

T. Hong

EVALUATION REPORT

Florida Treatment Alternatives to Street Crime Network

Phase One:
Report on Network Performance

86358



Division of Public Safety, Planning and Assistance
Department of Veteran and Community Affairs

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EXECUTIVE SUMMARY

Introduction

The Florida Statewide Treatment Alternatives to Street Crime (TASC) Network is designed to reduce the burden on the criminal justice system by providing a treatment alternative to the normal criminal justice system processing of the substance-abusing offender. TASC attempts to disrupt the cycle of arrest, release, and rearrest by identifying substance abusers as they enter the criminal justice system, diagnosing their treatment needs, and then referring them to community-based treatment. TASC then monitors those offenders placed into treatment and reports their progress to the proper component of the criminal justice system.

The Florida Statewide TASC Network is comprised of 17 projects. Six are funded by state and local revenue through the Department of Health and Rehabilitative Services (DHRS). Eleven new Incentive projects and a central Coordinating Office are funded by the Law Enforcement Assistance Administration (LEAA) and local funds, through the Bureau of Criminal Justice Assistance (BCJA). The Coordinating Office, located within the Bureau of Criminal Justice Assistance, is designed to link the existing (DHRS) and Incentive (BCJA) projects and to provide central management and administration of the Statewide TASC Network. TASC services are available in 41 counties in Florida.

The present study represents the first of a two-phase evaluation of the Florida Statewide TASC Network. This study will examine the relationships between Network resources, activities, and short-term results during the ten-month period from September 1980 to July 1981. The second phase of the evaluation, scheduled for completion in December 1981, will examine the impacts of TASC on the criminal justice system, and the drug and alcohol treatment systems. TASC client outcomes and recidivism rates will be compared to those of a comparable group of non-participants. Finally, a cost-effectiveness analysis will be presented to examine whether or not TASC represents a cost-effective alternative to the traditional criminal justice processing of drug-abusing criminal offenders.

Findings

During the first ten months, the Florida Statewide TASC Network has operated as an effective mechanism for the identification, diagnosis, referral, and supervision of substance-abusing offenders:

- . 25,614 potential clients were screened face-to-face;

- . 5,623 potential clients were referred for diagnosis/evaluation of their treatment needs;
- . 4,382 potential clients were diagnosed;
- . 3,443 clients were placed into treatment, primarily community-based; and
- . 4.3% of the clients were rearrested on new charges while active in treatment.

The Coordinating Office has functioned to integrate existing TASC projects with the Incentive TASC projects, and has operated as an effective mechanism for the overall management and administration of the TASC Network.

The population of clients admitted to TASC, although overrepresented by whites and males, is appropriate for TASC services (as compared with program eligibility criteria). The "typical" TASC client is likely to be:

- . white;
- . male;
- . less than 30 years of age;
- . involved in the abuse of a variety of drugs and alcohol;
- . receiving treatment for the first time;
- . referred to TASC for a felony offense; with
- . an extensive criminal history.

There is great variation in operating emphasis among the TASC projects, as demonstrated by their allocation of staff resources among major TASC functions. The following table demonstrates the range and median values of staff resource allocations for each major TASC function:

STAFF RESOURCE ALLOCATION BY FUNCTION

<u>Function</u>	<u>Range</u> (Percent)	<u>Median</u> (Percent)
Screening and identification	5.3-35.5%	12.4%
Diagnosis & referral	0.0-16.6	10.5
Tracking & monitoring	7.1-35.5	23.9
Project administration	10.4-38.5	25.4

Unit cost estimates for the TASC Network show variations similar to those found in the major TASC functions. The following table demonstrates the range and median values of TASC unit costs:

UNIT COST ESTIMATES

<u>Cost Measure</u>	<u>Range</u> (dollars)	<u>Median</u> (dollars)
Total cost per client	\$231-1,735	\$602
Total cost per successful client (Incentive projects only)	260-3,226	796
Screening/identification cost per potential client	4-39	12
Diagnosis/evaluation cost per potential client	0-133	33
Tracking/monitoring cost per potential client	27-260	152

The TASC Network is becoming more cost-efficient: 13 projects demonstrated reductions in their total cost per client; and five projects demonstrated reductions in their total cost per successful client. This is further supported by reductions in the median values in four of the five unit cost measures analyzed.

Recommendations

- 1) The Coordinating Office should monitor Network unit costs more closely, particularly those projects demonstrating increased total cost per client and total cost per successful client.
- 2) The TASC Network policy and procedures manual should be finalized and distributed to the projects as soon as possible.
- 3) The contract of agreement between the Department of Health and Rehabilitative Services (DHRS) and the Department of Veteran and Community Affairs (DVCA) should be signed by both parties as soon as possible.
- 4) The Coordinating Office and DHRS staff should begin to examine the possibility of a single agency assuming responsibility for all TASC services in the event that TASC comes under a single funding source.

I. INTRODUCTION

The Treatment Alternatives to Street Crime (TASC) program was developed in 1972 as a nationwide drug treatment/referral program aimed at stemming the sharp increases in drug abuse and drug-related crime. The TASC program evolved from observations that many drug-dependent persons were engaged in the commission of street and property crimes to support their habits, and were recurrently arrested, released, and rearrested.¹

The TASC program is designed to disrupt this cycle by identifying drug abusers as they enter the criminal justice system and then diagnosing their treatment needs and referring them to community-based treatment. TASC then monitors those offenders placed into treatment and reports their progress to the proper criminal justice authority. TASC may be viewed as a linkage between the criminal justice system and the substance-abuse treatment community.

In September 1975, authority was given to all local TASC projects to include juvenile offenders as well as adults, and to cooperate with other agencies to identify and serve individuals whose primary drug of abuse was alcohol. This was further expanded in January 1977, when guidelines were established for the optional inclusion of alcoholics and alcohol abusers in any TASC project.²

TASC began in Florida in December 1972, when the City of Miami-Dade County received a Law Enforcement Assistance Administration (LEAA) grant award to implement the Miami-Dade TASC project. By 1978, LEAA had funded TASC projects in Orange, Hillsborough, Duval, and Escambia counties as well. All of these projects were favorably evaluated by independent contractors. These projects and the TASC project in Pinellas County are currently funded by state general revenue and local funds.

In 1978, LEAA developed the National Priority Program, designed to encourage state and local governments to adopt and implement programs which have proven to be effective. Under this program, the State of Florida received an LEAA grant of \$1,770,088 to implement the Florida Statewide TASC Incentive Program. This grant established eleven new TASC projects serving 35 counties, plus a central Coordinating Office designed to link the existing TASC projects with the new projects and to provide central management and administration of the Statewide TASC Network. The Coordinating Office, located in the Bureau of Criminal Justice Assistance, became fully staffed and operational in September 1980. As a result of this, TASC services are now available in 41 counties across the state. The service areas of each TASC project are identified in Figure 1.

The Florida Statewide TASC Network is designed to achieve the following goals:

- 1) To provide a linkage between the criminal justice and drug/alcohol treatment systems;
- 2) To decrease the burden on the criminal justice system by reducing substance abuse-related crime and recidivism; and
- 3) To provide a treatment alternatives to the normal criminal justice system processing of the substance-abusing offender.

The present study is designed to measure the performance of the Florida Statewide TASC Network from September 1980 to July 1981. The specific objectives are:

- 1) To monitor the objectives of TASC, focusing on the quality and use of Network resources and activities;
- 2) To monitor the effects of the TASC Coordinating Office on the individual TASC projects;
- 3) To examine demographic, social, and historical characteristics of TASC clients to generate an accurate client profile; and
- 4) To analyze the functional and unit costs associated with the Florida Statewide TASC Network.

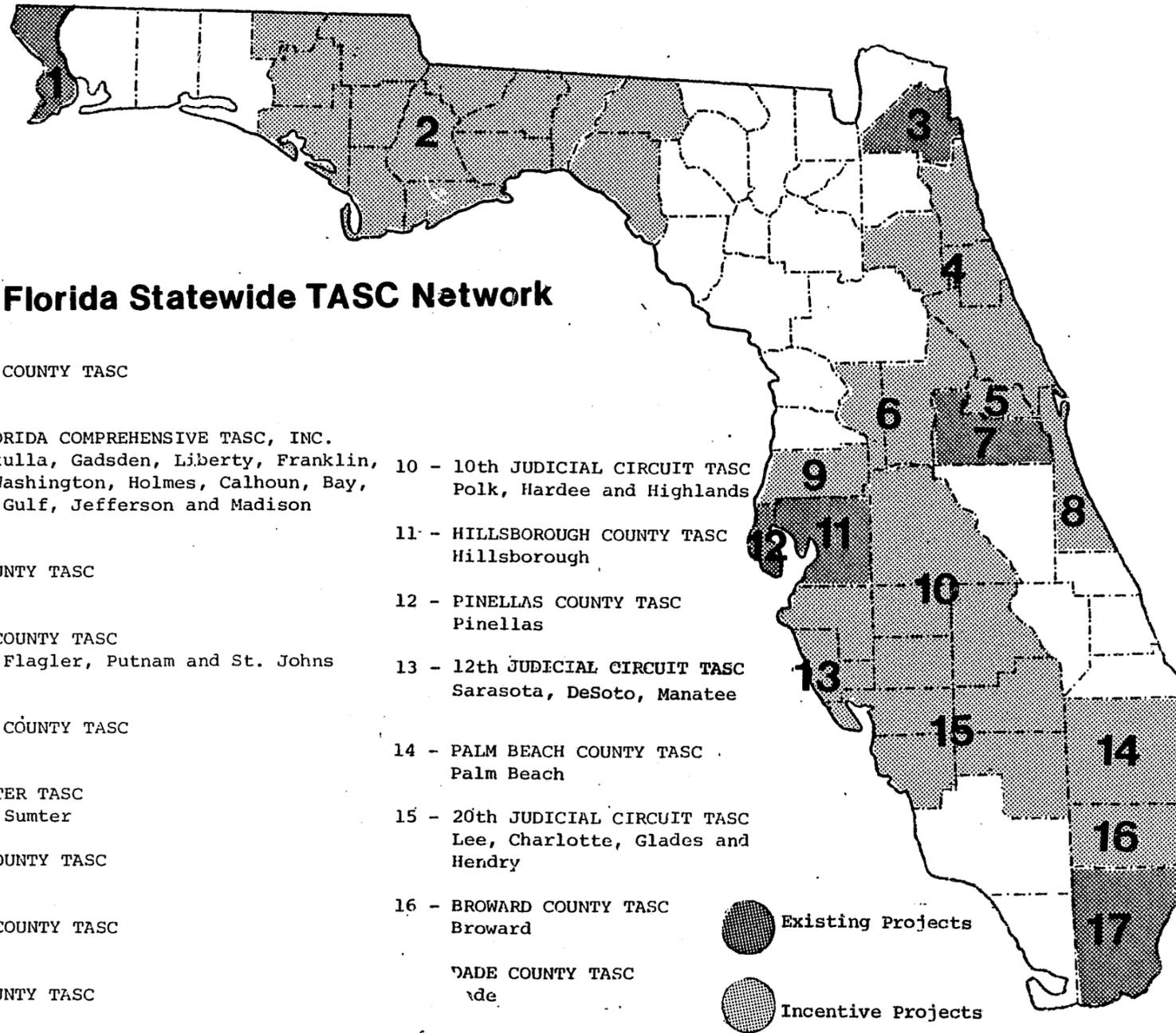


Figure 1. Florida Statewide TASC Network

1 - ESCAMBIA COUNTY TASC
Escambia

2 - NORTH FLORIDA COMPREHENSIVE TASC, INC.
Leon, Wakulla, Gadsden, Liberty, Franklin,
Taylor, Washington, Holmes, Calhoun, Bay,
Jackson, Gulf, Jefferson and Madison

3 - DUVAL COUNTY TASC
Duval

4 - VOLUSIA COUNTY TASC
Volusia, Flagler, Putnam and St. Johns

5 - SEMINOLE COUNTY TASC
Seminole

6 - LAKE/SUMTER TASC
Lake and Sumter

7 - ORANGE COUNTY TASC
Orange

8 - BREVARD COUNTY TASC
Brevard

9 - PASCO COUNTY TASC
Pasco

10 - 10th JUDICIAL CIRCUIT TASC
Polk, Hardee and Highlands

11 - HILLSBOROUGH COUNTY TASC
Hillsborough

12 - PINELLAS COUNTY TASC
Pinellas

13 - 12th JUDICIAL CIRCUIT TASC
Sarasota, DeSoto, Manatee

14 - PALM BEACH COUNTY TASC
Palm Beach

15 - 20th JUDICIAL CIRCUIT TASC
Lee, Charlotte, Glades and
Hendry

16 - BROWARD COUNTY TASC
Broward

17 - DADE COUNTY TASC
Dade

Existing Projects

Incentive Projects

II. STUDY OBJECTIVE ONE:

To monitor the objectives of TASC, focusing on the quality and use of Network resources and activities.

A. SCREENING

TASC screening involves identifying substance abusers entering the criminal justice system, explaining the TASC program and its requirements, and determining the eligibility of those who volunteer to participate in TASC. This is usually done in a brief interview soon after the individual is arrested and booked into a local detention facility. TASC screeners also provide relevant information (with the consent of the offender) to the court to facilitate the release of the offender from custody for referral to community-based treatment.

Table 1 provides a breakdown of TASC Network screening activity by project. As indicated, TASC screened a total of 25,614 arrestees during the first ten months of Network operation. Of this total, 5,623 were referred to intake for diagnosis and evaluation of their treatment needs.

As identified in the LEAA grant, those projects funded by the Statewide TASC Incentive Program planned to screen at least 6,600 arrestees by face-to face contact to determine eligibility. Of this total, at least 3,480 were expected to be referred to treatment. During the first ten months, Incentive projects screened a total of 10,144 arrestees, surpassing the stated screening objective by 54 percent. Of those screened, 2,708 were referred to intake for diagnosis and evaluation of their treatment needs. Incentive projects therefore referred only 78% of the anticipated number of arrestees to intake for diagnosis and evaluation of their treatment needs.

Several possible explanations for the low number of TASC referrals seem likely. First, since participation in TASC is voluntary, only those who are eligible and volunteer to participate will be referred for diagnosis. If there is a low number of volunteers, consequently there will be a low number of referrals. Until those projects have been in operation long enough to establish credibility within the criminal justice system and demonstrate to offenders the potential real benefits derived from participation in TASC, one could expect lower levels of referral activity.

Second, any new project should anticipate a slow start during the first months of operation. As project operations are revised and/or streamlined over time, project efficiency and levels of output should improve.

Third, TASC screening and referral practices may be inadequate. This could range anywhere from screening inappropriate arrestees to not providing sufficient information about the TASC program and its requirements and benefits during the screening interview.

TABLE 1
TASC NETWORK SCREENING ACTIVITY

TASC PROJECTS	NUMBER SCREENED	NUMBER REFERRED
<u>Existing</u>		
Escambia	2,988	382
Duval	3,846	261
Orange	1,297	308
Hillsborough	617	449
Pinellas	531	353
Dade	6,191	1,162
Subtotal	15,470	2,915
<u>Incentive</u>		
North Florida	410	217
Volusia	557	462
Lake/Sumter	1,247	181
Brevard	465	321
Seminole	282	81
10th Circuit*	798	154
12th Circuit*	1,610	245
20th Circuit*	710	103
Palm Beach	3,634	587
Broward	363	314
Pasco	68	43
Subtotal	10,144	2,708
TOTALS	25,614	5,623

- *10th Circuit includes Polk, Hardee and Highlands counties.
- *12th Circuit includes Sarasota, DeSoto and Manatee counties.
- *20th Circuit includes Lee, Charlotte, Glades and Hendry counties.

B. INTAKE

After the arrestee is screened, his/her treatment and rehabilitative needs are assessed to verify program eligibility and to recommend the most appropriate treatment program. The intake staff complete social, criminal, and substance abuse histories, obtain records of previous treatment, administer and interpret required tests, and recommend an appropriate treatment modality.

Of those 5,623 arrestees referred to intake, 4,382 (78%) were diagnosed and evaluated to determine treatment needs. Of those remaining, 29 were still active in the intake process and 1,212 (22%) did not show up at intake for diagnosis. Those 1,212 arrestees represent a significant number of referrals that are not diagnosed. Actual data as to why these persons do not show up at intake is unavailable, as TASC projects generally lack the resources to locate these persons after their release from custody. By choosing not to participate, these persons have in effect chosen to risk a judicial outcome rather than a treatment alternative. Recent studies by Sternhell³ and Nave⁴ indicate that these persons perceive the regulations and restrictions of TASC and treatment as a more severe sanction than normal judicial processing.

Table 2 provides a breakdown of TASC treatment placement activities. Of the total 4,382 who were diagnosed and evaluated, 3,443 (79%) were admitted to treatment, and 939 (21%) were rejected by TASC at intake. Sixty-six percent of the TASC clients were admitted to outpatient treatment, 21% were admitted to residential treatment, 7% were admitted to in-jail treatment, 1% were admitted to detoxification, and the remaining 5% were admitted to other treatment modalities (i.e., chemotherapy, job training, urine surveillance, etc.).

TABLE 2
TASC NETWORK CLIENTS ADMITTED TO TREATMENT

TASC PROGRAMS	RESIDENTIAL	OUTPATIENT	IN-JAIL	DETOXIFICATION	OTHER	TOTAL
<u>Existing</u>						
Escambia	82	96	0	0	0	178
Duval	55	163	0	11	27	256
Orange	13	138	99	1	0	251
Hillsborough	70	202	4	8	0	284
Pinellas	2	221	36	0	19	278
Dade	138	587	15	0	0	740
Subtotal	360	1,407	154	20	46	1,987
<u>Incentive</u>						
North Florida	52	127	0	1	16	197
Volusia	58	141	1	0	4	204
Lake/Sumter	10	69	0	0	0	79
Brevard	39	197	0	0	64	300
Seminole	1	71	0	0	2	74
10th Circuit	3	20	102	0	0	125
12th Circuit	17	71	0	0	7	95
20th Circuit	22	19	0	8	0	49
Palm Beach	71	53	0	2	12	138
Broward	97	75	0	0	4	176
Pasco	10	10	0	0	0	20
Subtotal	380	853	103	11	109	1,456
TOTAL	740	2,260	257	31	155	3,443

The fact that only 7% of TASC clients admitted were placed into an in-jail treatment component is evidence of TASC's ability to facilitate the client's release from custody and placement into community-based treatment. The one exception, as identified in Table 2, is the 10th Judicial Circuit TASC project. Of 125 clients admitted, 102 (82%) were placed into in-jail treatment. This is not only contrary to TASC's overall goal of facilitating client release and placement into community-based treatment, but also violates an agreement with LEAA that Incentive projects would not admit clients to an in-jail treatment component. As recommended in the Interim Evaluation Report⁵, the 10th Judicial Circuit TASC Project took steps to discontinue the placement of clients into in-jail treatment in April 1981. During the

last two months of the study period, all of the 19 clients admitted were placed into community-based treatment.

Table 3 provides a breakdown of client admissions by referral source. The source through which clients enter TASC is largely a function of two factors: (1) the stage of criminal processing at which the criminal justice system is willing to accept a TASC option; and (2) the potential benefits to offenders derived from participation in TASC⁶.

TABLE 3
TASC REFERRAL PATHWAYS FOR ADMITTED CLIENTS

	PRE-TRIAL	POST-TRIAL	PROBATION	PAROLE	OTHER	TOTAL
<u>Existing</u>						
Escambia	96	33	45	0	4	178
Duval	112	0	128	15	1	256
Orange	56	8	94	25	68	251
Hillsborough	116	99	47	4	18	284
Pinellas	27	26	163	2	60	278
Dade	605	98	5	0	32	740
Subtotal	1,012	264	482	46	183	1,987
<u>Incentive</u>						
North Florida	15	22	80	9	70	196
Volusia	77	25	81	16	5	204
Lake/Sumter	8	17	17	0	37	79
Brevard	86	82	120	2	10	300
Seminole	25	0	33	2	14	74
10th Circuit	105	4	14	0	2	125
12th Circuit	29	48	9	3	6	95
20th Circuit	22	13	7	3	4	49
Palm Beach	100	2	13	0	8	123
Broward	143	0	33	0	0	176
Pasco	14	5	1	0	0	20
Subtotal	624	218	408	35	156	1,441
TOTAL	1,636	482	890	81	339	3,428

Forty-seven percent of the TASC clients entered through a pre-trial pathway. Pre-trial options for TASC clients include deferred prosecution (diversion), with the client's record expunged after successful completion of TASC requirements; reduction in client's bail while under TASC supervision; and TASC representation

of the client at trial and/or input into the pre-sentence investigation. Clients referred to TASC through pre-trial have a greater probability of being diverted to treatment, and are less likely to receive a more severe judicial disposition than other TASC clients.

Forty percent of TASC clients entered TASC after trial either as an alternative sentence option (i.e., TASC-stipulated probation), as a result of TASC input into the pre-sentence investigation, or as a direct referral from probation. For these clients, TASC can provide the courts with a true alternative to incarceration due to the close supervision and monitoring of clients. For this reason, the courts represent the most important post-trial referral source for TASC.

Of the remaining 13%, 3% of TASC clients were direct referrals from parole, and 10% were referred through other sources (i.e., police, school, self).

III. STUDY OBJECTIVE TWO:

To monitor the effects of the TASC Coordinating Office on the individual TASC projects.

A. INTRODUCTION

The TASC Coordinating Office is responsible for the central management and administration of the Statewide TASC Network, and the implementation of the Statewide TASC Incentive Program. The Coordinating Office is comprised of a director and secretary whose positions are funded by the Statewide TASC Incentive Program grant, and an assistant director whose position is funded by the Department of Health and Rehabilitative Services. The Coordinating Office is located within the Bureau of Criminal Justice Assistance.

Prior to the establishment of the TASC Coordinating Office and the subsequent implementation of the Statewide TASC Incentive Program, there was no TASC Network, but rather six independent TASC projects. The Coordinating Office integrated the new Incentive projects with the existing projects, and then assumed responsibility for the central management and administration of the TASC Network.

The assessment of the effectiveness of the Coordinating Office will focus on (1) the extent to which activities identified in the LEAA grant application have been accomplished; and (2) the extent to which statewide TASC projects are operating as a network (rather than as 17 independent projects).

B. ACCOMPLISHMENT OF GRANT ACTIVITIES

The major activities to be performed by the Coordinating Office as identified in the LEAA grant include:

- 1) Implementation of the Statewide TASC Incentive Program;
- 2) Development of a statewide policy and procedures manual;
- 3) Provision of technical assistance and training to individual TASC projects;
- 4) Monitoring to ensure that projects are operating in accordance with the grant; and
- 5) Management of the Statewide TASC Network.

Implementation of the Statewide TASC Incentive Program

The Florida Statewide TASC Incentive Program was implemented during a period from July through October 1980. The implementation process may be simplified as follows: The LEAA grant award was designated for subaward by LEAA and the Bureau of

Criminal Justice Assistance. Local treatment agencies and existing TASC projects were contacted and encouraged to submit formal applications for funds to implement new TASC projects. These applications were reviewed by the Coordinating Office and the TASC Management Team to make sure that the proposed projects were programmatically and fiscally sound. The result of this process was grant awards to three existing TASC projects (who sub-contracted for TASC services in five adjacent counties) and six additional sponsoring agencies. These projects represent the Statewide TASC Incentive Program.

Development of a Statewide Policy and Procedures Manual

The development of a policy and procedures manual is important for several reasons. First, it facilitates consistency of TASC project operations within the Network. Second, it facilitates the achievement of measurable objectives and goals, and compliance with program requirements. Third, the possibility of illegalities (such as the violation of federal confidentiality regulations) is reduced.

The Florida TASC Network policy and procedures manual focuses primarily on issues related to specific project operation and the operation of the TASC Network. Issues addressed in the manual include, but are not limited to: client eligibility criteria, client transfer, confidentiality of client information, major project activities and requirements, reporting requirements, training, technical assistance, monitoring, and cost assumption.

The first draft of the policy and procedures manual was completed and reviewed by the directors of the six existing TASC projects, and staff of the Florida Alcohol and Drug Abuse Association (FADAA) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Copies were then distributed to and reviewed by staff of the eleven Incentive projects during training workshops in October and November 1981. At the end of the study period, however, the policy and procedures manual had not been finalized.

Provision of Technical Assistance and Training to Individual TASC Projects

Technical assistance and training were provided by several resources. The National Association of State Alcohol and Drug Abuse Directors is under contract with LEAA to provide assistance to TASC projects. The National TASC Training Center (NTTC) receives LEAA funds to train TASC staff. The Florida Alcohol and Drug Abuse Association is under contract with the BCJA to assist in the development of the policy and procedures manual, and to provide training workshops for TASC staff. The Coordinating Office was responsible for providing technical

assistance and training, as well as coordinating the delivery of these services by the other resources.

During the study period, a total of 56 person-days were utilized in the coordination and delivery of two statewide training workshops, one regional training workshop, and one statewide TASC conference. An estimated 140 staff persons participated in these training events. An additional 27 person-days were utilized in the coordination and delivery of on-site technical assistance to individual TASC projects. Two person-days of technical assistance were utilized by the Coordinating Office in the development of the policy and procedures manual.

Monitoring to Ensure that Projects are Operating in Accordance with the Grant

The Coordinating Office is responsible for monitoring those projects funded under the Statewide TASC Incentive Program to ensure that these projects are in compliance with program requirements and their individual grant requirements. On-site monitoring was conducted on a quarterly basis by Coordinating Office staff, in full compliance with the subgrant requirements. A review of monitoring reports indicated that many problems were identified in the early stages and resolved, and areas of concern were identified and resolved before they became problems. The result of this is more effective and efficient project operations and compliance with program and grant requirements.

Management of the Statewide TASC Network

All of the activities discussed above constitute management of the Statewide TASC Network.

C. NETWORK OPERATIONS

The National TASC Training Center and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) identified the following elements as characteristics of a Statewide TASC Network:

- 1) A system for referring clients from one project to another within the Network;
- 2) Central coordination;
- 3) Collection, analysis, and management of Network data;
- 4) Policies and procedures for Network operation; and
- 5) Technical assistance, training, and information dissemination.

Client Referral System

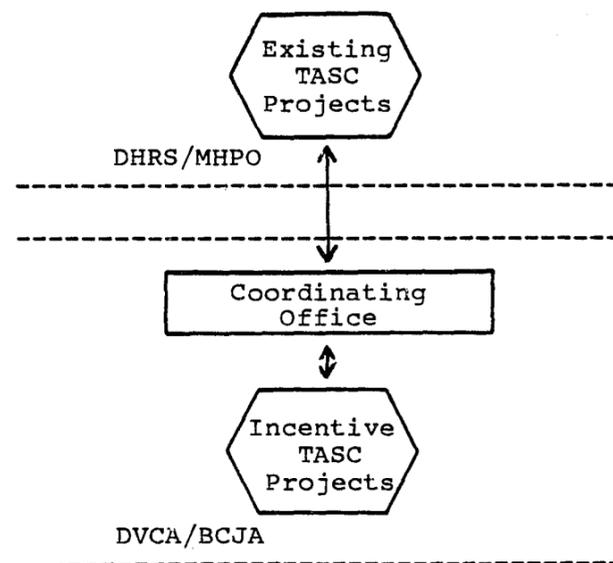
A system for the transfer of clients from one TASC project to another (i.e., to be close to family members, availability of a particular treatment modality, etc.) has been developed and incorporated into the draft policy and procedures manual. This system recognizes the informal client transfer procedures that have been used by the existing TASC projects, and restates these procedures in formal, specific terms. This referral system also addresses required documentation and information, responsibilities of TASC projects, and certain exceptional circumstances regarding client transfer.

Central Coordination

Central coordination of the TASC Network involves the integration of existing TASC projects operating under the aegis of the Department of Health and Rehabilitative Services, Mental Health Program Office, with the Incentive TASC projects operating under the aegis of the Department of Veteran and Community Affairs, Bureau of Criminal Justice Assistance. The relationships between the TASC projects, Coordinating Office, and sponsoring state agencies are illustrated in Figure 2.

FIGURE 2

TASC NETWORK ORGANIZATIONAL STRUCTURE



After ten months of Network operation, the formal contract of agreement between DHRS and DVCA for the coordination of TASC services in Florida has yet to be signed. This agreement should be signed as soon as possible to ensure efficient coordination of TASC services and to formally designate the responsibilities of each department with regard to TASC.

Given the dual funding of the TASC Network, the current organizational structure represents an effective mechanism for the central coordination of the TASC Network. In the event that TASC were to come under a single funding source, then the responsibility for the coordination and management of all TASC projects should be assumed by a single agency.

Data Collection, Analysis, and Management

This element involves the development of a Network management information system (MIS). A monthly statistical report form and instructions for completing this form were developed by the evaluator and mailed to each TASC project. This form, submitted to the Coordinating Office monthly, reported levels of client screening and intake, client status, and client profile characteristics.

Policies and Procedures

The development of a policy and procedures manual by the Coordinating Office has been discussed.

Technical Assistance, Training, and Information Dissemination

The provision of technical assistance, training, and information dissemination has been discussed.

IV. STUDY OBJECTIVE THREE:

To examine demographic, social, and historical characteristics of TASC clients to generate an accurate client profile.

A. INTRODUCTION

Client demographics, substance abuse histories, and criminal histories are reported to the Coordinating Office by each TASC project as part of the monthly statistical report. The analysis of client demographic characteristics (sex, age, race) will address the issue of whether the TASC client population is representative of the population of persons arrested for offenses that are street, property, or substance related⁷. The analysis of client substance abuse and criminal histories will involve a comparison of those characteristics of Florida TASC clients and other TASC clients nationwide. Any differences in client profiles between existing TASC projects and those projects funded under the Incentive Program will be examined.

B. SEX

Eighty-six percent of the clients admitted to TASC during the study period were male and 14% were female. In comparison, the Florida 1980 Uniform Crime Report indicates that 78% of those persons arrested for street, property, and substance-related offenses were male and 22% were female⁸. TASC has admitted a slightly higher percentage of males than were represented in the population of arrestees for street, property, and substance-related offenses. There was no difference between the existing and Incentive projects with regard to the percentage of male and female clients admitted.

C. RACE

Eighty percent of the clients admitted to TASC during the study period were white, 17% were black, and the remaining 3% were of other races. In comparison, the Florida 1980 Uniform Crime Report indicates that 63% of those persons arrested for street, property, and substance-related offenses were white, 37% were black, and less than 1% were of other races⁹. TASC has admitted a much higher percentage of white clients than were represented in the population of arrestees for street, property, and substance-related offenses. This fact was particularly true for the Incentive projects: as compared to the existing projects, the Incentive projects admitted a higher percentage of whites and lower percentages of blacks and other races.

D. AGE

Twenty percent of the clients admitted to TASC during the study period were less than 18 years old; 62% were from 18 to 29 years old; and 18% were 30 years of age or older. In comparison, the Florida 1980 Uniform Crime Report indicates that 32% of those persons arrested for street, property, and substance-related offenses were less than 18 years old; 46% were from 18 to 29 years old; and 22% were 30 years of age or older¹⁰. TASC has admitted a higher percentage of young adults and a lower percentage of juveniles than were represented in the population of arrestees for street, property, and substance-related offenses. As compared to the existing projects, the Incentive projects admitted higher percentages of juveniles and lower percentages of clients 30 years of age or older.

E. SUBSTANCE ABUSE HISTORY

A comparison of substance abuse histories of Florida TASC clients and TASC clients nationwide¹¹ is presented in Table 4. Only 22% of Florida TASC clients were involved in opiate abuse (either alone or with other drugs), as compared to 40% of TASC clients nationwide. Sixteen percent of Florida TASC clients reported alcohol as their only drug of abuse, as compared to 13% of TASC clients nationwide. Fifty-nine percent of Florida TASC clients are receiving treatment for the first time, as compared to 55% of TASC clients nationwide. Substance abuse histories of Florida TASC clients are consistent with those of TASC clients nationwide with the exception that Florida TASC clients are less involved in opiate abuse.

TABLE 4

SUBSTANCE ABUSE HISTORY OF TASC CLIENTS

	<u>Florida</u>	<u>Nationwide</u>
Clients involved in opiate abuse (alone or with other drugs)	22%	40%
Clients whose only drug abuse is alcohol	16%	13%
Clients receiving treatment for the first time	59%	55%

The major difference between existing projects and Incentive projects is with regard to alcohol use. Only 7% of clients admitted to existing projects reported alcohol as their only drug of abuse, compared to 28% for Incentive projects. This is to be expected since the existing projects were originally designed to deal only with the drug-abusing offender. Although existing projects expanded to include alcohol-abusers, their primary emphasis remains on the drug-abusing offender. The Incentive projects, on the other hand, were originally designed to deal with both drug and alcohol-abusing offenders. In addition, the service areas of Incentive projects include several rural counties, where alcohol abuse is more prevalent than drug abuse.

F. CRIMINAL HISTORY

A comparison of the criminal histories of Florida TASC clients and TASC clients nationwide¹² is presented in Table 5. Seventy-nine percent of Florida TASC clients were referred to TASC for a felony offense, compared to 63% of TASC clients nationwide. Thirty-two percent of Florida TASC clients were first offenders, compared to 22% of TASC clients nationwide. Twenty-four percent of Florida TASC clients had four or more prior arrests, compared to 31% of TASC clients nationwide. The Florida TASC client population contains more felony offenders and first offenders, and fewer clients with four or more arrests than the TASC client population nationwide. Compared to existing projects, the Incentive projects have a higher percentage of felony referrals and first offenders. Forty-nine percent of Florida TASC clients were unemployed at the time of arrest.

TABLE 5

CRIMINAL HISTORY OF TASC CLIENTS

	<u>Florida</u>	<u>Nationwide</u>
Clients charged with a felony offense	79%	63%
Clients with 4 or more prior arrests	24%	31%
Clients who are first offenders	32%	22%

G. CLIENT PROFILE

The population of clients admitted to TASC, although overrepresented by whites and males, is appropriate for TASC services (as compared with program eligibility criteria). The "typical" TASC client is likely to be:

- white;
- male;
- less than 30 years of age;
- involved in the abuse of a variety of drugs and alcohol;
- receiving treatment for the first time;
- referred to TASC for a felony offense; with
- an extensive criminal history.

V. STUDY OBJECTIVE FOUR:

To analyze the functional and unit costs associated with the Florida Statewide TASC Network.

A. FUNCTIONAL COSTS

The term "functional cost" refers to a cost allocation or expenditure for a given program function. Functions of particular interest include screening and identification, intake diagnosis and evaluation, tracking and monitoring (includes court liaison), and project management and administration.

The evaluator reviewed project budgets and talked with project directors to estimate the percentage of staff time spent on each of the above functions. These percentages were then translated into functional costs (see Table 8). There are major differences in operating emphases among the TASC projects, as demonstrated by their allocation of staff resources among the major functions. The following table demonstrates the range and median values of staff resource allocation for each of these functions:

TABLE 6
STAFF RESOURCE ALLOCATION BY FUNCTION

FUNCTION	RANGE	MEDIAN
Screening and Identification	5.3-35.5%	12.4%
Diagnosis and Referral	0.0-16.6%	10.5%
Tracking and Monitoring	7.1-35.5%	23.9%
Project Administration	10.4-38.5%	25.4%

The median values represent the points at which there is a balanced allocation of staff resources. Only a couple of projects are close to the median value in all four functional areas. The wide variation with regard to staff resource allocation is primarily due to the amount of existing facilities and support services provided by the sponsoring agency.

B. UNIT COSTS

The term "unit cost" refers to a cost allocation or expenditure per unit of output. Unit costs are derived from functional costs and actual project outputs, and are therefore dependent upon each project's allocation of resources and workload within each function. Unit cost estimates (see Table 9) for the TASC Network show variations similar to those found in the functional costs. The following table demonstrates the range and median values of TASC unit costs:

TABLE 7

UNIT COST ESTIMATES

Cost Measure	Range (dollars)	Median ¹³ (dollars)
Total cost client	\$231 - 1,725	\$602
Total cost per successful client	260 - 3,226	796
Screening/identification cost per arrestee	4 - 39	12
Diagnosis/evaluation cost per arrestee	0 - 133	33
Tracking/monitoring cost per arrestee	27 - 260	152

Cost-efficiency may be simply defined as a reduction in unit costs over a period of time (since it would then cost less to produce a unit of output). The two cost measures that best indicate whether TASC is cost-efficient are total cost per client and total cost per successful client. Thirteen projects demonstrated reductions in total cost per client over the last five months of Network operation. This is supported by a reduction in the median total cost per client from \$612 to \$602 over the last five months. One may conclude that the Florida Statewide TASC Network is becoming more cost-efficient as projects mature. Only those projects in Escambia and Palm Beach counties and the 10th Judicial Circuit demonstrated increases in the total cost per client over the last five months.

Only 5 projects demonstrated reductions in total cost per successful client over the last five months: Pinellas, Dade, and Brevard counties, and 12th and 20th Judicial Circuits. In addition, the median total cost per successful client decreased from \$919 to \$796 over the last five months. Again, one may argue that the TASC Network is becoming more cost-efficient over time.

It is important to note that the TASC projects in Escambia and Palm Beach counties, and the 10th Judicial Circuit demonstrated increases in both cost measures over the last five months. The 10th Judicial Circuit TASC project demonstrated a four-fold increase in the total cost per successful client during this period, primarily as a result of neutrally discharging 42 in-jail clients in May 1981.

TABLE 8

TASC NETWORK FUNCTIONAL COST ESTIMATES

	Screening and Identification		Diagnosis and Evaluation		Tracking and Monitoring		Administration and Management	
	\$	%	\$	%	\$	%	\$	%
Escambia	\$15,374	7.7%	\$21,393	10.7%	\$59,390	29.8%	\$50,482	25.4%
Duval	33,056	22.4	11,018	7.5	46,102	31.3	38,904	26.4
Orange	6,253	6.1	5,780	5.6	17,339	16.8	16,322	15.8
Hillsborough	8,889	6.8	15,386	11.8	38,977	30.0	25,749	19.8
Pinellas	21,086	16.5	8,722	6.8	9,049	7.1	24,012	18.8
Dade	35,927	17.5	24,042	11.7	62,129	30.3	41,796	20.4
North Florida	14,965	10.5	14,965	10.5	14,965	10.5	36,423	25.6
Volusia	4,695	5.3	14,085	15.7	30,084	33.6	17,767	19.9
Lake/Sumter	9,200	12.5	9,010	12.1	20,520	27.9	12,650	17.2
Brevard	13,080	16.7	7,474	9.6	16,817	21.5	28,878	36.9
Seminole	11,108	35.5	0	0	11,107	35.5	3,250	10.4
10th Circuit	10,164	10.2	16,610	16.6	24,322	24.3	25,634	25.6
12th Circuit	16,906	22.8	7,245	9.8	13,984	8.8	28,495	38.5
20th Circuit	9,267	10.9	7,601	8.9	11,905	14.0	21,568	25.4
Palm Beach	31,671	31.7	2,019	2.0	19,714	19.7	23,617	23.6
Broward	13,992	12.4	13,992	12.4	26,884	23.9	38,334	34.0
Pasco	2,005	7.5	2,005	7.5	3,008	11.2	8,284	30.9

TABLE 9

TASC NETWORK UNIT COST ESTIMATES (DOLLARS)

	Total Cost Per Client	Total Cost Per Successful Client	Screening/ Identification Cost Per Arrestee	Diagnosis/ Evaluation Cost Per Arrestee	Tracking/ Monitoring Cost Per Client
Escambia	\$932	\$790	\$4	\$62	\$236
Duval	480	664	7	35	150
Orange	342	421	4	19	58
Hillsborough	381	506	12	30	114
Pinellas	383	461	33	21	27
Dade	231	260	5	27	70
North Florida	727	1,122	37	68	186
Volusia	439	605	8	30	147
Lake/Sumter	932	1,338	7	114	260
Brevard	261	340	28	24	96
Seminole	422	801	39	0	150
10th Circuit	800	3,226	13	133	195
12th Circuit	780	882	11	75	147
20th Circuit	1,735	1,932	13	73	243
Palm Beach	626	1,205	9	8	160
Broward	641	1,392	39	46	153
Pasco	1,343	2,065	29	61	150

VI. SUMMARY AND RECOMMENDATIONS

VI. SUMMARY AND RECOMMENDATIONS

A. SUMMARY

During the first ten months, the Florida Statewide TASC Network has operated as an effective mechanism for the identification, diagnosis, referral, and supervision of substance-abusing offenders. TASC has screened face-to-face 25,614 arrestees in 41 counties, with 5,623 referred to intake for diagnosis and evaluation of their treatment needs. Those projects funded under the LEAA TASC Incentive Program achieved their objective of screening 6,600 arrestees, but referred only 78% of an anticipated 3,480 arrestees to intake for diagnosis and evaluation of their treatment needs.

Approximately 93% of the substance-abuse offenders accepted as TASC clients were admitted to community-based treatment. Community-based treatment includes: out-patient treatment (66%), residential treatment (21%) and other modalities (6%). The fact that only 7% of TASC clients were admitted to an in-jail treatment component is evidence of TASC's ability to facilitate the client's release from custody and placement into community based treatment. Pre-trial referrals constitute the major source for TASC clients (47%), followed by those referred by probation (26%) and those referred by the courts (14%). Parole and other sources provided the remaining TASC clients.

The Coordinating Office is an effective mechanism for the overall management and administration of the Florida Statewide TASC Network. The Coordinating Office is in compliance with the requirements set forth in the LEAA subgrant application. The Incentives projects have been implemented on schedule and are operational. A draft of the policy and procedures manual has been developed and disseminated to all projects for review. Technical assistance and training have been provided to the staff of the TASC projects. Each of the Incentive projects has been monitored quarterly by Coordinating Office staff.

The 17 operational TASC projects in Florida are operating as a network, rather than independently. The existing and Incentive projects have been integrated in an efficient and effective manner by the Coordinating Office. Much of the technical assistance and training provided to the Incentive projects has been provided by staff from existing TASC projects. A system for transferring a client from one project to another has been developed and implemented. The Coordinating Office is also collecting, analyzing, and managing statewide TASC data.

The population of clients admitted to TASC, although overrepresented by whites and males, is appropriate for TASC services (as compared with program eligibility criteria). Analysis of client demographic, social, and historical characteristics reveals that the "typical" TASC client is likely to be:

- white;
- male;
- less than 30 years of age;
- involved in abuse of a variety of drugs and alcohol;
- receiving treatment for the first time;
- referred to TASC for a felony offense; with
- an extensive criminal history.

The TASC Network is becoming more cost-efficient: 13 projects demonstrated reductions in their total cost per client; and 5 projects demonstrated reductions in their total cost per successful client. This is further supported by reductions in the median values in four of the five unit cost measures analyzed.

B. RECOMMENDATIONS

1. The 10th Judicial Circuit TASC project should be assigned a definite time period (i.e., 3 months) to demonstrate that clients are being placed into community-based treatment and that project unit costs are decreasing. Project operations should be reviewed by the Coordinating Office at the end of this period and the determination whether to continue or suspend project funding should be made at this time.
2. The Coordinating Office should monitor Network unit costs more closely, particularly those projects demonstrating increased total cost per client and total cost per successful client.
3. The TASC Network policy and procedures manual should be finalized and distributed to the projects as soon as possible.
4. The contract of agreement between the Department of Health and Rehabilitative Services (DHRS) and the Department of Veteran and Community Affairs (DVCA) should be signed by both parties as soon as possible.
5. Coordinating Office and DHRS staff should begin to examine the possibility of a single agency assuming responsibility for all TASC services in the event that TASC comes under a single funding source.

END