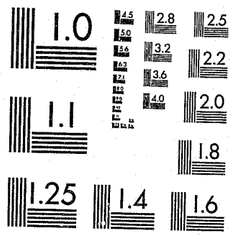


FINAL REPORT

EVALUATION OF THE

PHILADELPHIA TASC PROJECT

Submitted to

Special Action Office for Drug Abuse Prevention

Under

BOA 73-2

February 1974

SYSTEM SCIENCES, INC.
4720 Montgomery Lane
Bethesda, Maryland 20014
(301) 654-0300

OMB APPROVAL NO 43-R0525
EXPIRATION DATE 6-30-74

U. S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

DISCRETIONARY GRANT
PROGRESS REPORT

File

GRANTEE Treatment Alternatives to Street Crime-1426 Walnut St.-Phila., Pa. 19102	LEAA GRANT NO. 72-DF-03-0017 72-ED-03-0003	DATE OF REPORT 31 July 74
REPORT NO.		
IMPLEMENTING SUBGRANTEE City of Philadelphia, Pennsylvania Managing Director's Office Rm. 1620 Municipal Services Bldg. 15th & J.F. Kennedy Blvd., Phila.Pa.	TYPE OF REPORT ☐ REGULAR QUARTERLY ☐ SPECIAL REQUEST ☒ FINAL REPORT	
SHORT TITLE OF PROJECT TASC Program	GRANT AMOUNT $ 500,000 $ 500,000	
REPORT IS SUBMITTED FOR THE PERIOD 1 OCT. 74	THROUGH 31 JAN. 74 75	
SIGNATURE OF PROJECT DIRECTOR Dominic V. Cupo	TYPED NAME & TITLE OF PROJECT DIRECTOR Dominic V. Cupo TASC Project Director	

COMMENCE REPORT HERE (Add continuation pages as required.)

1. Attached as enclosure 1 is a report of program development and progress prepared internally which reflects TASC's first year of operation. Conceptual modifications were made periodically to provide the needed expansion to become the interface between the Criminal Justice Agencies of intervention and diversion and community based treatment programs on behalf of drug involved individuals.

2. Enclosure 2 is a review and evaluation of the program year performed by an independent agency under the auspicies of the Special Action Office for Drug and Alcohol Prevention. It is a comprehensive review of all program functions, development and accomplishments. It fully reflects the Philadelphia TASC operation in its first year of operation.

3. The following publications were TASC produced during the funding year.

a. "Multimodality Treatment System"
Dr. Robert C. Wolfe

b. "Evaluation and Research"
Leonard D. Savitz
Karen File
Thomas McCahill

c. "Preliminary Results"
Norman Sobol

The papers above were presented at the National Methadone Conference, Washington, D. C., in March 1973.

STATE PLANNING AGENCY (Official)	DATE

-73) REPLACES LEAA-OLEP-159, WHICH IS OBSOLETE. DOJ—1973—05

INTRODUCTION

This is the first of five reports on Treatment Alternative to Street Crime projects under preparation for the Special Action Office for Drug Abuse Prevention. These individual project descriptions and analyses are not designed as in-depth studies. They are developed as a short term intensive probe by knowledgeable professions to identify strengths and weaknesses of on-going TASC projects. It is hoped that the strengths may be replicated and the weaknesses avoided in other developing TASC projects.

The senior professionals participating in this initial effort, which includes methodology development and data acquisition design, are Allen Berkowitz, M.D., Salvatore Amari, M.D., and Leonard Savitz, Ph.D. These three principals were assisted by Doctors L. Rosen, S. Turner and R. Hopkins. Their areas of expertise included psychiatry, drug abuse treatment, criminology of drug abuse, sociology, psychology, and the criminal justice system. Doctors Savitz, Rosen and Turner are members of the Department of Sociology at Temple University. Mr. J. Romm is the SSI project director and Mr. Howard Walton is the SAODAP project monitor.

TABLE OF CONTENTS

I. SUMMARY

The Philadelphia TASC Project in general performed adequately in its initial start-up and first operational year.

- The time from initial grant approval to initial operation was short;
- Activity in the first year was at a high level; nevertheless initially formulated program goals were not met;
- Many innovative techniques were tested, such as: city-wide urinalysis of arrestees, expansion of criteria for entry into TASC, semi-automated tracking system; and
- Policy and performance remained flexible to meet needs and to solve problems as they were perceived.

Assumptions were tested in the first year of operation, leading to appropriate decisions for Year 2:

- Transfer of the intake function to a newly organized city Central Medical Intake is expected to result in a higher quality, speedier intake and referral process.
- Withdrawal of TASC funding support from treatment and rehabilitation elements should cause no problems as there seem to be adequate treatment slots and alternative funding sources.

Still to be addressed as the TASC Project matures are:

- Means of increasing TASC client throughput and/or containing costs;
- Need to increase the availability of information about TASC at critical strata, i.e., the community level, the drug user group, and at the addict-arrestee level.
- A need for more appropriate referrals to community treatment centers and improved feedback on treatment progress. Again this is anticipated through role of the newly established Central Medical Intake Unit.
- A means of obtaining data directed at measuring TASC effectiveness, such as: comparisons of dropout rates from treatment, and criminal recidivism rates for TASC vs. non-TASC treatment program clients.

II. FINDINGS AND CONCLUSIONS

As a preamble to these comments, it should be noted that analysis and evaluation of a societal mechanism such as the Philadelphia TASC Project is difficult under the best of circumstances. From the analyst's view the "best environment" would be a steady state operation of a mature project in which objectives, organization, process and outcome measures are well defined. The first year of operation of a complex TASC effort is replete with developmental changes and growing pains, expanding operational criteria, organizational modifications and personnel mobility. It is to the TASC Project's credit, and bespeaks of good management, that it was sufficiently flexible to respond and react to varied needs and problems as they emerged and were perceived. The following observations should be viewed in light of the preceding and the more detailed discussions in the sections which follow.

A. ORGANIZATIONAL/FUNCTIONAL QUALITY

1. The accomplishments of getting initial operations underway in a matter of months, having them reach relatively high activity levels in the first year, initiating a number of innovative practices, coming to decisions about TASC organizational elements better done elsewhere, all point to good and flexible management, despite some early organizational and personnel difficulties. It is noted, however, that as Year 2 begins, administrative costs represent an absolute and proportionate increase in the total TASC budget (see Section III-G).

2. The intake activity was not as of good quality as other parts of the project. It was designed to be slower reacting than required to enhance client motivation. The personnel lacked sufficient training in communicating with clients. In many respects it reflected a philosophy of "provider-orientation" rather than "patient-orientation." Transfer of this function to a new city-wide Central Medical intake

should improve performance. However, action must be taken by TASC to assume speedy responsiveness to TASC needs. (See Section IV-B).

If the intake process is conceived as including the bail officer interview/referral to intake procedures then the overall "intake" process has performed even less satisfactorily in that over 25% of those referred by the Court Bail interviewers never arrived at TASC Intake.

3. The direct interface with the courts/bail/district attorney is good to excellent. It functions well and should continue to improve as more experience is gained, particularly with the newer eligibility criteria. Criteria should be formalized to include poly-drug users and non-heroin users in the program. To meet the problem of non-arrival at intake (paragraph 2, above), it is recommended that an "escort" service be instituted to take references from the point of initial interview to the Central Medical Intake,

4. The tracking and evaluation functions are being performed in a highly professional manner and are very productive. (See Sections IV-C and D). We believe the semi-automated tracking system and the newly structured tracking unit may be usefully replicated in new and developing TASC projects in other cities. The Philadelphia evaluation unit has already made its study findings and talents available to the Cleveland TASC Project.

5. The urinalysis screening and testing process is high quality and the police laboratory functions well and in a timely manner. The only question raised is one of a higher quality performance design than that necessary to meet the need. Opiate screening discloses only 10% additional abusers/addicts than are self-admitted. Further, the very sophisticated, and expensive, tests by gas chromatography and immunoassay methods for a wide range of specific drugs should be reviewed as to need and costs. If further review determines that there is a continuing need, even at high cost, then the review should assess the appropriateness of TASC as a funding source for the sophisticated

urinalysis function vis-a-vis the city police department on the Central Medical Intake unit.

6. Treatment program performance was not reviewed in detail, as these elements of the TASC project were not to be TASC supported in Year 2. However, based on observations and client acceptance/attitudes/perceptions, those programs had performed as well as non-TASC treatment programs. Our observers did obtain a sense from current clients that the treatment staff on board during the period of TASC support was preferred to the newer, replacement staff. (See Section IV-E). This may be due to newness alone. Clearly, transfer of support from TASC to other funding sources will not affect the availability of treatment slots in community based programs.

B. AREAS OF POTENTIAL IMPROVEMENT

1. Workload Estimation

The initial assumptions on which plans for the first year of operation were based, and TASC project projections of workload for Year 2 were on the high side. This is discussed in detail in Section III-D. It may be part of the folklore of grantsmanship that large anticipated workloads result in large grants. However, this has several drawbacks: it results in high costs for total operations and per unit of service or per client processed. Such ratios can be derived for the first year of operation based on expenditure data presented in Section III-G and client throughput data presented in Section III-E. We believe this would be premature at this time, particularly for the first year of operation. However we do observe an increase in annual operations projected for the remaining elements of TASC for Year 2, based on an estimated increased workload.

2. Communications

Several of our probes into the interface of TASC with other elements of the "system" appeared to point up a lack of good information about TASC, probably where it is most needed for ultimate TASC success.

a. Bail Office

While it is absolutely clear that TASC-supported personnel at the Bail Office do an excellent job of identifying eligibles and referring them to TASC, there is an opportunity missed to impart information to the potential client on his/her obligations to remain in treatment and to meet the TASC requirements of good, non-recidivistic behavior. Clients interviewed expressed a lack of such information on entering TASC. Furthermore, these Bail Office Interviewers are paid less than the urine laboratory helpers, even though these interviewers handle a crucial step in the referral process. A higher allocation of funds for training of these interviewers, or higher salaries to attract better interviewers, is warranted.

b. Other Non-TASC Treatment Programs

Although TASC had referred and placed clients in non-TASC treatment programs, our analysts found definite gaps in the information about TASC which providers of treatment in non-TASC treatment programs had in hand.

c. Community Groups

Several calls to local community action groups by our analysts disclosed that they knew little or nothing about TASC. These community and neighborhood leaders can be extremely useful to TASC both in encouraging clients to select that option and in helping them meet their obligations once in TASC.

Clearly TASC should mount an organized system to publicize itself outside of the immediate "interface" family and impart programmatic information to potential clients, treatment programs and supporting community organizations.

3. TASC Referral

A consensus of all the non-TASC legal agencies affecting TASC indicated a belief that many referrals were inappropriate, suggesting that the

TASC referral system needs to better consider the referrals made (i.e., what the client needs, what he wants, what he will accept, where he lives, etc.). There was also the belief that TASC referrals had been concentrated in TASC treatment centers as an effort to improve TASC workload image, even though such referrals might not have been optimally appropriate for the client. It would seem that TASC's relinquishment of treatment functions after Year 1 should reduce this apparent manifestation of self-interest by TASC, and that better chosen referrals, likely productive of more successes, could rectify the remaining problem. Paradoxically TASC appears in a position to gain stature through its organizational losses.

4. Future TASC Evaluation

This short term evaluation attempted to obtain data from the City CODAAP which would provide some quantitative measures of success of TASC vs. non-TASC treatment program clients. Specifically, treatment dropout rates and criminal recidivism rates were sought. The SSI evaluation team was informed by CODAAP that such data were not available for Year 1 but are being gathered and would likely be available in the future. This effort should be made a priority assignment of the TASC research and evaluation unit during Year 2. (See Section IV D 2.)

III. PROJECT DESCRIPTION

The Philadelphia TASC project was initiated by a grant application in April 1972 and became operational on December 4, 1972. The sponsoring agencies are the Special Action Office for Drug Abuse Prevention, the Law Enforcement Assistance Administration, and the City of Philadelphia. The TASC program permeates many levels of the Criminal Justice System and hence entails coordination by TASC personnel, the police department, the city Pre-Trial Services Division, the District Attorney's Office, Judges, the Probation Department, defense counsel, treatment centers, and the public. The original objectives of the TASC program were to combine the efforts of all these agencies for:

1. The earliest possible diversion from the criminal justice system of the maximum number of treatable drug abusers (addicts);

2. The provision of adequate treatment facilities for diverted drug abusers/arrestees in the face of currently overburdened community treatment programs;

3. The best possible treatment of TASC clientele within TASC-controlled treatment modalities;

4. The most appropriate referrals of diverted arrestees to local community treatment programs (beyond those directly under TASC);

5. A tight and controlled tracking of all persons diverted to TASC throughout their period of treatment;

6. A pressure exerted by the criminal justice system which would increase the probability that opiate-dependent persons who may not otherwise seek treatment would be brought into a treatment setting;

7. Reduced usage of heroin by treated persons, with the effect of lessening the compulsive drug-related behavior which often manifests itself by criminal activity; and

8. The reduction of burdens on the Philadelphia Criminal Justice System by producing treated persons who do not continuously revert to crime in order to support their drug habit.

This section of the report describes the various parts and workings of the project, and later sections discuss the effectiveness of the TASC system. This section includes descriptions of:

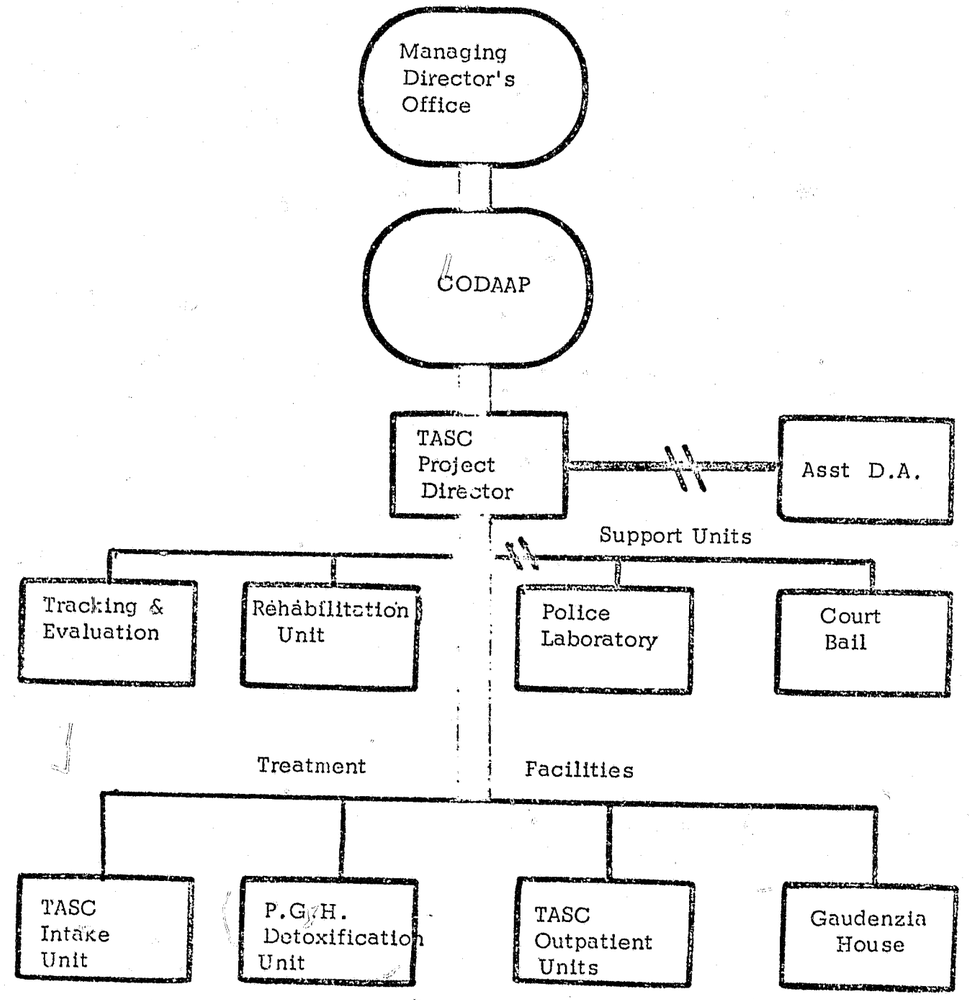
- o Organization
- o Operational Criteria
- o Facilities
- o Client Flow
- o Client Progress
- o Budgets and Expenditures

A. ORGANIZATION

The Organizational Chart for TASC - First Year (Figure III-1) presents the operational TASC units during its first year of operation. It differs slightly from the originally proposed organization as represented by the first year's proposal, because some organizational changes took place quite early in its history. As the chart reveals, the highest level of administrative control was represented by the Philadelphia Managing Director's Office. Under this office was the local Coordinating Office of Drug Abuse and Alcoholism Programs. Directly in control of TASC field operations was the Project Director (originally Herman Sobol, later Dominic Cupo). The Assistant District Attorney's Unit is in charge of the initial TASC screening of arrestees at the Police Administration Building. Information secured at the Court Bail Interview (regarding self-admitted drug addiction) and from police records for each arrestee is used by the District Attorney's office to determine eligibility for TASC diversion. The ADA Unit is paid by TASC but it exercises no administrative control over them. Two necessary support units (both of whom receive some funding from TASC) are the Court Bail operation involving the first systematic interviewing and screening of potential TASC clients, and the Police Urinalysis Laboratory which screened over 10,000 urine specimens for morphine and also used gas liquid chromatography for a 72-hour screen of twelve drugs of abuse.

Figure III-1

ORGANIZATIONAL CHART FOR TASC
First Year



Directly under the TASC Director's administrative control were the Tracking and Evaluation Unit and the Rehabilitative Unit. The Tracking and Evaluation Unit receives information on Pre-Indictment Probation, Sentence Alternative, Conditional Release, and "Post-Prison" referrals from the Assistant District Attorney's office. Other reports come from TASC's Intake Unit, Out-patient Unit, Inpatient Detoxification Unit, Rehabilitation Unit and the Tracking and Evaluation Unit itself. The Tracking and Evaluation Unit coordinates these reports and those of community based treatment programs accepting TASC referrals (therapeutic communities, methadone maintenance, and day-care programs).

The Rehabilitation Unit introduced a vocational rehabilitation component which concentrated on the development of jobs and training opportunities for a TASC job bank.

The TASC Intake Unit receives each referral from the Police Administration Building and evaluates arrestee's appropriateness for TASC and, within TASC, which modality is best suited for them. The duration of the evaluation was set at five days, later shortened to three days. Four major tasks are completed during the intake process.

1. A counselor, nurse and social worker interview clients assigned to their team (three teams operate). They explain TASC, and the alternative treatment modalities. The team insures that the other components of the intake process are completed. Finally, the team prepares the "Staffing Summary" in which a treatment approach is outlined. The remainder of the Intake staff confer to review the recommendation of the team.

2. A full medical history and physical examination is completed by the medical staff, a physician and nurses. Urines are taken and analyzed at PGH to verify addiction. Treatment of minor disorders is done at intake. Transfer to the hospital unit, before evaluation is completed, is made for those cases, as appropriate.

3. The MMPI (a diagnostic personality inventory) and where indicated the WAIS (an intelligence scale) tests are interpreted by the psychologists on the staff of the Intake Unit, and written reports are prepared. These tests were only performed in conjunction with the mass urine survey taken in April through June 1973 and is no longer administered routinely (see discussion in III-F).

4. The client's folder containing pertinent records is begun. Forms necessary to comply with national reporting requirements and inhouse evaluation needs are completed. The client is now included in the tracking system.

Perhaps the most important question concerning the Intake Unit is how it decides where to refer different clients. Clients appropriate for methadone maintenance are the easiest to isolate since there are established guidelines on who may or may not be methadone maintained. Each case is evaluated on a separate basis, not according to a formula. Crucial variables include age (maturity), current employment, and extent of addiction and drug abuse. Some types of treatment may not always be the best treatment desired for a particular client, but might be the best available suited to client resources. What intervention may be best for a client at the time of intake may not be appropriate after some time in treatment. Intake, therefore, functions to reevaluate clients transferred between modalities.

Regarding treatment facilities directly under TASC supervision, these were:

1. Philadelphia General Hospital's TASC Inpatient Detoxification unit consisting of a 26-bed hospital ward operated by TASC and the City of Philadelphia in conjunction with the hospital;

2. TASC Outpatient Drug-Free, which was an abstinence modality relying on individual and group therapy, as well as vocational rehabilitation. This operation was funded and staffed by TASC;

3. TASC Outpatient Methadone Maintenance is a clinic providing methadone plus other services;

4. TASC Outpatient Detoxification uses methadone at a community facility with counseling and other supportive services;

5. Gaudenzia House was used in two capacities. TASC contracted for some openings for its clients insofar as it was a local in-resident therapeutic community run along typical "Synanon" levels. Also, it served TASC clients in need of the intensive therapeutic community approach but who could not enter long-term residential facilities by enrollment in Gaudenzia's Outreach (outpatient) centers.

Additionally, after TASC had been operational for several months, it became possible to send a few TASC clients to 26 community-based day-care, therapeutic communities and methadone-maintenance programs without cost to TASC.

The basic follow-up function for TASC was defined as relating only to people terminated from the TASC program who subsequently were rearrested. TASC secured monthly from VACCS (Variable Access Court Computer System) a list of the rearrests of everyone who ever entered TASC, including those who had, in time, left TASC. The purpose for securing this information was to compare those who had completed Intake and those who did not, and to compare clients who completed treatment with those who are still in treatment as well as with those defined as treatment failures.

By the second year, the organization of TASC (Figure III-2, Organizational Chart for TASC - Second Year) became much different from the first year. The treatment function, accounting for 60% of the first year's budget, is now outside the TASC aegis; the original tracking and evaluation unit has been split; and TASC Intake is to be replaced by a Central Medical Intake, by a projected date of March 31, 1974.

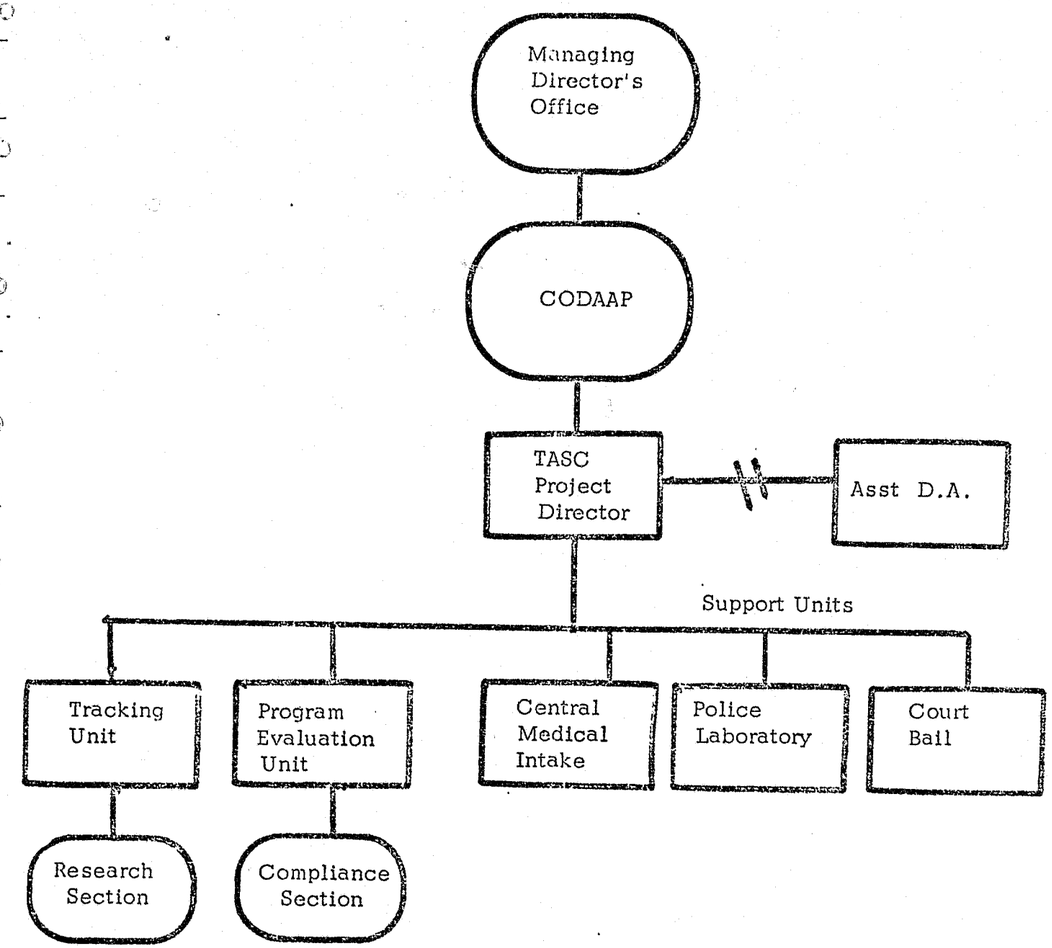
1. Staff Responsibilities

The current staffing patterns by skill levels are the following:

Figure III-2

ORGANIZATIONAL CHART FOR TASC

Second Year



a. Administration Unit (Current Status)

(1) Project Director ($20,000)*

Overall responsibility for management of program including coordination of all TASC units. He is responsible to the Director of the Coordinating Office for Drug and Alcohol Abuse Programs of the City of Philadelphia (CODAAP) and is TASC's principal liaison with various city agencies (Police, District Attorney, Municipal Court and Court of Common Pleas). He represents TASC at all policy meetings.

(2) Assistant Director ($16,000)

Directly responsible to the Project Director. Chief functions include: responsibility of TASC conditional release interface (including support on TASC's position in court), principal liaison with the Director of Pre-Trial Services division of the Court of Common Pleas, responsibility for representing TASC to, and coordinating, the treatment programs used by TASC, principal liaison with the Accounting Section of CODAAP, preparation of grants, sub-grants, and budget proposals, and assisting the Project Director in his duties.

(3) Program Consultant (Contract)

Expert on addiction and criminal justice systems who assists the Program Analysts in the development of methodology and techniques of evaluation; reviews and edits all of the evaluation units' recommendations; principal liaison with the Research and Evaluation Section of SAODAP. He reports to the Project Director.

*Dollars in parentheses throughout this section represent annual salary scales; if more than one employee of that skill is employed, that number is also shown together with total annual salaries for all in the skill category.

(4) Administrative Secretary ($9,015)

Assists Project Director and Assistant Director; responsible for personnel records, preparation of reports, appointments and other office management tasks; supervises the clerk-typist and driver.

(5) Clerk-Typist ($8,099)

(6) Automotive Driver ($8,760)

Directly responsible for the transportation of Conditional Release referrals from Court to the Central Medical Intake; assists in other messenger service type of activities; reports to Administrative Secretary.

(7) Accountant ($10,365)

Maintains all budget and fiscal records and related tasks; responsible to Assistant Director.

b. Police Laboratory Services

(1) Laboratory Technicians (6-total salary $50,826)

Trained technicians perform urine screening around the clock, seven days a week, on all arrestees brought to P.A.B., reporting directly to the Director of the Philadelphia Police Laboratory.

(2) Laboratory Helpers (4 - $28,456)

Collect all urine specimens at PAB and deliver to lab, reporting to Director of Philadelphia Police Lab.

(3) Clerk Typist ($5,742)

Provides clerical support for the urine test process and prepares reports for the Program Analyst of the Tracking Unit.

c. Assistant District Attorney's Unit

(1) Assistant District Attorney ($15,000)

Assigned full time to TASC; coordinates all diversions from the criminal justice system to TASC, responsible to the District Attorney.

(2) Administrative Assistant ($10,500)

Maintains a register and file on TASC referrals; files and reviews PIP cases to determine whether any TASC eligible person was missed; maintains accurate records of court dates and dispositions; responsible to the Assistant District Attorney.

(3) Clerk Typist ($8,099)

Provides clerical support for Assistant District Attorney's Unit; reviews records of referrals from PAB; forwards all referrals to Criminal Records Clerk and receives a list of all arrestees who are eligible for TASC but who were not referred.

d. Court Bail Unit

Interviewers (2½ for total salary of $16,875)

Provides the additional manpower needed in the unit to interview and process TASC clients and to transmit reports.

e. Program Evaluation Unit

(1) Program Analyst ($15,000)

Supervises the overall evaluation of TASC; principal liaison with the program analysts and the criminal justice specialists of CODAAP; responsible to the Project Director.

(2) Research Analyst ($12,000)

Assists in the design, data collection, analysis and evaluation, and prepares routine progress reports that are required by CODAAP and SAODAP; reports directly to the Program Analyst.

f. Tracking Unit

(1) Program Analyst ($15,000)

Principal responsibility for designing, updating, and maintaining the tracking system to monitor all addict arrestees (TASC referred and non-referred) in the criminal justice system; principal liaison with the Variable Access Court Computer System; coordinates the interface between the TASC tracking system and the court's tracking system; responsible for all system analysis, applications programming and report design; supervises activities of the tracking unit including compliance officers; prepares a fully documented TASC Tracking Manual; reports to the Project Director.

(2) Tracking Coordinator ($9,849)

Responsible for distribution of all completed reports to sources of referrals and courts, and for input of data into the tracking system; supervises tracking clerks, criminal records clerks and secretary; primary liaison with Central Medical Intake (CMI), District Attorney's office, Department of Probation, Pre-Trial Services Division of the Court of Common Pleas, and the Philadelphia Municipal Court; distributes at least one week prior to court date all Pre-ARD (Accelerated Rehabilitative Disposition) reports from CMI and all Pre-Sentence Reports and Final Reports prepared by the Tracking Units; provides the compliance officers with copy of Trouble Alerts; reports to Program Analyst.

(3) Compliance Officers (2-$20,000)

Trained counselors experienced in handling addicted arrestees; receive Trouble Alerts and list of referrals not reporting to CMI within 72 hours; attempt to locate these clients and persuade them to return to treatment or report to CMI; make reports on each client and forward them to the Program Analyst; may be used to serve subpoenas.

(4) Criminal Records Clerk - Clerk Typist ($8,099)

Responsible for operating court computer programs; provides reports on referrals, court appearances, dispositions, etc., to designated people.

(5) Tracking Clerk - Clerk Typist (2-$16,198)

Principal liaison with treatment facilities; determines which cases are not reporting to treatment in order to prepare Trouble Alerts; types all drop recommendations and transfer reports; insures that all Monthly Progress Reports are received, filed and transmitted to the Tracking Coordinator.

(6) Secretary ($9,015)

Reviews schedule of court appearances from Criminal Records Clerk; reviews folders of clients scheduled and prepares a presentence report for the review of the Tracking Coordinator, provides general secretarial support for the unit.

g. Intake Unit Staff (Currently in the process of being replaced by by the C.M.I.)

(1) Administrative Assistant (1)

(2) Medical Director (1)

(3) Psychologist (1)

(4) Social Worker (1)

(5) Community Health Worker (1)

(6) Nurse (1)

(7) Clerk Typists (2)

2. Staffing Levels

During the first year, the numbers of staff by organizational component were:

a. Intake

Medical Director	1
Clinician	½
Administrative Assistant	1
Social Workers	3
Psychologist	1
Graduate Nurses (Level II)	2
Clerk Typists	2
Community Health Workers (Ex-Addict)	3

b. Methadone Treatment (Outpatient)

Clinician	½
Administrator	1
Social Worker (Level II)	1
Social Worker (Level I)	1
Graduate Nurse (Level II	1
Graduate Nurse (Level I)	2
Community Health Workers (Ex-Addict)	2
Security Officer	1
Security Officer	½
Clerk Stenographer	1
Clerk Typist	1

c. Inpatient (PGH)

Psychiatrist	½
Clinician	1
Psychologist	½
Psychiatric Social Workers	2
Nurse (Administrative)	1
Graduate Nurse (Level II)	3
Graduate Nurse (Level I)	3
Occupational Therapist	1
Hospital Aides	6
Ward Clerk	1
Clerk Typist	1
Community Health Workers (Ex-Addict)	6

d. Administrative Unit

Project Director	1
Program Analyst for Law Enforcement	1
Clerk/Typists	2

Tracking and Evaluation

Associate for Social Research	1
Associate for Clinical Research	1
Tracking Coordinator	1
Clerk/Typist	1

Rehabilitation Unit

Program Analyst for Rehabilitation	1
Vocational Counselor	1
Social Counselor	1

e. District Attorney Unit

Assistant District Attorney	1
Administrative Assistant	1

f. Court Bail Unit

Interviewers	2

g. Police Laboratory

Laboratory Technicians	6
Laboratory Helpers	4
Clerk/Typist	1

B. OPERATIONAL CRITERIA

1. Eligibility for Interview-Screening for TASC

Every addict diverted in Philadelphia, excepting those charged with public intoxication is, in time, brought by the police to the Central Processing Facility (the Police Administration Building). At the PAB all arrestees are eligible to take the initial screening interview for TASC (the Court Bail Interview) except for the following four groups:

a. Persons charged with driving while intoxicated;

b. Fugitives from outside of Philadelphia;

c. Federal Prisoners;

d. Persons charged with Summary (minor) offenses.

While all others arrested are eligible for interview screening, not all volunteer to take the Court Bail Interview (about 3-5% of those eligible do not take the interview).

2. Legal and Medical Criteria for TASC Entrance

The medical criterion for entry into TASC is that only identified heroin/morphine addicts are eligible for TASC. This is determined initially at the Court Bail Interview when the arrestee either produces a positive urine or admits to being an addict or has a current charge of possession or sale of narcotics. The medical state of addiction is confirmed by medical examination and additional urinalysis at TASC Intake.

The initial legal criteria for entry into TASC involved only Pre-Indictment Probation (PIP) cases, who were eligible for TASC only if:

a. They were a narcotic addict or frequent user of narcotics by self-admission and/or by past history. In most cases, this information must be validated by a positive urine test and/or evidence of recent needle marks, and

b. The current charge was drug possession with presumed intent to use (not possession with intent to traffic) or a minor property crime related to drug use, and

c. The past criminal history included only convictions or open cases for drug possession or use and/or a maximum of one conviction or open case for a minor property crime related to drug abuse.

In June, 1973, PIP criteria were expanded with only the following offenses excluding arrestees from PIP:

- o rape
- o murder
- o robbery
- o violation of Uniform Firearms Act
- o sale of narcotics
- o burglary of occupied dwelling
- o aggravated assault

In December, 1973, the PIP criteria were slightly restricted to exclude all forms of burglary, because police records did not distinguish between burglaries of occupied and non-occupied units.

In July, 1973, addicted arrestees who were not eligible for PIP diversion because of the seriousness of their charges or criminal histories become eligible for pre-trial diversion to TASC. Those who raised bail [Sentence Alternatives (SA)] could, under specified conditions, be diverted to TASC with any criminal charges or any criminal history which had excluded them from PIP. (In December, 1973, murder became the only offense preventing an SA arrestee from entering TASC).

In August, 1973, arrested addicts who were not eligible for PIP and who could not raise bail, and who were therefore put in the Detention Center, could become TASC clients, if they confessed to their addiction, requested treatment and were not charged with murder, aggravated robbery, aggravated assault or rape. The courts would be asked to reduce bail and conditionally order the arrestee to TASC [Conditional Release (CR)].

The last pre-trial referrals to TASC are pre-trial "Post Prison" (Post-Detention Center) addicts who sometimes, while in the Detention Center, managed to raise bail and to volunteer for TASC. These essentially the same as SA clients, but enter TASC at a later point in time.

In all cases (excepting Post Prison clients) the individual must initially confess to being physically addicted to some drug or produce a "dirty" urine or be charged with possession, with possession with intent to traffic, or with sale of narcotics. He must then volunteer if he wishes to enter TASC. If he does enter TASC, he must spend 3-5 days in the TASC Intake Unit, in part to determine via medical and urinalysis examination, if indeed he is an addict. In fact, from TASC inception through Dec. 1, 1973, only 1[illegible] persons referred to TASC as addicts were returned to the Criminal justice system by TASC Intake when it was determined that they were not narcotic addicts. See discussion in section 4a below.

3. Treatment Modalities

The underlying treatment philosophy of TASC is that there is not a single best form of treatment for drug addicts. A successful treatment

program must necessarily be of multi-modality. Accordingly, TASC funded and staffed such programs as:

a. TASC Outpatient Drug-Free

Does not dispense any drugs and depends upon individual and group therapy sessions plus some vocational training.

b. TASC Outpatient Methadone Maintenance

Provides methadone plus counseling services.

c. Inpatient Detoxification

Which uses methadone in the process of detoxifying addict patients in the Philadelphia General Hospital.

TASC also contracted for a number of treatment slots for their clients in:

d. Gaudenzia House - Therapeutic Community

Operates more or less along traditional TC lines.

e. Gaudenzia House - Outreach Center

Provides an intensive group psycho-therapy on-residential program for those who need the intensive TC approach but who cannot reside in the facility.

f. DRC Ambulatory Detoxification Unit

Provides a 21-day out-patient detoxification program.

TASC also has sent some clients to no less than 26 community based outpatient detoxification, methadone maintenance and drug free treatment modalities.

4. Retention Criteria

a. At TASC Intake

First, the referred arrestee must be <u>proven to be an addict</u>. For each client, a record is received of the urine specimen given at PAB plus at least two more urine specimens given while at TASC Intake.

Also each client is examined by the M.D. in charge, nurse, social worker, and ex-addict counselor, and they determine jointly if he is an addict. Up until Dec. 1, 1973, 18 of 518 arrestees arriving at Intake (3%) were returned as non-addicts.

Second, regular attendance is required but the decision to reject the arrestee because of continuous non-attendance is made by the Intake unit and the Assistant District Attorney. Up to December 1, 1973, 163 (33%) of 500 eligible-for-TASC arrestees were returned to the criminal justice system from Intake because of continuous non-appearances. "Return" to the criminal justice system technically means that a report is submitted to the Assistant District Attorney of the expulsion of the client. If the client were free from detention because he was conditionally released without bail, he will be returned to detention by the pre-trial services division. If the client were freed pending trial on his own recognizance or on bail (SA), he may remain free, but his supervision switches back from TASC to the justice system.

Third, one other retention criterion involves the subsequent <u>rearrest</u> of the client. Once more the decision to retain or reject is made by Intake Unit and the ADA. Up to December 1, 1973, 35 of the 500 arrestees-addicts who arrived at Intake (7%) were dropped from Intake because of rearrests.

b. In Treatment Facility

(1) <u>Non-Attendance</u> for two consecutive days requires that a "Trouble Alert" be sent by TASC to the source of referral. If no response is made by the referral source and the client still is missing after ten days, TASC recommends to the source of referral that the client be dropped. The decision to drop is made by the source of referral.

(2) <u>Rearrest</u> Information from the treatment unit is sent to TASC. TASC in turn transmits it to the source of referral where the decison to drop the client from TASC.is made.

(3) <u>Positive Urine - Recidivism</u> - Technically, this criterion is assumed to be used. 25% positive urines in a 3 month period should drop the client but this criterion is never used to drop any client.

(4) <u>Abusive, Threatening Behavior</u> - such information is transmitted to TASC by the treatment agency. TASC in turn informs the appropriate referral source for decision to drop.

(5) Lack of Motivation - any client rejected by a program for lack of motivation is brought back to TASC Intake. TASC in theory, may drop him, but in practice always refers him to some other treatment facility.

Of 139 persons entering into TASC treatment, up to December 1, 1973, for treatment but returned to the criminal justice system for any of the above reasons, no one was dropped for "dirty" urine or lack of motivation.

C. FACILITY DESCRIPTIONS

The TASC Intake Unit is located in center city Philadelphia (1306 Arch Street) five blocks from the P.A.B., 2 blocks from City Hall (where most of the court hearings are held, and where the District Attorney's office is located) and 4 blocks from the administrative offices of TASC. Transportation is provided to treatment facilities.

The Intake Offices are located on the first floor, and encompass approximately 1980 square feet. Contained on this floor is a reception area (capacity of ten people) and separate offices for the administration personnel, counselors, medical doctor, psychologist, and nurses. All the necessary equipment for medical examinations and office operations are present.

On the second floor (1306 Arch Street) is housed an outpatient unit which up until December 4, 1973, was a TASC treatment facility; currently it is the Philadelphia Drug Treatment Center under the administrative control of CODAAP, with OEO funding. Included in this unit is a group room (capacity of 25 people) for therapy sessions and staff meetings, and separate offices for a guard, counselor, social workers and a methadone section staffed by two nurses.

The main administrative offices as well as the tracking and evaluation sections are housed approximately four blocks from the Intake facility (1426 Walnut Street, 3rd floor). It is 6 blocks from Pre-Trial Service Division (Court Bail) offices, 10 blocks from the PAB and 2 blocks from City Hall. The unit contains all necessary office equipment as well as (leased) hardware for computing services. There is daily messenger service between all these facilities and the TASC offices.

From September until December 4, 1973, TASC operated an Inpatient unit at Philadelphia General Hospital, consisting of two conventional ward sections (each with 13 beds) and a nurses station, housed on the 6th Floor of the Mills Building. The unit was altered with TASC funds, and operating costs were shared with the City of Philadelphia. Currently it is part of the West Philadelphia Mental Health Consortium.

D. CLIENT PROCESS/FLOW

Reference should be made to Flow Chart of Arrested Defendants Within the System (Figure III-3) which is discussed in detail below.

First, after arrest, some arrestees (for intoxication offenses) are not held for processing, while all others are transferred to the central police processing facility (the P.A.B.). An initial screening takes place after booking to determine the arrestee's eligibility for TASC's mass urine screening; those persons not eligible for urine screening include: driving while intoxicated arrestees, fugitives from other jurisdictions, federal prisoners and summary offenses. (Drunk drivers can still be eligible for TASC after the Court Bail interview).

In 1973, 56% of those eligible arrestees volunteered a urine specimen. (As of December 1, 1973, written consent is no longer required;* if the arrestee refuses, no sanctions are ever employed although he is told informally that his refusal may reduce his chances for subsequent criminal justice alternatives). Urine samples are then tested at the police laboratory (located in the P.A.B.). The results are sent to the court Bail (Pre-Trial Services Division) Unit. Estimated time is 1 to 2 hours for time of laboratory processing. All arrestees (including drunk drivers) are then interviewed by a Court Bail Interviewer which determines eligibility for Release on Recognizance (ROR). During the interview, the arrestee also answers whether he is currently an addict; this, together with the lab results, the arrest report and the abstract of past criminal history, permit the Court Bail interviewer to determine whether the arrestee is legally an addict.

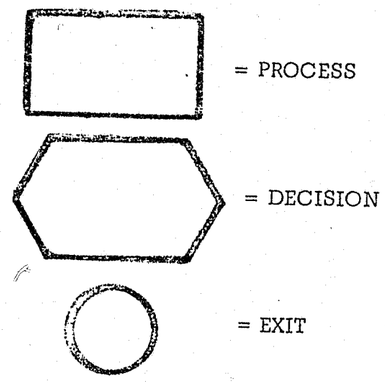
*This appears to have raised the percentage providing specimens to 80%.

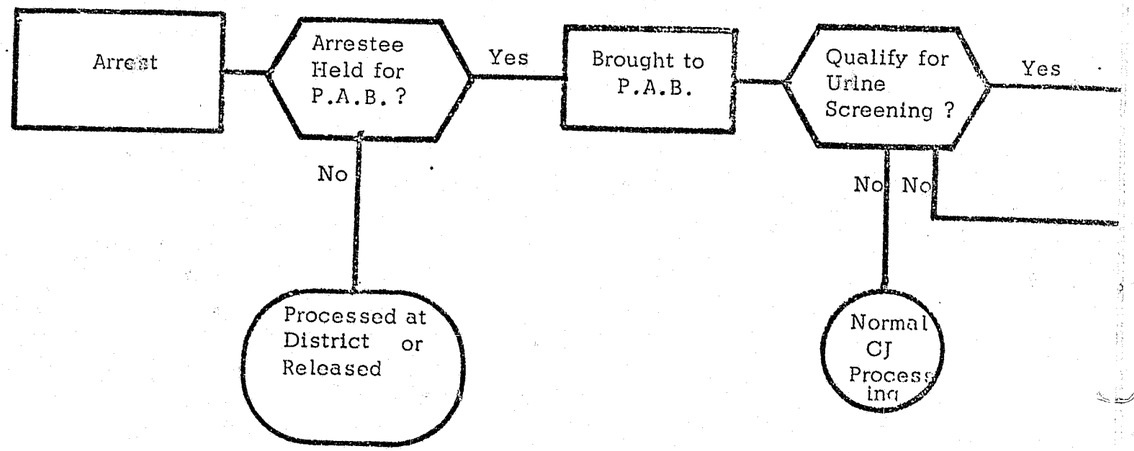
In Philadelphia the arrestee is preliminarily considered an addict if he either confesses that he is, or if he produces a dirty urine, or if his current charge is possession or sales of narcotics. Once addiction is determined the Court Bail interviewer determines also if the addict is eligible for TASC.

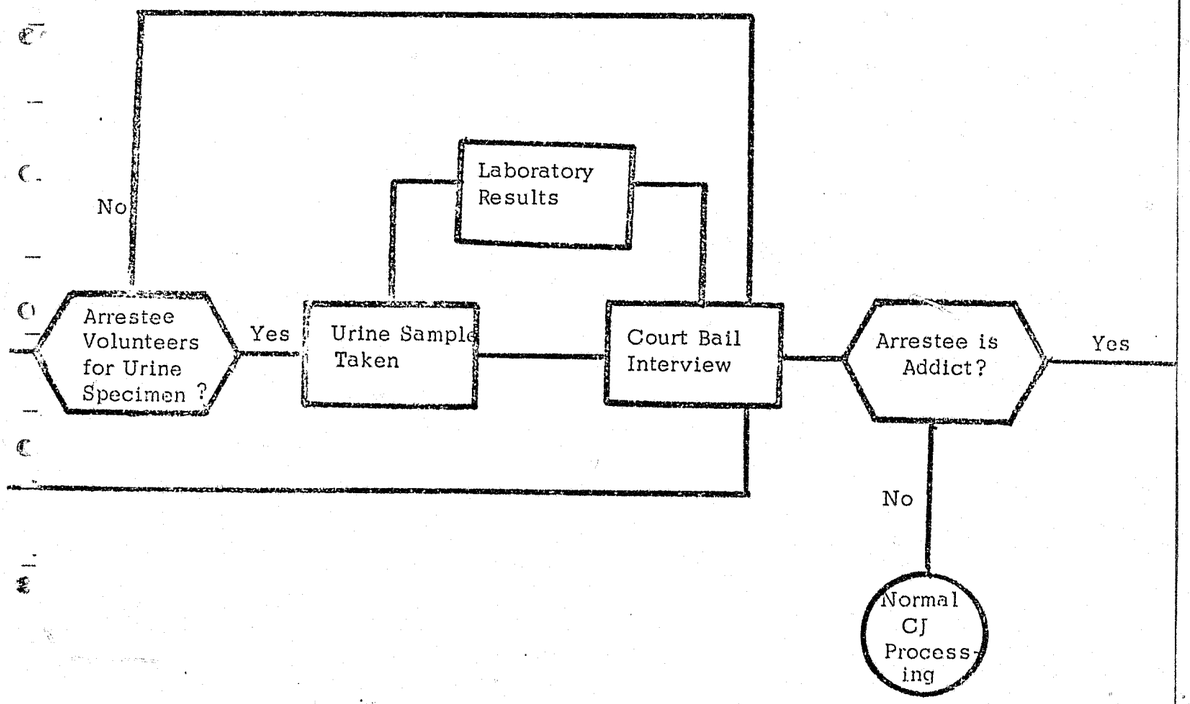
At this point the pre-trial arrestees are divided into two groups those eligible for Pre-Indictment Probation (PIP) or Sentence Alternatives (SA).

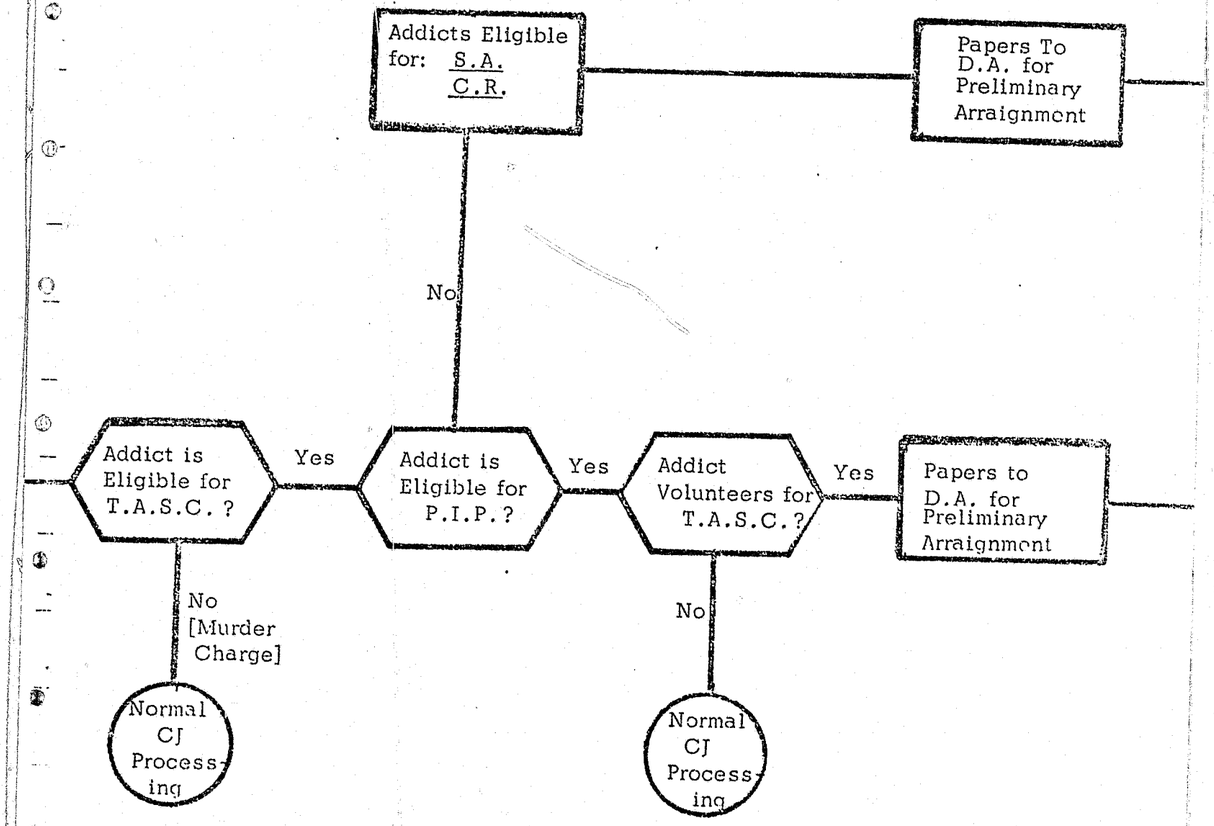
FIGURE III-3: FLOW CHART OF ARRESTED PHILADELPHIA DEFENDENTS WITHIN THE T.A.S.C. SYSTEM
A. PRE-INDICTMENT PROBATION
B. SENTENCE ALTERNATIVES
C. CONDITIONAL RELEASE.

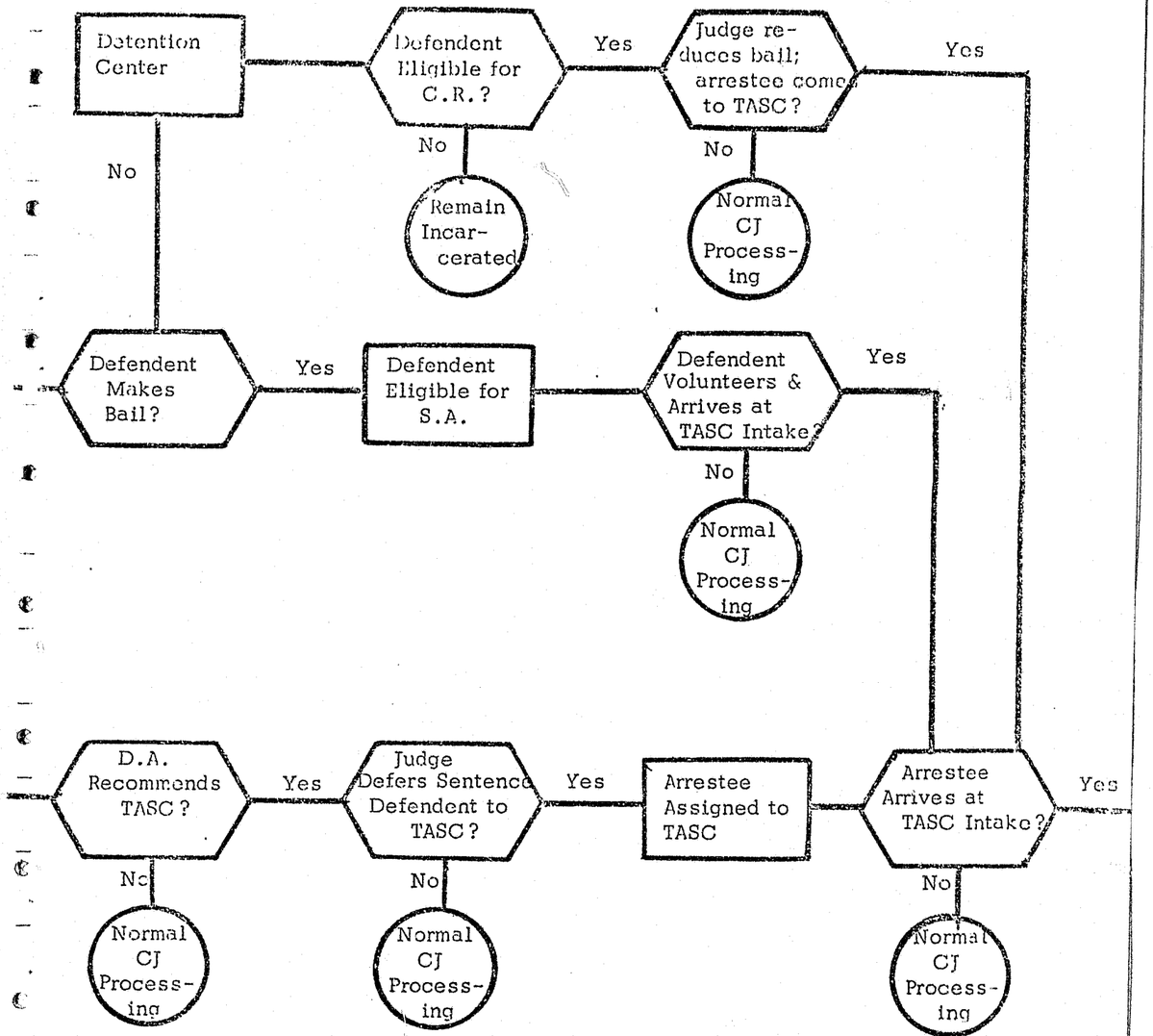
(Page 1 of 7)

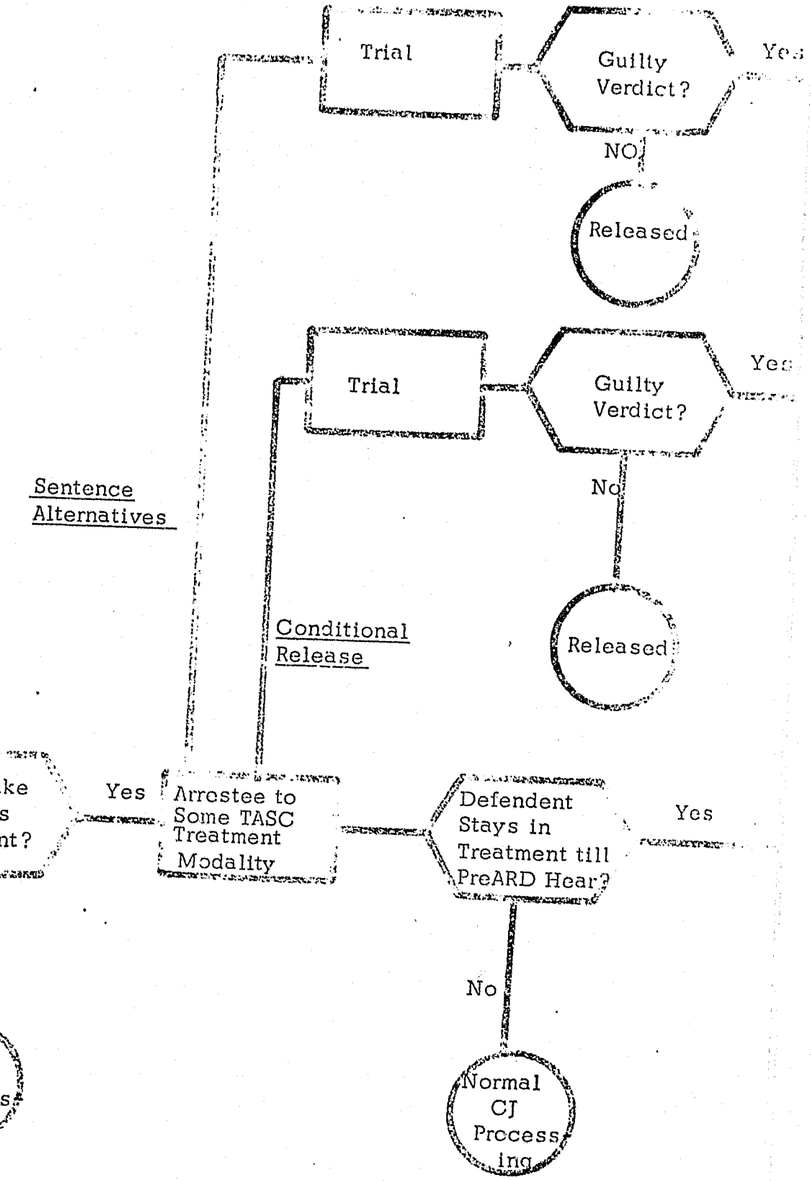




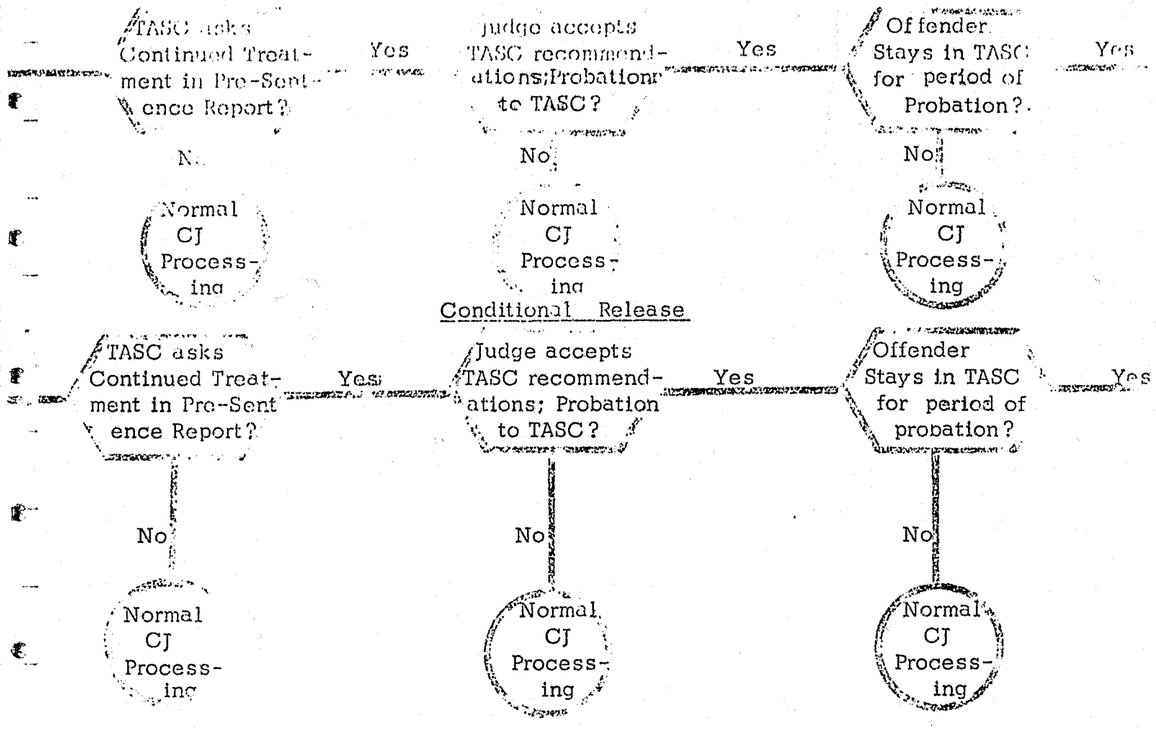

Laboratory Results
No
Arrestee Volunteers for Urine Specimen ?
Yes
Urine Sample Taken
Court Bail Interview
Arrestee is Addict?
Yes
No
Normal CJ Processing


Addicts Eligible for: S.A. C.R.
Papers To D.A. for Preliminary Arraignment
No
Addict is Eligible for T.A.S.C. ?
Yes
Addict is Eligible for P.I.P. ?
Yes
Addict Volunteers for T.A.S.C. ?
Yes
Papers to D.A. for Preliminary Arraignment
No [Murder Charge]
Normal CJ Processing
No
Normal CJ Processing


Detention Center
Defendent Eligible for C.R.?
Yes
Judge reduces bail; arrestee comes to TASC?
Yes
No
Remain Incarcerated
No
Normal CJ Processing
No
Defendent Makes Bail?
Yes
Defendent Eligible for S.A.
Defendent Volunteers & Arrives at TASC Intake?
Yes
No
Normal CJ Processing
D.A. Recommends TASC?
Yes
Judge Defers Sentence Defendent to TASC?
Yes
Arrestee Assigned to TASC
Arrestee Arrives at TASC Intake?
Yes
No
Normal CJ Processing
No
Normal CJ Processing
No
Normal CJ Processing

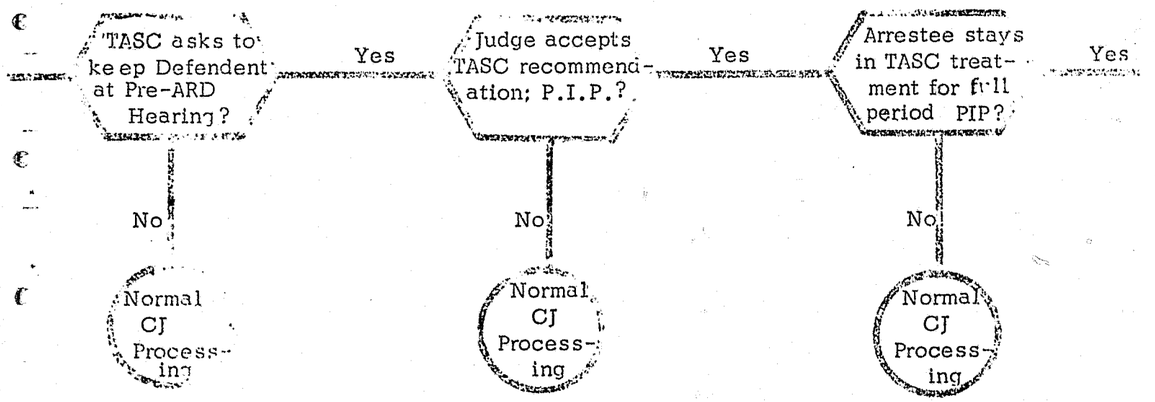

Trial
Guilty Verdict?
Yes
NO
Released
Trial
Guilty Verdict?
Yes
No
Released
Sentence Alternatives
Conditional Release
Defendent Enters T.A.S.C.
TASC Intake Retains Defendent?
Yes
Arrestee to Some TASC Treatment Modality
Defendent Stays in Treatment till PreARD Hear?
Yes
No
Normal CJ Processing
No
Normal CJ Processing

Sentence Alternative



Conditional Release

Pre-Indictment Probation



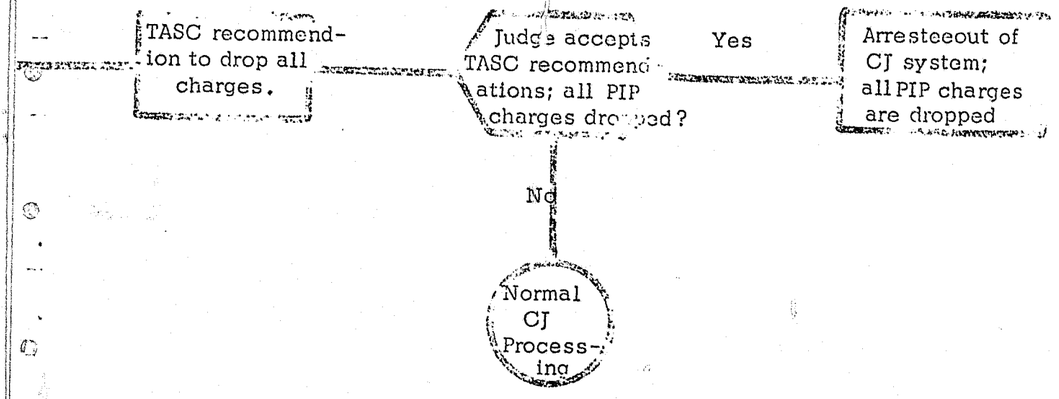
[Sentence Alternative]

Offender successfully completes all treatment/ Probation.

[Conditional Release]

Offender successfully completes all treatment/ probation.

[Pre-Indictment Probation]



An arrestee is now eligible for TASC as a PIP if he/she meets the following conditions:

- o He is a narcotic addict (admits to opiate addiction or has a positive urine or the current charge is drug possession or sale).
- o He has no previous conviction, open charge or current charge for murder, rape, aggravated assault, robbery, burglary, sale of narcotics, violation of Uniform Firearms Act, indecent assault, inciting a riot, forgery, arson or corrupting the morals of a minor.

All arrestees not eligible for PIP because of the nature of the current charge and/or past criminal history are Sentence Alternative cases, with a considerably different criminal justice flow.

1. PIP Flow

Of those eligible for TASC under PIP, a certain percentage volunteer to enter TASC. For these a recommendation is made to the Assistant District Attorney that he recommended to the judge at the Preliminary Arraignment that the arrestee be referred to TASC as a condition of his Pre-Indictment Probation. Should the Assistant District Attorney agree to recommend PIP he indicates this to the judge at the Preliminary Hearing. If the judge is in agreement, he "defers sentence" of the defendant to TASC with the proviso that a formal determination will be made three weeks later at a Pre-Accelerated Rehabilitative Disposition hearing and if the arrestee stays in TASC until his treatment is over he will have all of his charges dropped. The judge or magistrate will then schedule the defendant's next court appearance for approximately three weeks from the date of the preliminary arraignment in Judge Paul Dandridge's courtroom (room 285) in City Hall. That appearance is the "Pre-Accelerated Rehabilitative Disposition" (Pre-ARD) Hearing. The defendant is instructed to report to the TASC Intake Unit within 24 hours.

As of December 4, 1973, if the TASC referral does not report to Intake within 72 hours a compliance officer will attempt to locate him and persuade him to go to Intake. However, if the persuasion fails, there are no legal consequences to the arrestee.

AT TASC Intake a screening and evaluation takes place to determine if the client is really a heroin addict, free of severe psychiatric problems, sufficiently motivated to treatment, and what treatment is most appropriate. The Intake procedure takes 3 to 5 days to complete, during which time TASC Intake can retain or reject a defendant. If the PIP referral is considered suitable for treatment he is placed in some treatment modality. If the PIP arrestee stays in intake and treatment until his Pre-ARD Hearing, TASC counselors may recommend keeping the client in treatment and the judge may accept these recommendations and keep the PIP client in TASC or return him for prosecution on the original charge.

The TASC Intake Unit, then, has 21 days in which to decide whether the client referred to TASC is appropriate. TASC does not formally notify the District Attorney's office of intention to not accept a client in TASC until the Pre-ARD Hearing. Thus, TASC PIP clients all have a formal date of "drop." Approximately 25% of all referrals to TASC do not contact the Intake Unit. This group is not recorded on TASC tracking statistics and is automatically returned to normal processing at the Pre-ARD Hearing.

Of those that go to Intake, most drop after one visit, the rest after one or two additional visits. TASC Intake attempts to contact through telephone calls, letters and telegrams all those who absent themselves from Intake.

For all referrals that complete Intake and are referred, TASC Intake provides the District Attorney with a "Staffing Summary," a one page descriptive statement on the client's social, drug, treatment, educational, vocational and psychological status as evaluated. The recommended treatment plan is included in this summary.

For those not recommended to continue in TASC PIP, data on the nature of attempts to contact the client is forwarded to the District Attorney.

At the Pre-ARD Hearing, the TASC DA's Administrative Assistant; Pat Yusem, appears and conveys the recommendation of the TASC Intake Unit to Judge Dandridge. In appropriate cases, a member of the TASC Intake Unit

staff also attends to provide additional information if called upon to do so.

At the end of the stipulated time in TASC (set by Judge Dandridge at the Pre-ARD Hearing) the defendant appears at the ARD Hearing. At that time (usually 1 year after the time of the Pre-ARD Hearing) TASC recommends through the District Attorney that the original charges against the client be dropped. If at any time the client fails to abide by the conditions set in Pre-Indictment Probation (continued treatment and no instance of rearrest) he is returned to the criminal justice system for trial and disposition on the original charges.

The progress of clients remaining in TASC is monitored by the TASC tracking unit and monthly reports are given to the Assistant District Attorney on his progress. If two consecutive unexcused absences are found, a Trouble Alert is generated and attempts are made to have the client comply with the treatment. If the client fails to comply, his case can be returned to the courts for prosecution on the charge. He may also drop out because of rearrest. TASC continues to submit a report on the client's progress to the Assistant District Attorney. If the stays successfully in treatment, TASC and the Assistant District Attorney will then recommend that all PIP charges be dropped. The judge will likely then accept the recommendations and drop all such charges.

2. Sentence Alternative Flow

Each SA arrestee (homicide cases are not eligible) is informed by the Court Bail interviewers of TASC, and after he makes bail (which differentiates him from a Detention Center Case) he must volunteer if he wishes to enter TASC. If he does report to Intake, he is evaluated in the same manner as a PIP case and an appropriate referral to treatment is made. His progress is monitored and if he stays in treatment for the entire pre-trial period, and if he is found guilty, TASC prepares a presentence report, which recommends that he be placed on probation to TASC and that treatment be continued with tracking by TASC as a condition of

probation. If his pre-trial treatment is deemed unsuccessful, no report is submitted to the court. His exit from the system is the same as the PIP, except of course, that his charges are not dropped.

3. Conditional Release (CR) Flow

These are arrestees who are the same as SA clients except that they are unable to make bail, and are therefore, sent to the Detention Center to await trial. Since October, 1973, self-confessed addicts in detention, not charged with homicide, rape, aggravated robbery or aggravated assault can be released with reduced or no bail on the condition that they enter TASC and continue treatment. Failure to meet the conditions of release means that the client is returned to the Detention Center. Arrestees in detention are screened by the Pre-Trial Services Divison for eligibility for CR. A TASC interviewer explains the CR program and if the arrestee agrees to enter TASC, the interviewer will present at the time of his hearing a request for a change in bail status. If the court concurs, the TASC interviewer escorts the person to Intake and the normal TASC procedures are followed. If treatment is successful the case is now handled in the same way as a SA case (2, above).

4. (Pre-Trial) Post-Prison Flow

As of December, 1973, there is a program that allows certain arrestees in detention who have undergone treatment by the Detoxification Unit in the Detention Center to enter TASC. If an addict (who must admit addiction at the Detention Center), meets the conditions of bail (i.e., not a Conditional Release) and volunteers for TASC he will enter TASC as a "Post Prison" client.

5. Post-Trial Client Flow

If the offender is convicted in criminal court and sentenced to probation the Probation Department may require him to enter TASC because of the drug involvement. So far, 59 probationers have been sent to TASC Intake. It is assumed that the Probation Department does this because it wishes to use the TASC program as a treatment resource.

******

As of December 4, 1973, 498 different individuals had been recommended to TASC and actually entered TASC Intake. They are distributed as follows:

	N	%
PIP	354	71
*S.A.	74	15
**C.R.	11	2
PROBATION	59	12
	498	100

*Operational since 7/73
**Operational since 8/73

Of the 518 cases coming into Intake as of December 2, 1973, (20 individuals had twice entered into TASC), 198 (38.2%) were returned to the criminal justice system (163 because of their failure to regularly attend or being found insufficiently motivated, and 35 who were re-arrested); 18 (3.5%) were returned because they were found to be non-addicts. One hundred thirty-nine (26.8%) have been dropped from treatment as failures leaving 163 (31.5%) active. Because of the short period of time of TASC's existence no one has, to date, successfully completed the entire TASC treatment program. Of those 302 persons actually entering treatment, 46% (139) were treatment failures.

Of the 494 cases (as of December 4, 1973) referred to TASC under PIP, 28.3% failed to even appear at Intake. These 140 cases should not be considered to be part of TASC populations, and therefore should not be considered in constructing dropout rates. Nevertheless, we can construct three dropout rates based on different denominators: referred to TASC, entered TASC, and entered TASC sponsored treatment.

a. Of all 640 persons referred to TASC, the percentage not now in treatment is:

$$\frac{140 \text{ (PIP non-arrivals)} + 198 \text{ Drops} + 130 \text{ Treatment failures}}{140 \text{ (PIP non-arrivals)} + 518 \text{ Arrivals} - 18 \text{ Non-addicts}} = \frac{477}{640} = 75\%$$

b. Of the 500 identified addicts who entered TASC (were received at Intake) the percentage not now in treatment is:

$$\frac{198 \text{ Drops} + 139 \text{ Treatment failures}}{518 \text{ Enter TASC} - 18 \text{ Non-Addicts}} = \frac{337}{500} = 67$$

c. The best measure of TASC treatment effectiveness however, is measured by what happens after entering treatment, and here we find treatment failures:

$$\frac{139 \text{ Treatment Failures}}{302 \text{ All Entering Treatment}} = 47\%, \text{ or progress rate} = 53\%$$

Totally then, the 477 drops and rejects consist of 140 (29%) who never arrive at TASC, 198 (42%) who are dropped during Intake, and 139 (29%) who represent treatment failures.

Table III-A

Characteristics of Persons Received at Intake

Median Age	25 Years
% Male	80
% Black	58
% White	41
% Single	62
% Married	23
% Sep/Div/Wid.	15
% High School Ed. or More	42
% Veterans	20
Average No. of Prior Arrests	2.0
Average No. of Prior Convictions	0.7
% Employed	25
% Using Heroin as Primary Drug of Abuse	75

For the first 10 months of operation the rearrest patterns are as follows (only for those entering TASC Intake):

Table III-B

No. of New Arrests	Rearrest Rates In Treatment	Returned to CJS
0	87.1%	60.4%*
1	11.7%	23.0
2	1.2%	11.3
3		1.9
4		1.5
5		0.8
6+		1.1
	100.0%	100.0%
N**	163	265

It can be seen that the rearrest rate of clients returned to the Criminal Justice System exceeded that of those who remained in TASC but that 13% of persons currently in TASC have been known to have been rearrested.

6. Client Flow Projection from CJS

TASC makes an estimate, on the basis of a study of all arrestees processed from April through June, 1973, and on a special study of Detention Center inmates, that the actual number eligible for TASC in 1974 would be, given present eligibility criteria:

PIP	--	1000
SA	--	5600
CR	--	2500
TOTAL		9100

*To the extent that there were no new arrests for those returned to CJS, it should be kept in mind that returnees some were imprisoned and kept from committing new crimes; this would tend to overstate the zero rates for those returned to CJS.

**N for Individuals in treatment represents those in treatment end of year 1.
N for Individuals returned to CJS represents period from 12/4/72 to 9/30/73.

(This does not include any post trial probation cases or pre-trial post prison probation cases from the Detention Center).

Of course all these will not volunteer for the TASC program and some referred will not appear at Intake.

TASC makes the following projections for their case load for 1974:

Received at Intake	1300
Returned to CJS before treatment (assume 30% drop rate)	-390
Accepted for Treatment	910
Drop from treatment (40% rate assumed)	-364
In Treatment	546
Clients active from previous year.	+200
Total in treatment in 1974 (Successes)	746
Number expected to complete treatment during 1974	-150
Case Load at end of 1974	596

Three things should be emphasized:

- o These are figures based upon Intake, not number referred to TASC.
- o Not included are figures for post-trial probation cases or Department of Probation cases.
- o These figures are based upon drop-out rates assumed to be lower than the previous year because of the use of compliance officers in the second year.

Projections using the less optimistic experience of the previous year (i.e., last year's drop rate) follow:

Received at Intake	1300*
40% drop out before treatment	-515
Accepted for treatment	785
46% Drop from treatment	-361
In Treatment	424
Clients active from previous year	+202
Total in Treatment in 1974 (Successes)	626
150 expected to complete treatment during 1974	-150
Case Load at end of 1974	476

If last year's drop rate continues into 1974, TASC has overestimated the number who will be accepted for treatment and remain in treatment.

In summary, it should be noted that TASC client flow figures reflect many aspects of the TASC process. Particularly noteworthy is the program's flexibility and its willingness to make radical programmatic changes within short periods of time. One must keep in mind that these flow figures partly represent unsuccessful policies no longer in operation. Assessment of TASC's efficacy needs to await the consolidation of intake and treatment policies, and should await the results of the recent redefinitions of TASC's scope. These seem promising, and should improve the efficiency and effectiveness of client flow patterns.

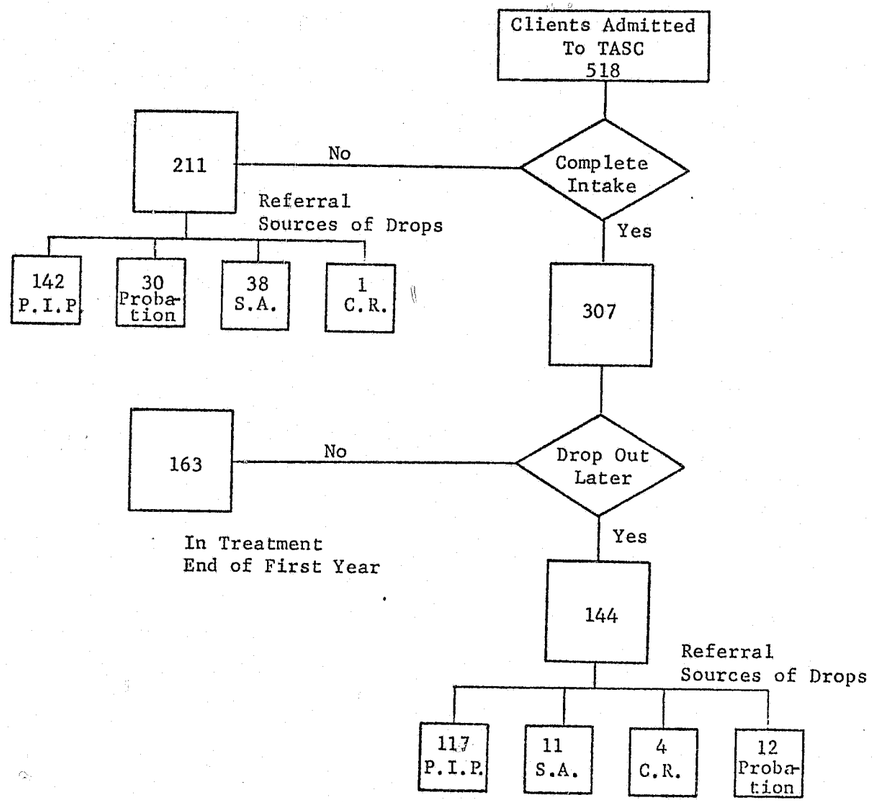
*This is more than doubled last year's rate. Since the SA and CR programs will be operational for a full year in 1974, the intake should be higher than 1973 - how much higher no one knows for sure, therefore, we will accept TASC's own projection.

E. CLIENT TREATMENT THROUGHPUT

By the end of one year of operation (December 4, 1972-December 4, 1973) 518 clients came to the Intake Unit. Figure III-4 indicates some aspects of this flow

Figure III-4

TASC CLIENT FLOW, FIRST YEAR OF OPERATION*



*This figure includes all TASC admissions, including individuals accepted more than once, therefore differs at the offset from the data in Section D, above, by 20 individuals, with later minor variations.

Some of the possible reasons for deficiencies at intake are discussed below (Section IVB). The creation of the position of compliance officers in the tracking unit should also be of help in alleviating the problem. Intake is clearly the primary point of loss to the system, as only 53% of potential clients who appear at intake actively enter treatment.

Of the 307 clients (59% of the total) who remained to enter treatment, 144 (47%) left treatment during the year. Eighty-one percent had come from Pre-Indictment probation, 8% were from Probation, 8% from Sentence Alternatives, and 2% had conditional release status. Clearly, clients directed through the Pre-Indictment Probation program are least likely to remain with the program. The drops, by sources of referral for the first year, and keeping in mine that some clients had multiple admissions, are described in Table III-C-1.

TABLE III-C-1

DIFFERENTIAL DROP-OUT RATES BY REFERRAL MODALITY

	TOTAL ADMISSIONS	DROPPED FROM INTAKE	DROPPED FROM TREATMENT	STILL ACTIVE
Pre-Indictment Probation	369 (100%)	142 (38%)	117 (32%)	110 (30%)
Sentence Alternative	77 (100%)	38 (49%)	11 (15%)	28 (36%)
Conditional Release	12 (100%)	1 (8%)	4 (33%)	7 (59%)
Probation	59 (100%)	30 (51%)	12 (20%)	17 (29%)

Annualizing Table III-C-1 to compensate for the shorter operational periods of the SA referral made (five months following July, 1973, initiation) and of the CR mode (four months following August, 1973, initiation), Table III-C-2 exhibits the figures as they might have appeared if all TASC referral modes had begun concurrently.

TABLE III-C-2

ANNUALIZED DIFFERENTIAL DROP-OUT RATES BY REFERRAL MODALITY

	TOTAL ADMISSIONS	DROPPED FROM INTAKE	DROPPED FROM TREATMENT	STILL ACTIVE
Pre-Indictment Probation	369 (100%)	142 (38%)	117 (32%)	100 (30%)
Sentence Alternative	185 (100%)	90 (49%)	286 (15%)	67 (36%)
Conditional Release	36 (100%)	3 (8%)	12 (33%)	21 (59%)
Probation	59 (100%)	30 (51%)	12 (20%)	17 (29%)

Only 31% of those referred to TASC were still in treatment at the end of one year.

Table III-C-3 indicates the length of time in treatment by source of referral for the 144 clients who left treatment.

TABLE III-C-3

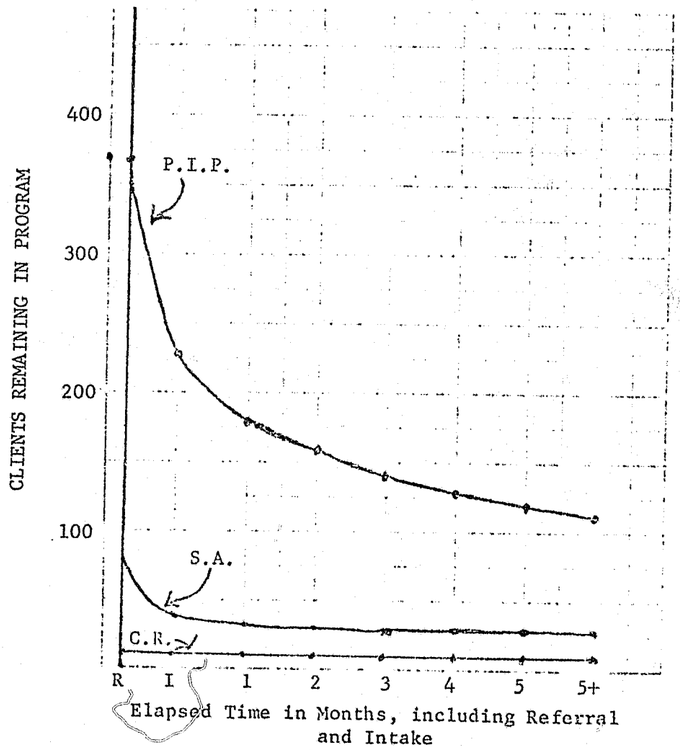
SOURCE OF REFERRAL BY LENGTH OF TIME IN TREATMENT FOR 355 PROGRAM DROPOUTS (FIRST YEAR OF OPERATIONS)

SOURCE OF REFERRAL	INTAKE DROPS	TREATMENT LESS THAN ONE MONTH	31-60 DAYS	61-90 DAYS	91-120 DAYS	121-150 DAYS	OVER 150 DAYS	TOTAL
P.I.P.	142	47	21	19	12	6	12	259
S.A.	38	8	2	0	1	0	0	49
C.R.	1	2	1	1	0	0	0	5
Probation	30	5	3	2	1	1	0	42
TOTAL	211	62	27	22	14	7	12	355

This table indicates that 43% of treatment dropouts occur in the first 30 days, and that 77% of all dropouts occurred within the first 90 days of treatment. Only 8.6% of clients in treatment dropped out after being in treatment for five months. A graphic representation of client retention as a function of time spent in Intake and Treatment is shown below. The leveling of the slope as time passes indicates the slowing of the drop rate.

Figure III-5

CLIENT RETENTION AS A FUNCTION OF TIME SPENT IN INTAKE AND TREATMENT



Length of time in treatment appears to be inversely related to the rate of dropping out, an observation made in numerous treatment settings. Table III-D below indicates that the majority of clients that are dropped from treatment are dropped before the end of the second month (65%).

The treatment modalities listed across the top of the table are

OPDF: Outpatient Drug Free, an abstinence modality relying on individual and group therapy as well as vocational rehabilitation. OPDF was TASC funded and staffed;

OPDT: Outpatient Detoxification, performed at a community facility, includes counseling and other supportive services provided by the TASC outpatient facility;

OPMM: Outpatient Methadone Maintenance in the TASC outpatient clinic; OPDT, OPDF and OPMM operate in the same location (1306 Arch Street) with the same staff;

PGH: Inpatient Detoxification at the 26 bed hospital ward operated by TASC and the city in conjunction with the Philadelphia General Hospital;

GAUD: Gaudenzia House, a local therapeutic community run along traditional "Synanon" lines. TASC contracts for services delivered;

GAUDOR: The outreach (outpatient) center of Gaudenzia House. Used for TASC clients in need of the intensive therapeutic community approach who are unable to enter a long term residential facility;

COMM: Methadone Maintenance Programs in the city. Some clients referred to TASC were in treatment at the time of arrest. A few clients were sent by the Intake Unit to community programs offerring specialized services.

Table III-D

NUMBER OF CLIENT TERMINATIONS FROM TREATMENT
BY TREATMENT MODALITY AND BY LENGTH OF TIME IN TREATMENT
(as of June 4, 1973)

	OPDF	OPDT	OPMM	PGH	GAUD	GAUDOR	COMM	TOTAL
Less than One Month				7		2		9
1-2 months	2		1	9		5		17
2-3 months	1	1				2		4
3-4 months	6*	1						7
4-5 months	3							3
5-6 months	—	—	—	—	—	—	—	0
TOTAL	12	2	1	16**	0	9	0	40

*Reluctance of counselors to report drops from OPDF Unit caused this instance of late dropping. This has been corrected by changes in the accountability system, training sessions, and work by the TASC Administrative Staff and the Assistant District Attorney.

**These terminations may be failures, or successes continuing to another stage of treatment, and are not necessarily drop outs.

These data are no longer as valid, since clients are no longer referred to PGH, and decisions regarding treatment facilities to be used for TASC clients are at present uncertain.

As of December 23, 1973 there were 155 active clients. Their distribution within the TASC system is given in Table III-E.

Table III-E

DISTRIBUTION OF CLIENTS BY MODALITY
(as of December 23, 1973)

Modality	Number	Percent	To Date
Intake	13	8.4	536
Outpatient Drug Free	83	53.5	232
Outpatient Chemotherapy	49	31.6	92
Residential Community	9	5.8	18
Inpatient Detoxification	1	.7	101
TOTAL	155	100.0	

More detailed consideration of relative dropout rates, etc., is not warranted at this point in time because of rapidly changing referral patterns and treatment facilities, and the extremely small numbers of TASC clients in community based programs, which make statistical comparisons meaningless.

Not included thus far is any consideration of client outcomes. There have been no successful treatment completions. However, when one looks at the rearrest rates for the first year of operation, quite a different picture emerges. (See Table III-B in Section D, above).

Only 13% of clients who remained in treatment had experienced an arrest. The significance of this table is uncertain because prior arrest rates are unknown, and the length of time in treatment for most clients has been short. Table III-B suggests, however, that TASC programs may significantly reduce rates of rearrest.

F. URINE SCREENING PROGRAM

1. Overview

The laboratory aspect of the TASC program was initiated in the Philadelphia Police Chemical Laboratory in December of 1972. Collection of urine specimens at the Police Administration Building is an integral part of the TASC program, since results of the presumptive morphine screening part determine eligibility for TASC diversion.

Since September 30, 1973 only a morphine screen is done. Prior to that date, comprehensive screening, in conjunction with a study on drugs and urine, was performed.

2. Instrumentation

The morphine screen is done using the fluorometric method. The laboratory possesses the following equipment.

- o Fluorescence Spectrophotometer
- o Two Perkin Elmer 900 Gas Chromatographs
- o Two A.S. 41 Automatic Samplers
- o One P.E.P. Computer with Teletype

3. The System

For those clients in Intake, during the first year, three urinalysis results were required. One result was usually that obtained at the PAB, and the two others were obtained at Intake and tested by the Philadelphia General Hospital Chemical Laboratory, to which TASC contracted this service.

All TASC clients in the Outpatient Unit were required to submit one urine sample on a random basis each week. For methadone clients, close to the required (by F.D.A. Regulations) one sample per week was obtained, on the average. TASC clients receiving drug-free therapy were also required by clinic rules to provide one urine sample weekly. Due, however, to the erratic counseling schedules these clients tended to maintain, and due to absences from counseling, less than one sample per week on the average was, in fact, obtained.

TASC clients referred to Gaudenzia House were also required to provide one urine specimen per week. TASC would inform Gaudenzia the day before the urine sample was to be picked up, and staff of that program would collect the specimen. The TASC driver picked up the sample and delivered it to the laboratory at PGH for testing. Results were sent back to Gaudenzia by the TASC Tracking Unit.

TASC clients referred to community methadone programs were required by those programs to provide one urine specimen weekly, to be analyzed by their own laboratory. Reports of the results of this testing was provided to TASC on the "Monthly Progress Reports" submitted by these programs on each TASC client.

TASC clients referred to other drug-free community treatment programs (Horizon House, Eagleville, Today, etc.) had urine specimens tested in accordance with the policies of that treatment program.

Arrestees are asked to provide a urine sample in the early part of the processing. For the first year, 56% of the available population complied with the request. Urines are taken to the police laboratory within ten minutes of collection, separated into two portions using a charcoal extraction technique, and subjected to both morphine screening and comprehensive Gas Chromatographic analysis, which tests for 12 drugs.

Currently in operation is the morphine screening procedure, which uses the Fluorescence Spectrophotometer method. This technique identifies only morphine and opiates which are converted to morphine in the body. It will not identify quinine, methadone or synthetic opiates such as demerol. High doses of codeine are picked up. Given the appreciable incidence of primary methadone addiction and the frequency with which it used in combination with other drugs, the inclusion of methadone testing in the morphine screen would seem desirable since it may increase the yield of positive urines.

The laboratory operates seven days per week around the clock. The timing is extremely efficient. The court bail interviewers are in possession of the morphine screening report within two hours of urine collection.

The system used is a sensitive one. It will identify .04 mg of morphine per ml. The techniques employed are quick and simple. Standards are run each time, which leaves little room for technician error. False positive results approach zero (a glassware contaminant was identified, and the laboratory quickly converted to the use of disposable glassware). False negatives, however, do occur, especially if the urine sample contains a large amount of total solids. This can occur with urinary tract infections, common in this group. Mr. Cordova estimates the overall accuracy of the system as at least 95%.

Particularly dangerous of course are false positive results. The laboratory intends, wisely, to confirm all positive results using the Immunoassay technique.

4. Results and Subjective Assessment

Tables III-F and G summarize results, to date, of both the morphine and comprehensive urine screening.

Table III-H includes some interesting data. In June 1973, 243 arrestees (14.7% of the total screened) had urines positive for morphine. Of special interest is that 220 orally admitted their addiction. Thus, in that month the urine screen identified only 23 additional morphine users. This type of data should be reviewed in detail from a cost-effectiveness standpoint. It appears that the cost of the urine screen may be extremely high in terms of its power to identify additional opiate users who do not admit their use. It is also conceivable that some of these individuals who do not admit addiction are, in fact, not addicts who may be processed through TASC intake only to be returned.

The operation of the unit, independent of its power to identify arrestees who are not self-admitted, is excellent. The director is a meticulous, sophisticated, efficient chemist, knowledgeable in the field, who is able to maximize the accuracy and efficiency of the system. Although a relatively large proportion of arrestees refuse to give urines, for those that do, the system is quick, well coordinated and efficient. The methodology and personnel can be relied upon to provide the most-accurate results obtainable with this system.

It would be highly desirable, both from a practical and a research stand point, to increase the proportion of urines obtained prior to the Court Bail interviews. The court bail interview is theoretically set after the time urinalysis results are available, but often must proceed without the specimen being given. This would entail additional personnel, patience, and perseverance, but would be worth the effort.

Table III-F

TASC MORPHINE SCREEN, DECEMBER 1972 - SEPTEMBER 1973

Month	Specimens Obtained	No. Pos.	% Pos.	No. Neg.	% Neg.
December	605	155	25.6	450	74.4
January	968	181	18.7	787	81.3
March	2149	400	18.6	1749	81.4
April	1842	313	17.0	1529	83.0
May	1668	223	13.4	1445	86.6
June	1680	243	14.5	1437	85.5
July	1672	231	13.8	1441	85.4
August	1738	254	14.6	1484	85.4
September	1558	188	12.1	1370	87.9

Table III-G

TASC COMPREHENSIVE SCREEN POSITIVES

March 12, 1972 - September 30, 1973

Total Specimens Analyzed = 11,506
Total Positive For Drugs = 2,904

Drug	Mar	Apr	May	Jun	Jul	Aug	Sep	Total	% Incidence
Morphine	273	313	223	243	231	254	188	1725	15.0
Methadone	38	53	47	47	50	48	30	313	2.72
Cocaine	-	-	1	2	-	-	2	5	.04
Codeine	7	7	3	3	6	5	1	32	.28
Amphetamine	6	6	8	5	2	5	14	446	.40
Methamphet	15	18	4	3	11	7	3	61	.53
Amphet. & Methamphet	31	82	68	53	72	109	82	497	4.32
Amobarbital	1	1	4	2	-	2	3	13	.11
Butabarbital	-	3	-	-	2	2	-	7	.06
Pentobarbital	-	3	1	3	2	-	5	14	.12
Secobarbital	2	2	-	2	8	1	11	26	.23
Phenobarbital	13	22	28	27	16	6	12	124	1.08
Amobarb & Secobarb	-	4	0	3	5	7	5	24	.21

Table III-H

PRE-ARRAIGNMENT INTERVIEW MONTHLY TALLY SHEET
MONTH OF JUNE 1973

1. Total number of arrestees screened: 1680

2. Total number of arrestees with positive drug urines:

   Morphine: 243 (14.7%)
   All other drugs: 147 (8.7%)

   By Drug:

	Number	% of total arrestees
Morphine	243	14.7
Methadone	47	2.8
Other Opiates	7	0.4
Barbiturates	39	2.3
Amphetamines	61	3.6
Cocaine	2	0.1

3. Number of pre-arraignment interviews: 2,469
   Number who admit addiction: 220 (8.9%)
   Number who do not admit addiction: 2,012 (81.5%)
   Number who waive interview: 78 (3.1%)
   Number who admit prior addiction*: 159 (6.5%)

4. Drug Problem admitted (N=220):

	Number	% of those who responded (N=205)
Heroin	170	83.0
Methadone	23	11.2
Other Opiates	0	0.0
Barbiturates	1	0.5
Amphetamines	10	4.8
Cocaine	1	0.5
No Response	15	

5. For admitted Heroin users (N=170), year of first use:

	Number	% of those who responded (N=152)
1973	12	7.9
1972	19	12.5
1970-1971	28	18.4
1967-1969	44	29.0
1961-1966	36	23.7
1956-1960	6	3.9
Before 1956	7	4.6
No Response	18	

*A new form was put into operation which asked for past addictions as well as current addictions.

Table III-H -- Continued

6. For admitted drug users (N=220), number who admit they are currently in treatment: 44 (20.0%)

	Number	%
Detox	9	20.5
Drug Free Outpatient	4	9.0
Methadone Maintenance	30	68.2
Therapeutic Community	1	2.3

7. For admitted drug users (N=220), number who admit prior treatment: 33 (15.0%)

	Number	%
Detox	5	15.0
Drug Free Outpatient	6	18.3
Methadone Maintenance	22	66.7
Therapeutic Community	0	0.0

8. Total number of arrestees admitted to TASC: 28

G. BUDGET AND EXPENDITURES

This section presents actual expenditure data for the first full operational year, Calendar Year 1973, and a projected budget for the second year of operations (year 2).

Table III-I presents expenditures for each organizational unit (from Figure III-1) which received TASC funding support in 1973. Where they were not operational for the full year as indicated by payroll expenses, the data were "annualized." These latter figures are shown in the last column of Table III-I. Approximately 80% of all expenditures were for personnel salaries and fringe benefits. The remaining 20% covered equipment, supplies, rent and contractual arrangements.

In addition to the $756,000 actually expended in 1973, there were "start-up" costs in 1972 amounting to a total of $82,500, $70,100 for personnel and $12,400 for other costs. Therefore, total expenditures in the first grant period amounted to $838,600.

The data for Calendar Year 1973 (Table III - I) can be compared with the budget data for Year 2 shown in Table III-J. Inasmuch as the initial operational date was December 4, 1972, and the decision on removing treatment support from Year 2 was made in December 1973, Calendar Year 1973 annualized rates appear to be an appropriate base for comparison.

	CY 1973		Year 2	
	Pers.	Total	Pers.	Total
	($000)			
Administrative Unit	65	86	96	121
District Attorney's Office	10	10	42	42
Tracking and Evaluation	50	67	131	147
Court Bail	23	23	17	17
Police Laboratory	110	144	106	122
TOTAL	258	330	392	449

Clearly, with dollar support withdrawn from treatment and rehabilitation units, and with the transfer of intake to Central Medical Intake, more funds are available for central TASC functions in Year 2, even with a reduced total grant. Additionally, a higher proportion of the funds will be spent on personnel costs, 87% vs. 78%.

Table III-I

TASC EXPENDITURES* - CY 1973 (YEAR 1)

Organizational Unit**	Inclusive Dates*** (In 1973)	Actual Expenditures			Annualized Rate
		Personnel	Other	Total	
		($000)			
Administrative Unit	1/1-12/31	65.2	20.8	86.0	86
District Attorney's Office	3/1-12/31	8.4	-	8.4	10
Tracking and Evaluation	1/1-12/31	50.0	16.6	66.6	67
Rehabilitation Unit	1/1-12/31	40.5	0.2	40.7	41
Police Laboratory	1/1-12/31	109.5	34.4	143.9	144
Court Bail	6/1-12/31	13.0	-	13.0	23
TASC Intake Unit	1/1-12/31	123.8	25.8	149.6	150
PGH Detox	1/1-12/31	54.1	27.8	81.9	82
TASC Outpatient	1/1-12/31	140.7	15.9	156.6	157
Gaudenzia House+	-	-	9.4	9.4	9
TOTAL		605.2	150.9	756.1	769

* Estimates based on TASC accounting records.
** Keyed to Figure III-1.
***An additional pay period was added to all personnel costs to complete the year inasmuch as the last pay period records were through December 7, 1973.
\+ Contract, inclusive dates unknown.

Table III-J

PHILADELPHIA TASC BUDGET SUMMARY - YEAR 2

Organizational Unit	Personnel	Other	Total
	($000)		
Administrative Unit	96.1	25.0	121.1
Evaluation Unit	33.7	0.4	34.1
Tracking Unit	97.7	15.2	112.9
ADA Unit	42.0	-	42.0
Court Bail Unit	16.9	-	16.9
Police Laboratory	106.3	15.6	121.9
Intake+	30.0	1.8	31.8
TOTAL	422.7	58.0	480.7

+Two months only, pending establishment of central medical intake.

IV. PROCESS EVALUATION

The evaluation of a societal process such as TASC is difficult even in a steady state after a modicum of stability is attained. Such evaluation after one year of development, which ended in significant change, is probably overly ambitious. Nevertheless, there are some observations and subjective judgments drawn which may be of value to consider over the coming year of operations.

The preceding section addressed itself principally to the organization, structure and recent restructuring, staffing, functions and internal operations of the TASC project and the programs supported by TASC. This section views the TASC project: in its inter-relationships with the Criminal Justice System; with its interface to its clients through screening, intake and tracking; and finally, through its clients and their reactions to the project.

A. CJS INTERFACE

1. Drug Abuser/Addict Processing Pre-TASC

It would seem that perhaps larger numbers of arrestees could be identified as addicts if some measure of drug use could be secured from intoxication cases which currently end in police districts. Also, it is possible that if drunk drivers gave urine specimens at the P.A.B. a larger number of addicts could be identified.

Additionally, there is currently a significant proportion of all those entering TASC and even entering treatment who are drug dependent on drugs other than heroin/morphine/methadone. Given that there are increasing numbers of persons in this category it would make sense to broaden the purview of intervention and treatment referral agencies in its criminal justice system.

2. Identification of TASC Eligibles

The entire Philadelphia TASC project was based, and funded, on two assumptions concerning drug abusers in the criminal justice system and treatment facilities available. In March and April 1972, when the TASC program was developed, it was assumed that existing local drug treatment facilities were inadequate to handle the current drug problem. The West Philadelphia Community Mental Health Consortium revealed they had a three year waiting-list for their facilities. It therefore seemed sensible that if TASC were successfully mounted, and even more addicts were identified and diverted into treatment, a considerable proportion of TASC resources should provide and maintain treatment facilities for the newly detected drug abusers. Indeed, about 50% of TASC's budget did go, the first year, for treatment facilities and personnel. The question then arises as to whether the assumption of fully used treatment programs and the impossible burden TASC referrals would have had upon these facilities were, in retrospect, correct. On closer analysis, and from recent experience, waiting lists sometimes proved evanescent* and TASC treatment facilities were under-utilized.

Secondly, it was assumed that the original PIP eligibility criteria would or could produce 30 cases a week to TASC or 1,560 cases a year. When a study was carried out dealing with all arrestees in Philadelphia for a three month period in 1973, it was found that the expanded PIP criteria would produce 400 eligible arrestees in the three month period, or 4% of 10,000 arrestees. One cannot simply quadruple the 400 potential PIP eligibles from one three month period to obtain an annual figure because of the extremely high re-arrest rate demonstrated by drug abusers in the criminal justice system. The best estimate is that for an entire year the expanded criteria would produce one PIP case per 50 arrestees, which for 40,000 yearly arrests would come to 800 possible PIP referrals.

*SSI Report to SAODAP, Prevalence of Heroin Addiction in Philadelphia, Vol. II, October 1973.

The very fact that TASC did manage to get 354 PIP referrals in their first year is a remarkable accomplishment and a notable success. TASC reacted to the unpredictably small population of arrestees coming into their program under PIP, by using two rational techniques for expanding treatment populations: expanding PIP criteria and creating new non-PIP arrestee populations eligible for TASC (SA, CR, Pre-Trial, Post Prison, and Probation cases).

TASC eligibles are determined by the Court Bail interviewer based on interview data (self-admitted drug use), police records (current charge and criminal history), and urine screening findings. The interviewers were trained and understood the TASC criteria; and all relevant information is, usually, present when the decision is made as to whether the arrestee is TASC eligible or not.

TASC also developed the capability of reviewing all arrest cases which involve a court-bail interview to determine if TASC eligible arrestees may have been missed by the normal system. There are two basic review procedures:

a. The first system which was operational in the first year of the program, and is still in operation, consists of reviewing all PIP - eligible cases. After the preliminary arraignment hearing, copies of the Extract of Criminal Record (Police Form 75-20), detailed description of the current charge (Form 75-50), court bail interview, and the results of urinalysis (if taken) are reviewed by a TASC employee at the DA's office on a daily basis. For any possible TASC eligible cases that might have been missed, a form is attached to the file which alerts the District Attorney at the time of the preliminary hearing. In addition, a TASC employee is present at the hearing to insure that the case is identified as a TASC possibility.

b. The second system became operational in December of 1973 and is a secondary function, or a spin-off, of TASC's tracking of all

addict arrestees in the criminal justice system. The same packet of paper work (described above) goes to a court-bail employee paid by TASC who reviews all cases for TASC eligibility and completes a TASC form for each one, whether or not they have already been referred to TASC. The TASC form is forwarded the same day to the Tracking Section of TASC.

If the case seems PIP eligible, TASC checks the DA's office to determine if the case was referred to TASC. If the referral was made, the name is checked at TASC Intake. If there was no appearance of the client at intake, the date and location of the next hearing is determined, the person is traced by the DA's office, and an attempt is made to persuade the individual to take the TASC alternative. This procedure provides an additional check on the review system described above.

The TASC people claim that approximately 50% of TASC cases now come from these two review systems.

For SA cases the form is now simply filed. The aim is eventually to have a compliance officer locate those who are released from the Detention Center by way of reduced bail or making current bail, and persuade them to volunteer for TASC. For CR, the case is first checked to determine if it is in the Detoxification unit at the Detention Center. If not, the case is filed, with the aim of eventually informing the prisoner of conditional release possibilities. If he or she is in the Detoxification unit, information on past treatment and the results of the urine analysis are given to the Detoxification unit in the hope of being of some assistance to them in their current treatment.

3. Relationship of Judiciary, Prosecutor and Police with TASC

The inter-relationships among the several agencies are better understood by first examining the flow chart Adult Justice System of Philadelphia

(Figure IV-1). It can be seen that TASC contact with the police occurs at block 4 (Police Apprehension and Arrest). Contact with the Pre-Trial Services Division (Court Bail) occurs at block 5 (Release on Recognizance Interview). Courts are interfaced at block 7 (Municipal Court Preliminary Arraignment) and later at block 13 (Municipal Court Trial) or for more serious offenders, blocks 17 (Preliminary Hearing) and blocks 22 and 23. The District Attorney's office is interested in the main line from block 5 to block 7 and again at block 19 (District Attorney's Pre-Indictment Probation).

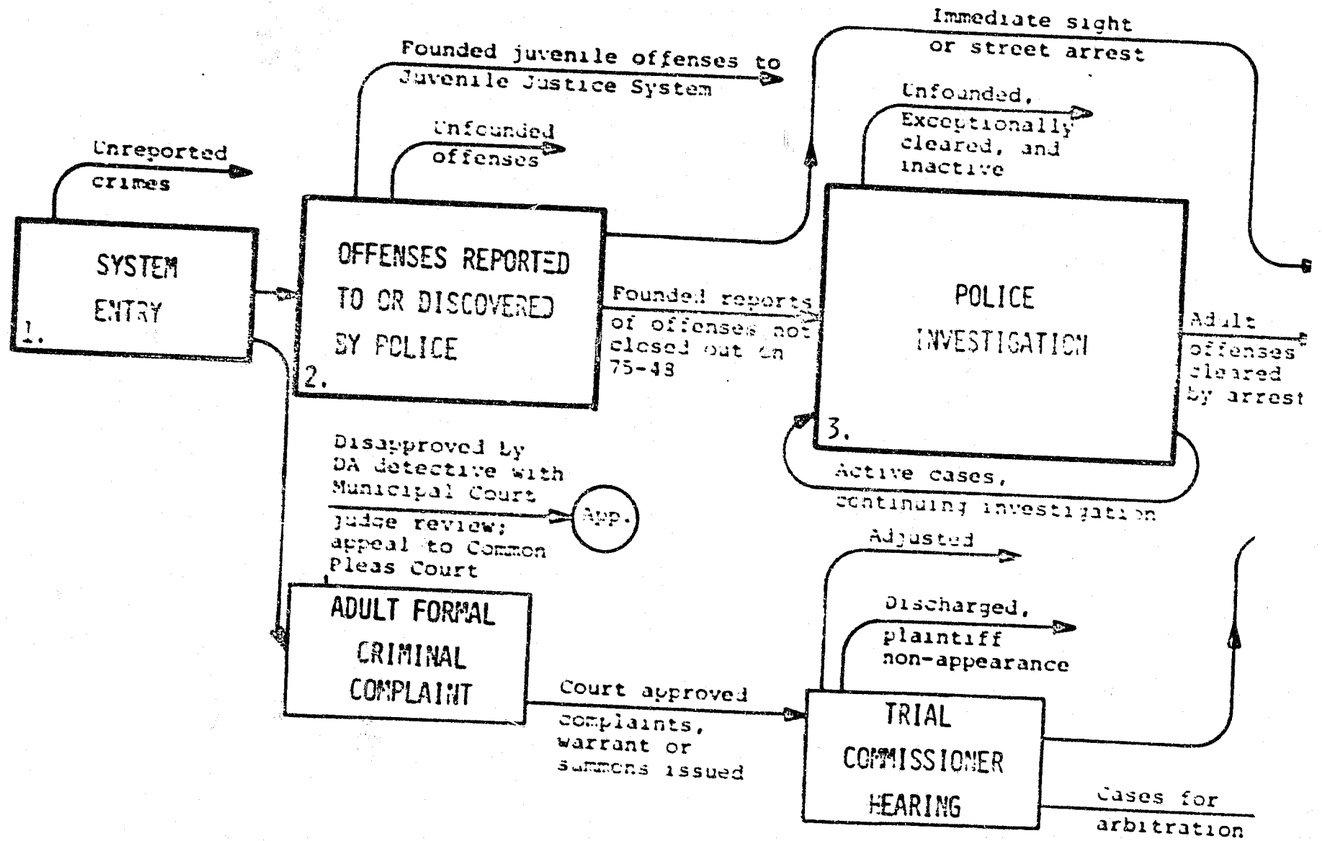
More systematically we note the following:

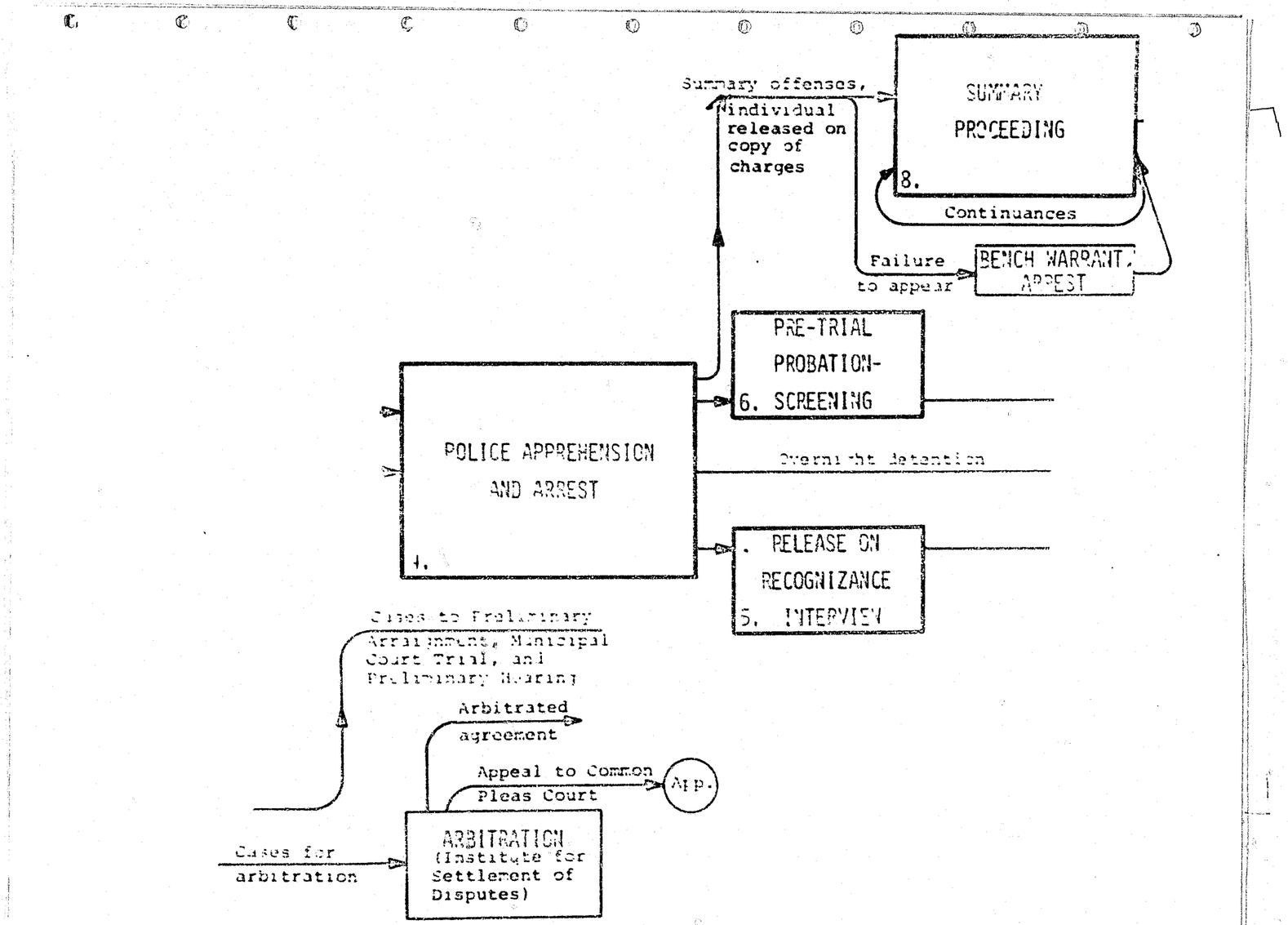
a. Police

TASC's aim is to interrupt normal police procedures as little as possible. The principal contact occurs at the Police Laboratory which performs the urinalysis for all arrestees processed at the central lock-up. At the PAB, TASC pays the salaries of six lab technicians (before December, 1973 it was five technicians), four lab helpers and one clerk typist. All are Police Department employees under the direct supervision of the Director of the Police Lab. TASC's Project Director is the principal liaison with the police department. The relationship seems devoid of trouble and has resulted in no notable problems for TASC.

b. District Attorney

As of June 1973, TASC has been served by a District Attorney's unit consisting of a full time Assistant District Attorney (ADA), an administrative assistant and a clerk typist. The unit is salaried by TASC and is under the supervision and jurisdiction of the District Attorney.


Unreported crimes
Founded juvenile offenses to Juvenile Justice System
Unfounded offenses
Immediate sight or street arrest
Unfounded, Exceptionally cleared, and inactive
SYSTEM ENTRY
1.
OFFENSES REPORTED TO OR DISCOVERED BY POLICE
2.
Founded reports of offenses not closed out on 75-48
POLICE INVESTIGATION
3.
Adult offenses cleared by arrest
Active cases, continuing investigation
Disapproved by DA detective with Municipal Court
Judge review; appeal to Common Pleas Court
App.
Adjusted
Discharged, plaintiff non-appearance
ADULT FORMAL CRIMINAL COMPLAINT
Court approved complaints, warrant or summons issued
TRIAL COMMISSIONER HEARING
Cases for arbitration


Summary offenses,
Individual released on copy of charges
SUMMARY PROCEEDING
8.
Continuances
Failure to appear
BENCH WARRANT/ ARREST
PRE-TRIAL PROBATION-
6. SCREENING
POLICE APPREHENSION AND ARREST
4.
Overnight detention
. RELEASE ON RECOGNIZANCE
5. INTERVIEW
Cases to Preliminary Arraignment, Municipal Court Trial, and Preliminary Hearing
Arbitrated agreement
Appeal to Common Pleas Court
App.
Cases for arbitration
ARBITRATION (Institute for Settlement of Disputes)

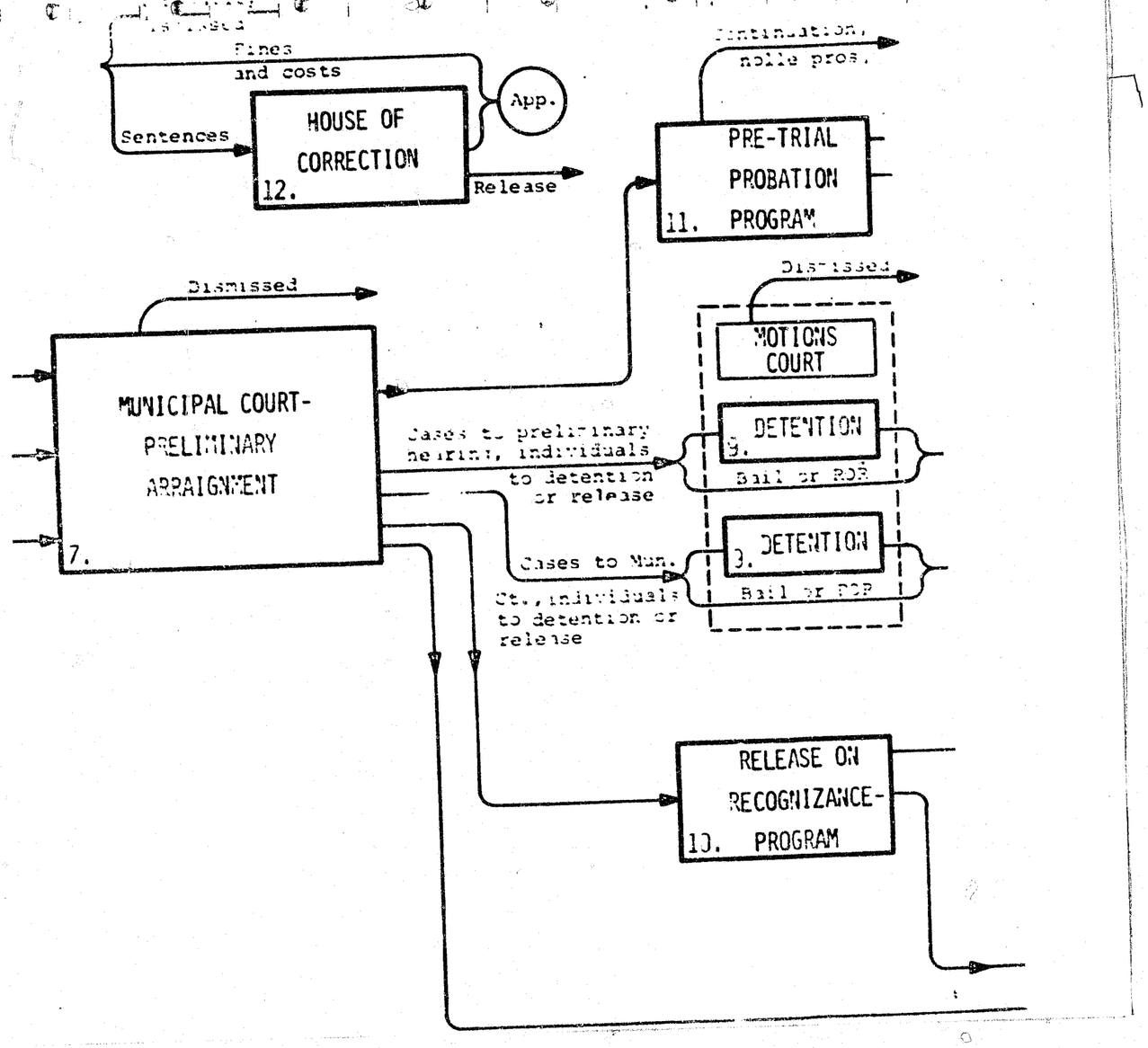


Figure IV-1. Continued
(Page 3 of 11)

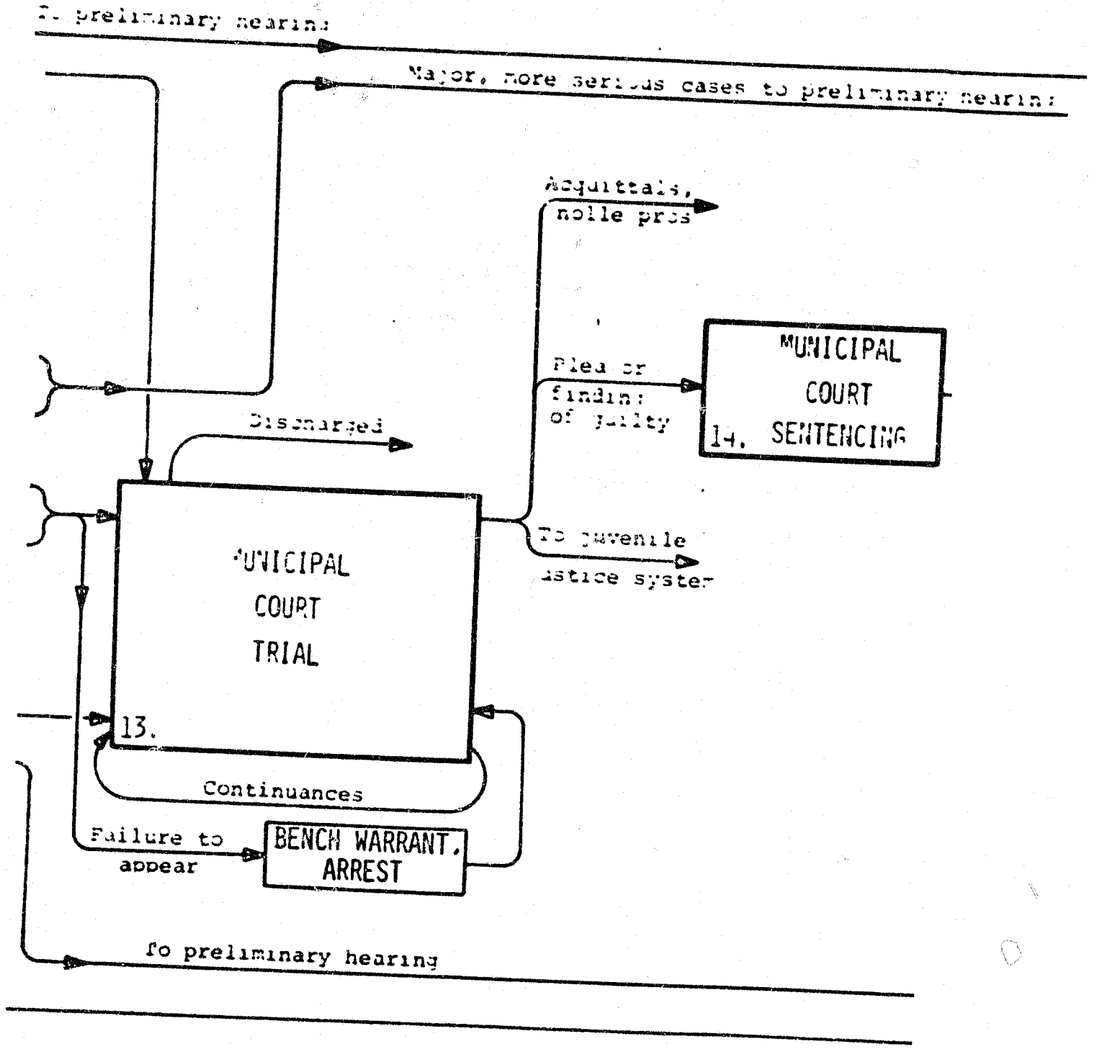


Figure IV-1. Continued
(Page 4 of 11)

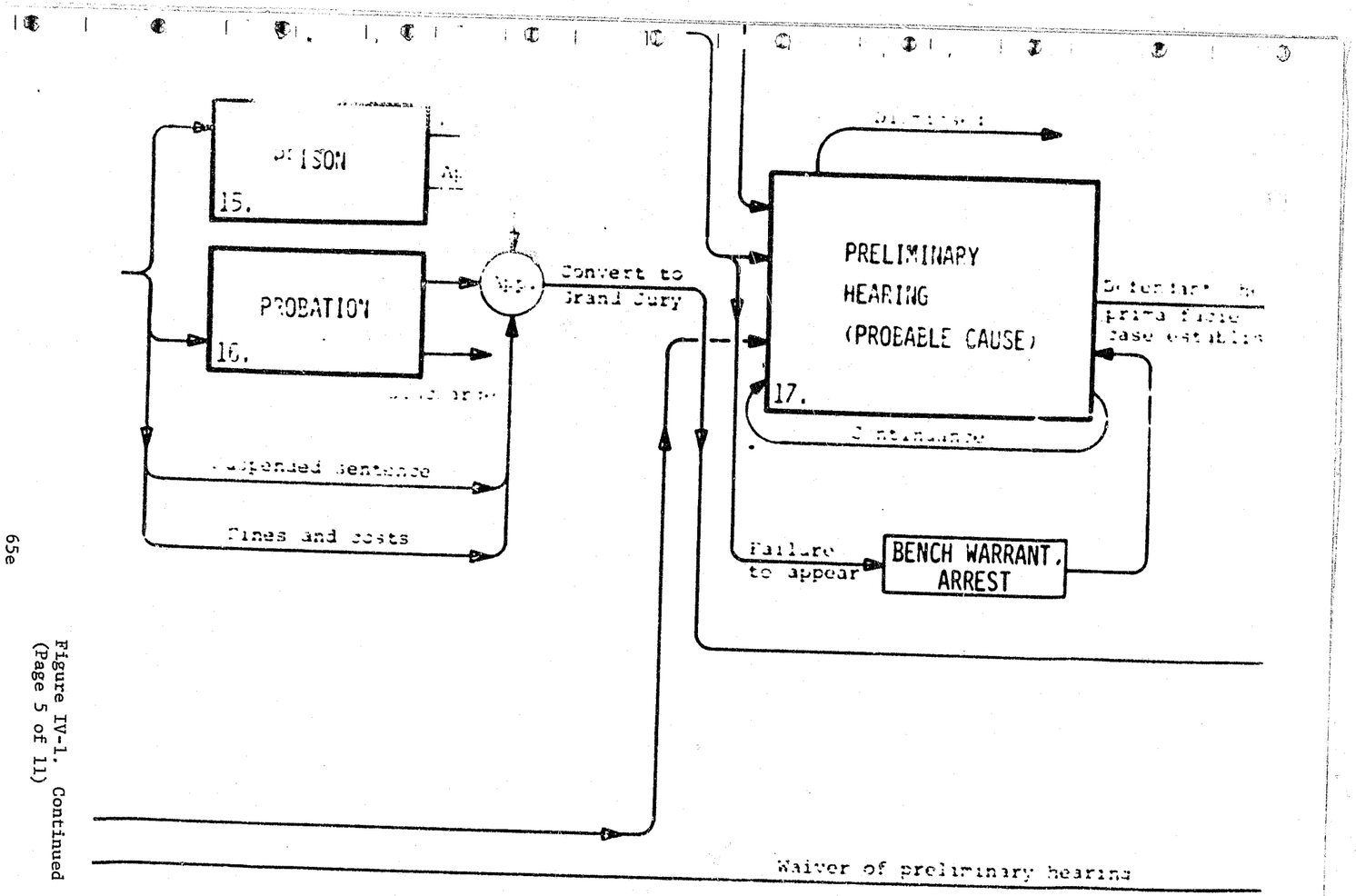
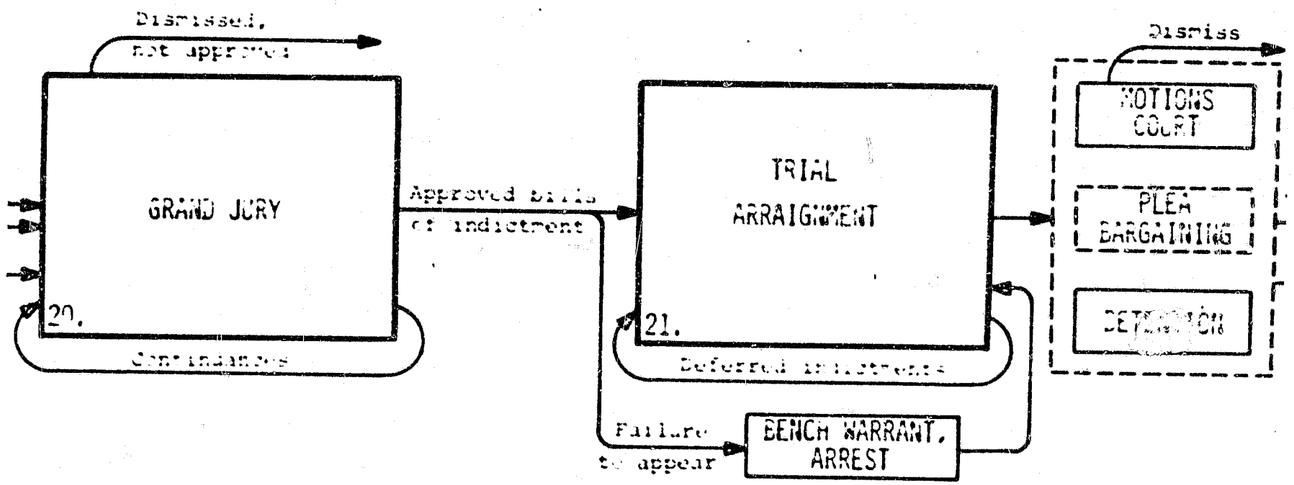
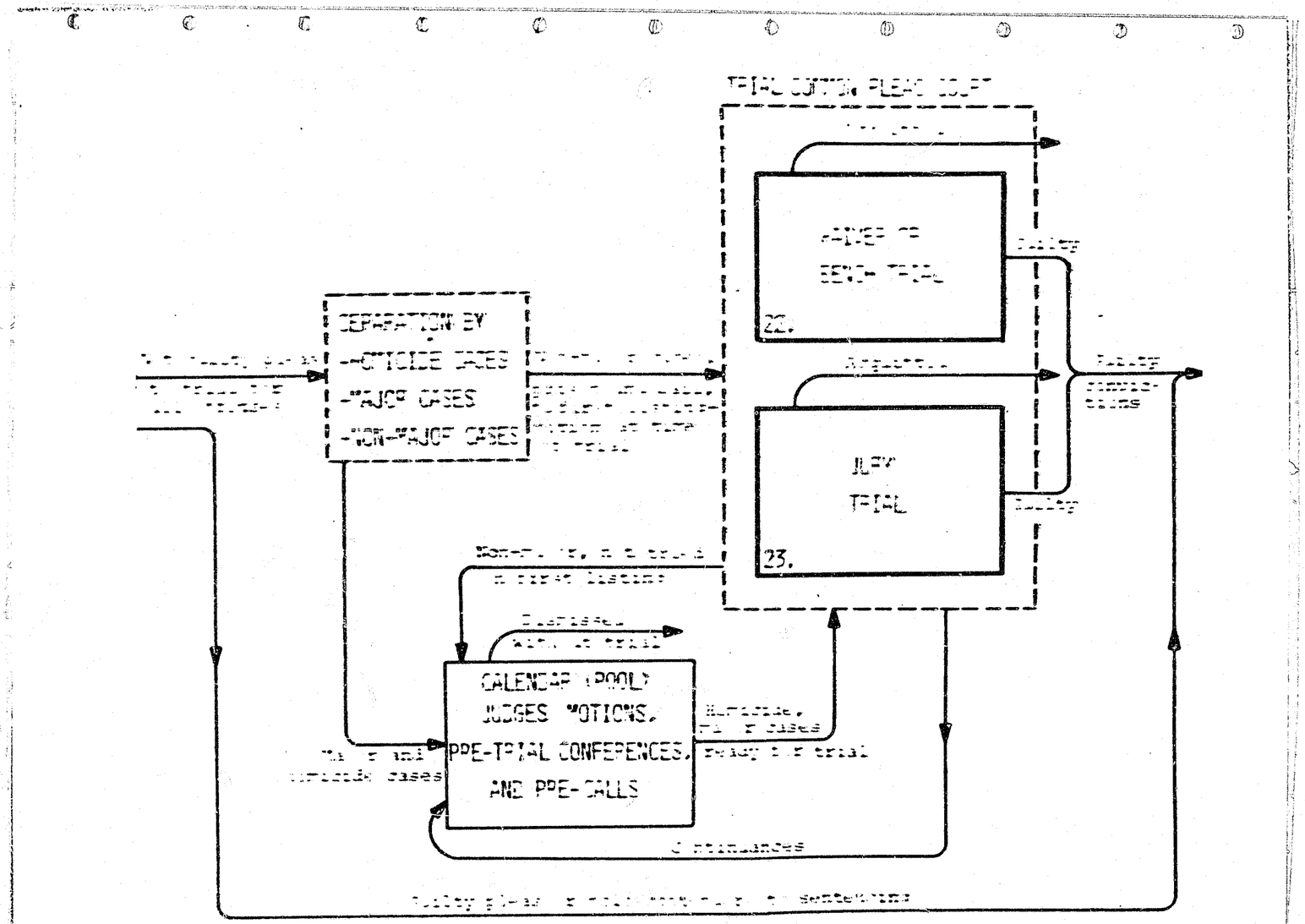
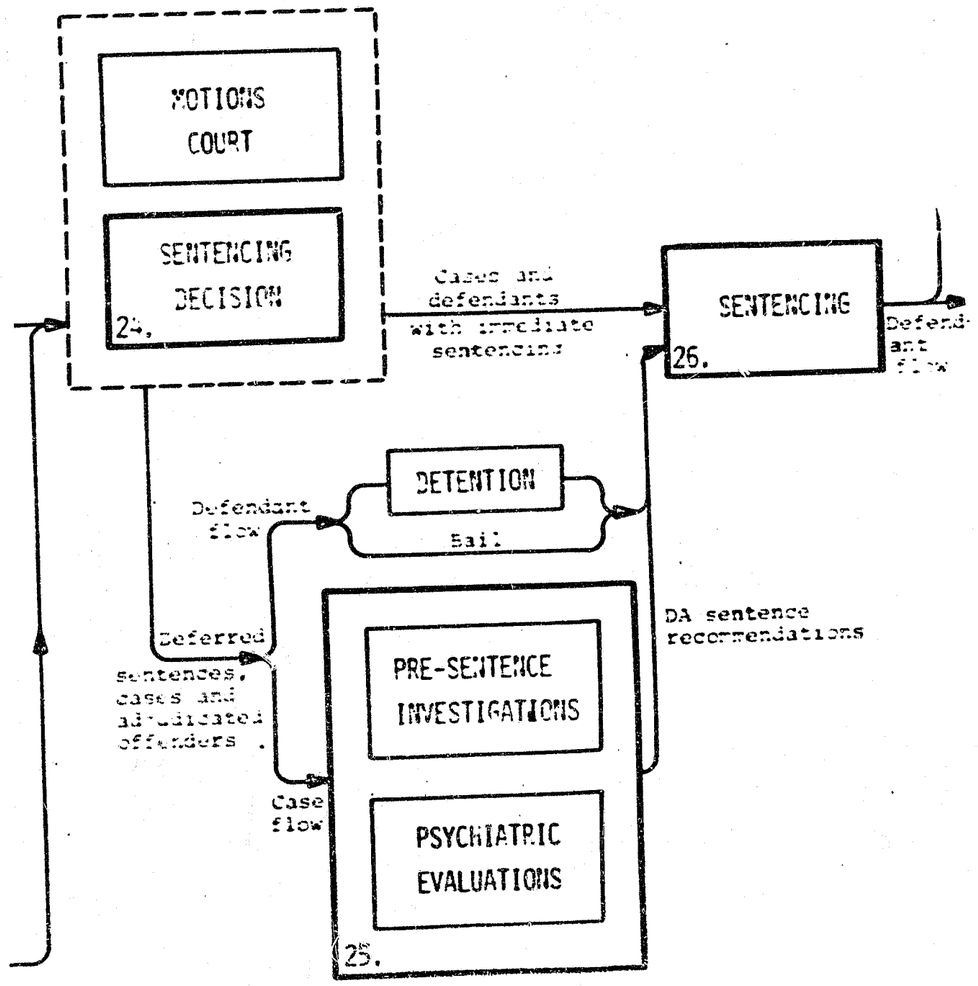


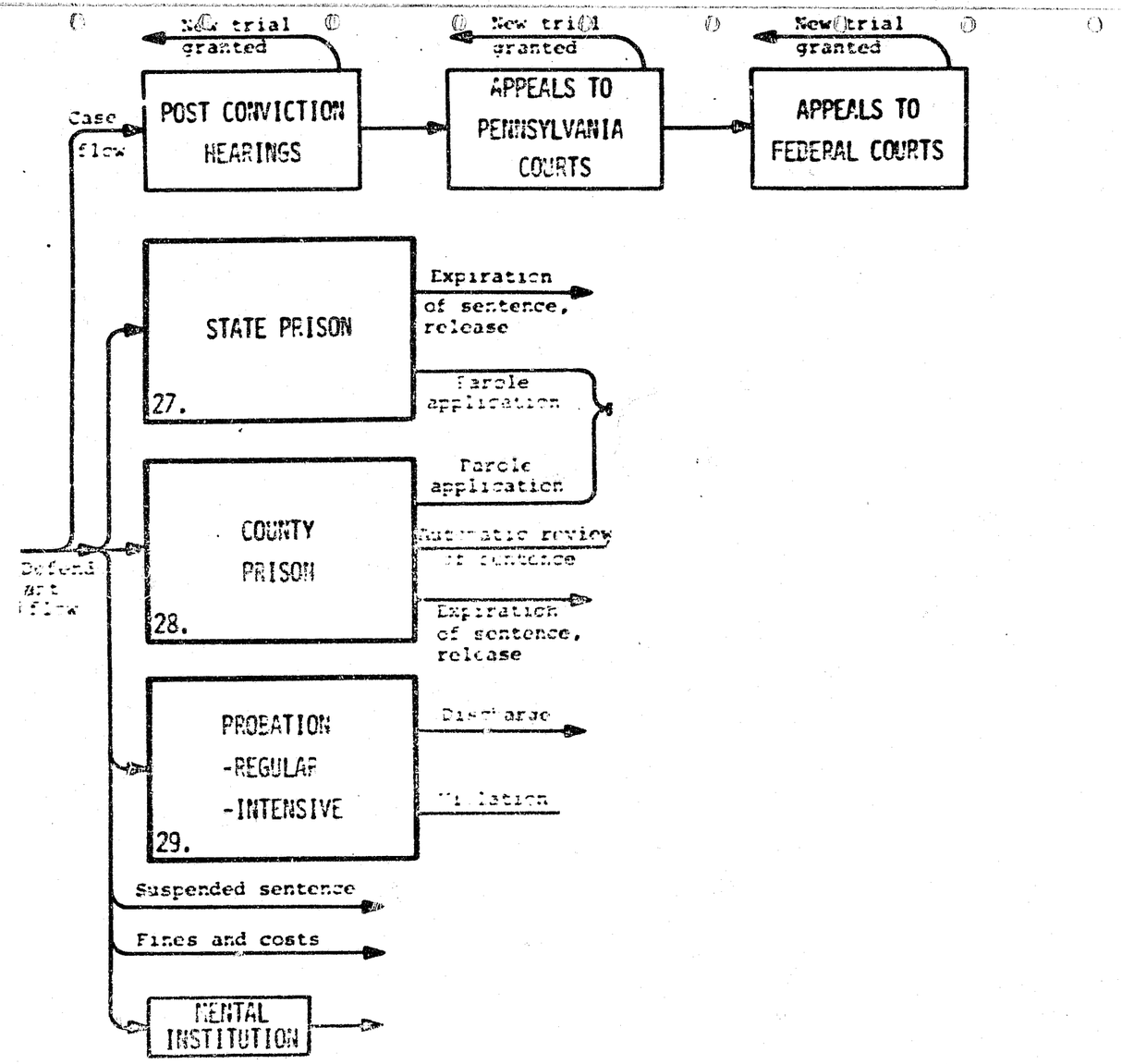
Figure IV-1. Continued
(Page 5 of 11)

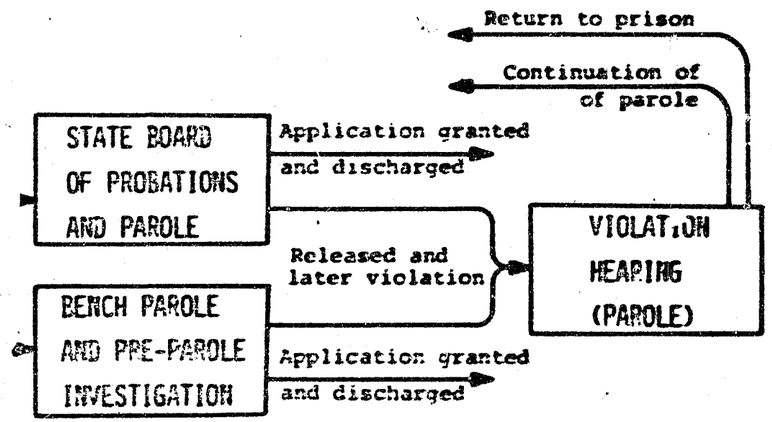
Figure IV-1. Continued
(Page 6 of 11)

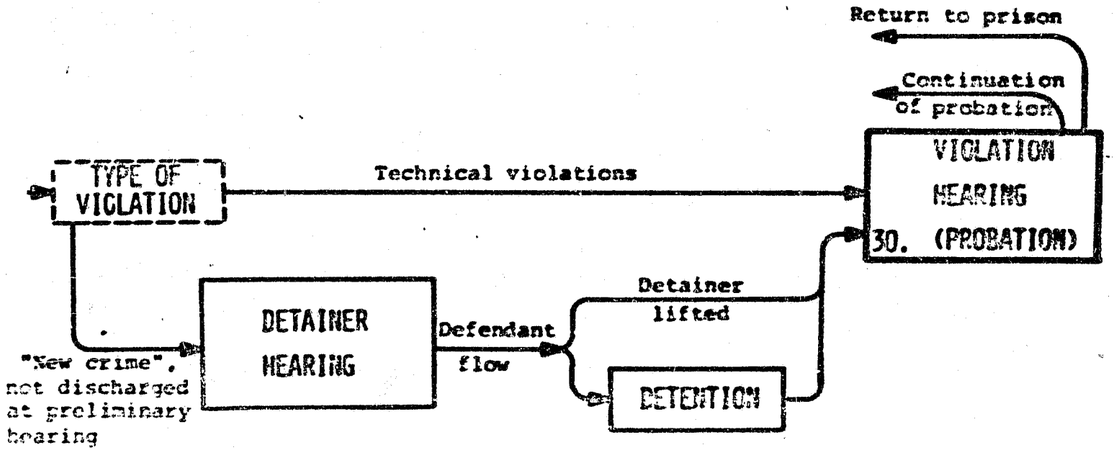

Dismissed,
not approved
GRAND JURY
20.
Continuances
Approved bills
of indictment
TRIAL
ARRAIGNMENT
21.
Deferred prosecutions
Dismiss
MOTIONS
COURT
PLEA
BARGAINING
DETERMINATION
Failure
to appear
BENCH WARRANT,
ARREST


TRIAL (JUDGE, PLEA) LOOP
SEPARATION BY
-OFFICE CASES
-MAJOR CASES
-NON-MAJOR CASES
CALENDAR (POOL)
JUDGES MOTIONS,
PRE-TRIAL CONFERENCES,
AND PRE-CALLS
JURY
TRIAL
23.


MOTIONS COURT
SENTENCING DECISION
24.
Cases and defendants with immediate sentencing
SENTENCING
26.
Defend-ant flow
DETENTION
Bail
Defendant flow
Deferred sentences, cases and adjudicated offenders.
Case flow
DA sentence recommendations
PRE-SENTENCE INVESTIGATIONS
PSYCHIATRIC EVALUATIONS
25.


New trial granted
POST CONVICTION HEARINGS
New trial granted
APPEALS TO PENNSYLVANIA COURTS
New trial granted
APPEALS TO FEDERAL COURTS
Case flow
STATE PRISON
27.
Expiration of sentence, release
Parole application
COUNTY PRISON
28.
Expiration of sentence, release
PROBATION
-REGULAR
-INTENSIVE
29.
Suspended sentence
Fines and costs
MENTAL INSTITUTION


Return to prison
Continuation of
of parole
STATE BOARD
OF PROBATIONS
AND PAROLE
Application granted
and discharged
Released and
later violation
VIOLATION
HEARING
(PAROLE)
BENCH PAROLE
AND PRE-PAROLE
INVESTIGATION
Application granted
and discharged


Return to prison
Continuation
of probation
TYPE OF
VIOLATION
Technical violations
VIOLATION
HEARING
30. (PROBATION)
DETAINER
HEARING
Defendant
flow
Detainer
lifted
DETENTION
"New crime",
not discharged
at preliminary
hearing

The Assistant DA reviews all pre-arraignment interviews and selects candidates to be recommended to the court for TASC under PIP. He recommends to the court retention or removal of PIP clients at Pre-ARD hearings. With the court he establishes new hearing dates for clients leaving TASC or who fail to comply with the conditions of TASC. He petitions the court to dismiss charges of PIP persons successfully completing their TASC treatment. He makes recommendations for successfully completed cases for SA and CR at time of their trial, if found guilty.

He reviews all trouble alerts (and recommends dropping clients from TASC), all reports of re-arrests, monthly reports and all reports submitted to the court.

The DA's unit works closely with the tracking unit in terms of both receiving all reports from the trackers and providing information about hearing dates, referrals, and dispositions back to the tracking unit.

The Assistant District Attorney is ultimately responsible for the court disposition of all TASC cases and through his working relationships with judges, other ADAs, and Court Bail interviewers, he is in a position to educate, inform and perhaps persuade about TASC benefits.

TASC's project director represents TASC in policy matters to the District Attorney's office. With the arrangements for an Assistant District Attorney's unit many early problems between TASC and this office were eliminated.

c. Court Bail

Court Bail interviewers provide some of the basic data for addict identification through their interviews with the arrestees at the PAB. They operate as the first screen in making recommendations about PIP or SA possible TASC referrals. They also interview arrestees sent to the Detention Center who may be eligible for conditional release.

As of December 4, 1973, they monitor all arrest records for possible TASC eligibles and forward all reports to the tracking unit.

Currently TASC pays the salaries of 2½ interviewers. The Assistant Director of TASC represents TASC in any policy coordination with Pre-Trial Services Division (which includes court bail). This is one of the best relationships existing between TASC and a critical legal agency.

d. Public Defender

Apparently at present there is little working relationship with the public defender. TASC's project director is the principal liaison with them.

e. Probation Department

This agency is involved with TASC for two types of clients, those in TASC through the pre-trial post-prison probation program at the Detention Center, and those who are tracked by TASC after being placed on probation. Again the tracking unit provides the various reports on client's progress to the probation unit.

f. City Government

Primarily the TASC Project is controlled by the city's Managing Director (Mayor) through CODAAP. The Project Director is directly responsible to the Director of CODAAP.

The Assistant Director is the principal contact with the accounting section of CODAAP.

The TASC Program Analyst for Evaluation is the principal contact with the Program Analyst and Criminal Justice Specialist of CODAAP.

4. Intervention/Voluntary vs. Compulsory/Involuntary Procedures

TASC ideally attempts to intervene with the largest number of arrested addicts possible, some of whom enter TASC in a truly voluntary manner while others involve some degree of rewards to volunteer.

The least constraints operate on the Sentence Alternative cases. These are accused individuals who manage to secure bail and are therefore released pending trial. TASC cannot offer such an individual rewards to them as are available to PIP (no trial and dismissal of all PIP charges) or even to Conditional Release cases (bail reduction and release from Detention Center). The SA person must enter TASC of his own volition hoping only to get beneficial treatment and perhaps be sentenced to TASC on conditional probation should he be convicted in court.

There are, as has been indicated, greater pressures (rewards) for the PIP eligible to enter TASC; he can have his case postponed at his pre-ARD hearing and if he stays in TASC until treatment completion, all charges will be dropped. Yet the pressures to enter TASC are not overwhelmingly great. The PIP case is usually released on his own recognizance and if he feels he can avoid conviction at his trial, he may see little advantage to his entering TASC. Also, if he is knowledgeable about alternatives to TASC he may be aware that he can, even in some cases of conviction, avoid prison under Sections 17 or 18 of the Pennsylvania Drug, Device, and Cosmetic Act of 1972 (see 5f, below). The Conditional Release client is most rewarded by entering TASC. He is languishing in the Detention Center and cannot raise bail. He is told that he may be released

from the Detention Center if he volunteers for TASC. Thus, TASC offers him freedom, requiring only attendance in a treatment program, until his trial, and even if he should be convicted at that time, TASC would submit a pre-sentence recommendation for his continuation in treatment under conditional probation.

5. Alternatives to TASC

a. There is the possibility of routine criminal justice system processing without either awareness of, or reference to, the addiction states of the arrestee/convict. This is the <u>normal</u> procedure followed for most addicts in some systems, and they might not be treated at any point in the criminal justice system. This could also occur in Philadelphia for a first-time arrestee who was "clean" from a lack of drugs and who would not admit to addiction.

b. If the arrestee cannot make bail (a potential CR case) and during his processing at the Detention Center the suspect admits to being an addict (he <u>must</u> confess to be eligible) he will be told of a 7-8 day detoxification program available for males at the Detention Center ("E" Dormitory) and for females at the House of Correction ("G" Wing). This limited treatment could also be a sole alternative to TASC.

c. Also available in the pre-trial stage for arrestees in the Detention Center or Holmesburg Prison is the therapeutic community programs operating within Holmesburg Prison.

d. If the arrestee-addict raises bail after he has entered a Detention Center or Holmesburg Prison treatment program, the Philadelphia Probation Department will offer him the full range of community Pre-Trial Post-Prison treatment programs.

e. If the arrestee-addict does not raise bail, stays in the Detention Center until his trial and is convicted, he may be placed

on Conditional Probation by the Probation Department, which plan will require the offender to attend a specified community-based treatment program, or be treated in the Probation Department's own Drug Unit.

f. The Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act of 1972 (HB 851) provides for two specific pre-trial programs for selected violators fitting under provisions of this act (the manufacture, distribution, selling, etc. of substances defined by the act, by persons not registered to traffic in such substances) who are defined as "drug abusers" or "drug dependent" (" ...a person who is using a drug, controlled substance or alcohol, and who is in a state of psychic or physical dependence, or both, arising from administration of that drug, controlled substance, or alcohol on a continuing basis. Such dependence is characterized by behavioral and other responses which include a strong compulsion to take the drug, controlled substance or alcohol on a continuous basis in order to experience its psychic effects, or to avoid the discomfort of its absence. This definition shall include those persons commonly known as "drug addicts."). Drug abuser is not defined in the act and it probably is taken to mean the same as "drug dependent."

The relevant sections of the act are 17 ("Probation Without Verdict") and 18 ("Disposition in Lieu of Trial"). Section 17 applies to persons violating terms of this act, whereas section 18 applies to all "drug dependent" persons charged with a "non-violent" crime.

Section 17. Probation Without Verdict - A person may be entitled to probation without verdict under the following circumstances:

(1) A person who has not previously been convicted of an offense under this act or under a similar act of the United States, or any other state, is eligible for probation without verdict if he pleads nolo contendre or guilty to, or is found guilty of, any nonviolent offense under this act. The court may, without entering a judgment, and with the consent of such person, defer further proceedings and place him on probation for a specific time period not to exceed the maximum for the offense upon such reasonable terms and conditions as it may require.

Probation without verdict shall not be available to any person who is charged with violating clause (30) of subsection (a) of section 13 of this act* and who is not himself a drug abuser.

(2) Upon violation of a term or condition of probation, the court may enter a judgment and proceed as in any criminal case, or may continue the probation without verdict.

(3) Upon fulfillment of the terms and conditions of probation, the court shall discharge such person and dismiss the proceedings against him. Discharge and dismissal shall be with adjudication of guilt and shall not constitute a conviction for any purpose whatever, including the penalties imposed for second or subsequent convictions: Provided, That probation without verdict shall be available to any person only once: And further provided, That notwithstanding any other provision of this act, the prosecuting attorney or the court and the council shall keep a list of those persons placed on probation without verdict, which list may only be used to determine the eligibility of persons for probation without verdict and the names on such lists may be used for no other purpose whatsoever.

Section 18. Disposition in Lieu of Trial

(a) If a person charged with a nonviolent crime claims to be drug dependent or a drug abuser and prior to trial he request appropriate treatment, including but not limited to, admission or commitment under the Mental Health and Mental Retardation Act of 1966 in lieu of criminal prosecution, a physician experienced or trained in the field of drug dependency or drug abuse shall be appointed by the

*Deals with manufacture, delivery or possession with intent to manufacture or deliver a "controlled" substance as defined by the act.

court to examine, if necessary, and to review the accused's record and advise the government attorney, the accused and the court in writing setting forth that for the treatment and rehabilitation of the accused it would be preferable for the criminal charges to be held in abeyance or withdrawn in order to institute treatment for drug dependence, or for the criminal charges to be prosecuted. The government attorney shall exercise his discretion whether or not to accept the physician's recommendation.

(b) In the event that he does not accept the physician's recommendation he shall state in writing and furnish the defendant a copy of his decision and the reasons therefor.

(c) If the government attorney accepts the physician's advice to hold in abeyance, he shall arrange for a hearing before the appropriate court to hold in abeyance the criminal prosecution. The court, upon its approval, shall proceed to make appropriate arrangements for treatment.

(d) The government attorney, upon his own application, may institute proceedings for appropriate treatment, including but not limited to, commitment pursuant to the Mental Health and Mental Retardation Act of 1966.

(e) A criminal charge may be held in abeyance pursuant to this section for no longer than the lesser of either (1) the appropriate statute of limitations or (2) the maximum term that could be imposed for the offense charged. At the expiration of such period, the criminal charge shall be automatically dismissed. A criminal charge may not be prosecuted except by order of court so long as the medical director of the treatment facility certifies that the accused is cooperating in a prescribed treatment program and is benefiting from treatment.

(f) If, after conviction, the defendant requests probation with treatment or civil commitment for treatment in lieu of criminal punishment, the court may appoint a qualified physician to advise the court in writing whether it would be preferable for the purposes of treatment and rehabilitation for him to receive a suspended sentence and probation on the condition that he undergo education and treatment for drug abuse and drug dependency,

or to be commited pursuant to the Mental Health and Mental Retardation Act of 1966 for treatment in lieu of criminal punishment, or to receive criminal incarceration. A copy of the physician's report shall be furnished the court, the defendant and the government attorney.

The court shall exercise its discretion whether to accept the physician's advice.

(g) Disposition in lieu of trial as provided in this section shall be available to any person only once.

Also of relevance to this issue are Clauses (2) and (4) of Section 16:

Section 16:

(2) For purposes of this section, any conviction under any Federal or state law relating to any controlled substance or other drug, other than a juvenile violation, shall constitute a prior offense if it related to the type of conduct against which a subsequent offense is directed.

(4) The probation or parole or other conditional release or discharge of any person convicted of an offense under this act or of any other offense may be conditional on the person's agreement to periodic urinalyses or other reasonable means of detection. A relapse into drug abuse one or more times or the failure to conform to a set schedule for rehabilitation, or both, in themselves shall not require that his status be revoked or treatment denied.

In the estimate of TASC personnel very few if any persons have been released under Sections 17 or 18.

In terms of post-trial programs, it has been mentioned that the Probation Department does have a Drug Treatment Section that treats and refers addicts placed on probation. TASC is currently negotiating for the tracking of some of their cases.

B. INTAKE PROCESS

The observations and conclusions in this sub-section represent past performence, as the TASC Intake Unit is currently being phased out and is scheduled to be replaced by the Central Medical Intake Unit (CMI) of the Philadelphia CODAAP. The CMI will function as the screening, evaluative and referral agency for all TASC as well as voluntary referrals to treatment. The unit will conduct full psychological and medical evaluations, refer clients to the most appropriate community based treatment modality, notify TASC of the referral, and provide TASC with needed historical information. Once referral is made, each client will be incorporated into the TASC tracking network.

1. Intake Procedures

Intake was optimally scheduled to take three days or less. Referrals from the Criminal Justice System appear within 24 hours of referral. The receptionist greets the applicant, obtains preliminary demographic information, assigns the applicant to an intake team, and begins the CODAAP report form.

Each intake team formerly consisted of an ex-addict counselor, a nurse, and a social worker, who would interview clients for 1-3 hours over the course of several days. Drug and social history, psychological background, etc. were obtained, a medical examination done, emergency social services or housing were offered, and psychological testing, if deemed necessary, was performed. The team ultimately made case presentations to the entire staff.

The counselor and social worker interview the clients assigned to them. They explain TASC and alternative treatment possibilities. During the first day they complete a 35 item questionnaire with information on personal history, education, employment, drug history, and family drug history. Subsequently an Intake Supplement Interview (involving 95 items) was completed (until Fall, 1973), with additional information on family history, juvenile delinquency history, drug history, illegal activities supportive of drug habit, employment history, military history, family relations and other problems.

All personnel are very well acquainted with eligibility criteria and utilize them effectively. Eligibility requires that they first ascertain whether the client is indeed an addict. A series of urinalyses over three to six days is an important factor in this decision along with the close physical examination of the client, as well as the impressions in the several interviews with him, especially by the ex-addict counselor.

Referral decisions were made jointly with the applicant, who, especially if therapeutic community treatment was being considered, would often visit the facility before making a final decision.

2. Performance

Heavy attrition occurred at Intake with 163 clients failing to appear for required appointments and 35 who were re-arrested. Only 3% (18) of all persons entering Intake were returned to the normal criminal justice system processing because they were found not to be drug involved. All in all, the extremely small throughput resulted in high costs per successful referral.

The exceedingly high cost and the high dropout rate are, we feel, partially due to severe weakness in the intake process. These are reviewed primarily in order to make recommendations which would be applicable to other or future TASC projects, and to the CMI soon to take over the intake function.

3. Problem Assessment

Perhaps the most serious weakness of the Intake Unit was the lack of training and experience of its staff. Personnel were not only untrained, but received little training during their employment. Important items to be asked in completing the intake evaluation were learned partly by administering the research instrument. While a worthwile tool, it was not designed to identify focal individual conflicts of applicants, and cannot be easily utilized to make a wise referral for treatment. Further, the routine asking of questions not specifically focused upon the applicants' problems can be interpreted as a mechanical, bureaucratically inspired approach that might further alienate applicants whose motivation for treatment is already tenuous at best.

The importance of establishing an immediate, warm, helping and understanding relationship with any prospective client, especially one with questionable motivation and problems in delaying gratification, is apparent. A long intake process, replete with delays, probably discourages many. The team interview approach, designed to elicit a great deal of information, is more useful for the staff than it is for the client, who may view it as an alienating experience. Some of the problem may lay in the clients' understanding of the program. A large proportion of TASC clients were detoxified either on an inpatient or ambulatory basis before beginning treatment in the outpatient unit. TASC experienced some difficulty in explaining to those who had been detoxified that "treatment" was not over, but merely beginning. Since TASC was one of the first multi-modality treatment programs in Philadelphia, most clients were unaware that various different treatment forms could be sequential and were not total in and of themselves.

It is difficult to procure experienced staff. It is inexcusable not to make the necessary arrangements to properly train them. The staff training, we were told, was of very poor quality when it was finally offered.

There were some other factors involved in the lengthy intake process. Laboratory tests, including urines, were tardy. We were told that the results of the first urine taken at the Police Administrator Building could take two weeks to reach TASC. However, the director of this unit saw no reason why TASC personnel could not have picked up the results on the same day they were done. This could have, and should have, been done by either the intake or the tracking unit.

Another problem seems to have been in scheduling for the physical examination. The physician's hours were short, irregular, and did not often coincide with the applicants' presence. This is a frequent occurrence in facilities that are staff rather than patient oriented.

A serious deficiency in the intake unit was its record keeping system. Examined clients' records were incomplete. Social work histories were absent or sketchy, and did not present relevant social-psychological facts. Nowhere was there an indication of disposition or progress.

No psychological test reports were found. We were told that the consultant psychologist's services were used infrequently, that test results were invalid, and that few applicants really needed testing. In addition, testing lengthened the stay at intake to about seven days. This is difficult to evaluate. "Invalid" tests and lack of need for this type of evaluation suggests either an extremely poor psychologist or a lack of sophisitication and understanding on the part of the intake staff of both the testing process and the problems of their patients. The latter seems likely.

It was impossible for us to see on the basis of what was found in the client records, how a sensible evaluation of the client's problems or a logical treatment referral decision could be made. The records included no indication of client motivation, interest, degree of insight, or conflicts, all crucial points in assessing therapeutic needs.

We believe that a TASC intake unit needs to address itself speedily and primarily to the special problems of arrestee referrals. With clients being dubiously motivated for treatment in many instances, the prime task of intake should be to make a quick evaluation while at the same time establishing an initial warm accepting relationsip with the applicant. To accomplish this, intake should be limited to a single day followed by referral on the same day. The three person intake team is more appropriate for detailed assessments such as are made in general psychiatric clinics. This approach is not needed to accomplish TASC's goals. A consulting psychologist, however, should be retained for in-depth assessment of certain applicants, such as those interested in therapeutic communities and, most important, to conduct frequent training sessions whose emphasis should be on interviewing techniques, diagnosis, and assessment of psychological conflicts, motivation and interest in treatment.

Under these rather special conditions, ex-addicts, preferably graduates of therapeutic communities, would be the most appropriate intake workers. A social worker who could handle situations such as emergency housing and welfare, should also be involved, via referral, with clients requiring the service.

The need for initial medical evaluation prior to referral in a program that is not hospital based and cannot provide quick services, should be carefully evaluated. We suspect that the wait for medical evaluation may result in a great loss of clients and is not compensated for by early detection of medical problems. This can be done a day or two later by the agency to which the client has been referred.

The suggestion that the first urine test done at the PAB (at least the morphine screen) be TASC's first urine is a good one. A mechanism should be set up to eliminate delay in reporting.

The key to client retention is speed in dealing with his/her problem in a climate that enhances his/her motivation rather than tests it.

C. THE TASC TRACKING SYSTEM

Since TASC deals exclusively with criminal justice system referrals, it is essential that the status and whereabouts of each client be known daily, and that the referral process be itself monitored. To accomplish this, the original grant application condensed the functions of tracking, evaluation, research and bookkeeping into one unit. For Year 2, a tracking unit, consisting of eight persons, has been proposed, and a complex, sophisticated, semi-automated tracking system devised. This system, described below, is still being developed. At the time of SSI's site visit, the tracking unit personnel had not all been hired, but most of the proposed system was in operation. In general, we found the system to be an outstanding one. The tracking staff are exceptional people and the system, when fully operational, could become a model for all TASC tracking systems.

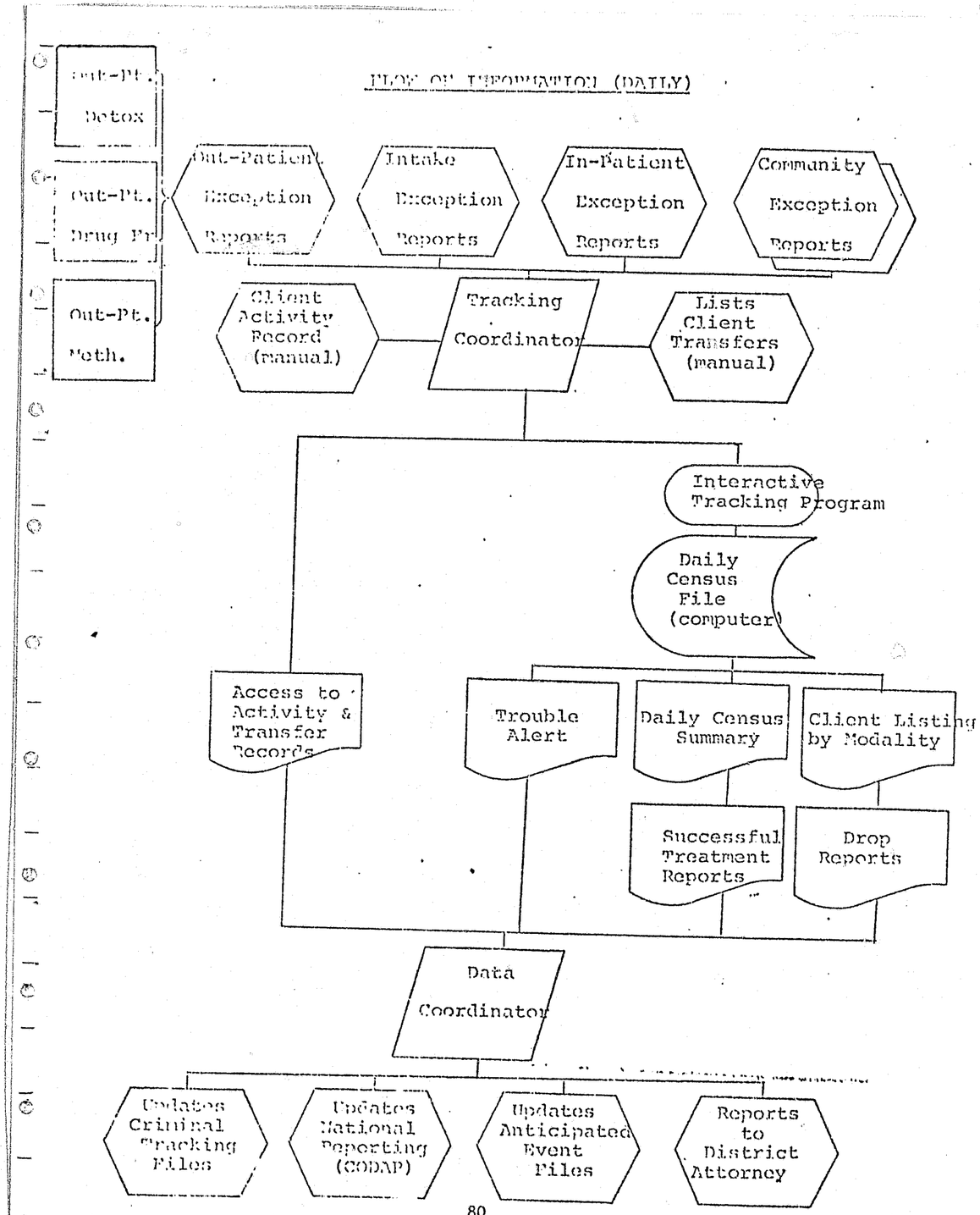
1. Description of the System

The system does the following things:

- o Identifies drug-using arrestees and tracks them through referral to the point of exit from the criminal justice system;
- o Reports to multiple sources of referral regarding the status and progress of each TASC client;
- o Coordinates court dates and appearances.

In summary, the system identifies the universe of addicted individuals within the criminal justice system, follows them through that system to the point of treatment referral, continues to receive and computerize daily information about each client in treatment, coordinates (for Sentence Alternative and Conditional Release referrals) with the Variable Access Court Computer System to determine trial dates, prepares pre-trial reports and recommendations, and offers statistical and evaluative reports to the Assistant District Attorney's Unit, the Department of Probation and the Pre-Trial Services Division, which includes evaluations of client progress in treatment and recommendations for disposition.

The system offers daily, weekly, and monthly reports. Figure IV-2 describes the daily flow of information the system provides.



Exceptions (new admissions, transfers, drops from the program, treatment completions and unexcused absences) are reported daily (Monday through Friday) via telephone. This will be done by the Tracking Clerks who will contact each treatment program daily and report all exceptions to the Tracking Coordinator. This individual then prepares a Client Activity Record for new admissions, updates Activity Records for drops, transfers and treatment completions, and posts Trouble Alerts. This procedures yields five types of daily reports:

- o An updated roster for each modality;
- o A daily census summary (see Figure IV-3);
- o A Trouble Alert, for anyone with two unexcused absences, is immediately mailed to the TASC Assistant District Attorney (see Figure IV-4);
- o A disposition report for each client dropped from treatment (see Figure IV-5). Drops are reported by phone to the District Attorney's office daily;
- o A Completion of Treatment Report.

The culmination of this system is shown in Appendix A which shows the daily computerized output for the system. Every individual (names and M.C. numbers have been eliminated to protect confidentiality) is described in terms of the number of days spent in intake and in each treatment facility as of November 2, 1973.

Figure IV-6 describes the weekly information flow through the system. Possible errors in the system are guarded against by use of the weekly tracking system, outlined there.

A total census summary is shown for the week ending December 23, 1973 at Figure IV-7. A copy is sent to each treatment service unit. These units match the TASC printout with their roster, and report discrepancies. The system is thus constantly being corrected, updated, and provides itself with an internal negative feedback system. The weekly report is submitted to the 14 sources listed in Figure IV-6.

In addition, a weekly statistical report is produced (see Figure IV-8) which describes client flow both for the week in question and cumulatively from the inception of the system.

Figure IV-3

DAILY CENSUS SUMMARY DATE 12-24-7[illegible]

MODALITY	NUMBER
INTAKE	6
O.P.C.F.	7[illegible]
O.P.METHADONE	0
O.P.METHADONE	30
D.C.H.	8
GAUDENZIA HOUSE	5
OUTREACH	1
INTAKE RETURN	7
COMMUNITY	42
DROPPED TO DATE	383
TERMINATIONS	0
TOTALS	544

Figure IV-4

DATE 11-20-73 M.C. NUMBER

CLIENT'S NAME FACILITY: OPDF

TROUBLE ALERT
CITY OF PHILADELPHIA
TREATMENT ALTERNATIVES TO
STREET CRIME
(TASC) PROGRAM

THE ABOVE CLIENT HAS TWO CONSECUTIVE DAYS OF UNEXCUSED ABSENCE.
THE CLIENT WAS ABSENT BOTH ON THE DATE ABOVE AND THE DAY BEFORE.
THE TREATMENT FACILITY HAS BEEN UNABLE TO CONTACT HIM.

DROP/TRANSFER REPORT (TASC) PROGRAM

CLIENT NAME | TASC NO. | MC NO.

DROP

1. FACILITY DROPPED FROM

2. REASON FOR DROP

- [ ] A. Rearrest
- [ ] B. Incarceration
- [ ] C. Drug Abuse
- [ ] D. Alcohol Abuse
- [ ] E. Unexcused Absences
- [ ] F. Abusive Behavior
- [ ] G. Death – Drug Related
- [ ] H. Death – Other
- [ ] I. Medical/Psychiatric Problem
- [ ] J. Other

3. FULL EXPLANATION OF REASON

TRANSFER

1. FROM | TO

2. REASON FOR TRANSFER

3. CLIENT PROGRESS IN TREATMENT PRIOR TO TRANSFER AND RECOMMENDATIONS

COUNSELOR (Signature)

70-A-144

1 – D.A.
2 – TASC TRACKING AND EVALUATION UNIT
3 – TRANSFERRING MODALITY
4 – RECEIVING MODALITY

Figure IV-6

CITY OF PHILADELPHIA TASC PROGRAM
TREATMENT ALTERNATIVES TO STREET CRIME

WEEKLY CENSUS SUMMARY

WEEK ENDING 12-23-73

SCREENING

WEEKS ARRESTS	623
WEEKS TASC INTERVIEWS	572.
ELIGIBLE	590.
WAIVERS	18.
WEEKS IDENTIFIED ADDICTS (ADMITTED ADDICTS, POSITIVE MORPHINE, AND/OR POSSESSION OF NARCOTICS CHARGE)	38
WEEKS URINE SUBMISSIONS	294.
PERCENT OF SURVEY ELIGIBLES	67.9%
MORPHINE POSITIVES	24.
PERCENT	8.2%

REFERRALS

NUMBER ELIGIBLE FOR PRE-INDICTMENT PROBATION (PIP)	9
NUMBER REFERRED PIP	4
NUMBER ADMITTED:	
PRE-INDICTMENT PROBATION	2
SENTENCE ALTERNATIVE (PRE-TRIAL)	0
CONDITIONAL RELEASE	2
PROBATION (POST TRIAL)	0
HAVING PARTICIPATED PRE-TRIAL	0
NO PRIOR PARTICIPATION	0
WEEKS ADMISSIONS	4
NUMBER OF SUCCESSFUL GRADUATES	0
NUMBER RETURNED FOR CRIMINAL PROCESSING WITHIN 21 DAYS OF REFERRAL	0
WEEKS DROPS FROM TREATMENT	3
WEEKS REARRESTS	1

TREATMENT

AT WEEKS END, THE DISTRIBUTION OF CLIENTS WITHIN THE TASC SYSTEM WAS, BY MODALITY:

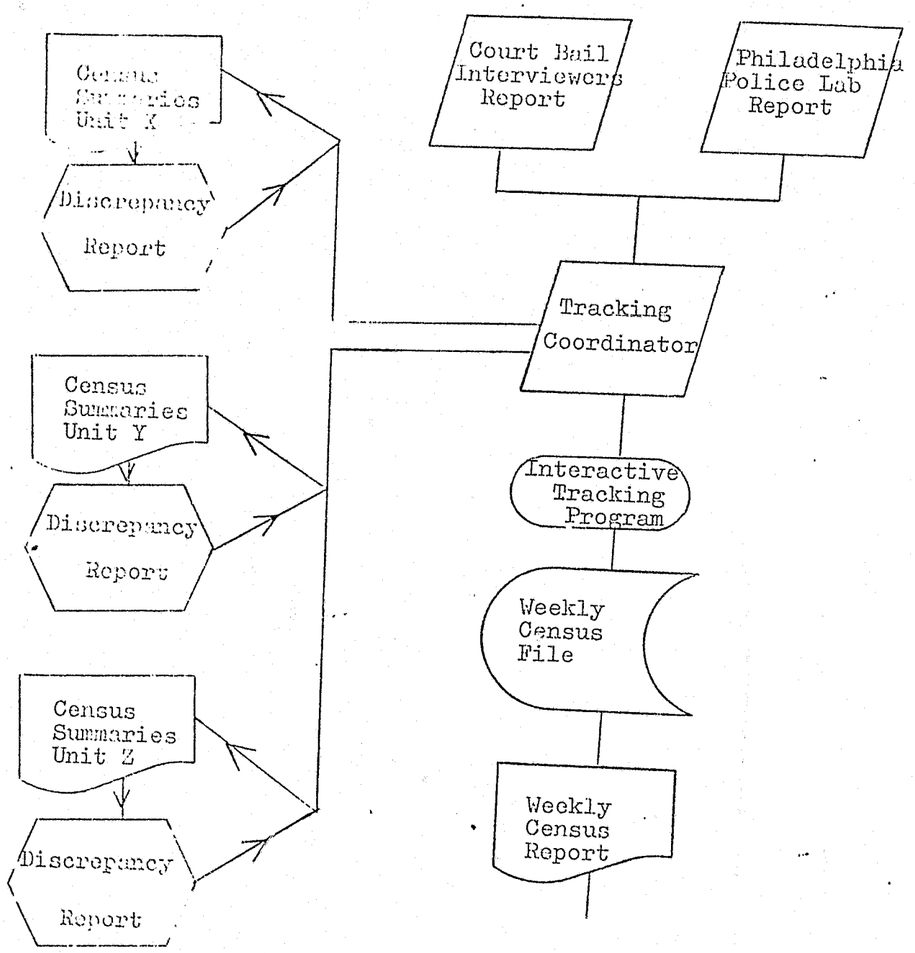
MODALITY	NUMBER	TO DATE
INTAKE	13	536
OUTPATIENT DRUG FREE	83	232
OUTPATIENT CHEMOTHERAPY	49	92
RESIDENTIAL COMMUNITY	9	18
INPATIENT DETOXIFICATION	1	101
TOTAL ACTIVE CLIENTS	155	

TO DATE:

STATUS	NUMBER
ACTIVE	155
RETURNED WITHIN FIRST 21 DAYS	221
DROPPED FROM TREATMENT	160
SUCCESSFUL GRADUATES	0

Figure IV-7

FLOW OF INFORMATION (WEEKLY)



1. Richard Jacobsen, Natl. TASC Dir.
2. Michael Furst, Dir. CODAAP
3. Charles Sorrentino, Regl. LEAA
4. Peter Bowers, Esq., Asst. District Att.
5. Hon. Joseph Glancey, Pres. Judge, Mun. Ct.
6. Michael Cornick, Pub. Defenders Assn.
7. Dewaine Gedney, Dir., Pre-Trial Serv.
8. Arthur Wallenstein, Phila. Prisons
9. Director, TASC
10. Assoc. Director, TASC
11. Intake Administrator, TASC
12. Outpatient Adm., TASC
13. Inpatient Administrator, TASC
14. Tracking & Evaln., TASC

Figure IV-8

TASC STATISTICAL REPORT

City of Philadelphia

From December 3rd through December 9th, 1973

A. SCREENING (same as October 1st through October 7th)

B. URINALYSIS

	Dec.3rd-Dec.9th	Dec.4th-Dec.9th
1. Number of Urine Submissions	372	19,301
2. Number of Morphine Positives	40	3011
%	10.8	15.6

3-4. The full spectrum screen has been discontinued

C. DISPOSITIONS (same as October 1st through October 7th)

D. TREATMENT

	Current	From Inception to Date
1. Number failing to report to Intake		25 %
2. Number of TASC clients in treatment		
(a) Intake or Diagnosis	13	524
(b) Residential Chemotherapy	0	0
(c) Residential Drug-Free	7	14
(d) Residential Detoxification	3	102
(e) Outpatient Chemotherapy	44	89
(f) Outpatient Drug-Free	87	232
(g) Outpatient Detoxification	0	26

Figure IV-8 -- Continued

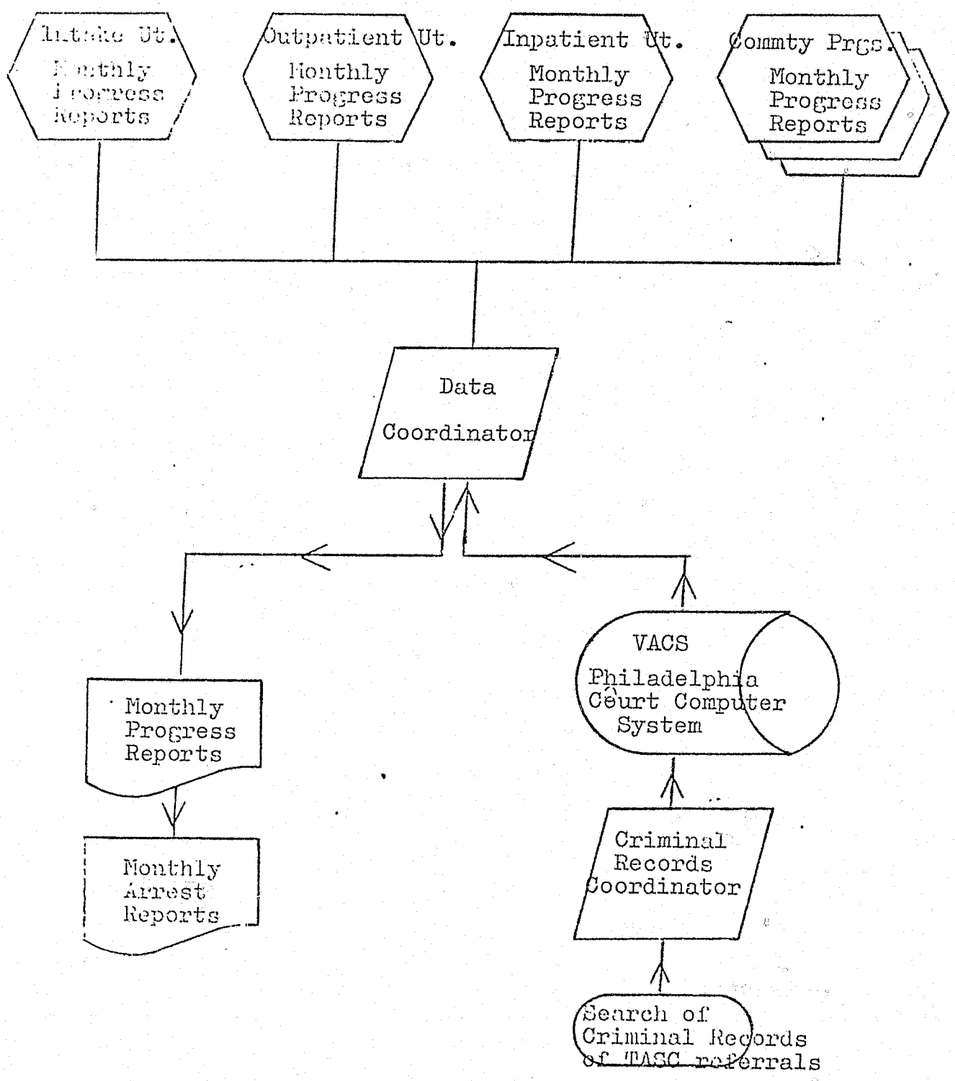
3. Number successfully completing treatment	0	0
4. Number leaving treatment against advice	15	352
From Intake	2	200
From Treatment	13	152
5. Number returned to criminal justice system for continued processing	0	370

6. Number rearrested (same as October 1st through October 7th)

E. YEAR OF FIRST HEROIN USE (same as October 1st through October 7th)

Figure IV-9

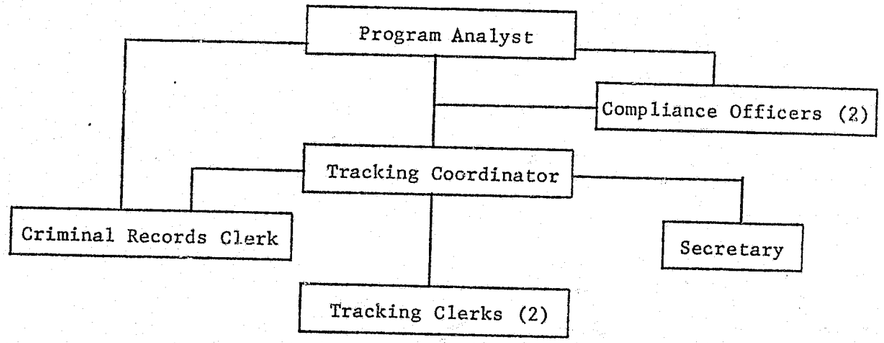
FLOW OF INFORMATION (MONTHLY)



This system allows, via coordination with the Philadelphia Court Computer System, a list to be given to the District Attorney's office of all new arrests as another record check and also allows recidivism statistics to be compiled. Monthly progress reports, prepared by the treatment unit are collected by the Data Coordinator and submitted to the District Attorney monthly. This flow is depicted in Figure IV-9 .

2. Organization

The Year 2 tracking unit is designed to consist of eight persons. The organizational chart for this unit is shown below.



Appendix B describes the job functions and responsibilities of each of these individuals. The compliance officer's function needs additional emphasis. They are essentially outreach workers who will spend a good deal of their time in the field developing contacts with target communities, explaining the program to prospective clients, tracking absentees and relating in other ways to clients in their own neighborhoods. We consider this a vital function, particularly with respect to clients who often are not highly motivated for treatment. This concept should be applied more widely, and is an important step in improving and cementing relations between high drug use communities, the criminal justice system, and treatment programs.

We were very favorably impressed by the competence, ingenuity and dedication of the staff. The program analyst, a man of exceptional ability, along with his staff, designed a large part of the tracking system, and are highly motivated and dedicated to making it work.

3. Subjective Assessment

This system, while not in full operation (Compliance Officers and Tracking clerks are yet to be hired) is functioning at a high level of efficiency and sophistication. The samples of reports included in this discussion show this clearly. The system provides, on a daily, weekly and monthly basis, computerized information that indicates, almost at a glance, the scope of the program, its efficiency and in many cases its effectiveness. This kind of reporting and data updating, while obviously necessary because of the criminal justice system's responsibilities, also enables one to quickly identify and correct weak points in the system. The system provides an invaluable data base and reporting format for research, evaluation, and generation of new hypotheses pertaining to improvement of the TASC system. The functioning of the Compliance Officers should effect valuable liaisons and improved understanding between the community, the criminal justice system, and Philadelphia's treatment programs. The system should be considered for all new large city TASC programs, and some elements of the system might prove to be of value (particularly the weekly statistical reports) to other programs as well.

D. EVALUATION AND RESEARCH - TASC

1. Year One Activities

This element of TASC is working of note as part of the process evaluation. It is a prime element in inter- and intra-program interface. The first year operational grant to TASC included plans for a "Mass Urine Survey," a major investigation into the relations between drug abuse and

crime which would establish the prospects for TASC diversion in Philadelphia. For the purposes of this study, police records (forms 75-10 and 75-50), court bail program forms (bail interview) and police laboratory (full-screen urinalysis) results were collected during the months of April, May and June of 1973. During this period 7,883 arrests were processed by the Philadelphia police, yielding 603 self-admitted addict arrestees and 597 addicts identified by urinalysis results or arrest record. From this study a pamphlet, "The Diversion of Drug Abusers From the Criminal Justice System in Philadelphia" was prepared. The findings of most significance were that one of every six arrests was a narcotics-involved offender, one of every 25 arrests was of a narcotics-involved arrestee eligible for Pre-Indictment Probation, and one of every nine arrests was of a narcotics-involved arrestee eligible for Sentence Alternative. Further analysis of these data is currently being conducted which will yield projected numbers of diversion of eligible addict-arrestees by month, taking recidivism rates into account.

A second completed study, "Narcotics Involvement and Female Criminality" details the criminal arrest patterns of female addicts and develops a four-fold typology of hustling patterns for this group. The sequel to this study - one which will focus on criminal patterns of male addicts - is planned for the near future.

The Conditional Release Program was inaugurated after a study done by TASC in cooperation with the Philadelphia Prison System which ascertained the number of drug-involved arrestees held in detention awaiting trial. During 1972, 37.9% of the 6,628 urine samples of new admission to the Detention Center tested positive for at least one drug substance. These results are reported in "Conditional Release of Narcotics-Involved Arrestees Held in Pre-Trial Detention."

An early study focused on the decision-making process of the TASC Intake Unit which evaluated clients and referred them to appropriate treatment modalities. To ascertain which client variables were significant in this decision making process a "simulation model" was developed. Results of this study, "Referral Decision-Making in a Multi-Modality System" were reported in the Proceedings of the Fifth National Conference on Methadone in March of 1973. The Cleveland TASC Program expressed an interest in the the model, and TASC staff used it in that city's modality system. The raw data were sent to Philadelphia where the Research staff did the analysis and wrote a report on the results for Cleveland. For further comparisons, the model was used in Atlantic City's NARCO program and the County of Philadelphia Probation Department's Drug Unit.

Evaluation of in-house program development was reported in a report dated June, 1973. The process of diversion, mass urine survey, treatment and rehabilitation efforts, client tracking, and information management systems were documented. Copies of this report were distributed at the First National TASC Conference held during September, 1973.

Obviously, the output of this small unit is high quality, copious, useful, and directed to its real close-at-hand problems.

2. Areas for Future Emphasis

Appropriate to the function of the TASC Research and Evaluation Component is the measurement of the effectiveness of the TASC program in meeting its program goals. Specifically, some important issues to be addressed are:

- o the extent to which TASC is engaging addicted offenders in treatment who ordinarily would not enter treatment;
- o the drop-out rates from, and average retention times in, treatment programs, for TASC vs. non-TASC clients;
- o the criminal recidivism rates for TASC vs. non-TASC clients.

Direct data for these comparisons was not available to SSI during the present evaluation. An attempt was made, however, to arrive at some conclusions on these important issues indirectly through analysis of data gathered in the course of SSI's study of The Prevalence of Heroin Addiction in Philadelphia performed for SAODAP during the summer of 1973. Their conclusions, the method of their derivation, and our suggestions for their future application are presented below.

- o TASC effectiveness in engaging previously untreated clients in treatment

Data extracted from treatment program records on 4,069 clients in treatment in Philadelphia during the first half of 1973* revealed the following:

Number of Previous Treatments

	Percent
None	47
One	28
Two	9
Three or more	5
Unspecified number	1
TOTAL	100

These data indicate that 47% of non-TASC clients who were in treatment during the first half of 1973 had no previous treatment exposures. By contrast, analysis of the interview responses given by 20 TASC clients during the present study revealed that fully 60% had no treatment exposure prior to their TASC experience (See Section III-E 2 below). Bearing in mind the caveats inherent in drawing conclusions from such a small sample, these data would seem to

*See SSI's Summary Report on The Prevalence of Heroin Addiction in Philadelphia, October 1973, Section II-C, p.15.

indicate that TASC is significantly more effective than the local treatment programs in engaging previously untreated clients in treatment.

Data on the previous treatment history is collected on all arrestees in the pre-arraignment interview and is readily available to TASC personnel. If similar data were systematically collected by CODAAP for all clients entering treatment in Philadelphia this useful comparison could be made on an on-going basis.

In fact, data on this point was received by telephone on February 19, 1974, from Ms. Karen File, of the Philadelphia TASC program. She said that she had studied the admissions records and found the following facts: Out of the first 420 TASC admissions, data was kept in 242 records as to prior treatment history. Of these 242 for whom data was available, 115 had had no prior treatment experience. This computes to a finding that 47½% of such recorded clients had never been in treatment before. It could then be considered that the 20 interview samples were too small to be accurate, or that the clients (for which no prior treatment data was available) could affect by 12% the data on the recorded clients. Another way of viewing the rate of first treatment is that, although the TASC and non-TASC rates are coincidentally similar, TASC gets people into treatment who would not otherwise have entered voluntarily at all. The correct answers are presently unknowable, but the probabilities are that TASC gets addicts into treatment at no better a rate than would normal motivation.

The only other data in hand, too generalized to be of much use, is a response from Gaudenzia House. A number of TASC clients were referred to Gaudenzia House, a local therapeutic community. Three are residents and remaining within the community. Others have attended a

session or two at 'Outreach', and refused to continue further. Gaudenzia reports that this frequently happens, indeed, is designed to happen, so that only the most motivated clients enter the residence facilities. The staff of Gaudenzia has informed TASC that TASC referred clients have done as well as other "stipulated" clients (those under criminal justice coercion such as probation or parole).

o Drop-out Rates for TASC vs. non-TASC Clients of Treatment Programs

Again, using data collected for the Philadelphia prevalence study, we were able to derive a comparison of drop-out rates for TASC vs. non-TASC clients in treatment. It must be borne in mind, of course, that at the time of the SSI prevalence study, TASC was operating its own treatment programs. Nevertheless, the data presented below is illustrative of the types of comparisons which could serve as useful measures of TASC effectiveness in holding clients in treatment.

PREVALENCE OF DRUG ABUSE FOR EIGHT TREATMENT SERVICE UNITS

January 1 - June 30, 1973

TREATMENT SERVICE UNIT	TYPE OF PROGRAM*	TREATMENT CAPACITY/ YEAR**	SIX MONTH CLIENT TOTAL	IN TREATMENT 6/30	1/1-6/30 1973 DROPOUTS	DROPOUT RATE (%)
St. Luke's	MM	300	237	216	21	9
Gaudenzia	TC	30	155	113	42	27
City Methadone Clinic--South Street	MM	200	187	146	41	22
City Methadone Clinic--North Broad	MM	200	152	129	23	15
V.A. Hospital	MM	80	275	139	136	49
T.A.S.C.	MM	250	277	131	146	53
Philadelphia Mental Health Consortium	MM	400	457	377	80	18
The Bridge	TC	50	80	46	34	43
TOTAL		1,510	1,820	1,297	523	

*MM - Methadone Maintenance
TC - Therapeutic Community, Residential

**From the "Preliminary Comprehensive Plan for Drug and Alcohol Abuse Treatment and Rehabilitation for the City of Philadelphia"

It is evident from the above that of the eight programs studied, the TASC Methadone Maintenance program had the highest dropout rate. It can be inferred from these data that the theoretical coercion factor implicit in the TASC program had little impact on client retention. Further, it can be argued that in Year Two, with the abolition of in-house TASC treatment programs and referral of TASC clients to community treatment programs, the dropout rate for TASC clients should approach that of non-TASC clients in the same programs and therefore decrease. A drop out rate comparison ideally would depend on the presence of both TASC and non-TASC clients in the same treatment center. In Year Two, this ideal data base may indeed be established.

The utility of a data base such as the one described above is obvious. It is recommended, therefore, that the TASC Research and Evaluation component, in cooperation with the Philadelphia CODAAP, devote appropriate resources to the development and maintenance of the necessary acquisition and processing capacity for this data base.

o Criminal Recidivism Rates for TASC vs. non-TASC Clients of Treatment Programs

There is frankly no hard data presently available for making such comparisons as that of recidivism rates of Philadelphia TASC clients versus recidivism rates of non-TASC referred clients in treatment programs. For one thing, non-TASC agencies may actively wish to avoid asking such questions of their clients, preferring to give their help without assuming the role of Big Brother. Secondly, even if other agencies had the time to research arrest records periodically, they might not obtain access to police files. Lastly, such agencies might not keep such records of recidivism any better than they keep other client records, which are generally held in poor repute. This type of data would be useful in assessing TASC's impact on clients, but the TASC research unit probably could not get access to the files of other agencies. The CODAAP force might be a more likely unit for assembling

such data, but even CODAAP would have to face the significant hurdles mentioned above in dealing with the agencies. It is not at all certain that this data will ever be obtained in Philadelphia, but steps have been taken and should continue to be taken to secure it.

E. TASC CLIENTS AND THEIR REACTIONS

The SSI field teams interviewed 20 clients in treatment (eight drug free, two in intake, and ten on methadone maintenance), representing a 13% sample of those in treatment. Their demographic, drug use, and arrest characteristics as reported by these clients are summarized below.

1. Client Background Data

	Number of Clients	Percent
Age		
19-24	14	70
25-30	4	20
30+	2	10
TOTAL	20	100
Sex		
Male	17	85
Female	3	15
TOTAL	20	100
Race		
Hispanic	-	-
Non-Hispanic Black	9	45
Non-Hispanic White	11	55
Other	-	-
TOTAL	20	100
Current Marital Status		
Married/Common Law	11	55
Separated/Divorced	4	20
Widowed	-	-
Single	5	25
TOTAL	20	100

Education	Number of Clients	Percent
None	-	-
8 years or less	-	-
Some High School	11	55
High School Graduate or Equivalency	4	20
Beyond High School	5	25
Total	20	100
Employment (before entering TASC)		
Full time	8	40
Part time	3	15
Welfare	6	30
Other sources of income	-	-
Unemployed, not on welfare	3	15
Total	20	100
Legal Status		
Sentence Alternative	3	15
Pre-indictment Probation	3	15
Conditional Release	5	25
Other	9	45
Total	20	100
Total Number of Arrests Prior to TASC Entry		
None	2	10
1 to 3	6	30
4 to 6	6	30
More than 6	6	30
Total	20	100
Total Number of Drug Related Arrests		
1 to 3	11	55
4 to 6	3	15
More than 6	5	25
None	1	5
Total	20	100
Total Number of Convictions		
1 to 3	9	45
3 to 5	3	15
More than 5	3	15
None	4	20
Total	20	100

Total Time Incarcerated	Number of Clients	Percent
1 to 3 months	3	15
3 to 6 months	2	10
6 months to 1 year	3	15
More than 1 year	6	30
None	6	30
Total	20	100

Charge leading to TASC Referral		
Possession	6	30
Robbery	8	40
Forgery	5	25
Driving Under the influence of drugs	1	5
Total	20	100

Means of Identification of Current Drug Problem		
Self-admitted only	2	10
Positive urine only	6	30
Criminal Record only	0	0
Self-admitted and positive urine	3	15
Self-admitted and criminal record	3	15
Positive urine and criminal record	3	15
Self-admitted and positive urine and criminal record	3	15
Total	20	100

2. Client Drug and Treatment History

Which of the following drugs have you ever used? Using now?

	% Ever Used	% Used Last 30 Days
Heroin	100	25
Methadone (illegal)	100	25
Codeine, cough syrups	70	-
Other opiates, synthetics	70	10
Alcohol	70	55
Barbiturates, sedatives	70	25
Amphetamines	70	10
Cocaine	90	15

	% Ever Used	% Used Last 30 Days
Marijuana	100	40
Hallucinogens	70	-
Inhalants, solvents	40	-
Psychotropics (librium, valium)	70	40
Over the counter preparations	55	10

Length of Heroin Use	Number of Clients	Percent
1 to 6 months	-	-
6 months to 1 year	2	10
1 year to 5 years	12	60
5 years to 10 years	6	30
Total	20	100

Polydrug Use (within last 30 days)		
Excludes alcohol and marijuana		
Less than 2 drugs	12	60
2 drugs	2	10
3-4 drugs	3	15
5 or more drugs	4	20

Number of Previous Treatment Exposures		
None	12	60
One	3	15
Two	1	5
Three	4	20
Total	20	100

These data suggest that these clients are typical of Philadelphia's hard-core heroin addict population. 70% are between 19-24 years of age, 85% are male, 55% White, 45% Black (an overrepresentation of Whites when compared with other Philadelphia treatment facilities), 55% have not completed high school, and 45% are still unemployed. 60% have been arrested four or more times (95% had at least one drug related arrest, 80% have at least one conviction, and 70% have been incarcerated for at least one month). Charges leading to TASC referral were fairly evenly distributed among robbery (40%), possession (30%) and forgery (25%). 30% were identified as users solely by urinalysis.

Although 100% had used both heroin and illegal methadone prior to TASC treatment, only 25% used either drug within the past 30 days (frequency of use

is unknown). The reduction in drug usage shown is remarkable. With the exceptions of alcohol, marijuana and tranquilizers, there was remarkably little drug use in this population in the past 30 days, certainly an indicator of some success in the program. However, it should be noted that even in the past 30 days, 40% admitted to polydrug use, other than alcohol and marijuana.

3. Referral and Treatment Process vis-a-vis Client Attitudes

Client interviews revealed a good deal about the TASC referral and treatment process that will be discussed from the point of view of improving the retention rates and treatment experiences that clients have.

First, clients seem to have little idea of the purpose and nature of the TASC program. Responses of 20 clients to the question "Why do you think you were selected for TASC?" included the following:

Perceived Reason For Selection	N	%
Court wisely recognized motivation to become drug free	5	25
Minimal criminal record of drug related crimes only	5	25
Reason for selection completely unknown	4	20
Seemed to need more help than anyone else	2	10
Routine referral for everyone	2	10
A government experiment	2	10

Thus, clients have fantasies about TASC selection (35% feel specially selected because they are sicker or more highly motivated for treatment than others) that have little to do with reality. It is hard to see why clients are not adequately informed about the meaning and conditions of the TASC program (it is true that these are rapidly changing). It may even be antitherapeutic for clients who should be striving for independence to be "magically" selected for a program for unknown, incorrect or fantasized reasons.

Clients accepted the TASC alternative mainly for reasons usually associated with other treatment programs. Five (25%) specifically wished to become drug free, and nine (45%) wanted psychotherapy. Only 8 (25%) chose the program to avoid further processing through the criminal justice system, and one (5%) wanted "free methadone." Thus an unexpectedly high 70% of TASC referrals in treatment (this, of course, excludes early dropouts) genuinely desire some change in their lifestyle.

Sixteen of the twenty clients seen had never heard of TASC prior to referral. Two knew that it was "a very good program," one thought it provided methadone only, and one had heard the name mentioned as "a rehabilitation program." In other words, 80% of arrestees later diverted into TASC never knew it existed. It seems strange that a liberal program such as this one that offers real alternatives to street heroin addicts should be almost completely unknown on the street. Educational programs describing opportunities available might go far in lessening misunderstanding between communities with a high prevalence of drug use and the criminal justice system, suggest to drug users who feel alienated from treatment institutions that constructive alternatives exist, and might attract non-arrested addicts into treatment through informal contacts with the criminal justice system. Information about TASC would certainly help in changing people's views about the purposes of the criminal justice system; that is, its rehabilitative aspects could be viewed as existing and effective, and its interest in concepts other than punishment affirmed.

Client's attitudes toward the program once they accepted it again showed a lack of information and uncertainty about what TASC could offer. Ten (50%) expressed skepticism regarding TASC, and had virtually no idea of what they would be able to get from it. Six (30%) specifically hoped for some form of psychotherapy, two (10%) approached TASC positively, but were reserving judgement until they had some experience with the program, and two (10%) were not interested in the program.

Expectations about TASC treatment were not unlike those encountered in a non-diversion program. Ten clients (50%) expected to be able to become drug free as a result of the TASC experience, four (20%) wished help with specific

Clients accepted the TASC alternative mainly for reasons usually associated with other treatment programs. Five (25%) specifically wished to become drug free, and nine (45%) wanted psychotherapy. Only 8 (25%) chose the program to avoid further processing through the criminal justice system, and one (5%) wanted "free methadone." Thus an unexpectedly high 70% of TASC referrals in treatment (this, of course, excludes early dropouts) genuinely desire some change in their lifestyle.

Sixteen of the twenty clients seen had never heard of TASC prior to referral. Two knew that it was "a very good program," one thought it provided methadone only, and one had heard the name mentioned as "a rehabilitation program." In other words, 80% of arrestees later diverted into TASC never knew it existed. It seems strange that a liberal program such as this one that offers real alternatives to street heroin addicts should be almost completely unknown on the street. Educational programs describing opportunities available might go far in lessening misunderstanding between communities with a high prevalence of drug use and the criminal justice system, suggest to drug users who feel alienated from treatment institutions that constructive alternatives exist, and might attract non-arrested addicts into treatment through informal contacts with the criminal justice system. Information about TASC would certainly help in changing people's views about the purposes of the criminal justice system; that is, its rehabilitative aspects could be viewed as existing and effective, and its interest in concepts other than punishment affirmed.

Client's attitudes toward the program once they accepted it again showed a lack of information and uncertainty about what TASC could offer. Ten (50%) expressed skepticism regarding TASC, and had virtually no idea of what they would be able to get from it. Six (30%) specifically hoped for some form of psychotherapy, two (10%) approached TASC positively, but were reserving judgement until they had some experience with the program, and two (10%) were not interested in the program.

Expectations about TASC treatment were not unlike those encountered in a non-diversion program. Ten clients (50%) expected to be able to become drug free as a result of the TASC experience, four (20%) wished help with specific

intrapsychic problems, five (25%) felt that no benefits would be obtained from the program and one (5%) simply wanted to get methadone. Thus, clients accept and enter treatment, a major life decision, with virtually no knowledge of what they are undertaking, with fantasies of why they were accepted, and with unclear notions of how TASC might help and of what is available to them.

These problems could be fairly easily solved by specific and detailed provision of information by the District Attorney's office and by the TASC intake staff. If treatment is to be successful, clients must believe that they can control and direct their own lives. Enrolling them in a treatment program which is an unknown quantity to them is antithetical to this process in that it once again reinforces passive acceptance rather than active choice. Educating the community about TASC should be part of a city wide effort designed to inform the populations at risk about available help. The TASC compliance officers could become extremely valuable in this regard.

Current attitudes toward the program are remarkably favorable considering the major revisions in the TASC concept, the dissolution of the TASC treatment unit, the change in personnel, etc. Despite these drawbacks, ten (50%) clients feel that the program is a positive force in their lives. This group specifically mentions having become drug free, and working toward improving their interpersonal relationships. Five (25%) say they remain in the program only to avoid imprisonment, and the remaining 25% expressed feelings of disappointment in themselves (two clients have not yet been able to stay away from heroin) and with the program (criticisms related to recently getting new counselors, reductions in therapy services, etc.). Client responses to their treatment experiences are summarized below:

CLIENT RATINGS OF TASC'S REFERRAL PROCESS

Process	Number of Clients Rating Service (N=20)		
	Excellent	Fair	Poor
Identification for TASC	17	1	2
Screening Process:			
At TASC	9	5	6
At Treatment Program	1	1	3
Referral to Treatment	10	0	4

The clients' sources of satisfaction, as well as dissatisfaction, verify TASC strengths and weaknesses. Most noteworthy is that 11 (55%) of the clients interviewed felt that the screening process at TASC intake was fair or poor. Comments most often had to do with the length of the process, which has been commented upon previously (See Section IVB, above).

In contrast is the fact that 75% of clients felt that referral to treatment was good to excellent. The research paper written by the Evaluation Unit is relevant in this regard.

The following data indicate the degree of benefit clients feel they receive from this program.

CLIENT RATINGS OF HELPFULNESS OF SERVICES

	Number Indicating Degree of Help Received (N=20)		
	Very Helpful	Somewhat Helpful	Not Helpful
Individual Counseling	13	7	0
Family Counseling	5	5	0
Rap Sessions	9	11	0
Group Therapy	7	11	2
Vocational Testing/Counseling	6	6	2
Vocational Placement	5	5	0
Educational Testing/Placement	0	0	2
Social Services	8	0	1
Emergency Services	7	1	0
General Health Care	7	0	1

CLIENTS' PERCEPTIONS OF TASC PROGRAM BENEFITS

	Degree of Perceived Benefit (N=20)		
Area of Benefit	A Great Deal	Some	No Benefit
Stay off drugs	16	4	0
Reduce Criminal behavior	17	3	0
Obtain Work	11	6	3
Get/stay in school	9	4	7
Help with personal problems	10	10	0
Help with interpersonal problems	6	7	7
Give a hopeful view of the future	15	5	0

The preceding data are difficult to interpret because of major changes in the treatment program. The director and most of the staff were recently replaced, and the treatment program formerly staffed with TASC personnel, now operates under an OEO contract.

Despite the shortcomings of the program, these 20 clients feel they have benefited greatly from the TASC program. All say that the program has been at least somewhat helpful to them in reducing criminal behavior, remaining drug free, decreasing personal problems and, most important, helping them to achieve a more positive outlook with respect to their future lives. Particularly unfortunate is the fact that seven clients felt that they derived no help with their interpersonal problems, considering especially the elimination of group therapy in the program. This clearly needs to be rectified.

The written impressions of our ex-addict interviewer are reporduced below in order to place client interview responses in context. His observations are informal and do not constitute an attempt at formal evauation of the treatment process.

"My impressions of this program are that it is typical of most methadone maintenance programs I've visited. This program appears to be very lax in its staffing pattern. Staff appear to be sitting around trying to look busy. This is not only my observation but the feeling of most of the clients. This lax attitude may have a lot to do with the high rate of staff turnover including replacement of the director. However, most clients preferred the staff that was there before. The former staff, according to the clients, were much more committed and concerned about their well-being. Group therapy, one of the most important phases in this type of program, has stopped since the coming of the new director. There doesn't appear to be any real justification for this stoppage because there are enough counselors to do the work. There appears to be a great deal of disorganization and lax implementation of what a meaningful methadone maintenance program is all about or - could it be that the people here just don't know what meaningful treatment is? Is it that they just don't care about human beings? I haven't yet seen a psychologist or any other medical personnel other than nurses who merely hand out the juice. This is happening

even though some clients have stated that they are experiencing some type of medical problem. For example, one client reported having some lower right side abdominal pains to her counselor. The counselor made no effort to arrange for a medical examination even though the client continued to report that the pains were getting worse. A client also mentioned that she had not gotten her period for a month. This client had to see her own private doctor on her own time from work to find out what the problem was. Why was this client not given proper medical care? I think cases like this one and worse are very typical of the lack of human interest people have toward drug addicts on methadone. I think cases like this one are a shame and the people who are committing these crimes should be replaced by someone who has the concern and compassion to deal with people constructively. They must use whatever means are necessary to help these people. I think that when you are dealing with people on drugs you have to motivate them toward something positive. This doesn't appear to be happening even though clients have expressed to me some goal which I would consider positive. We need to take a look at what we're doing to people.

"This program also offers drug free status which I feel should be encouraged more, especially for younger people. I am by no means saying that this or any other program dealing with methadone be closed down. Methadone can work if handled properly but from what I've seen here this is apparently not happening."

V. COMMUNITY ANALYSIS

A. CRIMINAL JUSTICE SYSTEM

The legal participant of most influence on TASC in Philadelphia is the Assistant District Attorney (ADA) whose salary is paid from TASC funds. The person presently in this position is Mr. Peter Bowers. Mr. Bowers appears efficient and innovative in this position even while occasionally prosecuting non-TASC-related criminal cases. To some extent, the assignment of "big" criminal cases to him seems to serve as a reward for his management duties related to TASC. His position is a philosophical paradox on the surface, since the nature of a prosecutor is to prosecute, not to treat criminals or release them. Legalistically, as pronounced in the "Code of Legal Ethics," the duty of a prosecutor is to see that justice is done, not to seek convictions. A prosecutor's position then, below the surface, is that of discretion.

Thus it might be better in the matter of any type of release of arrestees that the function be delegated to some other agency, say the Public Defender's Office. The Office of Public Defender, however, might be politically too lenient, i.e., perhaps releasing unqualified arrestees because of the Defender's role of preserving personal rights and liberty. Without further discussion of the proper agency position for management of TASC, an examination of the main actors' roles is helpful to TASC analysis.

1. The District Attorney's Office has been responsible for the eligibility criteria for TASC referrals. These criteria have expanded after the initial set of criteria were adopted. For example, as of December 4, 1973, Mr. Bowers issued a memorandum stating that TASC referrals are available for arrestees without regard to the number of prior convictions or open cases for certain crimes, including simple possession of narcotics, whereas up to that time, two prior drug offenses were the maximum allowed. Moves such as this are reasonable and increase the

potential number of TASC referrals. Yet Philadelphia seems to have a conservative populace, and such broadening of the eligibility requirements has had to be made cautiously and slowly, with a minimum of publicity. Having once set the eligibility criteria and making them known to the staff and other relevant parties, the ADA's work then centers on day-to-day court hearings, evaluations of the flow of arrestees, etc., as described in the process evaluation. It should be noted that Mr. Bowers also has plans for future streamlining of the referral process which, if approved by the District Attorney, will economize on cost and effort for both TASC and the city of Philadelphia. He prefers to keep his plans undisclosed until and if such approval is granted.

2. The Office of the Public Defender, the Public Defender's Association of Philadelphia, may not have a strong relation with TASC, but is well aware of the program, and takes a different view of TASC than that seen in the District Attorney's Office. An interview was held at this office with Harold Yaskin and Vincent Ziccardi, Chief Defenders, and they felt that is is the function of defense counsel to recommend the measures an accused should take. For example, insofar as an accused's personal liberty and convenience is concerned, conditional release with a duty to stay in a treatment center is the worst alternative. If the accused can make bail, he or she will be out of detainment with fewer hassles between release and trial, and still have the later possibility of probation in a treatment center instead of imprisonment. The adversary system of justice promotes these opposite philosophies, and this system, though it might be harmful to TASC, is long entrenched and will remain slow to change. In some ways this same philosophy is helpful to TASC, since it adds another agent who will be trying to funnel arrestees out of detention.

The defense counsels feel that they are the check on the District Attorney's Office. If, say, the DA or ADA were being capricious in the detention of arrestees, wrongly withholding arrestees from TASC or trying to set too high a bail, the Defender's Office might respond by

slowing down their services until the jails were full to bursting, which would only take a short time, less than two weeks. This balance supposedly helps to keep the DA fair in his practices. The situation most likely to happen, however, is the isolated crime which gets wide publicity, yet for which the accused is eligible for PIP, SA or CR under existing policies and statutes. Here the DA is likely to argue for high bail or detainment to reduce potential embarrasment. If the newspapers the next day reveal that the publicized arrestee has been freed, the DA would look bad if he did not try to resist the bail, even though he knew the arrestee was legally entitled to bail. It is in such cases as this that the ambiguous position of the TASC ADA becomes clearest, and the need for defense counsel becomes greatest.

In some instances, although the ADA first determines TASC eligibility, he will notify defense counsel of such eligibility. It then becomes the role of the defense to broach this option with the accused, and to motion for TASC diversion before the Judge in the preliminary hearing. It is felt that this practice maintains the isolation of treatment from the Police and DA's Office, so that the arrestee will not enter TASC treatment with the same disposition as that with which he doubtless views the law enforcement agencies.

Besides believing that defense counsel, public or private, is better motivated to divert than the DA's Office, even though defense might not choose TASC as the primary alternative, the Public Defender's Office also has views about TASC client's motivation. This office feels that a first time offender is not motivated to enter TASC treatment because he is likely to get a minimal sentence of probation even if conviction occurs. The many-times arrested offender, on the other hand, is likely showing by his criminal activity that he is not yet a "tired junkie," ready to clean himself up. Thus they feel that these factors keep TASC from having a high success rate.

The Public Defender's Office has in its support staff one Mike Cornick, who visits treatment centers posing as a drug addict. He stays in each center a day or so, long enough to make some evaluation of the center for reporting back to the Defender's Office. On the plus side, he feels that TASC gives some motivation to arrestees in that the arrestees are of course highly motivated to get out of jail, and may transfer this primary motivation to a secondary motivation of remaining out, by kicking their addiction. On the minus side, he feels that TASC lacks some knowledge about each client, creating inappropriate referrals. He further mentions that some referrals, such as to Gaudenzia House, a strictly structured therapeutic community, seem punitive.

3. The Pre-Trial Services Division works under Judge Donald Jamieson, President Judge of the Court of Common Pleas. It is this division which handles arrestee interviews, bail, service of warrants, and tracking of non-TASC arrestees released on bail. Mr. Nick Gadney is Director of Pre-Trial Services, and Ms. Anne Breen is the Assistant Director. Mr. Gadney was quite familiar with the TASC program, and views TASC as an umbrella program somewhat like CODAAP. He feels that the identification and urinalysis services in TASC are good, and that the tracking system works very well. The urinalysis results usually come within two hours, before the preliminary arraignment hearing, so his staff usually has the scientific evidence for consideration by the ADA and Judge. This efficient system allows these arrestees, if they are able, to make bail and be released within 6 hours of arrest 90% of the time, sometimes quicker than the police can finish their paper work.

Mr. Gadney felt that it was good for TASC, from the viewpoint of treatment centers, to be getting out of the treatment business. This was meant in the sense that TASC as a referring agency would naturally favor its own centers, creating the impression of more success than was actually accomplished in the whole community, and that other programs in the city were underutilized. Mr. Gadney favored the planned Central Medical Intake facility, and cautioned the need for it to be open

24 hours every day if arrestees are to make the best use of it and the TASC program. As for those arrestees who drop out of TASC before or during intake or treatment, he felt he had no measure of the number of those arrestees who used TASC as a means of flight to another jurisdiction. That is, if TASC arrestees are using their freedom to become fugitives, these escapees need to be compared with other bail-jumpers. The percentage of bail-jumpers to those out on bail is about 7%, but only 1-2% are actually fugitives, the other being classified as bail-jumpers for many reasons, such as failure to appear at some scheduled hearing because they got lost in the city hall (Court House). TASC clients probably do not differ markedly from other arrestees in their motivation to flee, so these percentages might well apply to TASC, and would indicate that fugitive divertees are not a problem of consequence to TASC.

The Pre-Trial Services Division has tracking capabilities, and has 61 people on the road every day serving warrants, investigating movement of bailed arrestees, and serving other functions. He does not send any men to track those persons already in the hands of TASC; he feels the TASC tracking unit is working very well. When an addict drops out of TASC, especially out of the CR program, his office needs to learn about it quickly, and TASC measures up to his needs. Some staff of Pre-Trial Services is then sent to serve a warrant on the drop-out, and to bring him in for detention until trial. He thinks that the services of the compliance officers TASC is hiring might be duplicative of his division's services, since the compliance officers lack the legal power of returning dropouts to detention, and that TASC would lose client trust if it returns its own clients. What Mr. Gadney said is true, no doubt, but he might not have considered that the objectives of the compliance officers are to persuade other addicts, not solely those in the CR program, to remain in Treatment.

Nonetheless, his opinions of the TASC eligibility criteria continue his views. He likes the CR program because it has teeth in it: the

addict complies as promised or loses his freedom. He also sees the PIP program as somewhat motivating to the addict, but not as much. Many first-time arrestees, he feels, are young, and either are not afraid of having a record, or would like to have one, in that most of the successful people a young drug addict may know might have long records. The PIP criteria have now been expanded beyond those with short records, so this view of PIP may be subject to change in the future. The worst program of all is SA, he feels, and calls it a non-program, because any addict-arrestee with bail money is eligible, and the rewards are smaller. (The rewards for treatment up to trial in the SA program are recommendations to the Judge, if the defendant is convicted, that the defendant be placed on probation in treatment).

The CR method of referral, on the other hand is a way to urge help on an addict before he is found guilty. Legally, the state may not "rehabilitate" a person until he is found guilty, but CR is an agreement and consent by the addict which properly circumvents such a policy. CR treatment also promotes the stable parts of an addict's life, such as an on-going marriage, common law or legal.

Some other thoughts he related are as follows:

- Statistically it is difficult to motivate addicts until they have been on heroin for 3 years, so that some TASC money is wasted on clients not ripe for treatment.
- Some urinalyses may be negative since the addict has a minimum drugs in his body, and is trying to get more drugs by his crime.
- CR cuts the city's cost from $3,000/year to $70 for each such client.

4. The police have little contact or relationship with TASC aside from the shared use of the urinalysis laboratory. When TASC was first introduced into Philadelphia, the diversion criteria and the plan itself were agreed to by the Mayor, District Attorney, Probation Department, and the Chief of Police, although it is heard that some agreed less than others.

Whatever the initial situation was, the present situation does not appear to irritate the police at all, even though or because the police have the tasks of making the arrests and sharing the urinalysis laboratory. TASC divertees do not appear to add any significant rearrest load on the police, and dropouts from CR are returned to detention by Pre-Trial Services, not the police. Even if TASC is not entirely favored by the police, their dislike is no doubt leavened by the improvement the sophisticated urinalysis equipment adds to their criminology capabilities.

5. The Judges in Philadelphia may have contact and knowledge about TASC in an administrative sense, but could make little comment about its value. Donald Jamieson, President Judge of the Court of Common Pleas, knew about the TASC program but had had no contact with it.

Joseph Glancey, Chief Judge of the Municipal Court, was inaccessible. The most relevant person was Judge Paul Dandridge, of the Court of Common Pleas. He often sits for drug cases, more than any other Judge. He had been instrumental in starting the methadone program in Philadelphia, and was pleased that such programs were beginning to offer services and counseling. He is a Black, and concerned about the city's drug problems. Judge Dandridge was happy to see the past TASC director gone, but had no opinion yet of the present director. He believes TASC is working as a conduit of diversion, but also mentioned that TASC needs to better refer its clients. He sees heroin arrests decreasing, but thinks TASC success has been low because TASC was taking hard-core clients who cannot kick addiction, or newer addicts who weren't yet motivated to kick. On the whole he believes treatment centers are functioning better than at the time of the start of TASC operations, and that better results are probably coming.

6. In the Probation Department, the Chief Probation Officer Fred Downes, and an Assistant, Brian McDonnell, were interviewed. Their thoughts about TASC's operation started with the first arrestee TASC contact in the PAB, also known as the Roundhouse. They felt that arrestees

do not welcome the TASC interviewer at the Roundhouse because the interviewer is seen as another police official. But they felt that Dominic Cupo and the other staff were generally of good quality and competence.

Mr. McDonnell said that Gaudenzia House may be forced on some clients (a view shared in the Public Defender's Office) and that although clients should make the choice of treatment, clients do not make a cure-motivated choice, only the choice to get out of jail. Gaudenzia House, so they said, was brought into Philadelphia by the then District Attorney Specter; they made no unfavorable remarks about Gaudenzia except that the TASC referrals might not be selective and individualized enough to help clients optimally (a view shared by the Defender's Office and by Judge Dandridge), and they feared that a bad treatment choice could turn off the addict from all treatment.

They felt that the city could benefit by a black militaristic treatment center, but were not optimistic about the development of such a plan since even a privately-funded Black program would encounter much opposition in conservative Philadelphia. Two other comments they had were that:

- o Seconal addicts and other type addicts may not get treatment anywhere in the rotation through the treatment centers, and that such treatment is needed.
- o The addict population of Philadelphia was overestimated.

7. In regard to the newly-elected District Attorney, Mr. Emmet Fitzpatrick, no one could assess his impact on TASC.

---

*Obviously, the respondent are not aware of Mr. Furst's background and prior experience or may have been further reacting to Mr. Bower's criticism.

8. The last aspect of the Criminal Justice System in Philadelphia deals not with any particular official, yet it has a great impact on TASC. This aspect is the bail system of Philadelphia. The bail system operates such that whatever dollar amount is set for bail, the arrestee can obtain his freedom pending trial by posting 10% of the set amount, unless there are other detainers on him. This method seems like a nonsensical manipulation of numbers, but it is nonetheless the rule, and it permits a great number of arrestees to make bail who might otherwise not have qualified. Actually, bail-jumpers forfeit their 10% deposited in the court registry, and suffer a judgment for the remainder. Collection of the judgment by the state is usually a difficult matter, since most defendants are not persons of great assets. This means that many arrestees have the opportunity to be released on bail and become eligible for SA, but this is the program of least-certain legal reward, and hence many eligible clients are not motivated to join.

It is difficult to conceive that the county would drop this system for the benefit of TASC or any other reason except for a high recidivism rate among the bails, but such action would almost certainly benefit TASC via the CR program.

B. DRUG COMMUNITY'S RESPONSE TO TASC

Interviews were conducted with Directors or staff most knowledgeable about TASC at the following treatment centers (selected because they have the largest number of TASC referrals).

- o Jefferson Methadone Maintenance Program
- o Horizon House, an outreach and residential center
- o Gaudenzia House, a traditional therapeutic community
- o Diagnostic and Rehabilitation Center, a multimodality program
- o West Philadelphia Mental Health Consortium
- o Personnel at the Court Bail Program

A common response from all of these agencies was that they knew virtually nothing about TASC. They generally felt it important that TASC personnel not only educate them, but make site visits to learn more about their program to avoid inappropriate referrals or other types of misunderstanding.

The Jefferson program has three TASC clients. It was only due to several unexcused absences of one of these clients that Jefferson learned what TASC could do vis-a-vis influencing clients to remain in treatment.

Horizon House has two TASC clients. This facility also mentioned knowing very little about TASC's aims and operations, and, in suggesting that TASC aid them with street addicts who have pending court cases, revealed their lack of knowledge concerning diversion systems operating within the criminal justice system.

Gaudenzia House has six TASC clients. They noted the poor preparation for therapeutic communities that TASC referrals receive at intake. TASC referrals know little about Gaudenzia beyond the usual street talk (which tends to center around haircuts,etc.).

DRC has six TASC clients. They note that TASC referrals are made not to the director of intake, but to specific counselors in the program who are friendly with the individual making the referral. Specific referral errors were cited by DRC. TASC clients referred for detoxification may have to wait four to five days until they can be transferred to the Einstein detoxification unit. Direct referral to that division is the correct procedure.

The Director of the West Philadelphia Mental Health consortium will not report information about TASC clients to the TASC tracking unit because of issues related to confidentiality. These problems have been partially solved at DRC by use of their own release forms. Issues surrounding confidentiality should be easily cleared up by adopting SAODAP's or some other agencies' guidelines.

The Court Bail Program served to identify further problems in the TASC process which probably increase the dropout rate. Court Bail interviewers are law students who work two shifts per week. They are not knowledgeable regarding drugs, and are mainly concerned with making the"correct" referral (PIP, SA, etc.). They also describe and introduce the TASC program to arrestees. This first contact with TASC is crucial, but is done by interviewers who are inexperienced in legal, psychological, or social matters. Their knowledge of TASC derives from the memorandum of December 4, 1973. It is an inadequate introduction to TASC. (See Appendix C).

The last part of the interviewing was concerned with community groups' responses to TASC. However, not one of five such groups contacted had ever heard of TASC.. This fact points to a major difficulty in TASC; poor communication with patients and with other agencies. No treatment agency knew of the TASC requirement, for example, that clients in therapy must be seen a certain number of times per week.

Most of these problems are easily and quickly resolvable. Very little is required to educate court bail interviewers or inform the intake staff about programs to which they refer clients. Similarly, little effort is needed to acquaint other programs with the aims and operations of TASC. Somewhat more is needed to involve the community, but the advantages of this have been mentioned already.

APPENDIX A

TRACKING SYSTEM OUTPUT FORMATS

DATE 11-02-73

TASK	PA	NAME	M.C.#	DATE ADMITTED	INTAKE	UPDF	UPDT	UPMM	PGH	GAUDENZIA	OUTREACH	INTAKE RE COM	
[illegible]		S630		08-26-73	69	0	0	0	0	0	0	0	0
4[illegible]4		S[illegible]1		09-11-73	55	0	0	0	0	0	0	0	0
4[illegible]4		S[illegible]7		09-19-73	45	0	0	0	0	0	0	0	0
4[illegible]1				10-10-73	24	0	0	0	0	0	0	0	0
4[illegible]4		P[illegible]20		10-19-73	15	0	0	0	0	0	0	0	0
44[illegible]				10-22-73	14	0	0	0	0	0	0	0	0
451				10-24-73	10	0	0	0	0	0	0	0	0
456				10-26-73	8	0	0	0	0	0	0	0	0
458		S561		10-26-73	8	0	0	0	0	0	0	0	0
459				10-26-73	8	0	0	0	0	0	0	0	0
461				10-26-73	8	0	0	0	0	0	0	0	0
462		P654		10-29-73	7	0	0	0	0	0	0	0	0
463				10-29-73	7	0	0	0	0	0	0	0	0
465		S663		10-31-73	3	0	0	0	0	0	0	0	0
466				11-02-73	1	0	0	0	0	0			

DATE 11-02-73 M.C.* DATE

TASC*	PX	NAME
55		
143		
363	5560	
371	6092	
412	6094	
415	6095	
446	5658	

DATE ADMITTED	INTAKE	OPDF	OPDT	OPMM	PGH	GAUDENZIA	OUTREACH	INTAKE RE COM.	
02-07-73	37	73	41	40	8	47	0	8	13
04-02-73	14	187	0	0	0	0	0	14	0
08-15-73	3	41	0	0	12	0	0	26	0
08-20-73	6	72	0	0	0	0	0	1	0
09-19-73	21	20	0	0	0	0	0	4	0
09-21-73	8	34	0	0	0	0	0	1	0
10-18-73	1	0	0	0	13	0	0	2	0

Date 11-[illegible]-73

TASC#	P.C.	M.C.#	DATE ADMITTED	UPDF INTAKE	UPDF	UPDT	UPMM	PGH	GAUDENZIA	OUTREACH	INTAKE RE COM.	
3			12-07-72	11	318	0	0	0	0	0	0	0
5			12-12-72	7	300	0	0	16	0	0	1	0
7			12-18-72	18	302	0	0	0	0	0	0	0
12			12-19-72	22	102	143	0	14	0	0	2	34
[illegible]			12-21-72	14	223	0	0	14	0	0	60	0
25			12-26-72	20	131	101	58	0	0	0	0	0
28			12-28-72	6	37	72	146	33	0	0	12	0
36			01-05-73	11	269	0	0	0	0	0	0	0
39			01-31-73	8	38	77	151	0	0	0	0	0
43			02-05-73	11	232	0	0	26	0	0	0	0
53	P.004		02-06-73	14	67	41	146	0	0	0	0	0
70			02-08-73	11	43	59	146	0	0	0	0	0
72			02-14-73	14	9	57	180	0	0	0	0	0
75			02-20-73	25	229	0	0	0	0	0	0	0
77	P.005		02-20-73	14	137	51	52	0	0	0	0	0
79			02-20-73	13	154	87	0	0	0	0	0	0
82			02-21-73	21	232	0	0	0	0	0	0	0
84	P.011		02-23-73	22	143	34	52	0	0	0	0	0
87			02-26-73	10	43	49	140	6	0	0	0	0
88			02-27-73	18	202	0	0	8	0	0	0	0
99			02-27-73	7	115	33	74	6	0	0	19	0
110			02-28-73	17	229	0	0	0	0	0	12	0
114			03-05-73	12	217	0	0	9	0	0	0	0
115			03-06-73	9	218	0	0	7	0	0	3	0
116			03-06-73	18	222	0	0	7	0	0	6	0
120			03-06-73	11	229	0	0	0	0	0	0	0
124			03-14-73	10	124	7	78	13	0	0	0	0
126			03-19-73	17	116	0	96	0	0	0	0	0
133			03-19-73	17	202	0	0	0	0	0	0	0
9131	P.021		03-27-73	2	117	58	15	9	0	0	19	0
172			03-29-73	16	197	0	0	0	0	0	4	0
149			03-30-73	12	185	0	0	19	0	0	0	0
159			04-04-73	24	159	0	0	17	0	0	0	11
206			04-09-73	11	197	0	0	0	0	0	0	0
211			04-16-73	18	183	0	0	0	0	0	0	0
212			04-19-73	15	181	0	0	0	0	0	0	0
9154	P.003		04-23-73	11	162	0	0	8	0	0	14	0
221			04-26-73	13	81	0	73	11	0	0	12	0
234	P.026		05-01-73	29	155	0	0	0	0	0	0	0
245			05-11-73	20	14	0	140	0	0	0	0	0
251			05-16-73	33	136	0	0	0	0	0	0	0
260			05-18-73	19	43	0	105	0	0	0	0	0
263			05-31-73	18	75	0	0	0	0	0	0	0
264	P.029		05-31-73	9	134	0	0	10	0	0	54	0
9158	P.001		06-04-73	12	140	0	0	0	0	0	0	0
268			06-04-73	14	140	0	0	0	0	0	0	0
278			06-06-73	3	121	0	0	0	0	0	0	0
276			06-18-73	2	117	0	0	11	0	0	17	0
284			06-19-73	9	96	0	32	0	0	0	8	0
285			06-25-73	10	122	0	0	0	0	0	0	0
288			07-02-73	13	115	0	0	0	0	0	0	0
298			07-09-73	13	108	0	0	0	0	0	0	0
300			07-11-73	16	101	0	0	0	0	0	0	0
			07-11-73	7	110	0	0	0	0	0	0	0

Date 11-02-73

TASC#	F#	Name	M.C.#	DATE ADMITTED	OPDF INTAKE	OPDF OPDT	OPMM	PGH	GAUDENZIA	OUTREACH	INTAKE RE	COM-	
313				07-12-73	13	103	0	0	0	0	0	0	0
312				07-17-73	10	101	0	0	0	0	0	0	0
311	2	[illegible]		07-18-73	2	75	0	0	0	0	0	28	5
310		S 10		07-25-73	33	69	0	0	0	0	0	0	0
340				07-27-73	12	66	0	0	0	0	0	3	0
337				07-30-73	6	72	0	0	0	0	0	0	0
341				7-31-73	8	72	0	0	0	0	0	17	0
342		S#17		08-01-73	37	59	0	0	0	0	0	0	0
345		S#19		08-03-73	5	73	0	0	10	0	0	6	0
347				08-07-73	8	62	0	0	0	0	0	0	0
348				08-08-73	14	75	0	0	0	0	0	0	0
9410		S#08		08-08-73	1	88	0	0	0	0	0	0	0
347				08-10-73	21	25	0	41	0	0	0	0	0
9343		R5P1		08-16-73	15	66	0	0	0	0	0	0	0
353				08-20-73	20	53	0	0	6	0	0	0	0
373		S#29		08-20-73	11	56	0	0	12	0	0	0	0
379				08-23-73	13	51	0	0	0	0	0	0	0
383				08-24-73	7	66	0	0	0	0	0	0	0
385		S 32		08-27-73	6	66	0	0	0	0	0	0	0
400		R#31		09-06-73	10	50	0	0	0	0	0	0	0
403				09-11-73	19	36	0	0	0	0	0	0	0
9382		R#45		09-11-73	12	43	0	0	0	0	0	0	0
407		P#34		09-12-73	9	45	0	0	0	0	0	0	0
410		P#35		09-17-73	4	45	0	0	0	0	0	0	0
425		S#48		09-26-73	20	18	0	0	0	0	0	0	0
428				09-28-73	26	10	0	0	0	0	0	0	0
432		S#51		10-01-73	14	21	0	0	0	0	0	0	0
436				10-03-73	13	18	0	0	0	0	0	0	0
439		S#54		10-09-73	6	8	0	0	13	0	0	1	0
440		P#52		10-09-73	14	14	0	0	0	0	0	0	0
443		S#55		10-15-73	14	7	0	0	0	0	0	0	0
453				10-24-73	3	7	0	0	0	0	0	0	0
454				10-25-73	8	1	0	0	0	0	0	0	0
457		S#60		10-26-73	5	3	0	0	0	0	0	0	0

TAG	M.C.#	DATE ADMITTED	INTAKE	OPIF	OPIJ	OPMA	PGM	GAUDENZIA	OUTREACH	INTAKE RF	COM	
[illegible]		01-10-73	8	9	77	180	12	0	0	3	0	
[illegible]		01-15-73	10	0	90	189	0	0	0	0	0	
[illegible]		02-05-73	14	152	0	75	27	0	0	0	0	
[illegible]		02-07-73	2	129	0	40	17	0	0	74	0	
[illegible]	P005	02-08-73	20	109	0	137	0	0	0	0	0	
111		02-14-73	21	0	50	179	10	0	0	0	0	
119	P015	02-26-73	9	0	0	197	15	0	0	25	0	
125		03-06-73	3	0	0	197	15	0	0	25	0	
131		03-08-73	16	0	0	222	0	0	0	0	0	
143		03-12-73	15	0	0	175	8	0	0	36	0	
170		03-16-73	0	0	0	197	9	0	0	18	0	
201		03-29-73	27	39	0	137	8	0	0	0	0	
217		04-10-73	17	51	0	137	0	0	0	0	0	
[illegible]		04-17-73	17	0	0	181	0	0	0	0	0	
217		04-17-73	10	51	0	137	0	0	0	0	0	
[illegible]		04-25-73	14	39	0	137	0	0	0	0	0	
[illegible]		05-03-73	13	77	0	75	10	0	0	7	0	
[illegible]		05-14-73	7	29	0	137	0	0	0	0	0	
[illegible]		05-14-73	20	16	0	137	0	0	0	0	0	
[illegible]	P033	05-15-73	9	70	0	38	9	0	0	14	0	
[illegible]		05-27-73	1	87	0	14	9	0	0	14	0	
307	S003	07-13-73	15	25	0	75	0	0	0	0	0	
317	P039	07-16-73	10	25	0	75	0	0	0	0	0	
318	P040	07-18-73	10	25	0	75	0	0	0	0	0	
321		08-06-73	7	27	0	55	0	0	0	0	0	
322	P042	08-08-73	9	25	0	55	0	0	0	0	0	
324	S028	08-20-73	7	17	0	55	0	0	0	0	0	
327	P045	08-23-73	8	11	0	55	0	0	0	0	0	
[illegible]	S037	08-30-73	6	5	0	54	0	0	0	0	0	
345		09-05-73	16	31	0	14	0	0	0	0	0	
348		09-21-73	5	0	0	38	0	0	0	0	0	
353	S056	10-02-73	10	8	0	14	0	0	0	0	0	
356	S059	10-15-73	6	6	0	9	0	0	0	0	0	

Date Admitted	PGM INTAKE	OPDF	OPDI	OPMM	PGM	GAUDENZIA	OUTREACH	INTAKE RE COM	
02-20-13	8	136	0	52	4	0	0	11	36
07-13-13	14	6	0	54	1	0	0	19	21
08-22-13	3	6	0	12	50	0	0	4	0
10-30-13	5	0	0	0	1	0	0	0	0

DATE ADMITTED	GAUD INTAKE	UPUF	UPUT	UPMM	PGM	GAUDENZIA	OUTREACH	INTAKE RE COM	
12-26-72	10	0	0	0	0	274	26	0	0
06-05-73	4	0	0	0	0	145	0	0	0
07-06-73	4	0	0	0	0	117	0	1	0
08-13-73	3	0	0	0	0	83	0	0	0
10-22-73	7	0	0	0	0	7	0	0	0
10-26-73	5	0	0	0	0	3	0	0	0
10-30-73	3	0	0	0	0	3	0	0	0

DATE ADMITTED	INTAKE	OPDF	OPDT	OPRM	PGH	GAUDENZIA	OUTREACH	INTAKE RE COM	
12-25-72	30	0	0	0	0	0	0	0	286
04-05-73	13	0	0	0	0	0	0	0	197
04-24-73	15	0	0	0	0	0	0	0	176
05-15-73	7	0	0	0	0	0	0	0	163
07-02-73	17	0	0	0	0	0	0	0	111
07-23-73	10	0	0	0	0	0	0	0	97
07-25-73	8	0	0	0	0	0	0	0	95
08-13-73	27	0	0	0	0	0	0	0	59
08-20-73	5	0	0	0	0	0	0	0	59
08-20-73	18	0	0	0	0	0	0	6	59
08-31-73	8	0	0	0	16	0	0	0	61
09-25-73	3	0	0	0	0	0	0	4	38
09-28-73	1	0	0	0	20	0	0	6	36
10-01-73	13	16	0	0	0	0	0	5	10
10-11-73	7	0	0	0	0	0	0	0	6
10-17-73	7	0	0	0	0	0	0	0	16
10-24-73	8	0	0	0	0	0	0	0	11
									2

APPENDIX B

TRACKING SYSTEM POSITION DESCRIPTIONS

TRACKING UNIT

a) Program Analyst

The Program Analyst will design and update the tracking system: the flow, distribution and filing of all reports between the various criminal justice system components, TASC components, and community based treatment modalities to insure credibility of monitoring from the identification of an arrestee as drug addicted through final disposition within the criminal justice system or point of exit from the TASC network.

The Program Analyst is responsible to the Project Director and will provide the Project Director with regular, detailed reports covering both the flow of referrals with specification of exits and the flow of clients with specification of exits once referral is complete. The Program Analyst is also responsible for the identification of areas where referral flow or client flow has an unusually high exit rate (see section C, part 6: The Program Analyst is responsible for the generation of logistics data to the Program Director and Evaluation Unit as well as the supervision of the flow of information to the sources of referral and to the courts.)

The Program Analyst is the primary liaison with the Variable Access Court Computer System and will coordinate the interface between the TASC tracking system and that used by the courts.

All systems analysis, applications programming and and report design will be the responsibility of the Program Analyst.

The Program Analyst will supervise the activities of the Tracking Unit, provide job definitions for the staff and directly monitor the activities of the Compliance Officers.

Finally, the Program Analyst will prepare a fully documented TASC Tracking Manual and will be responsible for keeping it up to date as revisions occur.

b) Tracking Coordinator

The submission of logistical data is the responsibility of the Program Analyst; the Tracking Coordinator is responsible to the Program Analyst for the distribution of all completed reports to the sources of referral and to the Courts and for the input of all data within the on-line tracking program.

Supervision of the ongoing activity of the two tracking clerks, the criminal records clerk and the secretary falls within the positions responsibilities.

The Tracking Coordinator is the primary operational liaison with the Central Medical Intake, the District Attorney's Office, the Department of Probation, the Pre-Trial Services Division of the Court of Common Pleas and the Philadelphia Court System.

Specifically, the Tracking Coordinator will insure that the eight types of reports outlined in section C, part 6, are completed and distributed to each source of referral for each appropriate client.

Further, the Tracking Coordinator will review all reports routed for the courts and will distribute at least one week prior to trial or hearing date all Pre-Ard Reports from the Central Medical Intake and all Presentence Reports and Final Reports prepared by the Tracking Unit Secretary under the Tracking Coordinator's supervision. Also, the Tracking Coordinator will provide the Compliance Officers with a copy of all Trouble Alerts.

All information received from the Tracking Clerks and Criminal Records Clerk will be reviewed and put into the TASC tracking system under specifications provided by the Program Analyst.

c) Compliance Officer

The Compliance Officers are directly responsible to the Program Analyst. These are trained counselors with experience both in dealing with addicted arrestees and with Philadelphia communities. They will receive Trouble Alerts from the Tracking Coordinator and a list of all referrals who have not reported to the Central Medical Intake within 72 hours from the Criminal Records Clerk. They will attempt to contract these clients in the community and try to persuade them to return to treatment or report

to CMI.

Reports on each contact will be forwarded to the Program Analyst in order that parts E and 6 of the logistical report (dealing with referrals to CMI and Trouble Alerts) can be documented.

Finally, under the direction of the TASC Assistant District Attorney, the Compliance Officers may be called upon to serve subpoenas in certain cases. Results of this intervention will be reported to the Program Analyst.

d) Criminal Records Clerk (Clerk Typist II)

The Criminal Records Clerk is the principal operational liaison with the Variable Access Court Computer System.

The Criminal Records Clerk will provide the Tracking Unit Secretary with a schedule of Court reports due, the Tracking Coordinator with source of referral reports G and H (dealing with Court appearances and monitoring of referrals) and the Program Analyst with data for part K, L, M, and N of the logistical report (dealing with arrests, court appearances, and dispositions) and will be responsible for operating the Court Computer Program.

The Criminal Records Clerk will receive a list of all arrestees eligible for diversion from the Court Bail Program and a list of all referrals from the Assistant

District Attorney's Unit. A list of discrepancies will be provided the Assistant District Attorney's Unit and a list of all Pre-Indictment Probation referrals who have not reported within 72 hours will be provided the Compliance Officers. The Program Analyst will be provided with data for part A, B, and D of the logistical report (dealing with identification of drug involvement and referral).

e) Tracking Clerk (Clerk Typist II)

The Tracking Clerks are the principal operational liaison with the community based treatment modalities. They will phone each treatment unit on a daily basis and will provide the Tracking Coordinator with all exceptions in order that reports D and E (dealing with the distribution of clients and Trouble Alerts) are complete.

They will prepare all drop recommendations and transfer reports for review by the Tracking Coordinator (reports B and F) and see that copies are filed.

Finally, they will insure that all Monthly Progress Reports are received and filed and transmitted to the Tracking Coordinator (report C).

Tracking Unit contd.

f) Secretary

The Secretary will receive a schedule of Court appearances from the Criminal Records Clerk, review the complete chart of the clients scheduled (to include initial evaluation, all transfer reports, all Trouble Alerts, all monthly Progress Reports, and any recommendations to Drop) and will prepare a narrative Presentence Report (or, in the case of successful completions of treatment, a Final Report) to be reviewed by the Tracking Coordinator.

Further, the Secretary may be called on for general secretarial support with respect to correspondence and the preparation of the TASC Tracking Manual.

APPENDIX C

TASC MEMORANDA OF PROGRAM DESCRIPTION
AND ELIGIBILITY REQUIREMENTS

MEMORANDUM

CITY OF PHILADELPHIA

TO : ROR Interviewers

DATE 12-4-73

FROM : Peter Bowers, Assistant District Attorney

SUBJECT: TASC Description for Defendants

#3. TASC P.I.P. (Treatment Alternatives to Street Crime) is a treatment alternative to trying you on the present charges. It offers you the opportunity to enter drug rehabilitation treatment and if you successfully complete that treatment, the Commonwealth may discharge the charges on which you were arrested. TASC initially requires several days of interviews and examinations by a team of doctors and psychologists after which a treatment program which may include methadone maintenance/detoxification, in-patient treatment, out-patient vocational training or therapeutic community living is chosen. You will fully participate in chosing this program; however, once a program is chosen, you must comply with that program. You will then be placed on probation before trial with the condition that you successfully complete your program. If you do so, you will not be tried for the crime committed, but, if you fail to successfully complete the program, you will be brought back to trial on the original charges.

MEMORANDUM

CITY OF PHILADELPHIA

TO : ROR Interviewers

DATE 12-4-73

FROM : Peter Bowers, Assistant District Attorney

SUBJECT: TASC Description for Defendants

#4. TASC S.A. (Treatment Alternatives to Street Crime) is a post-trial program for the more serious drug offenders who because of the nature of their present charge can not receive pre-trial probation. It offers you the opportunity to enter drug rehabilitation treatment prior to trial, and if you successfully comply with that treatment, the TASC program will enter a report in your behalf at time of sentence recommending probation with TASC in place of any other sentence, including incarceration, which the court may impose. TASC initially requires several days of interviews and examinations by a team of doctors and psychologists after which a treatment program which may include methadone maintenance/detoxification, in-patient treatment, out-patient vocational training or therapeutic community living is chosen. You will fully participate in chosing this program; however, once a program is chosen, you must comply with that program. You will then be tried on the charges for which you were arrested and if convicted, at time of sentence, the TASC program will submit to the court a report containing your past drug history, your present treatment plan, and how you have complied with that treatment. If you have successfully complied with your program, the TASC program will recommend continued treatment under probation to TASC in place of any other sentence the court may consider imposing. However, if you should fail to comply with the program, no report will be submitted. Thus, the sentencing alternative program can only help you - under no circumstances can it count against you.

TO :ROR Interviewers

DATE 12-4-73

FROM :Peter Bowers, Assistant District Attorney

SUBJECT:TASC Pre-indictment Probation

TASC # 3 Pre-indictment Probation

1. Burglary of motor vehicle
2. Theft - all grades
3. Receiving Stolen Property
4. Unauthorized Use of Auto
5. Retail Theft -- all grades
6. Bad Checks
7. Disorderly Conduct
8. Prostitution
9. SIMPLE POSSESSION NARCOTICS - not marijuana
10. 1057 H/O Drugs
11. Prohibited Offensive Weapon - knife only
12. Credit Cards - misdemeanor of the second degree only
13. Resisting Arrest

The above is a list of the TASC PIP crimes most generally referred. However, where any defendant has a prior conviction or open case for a crime of violence or trafficking of narcotics (see TASC #4), he is not eligible for TASC PIP. We will accept unlimited prior convictions or open cases for the above crimes.

TO :ROR Interviewers

DATE 12-4-73

FROM Peter Bowers, Assistant District Attorney

SUBJECT: TASC Sentencing Alternative

TASC # 4 Sentencing Alternative

1. Aggravated Assault and Battery
2. Rape
3. Corrupting Morals of Minor
4. Indecent Assault
5. Arson
6. Burglary
7. Robbery
8. Forgery
9. VUFA
10. Riot
11. Sales or Possession With Intent to Deliver Narcotics

The above is a list of the most commonly referred TASC Sentencing Alternative crimes. All crimes which are not TASC # 3 are automatically to be referred TASC # 4. No defendants charged with Murder or Manslaughter are to be referred TASC # 4.