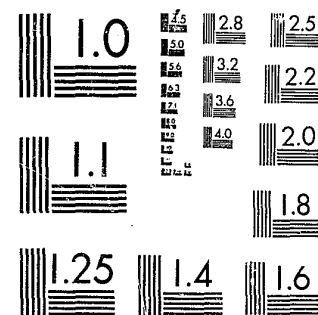


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SITE VISIT REPORT

MILWAUKEE TASC PROJECT
(July 13-15, 1977)

EVALUATION OF TREATMENT ALTERNATIVES
TO STREET CRIME (TASC)
PHASE II

September 28, 1977

D R A F T

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TO STREET CRIME (TASC)
PHASE II

This project is supported by Contract Number J-LEAA-015-77 awarded to System Sciences, Inc., Bethesda, Maryland, by the Office of Evaluation, National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice, under the Omnibus Crime Control and Safe Streets Act of 1968, as amended. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

September 28, 1977

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ABSTRACT

This report provides the results of the evaluation of the Milwaukee, Wisconsin, Treatment Alternatives to Street Crime (TASC) project. This evaluation was conducted as part of an evaluation of the National TASC Program sponsored by the Law Enforcement Assistance Administration (LEAA) of the U.S. Department of Justice. The study is concerned primarily with operational aspects: identification of potential clients; diagnosis and referral; relationships with drug abuse treatment agencies, the community and the Criminal Justice System; effectiveness of tracking and monitoring; and cost analysis.

The TASC project of Milwaukee, Wisconsin, was visited from July 13 through 15, 1977, and was in its 19th month of operation at that time. The Milwaukee TASC project is sponsored by the Wisconsin Correctional Service (WCS), a private non-profit criminal justice offender service agency. The evaluation focused on the year from July 1, 1976 through June 30, 1977. During this period, 287 clients were admitted to TASC and the project had 201 active clients at the end of that year.

Although the Milwaukee TASC project operates a true criminal diversion program for first offender marijuana users, these persons are not generally considered to be TASC clients and are not, therefore, reflected in the TASC reported statistics. In addition to pretrial diversion, clients enter TASC through the major referral routes of conditional bail reductions, stipulated TASC probation, voluntary self referrals, and referrals from probation.

In all respects, the evaluation team concluded that the Milwaukee TASC project is effective. The diagnosis and referral function receives more emphasis in Milwaukee than other TASC projects visited. This appears to be an appropriate response to the unusual Criminal Justice System structure in Wisconsin, where the Probation Department is part of the state Department of Health. The project is viewed positively by the CJS and treatment agencies. The staff members are qualified for their positions and appear to be dedicated to their functions.

ACKNOWLEDGEMENTS

The System Sciences, Inc. evaluation team would like to acknowledge the co-operation of many persons who generously contributed their time to assist in this effort.

From the Criminal Justice System: The Honorable Harold B. Jackson of the Circuit Court and the Honorable Judge Gorenstein of the Misdemeanor Court; Mr. Marty Love of the Public Defender's Office; the Administrative District Attorney, Mr. Herman John and the TASC District Attorney, Ms. Mary Reddin. From the Probation Department: Mr. George Zanck, Supervisor of the Specialized Drug Unit; Ms. Maureen Benson of the Pre-Sentence Investigation Unit and Mr. James Simpson also of the Special Drug Unit. From the Milwaukee County Jail: Lt. Littel, Jailer (also member of the TASC Advisory Board) and Ms. Lynn Duvall, Jail Nurse.

From the Community Treatment Agencies: Mr. Thomas Johnston, MSSW, Director of the Fourth Street Program; the Rev. Joseph Feldhausen, MSN, Director of the Wisconsin Family, Inc.; Mr. John Hohl, Director of Genesis; Mr. Jimmie Dewitt, Director of Jupiter House; and Mr. Jerry White of the Social Development Commission.

We would also like to express our appreciation to Mr. Steve Swigart, the TASC Project Director. Mr. Swigart and all members of the Milwaukee TASC staff were most cooperative and helpful. Without their assistance in arranging our interview schedule and cooperation on site, we would not have been able to meet our objective. We sincerely appreciate their help.

The System Sciences, Inc. Team

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SUMMARY

The TASC project of Milwaukee, Wisconsin, had been in operation for 19 months at the time of the System Sciences, Inc. site visit conducted July 13 through 15, 1977. The project is sponsored by the Wisconsin Correctional Service (WCS), a private non-profit criminal justice offender service agency. During the year focused on in this report, July 1, 1976 through June 30, 1977, 287 clients were admitted to TASC and the project had an active caseload of 201 clients at the end of that year.

Although the Milwaukee TASC project operates a true criminal diversion program for persons charged with the possession of marijuana, very few of these persons are considered TASC clients by the Milwaukee project and are not, therefore, reflected in their client flow statistics. There are seven referral pathways in which clients enter the Milwaukee TASC project, including diversions, as follows:

- o Diversion
- o Conditional Bail Reducation
- o Stipulated TASC Probation
- o Voluntary
- o Direct Probation Referrals
- o Direct Parole Referrals
- o Juvenile

With the exceptions of the last two pathways listed above, each accounted for a significant percentage of client admissions during the study year.

The emphasis of the Milwaukee TASC project is clearly on pre-trial screening and diagnosis and referral as opposed to post-trial referrals or tracking and monitoring. The effort placed on the pre-trial reflects the unique Criminal Justice System (CJS) structure present in Milwaukee. Here, the judiciary has very little, if any, control over offenders once sentenced. Both probationers and parolees are the responsibility of the Probation Department which is admin-

istratively under the Wisconsin Department of Health. All probation officers are required to have MSW or equivalent degrees and are not administratively linked to the courts, having an unusual degree of autonomy in handling their clients. These officers are able to closely monitor clients. Consequently, in comparison with other TASC projects, less emphasis is placed on TASC tracking and monitoring because this is done by the probation officers.

Most of the clients accepted by the Milwaukee TASC project are males (79.5 percent) and White (56.2 percent). Most are charged with felonies; clients charged with violent offenses are excluded. Most of the admitted clients (55.1 percent) reported heroin as the primary drug problem and another 36 percent reported polydrug use.

The primary TASC screening activity is conducted at the Milwaukee County Jail. Initial screening is accomplished by review of booking logs and the identification of persons to be interviewed by the TASC screener. Notably, the TASC screener is screening for all of the WCS service agencies which include alcoholism treatment services and mental health services as well as TASC. The screening function is viewed by evaluators as effectively accomplishing its objectives and is credited with having a very positive impact on jail tensions.

It is apparent from CJS and treatment agency interviews, as well as from interviews with the TASC staff, that the most valuable and highly regarded program function is diagnosis and referral. This reputation depends largely upon the capability and experience of the three TASC case managers who staff the unit. All three staff members have training and experience in psychology and related social service work. The diagnosis and referral process is handled professionally, with both client and court responsibilities balanced and is maintained in proper perspective. From the perspective of the CJS, TASC is largely seen as a screening and diagnosis and referral service.

Although the tracking and monitoring function receives relatively less emphasis in comparison with other TASC projects, this function is also effectively managed. Monitoring reports provided to the courts and probation are apparently not provided monthly, as intended. However, there was no indication during our interviews that more regular client progress reports would enhance TASC's effectiveness. Reporting of absences and violations, however, are said to be generally prompt and reliable.

From the perspective of the CJS, it is clear that TASC in Milwaukee is most useful in effecting diversions, conditional bail reductions and obtaining probation dispositions. The court is very supportive of TASC. The District Attorney's Office supports TASC on conditional bail reductions and obtaining probation dispositions, but has been quite reluctant to extend the scope of the diversion mechanism. The Public Defender supports TASC only as a last resort, in cases where a disposition more severe than TASC would be the most likely outcome without TASC. Finally, probation officers support TASC in its efforts to place people on probation, but restrict TASC activities radically once a defendant is given probation.

On the basis of our cost analysis, we concluded that the relative and unit costs are within reasonable limits. However, the administrative costs account for an estimated 31.7 percent of the total budget, a relatively large resource allocation to this function.

I. PROGRAM STRUCTURE AND CLIENT FLOW

The TASC project of Milwaukee, Wisconsin, had been in operation for 19 months at the time of the site visit, July 13-15, 1977. The project was formed under the local auspices of the Wisconsin Correctional Service (WCS), a private, non-profit, criminal justice service agency. This agency was first established in 1912 as the Society for the Friendless, and has continuously provided assistance to prisoners and ex-offenders since that time. More recently, the agency has expanded its sphere of activity into alcohol and drug treatment service. (More information about the agency is provided in Appendix A.)

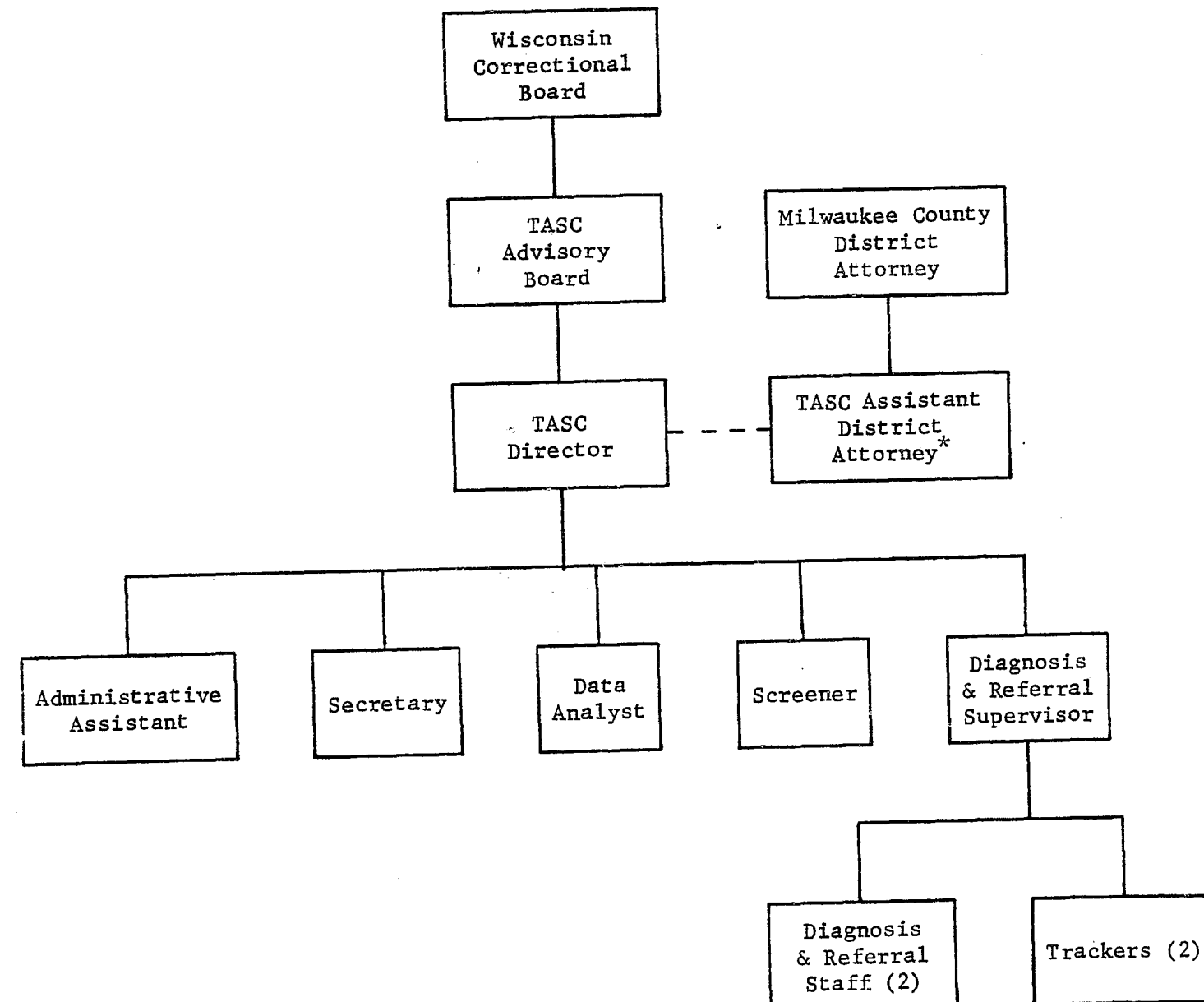
The Milwaukee TASC project completed its first (15-month) grant period at the end of February 1977, and is presently operating on a 12-month grant. In order to work with the most current client statistics possible, this report relates primarily to the period July 1, 1976 through June 30, 1977. Consequently, financial data used here has been estimated based on each of the two grant periods. During this study year, 287 clients were admitted to TASC (an average of 24 per month); and 201 were active on June 30, 1977. The project employs a staff of 11, and operated on an annualized budget of \$206,724 during the study period. Direct LEAA support amounts to 90 percent on a cash basis, but 86 percent when the contributions of volunteers are considered.

A. Project Organization and Staffing

The basic structure of the Milwaukee TASC project is conventional, with screening, diagnosis/referral, and tracking components (see Figure I-1). However, the Milwaukee project has a number of significant variant aspects. Most unusual, perhaps, is that a specific assistant district attorney has been designated to work with TASC in the screening and court liaison process. This individual works half-time, has no other non-TASC responsibilities and is paid with TASC funds. Another significant aspect of the Milwaukee project is that it is operated under the formal supervision of the TASC Advisory Board, a body composed of representatives of the Milwaukee area treatment agencies and Criminal

FIGURE I-1

MILWAUKEE TASC PROJECT ORGANIZATION



Justice System. Also, by virtue of its association with the Wisconsin Correctional Service, the TASC project has had, from the beginning, an especially favorable relationship with the County Jail. All three of these organizational aspects have contributed to a positive relationship with the Milwaukee Criminal Justice System.

The Milwaukee project has given appropriate emphasis to self-evaluation by retaining a full-time data analyst as part of the regular staff and contracting for the services of an outside local evaluator to support this self-evaluation effort. Although self-evaluation is a standard requirement for all recently funded TASC projects, the level of professionalism of the Milwaukee effort is noteworthy.

Of the basic program components, diagnosis and referral is clearly the most emphasized in Milwaukee. Compared with other TASC projects, both screening and tracking are limited in the extent of their operation because of unique aspects of the local working environment. This emphasis results, in part, from the fact that the courts have virtually no control over offenders once they are sentenced. TASC, therefore, concentrates on that area where they can achieve the greatest impact on the court, which is diagnosis and referral.

B. Referral Pathways

There are seven possible referral pathways by which clients enter the Milwaukee TASC project. These include:

- o Diversion
- o Conditional Bail Reduction
- o Stipulated TASC Probation
- o Voluntary
- o Direct Probation Referrals*
- o Direct Parole Referrals*
- o Juvenile

During the period July 1, 1976 through June 30, 1977, each of these referral pathways, except the last two, accounted for a significant percentage of

* Both categories of referrals come from Probation Department officers who handle all parolees as well as probationers. The Probation Department is a section of the Wisconsin Community Corrections Bureau which is under the State Health Department.

client admissions. Unlike most TASC projects voluntary admissions constituted the most frequent (26.6 percent) referral source. Each of these pathways is discussed below.

1. Diversion. The diversion referral pathway in Milwaukee involves the large Office of the District Attorney which consists of various specialized units. When an adult offender is arrested, he is transported by the police to the district station for interrogation and then transferred to the city jail for booking and overnight detention. The next morning, defendants are transported to the Office of the District Attorney (DA). There, the DA's intake interviewers meet with the police to obtain information concerning the defendant's drug history and past record. These interviewers are obligated to direct all drug cases to the specially appointed TASC Assistant District Attorney. At this point, enabling legislation permits diversion of a wide variety of drug involved arrestees. However, the statutes are cautiously applied and currently the DA authorizes diversion of only those cases involving first-time marijuana arrests* and other selected minor offenses.

This system is imperfectly suited to TASC objectives, since the TASC DA normally is notified only about cases involving drug possession, most of which are for marijuana. Rarely, if ever, are drug associated, non-drug offenses identified for the TASC DA. In fact, notification is not received for even all obvious possession cases because many of these are referred to the DA's Organized Crime Unit. This unit can transfer the defendant back to the TASC DA, but this is relatively rare. Even a more rare occurrence is a transfer from the DA's Property Unit. Apparently, there is considerable shifting of personnel in this unit and those assigned are often not well informed about TASC's role. In addition to these difficulties, processing through the various DA units may involve only a warrant rather than the defendant so that important information may be unavailable. Since a significant proportion of potential TASC clients are not referred to the TASC DA, a major screening effort is also conducted at the county jail.

* Not all first-time marijuana arrests are diverted to TASC. Large scale arrests for marijuana possession at rock concerts generally do not result in diversion. Apparently the reason for this is that such arrests result in substantial additional overtime pay for police appearing in court. The application of the diversion statute briefly interrupted this practice, but it was resumed after a number of complaints from police. Convictions in these cases currently result in \$50 fines for each offender.

TASC manages all marijuana diversion cases and other cases where drug use is involved, even though TASC statistics do not reflect this activity. TASC only counts as TASC admissions those persons who demonstrate serious problems with drug abuse and are referred to community treatment. Consequently, although the majority of marijuana diversions are managed by TASC volunteers, these are not counted in TASC statistics.

There are some indications that the scope of diversion may expand. Existing legislation allows for a more diverse program and there is new legislation being considered that will expand the current judicial limits. The DA should be encouraged to continue to use TASC as a coordinating agency for all drug-related diversions, and TASC should include these diversions in its program statistics even when community treatment is not a realistic option.

2. Conditional Bail Reductions. This referral pathway depends exclusively on jail screening. If the defendant is unable to make bail, he is detained pre-trial in the county jail. Here, TASC interviews all persons suspected to be eligible for TASC or in need of other forms of social service. The TASC screening also screens cases for the WCS alcohol unit, mental health unit, and violent drug abuse unit. When potential clients are identified, TASC diagnosis and referral unit staff members return to the jail to interview likely candidates for conditional bail reductions or stipulated TASC probations.

If the TASC worker believes a conditional bail reduction is a possibility, contact is made with the client's attorney and the DA. These staff members provide a work-up for the court that includes a treatment recommendation and guarantee of tracking.

If the defendant is granted a conditional release (provided he meets his treatment obligations) the conditional release experience becomes part of an appeal for a stipulated TASC probation.

The number of conditional bail reductions might be increased considerably if TASC could screen at Felony Intake, where bail is assigned, and present a conditional release alternative at that hearing. However, several logistical obstacles have precluded TASC from taking an active role at the bail hearings.

3. Stipulated TASC Probation. A disposition involving probation with a stipulation to TASC may result from both misdemeanor and felony proceedings. Most misdemeanor cases are disposed of in Misdemeanor Intake. TASC participation is generally made a condition of probation when it is clear that drug use is involved in the offense. In this situation, TASC, usually having no knowledge of the cases beforehand, is notified of the cases by the court.

In felony cases, stipulated probation may involve clients out on bail, in pre-trial detention, or those on conditional bail release. In the latter two cases, TASC usually has had contact with the client prior to trial (always, if the client has obtained TASC conditional release). TASC generally does not see offenders who have obtained bail on their own, unless the offender or his attorney takes the initiative to contact TASC. However, if none of these routes serves to bring TASC and the offender into contact, the Presentence Unit of the Probation Department can usually be relied upon to identify those offenders with drug problems. These clients are then referred to TASC for diagnosis and recommendation for treatment.

The recommendation for a TASC-stipulated probation may be presented at disposition or included as part of the presentence investigation report. In order that a united appeal can be made to the judge, TASC attempts to gain the support of both the defense attorney and the prosecutor for a mutually acceptable disposition. If the appeal is successful, the offender is assigned a probation officer with a TASC stipulation.

4. Voluntary. Voluntary clients are defined as those who apply to TASC on their own (recognizing that pressures may be used on them to do so). If a client's drug abuse history is verified and a referral is appropriate, the client will be admitted and treated in the same way as a client on stipulated TASC probation. This includes the signing of a release of information form enabling TASC to report client progress, or lack of progress to the court.

5. Direct Probation Referrals. If a probation officer has a probation case previously unknown to TASC and wishes a diagnosis and referral and/or tracking, he can make a direct referral to TASC.

Under an agreement with the Probation Department, TASC does not attend revocation hearings concerning these or any other TASC clients. They may make recommendations to the probation officer in charge, but both agencies wish to avoid an adversary relationship between TASC and the probation officer.

6. Direct Parole Referrals. If an officer has a parole case previously unknown to TASC and wishes a diagnosis and referral and/or tracking, he can make a direct referral to TASC. The problem here is that TASC is not involved prior to the parole decision and the clients and officers are geographically dispersed. This route has, to date, yielded very few clients.

7. Juveniles. All juvenile agents have been informed of TASC. A referral to TASC is possible either by a juvenile justice or juvenile probation officer. However, most officers claim there are very few serious juvenile drug-abusers. To date there have been very few referrals.

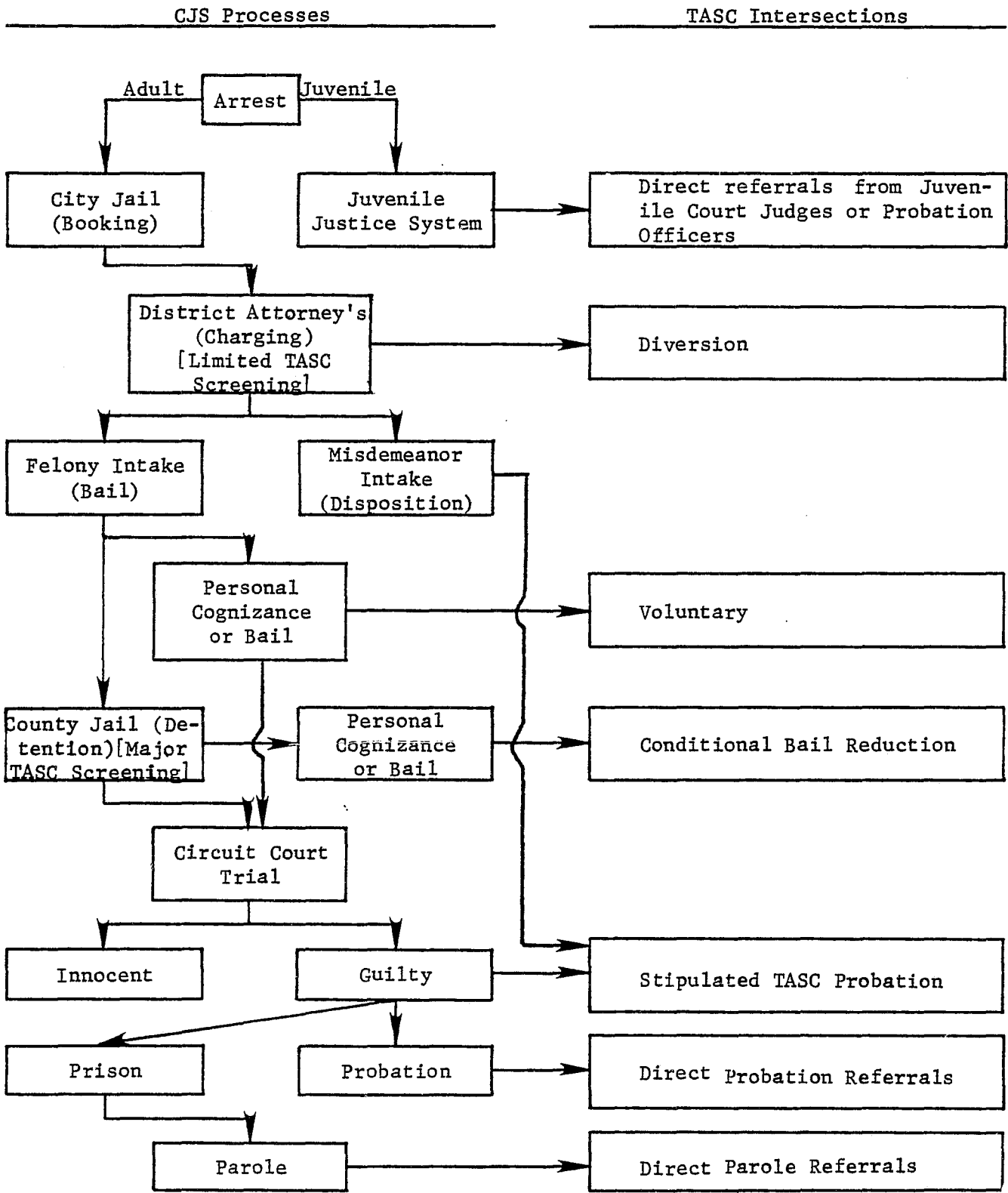
Summary of TASC Intervention Locations. Figure I-2, provided below, summarizes the routine Milwaukee TASC points of intersection with the normal CJS processing.

C. Client Profiles

Descriptions of Milwaukee TASC client profiles and profiles of clients screened but rejected, as presented in this section, are based on an analysis of 167 client folders. The status and referral pathways of this random sample of clients and rejectees fall into the following categories:

FIGURE I-2

TASC POINTS OF INTERSECTION WITH CRIMINAL JUSTICE SYSTEM PROCESSES



Status

Screened but not admitted	35
Active	80
Discharged	44
Active (but in "jeopardy")	8
TOTAL	167

Referral Pathway*

Diversions	17
Conditional Bail Reductions	21
Stipulated TASC Probations	38
Direct Probation Referrals	22
Voluntary	34
TOTAL	132

Table I-1 provides a summary of the characteristics of active clients, admissions and clients screened but not accepted into TASC. On the basis of these data, we may draw the following observations:

- o Nearly all of the rejected clients are male, while males constitute nearly 74 percent of the active clients and nearly 80 percent of admissions.
- o Although, non-Whites account for less than 40 percent of the active clients, they account for 60 percent of the clients rejected, i.e., non-Whites have a higher rejection rate than Whites.
- o Clients 31 years of age and older are more likely to be rejected than accepted.
- o Although TASC screened persons charged with violent crimes, none were admitted.

* Direct parole referrals and juvenile referrals are very small in proportion to other routes and did not appear in the sample drawn.

TABLE I-1

CHARACTERISTICS OF ACTIVE CLIENTS, ADMISSIONS AND
CLIENTS SCREENED BUT REJECTED

(Percent)

<u>SEX, RACE, AGE</u>	<u>Active Clients Sample = 80</u>	<u>Admissions Sample = 132</u>	<u>Clients Rejected Sample = 35</u>
Male	73.8	79.5	97.1
Non-White	39.0	43.8	60.0
Under 18	5.0	2.3	0.0
18-21	45.0	43.4	40.0
22-25	32.5	31.8	17.1
26-30	13.8	17.1	20.0
31+	3.7	5.4	22.9
<u>MAJOR CHARGE</u>			
Robbery	0.0	0.0	5.9
Other Violent	0.0	0.0	8.8
Burglary	31.0	32.0	37.2
Larceny	14.1	14.1	14.7
Sale of Drugs (not marijuana)	2.8	3.1	5.9
Possession of Drugs (not marijuana)	12.7	13.3	5.9
Sale of Marijuana	0.0	0.0	0.0
Possession of Marijuana	11.3	10.9	0.0
Fraud/Counterfeit	12.7	9.4	5.9
Other Property	1.4	0.0	2.9
Other*	14.0	17.2	11.8
<u>MAJOR DRUG OF ABUSE</u>			
Opiate	63.4	55.1	55.9
Depressants	6.6	5.1	11.8
Stimulants	0.0	3.8	5.9
Polydrug	30.0	36.0	26.4

* Other arrests are primarily violation of probation, traffic violations, prostitution and other minor offenses.

- o The most frequent charges of clients admitted to TASC were burglary (32.0 percent), possession of drugs other than marijuana (13.3 percent) and possession of marijuana (10.9 percent).
- o Opiate drug use was reported as the major drug problem of 55 percent of clients admitted to TASC.

Table I-2 provides a summary of client characteristics by referral pathway. These data are based on the sample of 132 clients admitted to the Milwaukee TASC project. It is apparent from these data that:

- o Diversion clients are mostly White and include a higher proportion of females than the other pathways. Additionally, 50 percent of these client admissions are charged with the possession of marijuana.
- o Burglary accounts for between 30 and 42 percent of all charges for all referral pathways other than diversions.
- o Heroin was reported to be the major drug used by 83 percent of the clients entering through the conditional bail reduction pathway, and for at least 50 percent of the clients entering through the other pathways, excluding diversion.

The Milwaukee TASC project does not accept persons charged with violent crimes, even after incarceration. This is somewhat unusual because many TASC projects do not accept clients charged with violent crimes through pre-trial pathways, but most of these projects drop this restriction for clients referred from probation and particularly clients referred from parole. The reason for this restriction is a directive from the TASC Advisory Board which refuses to risk the TASC reputation with these clients. However, one volunteer working for the WCS under TASC supervision, performs TASC functions for violent offenders having drug problems. Currently, this volunteer has a case load of six clients.

Table I-3 provides a summary of the client characteristics by final case disposition. Data presented on demography and principal drug of abuse were compiled by the Milwaukee TASC project and were verified by the evaluation team. Data presented on charges were based on a sample of records reviewed by the evaluation team. Although this latter sample is small, it may be representative of success indicators. For example, it is indicated that White males, 18-25 years of age who are polydrug abusers may have a better chance of successful program termination.

TABLE I-2

CHARACTERISTICS OF ADMISSIONS BY REFERRAL PATHWAY
(Percent)

	Diversions Sample = 17	Conditional Bail Reductions Sample = 21	Stipulated TASC Probations Sample = 38	Direct Referrals From Probation Sample = 22	Voluntary Sample = 34	Total Sample = 132
Male	58.8	76.2	86.8	81.8	82.4	79.5
Non-White	35.3	40.0	39.5	59.1	45.5	43.8
Under 18	11.8	0.0	0.0	0.0	2.9	2.3
18-21	35.3	47.6	48.6	50.0	35.3	43.4
22-25	29.4	38.1	28.6	18.2	41.3	31.8
26-30	17.6	14.3	11.4	27.3	17.6	17.1
31+	5.9	0.0	11.4	4.5	2.9	5.4
<u>MAJOR CHARGE</u>						
Burglary	6.3	38.1	30.6	31.8	42.5	32.0
Larceny	18.7	19.0	19.4	9.0	6.1	14.1
Sale of Drugs (not marijuana)	0.0	4.8	2.8	0.0	6.1	3.1
Possession of Drugs (not marijuana)	6.3	14.3	16.7	13.6	12.2	13.3
Sale of Marijuana	0.0	0.0	0.0	0.0	0.0	0.0
Possession of Marijuana	50.0	4.8	5.6	9.1	3.0	10.9
Fraud/Counterfeit	12.4	19.0	2.8	0.0	15.3	9.4
Other	6.3	0.0	22.1	36.5	14.8	17.2
<u>MAJOR DRUG OF ABUSE</u>						
Opiate	20.0	83.4	61.1	56.3	50.0	55.1
Depressant	0.0	0.0	11.1	0.0	9.1	5.1
Stimulant	0.0	8.3	5.6	6.2	0.0	3.8
Polydrug	80.0	8.3	22.2	37.5	40.9	36.0

TABLE I-3

CHARACTERISTICS OF DISCHARGED CLIENTS*

(Percent)

	Successes Sample = 49	Neutral Terminations** Sample = 40	Failures Sample = 87	Rearrested and Dropped Sample = 21
<u>DEMOGRAPHY</u>				
Male	81.6	90.0	82.8	90.5
Non-White	22.4	40.0	60.9	47.6
Under 18	0.0	2.5	0.0	9.5
18-21	48.9	37.5	34.5	28.6
22-25	26.5	25.0	33.3	33.3
26-30	10.2	22.5	20.7	23.8
31+	14.4	12.5	11.5	4.8
<u>PRINCIPAL DRUG OF ABUSE</u>				
Opiate	25.6	45.0	48.3	61.9
Depressants	14.3	10.0	13.8	19.0
Stimulants	0.0	7.5	2.3	4.8
Polydrug	39.2	37.5	35.6	14.3
<u>MAJOR CHARGE</u>				
	Sample = 14	Sample = 10	Sample = 14	Sample = 6
Robbery	0.0	0.0	0.0	0.0
Other Violent	0.0	0.0	0.0	0.0
Burglary	7.1	50.0	42.9	33.3
Larceny	7.1	10.0	21.5	33.3
Sale of Drugs	14.3	0.0	0.0	0.0
Possession of Drugs	14.3	0.0	21.4	16.7
Sale of Marijuana	0.0	0.0	0.0	0.0
Possession of Marijuana	35.8	10.0	0.0	0.0
Fraud/Counterfeit	0.0	20.0	7.1	0.0
Other Property	0.0	0.0	0.0	0.0
Other	21.4	10.0	7.1	16.7

* Data on demography and principle drugs of abuse were compiled by the Milwaukee TASC and data on charges were compiled by the SSI evaluation team.

** These criminal justice system terminations are considered neutral by most TASC projects.

D. Client Throughput

There are approximately 24 clients admitted to the Milwaukee TASC project each month. Nearly 80 percent of these admissions are processed on a pre-trial basis. Interviews with probation personnel suggest that the clients directly referred from probation and parole are referred mainly for diagnostic evaluation and treatment recommendations. In the future, however, clients will be referred only for consultant diagnostic services. Consequently, Milwaukee TASC must rely on pre-trial activity for the majority of its clients. Fortunately, TASC efforts are well respected in this area and there are several indications that the pre-trial referrals may grow in volume.

In some respects, the number of clients served is already greater than it appears. Milwaukee TASC severely undercounts the number of clients served by the project. Table I-4 depicts client throughput as reported by the Milwaukee TASC project. Table I-5 enumerates the relative contribution each referral pathway makes to total client admissions. According to these reports, 36 diversion admissions are counted for one year; 50 since the program began. However, Milwaukee TASC has actually processed 284 diversions. Twenty diversions were admitted prior to September 27, 1976. Some of these were diversions effected by non-TASC D.A.'s; some were transfers from out of county. From September 27, through June 30, 1977, 264 diversions were processed by a TASC volunteer. Only 30 were diagnosed as having a more serious drug problem and referred to appropriate treatment facilities. The remainder, mostly marijuana arrests, were not included in the reported statistics. As other reports under this contract have indicated, diverted marijuana users are considered TASC clients by other TASC projects. Although they are not referred to treatment, the Milwaukee TASC Director does not want it thought that diversion is a meaningless exercise. Almost all of these diverted persons are required to attend twice monthly group drug education sessions. We believe these services should be included. As indicated above, there are signs that the scope of diversion in Milwaukee may expand, so that this source may become increasingly important.

TABLE I-4

CLIENT THROUGHPUT

Activity	Study Year	Since Inception
	(July 1, 1976- June 30, 1977)	(November 1, 1975- June 30, 1977)
Screened*	2,141	3,039
Eligible	533	891
Admitted	287	420
Discharged	186	219
Successful or Neutral	82	104
Successful	55	57
CJS Termination	27	47
Failures	104	115
Failure	83	92
Rearrested and Dropped	21	23
Active on June 30, 1977	201	201

* Includes screening at all points of intersection with the CJS: Milwaukee County Jail, Voluntary Clients, Direct Probation/Parole Referrals, Juveniles.

TABLE I-5

CLIENT ADMISSIONS

Referral Pathway	Study Year		Since Inception	
	(July 1, 1976- June 30, 1977)		(November 1, 1975- June 30, 1977)	
	No.	Percent	No.	Percent
Voluntary	76	26.6	122	29.0
Stipulated TASC Probation	62	21.6	94	22.3
Conditional Bail Reduction	50	17.4	70	16.7
Direct Probation Referrals*	50	17.4	67	16.0
Diversion	36	12.5	50	11.9
Direct Parole Referrals*	7	2.4	10	2.4
Juveniles	6	2.1	7	1.7
TOTAL	287	100.0	420	100.0

* Both categories of referrals come from Probation Department officers who handle all parolees as well as probationers.

Table I-6 provides a breakdown of the final case dispositions, by referral pathway, for all clients discharged during the study year July 1, 1976 through June 30, 1977, and for the total discharges for the period November 1, 1975, through June 30, 1977. It should be noted that 84.9 percent of the total discharges occurred during the study year.

During the year July 1, 1976 through June 30, 1977, 44.1 percent of the discharges were successful in TASC terminology, being either successful or neutral discharges. The most successful discharges were clients entering through the diversion pathway. Of these clients, 69.2 percent were successfully discharged. Success rates achieved by other pathways ranged from 37.5 percent to 50 percent (except direct referrals from parole where only two clients were discharged). It was somewhat surprising that voluntary admissions showed relatively low success rates in comparison with the clients entering through the other referral routes. This result points to the fact that, although these clients enter voluntarily, they are generally under similar CJS pressures and are handled the same as other clients in the TASC program.

The relatively low rates of success (excluding CJS terminations) of pre-trial clients is the basis for the defense attorney's hesitation to utilize TASC (see discussion in Section III). Failure of pre-trial clients to successfully meet TASC requirements will generally lead to incarceration, whereas success in pre-trial treatment will generally result in a sentence of probation. It should be noted, however, that the success rates achieved by the Milwaukee TASC project are similar to those obtained by other TASC projects.

Table I-7 provides a summary of the charge and post-trial referral status of clients initially entering TASC through the two referral pathways of conditional bail reduction and voluntary admissions. This information reveals that many persons originally referred as conditional bail reductions or voluntary admissions are later stipulated to TASC post-trial or directly referred by a probation officer. They are always counted only once by Milwaukee TASC. If a client has been out of TASC for some time he is not counted as a new admission if he returns under a different referral pathway.

DISCHARGE DISPOSITION BY REFERRAL PATHWAY
(Study Year July 1, 1976 - June 20, 1977)

	Successes						Failures							
	CJS						Rearrested and							
	Termination						Dropped							
	Success		(Neutral)		Total		Failure		Dropped		Total		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Direct Parole Referrals	0	-	2	100.0	2	100.0	0	-	0	-	0	-	2	100.0
Diversions	17	65.4	1	3.8	18	69.2	8	30.8	0	-	8	30.8	26	100.0
Juveniles	1	25.0	1	25.0	2	50.0	0	-	2	50.0	2	50.0	4	100.0
Conditional Bail Reductions	4	18.2	6	27.3	10	45.5	10	45.5	2	9.1	12	54.5	22	100.0
Stipulated TASC Probation	11	26.2	5	11.9	16	38.1	19	45.2	7	16.7	26	61.9	42	100.0
Voluntary	13	22.4	9	15.5	22	37.9	31	53.4	5	8.6	36	62.1	58	100.0
Direct Probation Referrals	9	28.1	3	9.3	12	37.5	15	46.9	5	15.6	20	62.5	32	100.0
TOTAL	55	29.6	27	14.5	82	44.1	83	44.6	21	11.3	104	55.9	186	100.0

TABLE I-6 (continued)

SINCE INCEPTION
(November 1, 1975 - June 20, 1977)

	Successes						Failures					
	CJS						Rearrested and					
	Success		Termination (Neutral)		Total		Failure		Dropped		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Direct Parole Referrals	0	-	2	100.0	2	100.0	0	-	0	-	0	-
Diversions	17	58.6	3	10.3	20	69.0	9	31.0	0	-	9	31.0
Juveniles	1	25.0	1	25.0	2	50.0	0	-	2	50.0	2	50.0
Conditional Bail Reductions	4	15.4	8	30.8	12	46.2	12	46.2	2	7.7	14	53.8
Stipulated TASC Probation	11	22.4	10	20.4	21	42.9	20	40.8	8	16.3	28	57.1
Voluntary	15	21.1	17	23.9	32	45.1	34	47.9	5	7.0	39	54.9
Direct Probation Referrals	9	23.7	6	15.8	15	39.5	17	44.7	6	15.8	23	60.5
TOTAL	57	26.0	47	21.5	104	47.5	92	42.0	23	10.5	115	52.5

TABLE I-7

CHARGE AND POST-TRIAL STATUS OF CLIENTS BY ORIGINAL TASC REFERRAL PATHWAY
(Percent)

Referral Pathway	Charge		Post-Trial Referral	
	Misde- meanor	Felony	Stipulated to TASC Post-Trial	Later Direct Referral to TASC by P.O.
Conditional Bail Reduction	17.1	82.9	54.4	3.5
Voluntary	32.8	77.2	34.3	9.1

Finally, Table I-8 provides a summary of the original referral pathway of the 201 active clients on June 30, 1977. It is noteworthy that the proportional representation differs very little between active clients, study year admissions, and all admissions (Table I-5). The rankings within all three are identical and the percentage distributions are much the same.

TABLE I-8

ORIGINAL REFERRAL PATHWAY OF CLIENTS ACTIVE ON JUNE 30, 1977

<u>Referral Pathway</u>	<u>Number</u>	<u>Percent</u>
Voluntary	51	25.4
Stipulated TASC Probation	45	22.4
Conditional Bail Reductions	44	21.9
Direct Probation Referrals	29	14.4
Diversions	21	10.4
Direct Parole Referrals	8	4.0
Juveniles	3	1.5
TOTAL	201	100.0

II. IDENTIFICATION OF POTENTIAL CLIENTS

A. Effectiveness of Identification Techniques

The Milwaukee TASC project performs most of its screening activity at the Milwaukee County Jail. Although some potential clients are screened at the TASC office, these potential clients are generally volunteers or from other referral routes. This discussion focuses on the TASC screening performed at the jail.

The single TASC screener initiates the screening process by reviewing the booking logs each morning starting at 9 a.m. Most of the persons arrested the day before will have been booked and recorded on the log sheets. This is not true, however, for persons arrested the previous night or during the early morning hours. These arrestees will be picked up on the next days' screening if they have not been released on bond or on their own recognizance. Most persons eligible and not released for 24 to 36 hours will be contacted by the TASC screener. Persons obtaining bond or released on their own recognizance in less than 24 hours after arrest represent the Milwaukee TASC missed population. However, it is possible, of course, that these potential clients will be contacted by TASC through some other referral route.

The TASC screener attempts to screen all arrestees that could conceivably be eligible for TASC, including persons charged with violent offenses. Examples of the type of persons not screened at this stage include:

- o Persons eligible but out on bail or their own recognizance,
- o Persons arrested for driving offenses,
- o Contempt cases,
- o Cases involving failure to support wife, and
- o Persons charged with failure to appear.

From the information contained in the booking records, the TASC screener records the basic information needed to locate the prisoner in the jail and to initiate the screening interview.

The TASC screener is provided with an interview location (small room or cell) within the jail. The deputy on duty brings each of the designated arrestees to the screener to be interviewed, and the interview lasts between 20 and 30 minutes. The screener requests the permission of the arrestee to be interviewed, explains that the interview will be kept absolutely confidential and that any information provided will not be used against him in court.

The screener identifies herself, gives the client a business card and explains the TASC program. During this screening interview a TASC Preliminary Interview Form (pages 1 and 2 of Appendix B) is completed. Basic information on the arrestee's current charge, previous arrests and convictions, drug use, and personal data is obtained. The screener, at the conclusion of the interview, makes a referral decision with regard to TASC, mental health treatment or alcoholism treatment. In this sense, the TASC screener is representing WCS and the various programs offered by this non-profit organization to offenders. As clients are identified as in need of any of these services, the TASC screener contacts the appropriate service agency and notifies them of the potential client.

A member of the System Sciences, Inc. evaluation team was invited to observe this process. We concluded from this observation that the real effectiveness of this interview results from the knowledge, professional approach and competence of the TASC screener. She was clearly in charge of the interview and has the expertise and experience to make an appropriate referral. The referral decisions are based more on persistent probes by the screener aimed at identifying underlying problems than on responses to the interview instrument. This is the best approach, but can only be accomplished by an experienced, competent screener.

Potential clients identified as eligible for TASC are referred to the TASC Diagnostic and Referral Unit.

B. Comparison of TASC Clients with Persons Missed

The Milwaukee TASC record keeping system is generally excellent. Although they have no data available concerning the characteristics of persons they never screen, they have good information concerning the persons with whom they came in contact

and were eligible for an in-depth social history and drug abuse evaluation by the TASC Diagnostic and Referral Unit, but who were not admitted to TASC. In Section I.C., we indicated that TASC had found 891 persons who met these criteria out of 3,039 persons screened (29.3 percent). From that group 420 persons had been admitted to TASC (47.1 percent). Another 70 persons have a disposition by the criminal justice system pending and, if that is successful, will be admitted (7.9 percent). The remaining 401 persons (45.0 percent) were dropped for the following reasons:

- o 80 due to the nature of the clients' treatment needs
 - 40 reported drug use that could not be verified
 - 22 had major alcohol problems and were referred out
 - 16 had mental health problems and were referred out
 - 2 were already receiving treatment
- o 141 due to status with Criminal Justice System
 - 43 cases in which the courts did not follow TASC recommendation
 - 21 had client revocation in process
 - 19 cases of violent charge pending and were referred out
 - 15 cases where the Defense Attorney evaluation of TASC was inappropriate
 - 14 had cases terminated prior to TASC evaluation
 - 14 cases where the probation officer evaluation of TASC was inappropriate
 - 8 clients were incarcerated, TASC involvement pending release
 - 4 were holds from another state
 - 2 cases where the probation period had ended
 - 1 case where probation was transferred to another county
- o 106 clients ended TASC involvement in their situation
 - 89 withdrew their request for treatment
 - 14 would not cooperate
 - 3 left the state
- o 74 other situations
 - 45 had no recommendation made
 - 24 potential clients had whereabouts unknown
 - 2 escaped from custody
 - 2 were referred out of county for intervention
 - 1 where incarceration was recommended

From these figures we see, not only that TASC knows why it drops people it screens, but in many cases refers these persons to other alternative agencies. Of 891 clients screened, only 172 (19.3 percent) might have been admitted had TASC been more persuasive or obtained better and/or alternate addresses; of if treatment resources were more diverse (89 withdrew their request for treatment; 14 would not cooperate; 45 had no recommendation made; and 24 whereabouts unknown). However, this loss rate appears well within acceptable limits and it is the evaluator's opinion that TASC should be commended for keeping such good records on persons dropped or screened out.

As discussed in Section I.C., evaluators reviewed 35 folders of screened persons missed (see Table I-1). Except for a few violent charges, the criminal charges seem comparable between persons missed and persons admitted (for burglary, 37.2 percent vs. 32.0 percent; for larceny, 14.7 percent vs. 14.1 percent) except that persons admitted are more likely to be charged for possession, particularly possession of marijuana. The major drug of abuse is comparable but the group not admitted does show more older persons, more non-Whites, and more males.

C. Effect on Jail Tensions

Although the Milwaukee County Jail was extremely hot (over 100°) at the time of our site visit, the jail system appeared to be extremely sensitive to the prisoners' needs, particularly medical needs. The atmosphere within the cell block was good. All parties interviewed stressed that TASC and WCS contributed greatly to the reduction of prisoner tensions. TASC screening, as discussed above, provides a referral source for mental health services and alcohol services in addition to TASC. These services are extremely important and viewed as essential by the jail administration.

It is clear that the WCS has had a long cooperative arrangement with the jail. TASC is now viewed as a vital component of the services offered by WCS.

D. Effectiveness of Eligibility Rules

Milwaukee TASC does not deal with persons charged with crimes of violence. Although they deal with persons throughout the Criminal Justice System and can

be part of a relatively severe disposition, e.g., a stipulation of probation or parole, they do not deal with violent offenders. The TASC Advisory Board feels the inclusion of violent offenders would erode the credibility of the TASC program. Besides, the defendant charged with a violent crime is not necessarily lost to the Wisconsin Correctional Service. Part of the WCS volunteer force is used to administer a Violent Drug Abuse Unit which essentially duplicates TASC services for a small caseload of defendants charged with violent crimes. In this respect, Milwaukee TASC has it both ways, claiming hands-off to violent offenders while referring them to another alternative unit within the Wisconsin Correctional Service umbrella that is essentially under TASC's control.

Currently, diversion is mostly granted for first-time marijuana arrests. There already exists enabling legislation that has wider eligibility rules permitting diversion of persons dependant on and arrested with more potent substances, including opiates (S. 161.475). However, this alternative is rarely invoked, if at all, according to the TASC Director and CJS personnel. A new bill, SB 349 would expand S. 161.475 to include first and subsequent offenders and would require a probation disposition without conviction on the motion of the defendant. If drug dependancy is established, the court cannot reject the motion.

In summary, the Milwaukee TASC eligibility rules consist of the following three criteria:

- o Criminal charge must be for non-violent offense,
- o Drug use must be verified,
- o The client must volunteer and demonstrate a desire for treatment.

The evaluators believe this TASC program should attend more closely to pre-trial mechanisms and also believe the TASC Director is acting wisely in following and supporting the new legislation. If it is successful, TASC should act quickly to coordinate the new program in Milwaukee and work closely with the D.A. to smooth out whatever reservations he may have. If the legislation is not successful, TASC should still approach the D.A. and attempt to persuade him to expand his diversion program, perhaps on a trial basis, using the existing unused legislation.

III. DIAGNOSIS AND REFERRAL

A. Effectiveness of Diagnostic and Referral Procedures

It is apparent from CJS and treatment agency interviews, as well as from within the TASC project organization itself, that the most valuable and highly regarded program function is diagnosis and referral. This reputation depends largely upon the capability and experience of the three TASC case managers who staff the unit. All three staff members have training and experience in psychology and related social service work. The unit supervisor is completing studies for an MSW, having had about five years experience with drug intervention and treatment, court liaison (with WCS), psychiatric case work at a psychiatric hospital, psychological testing and alcohol treatment. The second staff member has an MA in psychology and four years experience in diagnosis and referral, two of these years doing intake at a psychiatric hospital. The third staff member has a BA in psychology, a year's experience in diagnosis and referral, and prior experience in social service work with retired persons. Generally, diagnosis and referral staff spend from 35 to 45 percent of their time in court related work and the remainder in direct diagnosis and referral activities.

The principal assessment tool is the second part (pp. 3-5) of the TASC Program Preliminary Interview Form and Assessment Interview (provided as Appendix B). Originally, a much more complex ten-page form was used along with separate screening and verification forms. Eventually, it was realized that the more complex form could be reduced considerably, keeping only the most important data elements. The first two pages of the present form consist of data obtained by the screener. This information is not asked again and becomes the first part of the full diagnostic assessment interview where three additional pages of information are obtained in an interview requiring less than one hour. It was found that the brief format led to more productive interviews with clients, reduced processing time and increasing the interviewer's effective work time.

Generally, the diagnostic and referral process involves no formalized procedures such as "staffings." All decisions are made individually by one of the three case managers and recommendations are presented by letter to the court. However, the process normally involves verification of the information provided by the client, working with the client's attorney, and obtaining medical records. If the client is on conditional bond release, the process may be completed in the same day; however, if verification or records are difficult to obtain, the entire process may, on occasion, take from two weeks to a month to complete.

Minimal entry criteria to Milwaukee TASC requires verifiable drug use, a non-violent crime and voluntary participation. The diagnostic and referral decision depends mainly upon the client's motivation and attitude toward his drug problem, but certain more objective criteria are also given extensive consideration. These are:

- o Types of drugs used,
- o Length and frequency of use,
- o Past response to treatment,
- o Stability factors (family, job, community ties, etc.),
- o Peer group and social relationships.

In Milwaukee, as elsewhere, some referral decisions are fairly clear cut. Most opiate addicts are referred to therapeutic communities, especially those addicts aged 22-30 years. However, older clients are not expected to respond to this form of treatment and methadone maintenance is often recommended. On the other hand, clients 21 years of age or younger are not expected to be sufficiently set in their ways to require residential treatment of this kind. Consequently, halfway house or outpatient treatment modalities are often recommended. Other types of clients are more difficult to generalize about--each case requiring more consideration of pattern of drug use, legal situation, attitude, family, social, vocational and educational situation. The distribution of client admissions among modalities is provided in Table III-1.

Psychological testing is rarely used in Milwaukee. Defense attorneys do not like its use, generally, and TASC staff usually find little use for these tests in making referral decisions. However, when required, such testing is available through the Probation Department Pre-Sentence Unit.

TABLE III-1

MONTHLY REFERRALS OF TASC CLIENTS TO MILWAUKEE AREA TREATMENT AGENCIES
(November 1, 1975 - May 31, 1977)

Month	Jupiter House	Wisconsin Family (Phase I)	Wisconsin Family (Phase II)	Other Residen- tial	Total Residen- tial	Fourth Street	Genesis	S.D.C.	L.D.C.C.	Other Out- patient	Total Out- patient	Metha- done Main- tenance	Detoxifi- cation	VA Meth. Main- tenance	Total Chemo- therapy	Total Admissions
1975																
November	3	0	0	0	3	4	5	3	0	0	12	1	0	0	1	16
December																
1976																
January	5	0	0	0	5	6	1	2	1	1	11	2	1	0	3	19
February	1	1	0	0	2	1	8	3	0	1	13	1	0	0	1	16
March	0	2	2	1	5	4	6	6	0	2	18	0	0	1	1	24
April	2	4	0	0	6	2	10	3	0	1	16	3	2	0	5	27
May	0	2	0	0	2	3	7	2	1	1	14	4	1	0	5	21
June	1	1	0	0	2	4	3	4	3	0	14	5	3	2	10	26
July	0	4	0	0	4	6	3	5	1	1	16	3	1	0	4	24
August	2	7	4	1	14	7	4	2	4	0	17	1	2	0	4	24
September	0	2	1	2	5	7	0	4	1	0	12	4	0	0	3	34
October	2	1	3	0	6	7	7	5	2	2	23	4	0	0	4	21
November	1	3	1	0	5	5	2	8	2	0	17	1	0	0	1	30
December	2	4	1	1	8	7	2	7	2	1	19	3	1	1	5	25
1977																
January	0	3	3	0	6	4	5	6	2	2	19	3	0	0	3	28
February	0	1	0	0	1	9	8	3	1	1	22	1	2	1	4	27
March	0	1	0	0	1	11	4	2	1	0	18	2	1	0	3	22
April	0	1	1	0	2	10	2	1	4	1	18	1	1	0	2	22
May	0	2	2	2	6	10	5	0	3	0	18	1	0	0	1	25
TOTAL ADMISSIONS	19	39	18	7	83	107	82	66	28	14	297	38	16	5	59	439

Diagnosis and referral recommendations are made to the court by means of summary letters. Initially, TASC staff had presented a fairly detailed project summary of the client's background, current situation and reasons for referral recommendation. Experience has shown, however, that it is important to be professional, but brief and to the point. It is apparent that this information is valued by the court, but that it is more effective in the brief form. (This is also, perhaps, an indicator of the extent of TASC acceptance in the CJS--that detailed justification of treatment recommendations is no longer required.) It should also be noted that TASC staff did not believe that a particular judge sitting on any particular case had any significant impact on the acceptance of the TASC recommendation. Consequently, they did not feel that they had to tailor their recommendations for particular judges.

TASC staff showed awareness that some of the reasons that extensive workups are unnecessary is that treatment alternatives in Milwaukee are regarded as limited--which they thought unfortunate. They believe that the establishment of some intermediate modalities would be of significant benefit to certain kinds of clients; specifically noted were the absence of day care facilities and short term residential facilities (except for direct payment). One staff member also observed that outpatient counselors were generally weak in their ability to orient clients to the outside world, and that too much of the counseling consisted of supportive "drug talk."

The diagnosis and referral personnel are clearly qualified and knowledgeable staff members and their diagnostic assessments are respected by the courts. The thrust of the diagnosis and referral interview session is to specifically inform the potential client of what TASC can and cannot do for the client. Although the Milwaukee TASC project is considered to be in a client advocacy position, the diagnosis and referral staff clearly explain that any failure to meet TASC requirements will be reported to the court. The TASC diagnosis and referral personnel expressed that their responsibility to the court and to the client required factual, accurate reporting of events. The evaluation team believes that this is accomplished effectively.

The result is that if a client successfully meets TASC requirements when admitted on a pre-trial basis, the client will most likely avoid a sentence involving incarceration. On the other hand, failure will most often involve a sentence of incarceration. It was estimated by the TASC diagnosis and referral personnel that the court accepted approximately 70 percent of their recommendations for pre-trial referrals.

B. Relationships with Treatment Agencies

The relationships between the TASC Project and the Milwaukee area drug abuse treatment agencies are on the whole very good. TASC deals mainly with about 12 different agencies; staff members of 4 of these were interviewed. Generally, the TASC project staff were viewed as competent, dedicated, and fair. These favorable judgments are especially significant because, in several respects, Milwaukee TASC is more closely involved in the treatment process than is usually the case. Normally, such close involvement might be expected to create opportunities for friction.

TASC involvement in the treatment process is apparent with regard to its role in withholding referrals to one therapeutic community for nearly a year. This action, carried out with the cooperation of the Probation Department, because it was felt that quality of care and reporting reliability had been declining significantly, eventually contributed to a change of directors and significant reform within that agency. It is evident, not only in Milwaukee, but across the country, that many treatment agencies, especially therapeutic communities, have become increasingly dependent upon CJS sources for clients, whether from TASC or from probation or parole officers.

During this "lock-out" period, a few TASC clients were in fact admitted to the therapeutic community in question--Jupiter House--but these were referrals over which TASC had no control (since the clients were stipulated to treatment at the facility). Toward the end of this period, as TASC began to make referrals, the new director refused many of them on the grounds that the clients were unacceptable, being clients who were too difficult for the other residential facilities to manage. However, these difficulties have been resolved and this same director is very pleased with current relations with TASC. Notably, he is

especially pleased with how well a recent, rather unusual, arrangement with TASC is working out--that is, the arrangement whereby one of the TASC diagnosis and referral staff members completes client intake processing on behalf of Jupiter House, as if he were a Jupiter House staff member--a significant turn-about in relations in a very short period.

Another therapeutic community, Wisconsin Family (Phase I), also is participating in this arrangement with the same TASC diagnosis and referral staff member. This director observed that the TASC staff member was particularly adept at referring appropriate clients and assessing their level of motivation. He noted that having TASC do the intakes had significantly reduced the time involvement of his staff, but at the same time TASC had not encroached upon the formulation of the treatment plans. Also, he termed TASC's court liaison work a "blessing." Generally, the director felt that TASC functioned well as a central intake unit for corrections: "it is well organized, well run, and most important, staffed by very capable people."

The directors of two outpatient drug free facilities were also very positive. The director of one, Genesis, thought the most important services provided by TASC have been: court liaison (especially serving as a neutral agency), diagnosis and referral (functioning as a much needed point of triage coordination), and emergency housing/services. He said that contact with TASC staff was frequent, there were no tracking or reporting problems and that respective roles were clearly defined in letters of agreement. When asked about the power inherent in TASC's referral function, he commented that Milwaukee TASC seemed, to him, very fair. However, he could see possibilities for abuse -- programs might easily become lazy if clients were too readily available from TASC, and dependable TASC referrals could possibly keep a weak program operating when it would otherwise be in difficulty.

TASC works very closely with another outpatient drug free facility, the Fourth Street Program, partly because both are under the supervision of WCS. Fourth Street is virtually next door to TASC, and trackers visit daily. Unexcused absences are, in fact, identified by TASC staff from daily inspection of attendance lists rather than being reported to TASC by Fourth Street staff. TASC personnel also attend the monthly staff meetings. Although the director believed that TASC is generally very fair in its referral of clients, he suspected that Fourth Street had to be somewhat favored since it is so close.

C. Relationships with the Community

The Milwaukee TASC has developed a positive community image. This is, in part, because of its association with WCS, which has been firmly established in Milwaukee since 1912. TASC has also developed a sound image and support on its own account. A long article, largely based on an interview with the TASC Project Director, was published in the Milwaukee Journal shortly after our site visit. This article dealt solely with TASC and described the objectives, operations and impacts of the Milwaukee TASC project. The tone of the article was favorable and supportive of TASC. We also found that LEAA was more closely linked with TASC in Milwaukee than we have generally found to be the case in other TASC cities. Clearly, the Milwaukee TASC project has developed some good public relations for LEAA.

D. Relationship with the Criminal Justice System

By all accounts, Milwaukee is a low crime city. Orderliness extends to the level of pedestrian behavior, "walk/don't walk" signs being uniformly obeyed regardless of prevailing traffic conditions.

The Criminal Justice System, as a whole, seems innovative and infused with high-calibre personnel. However, one level of CJS activity excludes itself from consideration--the Milwaukee Police Department. Theoretically, to avoid any possibility of corruption, the Chief of Police is appointed for life. Every interviewee described the current chief as "quite a character" whom no one can reach or influence. TASC does not, and almost certainly will not, be able to work with the Milwaukee Police as long as the current Chief remains in office. From the perspective of the CJS, it is clear that TASC in Milwaukee is most useful, as a planning agency, in effecting diversions, conditional bail reductions and obtaining probation dispositions. The court seems very supportive of TASC. The District Attorney's Office supports TASC on conditional bail reductions and obtaining probation dispositions, but has been quite reluctant to extend the scope of the diversion mechanism. The Public Defender supports TASC only as a last resort, in cases where a disposition more severe than TASC would be the most likely outcome without TASC. Finally, Probation supports TASC in its efforts to place people on probation, but restricts TASC activities radically

once a defendant is given probation. The new specialized Drug Unit performs most, and will perform more, of the functions TASC usually provides to a post-disposition unit, i.e., probation and parole, in other cities.

1. Public Defender. In contrast to Defender's offices in other jurisdictions, the Public Defender interviewed heads an office with comfortable caseloads that permit complete vertical representation. He estimates his office handles about 65 percent of all felony cases and more than 80 percent of all misdemeanor cases. Most sources (including a recent Milwaukee Journal series) conclude that his staff are superior as practitioners to Milwaukee's prosecutors.

Although the public defender concedes that TASC is probably always beneficial with respect to a defendant's potential rehabilitation, it often is a mechanism that damages a defendant's chances in the Criminal Justice System. The Defender's Office must deal exclusively with this latter area of the defendants' trial prognosis and, consequently, defenders often discourage TASC involvement. He stated, "TASC is not really compatible with the principle of advocacy in defense."

Advocacy can come into conflict with rehabilitation, both with conditional bail reduction hearings and with alternate sentencing petitions. The Public Defender noted that each time a defendant is released into the community he is eventually placed on trial. Admittedly, if a defendant does well, his chances of alternate sentencing are definitely enhanced. However, the Public Defender believes a large number of defendants will fail to meet the "onerous restrictions" TASC sets which he believes jeopardizes a defendant's chances at sentencing. A public defender is hard pressed to convince a judge that a defendant should not be jailed but given a chance in the community when his client has just failed in community treatment.

Consequently, if there is any way to get a client out of pre-trial detention without TASC and its built-in opportunity to fail, the Defender will opt for that mechanism even if he feels TASC might be the better chance for rehabilitation. If a defendant stands a good chance for probation, he would prefer that he remain in pre-trial detention so that he wouldn't jeopardize his chances. This strategy makes TASC a last resort option where no other mechanism

is available or where a defendant really does not have a great chance at probation unless he does well in the community and, even if the Defender thinks he will fail, he does not have that much to lose.

TASC is also the last resort choice of the Public Defender's Office when it comes to trial. If the public defender can possibly get a defendant probation without TASC he will fight a motion for a TASC referral. In his opinion, TASC may not effectively estimate a client's chances of failure and may place weak persons in demanding residential programs. These programs may be the best avenue for a client's ultimate rehabilitation, but they often have little chance of success and result in revocations of probation.

Although he concedes that TASC can often be used at sentencing to get cases placed on probation that would ordinarily result in a jail sentence, he believes that it is just as likely that TASC requirements are added on to a case where probation without stipulation would have been the likely disposition. He fights for TASC in the former cases and against TASC in the latter cases. He also believes that most defenders adopt a similar posture but knows that some defenders (perhaps more concerned with a defendant's long-term rehabilitation) use TASC more.

The Public Defender believes that the easy identification techniques of TASC "can be a tolerably symbiotic relationship." It gives TASC time to work up cases and get useful information to the court which will get certain defendants improved dispositions. However, he does have several reservations. The defendants who work with TASC before they see a lawyer are often under the considerable pressures of confinement and are willing to promise more than they can expect to perform simply to obtain release. Also, he believes TASC is under pressure to serve more clients and often works with defendants who have only the slimmest chance of being successful in community treatment.

2. District Attorney. The Milwaukee Administrative District Attorney was interviewed in person while the TASC District Attorney, who was attending a conference, was interviewed by phone. The TASC Director had indicated he felt he had made an error in judgement when he reduced the TASC District Attorney to half-time. In a move towards institutionalization, he had hoped the District Attorney's Office would pick up the other half of the salary. Instead, they

hired a half-time DA and the TASC Director suspects the DA's office resented this cut-back. The Administrative District Attorney confirmed these suspicions. He notes the TASC effort is hampered somewhat now that the TASC DA is at a half-time level and believes much more could be accomplished with a full-time TASC DA. He complained that "we weren't really consulted when the grant (proposing the half-time position) was written."

While claiming the District Attorney's Office is "committed to diversion" as an agency, he concedes most prosecutors are more comfortable with conditional bail reductions or probation, as mechanisms, when it comes to drug-involved defendants. Most diversions go to marijuana users and extremely minor offenses. It is his belief that the prosecutors will probably extend their utilization of these latter mechanisms before increasing their use of diversion.

The Administrative District Attorney claims his is a "liberal office," in full support of conditional bail reductions and probation dispositions for the drug addicts whom TASC recommends as suitable for treatment. In fact, according to the Administrative District Attorney, the ability to make a diagnosis and effect a referral, are the strong suits of TASC. He noted that among the prosecutors he deals with all were highly supportive of the quality of the TASC recommendations.

Although the Administrative District Attorney generally supports TASC recommendations for conditional bail reductions, he is the first to admit that a TASC failure will be seized upon by the D.A. in charge at trial to argue against a defendant getting probation. In this respect, he confirms many of the statements expressed by Milwaukee's Public Defender. That is, although TASC may be helping a person by getting him out of pre-trial detention, if he is likely to fail, then TASC is probably hurting him when it comes to ultimate disposition since the failure will be held against him.

The fact that they have "never seen TASC as a contra force" to the District Attorney's Office raises another concern of the Public Defender. The Administrative District Attorney concedes that many conditional bail releases to TASC would probably receive a conditional bail release without TASC and its greater restrictions. Likewise, many TASC probations would probably receive less restrictive probations had TASC never intervened in their cases. In these cases, TASC is the more severe disposition and the Public Defender's objections to TASC in these cases are supported.

On the other hand, the Administrative District Attorney asserts that TASC diagnosis, referral, and monitoring has permitted the pre-trial release and post-trial probation of many persons who, without TASC, would be denied release or sentenced to jail. These are the cases the Public Defender also supports. He believes the TASC follow-up reports are accurate. Although he recognizes that TASC operates from an advocacy position and TASC workers have a bias toward client advocacy, they do provide relatively unbiased information concerning client progress.

The Administrative District Attorney seems himself as the focal person in presenting TASC to the District Attorney since he is responsible for recommendations concerning the DA's orientation to TASC. Consequently, he feels TASC should include him in the distribution of reports concerning TASC statistics and reports of both failures and successes.

The TASC District Attorney was the first attorney hired by the District Attorney's Office on a half-time basis. Although she admits to working two-thirds to three-fourths time, she, personally, is not interested in a full-time job.

It is her contention that TASC has resulted in the release of persons who previously might not have been released and the probation of persons who previously might be jailed. But she also sees the cases where the TASC stipulations stiffen the sentence and it is her belief, now that judges and prosecutors are accustomed to using conditional bail releases and probation dispositions for more serious drug-involved defendants, that they would likely continue even without TASC (perhaps making direct referrals to treatment).

She would like to see increased use of the diversion mechanism and would like to extricate herself from the handling of so many marijuana referrals for diversion. Her strategy is to screen more cases earlier and make a recommendation for TASC that will stay in the file as it progresses through the CJS.

Although she knows there are serious logistical concerns, she thinks they can be overcome and TASC can develop a strategy to do screening at Felony Intake and make recommendations for conditional bail at that hearing.

It is her opinion that TASC should keep coming back to those persons in the CJS who originally had reservations concerning TASC and provide them with additional positive information, including the statistics that TASC has accumulated, in order to gain their support. She commends the TASC Project Director for personally becoming known to the judges and feels this process of becoming frequently reacquainted with CJS processes should become a routine objective of TASC.

3. Judiciary. One Circuit Court Judge was interviewed. This judge is a self-characterized "soft judge" who utilizes TASC extensively, particularly to arrange conditional bail reductions. He claims TASC is making considerable inroads and gaining respectability with the "harder" judges and is finally gaining their support. The reason the "harder" judges are coming around is that they are learning TASC is more than a liberal-inspired mechanism for releasing dangerous offenders. Rather, it is a serious disposition for drug-involved persons that follows through in a responsible fashion.

The judge interviewed stated that "bail is the toughest problem in criminal law." He encourages any mechanism that can serve as a reasonable alternative to pre-trial detention. In this context he stated that TASC is extremely important and asserts that, without question, there has been a substantial increase in pre-trial releases as a result of TASC. Most TASC releases he effects are cases where there was no pre-existing mechanism that would allow him, in good conscience, to grant a release. However, he concedes some judges add the TASC stipulation to cases where they would have granted a release without such heavy restrictions in the past.

Similarly, he believes TASC is seen as an effective mechanism when it comes to ultimate disposition-- for "softer" judges, it is a viable alternative to incarceration; for some "harder" judges, it is an added insurance measure, when appropriate, to a probation disposition.

He recognizes that TASC personnel often act as client advocates but feels this is appropriate. It is his belief that if TASC is forced into the posture of adversely representing TASC clients in court, the word will get around and TASC will receive few volunteers, if any. This does not mean TASC is not and

should not report client failures. He believes the reports are honest but does not want to see TASC arguing against the client in court. They should report on treatment and advocate probation or release if their diagnosis or follow-up warrants it, but should not make punitive recommendations. This judge believes TASC has done an excellent job in setting the right tone.

He sees TASC's strength lying principally in diagnosis and referral. TASC informs him of which defendants are impaired due to the abuse of drugs and which of these are suitable for an existing treatment regimen. He appreciates the progress reports and believes they are honest, although he concedes they are somewhat slow and irregular. However, he doesn't believe he would grant more TASC dispositions if TASC reporting were any different. The important thing is that "if I need it, I get it." TASC, in his opinion, has a good attitude, is extremely responsive in providing whatever reports he requires, when he asks for them. This, to him, is more valuable than a regular feedback reporting schedule.

A judge from the Misdemeanor Court was also interviewed by a member of the evaluation team. Although he stated that he is not very familiar with the evaluation team. Although he stated that he is not very familiar with the TASC project, he rated the diagnostic and referral processes very high. He strongly stated that he has stipulated clients to TASC that would have otherwise been incarcerated. He also concurred with the other judge interviewed that the tracking reports were sufficient for his purposes.

Appendix C provides a letter of support given TASC by another Circuit Court Judge. The significance of this letter is that this particular judge was initially skeptical and non-supportive of TASC. The eventual support, as shown by the letter, was obtained through the judge's experience with TASC.

4. Probation and Parole. Three probation officers were interviewed separately: the supervisor of the newly formed Specialized Drug Unit, an officer assigned to the Pre-Sentence Investigation Unit, and an officer who previously had a drug caseload located almost exclusively in Jupiter House and who is now supervisor for a general probation and parole unit.

The Specialized Drug Unit became operational on May 2, 1977. It currently includes one supervisor and seven officers with an eighth scheduled for later in the year. If identification techniques improve, the unit may split into two groups. Prior to the unit's creation, there was a philosophical split in the office with some officers highly enforcement-oriented and others more treatment-oriented. The Department decided to organize around functional lines and concentrate drug cases under the supervision of a treatment-oriented specialized unit.

The philosophy of the new unit was drafted and forwarded to community representatives (see Appendix D). The Specialized Drug Unit intends to assume all of the functions traditionally associated with TASC (identification, diagnosis, referral, and follow-up). TASC is mentioned only once in the document as one of a group of outside agencies who will supplement internal efforts at diagnosis.

The new unit handles 95 percent of all drug clients identified. Caseloads will be small (50-55) because Wisconsin has abandoned the caseload measure in favor of a new Case Classification Process (see Appendix E). Each case is weighted on a point scale and each agent is assigned a fixed number of points. Since drug-involved cases generally score high points, caseloads are smaller.

Currently, only about 8 percent of all probation cases are identified as drug-involved. A recent study estimates that approximately 25 percent are actually drug-involved which suggests that many drug-involved probations are missed. As identification procedures improve, it is anticipated that the Specialized Drug Unit's point total will increase dramatically, requiring a split into two units.

The supervisor of the unit is "trying to get away from the concept of stipulation to TASC." His office is trying to convince judges to stipulate to the Probation Department (Bureau of Community Corrections) and leave it up to the Specialized Drug Unit to decide whether or not to use TASC. The supervisor is quite clear in insisting that the probation officer be viewed as the sole decision maker.

The supervisor sees "TASC, in a lot of dimensions, as a duplication of what agents should be doing." He views TASC as valuable now only because agents are not doing all they should do. But TASC's value to probation, according to him, is as a diagnostic and referral service and much less as a tracking mechanism. He agrees somewhat sarcastically that it is nice to get reports on a regular basis, but claims the reports are "mostly non-functional" because, he argues, the probation officer generally knows more about the client than the report reveals well before he receives the report. In the future, he assumes his agents will be on top of their own caseloads and will have literally no need for TASC tracking.

Without tracking, TASC acts as a central medical intake. The supervisor intends to rely on TASC less in the future for this function as well. The Specialized Unit intends to develop an in-house diagnosis and referral mechanism.

This is not to imply that he views TASC as completely without value to the future of his unit. It does mean that he views TASC as being of limited importance. He wants TASC to function as an outside consultant for their own diagnosis and referral mechanism. As he puts it, "TASC is unencumbered by the probation perspective." Since TASC looks at persons in different ways, their opinion can be valuable. In summary, he views TASC's post-disposition role in the future as that of a consultant diagnostic agent.

However, he does view TASC as very valuable for pre-disposition cases. He reported that TASC is "doing what the Bureau possibly should have been doing long ago." He argues that by identifying persons early in the process and working up an alternative to incarceration, TASC is definitely increasing the numbers of persons placed on probation. When asked if he feels the Bureau should expand its Presentence Unit to take over these TASC functions, he stated that he felt it was extremely unlikely that this would occur and therefore TASC should continue to be supported.

He applauds TASC for overcoming an early tendency towards advocacy and commends TASC for developing information gathering skills that provide honest and relatively unbiased diagnoses. However, when it comes to formal

revocation hearings, he is a strong advocate of the original agreement between TASC and the Bureau that excludes TASC from being present at these hearings. He claims his workers will consult with TASC and listed to their opinions, but firmly maintains that the agent makes the final decisions.

For most cases in the future, TASC will deal with post-disposition clients in connection with this supervisor's unit. Given his perspective, it is unlikely that TASC's role will be expanded. More likely it will contract to that of a consultant diagnostic unit, particularly if the Bureau can convince judges to stipulate to the Bureau and not directly to TASC.

Post-trial, pre-disposition, TASC deals mostly with an agent of the Pre-Sentence Investigation Unit who was interviewed. Here TASC's role is more clear-cut and likely to remain a valuable service. She concedes that she is not equipped to perform a drug diagnosis and has insufficient knowledge of community resources to recommend a referral. She relies on TASC. If she discovers the client is drug-involved, she immediately notifies TASC. Generally, TASC is already working with the client and they will continue working with her if a pre-sentence report is required.

Pre-sentence reports are generally due within 30 days and she stated TASC has presented no problems in delivery. The reports she receives are "adequate and functional" and she is mostly in agreement with them. If there is a difference, it is accepted and recorded as such in the report. There is little resentment, although there have been some disagreements in the past. These occurred in the past because, in her opinion, TASC acted too much as a client advocate agency while she had too much of a hard line bias. Over time, she believes, both TASC and her office have moved closer, from opposite directions, towards providing unbiased information.

She views TASC as a "planning agency," providing diagnosis and referral information for her to provide the court. Although they would not provide negative findings in the past, over the past three to six months, in particular, she believes their "plans" are relatively unbiased and she sees a mutually beneficial relationship between her unit and TASC extending into the future.

The final probation officer interviewed had worked closely with TASC before the Bureau implemented a Specialized Drug Unit. Currently, he supervises a general unit. He agrees that, even in the past, skills in diagnosis and referral were valued by probation much more than TASC's tracking skills. Although he used TASC extensively and profitably, he did concede that some agents felt TASC was everextending its authority and, consequently, used TASC services only grudgingly.

He agrees with the supervisor of the Specialized Drug Unit that TASC pre-trial assessments have definitely resulted in some new persons getting probation, especially border-line cases. However, he disagrees with the formal rule that bars TASC from revocation hearings. In his opinion, the very existence of such a formal agreement implies a fear of friction or territoriality on both parts. He would like revocation hearings to give the client due process and, if TASC disagrees with revocation, their advocacy should be heard. Yet, he recognizes that his viewpoint is unlikely to be heard.

Looking towards the future, this officer sees five problems TASC must confront:

- o Milwaukee has extremely few acceptable drug treatment facilities,
- o Probation has very large staff turnover which requires TASC to train officers and orient them to TASC services almost continuously,
- o TASC lacks, and will continue to lack, the cooperation of the police,
- o Some probation officers will always feel TASC is infringing on their functions and they will not work effectively with TASC, and
- o Even if a judge stipulates a defendant to TASC, a bad report from TASC to the judge may have no value because the court has no real control over the Bureau. Consequently, a stipulation to TASC is only valid to the extent that the Bureau recognizes it.

Finally, he sees one potential collaborative role between the Bureau and TASC, namely to take a joint active role in developing new treatment resources for Milwaukee.

6. Jail. The Police Lieutenant in charge of the Milwaukee County Jail was interviewed. He was extremely supportive of TASC and asserted that the TASC program was one of the most effective efforts ever supported by LEAA. He is extremely knowledgeable of TASC, being a member of the TASC Advisory Board since its inception. He reported that TASC screening is the only real contact that the prisoners have with outside service agencies. The Lieutenant praised the TASC screener and stated that if it were not for TASC, the jail would somehow have to perform that function.

He stated that 111 prisoners were detoxified in jail during the last year and that TASC identified the need for many of these cases. Because of the various services provided to clients, and because TASC was instrumental in obtaining conditional releases that would have not otherwise been obtained, he stated that TASC has a significant positive effect on jail tensions.

The jail nurse was also interviewed by the evaluation team. She reported that TASC was very helpful in the verification of methadone maintenance clients and that, with TASC, drug users are identified earlier in the process. This enables detoxification or other treatment to be initiated sooner, thus reducing the withdrawal pains of drug addicted prisoners.

E. Effectiveness of Tracking and Monitoring

The Milwaukee TASC project tracking system is passive, but sufficiently effective given what is expected of TASC tracking by the courts and the probation officers. TASC has two trackers, each with a caseload of approximately 95 clients. In the cases of pre-trial TASC clients, the TASC tracker has sole supervision responsibility. In the case of post-trial client supervision, the probation officer has the primary responsibility, and, as we have emphasized in this report, TASC involvement in post-trial supervision will probably be curtailed in the future.

Emphasis on the post-trial tracking function is also reduced because of the unique relationship between the courts and the Probation Department (Bureau of Community Corrections). In Wisconsin, the Probation Department is under the state Health Department and not the courts. Therefore, the court has very little

control over probated offenders. Once the offender is probated, he becomes the responsibility of the state's health structure rather than the CJS. The Milwaukee TASC emphasis is, as discussed in Section III.A., appropriately placed on diagnosis and referral rather than tracking.

The Milwaukee TASC trackers obtain client progress data through staff reviews of client progress conducted at the treatment programs and through frequent telephone updates. Additionally, the treatment programs are expected to provide weekly progress reports, but this does not appear to be consistently followed. However, as we have stated in other reports submitted under this evaluation, tracking and monitoring is far more effective when the TASC tracker is required to attend staff meetings at the treatment program rather than relying on formal reports from the treatment programs. The Milwaukee TASC project does, therefore, obtain most of its tracking data in the recommended way. The TASC trackers attend staff meetings twice per month at outpatient drug free programs and monthly at the therapeutic communities. Additionally, the TASC trackers maintain summary sheets by program on client attendance and urinalysis results. These summaries appear to be constantly updated, and, in reality, the most utilized records maintained.

TASC is required to report on client progress monthly, but is not maintaining this schedule. Progress reports are generally submitted on a quarterly basis. Four copies of all client progress reports are made and provided to the court, probation, treatment program and the client. Discussions with the CJS personnel interviewed indicated that they were satisfied with the TASC client progress reports, but this was largely a result of TASC's ability to respond to inquiries rather than the scheduled reports. In probing this issue, it became clear that greater regularity in reporting progress to the courts would not significantly enhance the court's confidence in TASC or increase the number of TASC referrals obtained.

Court and probation notification of "splits" from treatment vary depending on the treatment modality. The court is notified of "splits" from therapeutic communities within 24 hours. In the cases of "splits" from outpatient drug free units and methadone maintenance, notification generally does not occur for weeks. The TASC tracker may not know of these cases until the bi-monthly staff meeting.

Appendix F provides the client criteria for continuation in the Milwaukee TASC project. The Milwaukee TASC project has established a point system that is used to flag problems. Once the client has accumulated 7 points, he is placed in a "jeopardy situation." Accumulation of 10 points is grounds for termination. Points are accumulated as follows:

- o One point for each dirty urine specimen submitted.
- o One point for each unexcused absence from outpatient treatment. Three consecutive unexcused absences places the client in jeopardy.
- o Two points are assessed each time a client is outside of residential control for 8 hours or more.
- o Jeopardy situation results from a client being outside of residential control for more than 24 hours.

Negative points can be removed after 30 days of successful participation in treatment.

The reported purpose of the jeopardy situation is to notify the client that he is in danger of being terminated and requires that the treatment approach be changed within two weeks of notification of the jeopardy situation. A jeopardy situation is followed by a meeting of the TASC tracker, client, treatment counselor and, if possible, the referring or responsible agent. The Milwaukee TASC trackers maintain separate files on the clients that are in jeopardy and all indications point to intensive monitoring of these situations.

Review of the client records maintained by the Milwaukee TASC project revealed that they were thorough and, for the most part, relatively current. All forms utilized throughout the client's TASC involvement were in the files and complete. It was clear that the TASC staff members could quickly document the client's progress based on these records when required to do so.

As noted in our discussion of diagnosis and referral, the Milwaukee TASC project keeps well informed of the treatment services offered by the available treatment resources in Milwaukee. Table III-2 provides data in the number of days discharged TASC clients remained in treatment, by treatment program. These data were developed by the Milwaukee TASC project and apply to all TASC

clients discharged from treatment from November 1, 1975 through May 31, 1977. It is clear that a majority of all clients (57.2 percent) are discharged from treatment within approximately the first three months (100 days). This is, however, true of clients entering drug abuse treatment in general and should not be interpreted as a negative factor for TASC clients in particular. Retention in methadone maintenance is the longest, with nearly 50 percent of the clients staying in treatment for 5 months or longer. Conversely, 80 percent of the TASC clients that were admitted to outpatient drug free programs and discharged, were discharged within 5 months of admission.* Although there is some variation among programs within modalities, this variation is relatively minor.

We conclude that the Milwaukee TASC tracking system is adequate. In some ways the project's recordkeeping system is still evolving, but now seems to be stabilizing. As noted above, the CJS is satisfied with TASC tracking and that more regular reporting would not significantly change TASC's acceptability.

*This estimate includes clients discharged from the Wisconsin Family, Inc. (WFI) Phase I program but continuing treatment in the WFI Phase II program.

TABLE III-2

NUMBER OF DAYS IN TREATMENT OF DISCHARGED CLIENTS BY TREATMENT PROGRAM
November 1975 - May 31, 1977

Treatment Facility	Days in Treatment														Total	
	< 30		30-100		101-150		151-200		201-300		301-400		>400			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Jupiter	8	42.1	6	31.6	0	-	2	10.5	2	10.5	1	5.3	0	-	19	100.0
WFI Phase I	13	33.3	15	38.5	4	10.2	4	10.2	3	7.7	0	-	0	-	39	100.0
WFI Phase II	9	50.0	6	33.3	1	5.6	0	-	2	11.1	0	-	0	-	18	100.0
Other Residential	2	28.6	2	28.6	1	14.3	1	14.3	1	14.3	0	-	0	-	7	100.0
Total Residential	32	38.6	29	34.9	6	7.2	7	8.4	8	9.6	1	1.2	0	-	83	100.0
Fourth Street	19	17.8	50	46.7	11	10.3	11	10.3	12	11.2	3	2.8	1	0.9	107	100.0
Genesis	10	12.2	29	35.4	10	12.2	10	12.2	11	13.4	8	9.8	4	4.9	82	100.0
SDC Outpatient	17	25.8	20	30.3	12	18.2	5	7.6	10	15.2	1	1.5	1	1.5	66	100.0
LDCC	7	25.0	7	25.0	5	17.9	2	7.1	5	17.9	2	7.1	0	-	28	100.0
Other Outpatient	3	21.4	6	42.9	3	21.4	2	14.3	0	-	0	-	0	-	14	100.0
Total Outpatient	56	18.9	112	37.7	41	13.8	30	10.1	38	12.8	14	4.7	6	2.0	297	100.0
Methadone Maintenance	4	10.5	8	21.1	7	18.4	4	10.5	8	21.1	7	18.4	0	-	38	100.0
VA Methadone Maintenance	1	20.0	0	-	2	40.0	0	-	2	40.0	0	-	0	-	5	100.0
Total Methadone Maintenance	5	11.6	8	18.6	9	20.9	4	9.3	10	23.3	7	16.3	0	-	43	100.0
TOTAL	93	22.0	149	35.2	56	13.2	41	9.7	56	13.2	22	5.2	6	1.4	423	100.0

IV. COST ANALYSIS

At the time of site visit, the Milwaukee TASC Project was operating under its second LEAA grant. This is a 12-month grant which began March 1, 1977, while the previous grant was for 15 months, ending February 28, 1977. In order to use the most current client flow data, the study year used here is July 1, 1976 through June 30, 1977, bridging these two grant periods. The total budget for this study period is \$206,724. The proportions of contribution to this budget are: 86 percent LEAA; 8 percent private (WCS); 4 percent volunteer; 2 percent city. If the dollar value of volunteer services is excluded, the LEAA contribution is 90 percent rather than 86 percent.

A. Budget and Expenditures

Table IV-1 provides the actual expenditures during the study period compared with the budget constructed from the two grant periods. The budget is based on eight months of the first grant and four months of the second. Generally, expenditures are within budget limits. Although two categories exceed budget limits, total expenditures are well within the budget total. These two expenditure categories, equipment and contracts, appear to be much below budget because of uneven expenditure levels. These two categories include funds for equipment, staff training and program evaluation services which were expended largely during the first seven months of project operation; that is, prior to the expenditures considered during the study period.

B. Functional Costs

Estimated functional cost allocations are provided by Table IV-2. These cost estimates are based on time distributions obtained for each staff member. All of these support accounts have been distributed in proportion to personnel costs. Finally, administrative costs are distributed to each function in proportion to dollars expended.

TABLE IV-1

MILWAUKEE TASC BUDGET AND EXPENDITURES

(July 1, 1976 - June 30, 1977)^a

Account	Budget	Expenditures	Expenditures as Percent	
			Budget Item	Total Expenditures
Personnel ^b	157,147	146,070	92.9	79.8
Travel	1,979	2,454	124.0	1.3
Equipment ^c	3,194	622	19.5	0.3
Contracts ^d	16,255	5,192	31.9	2.8
TASC Administrative ^e	13,325	14,960	112.2	8.3
TASC Share WCS Administrative ^f	<u>14,824</u>	<u>13,715</u>	<u>92.5</u>	<u>7.5</u>
TOTAL	206,724	183,013	88.5	100.0

^a Budget estimate based on six months of December 1, 1975 - February 28, 1977 budget together with half of March 1, 1977 - February 28, 1978 budget; expenditures are actual disbursements for the specified period.

^b Personnel category includes fringe at 15 percent of salary prior to February 28, 1977, and 20 percent thereafter; both budget and expenditures include \$8,904 in volunteer services (2,968 hours at \$3.00 per hour).

^c Equipment expenditures are low compared with budget for study period because most expenditures were made during the first seven months of the 1975-1977 grant period, which are not included in the year under study.

^d Contracts budget category includes program evaluation services (\$7,383), staff training (\$5,100), and emergency fund for short term client accommodation (\$2,700); most of the evaluation and training funds were used prior to February 28, 1977 as planned.

^e Supplies and operating expenses, including: rent, utilities, postage, office supplies, printing, dues, subscriptions, telephone, time surveillance, and photo copying.

^f TASC share of administrative costs of parent organization, Wisconsin correctional services, calculated at 10 percent of personnel; includes services of bookkeeper and other similar administrative costs.

TABLE IV-2

MILWAUKEE TASC ESTIMATED FUNCTIONAL COST ALLOCATION

(July 1, 1976-June 30, 1977)

<u>Account^a</u>	<u>Identification (Screening)</u>	<u>Diagnosis & Referral</u>	<u>Tracking & Monitoring</u>	<u>Court Liaison</u>	<u>Adminis- tration</u>	<u>Total</u>
Personnel	28,540	21,876	39,141	26,336	30,177	146,070
Travel	456	375	611	471	541	2,454
Equipment	116	95	154	119	138	622
Contracts	966	794	1,292	997	1,143	5,192
TASC Administrative ^b	1,346	---	1,346	---	12,268	14,960
TASC Share WCS Administrative	---	---	---	---	13,715	13,715
TOTAL	31,424	23,140	42,544	27,923	57,982	183,013
Percent of Total	17.2	12.6	23.2	15.3	31.7	100.0
51 Distributed Administrative Costs	14,611	10,669	19,714	12,988	---	57,982
Distributed Total Functional Costs	46,035	33,809	62,258	40,911	---	183,013
Percent of Distributed Total	25.2	18.4	34.0	22.4	---	100.0

^a All except administrative accounts have been distributed in proportion to personnel costs.

^b Approximately 18 percent of TASC administrative expenditures (including supplies and operating costs) involve urine surveillance costs; these costs have been allocated to identification and tracking functions.

Administrative costs for the Milwaukee TASC Project are, at 31.7 percent, proportionately higher than for other projects. However, the proportion would be reduced to 26 percent without the additional overhead cost from WCS.

Once the administrative costs have been distributed, the costs do, generally, correspond with what would be expected. When court liaison is combined with diagnosis and referral, the normal combined functions of D&R caseworkers makes up 40.8 percent of the total project effort.

C. Unit Costs

Unit costs are provided below and are based on functional costs (including distributed administrative costs) together with client flow figures for July 1, 1976 - June 30, 1977.

UNIT COST ESTIMATES

Total cost per client in TASC ¹	\$473.
Identification cost per arrestee interviewed	22.
Diagnosis and referral cost per client admitted	118.
Court liaison cost per client admitted	143.
Tracking and monitoring cost per TASC client	161.
Tracking and monitoring cost per successful client ²	243.
Total cost per successful TASC client	715.

¹Total clients in TASC are estimated to be equal to the total case load as of June 30, 1977, plus terminations during the study year.

²Total successful clients is defined as the total case load as of June 30, 1977, plus terminations during the study year.

These costs are comparable with most of the projects visited to date. However, there is significant variation in two categories. Court liaison costs are higher than generally expected and this is consistent with the additional effort expended in this aspect of the larger diagnosis and referral function. On the other hand, the tracking and monitoring costs are among the lowest to date. This is consistent with the discussion above indicating that this function is less emphasized in the Milwaukee program.

V. CONCLUSIONS

Generally, the evaluation team concluded that the Milwaukee TASC project is effective in accomplishing its stated goals. On the whole, the project is viewed positively by the Criminal Justice System and treatment agencies alike. The project seems to have adopted an appropriate role for itself within the limits of the local operating environment. The project staff members are qualified for their positions and seem to be dedicated to their work. The project has given appropriate emphasis to data collection and self-evaluation, although reports could, perhaps, be more widely distributed. However, since it has built a reputation to stand on, the project may now benefit from exploring other client referral sources within the CJS. Also, the project may explore ways in which the relatively high administrative costs might be reduced.

A. Identification of Potential Clients

1. Identification Techniques. Identification procedures were seen by the evaluation team as appropriate and effective. A notable factor was the professional approach of the TASC screener. Screening decisions are based more on interviewer skill than on interview instrument responses. Consequently, it is apparent that the process depends largely upon the competence of the individual screener. It should also be noted that while the TASC screener screens for other agencies (mental health and alcohol), there is no evidence that there is any loss of efficiency as a consequence.

2. Comparison with Persons Missed. While it was not possible to obtain information on persons not screened by TASC, it was possible to analyze data on persons screened but not admitted to TASC. The groups admitted and not admitted are fairly similar. The criminal charges are generally comparable (except violent charges, of course), as are major drugs of abuse. However, the group not admitted shows a somewhat larger proportion of older persons, males and non-Whites.

3. Effect on Jail Tensions. Wisconsin Correctional Services, TASC's parent organization, has long had a positive effect on the Milwaukee County Jail. TASC's activities in the jail are seen as contributing to this relatively positive atmosphere.

4. Effectiveness of Eligibility Rules. It is apparent that present eligibility rules are appropriate given the position of the TASC Advisory Board. However, there are several avenues involving recent legislation that may be explored to expand the program scope now that TASC has become accepted by the CJS. Finally, it should be noted that the Milwaukee TASC's refusal to accept violent offenders post-trial, and especially, post-incarceration is unusual. Although it is common for TASC projects to restrict pre-trial admissions to non-violent crimes, this restriction is not generally applied to probated or paroled offenders.

B. Diagnosis and Referral

1. Effectiveness of Diagnosis and Referral Procedures. It is apparent from both CJS and treatment agency interviews that diagnosis and referral is seen as the most valuable function performed by Milwaukee TASC. The procedures are effective, the referral process is fair, and the staff experienced and competent. Because the need for tracking and monitoring activity in Milwaukee is not as great as in other cities (particularly with regard to probation and parole clients), the emphasis on this area of greater need is seen as a wise response to the local environment.

2. Relationships with Treatment Agencies and Community. The relationships between TASC and local treatment agencies are, on the whole, very good. This is especially significant since Milwaukee TASC has exercised its power, on one occasion, of withholding referrals to agencies when they do not approve of the treatment provided. This did have a positive outcome. High regard for TASC staff is also evident in the arrangement whereby two agencies have a TASC staff member do full intakes for their clinics. In the near future, TASC may take advantage of their reputation to encourage the establishment of a greater variety of treatment options in the area.

Newspaper coverage of the Milwaukee has not been extensive. However, what coverage there has been has been favorable and would lend itself to a positive community image of both TASC and LEAA.

3. Relation with the Criminal Justice System. It is clear from interviews with the Criminal Justice System that TASC is highly valued for its work in effecting diversions, conditional bail reductions, and probation dispositions as well as providing knowledgeable recommendations for appropriate treatment. While relations with the CJS are generally very good, there are several areas where new probabilities may be profitably explored, as follows.

First, because of the existence of an active Probation Department, requiring little TASC assistance, TASC may expect to increasingly become a predominantly pre-trial program. Consequently, TASC should endeavor to convince the District Attorney of the merit of expanding the scope of diversions now possible under current legislation. We believe that the TASC data so far compiled will lend valuable support to this position. It is also hoped that the TASC Assistant District Attorney can assist in this regard.

Second, we believe that it is wise for TASC to follow closely and support the new diversion legislation, that is, S.B. 349. If this legislation passes, TASC should endeavor to work closely with the D.A.'s office to implement its application. We would hope, however, that all diversion possibilities under current legislation are investigated even if the new legislation does not pass.

Third, TASC may find it useful to expand screening activities by covering Felony Intake in order to make recommendations for conditional bail at that hearing. Although success may not be assured, the potential return warrants the effort.

Finally, we suggest that TASC solidify their role as planning agent and work to expand diversion and conditional bail reductions, in particular.

4. Effectiveness of Tracking and Monitoring. As noted previously, the existence of an active Probation Department tends to undercut the need for tracking and monitoring, at least for those clients on probation and parole. Given these

circumstances, we conclude that the Milwaukee TASC tracking system is adequate and appropriate. The tracking record system is evolving, but it is still a generally reliable and useful system. Although routine reports to the CJS may be irregular, the CJS seems satisfied because of a greater concern for timely and accurate problem reports than frequent progress reports.

C. Cost Analysis

Functional costs computed for the Milwaukee TASC project appear to be consistent with program goals and working environment. Administrative costs, however, are high compared with other TASC projects. It is hoped that some means of reducing the administrative cost ratio can be found.

WISCONSIN CORRECTIONAL SERVICE

436 W. WISCONSIN AVENUE. MILWAUKEE, WISCONSIN 53203 PHONE: 271-2512

Additional Programs:

Community/Prison Liaison

Drug & Alcohol Counseling
TASC (Treatment Alternatives to Street Crime)

Fourth Street Program
Antabuse Therapy Program

Court Intervention Services
for Milwaukee & Waukesha

Corrections Legal Service
Program

Outreach Home Detention
Program

The Bridge Halfway House

Baker House
(Pre-Release Center)

Artists in Residence —
Prison Arts & Crafts

VIP Program (Volunteers
in-Probation Program)

APPENDIX A

DESCRIPTION OF WISCONSIN CORRECTIONAL SERVICE

Wisconsin Correctional Service, founded in 1912 as the Society for the Friendless is a private, non-profit, Federally defined 501 (c) (3) agency incorporated in 1940 under the Wisconsin Statutes, Chapter 440. The agency has been providing direct services to criminal offenders and ex-offenders for more than 65 years.

In the past, Wisconsin Correctional Service addressed itself primarily to the problems of the offender and ex-offender during and following a period of incarceration. Emphasis for the past few years has been placed on providing drug and alcohol court intervention services in addition to direct services such as individual and family counseling. The agency also assists clients in preparing for and in securing employment as well as offering limited financial assistance, when needed.

More recently, with the availability of new and more varied sources of funding, Wisconsin Correctional Service has expanded its services to include treatment and treatment planning. By further expanding its intervention function in the jails prior to sentencing of the offender, W.C.S. has sought to divert the offender from the correctional institutions to community agencies for treatment.

A UNITED WAY/COMMUNITY CHEST SUPPORTED AGENCY

Wisconsin Correctional Service, now, provides a variety of direct services through its administrative sponsorship, such as programs for the alcoholic and drug abuse client. The agency's philosophy has always been to see that the offender and ex-offender were accepted and treated within the main stream of existing community health and mental health delivery systems, using a system of intervention, advocacy and monitoring.

The programs currently operating under W.C.S.'s auspices and its lay board of directors are described briefly below.

Corrections Legal Service Program - This program has two offices 1) at the home office of 436 West Wisconsin Avenue and 2) 330 East Wilson Street, Madison, Wisconsin 53703. The Corrections Legal Service Office in Milwaukee was originally supported by a LEAA Grant, however, since July of 1976, it has been under a Purchase of Service Arrangement with the Division of Corrections. The Madison Office which deals primarily with inmate concerns is currently funded under a fifth year LEAA Grant and will probably end in July, 1977. The program provides civil legal assistance to correctional clients, based on referrals from our Division of Corrections, Bureau of Probation & Parole as well as inmates at our correctional institutions.

The Bridge Halfway House - Our agency also operates The Bridge Halfway House for men released on parole or as a condition of probation. Referrals are, again, through the Division of Corrections and/or other appropriate community resources and the courts. The Bridge is totally supported through a Purchase of Service Arrangement with the Division of Corrections.

Treatment Alternatives to Street Crime (TASC) Program - This agency also operates a TASC Program through a discretionary grant from the

Chicago LEAA Regional Office, providing intervention and diversion for those charged with non-violent criminal offenses in the area of illegal drug use.

Antabuse (Disulfiram) Program - The Antabuse Program is an alcohol outreach program that provides casework services to correctional clients who are on Antabuse. The program currently services over 300 individuals who might otherwise be incarcerated if it was not for an alternative plan which includes the use of Disulfiram as a condition of community treatment. Recently, the program expanded its services to include a portion of services formerly provided by the Milwaukee Alcoholic Rehabilitation Services Program.

Fourth Street Program - This program provides intervention for drug addicts at the request of the court and/or probation & parole agents as well as providing drug treatment therapy, including individual and group therapy as well as urine surveillance. The program is funded for its outpatient work through a 51.42 Contract and the intervention portion currently through its contract with the Social Development Commission as a delegate agency which will in July of 1977, fall under the auspices of the single state agency, Bureau of Alcohol and Other Drug Abuse.

Outreach Home Detention Program - This program is the only current juvenile program which uses a basis of home detention in lieu of detention at the Children's Court Center. The program is similar to the St. Louis Home Detention Program and other projects that exist in both Michigan and Virginia. The Outreach Program is in its second year of LEAA Funding, which will end as of June, 1977. The program has already been funded for the rest of the year through additional funds provided W.C.S. through United way of Greater Milwaukee.

The agency also works under a contract with a local agency, providing work experience and vocational training and under a contract with Milwaukee

County, provides social services to the Milwaukee County Methadone Maintenance Program and Alcohol Detoxification Program.

We are expanding our services within the following months to include a pre-release program for male offenders released to the Milwaukee Area from our state correctional camp system. The center will be using a former convent belonging to St. Leo's Parish at 2930 North 25th Street. The home or center will be called, The Baker House and will service approximately 24 male offenders who are in a minimum security status on work or study release. A contract for these services has been signed with the Wisconsin Department of Health and Social Services as of April 20, 1977 in the amount of \$313,684.

The agency was notified by the Department of Health & Social Services/ Division of Mental Hygiene on April 22, 1977 that the proposal to divert the revolving door chronic alcoholic from the emergency services system was approved for funding under the Uniform Alcoholism Act in the amount of \$169,656, effective 5-1-77.

Wisconsin Correctional Service also provides services to both juveniles and adults under a Volunteers in Probation (VIP) Program concept in Waukesha County.

The agency's current 1977 budget projection is approximately \$1,500,000. Funding for W.C.S. comes from a variety of sources which include the Discretionary Grant through the Law Enforcement Assistance Administration, Division of Corrections-Purchase of Service Arrangements, Milwaukee County Contracts and through the United Way of Greater Milwaukee as well as other community chests and funds. The current 51.42 support dealing with drug and alcohol outpatient/intervention services is \$241,000. The agency was a recent recipient of a Hughes Grant, PL 93-282 in the amount of \$35,253. This grant is intended to provide special group and individual services for those incarcerated at the House of Correction who have serious drinking problems.

APPENDIX B

TASC PROGRAM PRELIMINARY INTERVIEW FORM AND ASSESSMENT INTERVIEW

TASC PROGRAM
PRELIMINARY INTERVIEW FORM

TASC# _____
COURT _____
CASE _____

SCREENER
D & R _____
DATE _____

Interview Location: 1-Office 2-Court 3-HOC 4-MCJ 5- St. Inst.
6-WSP 7-WSR 8-D. A.'s Office 9-Other

Client's Name: _____
LAST FIRST MIDDLE

Address _____

Does anyone else live at that address: Yes () No ()

Who: _____
Telephone# _____ 2nd# _____

Age: _____ Date of Birth _____ Place of Birth _____
Sex: _____ Heritage: Cau 1 Afro. Amer. 2 Mexi-AMER. 3
P-R 4 Amer. Ind. 5 Orien. 6 Other 7

CHARGE	COURT DATE	NATURE	PLEA	JUDGE

Date of Arrest _____ Any Pending Warrants _____

Referral Source: _____ D. A. who issued case#: _____

Attorney: _____ Telephone#: _____
Private () P. D. () C.A. ()

Bail Amount: _____ Probation/Parole Now? Yes () No ()

Since: _____ Estimated Release Date: _____ Agent: _____

Probation/Parole Situation: _____

Have you ever been arrested? Yes () No ()

JUVENILE ARRESTS	DISPOSITION	ADULT ARRESTS	DISPOSITION

PRELIMINARY INTERVIEW FORM

Page 2

Do you currently use drugs (other than alcohol): Yes () No ()

CURRENT DRUG USE (IN PAST YEAR)

HEROIN (age first tried)()	Code for use
METHADONE (Illegal)	(1) Daily
BARBITURATES	(2) Several times a week
AMPHETAMINES	(#)
HALLUCINOGENS	(3) Few times a week(#)
COCAINE	(4) Once a week
INHALENTS	(5) Once every 2 weeks
OTHER OPIATES & SYNTHETICS	(6) Once a month
(CODEINE, DEMEROL, PERCUDAN)	(7) Less than once a month
MARIJUANA, HASHISH, THC	(8) Other (specify)
PSYCHOTROPICS (VALIUM & LIBR.)	
Other	

Age first tried drugs: () What: _____

Average Cost of drugs use per week: \$ _____

Do you drink alcohol: Yes () No ()

Frequency: _____ Amount: _____

Drug(s) of major use: _____

Verification of Drug Use and/or Observations: _____

Past Treatment (Alcohol, Drug, Mental Health): Yes () No ()

WHERE	TYPE	DATES

Signed TASC Client Agreement: Yes () No ()
If No, Why: _____

REFERRALS: _____

COMMENTS: _____

IF TASC ELIGIBLE FILL OUT FOLLOWING SECTION:

Is a job available upon your release? Yes () No ()

Where: _____

Veteran : Yes () No ()

Are you eligible for benefits? Yes () NO ()

Do you have a valid driver's license: Yes () No ()

ASSESSMENT INTERVIEW
page 3

PERSONAL DATA

Social Security No: _____
Married 1 Never 2 Separated 3 Divorced 4 Widowed 5
Common Law 6 Other 7 _____
Spouse/Partner: _____
Relationship at Present: _____
Children?Dependents: _____ Age Range: _____
NO.

Parents:

Mother: _____
NAME ADDRESS TELEPHONE NO.
Father: _____
NAME ADDRESS TELEPHONE NO.

Family Size: _____ Brothers _____ Sisters _____

FINANCIAL & EMPLOYMENT DATA:

What is your current means of financial support:
Public Assistance (Specify) _____
Living with Relatives: _____ Self Supporting _____
Other: _____ N.A. _____

Annual Income: _____

What is the longest you have worked at one job: _____ When: _____
Where: _____

Most recent employment: _____ When: _____ Where: _____ How Long: _____

VOCATIONAL TRAINING

Have you ever been or are you now enrolled in a vocational training program
(Curative, J.V.S., MDTA, WIN, OIC, MATC, etc): YES 1 NO 2
IF YES:

TYPE OF TRAINING	WHERE	WHEN	COMPLETED PROGRAM	REASON LEFT
			YES NO	
			YES NO	
			YES NO	

ASSESSMENT INTERVIEW
page 4

EDUCATION:

Highest Grade completed in school: _____ When _____
Where: _____ G.E.D. _____

MILITARY EXPERIENCE: 1 Yes 2 No

Branch: Army _____ Navy _____ Air Force _____ Marines _____
Coast Guard: _____ Other: _____

Dates of Service: _____ to _____

TYPE OF DISCHARGE:

Honorable _____ General _____ Dishonorable _____ other: _____
If General, under: Honorable Conditions _____ Dishonorable Condition _____
Other: _____
If Dishonorable, explain: _____

SUBSTANCE ABUSE: GUIDE: (0) None (1) Alcohol (2) MJ/Hashish (3) Barbiturates
(4) Amphetamines (5) Inhalents (6) Hallucinogens
(7) Valium/Librium (8) Heroin (9) Illegal Methadone
(10) Synthetic Opiates (11) Cocaine (12) Other
(specify)

PRIMARY DRUG(s) OF ABUSE	DATES (AGES USED)	FREQUENCY	HOW ADMINISTERED	COMMENTS

SECONDARY DRUG(s) OF ABUSE	DATES (ages) USED	FREQUENCY	HOW ADMINISTERED	COMMENTS

experimental TERTIARY DRUG(s) OF ABUSE	DATES (ages) USED	FREQUENCY	HOW ADMINISTERED	COMMENTS

ASSESSMENT INTERVIEW

page 5

What means do you use to finance your drug usage: _____

Have you ever participated in any Drug/Alcohol/Mental Health Treatment Program: 1 Yes 2 No

Name of Program: _____

Type of Program: _____ Dates: _____

Reasons: _____

Have you ever has an Evaluation made of your appropriateness for Drug/Alcohol/ Mental Health Treatment: 1 Yes 2 No

Do you have any specific Medical Problems such as Allergies, Heart, Lungs, ailments or history of seizures Yes No

Are you under a doctors care for these problems: 1 Yes 2 No

What is the longest period of time you have stopped using drugs on your own, on the streets: _____

Have you ever received medical attention for an overdose: _____

Have any people living with you used drugs in the past six(6) months: 1 Yes 2 No 3 Chose not to answer

Any Physical Symptomology: _____

Who can verify your drug use: _____

Where are you most likely to be if not at home or at work: _____

COMMENTS: _____

APPENDIX C

LETTER OF SUPPORT PROVIDED BY THE

HONORABLE JOHN L. COFFEY

FEB

Circuit Court Chambers

Branch 12 Second Judicial Circuit

Milwaukee, Wisconsin 53233

JOHN L. COFFEY
JUDGE

February 15, 1977

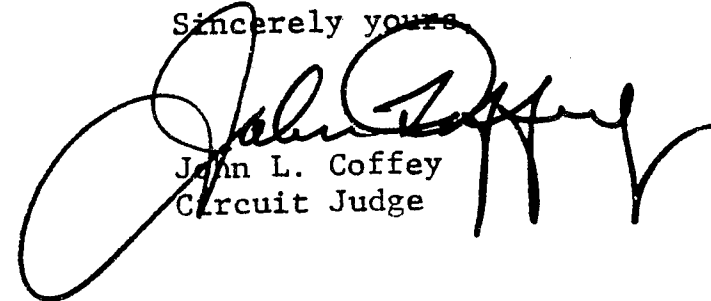
Mr. Stephen B. Swigart
Project Director
TASC Project
Room 400
436 West Wisconsin Avenue
Milwaukee, Wisconsin 53203

Dear Mr. Swigart:

Please be advised that over the years I have had an opportunity to use the Treatment Alternatives to Street Crime (TASC) funded by the Law Enforcement Assistance Agency and have found this project to be very helpful in dealing with drug-related crimes.

I trust that in the interests of the citizens of Milwaukee County that this program will be continued in the hopes of implementing and continuing to improve the Milwaukee County criminal justice system.

Sincerely yours,



John L. Coffey
Circuit Judge

JLC/ljl

APPENDIX D

MILWAUKEE REGION CHEMICAL ABUSE STATEMENT PHILOSOPHY

Professionals Concerned with Drug Abuse

The purpose of this letter is to advise you of the establishment of a Specialized Drug Unit in the Milwaukee Region of the Bureau of Community Corrections.

The Drug Unit became operational on 5-2-77 and will consist of the following persons:

Wanda Raleigh	1819 E. Kenilworth Place	224-4795
Bill Bernstrom	1819 E. Kenilworth Place	224-4789
Jeffrey Davis	1819 E. Kenilworth Place	224-4791
Kenneth Freitag	1301 W. Oklahoma Avenue	384-5390
Mark Anderson	2715 W. Wisconsin Avenue	344-6300
Chris Kvasnica	3216 N. 37th Street	871-6206
Peter Schuler	2411 W. Capitol Drive	224-4816
Supervisor George Zanck	3216 N. 37th Street	871-0455
Ass't. Regional Chief James E. Clinton	3216 N. 37th St.	871-0295

Enclosed is a copy of the Milwaukee Regional Drug Philosophy which explicates our perspective in terms of approaching the problem of drug abuse as it affects the clients of the Bureau of Community Corrections and the community.

The philosophy, as it now exists, is not envisioned as a rigid document but a point of reference that can be modified as need suggests.

In anticipation of questions and concerns regarding the Philosophy and its potential impact, an open meeting has been scheduled by the Unit for 6-17-77 at 9:00 a.m. in the State Office Building, 819 N. 6th Street, Room 45, Milwaukee, WI. Your participation is invited. We will discuss issues contained in the Philosophy.

Please feel free to call any member of the Drug Unit regarding its function.

Chase Riveland

Chase Riveland
Chief
Milwaukee Region

MILWAUKEE REGION

CHEMICAL ABUSE STATEMENT

PHILOSOPHY

Statement:

The Bureau of Community Corrections acknowledges that there is a need and is committed to implementing a comprehensive program for actively identifying and servicing chemical abusers. Utilization of effective community-based services for chemical abusers will be encouraged when there is no imminent threat to the safety of the community.

Definition:

- A. A chemical abuser is a person on supervision whose chemical intake interferes with his ability to function socially, vocationally, psychologically, physiologically or within the legal boundaries of the community.
- B. Chemical abuse includes the intake of illicit drugs and may include the use of licit drugs other than alcohol.

Assumptions:

- A. Community treatment is the first priority in assisting the chemical abuser in remaining drug-free. Treatment may include voluntary and non-voluntary utilization of effective community-based services, as well as incarceration if the chemically-dependent offender is an imminent and potential threat to the safety of the community and/or his or herself.
- B. The role of the agent is to actively screen his/her cases to identify and provide service to the chemical abuser.

TYPES OF CASES

Statement:

The types of cases to be included in the Specialized Drug Caseloads are as follows:

- A. Court-ordered drug treatment: Those clients who are court-ordered to engage in drug treatment.
- B. Voluntary: Those clients who request treatment to facilitate their controlling or eliminating their drug usage.
- C. Dealer:
 - 1. Those clients convicted of the delivery of a controlled substance.
 - 2. Those clients strongly suspected of being involved in the delivery of a controlled substance regardless of their committing offense.
- D. Abuser:
 - 1. Those clients convicted of the possession of a controlled substance.
 - 2. Those clients whose background suggests they have a drug problem regardless of their committing offense.

IDENTIFICATION/DIAGNOSISIntent and Purpose:

The Bureau's intent is to be aware of chemical abuse within the individuals of its client population and to provide services aimed at eliminating chemical abuse as fully as possible.

METHOD:

Identification: Determining which individuals to apply diagnostic criteria -- Agent primary identifier.

- A. Intake Unit
- B. Use of Probation Social, Pre-Sentence and Initial Interview as tools to identify the Chemical Abuser.
- C. Client-educated Volunteerism in Reporting Chemical Usage.
 - 1. To agent.
 - 2. To third party.
- D. Collateral Sources
 - 1. Law Enforcement.
 - 2. Other clients.
 - 3. Parents/Spouse.
 - 4. Friends.
 - 5. Employer.
 - 6. Community agencies.

Diagnosis: Continuing definition of the state of the problem.

- A. Internal - possible use of DATRS*
 - 1. Agent.
 - 2. Clinical Services.
 - 3. Specialized Caseload Agents.
 - 4. Community Resource Project.
- B. External
 - 1. Referral to outside agency
 - a. TASC
 - b. Fourth Street Clinic
 - c. Methadone Program
 - d. Etc.
 - 2. Educated self-reporting (facilitated by providing client with information regarding Bureau's philosophy on chemical abuse and treatment).
- C. Follow-up
- D. Surveillance
 - 1. Urine Specimens
 - 2. Antabuse
 - 3. Methadone

*DATRS is a drug abuse treatment referral system including a treatment modality classification scheme developed by Stephen M. Pittel.

Treatment: Efforts directed at the elimination of chemical abuse.

A. Education

- 1. The effects/consequences of illegal chemical usage for the client (legal, physical and psychological).
- 2. Two levels of agent educating clients:
 - a. Intake -- handouts of literature dealing with drug problems and available community resources.
 - b. Assigned agent's interviews with client -- through discussion of drugs, treatments available and consequences of usage.

B. Bureau Treatment

- 1. Agent.
- 2. Psychologist.
- 3. Psychiatrist.
- 4. Specialized Caseload
- 5. Community Resource Project.
- 6. Correction Institutions.

C. Referral outside Bureau -- Community-based treatment facilities

Training

All agents should have generic training concerning chemical abuse in the below-listed areas. Agents with primary responsibility of supervising chemical abusers shall be afforded specialized training in the below-listed areas.

A. Diagnosis

- B. Become proficient in developing, providing and/or monitoring the treatment regimen.
- C. Develop accurate and usable knowledge in regard to the legal alternatives to criminal proceedings.

RELATIONSHIPS WITH LAW ENFORCEMENTGoal:

Our overall goal is to establish a system of communication between the Milwaukee Region Bureau of Community Corrections and law enforcement agencies.

Liaison Tasks:

- A. Familiarize enforcement agencies with Bureau Philosophy, policies and procedures as they relate to the servicing and supervision of chemically-dependent drug offenders.
- B. To coordinate the exchange of information between Bureau and enforcement agencies.

RELATIONSHIP WITH COMMUNITY
DRUG TREATMENT AGENCIES

Introduction

There is a high correlation between criminal behavior by probationers and parolees and the abuse of licit and illicit drugs. The Bureau recognizes this association and the necessity to provide treatment within the community, while assuring public safety, to those affected probation and parole clients. Ideally, by providing and effecting appropriate treatment intervention, long-range public safety can be accomplished by: (1) insuring discontinued licit and illicit drug abuse; (2) discontinued illegal behavior; (3) increased social productivity; and (4) improved community functioning.

The Bureau of Community Corrections is the primary referring agency (to community drug treatment agencies) of clients with drug use and abuse problems. Similarly, in order that ascribed Bureau goals can be attained, public safety assured and clients provided the opportunity of independent community functioning, a viable, effective and efficient system of treatment services must be available within the community. The Bureau of Community Corrections and community treatment agencies are interrelated and this interrelationship must be defined and established.

Referrals and Follow-up

When a drug abuse or use problem is determined, all alternatives to incarceration will be pursued, continually assuring for community safety. Subsequent to identification and diagnosis, a treatment regimen will be promulgated, involving client input. Community agencies will be utilized which are the least restrictive necessary and commensurate with defined need; i.e., residential treatment will not be implemented when diagnostic and identification would indicate outpatient treatment.

Specific and formalized treatment goals and plans will be developed, predicated upon available information, in conjunction with a representative of the Bureau, the treatment agency and the client, when appropriate.

Throughout the treatment process, the Bureau representative will follow and monitor the client's progress, to insure service delivery, client compliance and goal attainment.

Confidentiality

The unfettered exchange of information between the Bureau and community agencies is essential for effective service delivery. Concurrently, all exchanges of information will be in accordance with existing confidentiality regulations, Bureau policies and agency requirements.

Programmatic Relationships

The Bureau and community agencies, regardless of Purchase of Service mandates, should develop formalized contracts delineating standards of treatment, expectations and relationships. This should provide a mechanism to assess the internal functionings of the Bureau and evaluate the quality and quantity of services delivered by community agencies.

Program Development

The Bureau, to include agents, in conjunction with the community and client population, recognizes its responsibility to develop resources within the confines of the community to provide services to drug abusers and users.

APPENDIX E

PROBATION DEPARTMENT CASE CLASSIFICATION PROCESS

The Case Classification Process

Nearly all experienced Probation and Parole Agents utilize some kind of intuitive system of classification of their clients, usually based on the need for treatment or surveillance, with the underlying realization that certain clients demand more of their time than others. However, this untested, highly individualized approach cannot provide the information necessary to rationally budget for the Bureau, nor does it provide any kind of data needed to test the validity of each approach.

The system which has been developed by the Case Classification/Staff Deployment Project is not designed to put labels on our clients, or to follow any psychotherapy-medical model of diagnosis. It is, instead, based upon the needs of the individual and the risks of harm to society through perpetuation of criminal behavior.

It should be noted that the classification process has had extensive input from agents and that all forms and procedures are under constant review. The "needs" scale, for example, was developed by agents and has been tested repeatedly with 80 to 85 percent reliability. The new system of chronological recording is a product of Bureau agents; preliminary testing shows substantial savings in time for both agents and clerical staff.

The classification system is now in operation in the Madison region and the timetable calls for statewide use of the system by July of 1978. Success is dependent not only on the agents themselves, but to a considerable extent upon the unit supervisors who must become thoroughly familiar with all aspects of the system and further, must implement the audit program to insure standards are met.

Members of the Project staff are available for consultation and we welcome suggestions.

Robert J. Capener, Director
Case Classification/Staff Deployment
Project

Assessment of Client Needs (Green)

Purpose: The needs assessment scale was developed by agents and is composed of eleven categories of needs commonly evidenced in Probation and Parole clients. The scale provides a "common denominator" for judging the composite severity of problems and suggests a level of supervision.

The Assessment of Client Needs was not designed to be simply a classification instrument, but should aid in formulating a case plan and assessing client progress.

Directions: Select the entry in each category which best describes each client and enter the associated weight in the right hand column. Add or subtract points (-1 to +5) in accordance with your impression of the client's overall needs and total all scores.

The Assessment of Client Needs is to be completed at intake, redone at six month intervals and at the time of discharge or revocation. The scale may also be completed when the agent feels the need to reclassify.

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ASSESSMENT OF CLIENT NEEDS

Client Name _____ Client Number _____
Last First MIDate of Evaluation _____ Agent Last Name _____ Number _____
Month, Day, Year

Select the appropriate answer and enter the associated weight in the score column. Higher numbers indicate more severe problems. Total all scores.

<u>ACADEMIC/VOCATIONAL SKILLS</u>				<u>SCORE</u>
-1 High school or above skill level	0 Adequate skills; able to handle every-day requirements	2 Low skill level causing minor adjustment problems	4 Minimal skill level causing serious adjustment problems	_____
<u>EMPLOYMENT</u>				
-1 Satisfactory employment for one year or longer	0 Secure employment; no difficulties reported; or homemaker, student or retired	3 Unsatisfactory employment; or unemployed but has adequate job skills	6 Unemployed and virtually unemployable; needs training	_____
<u>FINANCIAL MANAGEMENT</u>				
-1 Long-standing pattern of self-sufficiency; e.g., good credit rating	0 No current difficulties	3 Situational or minor difficulties	5 Severe difficulties; may include garnishment, bad checks or bankruptcy	_____
<u>MARITAL/FAMILY RELATIONSHIPS</u>				
-1 Relationships and support exceptionally strong	0 Relatively stable relationships	3 Some disorganization or stress but potential for improvement	5 Major disorganization or stress	_____
<u>COMPANIONS</u>				
-1 Good support and influence	0 No adverse relationships	2 Associations with occasional negative results	4 Associations almost completely negative	_____
<u>EMOTIONAL STABILITY</u>				
-2 Exceptionally well adjusted; accepts responsibility for actions	0 No symptoms of emotional instability; appropriate emotional responses	4 Symptoms limit but do not prohibit adequate functioning; e.g., excessive anxiety	7 Symptoms prohibit adequate functioning; e.g., lashes out or retreats into self	_____
<u>ALCOHOL USAGE</u>				
	0 No interference with functioning	3 Occasional abuse; some disruption of functioning	6 Frequent abuse; serious disruption; needs treatment	_____
<u>OTHER DRUG USAGE</u>				
	0 No interference with functioning	3 Occasional substance abuse; some disruption of functioning	5 Frequent substance abuse; serious disruption; needs treatment	_____
<u>MENTAL ABILITY</u>				
	0 Able to function independently	3 Some need for assistance; potential for adequate adjustment	6 Deficiencies severely limit independent functioning	_____
<u>HEALTH</u>				
	0 Sound physical health; seldom ill	1 Handicap or illness interferes with functioning on a recurring basis	2 Serious handicap or chronic illness; needs frequent medical care	_____
<u>SEXUAL BEHAVIOR</u>				
	0 No apparent dysfunction	3 Real or perceived situational or minor problems	5 Real or perceived chronic or severe problems	_____
<u>AGENT'S IMPRESSION OF CLIENT'S NEEDS</u>				
-1 Minimum	0 Low	3 Medium	5 Maximum	_____

Use the reverse side to list any special circumstances which should influence the level of supervision.

TOTAL _____

CONTINUED

1 OF 2

REASSESSMENT OF CLIENT RISK

Client Name _____ Client Number _____
Last First MI
Date of Reevaluation _____ Agent Last Name _____ Number _____
Month, Day, Year

Select the appropriate answer and enter the associated weight in the score column. Total all scores to arrive at the risk reassessment score.

		SCORE
Number of Address Changes in Last 12 Months:	0 None 2 One 3 Two or more	_____
Age at First Conviction: (or Juvenile Adjudication)	0 24 or older 1 20 - 23 2 19 or younger	_____
Number of Probation/Parole Revocations: (Adult or Juvenile)	0 None 2 One or more	_____
Number of Prior Felony Convictions: (or Juvenile Adjudications)	0 None 1 One 3 Two or more	_____
Convictions or Juvenile Adjudications for: (Select all applicable and add for score)	1 Burglary 1 Theft 1 Auto theft 1 Robbery 2 Worthless checks 2 Forgery	_____

RATE THE FOLLOWING BASED ON PERIOD OF SUPERVISION ONLY:

Percentage of Time Employed While Under Supervision:	0 60% or more 1 40% - 59% 2 Under 40% 0 Not applicable	_____
Alcohol Usage/Problems:	0 No apparent problems 2 Moderate problems 5 Serious problems	_____
Other Drug Usage/Problems:	0 No apparent problems 1 Moderate problems 3 Serious problems	_____
Problems in Inter-Personal Relationships: (Current Living Situation)	0 None 1 Few 3 Moderate 5 Severe	_____
Social Identification:	0 Mainly with positive individuals 3 Mainly with delinquent individuals	_____
Response to Court or Bureau-Imposed Conditions:	0 No problems of consequence 3 Moderate compliance problems 5 Has been unwilling to comply	_____
Use of Community Resources:	0 Not needed 0 Productively utilized 2 Needed but not available 3 Utilized but not beneficial 4 Available but rejected	_____

TOTAL SCORE _____

Assignment of a Level of Supervision

1. All new cases generate six points in workload until classification is completed.
2. The Risk and Needs Scales should be completed by the agent as soon as information required to complete the Probation Social is available. Both scales must be filled out within 30 days of admission to probation or parole.
3. The client is then assigned to the highest level of supervision that is indicated by either scale. If the supervising agent disagrees with the level of supervision indicated by the assessment of risk and needs, the agent should discuss the case with the field supervisor. If the field supervisor agrees, the level of supervision should be changed. The reason for the change should be outlined on the back of the needs assessment sheet. Under no circumstances should the scores of either scale be adjusted to reflect this change.

The level of supervision actually assigned to each client is referred to as the "working level of supervision". Reasons for changing the working level of supervision can include referrals to other agencies which decrease agent involvement.
4. The Risk and Needs Scales should be kept in alphabetical order in the field notebook.

Reevaluation

1. The Needs Scale and the Reevaluation Risk Scale should be completed on each client six months from the date of the initial assessment. Changes in the level of supervision should be made where indicated. Reevaluation may also be done whenever a change in circumstances warrants a reassessment of the client's level of supervision.

New Chronological Recording System (Blue)

Purpose: This procedure was designed by agents and project staff to save clerical and agent time by eliminating multiple copies, unnecessary transferring of notes, a significant amount of dictation and last minute "catch-up" recording before an audit. This system also focuses on the case progress of the client rather than the old system of counting home visits, etc. Concise summaries, the frequency of which is based on the level of supervision assigned, will present only the most relevant information.

Directions: A Chronological Log should be kept for each client, in alphabetical order in a notebook. When a single log is filled with entries, it should be removed from the notebook and placed in the client's file, clipped to the back of the Chronological Summaries. No duplicate copies need be made. Summaries should then be dictated for transcription with specific component parts (see Periodic Summary Example attached). The frequency of dictation is related to the level of supervision.

The Chronological Log is simply a "score card" of client and collateral contacts. It should be completed in handwritten form. Neatness is essential due to the possible transfer of the case, and since the logs may be entered as evidence at a hearing.

The initial entry for the case is typed on the Chronological History Form, Form C-24. The initial entry also includes several component parts (see Initial Entry Example attached). One of the most important changes in this revised initial chronological entry is the emphasis placed upon the "Supervision Plan". The agent is responsible for organizing a comprehensive service plan for the client. This plan should state how the agent and the client plan to deal with needs delineated on the Assessment of Client Needs

Case Classification/Staff Deployment
Case Classification Criteria

Needs Scale Cut-Off Scores:

30 and above Maximum
15 - 29 Medium
14 and below Low

Risk Scale Cut-Off Scores:

15 and above Maximum
8 - 14 Medium
7 and below Low

Criteria for Minimum Classification:

1. Six (6) or more months on supervision, and
2. Risk and need scales no higher than low, and
3. Agents impression indicates minimum, and
4. Supervisory approval of minimum.

Tentative Workload Point Assignments:

Maximum Case* 6 points
Medium Case 3 points
Low Case 1 point
Minimum Case5 point
PSI, Admission 6 points
Institutions Case5 point
Absconder Case5 point
Partial Investigations 1 point
Transfer-In Investigations 2 points

*New cases are carried as Maximums until classification is made (limit 30 days).

Summaries must be dictated according to the following schedule:

- Summaries may be dictated earlier for any of the following reasons:

1. Request of Supervisor
2. When revocation is being considered
3. Transfer
4. Discharge
5. Major change in the direction of the case
6. If the agent feels necessary

CONTACT CODES: _____ NOTES: _____

[illegible]

[illegible]

INITIAL INTERVIEW ENTRY

This entry is recorded within 30 days of receiving a case on probation, a transfer-in, or a client released from an institution. The following format will assist agents in organizing their approach to each case and to document case classification information.

Conditions of Supervision: state all court imposed conditions, financial obligations, special Parole Board comments; indicate any restrictions or conditions on the C-10 or C-215. NOTE: *It is not necessary to repeat details of the offense, arrest, etc. unless new information has come to light since the presentence or social investigation was completed.*

Present Status: includes residence, employment, school, other pertinent information such as directions to the home, telephone number.

Classification: state level of supervision.

Client Strengths:

Client Weaknesses/Problem Areas:

Client Goals:

Agent Goals:

Supervision Plan: State frequency of client contact and where it is to be.
Give referral plans including requests for testing by Clinical Services.

DATE

NAME

(Last name first)

CLASS. & NO.

PAGE

PERIODIC SUMMARY EXAMPLE

3-20-76

Periodic Summary: A narrative summary of events since the last summary. Dates should be entered for "significant" events. The summary should include a description of the client's Progress, Problems and changes in the case plans or goals.

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New Auditing Procedure

Purpose: The new audit is more of a "case progress assessment" audit than a counting of contacts. It is a system which assesses and monitors the agent's case plan and the client's progress toward meeting case goals. The new procedure was designed to provide field supervisors with the opportunity to become more involved in case planning and casework.

Directions: Initially, the supervisor will select three cases from each agent's caseload to audit each month. The supervisor will assess the case with an emphasis on progress, case goals and use of resources. The supervisor will then discuss the cases with the agent. This procedure eliminates the semi-annual audit as presently exists. When a supervisor becomes sufficiently satisfied with an agent's work he/she may reduce the frequency of audits for that agent.

APPENDIX F

CLIENT CRITERIA FOR CONTINUED TASC PARTICIPATION

CLIENT CRITERIA
FOR CONTINUED TASC PARTICIPATION

These rules are an elaboration of the TASC Client Agreement and pertain to all TASC clients (methadone maintenance, residential, detox or drug-free) from beginning to end of treatment. In the event that these rules are violated, points will be assessed on a scale from 0 to 10. An accumulation of seven (7) points will place the client in a "jeopardy situation" and will require an immediate re-staffing by the client, the client's treatment program representative and the TASC Case Manager along with immediate notification to the District Attorney's Office, Court, Division of Corrections and/or Bureau of Probation and Parole. An accumulation of ten(10) points will be grounds for termination from TASC.

I. URINALYSIS

One of the primary obligations of a TASC client is to discontinue the use of illicit drugs. To see that this obligation is met, the following urinalysis procedures will be required.

- A. Urine samples will be tested on a random basis.
- B. First sixty (60) days in program,
 - 1. Minimum of one (1) urine test per week -- (4 tests per month);
 - 2. one (1) point will be assessed for one week of urine testing which contains one (1) urine sample containing illegal opiates, methadone, amphetamines, barbiturates and/or cocaine.
- C. After first sixty (60) days in Program:
 - 1. Minimum of one (1) urine per week -- (4 tests per month);
 - 2. One point will be assessed for each urine that contains illegal opiates, methadone, amphetamines, barbiturates and/or cocaine.
- D. The schedule of urine testing described above applies explicitly to outpatient treatment facilities. Clients receiving treatment as inpatients may be required to participate in urine tests less frequently. Both inpatients and outpatient treatment facilities may require urine testing more frequently than the TASC minimum requirements.

II. THERAPY

The treatment regimen will vary according to the individual clients' needs as determined by the diagnostic evaluation and as prescribed by the treatment agency to which the client is referred. This individualized treatment regimen will be known as the client's treatment plan. The client must give his or her full cooperation to the treatment agency at all times. All treatment agencies receiving TASC clients will have in common the following minimum requirements:

- A. The client will attend at least one group or individual counseling session per week. Three (3) hours of individual counseling must be available to TASC clients each week.

B. Out-Patient Program:

The client's full cooperation in keeping scheduled appointments at the treatment facility is required.

1. A urine drop will be required immediately following a client's unexcused absence.
2. One (1) point will be assessed for each unexcused absence. Three (3) consecutive unexcused absences will place the client in a jeopardy situation.
3. Extended absences must be cleared through the treatment facility and TASC.

Residential Program:

1. Two (2) points will be assessed each time a client is outside of residential control for eight (8) hours or more.
2. A jeopardy situation will exist when the client is outside of residential control for more than twenty-four (24) hours.

- A. Any criminal arrest will be reported immediately to the appropriate court or court agency and a jeopardy situation will exist.
- B. Any convictions for a felony incurred after TASC involvement will constitute a ten (10) point violation and will be grounds for termination. A stipulation to continue in TASC can be made by the sentencing court in an individual situation.
- C. A client who is convicted for a crime of violence will not be eligible for continued TASC participation. (This rule can be waived by the TASC Project Director under some circumstances.)

IV. TERMINATION FROM TASC

- A. Unsuccessful termination from TASC can be made at any time by the TASC Project Director for an accumulation of ten (10) points.
- B. Successful termination from TASC can be obtained when the client has completed his or her treatment plan including after-care, to the satisfaction of the treatment agency and when the client's satisfactory participation is verified by the TASC Tracking Unit.
- C. Clients whose criminal justice jurisdiction ends prior to the completion of their treatment plan may be successfully terminated from TASC if the following three (3) conditions exist:
 1. The client has participated in treatment in a satisfactory manner for a minimum of 180 days; and
 2. The client indicates that he or she will voluntarily continue in treatment; and
 3. The client's evaluation by the TASC Tracking Unit indicates that the client has made improvement warranting termination.
- D. Final authority for criminal justice disposition will rest with the Court.

V. JEOPARDY

A jeopardy situation exists when a client accumulates seven (7) points or reaches a situation as defined above. The purpose of jeopardy is to notify the client that they are in danger of discharge. Jeopardy requires that the client's present treatment plan be changed in a significant manner, whether that be to a different modality or modification at the current facility.

A jeopardy situation will be followed by a meeting with the Case Manager, client and the treatment agency, and if possible, the referring or responsible agent. At that meeting, a decision will be made whether to drop the client from TASC or to make major changes in their obligations to TASC. The outcome should be a very distinct contractual agreement with the client and the treatment agency as to future expectations. Violation of this contract will mean discharge. Failure to receive the support of the referring and/or responsible agent in taking action on a client's jeopardy situation will also require discharge.

A TASC client in a jeopardy situation must have action taken on their case within two weeks from the date of initial jeopardy. The case must be closed or returned to active monitoring within two weeks. Cases requiring a Court review may be controlled by court calendars.

VI. REWARDS FOR SUCCESS IN TERMS OF THE POINT SYSTEM

For those clients who demonstrate a positive adjustment after a period of accumulating negative points, the following option will be available:

One (1) negative point will be removed after thirty (30) days of positive participation in treatment. This means no negative points have been accumulated during the thirty (30) days.

END