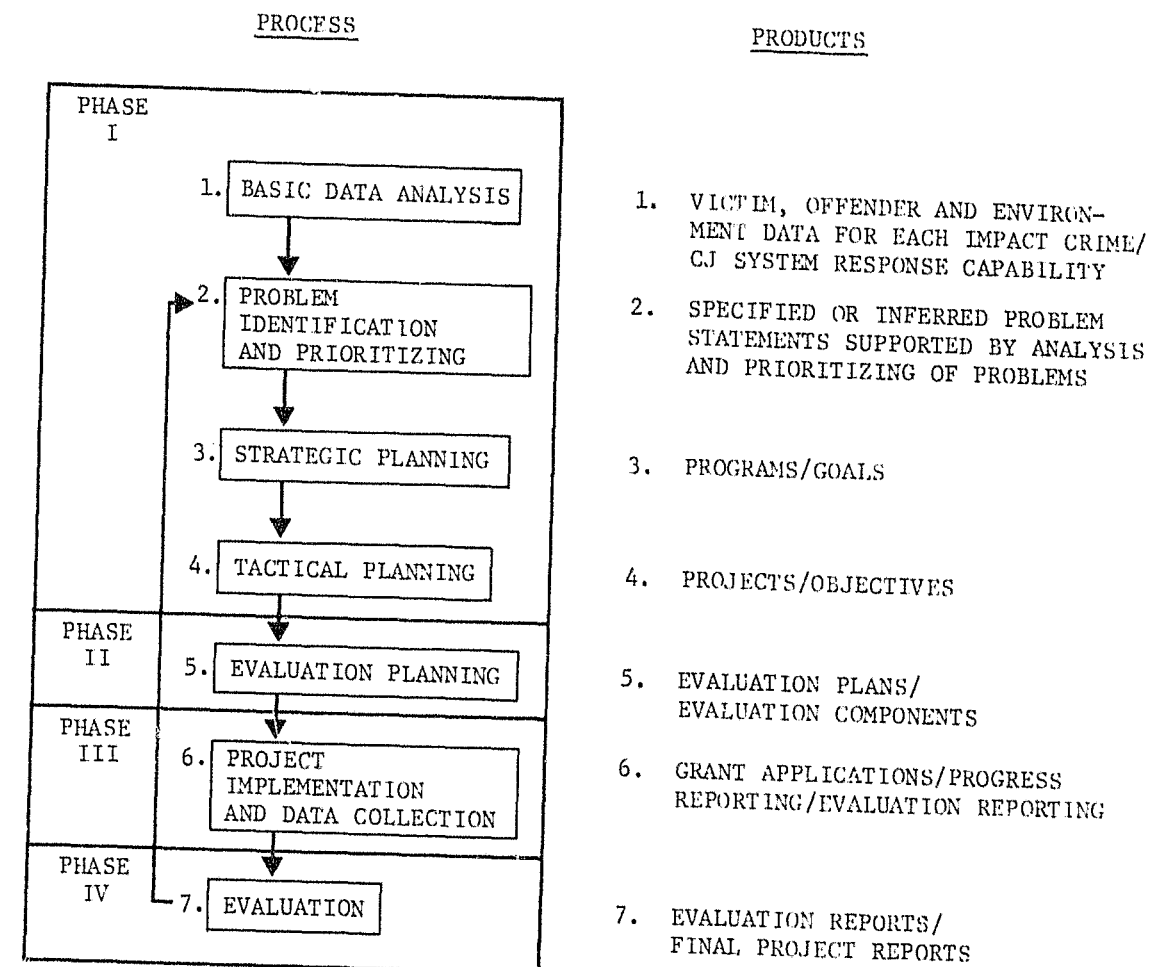


FIGURE 5
THE COPIE CYCLE: A MODEL

SOURCE: MTR-6645, AN ANALYSIS OF CRIME ORIENTED PLANNING IN THE EIGHT CITIES OF THE IMPACT PROGRAM, AUGUST 1974.

Once priority crime problems were identified, projects which address those crime problems were selected, funded and implemented in each Impact city.

Finally evaluation of these projects was mandated as part of the Impact program design. As part of the COPIE cycle, Impact projects and city-wide programs were to be assessed to determine whether their anticipated effects had been felt on the cities' crime problems. The responsibility for program and project evaluation in each city was to rest either with the Crime Analysis Team or with the SPA.

2.2 Impact TASC Projects

In conducting city-wide crime-oriented planning, all eight of the Impact cities identified drug use as a local problem of high priority. Problems of drug use were considered by city planners to be closely entwined with the Impact target crimes of burglary and robbery and, in numerous cases, the problems of juvenile delinquency and drug use were discussed together as priority problem areas.

As such, Treatment Alternatives to Street Crime projects were logical candidates for inclusion in the city Impact programs. Drug problems were of priority to city planners and TASC offered a viable solution to those problems. The guidelines set out by SAODAP and LEAA allowed for a match between the two programs and, indeed, the organizational policies of the sponsoring federal agencies promoted such a match. But, TASC thus became a federally-generated initiative in a program which was built upon the New Federalist concept of city-generated program efforts. Nonetheless, all of the eight cities considered the inclusion of a TASC project in their local efforts. Five of the eight actually funded TASC (or a project similar to TASC) under Impact.

The three Impact cities which chose not to fund TASC projects with Impact monies were Atlanta, Dallas and Portland. Atlanta has, since Impact, funded a local TASC program through the LEAA block grant program.⁶ Portland seriously considered including TASC in its Impact effort, but after some controversy chose not to do so.⁷ In Dallas, TASC never progressed past a preliminary planning stage.⁸

The five cities funding and implementing TASC (or TASC-like) projects were Baltimore, Cleveland, Denver, Newark and St. Louis. In Baltimore a number of other drug-related projects were included in the city Impact effort while TASC itself (called Court Referred Addict Treatment) was instituted in a modified form. In the other four cities the TASC project was the only allocation of Impact funds specifically targeting drug-related crime. As Table I (below) indicates, these projects were initially awarded funds early in the Impact program, all within the year November 1972 to November 1973. The total federal funds listed in the table include all follow-on funding and in several cases incorporate funds spent early in the program on drug treatment facilities as well as on the criminal justice components of the TASC efforts.

2.3 TASC and the Impact Program's National-Level Evaluation

During the planning of the Impact program's national-level evaluation, the TASC projects funded and implemented as part of the

⁶ Atlanta Journal And Constitution, Sunday, September 7, 1975.

⁷ For a full discussion of this subject see A History of the Portland Impact Program, MTR-6875, October 1975.

⁸ For a description of the Dallas Police Drug Abuse Research Study see A History of the Dallas Impact Program, MTR-6935, February 1976.

TABLE I
IMPACT TASC PROJECTS

NAME OF PROJECT	DATE OF AWARD	TOTAL FEDERAL SUPPORT
BALTIMORE COURT REFERRED ADDICT TREATMENT (CRAT)	MARCH 1973	\$862,390
CLEVELAND DRUG ABUSE PROGRAM (CDAP)	NOVEMBER 1972	\$952,000
DENVER TREATMENT ALTERNATIVES TO STREET CRIME	JULY 1973	\$996,452
NEWARK TREATMENT ALTERNATIVES TO STREET CRIME	JUNE 1973	\$568,483
ST. LOUIS TREATMENT ALTERNATIVES TO STREET CRIME	OCTOBER 1973	\$533,562

Impact program were selected for special investigation. It was felt at that time that the Impact program offered a good opportunity for a comparative evaluation of projects based on the TASC strategy. Such an evaluation was planned in order both to assess the generally anticipated TASC client outcomes across the various Impact TASC applications and to compare the effectiveness of the different strategies employed in each of the Impact cases.

The diversionary drug treatment area, generally, and TASC, specifically, were selected for more intensive examination for several reasons. The strategy exemplified by TASC, of fighting drug-related crime by treating criminally accused drug users for their drug problems, was one which had been gaining in acceptance and popularity in the early nineteen-seventies. Large amounts of money had been channelled into this area with high expectations for success. However, to that point, no effort had been made to systematically assess the effectiveness of this strategy in reducing criminal behavior or drug use among program participants.

Previous TASC program evaluative efforts had been restricted to an examination of the process aspects of the TASC system, addressing questions of how well the local TASC units had performed in identifying, screening, diagnosing and referring TASC clients to treatment services. These process activities of TASC are the program elements most directly under the purview of the TASC program administration and as such were of primary interest to national TASC program administrators. TASC client outcomes were considered by some to be more a function of the effectiveness of the treatment services (to which TASC was referring clients) than of the TASC mechanism itself. However, since the TASC strategy implied the conjunction of referral and treatment within one program and since the goal of this program was to impact drug-related crime, it appeared critical to examine these

ultimate client outcomes of the TASC system if a reasonable assessment of the TASC strategy was to be made. The planned MITRE comparative evaluation centered on these client outcome objectives of the TASC system, seeking to examine the achievements of individual Impact TASC projects and to compare the client outcomes of the various projects.

The Impact program and its national level evaluation were viewed as a particularly appropriate context for conducting such a comparative assessment for a number of reasons:

- First, as discussed above, a number of comparable diversionary drug treatment projects developed in conjunction with the federal TASC program had been funded under the Impact program.
- Since these Impact TASC projects were developed and operated within the framework of the COPIE cycle, it was anticipated that the data necessary for their evaluation would be more available than is generally the case.
- Because project-level evaluation was mandated as part of the Impact effort, it was expected that the local agencies involved with Impact TASC projects would be more or less accustomed to using evaluative data for program planning and evaluation.
- Finally, the Impact Crime Analysis Teams, agencies specially created to perform Impact planning, administration, and evaluation functions at the local level offered a convenient base point in the cities and could serve as the conduit for the acquisition of city data.

A comparative assessment, such as that intended for Impact TASC projects, is an important tool for evaluative research. Comparative evaluations offer advantages over the single project evaluation (which proliferates in law enforcement research since criminal justice functions are normally the responsibility of local agencies which, if they evaluate their efforts at all, tend to do so on a project-by-project basis). Comparisons of locally-conducted project evaluation results are currently of limited utility for a number of reasons.

In the first place, local evaluators tend to conduct project evaluations in order to determine whether their project has achieved certain objectives established at the local level. These locally established project objectives and the measures or indicators of project success utilized by local evaluators are rarely comparable across projects leading to difficulties in making meaningful comparisons. In the second place, at this time the quality of locally conducted project evaluations varies significantly from place to place. Based on the Impact experience, it is unlikely that any set of selected projects from a number of jurisdictions will be found to possess evaluations of sufficiently high quality to allow for any substantive discussion of the effectiveness of the particular strategy employed by the projects on the basis of their project-level evaluation results.

As local project evaluation becomes more common and as appropriate and effective evaluative methods are documented and disseminated among local evaluators, these two factors may diminish in importance. In the interim, however, centralized evaluation or evaluation coordination among sets of similar projects may be advisable to insure comparable evaluation results which can provide more information about a particular project strategy than numerous, discrete project evaluations are able to provide individually.

2.4 Background Information on the Five Impact TASC Projects

As is presented in Section 2.2 above, five TASC projects were funded as part of the Impact program by July 1973; it is this set of projects which was to provide the sample cases in the TASC comparative evaluation. As Table II below indicates, these five projects all faced problems with initial start-up activities (as reflected in the time which elapsed in each case between the time of grant award and the initial provision of client services). The time between grant award and service delivery for all five of the Impact

TABLE II

TIME DELAYS IN IMPACT TASC PROJECTS

	INITIAL DELIVERY OF SERVICES	TIME ELAPSED SINCE TIME OF AWARD
BALTIMORE COURT REFERRED ADDICT TREATMENT (CRAT)	SEPTEMBER 1973	6 MONTHS
CLEVELAND DRUG ABUSE PROGRAM (CDAP)	MARCH 1973	4 MONTHS
DENVER TREATMENT ALTERNATIVES TO STREET CRIME	JANUARY 1974	6 MONTHS
NEWARK TREATMENT ALTERNATIVES TO STREET CRIME	OCTOBER 1974	16 MONTHS
ST. LOUIS TREATMENT ALTERNATIVES TO STREET CRIME	JUNE 1974	8 MONTHS

TASC projects was longer than the average Impact project delay of between two and three months. Not only did these Impact TASC projects encounter problems early in the implementation process, however, they also experienced difficulties during the period of actual project operations resulting in low client intake, referral problems, high drop-out rates, cancellation (St. Louis) and other implementation problems. As a result none of the five projects had reached a sufficiently high activity level (i.e. sufficient numbers of clients and sufficient client time in treatment) to permit any meaningful examination of TASC client outcomes as part of the MITRE TASC assessment. For this reason, the national-level evaluation comparative evaluation of TASC projects in Impact, as originally conceived, had to be abandoned.

In this section background information on the five Impact TASC projects will be presented. This discussion relates information provided by the local program operators and evaluators in published materials pertaining to these projects and describes the progress made by each project during the period covered by the national-level evaluation of the Impact program.

(a) Baltimore Court Referred Addict Treatment (CRAT)

The Baltimore Court Referred Addict Treatment (CRAT) Unit, Baltimore's TASC-like program, was initially funded in March 1973, with subsequent continuation fundings bringing the total federal dollars awarded to the project to \$862,390. The CRAT Unit was designed to work closely with two other components of a system developed to deal with drug users as part of the Baltimore Impact program effort. These two--the Pre-Trial Release--High Impact Narcotic Offenders project and the Intensive Supervision of Narcotics Offenders project--have assumed the initial screening and the follow-up

supervision functions involved in the overall TASC concept, with CRAT providing diagnostic, placement and tracking services.

After a six month start-up delay, CRAT began receiving clients in September, 1973. During the first year of unit operations, 293 clients were handled by CRAT, a level somewhat below the target number of 400. The majority of the CRAT clients were not part of the project target population of Impact offenders. In fact, 64 percent of the CRAT clients were misdemeanants, 55 percent of whom had been charged with committing drug-related offenses. The majority of these, according to the project director, were offenses involving marijuana. Not only are these clients not those that the program was designed to assist but because of the structure of the system they were not likely to benefit very much if at all. Misdemeanants in Baltimore generally go to trial within ten to fifteen days of arrest and it is this period between arrest and trial which was covered by project activity; thus, there could be little opportunity for client diagnosis, referral and treatment under the auspices of the program.

At the time the CRAT project progress report was being prepared, the only information available on CRAT clients pertained to the legal dispositions and offenses of clients referred to different treatment programs. According to the report, no information had been collected on the amount or quality of treatment services being provided to participating CRAT clients.

(b) Cleveland Drug Abuse Program (CDAP)

A TASC project, the Cleveland Drug Abuse Program (CDAP), was funded as part of the Cleveland Impact effort in November 1972. The initial LEAA award of \$1,276,000 was intended to cover CDAP operations from November 1972 through May 1975. Initially treatment facilities were included under LEAA funding of CDAP; however, in accordance with

changes in federal policy, NIDA has funded this portion of the CDAP program since May 1974. Due to this change, and also because of a reduced volume of CDAP clients, the original LEAA grant award was reduced by \$324,000.

The project began screening clients in May 1973, five months after funding was awarded. During the first ten months of project operations, the project jail screening unit screened 16,500 arrestees from the city jail, gave urine tests to 67 percent of these (11,000) and found 1,430 (13 percent) of those tested to be drug positive. Despite this extensive screening activity, only 387 clients were accepted into the program during this period and treated (1,000 were anticipated) and 28 percent of these clients were volunteers to the program. At the time of the evaluation, 114 of these clients had left the program under unsatisfactory conditions.

During the following four months (January-April 1974) little improvement was observed. During this period, 4,114 arrestees were tested for drugs and 1,074 were found to be drug-users. However, only 61 potential clients agreed to be interviewed and of these, only 12 entered the CDAP program. Thus, during this period, the screening unit contributed only 7 percent of the 186 clients who entered the program, outdone by the volunteer group which accounted for 22 percent (40) of the TASC clients. During this January to April 1974 period, the dropout problem actually worsened; at the time of the evaluation, 102 of the clients who had entered the program during this period had left under unsatisfactory conditions.

(c) Denver Treatment Alternatives to Street Crime

A Treatment Alternatives to Street Crime project was included in the Denver Impact program in July 1973 with a federal grant award of \$462,740, to cover an operating period of July 1973 through November

1974. One continuation grant was awarded bringing the total federal support of Denver TASC to just under one million dollars and extending the operating period to February 1976.

The initial six months of the Denver TASC period was designated for a Phase I study during which a mass jail screening was conducted in an effort to acquire better estimates of the TASC target population. The initiation of the study was delayed three months and a six-month effort was continued into the first phase of project client service activity.

The first clients were seen by the TASC screeners in January 1974. During the first project evaluation period (January through November 1974) 517 regular opiate users were identified by TASC screeners, 275 (53.2 percent) of whom indicated a positive interest in the TASC program. However, during this period, only 29 clients (10.5 percent) were enrolled in treatment through TASC with only 37 (17 percent) remaining in a status allowing for possible future TASC enrollment.

During the second evaluation period, there was not much improvement. From December 1974 through March 1975, 1,078 of the 9,842 persons booked into the city jail were interviewed by TASC screeners (below the anticipated 600 interviews/month) and 267 arrestees admitted to being current drug users and expressed interest in the TASC program. Ninety-eight (36.7 percent) of these interested individuals were administered an extensive interview, 46 (17 percent) were admitted into formal drug use evaluation, and 3 (1.9 percent) formally entered into treatment. Clearly, Denver TASC was able to identify and move into treatment only a small portion of the monthly projected 125 current drug users during this operating period.

In addition to the low levels of client intake and referral, the Denver TASC project faced problems of policy disagreement which among other things resulted in the resignation of the first project director. The controversy surrounded issues pertaining to the relationship between the criminal justice and treatment components of the TASC system including the permissibility and length of an initial grace period for clients entering treatment, the confidentiality of client treatment information, and the limited ability of TASC to impact criminal justice system decisions on the destiny of TASC clients.

(d) Newark Treatment Alternatives to Street Crime

The Newark TASC project was awarded in June 1973. The initial award of \$568,483 was intended to cover a one-year operating period; however, no TASC services were provided until October 1974, sixteen months after the funds were awarded. Since then, client intake has been so low that two grant extensions have been made and the program is slated to operate until September 1976 with no additional funding. The project originally intended to process 2,000 clients per year (original evaluation component). However, this estimate has been scaled down to 1,000 clients per year. Even with the increases which had been made in project activity, only 279 clients had been processed by July 1975 and the projected total for the first full year of project activity appears to fall short of the revised objective. No formal outcome evaluation of the project has been conducted so no further information is available on the progress made by those clients participating in the system.

(e) St. Louis Treatment Alternatives to Street Crime

A TASC project was awarded as part of the St. Louis Impact program in October 1973. \$400,000 in federal funds were allocated for a sixteen-month operating period to begin in November 1973 and to

continue through February 1975; however, the project did not begin operations until June 1974, eight months after the funds became available.

During the first five months of project activity (June-October 1974) according to the one evaluation report prepared on this project, 2,571 interviews were conducted by the TASC jail screening unit and 585 arrestees were identified as drug users. However, during this same period only 45 clients were treated by the project's central intake unit and at the time of the evaluation, only 20 of these 45 clients were currently enrolled in treatment, 5 remained at the central intake unit and the rest had dropped out of the program. This poor progress was tied by the project evaluators to the poor performance of the screening unit which was poorly staffed, overworked and forced to operate in a role both duplicative to and competitive with the regular St. Louis Pre-Trial Release investigators. The lack of viable treatment programs was also cited as a major factor in this program's poor showing. Because the availability of treatment slots was limited and the quality of the local treatment programs was questionable, the judiciary and prosecution were reluctant to release the accused to the custody of TASC. This was reflected in a 60 percent rejection rate by the judiciary of clients recommended by TASC for the program.

These early problems persisted until, on February 4, 1975 the St. Louis Commission on Crime and Law Enforcement received word from the LEAA Regional Office that the city's TASC project had been cancelled for the cited reason of an insufficient number of client referrals.

3.0 IMPACT TASC PLANNING, IMPLEMENTATION, AND EVALUATION PROGRAMWIDE

During the Impact national-level evaluation period, the five TASC projects included in the Impact program faced numerous problems in the development and operation of effective mechanisms linking their local criminal justice systems with available treatment facilities. Based on documentation generated at the local level, certain problem areas common to this group of projects during this period of time have been identified and are discussed below under the topic areas of problem identification in crime-oriented planning, program operations and implementation, and program evaluation.

3.1 Problem Identification in Crime-Oriented Planning

As one prerequisite to the inclusion of a project in the Impact program, city planners were required to show, through the analysis of available empirical information, the extent and nature of the crime problem which any proposed project was designed to address. In the case of TASC, each city was required to make some assessment of the problems of drug use and crime or, as was done in most cases, furnish information on the size of the potential target population for a TASC project.

None of the five cities with TASC projects had any direct estimate of their target populations at the time of application for, or receipt of, their grant. Their estimations of their particular potential client pools were based on certain surrogate measures for which data were currently available. These measures include:

- Number of probationers with previous drug histories, or current drug problems (Baltimore, Denver);
- Number of drug law violations (Cleveland);
- Studies of drug use by other local agencies (Newark);
- Estimates of total level of addiction in the city (St. Louis).

Denver conducted a screening study of its jail population as the first phase of its project operations in order to better estimate the size and nature of the target population. (Other cities anticipated using the results of their initial months of operations to assist in correcting for error in their earlier estimates.) However, even in Denver, the evaluation report suggests that the study may have provided an overestimate of the candidate population.

Finding a solution to this problem of identification of potential clients is not an easy one. While it may be possible to acquire an estimate of the number of drug users among the jail population (as Denver's Phase I study did), it is more difficult (and more meaningful) to project how many individuals from that pool of potential clients will choose to participate in the program (a decision often tied to concerns aside from the criminal justice system such as the on-street availability of drugs) or how many of those identified will remain qualified for the program as they progress through the criminal justice system. In the Denver case, evaluators estimated that of those clients who begin the TASC process by being identified as drug users at the jail, only 20 percent will remain eligible for the TASC program according to the Denver TASC regulations. This type of problem should be considered early in project planning in order to allow for preparation for the provision of needed services at a realistic level.

3.2 Project Operations and Implementation

During the period of the MITRE Impact evaluation all of the Impact TASC projects faced problems in getting their project operations to the point of delivering services--at all in some cases and--to the level anticipated in all cases. Denver and Cleveland are the only projects to have actually placed a substantial number of target clients into treatment. This has not meant that the problems facing the TASC projects in these two places have been solved;

these projects have just moved on to a different set of problems (i.e., how to keep clients in treatment and how to keep track of them while they are there).

Initial start-up in each of the five projects was slow. The time elapsed between the date of grant award and the date of the acceptance of the first TASC client ranged from four months (Cleveland) to sixteen months (Newark). In general, projects in the Impact program took between two and three months to become operational;⁹ none of the TASC programs were able to move so quickly. In one case, the time delay between award and service delivery was in part, intentional. In Denver, a six month transition period was earmarked for the conduct of the Denver Phase I study--an effort to better identify the Denver target population--as well as to set up the organizational framework for the operation of the program. Even in this case, however, there were unplanned delays. The Phase I study did not begin until October and overlapped with the initial period of client processing.

Preplanning at the operational level was important in a program such as this. While little information is available which speaks directly to the types of arrangements made among cooperating agencies, it appears from the types of problems which surfaced once the projects were serving clients, that much of the necessary preplanning was not adequately conducted, leaving unsolved problems for the program during implementation. Some of these will be discussed below in terms of the particular program function involved but others are more general, cross-cutting the particular functions of the TASC

⁹This average includes projects from all eight Impact cities and all functional areas.

system and rest with the need for coordinating among agencies performing or involved in these functions. These problems of coordination, while apparent to some degree in each of the TASC projects, came out most clearly in the Newark case, as the following excerpt from a crime analysis team monitoring report on the Newark project shows:

While overall system capability to move clients through TASC is good, there has been a problem with getting clients into the TASC system. This problem is mainly one of authority. In order to effectively coordinate so many components, the project director of TASC must have the authority to ensure cooperation and make any needed changes which will benefit the projects. This is easier said than done. TASC is a conglomerate of agencies which are of equal status and which have, as their primary goals, services other than TASC. Each agency tries to live up to its contractual agreements in TASC, but some agencies are more cooperative than others. For example, the drug treatment agencies and the College of Medicine and Dentistry rise above and beyond the call of duty in cooperating with TASC, even though they are not receiving any funds from TASC and there is no way TASC could compel their cooperation. The problem of having the authority to compel cooperation is inherent in the structure of TASC and would naturally exist wherever an effort is made to coordinate so many diverse services (screening, diversion, treatment, job training, employment placement, etc.) into one project.

Once operational, all five of the Impact TASC projects encountered problems attracting the anticipated numbers of clients into their programs. Some of the problems of low client intake can be traced to poor or inaccurate estimations of the potential pool of clients (Denver, as discussed above). Others may be tied to problems within the functions of the TASC system.

Jail screening was intended to be the most substantial source for TASC clients and problems have been encountered in this component of TASC in each of the cases. In the Newark project, the screeners failed to identify the anticipated number of candidates because, due to limited resources, they were able to interview too small a

pool of arrestees. In Cleveland and Baltimore, more clients were screened than was expected but these large-scale screening efforts did not produce the projected number of clients. In Cleveland, during early phases of the project, more TASC clients entered the program through informal means than were identified and referred by the TASC screening unit. The Baltimore evaluators suggest their screeners were kept so busy handling the high volume of clients to be screened that they had no opportunity to present or "sell" the TASC program to them and thus failed to attract sufficient numbers of clients. St. Louis faced a similar problem but with the added difficulty of having to compete with regular jail screeners for clients. This duplication of operations certainly did not add to the acceptance of the TASC program nor contribute to the integration of the project into the regular criminal justice system operations in St. Louis.

Some of the Impact TASC projects also had problems developing the cooperation necessary to insure alternate referral sources. Cleveland had more "walk-in" clients than correctional agency referrals. Newark particularly had problems in coordinating with city agencies to insure that any potential clients identified would be referred to TASC for diagnosis and referral to treatment. Lack of cooperation is also tied to the low intake in the other three cities. Denver evaluators suggested that their project's client intake may have suffered from the practice on the part of their police department of arresting known drug users in the hope of acquiring information on other criminal activity in the city--and then releasing the suspects, once they had furnished the necessary information. In St. Louis, 60 percent of the clients recommended by TASC for inclusion in the program were rejected by the judiciary. In Baltimore, evaluators suggest the high proportion of misdemeanants in their TASC clientele may be due to the reluctance of judges to release more serious Impact offenders to the program.

These problems have resulted in low (with respect to initial and, in some cases, revised estimations) client intake and (in Baltimore) in a different type of client (less serious offenders) than had been anticipated. This of course has meant that the number of TASC referrals to treatment has correspondingly fallen short of expected levels during this early period of operation.

Other problems have been encountered in the referral function. In St. Louis, it was found that the needed treatment facilities were not available, that the judiciary perceived the existing facilities to be inadequate and hence were reticent to release arrestees to these programs. TASC clients in this program spent a long period of time at the intake and diagnosis phase of the process where the personnel who had been hired to perform the diagnosis spent most of their time maintaining security and attempting to place clients. In Baltimore because a large proportion of the clients were misdemeanants, the time period available for intake, diagnosis and referral for this group (the time between arrest and trial) was constrained. In Cleveland, although a large number of clients were identified and referred to treatment, the program showed very high dropout and unsatisfactory exit rates. This may indicate one of several things. It may be that clients are not being placed in appropriate treatment facilities or that there may be no incentive for clients to remain in treatment programs. (This last was a complaint of the Denver TASC treatment personnel; they felt they could give the client no assurance that compliance with program requirements and progress in treatment would bring certainty of leverage in the ultimate disposition of his arrest.)

Finally, a number of these programs faced internal management problems. Initial delays in Baltimore were tied to problems in staffing the project components. St. Louis was without a project

director for most of the life of its project. The project director in Denver resigned about one year into the program. The lack of stable leadership can be a problem in any new endeavor but the lack of direction it can mean is particularly problematic in a program like TASC. Since so much of the structure of the TASC system is unspecified, success rests with the individual actor and his ability to take hold of the situation. The absence of consistent direction, therefore is one more factor in exacerbating coordination problems.

3.3 Program Evaluation

Much of the information compiled and presented in this paper was available from project evaluation, status or progress reports produced locally and supplied to the national-level evaluators. The low level of client participation in most projects and the limited progress made in placing and maintaining TASC clients in treatment in others, for the most part dictated the process nature of these reports. While several of the projects reported some client outcome information in their project documentation (Denver and Cleveland) none of the projects actually referred and maintained a sufficient number of clients in treatment for a long enough time period for meaningful client outcome analysis.

Two projects, Denver and Cleveland, made some progress in compiling and analyzing client data. In the process, however, both project evaluations encountered problems in their efforts to gather client-specific data, both in support of the project evaluation and for judges who released the individuals to the program. In Denver, the project evaluators encountered problems when they attempted to gather information on the TASC clients' performance in treatment programs, specifically in reference to client drug use during treatment. Treatment personnel felt that a sixty-day grace period was necessary to facilitate a successful adjustment to the treatment regimen. The evaluators and judges expressed the belief

that early information on client drug use was necessary to legitimize the project as a viable criminal justice alternative for drug users. Some of the conflict was due to a concern over the confidentiality of the client progress reports and questions of client privacy rights were raised. In Cleveland, the problem of confidentiality was also discussed and data were collected exclusively in aggregate form on the number and performance of clients in treatment, making it impossible to track any given individual from one stage in the TASC process to another.

This problem with aggregate data in Cleveland was not only present for outcome analyses but posed problems in the project process analyses as well. It suggests the major problem with the process evaluations of TASC in Impact: the lack of portrayal and evaluation of TASC as a system of interrelated steps which directly or indirectly impact one another. In effect, the three functions of (a) jail screening (b) client intake and diagnosis and (c) client referral are sequentially linked--at least in concept. The jail screeners survey and interview the jail population and potential clients identified in the jail serve as one major source for the client intake and diagnosis. Similarly, the clients served at intake and diagnosis form the pool of potential clients for referral to treatment. In the case of most of the Impact TASC project evaluation components and report, objectives were cited for each of these functions--with little regard for the interrelationships among them. This is to say that too often three discrete objectives were stated: (a) screen x clients, (b) serve y clients at intake and diagnosis, and (c) refer z clients to treatment. The evaluation or project progress report would then provide information as to whether the actual number of clients served by each function was equal to the level specified in the objectives. Little note is given even to whether those diagnosed were the same as those referred or where the

dropouts occurred and why. These three major objectives are not discrete activities and any evaluation of them should be designed to facilitate an understanding of the process involved in the TASC system.

It is this process nature of the TASC system which makes it not only difficult to evaluate but, as the above discussion shows, also difficult to operate. The TASC concept is predicated on the assumption that the TASC project management will be able to integrate various agencies of the multifaceted, largely uncoordinated criminal justice system into a system to handle drug using criminals. In most of the cases of TASC in Impact, this simply has not yet occurred. In fact, at the time of the preparation of this report in a number of cases projects had not yet been implemented. Whether TASC, as conceived, is or can serve as an effective mechanism for the reduction of drug-related crime has not been addressed based on the Impact experience, since no TASC systems have been implemented or maintained for a sufficient length of time or have handled a sufficient number of clients to permit such an assessment. The Impact TASC experience has demonstrated, however, that a wide range of considerations may play a role in TASC project implementation and a number and variety of pitfalls may impede efficient or effective TASC operations.

4.0 SUMMARY AND RECOMMENDATIONS

As discussed above, the TASC experience in the Impact program has been one characterized by a variety of problems in the planning, implementation and evaluation of the TASC projects. The period covered by this assessment was evidently restricted to that of the national-level evaluation of Impact. At the time this report was prepared, four of the five projects were operating in some form with Impact funds with the possibility of follow-on funding to be provided directly from the TASC program. The conclusions presented here are therefore based on the experience with this early (up to almost two years in one case, however) phase of operations.

In the planning stage of the program, all five cities encountered difficulties in estimating their potential client populations. No Impact city had any direct estimates of this group and cities were compelled to depend upon surrogate measures derived from numerous sources and of varying reliability. Consequently, all five Impact TASC projects overestimated the number of potential TASC clients and as a result fell short of their anticipated levels of activity.

All five projects encountered delays in the initiation of their project activities. In all cases, TASC start-up was slower than the average for the Impact program as whole and in one case initial delivery of services was especially protracted (sixteen months in Newark). Once implemented, the projects found they could attract fewer clients than expected and in some cases the clients available for the program were not those initially targeted. Mass jail screening efforts did not yield the expected number of clients and problems were encountered in developing relationships with alternate referral sources. Once clients entered the system, difficulties arose in locating appropriate treatment slots, maintaining clients in treatment and tracking their progress while there.

Coordination problems played a central role in these implementation difficulties. Because the TASC mechanism is designed to provide a link between the criminal justice system and local treatment facilities, a high level of cooperation among criminal justice agency and treatment program personnel is needed if the program is to function adequately. Breakdowns in coordination impeded TASC progress in each of the Impact cases.

Difficulties arose in developing a cooperative relationship between the TASC program and the judiciary in both Baltimore and St. Louis. In Baltimore the courts were reluctant to release serious offenders to CRAT and as a result CRAT clients were predominantly misdemeanants and drug offenders. In St. Louis, the judges apparently expressed doubts over the quality of the local treatment services, an impression that the TASC personnel were unable to dispel. Consequently, few clients were referred to the program, contributing to its eventual cancellation. In Denver, problems with the police department arose when it was suggested that one contributor to TASC client intake problems was the police practice of using arrested drug offenders as information sources and then releasing those who were cooperative. This type of "diversion" from the criminal justice system offered an alternative to TASC and, as such, it reduced the ability of TASC to attract clients. Denver TASC also encountered disagreement with their local treatment facilities over the confidentiality of client treatment information. Similar problems surfaced between the Cleveland TASC Program (CDAP) and Cleveland treatment groups.

Given these implementation difficulties, project evaluation was necessarily restricted to an assessment of the project activities. Because too few target clients were accepted into the program and because those accepted were maintained in treatment for too short a

time period during this assessment period, no meaningful examination of client outcomes was provided by the project evaluators.

These problems in project operations and evaluation precluded a real test of the outcomes of the TASC strategy using the cases of TASC in the Impact program. A National Evaluation Program investigation of the TASC program similarly found limitations in the available information on TASC client outcomes in general. Their final report states:

As of October 1975, approximately 15% of clients entrants had successfully completed the program. Clients remaining in TASC as of that date had experienced an eight percent rearrest rate while in the program. Little analysis has been done of the recidivism of different groups of TASC clients, such as those participating in TASC for varying lengths of time or having different characteristics. Nor has the recidivism of former TASC clients been systematically analyzed for periods after leaving the program.

In addition to arrest data, several TASC projects have analyzed other types of outcome information. However, these data are usually quite limited in scope, often consisting of the percent of clients retained in treatment or the percent of positive urine tests during treatment participation. As in the case of recidivism data, little outcome analysis has been done for different groups of TASC clients or for periods after leaving the program.

The inconclusive nature of much of the analysis of treatment effectiveness, and of the impact of criminal justice system pressure on that effectiveness, makes it even more important to analyze the outcomes of TASC clients.¹⁰

It thus appears that even outside of Impact there exists little conclusive information on the effects of TASC participation on client outcomes. No research has been conducted to date on the progress of TASC clients after completing the TASC program and the available

¹⁰ Treatment Alternatives To Street Crime (TASC): An Evaluative Framework and State of the Art Review - Summary. The Lazar Institute, Washington, D.C., November 1975, pp. v-vi.

research results on client behavior during program participation have not directly addressed the possibility that observed client behavior changes may be due to factors other than TASC. These gaps in client outcome information make it difficult to assess the potential value of the TASC strategy and to determine appropriate future policy in this area.

The specific Impact experience does suggest certain considerations which need to be taken into account within the confines of the TASC system. First, the efforts within Impact to implement TASC have demonstrated the overriding need to clarify law enforcement and treatment agency responsibilities. The structure of the TASC system is such that, while no one agency can independently operate the system, unless one agency is given (or assumes) responsibility over that system, progress is difficult to achieve. Second, it should be recognized from the outset that close coordination among all of the various criminal justice agencies and treatment facilities involved in the program is required if the program is to have the opportunity to succeed. It may be the case that where such coordination does not appear to be feasible, the program should not be attempted. Coordination in the areas of planning and evaluation are a necessity. While it cannot reasonably be expected that the various agencies required to work together under the TASC program will agree philosophically on the nature of the drug problem and its solution, it is critical that these agencies come to an agreement at least on the objectives of their joint effort. Unless agency responsibilities can be more clearly established and better coordination achieved, it will be difficult to successfully operate and evaluate the Treatment Alternatives to Street Crime (TASC) program.

The problems observed in the Impact TASC projects may represent only first phase implementation difficulties. As such, once these

problems have been overcome, the resulting TASC project organizations may be very successful in meeting their objectives. Nonetheless, agencies considering the adoption of TASC should be aware of the problems encountered by their predecessors and should recognize the potential pitfalls of the initial TASC implementation period. In this way, new TASC projects may be better able to cope with potential problems surrounding the need for TASC to establish clear areas of responsibility and mechanisms for coordination early in the life of TASC.

REFERENCES

BALTIMORE - COURT REFERRED ADDICT TREATMENT UNIT

Maryland Governor's Commission on Law Enforcement and Criminal Justice, Court Referred Addict Treatment Unit, High Impact Anti-Crime Program, Impact Past Progress Reports, September, 1974; Cockeysville, Maryland.

Maryland Governor's Commission on Law Enforcement and Criminal Justice, Court Referred Addict Treatment Unit - High Impact Program, LEAA Grant Application - 72-ED-03-0004, 31 January 1973; Cockeysville, Maryland.

Mayor's Coordinating Council on Criminal Justice, Court Referred Addict Treatment Unit - High Impact Unit, Evaluation Component, 10 May 1973; Baltimore, Maryland.

CLEVELAND - CLEVELAND DRUG ABUSE PROGRAM

Administration of Justice Division, Ohio Department of Economic and Community Development, Cleveland Impact Addiction Treatment Program, LEAA Grant Application, 72-ED-05-0005, 13 July 1973; Columbus, Ohio.

Office of the Mayor, Impact Cities Anti-Crime Program, Cleveland Drug Abuse Program, Evaluation Report, February 1975; Cleveland, Ohio.

Office of the Mayor, Impact Cities Anti-Crime Program, Cleveland Drug Abuse Program, Addiction Treatment Operating Program, Evaluation Report, March 1974; Cleveland, Ohio.

DALLAS

Loomis, Richard T., A History of the Dallas Impact Program, MTR-6836, The MITRE Corporation, February 1976.

DENVER - TREATMENT ALTERNATIVES TO STREET CRIME

Colorado Division of Criminal Justice, Treatment Alternatives to Street Crime, LEAA Grant Application, 75-DF-08-0002 (CA), 22 October 1974; Denver, Colorado.

DENVER - TREATMENT ALTERNATIVES TO STREET CRIME (CONTINUED)

Colorado Division of Criminal Justice, Treatment Alternatives to Street Crime, Evaluation Component, 22 October 1974; Denver, Colorado.

Division of Criminal Justice, Colorado State Planning Agency, Treatment Alternatives to Street Crime, LEAA Discretionary Grant Progress Report, 31 December 1973; Denver, Colorado.

Division of Criminal Justice, Colorado State Planning Agency, Treatment Alternatives to Street Crime, LEAA Discretionary Grant Progress Report, 30 September 1974; Denver, Colorado.

Department of Safety, Treatment Alternatives to Street Crime Phase I Study, January 1974; Denver, Colorado.

Denver Anti-Crime Council, Treatment Alternatives to Street Crime, Characteristics of a Sample of Arrested Denver Opiate Addicts, 1972; Denver, Colorado.

Evaluation of Denver Impact Cities Program, Treatment Alternatives to Street Crime, Evaluation Report, 30 June 1975.

Loomis, Richard T., A History of the Denver Impact Program, MTR-6838, The MITRE Corporation, February 1976.

Treatment Alternatives to Street Crime, Interim Evaluation and Monitoring Report (Draft), 1 July 1974; Denver, Colorado.

NEWARK - TREATMENT ALTERNATIVES TO STREET CRIME

Newark Department of Health, Treatment Alternatives to Street Crime, LEAA Grant Application, 73-ED-02-0103, 72-ED-02-0104, 24 April 1974; Newark, New Jersey.

SLEPA, TASC Extension Request, 73-ED-02-0103 and 72-ED-02-0104, 22 August 1975; Trenton, New Jersey.

State of New Jersey, State Law Enforcement Planning Agency, Budget Revision/Grant Extension Request, 11 August 1975; Newark, New Jersey.

Treatment Alternatives to Street Crime, Special Report, 4 April 1975.

Treatment Alternatives to Street Crime, Special Report, 22 July 1975.

Treatment Alternatives to Street Crime, June Status Report, 8 July 1975.

NEWARK - TREATMENT ALTERNATIVES TO STREET CRIME (CONTINUED)

Treatment Alternatives to Street Crime, Project Management Report #3, 3 August 1975.

ST. LOUIS - TREATMENT ALTERNATIVES TO STREET CRIME

Jordan, Frank C. Jr. and Richard T. Loomis, A History of the St. Louis Impact Program, MTR-6666, The MITRE Corporation, January 1976.

Missouri Law Enforcement Assistance Council Multimodality Treatment of Narcotic Addicts as an Alternative to Street Crime, LEAA Grant Application, SMP-3-73, 1 March 1973; St. Louis, Missouri.

St. Louis State Hospital, Treatment Alternatives to Street Crime, Status Report, 31 January 1975; St. Louis, Missouri.

St. Louis State Hospital, Treatment Alternatives to Street Crime, Status Report, 10 March 1975; St. Louis, Missouri.

St. Louis Commission on Crime and Law Enforcement, Treatment Alternatives to Street Crime, Final Evaluation Report, 9 January 1975; St. Louis, Missouri.

END