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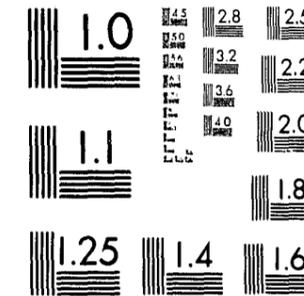
FINAL REPORT

EVALUATION
OF
NASSAU COUNTY TREATMENT
ALTERNATIVES TO STREET CRIME

SUBMITTED BY

THE ECTA CORPORATION

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PREFACE

The first Treatment Alternatives to Street Crime (TASC) program was established in 1972. At the present time there are more than forty TASC programs in operation. The proliferation of TASC has been accompanied by the growth of standard performance categories and a descriptive jargon. This preface is intended to provide the reader who is unfamiliar with TASC a capsule summary of the criteria and nomenclature that are found intermittently throughout this report.

TASC programs were designed to serve as a formal mechanism for linking the criminal justice and drug treatment systems. Whereas the courts have traditionally had their doubts about the efficacy of drug treatment and the integrity of treatment personnel, treatment programs have tended to view any criminal justice involvement in the treatment process as an insurmountable obstacle to client rehabilitation. By assuring treatment confidentiality while providing accountability to the courts, TASC sought to facilitate the diversion of drug-involved offenders from the courts and into treatment.

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ACQUISITIONS

The TASC concept is built on the assumption that removing drug-involved offenders from the usual criminal justice channels and placing them in carefully monitored treatment programs benefits all parties concerned: the criminal justice system, by unclogging court calendars and enhancing traditional criminal justice monitoring and feedback mechanisms; drug treatment, by relieving treatment staff of the need to attend to a client's criminal justice problems rather than focusing solely on the treatment process; the client, by providing him with a valuable information resource, an "extra ear" in times of distress, and the motivation to cease substance abuse once and for all; and the public, by effecting substantial savings associated with reduced trial and incarceration costs, lowered crime and drug abuse, and increased productivity in terms of education and employment. To be maximally effective in all these areas, TASC must intersect with individuals having serious involvement in both illegal drug usage, and criminal activity. By eradicating the client's drug problem, it was felt that the drug abuse/crime/(re)arrest cycle could be effectively halted.

Serious criminal involvement is usually evidenced by arrests for felony offenses or, in more conservative communities, for lesser offenses that might result in incarceration.

A TASC client who is currently charged with, or has a prior record of, either burglary, robbery, or the sale of drugs is considered to be as serious an offender as TASC programs generally handle. Extensive criminal histories and one or more prior incarcerations are also indicative of serious criminal justice involvement. Serious drug involvement is evidenced primarily by the frequent use of unprescribed central nervous system (CNS) depressants. Heroin and other opiates are no longer as widely abused as they were only a few years ago. Instead, drugs like Talwin (a CNS depressant) and PCP are being abused with increasingly alarming frequency. For a TASC project to be considered effective, it must succeed in referring these "serious" persons to treatment programs.

In regard to drug involvement, it should be noted that, in the past several years, a few TASC programs have been able to admit clients whose primary drug of abuse is alcohol. Nassau County TASC is one of those programs with a specific focus on alcohol clients.

The standard TASC model is divided into three functional units -- screening and identification; diagnosis and evaluation; and tracking and monitoring -- and an administrative unit that coordinates project activities. Some programs also have a separate court liaison unit or individual, whereas

others (like Nassau County) include the court liaison within the screening unit. The case management approach, which combines two or more functions within a single unit, is less frequently used by TASC agencies. Administratively, TASC programs are typically included as part of a larger "umbrella" agency. This may be a drug and alcohol agency, criminal justice agency (such as probation), non-profit organization, treatment agency, or some other type of social service entity. In the case of Nassau County TASC there are two umbrella agencies, both having a greater than average involvement in TASC operations.

TASC client success has been defined in several ways. Some TASC programs define successful clients as those who have fully completed both criminal justice and treatment requirements. Most TASC agencies consider clients successful if treatment is proceeding well and criminal justice requirements are satisfied. So-called "neutral successes" are those clients whose justice system stipulation to TASC ends prior to any real treatment progress but without their participation in treatment having been unsuccessfully terminated up to that point.

When TASC clients violate the conditions of the TASC contract, they are often placed in an intermediary jeopardy status. Jeopardy most often occurs when clients are rearrested,

fail to appear in court, miss scheduled treatment sessions, or continue to abuse drugs (as indicated by a positive urinalysis which all TASC programs require on a regular basis for each TASC client). Being placed in jeopardy should indicate to the client that s/he is in danger of being terminated from TASC. Certain jeopardy categories may necessitate immediate termination (for example, a client may be incarcerated as a result of a rearrest). Often, TASC programs terminate clients after having conducted a set number of jeopardy sessions -- meetings to warn clients of their precarious status vis-a-vis TASC.

Whereas the original TASC model focused on pretrial diversion, especially for cases originally slated as felonies, the National Phase II TASC Evaluation stressed difficulties in this area. Many TASC programs have explored other referral pathways (for example, TASC as a sentence alternative) and, indeed, some programs have focused almost exclusively on one or more of these alternative pathways. Although Nassau County TASC took the evaluators' advice and explored other pathways, it has been successful while maintaining its primary focus on pretrial diversion. As such, it is one of only a few TASC programs to be successful in this area.

TABLE OF CONTENTS

	<u>PAGE</u>
<u>PREFACE</u>	i
<u>TABLE OF CONTENTS</u>	vi
<u>LIST OF TABLES</u>	ix
 <u>CHAPTERS</u>	
1. Introduction and Summary of Findings and Recommendations	1-1
2. The Evaluation Plan and Evaluator's Activities	2-1
3. TASC Client Flow, Characteristics, and Outcomes	3-1
- Summary Client Flow	3-1
- Characteristics of TASC Clients and Characteristics of Front-End and Back-End Losses	3-5
4. TASC Administration	4-1
- Relationship with Umbrella Agencies	4-1
- Quality Control	4-2
- Prospects for Institutionalization	4-5
5. TASC Relationship with the Criminal Justice System	5-1
- Introduction	5-1
- Judges	5-4
- Prosecutors	5-5
- Defense Attorneys	5-6
1. Legal Aid	5-6
2. Private Attorneys	5-8

TABLE OF CONTENTS

(continued)

CHAPTERS (continued)

(Chapter 5 - continued)

	<u>PAGE</u>
- Criminal Justice Coordinating Council	5-9
- Probation	5-9
- Parole	5-10
- Police	5-11
- Sheriff	5-12
- Summary	5-13
6. TASC Relationship with Treatment Agencies	6-1
- Introduction	6-1
- Procedures	6-2
- TASC Involvement in the Treatment Process	6-3
- Appropriateness of Referrals	6-4
- Diagnostic Materials	6-5
- Difference Between TASC and Non-TASC Clients, and the Use of TASC Leverage	6-6
- Staff Qualifications and Performance	6-7
- Alternatives to TASC	6-8
- Volume of Paperwork	6-9
- Consonance of Goals	6-9
- TASC Relationship with Clients as Perceived by Treatment Personnel	6-10
- Summary	6-11

TABLE OF CONTENTS

(continued)

CHAPTERS (continued)

	<u>PAGE</u>
7. TASC Relationship with Clients	7-1
8. Cost Analysis	8-1
- Cost Effectiveness	8-1
- Cost Comparison	8-10
- Cost Benefit	8-12
9. Current and Projected Information Management	9-1

LIST OF TABLES

TABLES

	<u>PAGE</u>
3-1 Summary Client Flow, Nassau County TASC, August 1, 1978-July 31, 1979	3-2
3-2 Reason for 116 TASC Discharges	3-4
3-3 Client Characteristics, Entered Treatment vs. Front-End Losses	3-7
3-4 Client Characteristics, Active in Treatment vs. Back-End Losses	3-15
8-1 Total Service Minutes Across Month of TASC Participation by Different Units	8-4
8-2 Process Unit Costs, Nassau County TASC, versus Seven "Newer" TASC Programs from the National TASC Evaluation	8-11

CHAPTER 1

INTRODUCTION AND SUMMARY OF FINDINGS

AND RECOMMENDATIONS

This report presents the findings of the ECTA Corporation's external evaluation of the first grant period of the Nassau County Treatment Alternatives to Street Crime (TASC) program. Nassau County TASC is one of more than forty TASC programs that are funded by the United States Department of Justice, Law Enforcement Assistance Administration, to provide linkages between criminal justice systems and drug treatment agencies. The Nassau program follows a conventional pretrial intervention model, being composed of the following functional units:

1. Screen and Court Liaison Unit (SCLU), which is responsible for notifying prospective clients (and their attorneys) of the availability of TASC services, interviewing prospective clients (including pretrial incarcerants) to determine if they satisfy drug abuse and criminal history criteria, referring eligible individuals to the Diagnostic Unit for a more detailed evaluation and referral to treatment, presenting petitions in court on behalf of TASC applicants, and providing the court with any informa-

tion that may be requested concerning the status of TASC clients in treatment.

2. Diagnostic Unit, which is responsible for conducting needs assessments for those individuals identified by the SCLU as eligible for TASC, writing up detailed psychosocial histories and referring prospective clients to outside agencies for extended diagnosis where appropriate, selecting appropriate treatment modalities for all clients found acceptable for TASC services, referring clients to selected facilities after consultation with the facilities' intake coordinators, and notifying the Tracking Unit of each referral.
3. Tracking Unit, which is responsible for escorting referred TASC clients to their initial treatment visits, monitoring the progress of TASC clients in treatment through regular meetings with clients and case conferences with treatment counselors, preparing regular status reports for the court, notifying the Diagnostic Unit of any change in client status, maintaining progress notes on all clients in treatment, and

participating in the decision as to whether or not to terminate clients.

4. Administrative Unit, which is responsible for coordinating the activities of the other three units, attending to all aspects of fiscal management, promulgating TASC operating procedures, ensuring quality control, meeting reporting requirements, and working toward the institutionalization of TASC.

Because the TASC/treatment process is normally a protracted one (particularly in cases of successful completion of treatment), outcome data for the first year of operations are limited and, in any event, do not accurately reflect client outcome on a proportionate basis. The main emphasis of a first year evaluation, therefore, must be on the development of effective and efficient program process. Outcome statements that did emerge (for example, findings with regard to cost effectiveness) are included, all properly qualified.

As a result of their activities and data analyses, the evaluators have concluded the following:

- In its first year, Nassau County TASC has admitted 397 clients and has an end of the year client census of 281. These figures exceed those for median admissions and median end of year active census among the seven newest programs in the National TASC Evaluation and approach the high end of the range in both cases.

- Nassau TASC has succeeded in intersecting with, and referring to treatment, individuals with serious drug involvement. The client population is characterized by hard-core drug abuse (that is, use of primary drug at least once per day) rather than experimentation.

- Nassau TASC is one of only a few TASC programs to focus on individuals whose primary drug of abuse is alcohol. This effort has been successful, resulting in nearly six of every ten clients referred to treatment being a primary alcohol abuser.

- TASC has succeeded in intersecting with, and referring to treatment, individuals with serious criminal justice involvement. Over 60% of clients referred to treatment were currently charged with felonies, and over 40% of referred clients had been previously convicted of at least a D felony.

- Nassau TASC deals with a higher percentage of clients below the age of 18 than does any TASC program included in the national evaluation, and a higher percentage of clients aged 31 or over than do all but three of these programs. Nassau TASC clients tend to be male and white, with higher percentages being employed, high school educated, and earning at least \$5,000 per annum than were found in other TASC programs.

- Individuals who are screened out prior to being referred to treatment fall into categories found to be screened out in other TASC programs as well. Nassau TASC's figures in this area are not unreasonable, particularly in view of CJS resistance to TASC early in the first year. The evaluators expect second year figures to improve substantially.

- Nassau TASC is succeeding, to some extent, in keeping the serious offender in treatment. Losses from treatment may reflect a significant number of early CJS denials of individuals who had been in treatment while awaiting case disposition. Before TASC institutes any policy or procedural changes aimed at reducing treatment losses, the proportion of these losses that actually resulted from CJS denials would have to be

accurately assessed. Increased CJS receptivity to TASC should mean fewer CJS denials of clients in treatment during the second year.

- Administratively, TASC is organized within two separate umbrella agencies. For much of the first year of operations, TASC faced serious operational difficulties resulting from ambiguous lines of authority, as well as from the active involvement of both umbrella agencies in TASC's day-to-day functioning. Through reorganization and accommodation, these problems have abated considerably.

- Much of Nassau TASC's quality control centers around the maintenance of an outstanding working relationship with the criminal justice system. In this regard, TASC has been willing to retrace to the CJS again and again to iron out any actual or potential trouble spots. TASC has also demonstrated considerable initiative in instituting quality control procedures with regard to treatment (by assigning trackers on the basis of treatment facility rather than client) and information management.

- Based on its first year operations, Nassau TASC's prospects for institutionalization should be better than for most TASC programs. During the second year, this issue will be accorded high priority, and particularly the questions of which umbrella agency to go under and whether specific legislative initiatives are feasible.

- Through continuous efforts, TASC has earned genuine respect from its criminal justice system. TASC is particularly admired for its client accountability, its diagnostic work, and its dedicated staff.

- Nassau County TASC began as a strict felony diversion project. After early census problems, the evaluators recommended that TASC expand into other areas of the CJS. The expansion was successful and Nassau TASC developed several new sources of referrals. In addition, the felony diversion pathway greatly exceeded the evaluators' expectations as to its yield. TASC has overcome both prosecutor and probation resistance and is working smoothly with the entire justice system.

- TASC is well regarded by the treatment programs in Nassau County. The TASC diagnostic information is helpful and referrals are generally appropriate. TASC

trackers visit the programs regularly and have developed a good rapport with program counselors and administrators.

- The treatment community views the TASC concept as the most effective mechanism for gaining and maintaining clients that are CJS involved. Previous linkages with the CJS have never achieved these positive results.

- Most TASC clients interviewed felt that they would have been incarcerated if TASC had not intervened in their court cases. Clients also thought that they would not have become involved in treatment but for their involvement with TASC.

- Several TASC clients appeared to be confused about the CJS and treatment obligations that attach to TASC acceptance. The evaluators recommended that TASC carefully reassess its methods of dispersing information and its explanations of the conditions of TASC involvement.

- The evaluators' process transaction audit found that a client who remains in TASC for six months will receive approximately fifteen hours of service provided by TASC, four of which will be in personal interaction. For one year with TASC, a client will receive twenty-eight

hours of service, including five and one-half hours of personal interaction. These personal interaction levels are generally high in comparison with those of other TASC programs.

- Nassau County TASC has already achieved cost effectiveness. It cannot absorb too much more growth and still maintain high levels of field interaction with clients.

- Operational expenditures associated with the Screening Unit are quite reasonable, and they are substantially less than screening costs for either of two other TASC programs that underwent similar analysis.

- Nassau TASC's Diagnostic Unit is operating within a cost effective range, but it can absorb an increase of 20% to 30% more clients each month.

- Tracking Unit expenditures are extremely reasonable, which suggests that Tracking will not be able to absorb significantly more clients without a reduction in services or a serious staff overload.

- The proportion of TASC's total expenditures taken up by administrative costs almost duplicates the median expenditures from the national evaluation. These costs

should decrease once TASC is institutionalized.

- As an agency, Nassau County TASC expends \$24.00 per service hour, which is below the standard Medical Assistance reimbursed rate.
- Nassau TASC's process unit costs compare favorably with those of the seven "newer" programs from the national TASC evaluation.
- Nassau TASC provides an annual cost benefit of \$958,060 in reduced jail and court costs alone. Other savings that are more difficult to quantify (for example, savings to society associated with less drug abuse, reduced criminal activity, and increased productivity in education and employment) make TASC's total cost benefits substantially greater than this. As TASC's client census continues to grow, its cost benefit will increase proportionately.
- After experiencing early information management problems that are typical for first year TASC programs, Nassau TASC followed the evaluators' recommendations and succeeded in setting up an efficient client filing system. However, a dramatic increase in client volume and failure to use the log book spread sheets for in-house reports resulted

in a lapse in transcribing client data in the log books. The evaluators recommend that TASC keep the log sheets updated and that it use them to generate in-house reports.

In general terms, Nassau TASC can best be described as a "turnaround" program. During the first several site visits, the evaluators expressed concern over what they felt were serious managerial and operational problems that threatened to cause irreversible damage to the program if not quickly resolved. Following program reorganization, these problems were indeed resolved. Through administrative initiative, TASC succeeded in substantially reducing probation's resistance and resentment, as well as the prosecutor's hostility to TASC; minimizing administrative confusion, and establishing a physical separateness from its umbrella agencies that has had a positive impact on program operations and staff morale; adding new referral pathways and improving its pre-existing service delivery configuration; and establishing a viable, growing program that compares favorably with other TASC programs in terms of the quality and quantity of services delivered.

The evaluators are pleased to admit that they were proven wrong in their initial low prognosis for Nassau County TASC. If there is a single major contributing factor in this

CHAPTER 2

THE EVALUATION PLAN AND EVALUATORS' ACTIVITIES

complete turnaround, it may well be TASC's willingness to return to the CJS again and again to establish new relationships and to solidify those relationships that have already been established. During the second grant year, the evaluators propose to carefully consider the practical implications of these efforts in TASC's quest for institutionalization, and to assist TASC in developing workable strategies toward this end. One product of the second year evaluation will be a series of impact statements aimed at specific audiences within the CJS and drug treatment network.

In the chapters that follow, the findings and conclusions enumerated above are amplified. The next chapter describes the activities of the evaluators throughout the evaluation period.

The ECTA Corporation began its evaluation of the Nassau County TASC Program in September, 1978. The evaluators' initial visit to Nassau County was primarily for orientation. The evaluators described the evaluation activities that were projected for the coming months. The administrative staff of Nassau TASC updated the evaluators on their progress thus far and presented an overview of the jurisdiction in which they were working.

During this first site visit, the evaluators also observed each of the TASC functional units. This included:

- observing screening in the courtroom;
- observing screening in the bull pen;
- visiting the diagnostic unit at the court outpost;
- watching a client interview at Nassau County Jail;
- visiting the tracking headquarters then in Port Washington;
- accompanying a tracker escorting a client to a treatment facility (Topic House) and observing the client orientation; and
- viewing a case conference at a treatment agency (Nassau County Medical Center).

The evaluators also thoroughly reviewed the TASC administrative files and client case files during the first visit. This is

always a priority activity as many new TASC programs encounter great difficulties with information management.

Through observations of the TASC units and file review, the evaluators were able to identify problems that were potential obstacles to TASC performance. The early identification of these difficulties was an important part of their resolution. The first problem of low client census is frequently found. The evaluators, however, considered this a significant issue for Nassau TASC because of its focus on alcohol-abusing clients and because of its exclusive efforts for felony diversion clients. The evaluators recommended that TASC expand to other types of clients also and that TASC pursue other sources of referrals. The evaluators interviewed a district court judge, too, regarding increasing TASC involvement in the CJS handling of drug-involved offenders.

The second problem that the evaluators focused on was TASC's information management. Nassau TASC admitted difficulties in this area, as most new TASC projects do. The evaluators prepared a report for TASC on information management and utilization of forms. Afterwards, the evaluators collaborated with TASC in the development of case management forms and procedures, focusing on:

- process-oriented client monitoring;
- data dictionary and master file definition;
- quality control;
- abridgment of current client data forms; and,

- design of summary forms.

During the next few site visits to Nassau County, the evaluators reviewed the new TASC information management system to assure that it was progressing properly.

The third initial concern that the evaluators had about Nassau TASC was its administrative structure. Most TASC programs have an umbrella agency but, Nassau TASC had several umbrellas, with significant investment in TASC activities by each one of them. The evaluators were concerned that this might affect TASC's flexibility and, therefore, met periodically with TASC administrators to monitor this. The evaluators also met with the TASC administration to discuss the changes in personnel and office location that occurred during the evaluation period.

The evaluators devoted considerable evaluation time to investigating the relationships that this TASC project had formed with its various audiences - the criminal justice system, the treatment community, and the TASC clients.

The evaluators interviewed the following Nassau County CJS participants:

- Judges
- Prosecutors
- Defense Attorneys
 - Legal Aid
 - Private Defense Bar

- CJCC - Criminal Justice Coordinating Council
- Probation
- Parole
- Police
- Sheriff

Interviews were conducted with treatment staff and administrators from the following facilities:

- Port Alert
- Family Consultation Center
- North Shore Medical Center
- OPTS - Alcohol
- OPTS - Drug
- Family Counseling - Alcohol
- Recovery House
- Plainview Rehabilitation - Alcohol
- Topic House

The evaluators also spoke with several TASC clients that were residents at Topic House.

The data acquisition instruments that were utilized during interviews are as follows:

CJS

Areas Covered:

- How would the individual characterize TASC's role within the CJS?
- How extensive is the individual's contact with TASC? Is it sufficient? appropriate?
- Quality indicators:
 - a. Valuable/vital: how important a role does TASC play in the CJS processing of drug-related cases? What would the CJS do in the absence of TASC?
 - b. Accountability: is TASC able to provide the CJS with up-to-date information regarding its clients?
 - c. Dependable: is client information provided on a timely basis? Does TASC "get involved" in a case when it's supposed to?
 - d. Flexibility: how has TASC changed in its relationship with the CJS? Have there been any TASC milestones in this regard?
 - e. Professionalism: how would the individual compare TASC personnel with other CJS-involved drug treatment personnel (past and present) in terms of skills, attitude, and knowledge? Are they a respected part of the CJS environment?
 - f. Attitude Toward Clients: How would the individual characterize the interactions between TASC and its clients? From a CJS standpoint, would an alternative posture be preferable?
 - g. Honesty: when a client is failing in treatment, does TASC present the CJS with timely reports to this effect?
 - h. Innovative: has TASC attempted to institute changes in the CJS handling of drug-related cases?
 - i. Educators: has TASC provided the CJS with a better understanding of drug treatment modalities? How important is this effort?
 - j. Knowledge: do TASC personnel seem to have a clear understanding of the CJS?
 - k. Above and Beyond the Call of Duty: how willing are TASC personnel to provide additional information or perform additional activities upon the request of CJS personnel? Do TASC personnel seem constrained within their job descriptions?
- What percentage of TASC clients would have gone to jail without TASC as opposed to those who would have gotten probation? What percentage had their pretrial detention time reduced because of TASC? (These estimates to be used in Chapter 8 - Cost Analysis).

TREATMENT PERSONNEL

Areas Covered:

- How appropriate are TASC referrals?
- How complete is client referral information? How useful?
- How formal are TASC/treatment service agreements? How closely are they adhered to?
- Are TASC client progress criteria in concordance with the realities of client treatment? Are they acceptable to the treatment program?
- Is TASC there when needed?
- How often do TASC personnel come in contact with the treatment program? (Is frequency of contact too high or too low? Are contacts appropriate or are they "out of context?")
- What is their understanding of the criteria used by TASC to select a treatment program for a particular client? Are they in agreement with these criteria?
- How would they characterize TASC clients? Do TASC clients differ significantly from clients in their programs referred from other sources? If so, in what ways?
- What procedures are followed for TASC clients "in trouble?" Are there other procedures that would be more appropriate from the standpoint of the program? of the client?
- Has TASC had any effect upon the way that clients are handled in treatment programs? If so, what is the nature of the effect?
- Quality indicators:
 - a. Valuable/vital: how important is TASC to the treatment community in terms of success rates and survival?
 - b. Accountability: how closely does TASC monitor the progress of each of its clients in treatment?
 - c. Dependability: does TASC show up when scheduled?
 - d. Flexibility: has TASC been willing to accommodate the particular needs of individual treatment programs?
 - e. Professionalism: how professional are TASC personnel in their interactions with treatment personnel and clients in treatment?
 - f. Attitude Toward Clients: how would treatment personnel characterize the attitude of TASC toward its clients? On what basis is this assessment made?
 - g. Innovative: has TASC attempted to institute changes in the drug treatment system?
 - h. Educators: to what extent has TASC educated the drug treatment system to the workings of the CJS?

- i. Knowledge: how thorough is TASC's understanding of the drug treatment program and of drug abuse in general?
 - j. Above and Beyond the Call of Duty: have TASC personnel been willing to get involved with the treatment needs of non-TASC individuals when called upon to do so on an ad hoc basis? Have they been willing to make extra trips to the treatment program when necessary?
- How is the treatment program's role with regard to each client distinguished from TASC's role?
 - What information does TASC provide to the treatment program at the time of referral? How valuable is this information?

TASC CLIENTS

Areas Covered:

- Why did the client become involved with TASC?
- How well does the client understand his obligations to TASC? How well were they explained to him?
- If the individual has not yet been referred to treatment, what are his expectations regarding treatment?
- If the individual is currently in jail, what does he think went wrong?
- Quality indicators:
 - a. Valuable/vital: how does the client perceive TASC's value with regard to his own case?
 - b. Dependability: did TASC show up for court when they were supposed to? to treatment?
 - c. Attitude Toward Clients: how would the client characterize his interactions with TASC? Does he feel that he was treated with respect?
 - d. Honesty: did TASC fully explain to the client what was expected of him? In the case of a treatment failure, does the individual feel that he had been misled as to his obligations?
 - e. Knowledge: does the client feel that the TASC personnel with whom he came in contact knew what they were talking about? Did they seem to understand his own circumstances and needs?

- f. Above and Beyond the Call of Duty: Does the client feel that TASC has gone the "extra mile" for him? Have they been willing to comply with requests that are not directly related to his case?

All audiences were polled concerning the following:

- What is "new" about TASC?
- What probability of success is embodied in the TASC concept?
- Does TASC seem to have been effective in reducing drug abuse and the criminality associated with drug abuse?
- If you knew someone who was drug-involved and who had been arrested, would you recommend TASC to him?
- Does designation as a TASC client improve the individual's chances for a favorable CJS disposition?

While on-site at Nassau County TASC, the evaluators performed a transactional analysis. A forty case sample was selected, stratified as follows:

- 5 cases terminated by the Screening Unit;
- 5 cases terminated by the Diagnostic Unit;
- 15 cases terminated by the Tracking Unit;
- 15 cases that were active as of the date of data collection, most of which had been active for at least six months.

The following information was logged from the files of the selected cases by the evaluators:

- TASC #
- Client Status (if terminated, by which unit? successful or unsuccessful?)
- For each activity:
 - Date of activity
 - Nature of activity (including whether a personal interaction or case management activity)
 - TASC personnel involved

The TASC staff then reviewed the activities and estimated the time spent on each activity and the amortized transportation time. The transactional analysis formed the basis for the evaluators' cost analysis. This analysis computes TASC's cost effectiveness and cost benefit and compares the costs to similar agencies. The results of the analysis are explained

in Chapter 8.

The evaluator also devoted time on-site in Nassau County to collecting client process, outcome, and demographic (including drug use and criminal history) data from TASC spread sheets. The evaluators were able to collect demographic information for virtually all of the TASC clients referred through May 15th. Unfortunately, increased client census coupled with limited manpower resources prevented the regular updating and maintenance of spread sheets by Nassau County TASC personnel. As a result, the evaluators were not able to collect process and outcome data on every client referred through May 15th - the original plan. The evaluators, however, did get the process/outcome data for 250 TASC clients.

From the information collected from the TASC spread sheets, the evaluators designed a Nassau County TASC Client Database. The database contains 100% of the demographics of the clients and process and outcome data for nearly half of the clients. The evaluators performed a number of analyses with this information. The findings are presented in Chapter 3.

Demographic Information Coded:

TASC #	# prior convictions
Entry status	Most serious conviction
Referral source	Prior incarceration
Referral pathway	Primary drug/frequency
Date of birth	Secondary drug/frequency

Sex	Opiate use
Ethnic group	Alcohol only
Current charge(s)	Prior treatment
# of pending charges	Education
CJS status/locale	Employment
# of prior arrests	Income
Age at first arrest	Marital status

Process/Outcome Information Coded:

TASC #	Location (if screening)
Activity type	Result
Date of activity	Facility # (where applicable)
TASC personnel involved	Facility type (where applicable)

Nassau TASC administration expressed an interest in exploring the possibility of increased legislative activity as part of TASC's institutionalization strategy. Other TASC programs have taken this route, including Cook County TASC and Cincinnati TASC, which are now designated by statute as the agency to handle all court-ordered evaluations of possibly drug-involved defendants in Illinois and Ohio. To assist Nassau County TASC in this effort, the evaluators obtained for TASC administration copies of the following materials:

- Section 91½ of the Illinois Dangerous Drug Act (described above)
- House Bill 300 (now incorporated in the Ohio Criminal Code)
- A copy of the administrative procedures that Milwaukee TASC has developed for handling marijuana arrests.

CHAPTER 3

TASC CLIENT FLOW, CHARACTERISTICS, AND OUTCOMES

Summary Client Flow

Table 3-1 summarizes client flow for Nassau County TASC for the period August 1, 1978 through July 31, 1979. Although several clients were contacted and admitted prior to August 1, 1978, these clients are counted within the August total.

Client contacts include all persons contacted by the SCLU Unit that did not result in a screening form being completed. Either there was insufficient time to complete screening or, more likely, there were early indications that the client was ineligible and screening was discontinued.

Other contacts range from providing an attorney with a TASC card or a letter explaining TASC services to detailed presentations of TASC services for CJS representatives or the prospective client's family or friends.

Subtracting clients screened out from clients fully screened leaves over 700 clients who might have been diagnosed. While some were still pending, there were a number of clients "screened in" who never made it to diagnosis. One goal for the diagnostic unit might be to try to increase the proportion of "screened in" clients being diagnosed.

The difference between clients diagnosed and clients admitted to treatment (tracking admissions) is much smaller

TABLE 3-1
SUMMARY CLIENT FLOW
NASSAU COUNTY TASC
AUGUST 1, 1978 - JULY 31, 1979

<u>Month</u>	<u>Client Contacts</u>	<u>Other Contacts</u>	<u>Clients Fully Screened</u>	<u>Clients Screened Out</u>	<u>Diagnoses</u>	<u>Tracking Admissions</u>	<u>Tracking Discharges</u>	<u>End of Month Census</u>
August	105	1075	34	5	33	16	4	12
September	50	695	19	2	20	16	2	26
October	100	500	50	9	23	13	9	30
November	45	155	33	3	44	35	2	63
December	60	170	46	5	36	25	8	80
January	250	435	83	33	44	45	10	115
February	275	4325	118	15	46	27	6	136
March	70	430	148	26	50	65	10	191
April	250	175	121	19	47	47	3	235
May	300	500	77	30	55	40	9	266
June	108	342	108	59	41	39	26	279
July	102	340	102	20	28	29	27	281
TOTAL	1715	9142	939	226	467	397	116	---

and mostly accounted for by clients who begin but do not finish diagnosis, or are incarcerated, or are diagnosed as not ready for TASC services.

Tracking admissions can be equated with TASC admissions in other TASC programs. That TASC has admitted 397 clients in its first year and has an end of year census of 281 is exemplary. Among the seven newest programs in the National Evaluation (with only one "in business" as long as 23 months), median admissions equal 287 (range 112-425) and median end of year active census equals 201 (range 101-370). In both cases, Nassau TASC exceeds the median and approaches the high end of the range. In addition, several of the other programs use a more "liberal" method of counting TASC clients.

In addition, Nassau TASC census reflects several slow months in the beginning, implying that next year's summary flow will be greater still.

Table 3-2 breaks down the reasons for each of the 116 TASC discharges. While the rearrest rate is low when compared to other TASC programs, the remaining picture is similar: during the first year there are few successes, with the remainder of the discharges split between failures and persons not granted TASC because it was viewed as too severe or too lenient.

In sum, Nassau TASC has been able to bring substantial numbers of clients into treatment. While admissions and active

TABLE 3-2
REASON FOR 116 TASC DISCHARGES

<u>Reason for Discharge</u>	<u># of Discharges</u>
Success	9
Failure	55
Failed in Treatment	(42)
Rearrest	(3)
Failed to Appear at Court	(1)
Declined TASC/Refused Treatment	(9)
Neutral	52
Judge/DA Opposed	(14)
Sentenced to Probation without TASC	(10)
Incarcerated	(15)
Pled to a Lesser Charge	(6)
Completed Parole	(2)
Case Dismissed	(3)
Too Extensive Psychological Problems	(1)
Died	(1)

census are high when compared with other TASC programs, the discharge profile is consistent with other TASC agencies.

- Characteristics of TASC Clients and Characteristics of Front-End and Back-End Losses

Whereas Nassau County TASC has succeeded in intersecting with, and referring to treatment, a substantial client population, the question must still be asked: Do these clients represent the types of individuals for which TASC services were intended? Specifically,

- Does TASC admit clients who are seriously impaired by substance abuse?
- Does TASC admit clients who have serious criminal justice involvement?

Unless both questions can be answered in the affirmative, the program under consideration is not truly functioning as a TASC program.

ECTA loaded data for 480 screened individuals into its database to determine the characteristics of three client categories:

1. clients entering treatment
2. front-end losses, defined as individuals who are screened out prior to referral to treatment (because they failed to show up for the diagnostic interview,

were turned down by the D.A., etc.)

3. back-end losses, defined as individuals who failed while in treatment or who were turned down by the CJS after having been in treatment for a period of time. This category does not include treatment successes, of which there were two as of May 31, 1979.

Unfortunately, a number of factors combined to prevent TASC from keeping its log books properly updated (see Chapter 9), resulting in there being available to the evaluators good process data on only the first 250 TASC referrals as of May 31, 1979. The client status of this population (on which this section's analyses are based) is as follows:

Currently in Treatment	37.1%
Never Entered Treatment (Front-End Losses)	33.9%
Treatment Discharges (Back-End Losses)	29.0%

A. Referrals to Treatment and Front-End Losses

Table 3-3 summarizes client characteristics for individuals entering treatment and for individuals screened out prior to

TABLE 3-3

CLIENT CHARACTERISTICS

ENTERED TREATMENT vs. FRONT-END LOSSES (in percent)

(N=248)	<u>Entered Treatment</u>	<u>Front-End Losses</u>
<u>Referral Source</u>		
Attorney	78.0	80.3
Drug Program	2.0	0.0
Friend	1.3	0.0
Judge	6.7	7.9
Parole Officer	0.7	0.0
Relative	0.7	0.0
Self	0.7	1.3
Other	10.0	10.5
<u>Referral Pathway</u>		
Parole	0.6	0.0
Pretrial	99.4	100.0
<u>Age</u>		
16-17	8.7	3.6
18-21	29.8	21.4
22-25	21.1	33.3
26-30	18.0	23.8
31-40	10.6	10.7
41+	11.8	7.1
<u>Sex</u>		
Female	9.9	10.7
Male	90.1	89.3
<u>Race</u>		
Asian	0.0	1.2
Black	21.0	33.3
Hispanic	1.2	6.0
White	77.8	59.5
<u>Level of Education</u>		
16+ Years	2.3	2.5
4 Years College	2.3	0.0
1-3 Years College	16.0	17.5
HS/GED	35.9	35.0
10-11 Years	27.5	25.0
7-9 Years	15.3	15.0
Less than 7 Years	0.8	5.0
<u>Employment Status</u>		
Full Time	47.7	30.2
Part Time	7.9	4.7
Unemployed	44.4	65.1

TABLE 3-3 Continued

	<u>Entered Treatment</u>	<u>Front-End Losses</u>
<u>Total Annual Income</u>		
\$20,000+	3.0	0.0
\$10,000 - \$19,999	17.9	10.5
\$ 5,000 - \$ 9,999	33.6	21.1
Less than \$ 5,000	45.5	68.4
<u>Marital Status</u>		
Annulled	0.6	0.0
Common-Law	2.6	0.0
Divorced	5.8	2.3
Married	9.7	9.3
Separated	9.7	18.6
Single	71.0	69.8
Widowed	0.6	0.0
<u>Most Serious Current Charge</u>		
A Felony	0.6	1.2
B Felony	2.5	3.6
C Felony	5.7	7.1
D Felony	44.6	53.6
E Felony	7.6	9.5
Felony-Unknown Degree	0.6	0.0
A Misdemeanor	29.9	20.2
B Misdemeanor	4.5	1.2
Misdemeanor-Unknown Degree	0.6	1.2
V + T Misdemeanor	0.6	2.4
Violation	2.5	0.0
<u>Total Prior Arrests</u>		
4+	33.1	50.0
1-3	46.9	37.2
0	20.0	12.8
<u>Level of Most Serious Prior Conviction</u>		
C Felony	5.7	0.0
D Felony	37.7	53.3
E Felony	7.5	20.0
Felony-Unknown Degree	1.9	0.0
A Misdemeanor	26.4	23.3
B Misdemeanor	3.8	3.3
Misdemeanor-Unknown Degree	3.8	0.0
V + T Misdemeanor	11.3	0.0
Violation	1.9	0.0
<u>Prior Incarceration</u>		
Yes	45.3	67.5
No	54.7	32.5

TABLE 3-3 Continued

	<u>Entered Treatment</u>	<u>Front-End Losses</u>
<u>Primary Drug of Abuse</u>		
Alcohol	57.3	44.4
Amphetamines	1.3	2.5
Barbiturates	6.4	2.5
Cocaine	1.9	4.9
Heroin	14.0	33.3
Marijuana/Hashish	10.8	3.7
Non-Rx Methadone	1.9	1.2
Other Opiate/Synthetic	0.6	1.2
Polydrug (No Major Drug)	3.8	4.9
Tranquilizers	1.9	1.2
<u>Frequency of Use - Primary Drug</u>		
Several Times/Day	30.1	21.1
Once/Day	38.4	51.3
Several Times/Week	26.0	22.4
Once/Week	2.7	0.0
Less than Once/Week	0.7	2.6
Never	2.1	2.6
<u>Secondary Drug of Abuse</u>		
Alcohol	20.0	16.7
Amphetamines	5.0	3.3
Barbiturates	9.0	6.7
Cocaine	10.0	18.3
Hallucinogens	2.0	1.7
Heroin	2.0	6.7
Marijuana/Hashish	35.0	26.7
Non-Rx Methadone	3.0	5.0
Other Opiate/Synthetic	0.0	1.7
Other Sedative/Hypnotic	1.0	0.0
Polydrug (No Major Drug)	10.0	10.0
Tranquilizers	3.0	3.3
<u>Frequency of Use - Secondary Drug</u>		
Several Times/Day	8.3	7.9
Once/Day	18.5	28.6
Several Times/Week	29.6	27.0
Once/Week	13.0	9.5
Less than Once/Week	13.9	9.5
Less than Once/Month	0.9	0.0
Never	15.7	17.5
<u>Current or Prior Opiate Use</u>		
Yes	28.2	55.6
No	71.8	44.4

TABLE 3-3 Continued

	<u>Entered Treatment</u>	<u>Front-End Losses</u>
<u>Alcohol Use Only</u>		
Yes	30.2	22.0
No	69.8	78.0
<u>Prior Treatment</u>		
Yes	56.9	64.2
No	43.1	35.8

referral to treatment. The following findings in each of the three major categories of client variables are worth noting:

1. Demographic

Nassau County TASC deals with a higher percentage of clients below the age of 18 than does any TASC program studied in the national evaluation. In addition, Nassau TASC has a higher percentage of clients aged 31 or over than do all but three of the programs in the national sample. The Nassau client population is heavily male (a higher percentage than all but one program in the national sample) and predominantly white. Over one-half of the clients are employed full- or part-time (an unusually high proportion), with nearly the same percentage having a total yearly income of at least \$5,000. High school graduates (including GED's) comprise a somewhat higher proportion of Nassau TASC than was found in other TASC programs evaluated by ECTA.

Individuals with a greater than expected probability of being screened out prior to referral to treatment are blacks, the unemployed, and individuals with incomes below \$5,000. However, it should be noted that these findings are not unusual and most likely represent a bias built into the system rather than any formal TASC policy or lack of sensitivity on the part of TASC screeners.

2. Criminal Justice Involvement

The evaluators found that the Nassau County TASC client population includes a substantial number of serious offenders. In 44.6% of the Nassau sample, the most serious current charge was a D felony (this would include certain categories of robbery, burglary, assault, forgery, larceny, and possession of dangerous drugs). Over 60% of all clients were currently charged with felonies. Over four out of ten clients had been previously convicted of at least a D felony, and nearly one-half of referred clients had been previously incarcerated.

A study of the front-end losses in this category indicates that TASC is succeeding to some extent in referring the serious offender to treatment. Although felony charges make up 60% of cases referred to treatment and 75% of the front-end losses, this finding is not uncommon and certainly not unexpected. Other noticeable front-end losses are found among individuals with four or more arrests, a prior felony conviction, or a prior incarceration. Again, these findings are not uncommon, and the increments involved are not substantial given the size of the sample. It should be noted that these cases included a fairly high number of D.A. refusals early in the year. During the latter part of the evaluation period these refusals did decrease dramatically. The second year evaluation will seek to measure the extent to which these refusals have declined, and the resulting impact on front-end losses.

3. Drug Involvement

The alcohol focus of Nassau County TASC is clearly illustrated in Table 3-3. Nearly six out of ten

clients named alcohol as their primary drug of abuse, and one out of five clients secondarily abused it. In terms of the seriousness of clients' drug problems (i.e., are they abusers or only experimenters and casual users?), nearly seven out of ten clients used their primary drugs of abuse at least once per day, and over half of all clients entering treatment had been in treatment at least once before. It should be noted that primary abuse of marijuana/hashish is found in only 10.8% of referred TASC cases, as opposed to the 14.0% figure found for primary abuse of heroin.

As expected, front-end losses include a disproportionately high percentage of heroin users (both primary and any current or prior abuse). Worthy of note is the success that Nassau TASC has had in getting alcohol clients into treatment.

B. Back-End Losses

Table 3-4 compares the characteristics of TASC clients active in treatment as of May 31, 1979 with those of clients who either had failed while in treatment or had been denied a TASC

TABLE 3-4

CLIENT CHARACTERISTICSACTIVE IN TREATMENT vs. BACK-END LOSSES (in percent)

(N=164)	<u>Active in Treatment</u>	<u>Back-End Losses</u>
<u>Referral Source</u>		
Attorney	82.9	72.1
Drug Program	1.2	2.9
Friend	0.0	2.9
Judge	4.9	8.8
Parole Officer	1.2	0.0
Relative	1.2	0.0
Self	1.2	0.0
Other	7.3	13.2
<u>Referral Pathway</u>		
Parole	1.1	0.0
Pretrial	98.9	100.0
<u>Age</u>		
16-17	10.0	7.0
18-21	34.4	23.9
22-25	18.9	23.9
26-30	13.3	23.9
31-40	10.0	11.3
41+	13.3	9.9
<u>Sex</u>		
Female	11.0	8.5
Male	89.0	91.5
<u>Race</u>		
Black	14.3	29.6
Hispanic	0.0	2.8
White	85.7	67.6
<u>Level Of Education</u>		
16+ Years	2.8	1.6
4 Years College	1.4	3.3
1-3 Years College	16.9	15.0
HS/GED	38.0	33.3
10-11 Years	25.4	30.0
7-9 Years	15.5	15.0
Less than 7 Years	0.0	1.7
<u>Employment Status</u>		
Full Time	43.9	52.2
Part Time	8.5	7.2
Unemployed	47.6	40.6

TABLE 3-4 Continued

	<u>Active in Treatment</u>	<u>Back-End Losses</u>
<u>Total Annual Income</u>		
\$20,000	4.1	1.6
\$10,000 - \$19,999	17.8	18.0
\$ 5,000 - \$ 9,999	37.0	29.5
Less than \$ 5,000	41.1	50.8
<u>Marital Status</u>		
Annulled	0.0	1.4
Common-Law	2.3	2.9
Divorced	4.7	7.2
Married	8.1	11.6
Separated	11.6	7.2
Single	73.3	68.1
Widowed	0.0	1.4
<u>Most Serious Current Charge</u>		
A Felony	1.1	0.0
B Felony	1.1	4.3
C Felony	5.7	5.7
D Felony	44.8	44.3
E Felony	4.6	11.4
Felony-Unknown Degree	1.1	0.0
A Misdemeanor	33.3	25.7
B Misdemeanor	5.7	2.9
Misdemeanor-Unknown Degree	1.1	0.0
V + T Misdemeanor	0.0	1.4
Violation	1.1	4.3
<u>Total Prior Arrests</u>		
4+	27.8	40.0
1-3	52.2	40.0
0	20.0	20.0
<u>Level of Most Serious Prior Conviction</u>		
C Felony	11.5	0.0
D Felony	23.1	51.9
E Felony	15.4	0.0
Felony-Unknown Degree	0.0	3.7
A Misdemeanor	34.6	18.5
B Misdemeanor	0.0	7.4
Misdemeanor-Unknown Degree	7.7	0.0
V + T Misdemeanor	7.7	14.8
Violation	0.0	3.7
<u>Prior Incarceration</u>		
Yes	46.1	44.3
No	53.9	55.7

TABLE 3-4 Continued

	<u>Active in Treatment</u>	<u>Back-End Losses</u>
<u>Primary Drug of Abuse</u>		
Alcohol	59.8	54.3
Amphetamines	1.1	1.4
Barbiturates	8.0	4.3
Cocaine	1.1	2.9
Heroin	13.8	14.3
Marijuana/Hashish	6.9	15.7
Non-Rx Methadone	1.1	2.9
Other Opiate/Synthetic	1.1	0.0
Polydrug (No Major Drug)	5.7	1.4
Tranquilizers	1.1	2.9
<u>Frequency of Use - Primary Drug</u>		
Several Times/Day	16.7	45.6
Once/Day	44.9	30.9
Several Times/Week	30.8	20.6
Once/Week	2.6	2.9
Less than Once/Week	1.3	0.0
Never	3.8	0.0
<u>Secondary Drug of Abuse</u>		
Alcohol	17.0	23.4
Amphetamines	3.8	6.4
Barbiturates	9.4	8.5
Cocaine	7.5	12.8
Hallucinogens	3.8	0.0
Heroin	1.9	2.1
Marijuana/Hashish	37.7	31.9
Non-Rx Methadone	5.7	0.0
Other Sedative/Hypnotic	1.9	0.0
Polydrug (No Major Drug)	11.3	8.5
Tranquilizers	0.0	6.4
<u>Frequency of Use - Secondary Drug</u>		
Several Times/Day	8.3	8.3
Once/Day	15.0	22.9
Several Times/Week	28.3	31.3
Once/Week	10.0	16.7
Less than Once/Week	18.3	8.3
Less than Once/Month	1.7	0.0
Never	18.3	12.5
<u>Current or Prior Opiate Use</u>		
Yes	29.1	27.1
No	70.9	72.9

TABLE 3-4 Continued

	<u>Active in Treatment</u>	<u>Back-End Losses</u>
<u>Alcohol Use Only</u>		
Yes	32.2	27.5
No	67.8	72.5
<u>Prior Treatment</u>		
Yes	57.3	56.3
No	42.7	43.7

condition by the CJS after having already been in treatment

From this chart, the following observations can be made:

1. Demographic

Blacks, clients aged 26 to 30, and clients earning less than \$5,000 per annum are over-represented among back-end losses. As was the case with most categories of front-end losses, these findings are not unusual and do not in themselves indicate a gap in TASC services to these client groups.

2. Criminal Justice Involvement

Nassau County TASC is succeeding, to some extent, in keeping the serious offender in treatment. For clients currently charged with felonies, differences in percentage between active client status and back-end loss are extremely minor (note especially the comparative figures for D felonies and for E felonies). This finding is particularly important in view of the fact that Nassau TASC is not screening out an unreasonable proportion of these felonies at the initial stages of processing. During the

second year of operations, the evaluators will determine the impact of fewer D.A. denials on the number of serious offenders remaining in treatment. One area in which back-end losses are disproportionately large is among clients who have been previously convicted of a D felony. If this pattern continues to exist as client census increases, TASC should consider instituting special tracking procedures for clients with prior felony convictions (or for any group clearly identified as having a low prognosis) to reduce the chances of treatment failure. The relatively small sample size available for the evaluators' analysis would not justify the adoption of any such category-specific procedures at the present time. In addition, the percentage of these D felony back-end losses resulting from CJS denial after treatment had begun, (rather than from treatment failure) would first have to be accurately assessed.

3. Drug Involvement

Perhaps the most significant finding in this area is that heroin abusers (both primary and other) who are placed in treatment are remaining in treatment.

Back-end losses among primary marijuana/hashish abusers may indicate that alternative CJS sanctions are not being viewed seriously enough by this population. Again, the number of cases used in this analysis does not justify any significant policy changes at the present time, but if this pattern should persist it may become necessary for TASC to spell out to this population, in greater detail, the serious CJS implications of a treatment failure. Eventually it may also become necessary to engage in more intensive orientation and monitoring in cases of hard-core abusers (individuals using their primary drugs of abuse several times per day), a group that is disproportionately represented among back-end losses. Finally, it is worth noting that Nassau TASC is succeeding in keeping in treatment those individuals who are receiving drug treatment for the first time. It has been the evaluators' experience that this group generally presents significant difficulties in terms of treatment longevity.

In sum, the evaluators conclude the following in regard to the two threshold requirements that must be imposed on every TASC program:

- Nassau County TASC does admit clients who are seriously impaired by substance abuse.
- Nassau County TASC does admit clients who have serious criminal justice involvement.

In view of the above, Nassau County TASC's relatively large first-year census for clients in treatment takes on added significance. The types of clients that are being screened out prior to referral to treatment, as well as the types of clients that are failing in treatment or being denied TASC by the CJS after treatment has begun, are characteristic of client types having similar outcomes in other TASC agencies. In connection with these findings, two additional factors should be borne in mind: First, the outcome differences associated with some of these typically encountered significant client variables do not represent large numerical differences (because of the relatively low number of process cases available) and, in several cases, also reflected smaller differences proportionately than were found in other TASC programs. And second, a substantial number of D.A. refusals early in the first year certainly had a significant impact on the proportion of front-end and back-end losses found in several categories of CJS involvement. The evaluators intend to compare with these

findings the loss figures for the second year to determine the precise impact of these early denials.

CHAPTER 4

TASC ADMINISTRATION

- Relationship With Umbrella Agencies

One of the first issues addressed by the evaluators was the impact of the TASC administrative configuration on TASC service delivery. Whereas it is not unusual for TASC programs to be included within umbrella agencies (for example, probation departments), the situation that initially confronted Nassau County TASC was somewhat different in two respects. First, two umbrella agencies were involved -- the Nassau County Department of Drug and Alcohol Addiction (DAA) and the Educational Assistance Corporation (EAC) -- and TASC personnel were on two different payrolls, depending on their positions within the agency (the Diagnostic Unit was composed of DAA employees; other employees were hired by EAC). Lines of supervision were never clearly drawn, and it was unclear to the employees, as well as to the evaluators, exactly where everyone stood in the organizational hierarchy. Second, both EAC and DAA were considerably more involved in day-to-day TASC operations than were umbrellas in other TASC cities. Questions of policy and

accountability could not easily be answered, and the evaluators were concerned that Nassau County TASC might be unable to support the bureaucratic weight placed directly above it.

During the course of this evaluation, a reorganization took place, occasioned by the resignations of the TASC director and deputy directors and several promotions from within TASC. The net result of these changes has been most positive. Both DAA and EAC have begun to take a less active role in TASC operations on a day-to-day basis, and the ambiguities surrounding lines of authority within TASC seem to have been completely eliminated. The evaluators attribute a large part of Nassau County TASC's resurgence to this reorganization.

Quality Control

While most first year TASC programs recognize the importance of establishing good working relationships with the criminal justice and drug treatment systems, few programs design adequate quality control mechanisms to ensure the preservation of these relationships through effective outreach and service delivery. The most noticeable result of Nassau TASC's quality control efforts has been the maintenance of an outstanding working relationship with the criminal justice

system. The evaluators were quite surprised to find a first year TASC program that had managed to establish such a significant presence within the criminal justice system in so short a time. The key to TASC's success in this area appears to be its ability to identify potential trouble spots and to access criminal justice actors (most notably the district attorney) so issues can be addressed before they impact negatively on TASC and CJS operations. These meetings are fully documented in TASC's administrative files. Similarly, Nassau TASC recently reconfigured its tracking unit so that assignments would be on the basis of treatment facility rather than client. The likely effects of giving each facility a single TASC tracker are more open TASC/treatment communications and a consequent improvement in the already cooperative relationships that have been established. The evaluators found that treatment personnel were quite receptive to this policy change.

The cornerstone in any TASC program's quality control is an effective information management system. Problem areas of a very specific nature (for example, the CJS repeatedly denying TASC petitions in certain types of cases, or a particular treatment program showing a disproportionately high failure rate for TASC clients) may remain undetected unless TASC is capable of generating these sorts of data on a regular

basis. During the initial stages of this evaluation, ECTA worked with Nassau TASC to develop a comprehensive information management system that would satisfy TASC's information needs, as well as those of the evaluator. As with most first year TASC programs, Nassau TASC had been concerned nearly exclusively with the delivery of services, with little attention having been paid to accurate documentation of those services. With ECTA's assistance, Nassau County TASC developed and implemented an information management system that is capable of quickly yielding the kind of information that is essential for the continuation of effective delivery of services to clients, the CJS, and drug treatment facilities. Standardized file maintenance procedures (for example, fixed document sequence, data dictionary, concise file definition) have been adopted to ensure the accurate collection, reduction, analysis, and reporting of client information. Although file maintenance has been consistent, there have been some problems with maintaining the information system (see Chapter 9).

- Prospects for Institutionalization

The long-range goal of all TASC programs is to become a permanent part of the judicial/social service environment in which they function. Whereas first year evaluations focus on the extent to which client services have been delivered and relationships established with the CJS and drug treatment, second year evaluations must consider the program's success in translating these goals into achievements of a more permanent nature. As noted above, Nassau County TASC has enjoyed success in meeting its first year objectives in the areas of service delivery and interagency relationships. During the second year evaluation, ECTA will accord high priority to the issue of institutionalization in general, and to two included issues in particular:

1. Choice of Umbrella - At the present time, Nassau TASC has not yet decided under which umbrella agency it should seek permanent funding, if any. ECTA will assist TASC in identifying and prioritizing all relevant factors, and will encourage a decision and the development of a concrete institutionalization strategy early on in the second year.

2. Legislative activities - Nassau TASC has already discussed with ECTA the possibility of seeking some form of legislative mandate for TASC services (similar to Section 91½ of the Illinois Dangerous Drug Act, which designates TASC as the agency to conduct all court-ordered drug usage evaluations). During the second year, the feasibility of this approach will be assessed and, if it does appear feasible, concrete strategies will be developed.

Based on Nassau TASC's performance during its first year of operations, the prospects for institutionalization should be better than for most TASC programs. However, potential funding sources must still be identified. ECTA has proposed to assist TASC in its efforts at institutionalization by preparing audience-specific reports that document all pertinent aspects of TASC's technical and fiscal performance. However, it will be up to TASC to decide on a specific institutionalization strategy.

- Introduction

A major conclusion of the LEAA Phase II National TASC evaluation was that the major factor that influenced the ultimate success and survival of a TASC project was its relationship with its local criminal justice system. Furthermore, the evaluation stated that since the majority of TASC agencies exceed the limits of the strict diversion model, it is necessary for TASC projects to ascertain good working relationships with all sectors of their criminal justice environment. It has been demonstrated that the most successful TASC projects have provided a TASC mechanism or service delivery at each point of intersection within their justice system.

The evaluators were quite frankly overwhelmed by the tremendous reception that they received from interviewees of all areas of the Nassau County CJS. All of those interviewed were anxious to discuss TASC, its impact, and future possibilities for TASC. The consideration afforded the evaluators by all participants reflects directly on this TASC agency and demonstrates the high esteem that the agency has gained from all aspects of its justice system.

Members of the criminal justice system view TASC as a new beginning. They are anxious to become more involved in diversion and see TASC as a pathway to this and other things. At the time that these interviews were conducted, probation, along with numerous other agencies, had just had its budget slashed dramatically. As a result, the probation felony diversion program, Midway, was being discontinued. This prospect left a huge gap in the current system and many interviewed felt that TASC would be left with the responsibility of filling it. Since that time, Midway has been refunded. However, the scare of its potential loss caused many persons and agencies to look elsewhere for a diversion mechanism. In their search, TASC was re-discovered and considered very seriously. As a result, all agencies look forward to an increased relationship with TASC and assume that the quality of services will remain at a superior level.

A theme that persisted through all of the CJS interviews was the visibility of TASC. TASC administrators have consistently maintained contact with all levels of the justice system. TASC initially made formal presentations to agencies to introduce themselves. Many projects do this and then stop there. Nassau County TASC has repeatedly pursued members of the CJS. The evaluators feel that this aggressive persistence has been valuable to TASC. TASC has been given an active, growing reputation. The new

administration of TASC should be given considerable credit for these renewal activities and for outstanding public relations in the justice system.

The Nassau County TASC project began as a strict felony diversion project. The evaluators were pleased to see that they are now expanding and following several new sources of referrals. The other referral sources that TASC is starting to utilize are enthusiastic about the impending relationship and feel that it will be mutually beneficial.

The following passages summarize the results of the evaluators' interviews with the representatives of the CJS.

Judges

- Judges from Nassau County demonstrated very genuine respect for the TASC agency and interest in its growth. They view the project as a new beginning - in an "infancy stage." They are very pleased that they are being included in the planning processes.
- The judges anticipate such continued interaction with the TASC program that they are planning an administrative act that would funnel the majority of TASC cases to an assigned judge. This judge then would be the liaison with TASC and all follow-up reports and activities would be directed to him.
- Another example that emphasizes the fact that these judges feel permanence with this TASC project is a discussion to have a TASC stamp made so that court files of TASC clients will be clearly labelled.
- The judges interviewed have been impressed with the thorough diagnosis that TASC has provided on its clients. One judge expressed such interest as to comment that he would like to observe the diagnostic process.

- Although the judges appreciate the quality of the diagnostic information received from TASC, they would prefer to have it sooner. In this instance, a comparison was made with the Midway Program providing initial reports with more speed.
- The judges admire the accountability of TASC but feel that monthly reports are superfluous. They would prefer to receive 90-day or six month status reports where more progress would be evident.

Prosecutors

- Prosecutors depicted the TASC staff as very conscientious and motivated. They also commented that the staff was very honest about their clients in all reporting.
- Although the prosecutor's office severely limited the type of cases that TASC could interact with initially, this has changed. The prosecutors feel that TASC was fortunate to have the Midway program as a forerunner. Midway paved the way for diversion and, therefore, for TASC.
- The prosecutors are more inclined to favor TASC inpatient treatment placements rather than outpatient referrals,

particularly in felony cases.

- The TASC staff has been very cooperative with the Prosecutor's Office. The prosecutor requested some changes in report format and TASC fully complied with these requests.

- Prosecutors offered the following suggestions for TASC:

1. Go beyond diversion mechanism to acquire clients. Begin to work with probation and parole clients.
2. Investigate further into client's criminal history. Do not rely on information supplied by defendant. Discover prior arrest record and any other cases that are pending against the client.
3. Attempt to forward TASC client acceptance memos to prosecutor as soon as possible. Sometimes they arrive too close to court date for action to be taken.

Defense Attorneys

1. Legal Aid

- The TASC program is very welcomed by the Legal Aid office of Nassau County. Whenever fitting, Legal Aid refers clients to TASC for screening. Legal Aid has

had huge budget cuts and in this light, TASC has been particularly helpful.

- Legal Aid does feel that designation as a TASC client clearly gives a client a much better chance for a non-incarcerative decision.

- The Legal Aid Office thinks that TASC does not gamble with high risk clients that are likely to fail. Therefore, the attorneys do not fear that TASC will additionally jeopardize their clients.

- TASC helps in the bail process. The social history provided by TASC on clients positively influences the decision for conditional bail releases.

- The TASC project is viewed as a good agency with sharp, street-wise personnel.

- One suggestion for TASC - begin to take on some tougher clients.

Defense Attorneys (continued)

2. Private Attorneys

- The private defense bar has very positive feelings about the TASC staff. The staff is considered excellent, professional and capable.
- TASC has publicized themselves very well within the criminal justice system. They presented a well constructed program to the organized bar.
- TASC clients definitely get a better plea than others. The prosecutor is becoming more amenable to TASC dispositions.
- Private attorneys feel that TASC is too limited. The screening is very strict. There are not very many defendants that fall into the middle category between the hard criminal that the prosecutor will reject and the very minor offenders for whom TASC is too tough. They would also like to see TASC expand beyond drug and alcohol addicted clients only.
- TASC has been somewhat tenuous about what they will get into. Attorneys would prefer to see TASC challenge the prosecutor a bit more with some tougher cases instead of persons that do

not need TASC to get a better case disposition.

CJCC - Criminal Justice Coordinating Council

- This agency's monthly monitoring has found TASC to be an efficient, well-run organization. Fiscal matters are handled adequately.
- All TASC project reports are submitted to agency in a complete and timely fashion.

Probation

- The probation department originally saw TASC as a duplication of its services. However, drastic cutbacks in state funds have altered this greatly. Probation had to cut services and will now have to rely upon certain TASC services.
- At the time of these interviews, TASC and Probation were in the process of establishing formal procedures. Probation had very positive feelings about the prospects.
- Probation has respect for the quality of the personnel on the TASC staff. They are well qualified for their positions.

- This probation agency does not consider the diversion mechanism of TASC to be a conflict. Diversion through the Midway program has been an integral part of their agency.
- With the disappearance of the MOU state drug agency from Nassau County, probation now intends to rely on TASC to perform diagnoses for the Drug and Alcohol Unit.
- TASC will also be an asset to probation with confidentiality problems. TASC has assured probation that they will provide full disclosure on clients.

Parole

- TASC and parole have just begun negotiations to work together. Parole is very interested in becoming involved with TASC for several reasons:
 1. The accountability that TASC can provide is most definitely appealing;
 2. TASC could help centralize treatment referrals and provide greater access to community based programs;
 3. TASC intervention in treatment tracking would allow parole to overcome the huge problem of confidentiality.

- There have been some staff objections to working with TASC because of the possible problems of role identity between the parole officer and the TASC worker. Some officers are suspicious of the intrusion.
- The Parole Administration has had successful previous dealings on other projects with TASC administrators and for this reason feels that the relationship will be a good one.
- Parole is hopeful that TASC will become involved with early release of sentenced misdemeanants. The program for early release is currently under-utilized. Parole anticipates that TASC involvement with clients will encourage the judiciary and the parole board to grant more early releases.

Police

- The police department is aware of the TASC program but has had little direct contact with it.
- The Nassau County police are very much in favor of treatment as a court disposition. They are not concerned with punishment. They would rather see a defendant in treatment than become a repeater.

- The prosecutor's office has a good working relationship with the police. The police feel confident that the prosecutor would not agree to a TASC disposition on cases that they are adamantly opposed to.

Sheriff

- The Nassau County jail is currently filled beyond its capacity. Many of those being detained have very low bail amounts that they cannot pay. Many others are serving misdemeanor sentences for minor offenses. If TASC client census increases through conditional bail releases and diversion of misdemeanor offenders, TASC could greatly benefit the jail by reducing the population.
- The county jail had a model drug tier. The jail treatment is funded well by the state and there were two counselors involved in treatment with the inmates. Because of a series of problems, the drug tier is now barely existing. The Sheriff's Department and the Jail Commissioner's Office would like TASC to become involved in revitalizing this effort. According to their estimates, approximately one-half of all of the inmates have some drug abuse problem.

- TASC staff has been very cooperative with this agency. The staff and administration are quite capable.

Summary

In sum, Nassau County TASC has done remarkably well in its dealings with the criminal justice system. Of particular significance is the fact that prosecutorial resistance to TASC has been substantially reduced, and open lines of communication ensure that all issues pertaining to TASC's involvement in the criminal justice process can be intelligently discussed and mutually satisfactory action plans arrived at. The status of Midway is still uncertain, thereby making TASC's presence more acceptable to CJS agencies who formerly relied on Midway in felony diversion cases. Whereas the resolution of this issue will have a significant impact on TASC's own status within the CJS, the evaluators believe that Nassau TASC's accomplishments up to this point are bound to lead to even more positive CJS relationships in the second grant year.

CHAPTER 6

TASC RELATIONSHIP WITH TREATMENT AGENCIES

- Introduction

The evaluators interviewed a total of fourteen administrators and counselors from ten treatment facilities that accept TASC referrals. Most first-year TASC programs face a number of characteristic problems in their working relations with the treatment community, primarily centering around resistance to TASC's involvement in the treatment process. The evaluators were pleased to find that Nassau County TASC and its treatment affiliates have succeeded in jointly working through some of these problems, and in avoiding other problems altogether. For the most part, TASC is viewed as a vital resource in the effort to break the drug abuse/criminal activity cycle; one respondent termed it "unthinkable" that a program like TASC would not be funded. The remarks of all respondents are summarized below according to subject categories that will permit ready comparison of findings with those for other TASC programs. It is within this wider context that findings become most meaningful, as well as most useful in terms of future policy formulation.

- Procedures

One respondent characterized TASC as the "best field follow-up and communication" that he has seen. The evaluators were impressed with the frequency of phone and face-to-face contacts that has apparently become a part of TASC's standard operating procedures. One counselor stated that he received a phone call from a TASC diagnostician on nearly every client referral. The director of another agency estimated that TASC has personal contact with him approximately twice per month, and with others in the agency approximately ten times per month.

The major portion of the time spent at agencies by TASC trackers appears to be devoted to the collection of information (from counselors) for the Monthly Tracking Summary. Several respondents expressed the belief that current tracking caseloads were noticeably excessive, preventing the most effective utilization of personnel resources. Most of those interviewed favor the hiring of additional trackers, and feel that the current reorganization of the tracking unit along geographic lines (e.g., trackers assigned according to program rather than client) will go a long way toward clearing up any procedural issues that still remain and significantly improve the overall quality of TASC service delivery. At least one program director plans to use the

reorganization as the catalyst to establish regular meetings and case conferences with the assigned TASC tracker.

- TASC Involvement in the Treatment Process

According to the Phase II National TASC Evaluation, some TASC programs take a more active role in the treatment process than treatment staff would prefer. In other TASC cities, the evaluators have talked with treatment directors who resented any TASC tracking involvement that went beyond the mechanical collection of urine and attendance data, and one director threatened to physically intervene if he ever saw a TASC tracker talking to a non-TASC treatment client. In Nassau County, TASC and treatment appear to have been unusually successful in defining their respective areas of responsibility. Most respondents are satisfied that TASC is willing to leave treatment to the treatment program, and view TASC involvement under these conditions as a valuable adjunct to the treatment process. Several respondents have themselves referred treatment clients to TASC when legal issues have arisen. One program director felt that the initial problems regarding TASC's role in the treatment process had been effectively worked out by her and the Tracking Supervisor, and that any future problems that may arise can be similarly worked

out by the individual counselors and trackers. The assignment of a single tracker to the program is seen as a major aid to dealing with this issue.

- Appropriateness of Referrals

Most respondents felt that TASC's choice of treatment facility for each client generally reflected the needs of that client, as well as the feasibility of utilizing particular modalities. In other cities, TASC programs have been accused of referring inappropriate or generally untreatable clients to any facility that would accept them, solely to maintain an adequate census of clients in treatment. None of the Nassau County respondents felt that TASC referrals were motivated by census considerations. One respondent felt that his agency had previously been a dumping ground for the courts and Parole, but, since the inception of TASC, the agency was receiving clients that had real problems, appropriate for the kind of treatment being offered by the agency. The two interviewees that questioned the appropriateness of certain TASC referrals offered their own explanations for why this was so: One respondent felt that TASC was not sufficiently aware of other types of facilities, but it was the evaluator's impression that this agency apparently preferred to deal with other than defendants. The other respondent suggested

that the pressures on the TASC intake unit are somewhat different from the pressures on himself. Perceptions as to treatment needs may therefore differ accordingly. (It should be noted that both respondents have themselves referred clients to TASC).

- Diagnostic Materials

The diagnostic package that accompanies TASC referrals to treatment is often the only written documentation used by treatment staff to evaluate the quality of TASC intake procedures. In other cities, the evaluators often heard favorable appraisals of TASC performance begin with mention of the high quality of the client evaluation materials. The Nassau County respondents were almost unanimous in their praise for the TASC diagnostic materials received with each referral. Treatment programs are able to use this information to identify anticipated problem areas, to formulate overall treatment plans, and to corroborate the information given directly to the treatment staff by the client. Only one interviewee questioned the usefulness of the TASC Needs Assessment, but then added that the Psycho-social write-up was quite helpful. He suggested that a greater proportion of the TASC diagnostic package be in narrative format, in order to give treatment staff a much clearer picture of the individual being referred.

- Difference Between TASC and Non-TASC Clients, and the Use of TASC Leverage

As was expected, treatment staff respondents characterized TASC clients as more resistant to treatment than non-TASC treatment clients. In other cities, the evaluators have found TASC trackers being called out to treatment programs in order to get certain clients "in line." The prevailing form of TASC leverage used in Nassau County appears to emanate more directly from treatment staff, possibly because of the sizeable caseload demands under which TASC trackers operate. One counselor showed the evaluator a notice for a group meeting to be held for treatment clients. Handwritten on the bottom of the notice, in rather large letters, was "TASC clients MANDATORY to attend." It was the feeling of most respondents that the TASC condition, by itself, eventually creates all the leverage needed for keeping clients "in line." One respondent who works at an alcohol program recalled how a TASC client, obviously intoxicated, called up in order to excuse himself from a treatment appointment. Had he not been a TASC client, it was the respondent's opinion that this individual would not have called. By calling, he alerted the counselor to emerging problems in adhering to the treatment plan, and enabled the counselor to address these problems before the client gave up on treatment entirely. Another counselor agreed that clients probably remind themselves of the consequences

accompanying violation of TASC conditions, although she would not hesitate to remind the client of these consequences if necessary (thus far it has not been necessary). The evaluators' interviews with TASC clients confirmed the considerable leverage inherent in a TASC condition alone.

- Staff Qualifications and Performance

Nassau County TASC personnel were described as knowledgeable, responsive, always available to help out with their clients in difficult situations, thorough, motivated, and possessing a "fantastic amount of energy." Most respondents felt that TASC trackers viewed their jobs as being more than another 9 to 5 routine. One of the evaluators observed a TASC tracker and treatment counselor preparing monthly treatment summaries, and was favorably impressed with the obviously good rapport that had developed between the two individuals. It is apparent from the responses of the surveyed treatment personnel that TASC has succeeded in establishing its credentials and its credibility in the treatment community.

- Alternatives to TASC

Most respondents felt that its TASC clients would not have sought treatment without TASC intervention. Although it is generally recognized that the client's initial willingness to participate in TASC is almost always based upon the purely selfish desire to avoid more serious criminal justice sanctions, these clients often end up doing very well in treatment. At least one treatment agency had made overtures to the CJS (particularly Probation) in the past, but there was little contact with this client population prior to TASC. One respondent noted that the only problem his program had had in regard to interference with the treatment process (see above) occurred when these referrals came from the Probation Department. TASC is seen as the only mechanism to keep clients from "slipping through our fingers," often by playing off treatment against the courts (e.g., probation). This has been an important selling point for TASC programs in other jurisdictions, and Nassau County TASC seems to have already established itself as an effective instrument in this context.

- Volume of Paperwork

In other TASC evaluations, treatment personnel were often heard to complain of the allegedly unreasonable demands placed on them in the form of TASC treatment summaries, added monitoring forms (urine, attendance), etc. The Nassau County respondents were effusive in their praise for TASC reporting procedures: A tracker talks with each counselor (at the program site) and then completes the monthly reports. The counselors, themselves, need not fill out anything. They appreciate being able to avoid this extra paperwork, and view the time spent in talking over cases with TASC trackers as constructive in terms of the overall treatment plan.

- Consonance of Goals

The question as to whether TASC and treatment agree upon overall treatment goals is of more than theoretical importance. Client terminations, jeopardy status, and general assessments of treatment progress may be the focal points for very real differences between TASC and treatment agencies, and may raise issues having immediate impact upon the client. Most respondents felt that TASC's treatment goals were pretty much in agreement with their own, and that TASC was flexible in addressing those areas where slight differences may exist. One

respondant noted that there had been a few cases that were "a bit sticky" in terms of calling a client a violator, but this has been worked out to the satisfaction of both parties.

- TASC Relationship with Clients as Perceived by Treatment Personnel

Treatment agencies often complain that the conditions of TASC participation have never been adequately explained to clients. The result is alleged to be confusion in the client's mind as to his specific responsibilities to each agency, leading to a markedly less effective treatment process. The Nassau County respondents seemed to feel that their TASC clients had received a fairly thorough explanation by TASC of what was involved in their participation in the TASC/treatment process, and had a fairly good understanding of what was expected of them. The relationship between TASC personnel and clients was characterized as being very good, an opinion that was corroborated by TASC clients, themselves.

- Summary

To sum up, Nassau County TASC is highly regarded among those treatment agencies that were visited. In spite of rather large caseloads, TASC trackers manage to visit treatment programs with unusual regularity. Counselors view TASC involvement as a positive factor in the overall treatment process, and appreciate the fact that their own paperwork requirements have not been increased as a result of this involvement. Referrals have been, for the most part, appropriate, and there has been general agreement between TASC and treatment agencies as to treatment goals. TASC is viewed as a valuable resource in the effort to break the drug abuse/criminal activity cycle, and represents a significant improvement over pre-existing alternatives. Suggestions for improvement of TASC services include:

- a. regular conferences with TASC clients, with both TASC and treatment personnel present
- b. addressing the need for collateral services (housing, vocational training, etc.)
- c. increased tracking staff.

CHAPTER 7

TASC RELATIONSHIP WITH CLIENTS

The evaluators interviewed six TASC clients in a group setting. This manner of interviewing clients is preferred by the evaluators, as the remarks of one respondent often serve as a catalyst for the remarks of an otherwise reticent companion, leading to an open discussion of all relevant issues. Among the observations and opinions offered by interviewed TASC clients were the following:

- Most respondents felt that they would now be in prison in the absence of TASC intervention
- All respondents agreed that they would not have tried to kick their drug habits without being compelled to by TASC as an alternative to incarceration
- Most respondents would probably have split treatment had it not been for the severe sanctions likely to be leveled against them for violating TASC
- TASC personnel are knowledgeable and able to relate to their clients. They are available when needed, both in court and at the treatment program

- A good deal of confusion seems to exist regarding the exact conditions of TASC involvement. This was the most serious issue raised in these interviews, and one which ought to be looked into by TASC administration and staff. One client thought that he would be going to an outpatient program, and did not find out until his court appearance that he was being referred to residential treatment. He thinks that TASC was "playing games" with him. He claimed to have been told by TASC that after a year in treatment, the charges against him would be reduced. However, he was later informed that this would be conditioned upon his remaining in treatment, a requirement that was not explained to him by TASC. Another client claimed that his TASC acceptance was conditioned upon his turning state's evidence, a fact not revealed to him by TASC. A third client claimed to have been told by TASC that they would see about getting him an extension on his job. When they never got back to him, the client split from treatment.

Whether these allegations are true is of secondary importance. What is important to the evaluators is that there appears to be some genuine confusion among TASC clients as to the CJS and treatment obligations that attach to TASC acceptance. It is not

uncommon for a client to split when he discovers that his expectations will not be met. What is absolutely essential, in terms of maximizing the chances for treatment success, is for TASC to short-circuit any unrealistic expectations at the outset. The evaluators got the impression that certain theories as to CJS and treatment obligations were probably advanced by the clients themselves, and were given the stamp of truth by the failure of TASC personnel to respond in a definitive manner, not due to any intent to deceive but most likely because of insufficient information at that moment. An intensive explanation of all the conditions and ramifications of TASC involvement (including case-specific information), at the outset of the TASC process, would substantially minimize this problem. The evaluators recommend that TASC closely examine its screening and intake procedures in an effort to ensure that clients receive complete and accurate information regarding their participation in TASC.

CHAPTER 8

COST ANALYSIS

The costs of Nassau County TASC operations are analyzed from three different perspectives:

1. Cost Effectiveness: What are the actual expenditures by function in relation to the services delivered to each client? How reasonable are these expenditures?
2. Cost Comparison: Are the costs associated with Nassau County TASC operations comparable to the costs of other TASC programs?
3. Cost Benefit: To what extent are Nassau TASC's operational expenses offset by savings resulting from TASC activities?

- Cost Effectiveness

Nassau County TASC expended \$242,118.50 between July 1, 1978 and June 30, 1979. Using personnel expenditures as a base, and using a \$20,000 per month expense, approximate functional costs per month are:

Administration	\$5,700.00
Screening	\$2,680.00
Diagnosis	\$3,300.00
Tracking	\$8,320.00

The question that must be addressed is the reasonableness of these expenditures.

The evaluators performed a process transaction analysis, as follows:

1. A forty case sample was selected, stratified as follows:
 - 5 cases terminated by the Screening Unit
 - 5 cases terminated by the Diagnostic Unit
 - 15 cases terminated by the Tracking Unit
 - 15 active cases.
2. All personal interaction and case management activities were extracted from the case files by ECTA staff.
3. Nassau staff were given the case logs in order for them to detail time investments for each transaction.

The forty cases were then analyzed to assess the level and nature of TASC service activities for each unit and to assess the costs per unit of these activities.

Table 8-1 summarizes the findings of the process transaction audit with respect to the number of service minutes expended by each unit per client during specific periods of TASC service. Summing up expected services, ECTA estimates that a TASC client who remains with TASC for six months will receive approximately fifteen hours of services provided by TASC, four hours of which will be in personal interaction. For one year with TASC, a client can expect about twenty-eight hours of attention, five and one-half hours of which will be in personal interaction.

The generally high levels of personal interaction are accomplished with high transportation costs. TASC escorts clients to treatment and meets with them and their counselors on a regular basis. Although this policy is well respected by treatment and affords regular personal interaction, it places some constraints on Nassau TASC growth. While most TASC programs at the end of one year can absorb significantly more clients, as will be seen, Nassau County TASC has already achieved cost effectiveness. It cannot accept too much more growth and still keep high levels of personal interaction mostly in the field. During the second funding period evaluation, close attention must be paid to whether Nassau County

TABLE 8-1

TOTAL SERVICE MINUTES
ACROSS MONTH OF TASC PARTICIPATION
BY DIFFERENT UNITS

FOR TASC CLIENTS:

<u>UNIT</u>	<u>NATURE OF ACTIVITY</u>	<u>MONTH OF PARTICIPATION</u>	
		<u>1</u>	<u>2+</u>
SCREENING	Personal Interaction	21	0
	Case Management	0	0
DIAGNOSIS	Personal Interaction	108	0
	Case Management	1	2
TRACKING	Personal Interaction	25	21
	Case Management	20	55
	Transportation	56	53
<u>TOTAL MINUTES:</u>		241	131

FOR SCREENING TERMINATIONS:

SCREENING	Personal Interaction	20
	Case Management	8
DIAGNOSIS	Case Management	4
<u>TOTAL MINUTES:</u>		32

(continued)

TABLE 8-1
(CONTINUED)

TOTAL SERVICE MINUTES
ACROSS MONTH OF TASC PARTICIPATION
BY DIFFERENT UNITS

FOR DIAGNOSTIC TERMINATIONS:

<u>UNIT</u>	<u>NATURE OF ACTIVITY</u>	<u>MONTH OF PARTICIPATION</u>	
		<u>1</u>	<u>2+</u>
SCREENING	Personal Interaction	20	
DIAGNOSIS	Personal Interaction	88	
	Case Management	24	
<u>TOTAL MINUTES:</u>		132	

FOR SCREENING CONTACTS:

SCREENING	Total Estimated Minutes	5
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CONTINUED

1 OF 2

TASC has reached saturation, and if growth is still desired, whether some of these services can be cut without affecting the overall performance of the agency.

Using Table 8-1, we can begin to make some preliminary statements concerning the cost effectiveness of the various TASC units.

- The Screening Unit expends approximately \$2,680.00 per month and provides, on average, 143 client contacts, 762 other contacts, and 78 screenings of which 18 are screened out. Using the estimates from Table 8-1, this amounts to an average expense of \$25.57 per service hour. Recognizing that screening entails considerable non-client-specific activity (like waiting for court or access to a particular defendant), these costs are quite reasonable. We compared these screening costs with two other TASC programs that underwent similar analysis and found that Nassau costs are substantially less than those for both programs.

- The Diagnostic Unit expends approximately \$3,300.00 per month and provides, using the six month period February 1, 1979 - July 31, 1979, 44.5 diagnoses per month, one-third of which result in termination at diagnostic processing. This amounts to an average expense of \$40.00 per service hour. However, the diagnostic unit must also invest as much as 25% of its staff time in non-client-specific services, mostly involving negotiations for space and other interactions with treatment programs. Overall, the diagnostic unit is evaluated to be operating within a cost effective range, but the unit can absorb an increase of 20% to 30% more clients each month.
- The Tracking Unit expends approximately \$8,320.00 per month and provides, using July, 1979 figures as a reflection of mature operations, approximately 643 service hours for an average expense of \$12.93 per service hour. This figure is extremely reasonable and suggests that Tracking will not be able to absorb significantly more clients without a reduction in services or serious staff overload.

- It is characteristic of TASC programs, especially in their first fifteen months of operation, to incur heavy administrative costs for four reasons:

- a. Initial linkages have to be established and firmed up with the criminal justice community.
- b. Initial linkages have to be established and firmed up with the treatment community.
- c. Federal grant requirements, both reporting and fiscal accounting, impose costs.
- d. Planning for institutionalization requires considerable time investment.

Nassau County TASC expends approximately \$5,700.00 per month for administration. Although service delivery hours cannot be computed, the proportion of total expenditures spent for administration, 28.5%, almost duplicates the median expenditure from the National TASC evaluation (26.9%). However, once TASC is institutionalized, these costs should decrease as a proportion of total costs.

In conclusion, it is rarely a characteristic of TASC programs to be cost effective at the end of the first grant period. Putting the TASC program into operation often precludes the delivery of large volumes of service relative to total expenditure. In contrast, Nassau TASC has already reached a situation where costs for services rendered are reasonable. This results from Nassau TASC's having obtained significantly more clients, retained clients longer, and having provided more service hours per client month than most TASC programs during their first grant period. The evaluators were able to document 840 service hours delivered directly to TASC clients (and potential clients) over a one month period for a total service cost of \$24.00 per hour, which is below the standard Medical Assistance reimbursed rate of \$25.00 per service hour. Nassau TASC is evaluated as cost-effective, especially for a first grant period TASC program.

Cost Comparison

The average annual expenditure for twelve TASC programs evaluated as a part of the National TASC evaluation was \$255,000, which is very close to the Nassau County expenditures for one year.

Concerning cost comparisons, we compare Nassau TASC with newer programs because the national evaluation found that more mature TASC programs have lower unit costs. Table 8-2 presents that comparison. Clearly, Nassau TASC compares favorably with other TASC programs. This evaluation concludes that Nassau TASC's costs are reasonable when compared with other TASC programs.

TABLE 8-2

PROCESS UNIT COSTS
NASSAU COUNTY TASC
VERSUS
SEVEN "NEWER" TASC PROGRAMS FROM
THE NATIONAL TASC EVALUATION

<u>PROCESS INDICATOR</u>	<u>NASSAU COSTS</u>	<u>MEDIAN NATIONAL COSTS</u>	<u>NATIONAL RANGE</u>
Total Cost Per TASC Client ¹	609	638	(455-1159)
Total Cost Per Successful TASC Client ²	835	1128	(715-1863)
Screening and Identification Costs Per Potential Client Interviewed ³	17	21	(10-99)
Diagnosis and Referral Costs ⁴	119	199	(80-305)
Monitoring Costs Per TASC Client ⁵	352	268	(159-636)

¹Active Clients at Year End Plus Year's Discharges/Cost

²Active Clients at Year End Plus Successes/Cost

³Potential Clients Interviewed/Screening Costs (absorbing administrative share)

⁴Clients Diagnosed/Diagnostic Costs (absorbing administrative share)

⁵Total Clients/Monitoring Costs (absorbing administrative share)

- Cost Benefit

Based upon the evaluators' interviews with Criminal Justice System respondents, it appears that approximately fifty per cent of all TASC clients would have received an incarcerative case disposition without TASC's intervention. The National Phase II TASC Evaluation found that the cost of TASC processing and outpatient drug-free treatment was approximately \$2,662 per client, while the cost of incarceration per inmate-year was estimated at \$7,014 for jails. Using the formula:

Estimated percentage of otherwise "jail bound"
TASC clients x Number of active TASC clients
at year end x Savings between one year in
jail and one year in TASC/outpatient treatment
= Yearly cost benefit of TASC.

We find that the estimated cost benefit of Nassau County TASC for its first full year of operations is:

$$50\% \times 280 \times (\$7,041 - \$2,662) = \$613,060$$

It must be emphasized that the above figure represents a bare minimum cost benefit estimate for a number of reasons:

- a. It was computed on the basis of the cost difference between outpatient treatment and jail incarceration. The Phase II TASC Evaluation found that prison incarceration was approximately 35 per cent more expensive than jail incarceration. If we calculate cost benefit on the basis of all clients avoiding incarceration being placed in outpatient treatment rather than prison, the figure increases to \$948,780. The actual, immediate cost benefit undoubtedly lies somewhere between these two figures.
- b. Every TASC client in treatment may represent a savings of anywhere from \$10 to more than \$50 per day in reduced costs related to drug usage (figure from Phase II Evaluation).
- c. Every TASC client success represents both a short- and long-term cost benefit to society in reduced criminal activity.

- d. Every TASC client success represents a potential long-term cost benefit to society in increased productivity resulting from a drug-free lifestyle.
- e. Particularly in TASC programs that stress pretrial diversion, costs associated with court processes are likely to be substantially reduced. Court savings from 300 diversions per year add, conservatively, \$345,000 to the cost benefit of this program.*

While accurate yardsticks are not available for measuring all these other cost benefits with any degree of precision, it is clear that the overall (short- and long-term) cost benefit figure for Nassau County TASC's first-year operations is certain to be far in excess of the immediate baseline figure of \$958,060 derived from calculation of reduced jail costs and court costs. As Nassau TASC's client census continues to grow, its cost benefit will increase proportionately.

*Based on the National TASC evaluation figures.

The National TASC evaluation concludes that most TASC projects are deficient in the management and use of data. Considerable effort was expended in the early stages of the evaluation in suggesting enhancements to the manner by which Nassau TASC organizes its information. A manual was prepared as part of the preliminary report detailing these recommendations.

The recommendations included suggestions for forms, file maintenance, and quality control alongside recommendations for the establishment and maintenance of log book spread sheets for purposes of aggregation and reporting, and for the evaluator's analysis.

Nassau TASC implemented both sets of recommendations. In general, the client filing system was set up efficiently and the files, themselves, remain basically in good shape.

On the other hand, because of the administrative changes combined with a dramatic increase in client volume and the fact that the log book spread sheets were not used for in-house reports (but viewed as a requirement for the evaluators), the updating of the log books fell behind. As a consequence, the evaluators were limited to the first 250 referrals for their analysis, although the demographic

variables were current for the first 480 referrals.

The evaluators recommend that TASC update the log sheets and begin to use them to generate their own in-house reports. One part of the second grant period evaluation will be the development of a strategy for updating and using internally the log book spread sheets. At the end of the second grant period external evaluation, there should be a smooth transition to internal self-evaluation using the very same log books as principal resource.

The only other information management tool currently required is for the tracking unit. As the active census swells, given the large number of facilities used, the tracking coordinator requires an easy mechanism for gauging who is at what program at a given moment. The evaluators will work with the tracking unit during the second grant period to develop a simple method for maintaining this information.

END