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PROGRAM BRIEF

**Treatment Alternatives
To Street Crime (TASC)**

PREPARED IN CONJUNCTION WITH
REGULATIONS IMPLEMENTING THE
JUSTICE ASSISTANCE ACT OF 1984

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PROGRAM BRIEF

Information Guide for Courts, Corrections,
and
Treatment Administrators

TREATMENT ALTERNATIVES TO
STREET CRIME (TASC)

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I. INTRODUCTION

A. Problem Addressed

The continuing high incidence of alcohol and drug addiction associated with criminal activity presents a unique challenge to the criminal justice system. Neither traditional medical nor correctional responses have satisfactorily interrupted the relationship between substance abuse and criminal behavior which manifests itself in high recidivism, prolonged detention, and medical emergencies. The criminal justice system becomes a "revolving door" for alcohol or drug dependent offenders leading to increased caseloads for courts, prosecutors, and probation agencies and overcrowding in jails, prisons, and detention centers at great government cost.

Individuals accused of non-violent crimes may be detained longer than the offense itself warrants because of their dependency, compounding the problem of crowded jails. Withdrawal symptoms and other physical conditions associated with substance abuse also strain overtaxed, jail medical resources.

Judges, probation officers, and presentence investigators generally cannot identify all offenders dependent on alcohol or drugs, or determine treatment needs and programs for them. Providers sometimes are reluctant to accept criminal justice referrals, and those who do are often hesitant to report unsatisfactory progress because it might disrupt the therapeutic relationship between counselor and patient or result in legal sanctions.

Piecemeal efforts may resolve one or more of these problems, but only a systematic approach that combines the available resources of the criminal justice system and alcohol and drug abuse treatment system can achieve a desired and workable solution.

B. Historical Evaluation of Program

The Treatment Alternatives to Street Crime (TASC) Program is a response to the problems of alcohol and drug abuse-related crime. TASC, developed over several years of testing, demonstration, and modification, identifies substance abusing offenders, refers them to community treatment resources, and monitors the offenders' treatment. The model permits various approaches to reach those goals and recognizes the differences between jurisdictions.

A 1978 evaluation of twelve TASC projects said that, "TASC offers the criminal justice system a beneficial and cost effective alternative for drug abusing offenders." Perhaps more important is that more than 80% of the Federally-funded TASC projects have been continued with state or local funding.

C. Program Development

TASC was initially conceived in the Special Action Office for Drug Abuse Prevention (SAODAP) in the early 1970's, was tested in Wilmington, Delaware, in 1972, and became operational that same year in Philadelphia and Cleveland. Eight more projects were funded the following year.

TASC originally treated opiate addicts charged with criminal offenses, then was expanded to include pretrial diversion and pretrial intervention. A 1973 expansion included post-trial treatment and treatment for non-opiate drug abusers.

In 1975, TASC was expanded to include juvenile offenders and serve individuals who were primarily alcohol abusers. In 1977, TASC was initiated on a statewide basis in Connecticut and seven states were added the following year.

Fifty of the 80 programs supported by Federal grants were continued by state and local authorities, providing treatment to more than 70,000 offenders. TASC Programs also have generated their own revenues through fees or contracting to provide other agencies with laboratory services for non-TASC clients. Some financial support also has been obtained from private foundations or community service agencies.

II. PROGRAM GOAL AND OBJECTIVES

A. Goal: Decrease Burdens of Substance Abuse-Related Crime on the Criminal Justice System

TASC seeks to decrease the burdens on criminal justice agencies caused by alcohol and drug dependent offenders and recidivists.

TASC identifies substance abusing offenders, provides voluntary community treatment, and simultaneously monitors that treatment. TASC intervention may occur as an alternative to prosecution or to pretrial detention or post-trial incarceration. It makes possible a wide range of alternative dispositions.

B. Objectives:

- To provide information on which to base pretrial release, diversion, sentencing decisions, or parole conditions for alcohol/drug abusing offenders.
- To expedite supervised pretrial release of appropriate alcohol/drug abusing offenders.
- To enhance the use of community resources in the identification, control, and treatment of alcohol/drug abusing offenders.
- To reduce an offender's dependence upon alcohol/drugs in order to redirect behavior away from crime.
- To increase the likelihood of successful re-integration of the offender into the community.

III. CRITICAL ELEMENTS

TASC is best described in terms of functions rather than organization because it has been successfully integrated into a variety of programs. Functionally, several principles and activities are essential to its success.

A. Planning Implementation

This phase of the TASC Program should include the following:

- Broad-based support for TASC from the principal participants within the treatment and criminal justice systems.
- Establishment of a TASC Advisory Board that includes representatives of law enforcement, courts, prosecution, corrections agencies, the media, service providers, and the general public to aid in its development, operation, and institutionalization.
- Establishment of a small administrative and/or management unit headed by a full-time director.

B. Identification

This phase should incorporate the development of specific eligibility criteria, screening, and court liaison functions.

- Eligibility criteria should set standards for including or excluding offenders based on their current criminal justice involvement and current drug/alcohol abuse. Under these criteria, the offense, previous criminal or behavioral history, age, nature of drug/alcohol abuse, and previous treatment history would be examined. Persons charged with or convicted of violent crimes including murder, rape, arson, armed robbery, sexual assault, and manslaughter would be excluded.

- Establishment of a screening process to identify and recruit potential TASC participants. Typically, a trained screener would briefly interview a defendant soon after arrest and explain the TASC Program. If it appeared the defendant met the program's requirements, he or she would be asked to volunteer for the program. This can be done later if it is impractical to perform immediately after booking. However, delay may impair the observation of symptoms of recent substance abuse.
- The court liaison gathers necessary information on eligible persons who volunteer for TASC and provides this information (with the offender's voluntary consent) to the judge or others in the decision-making process to facilitate the individual's referral to treatment. Although the primary emphasis of TASC is pretrial entry, post-conviction entry also is acceptable.

C. Assessment/Referral

In this area, the participant's treatment, rehabilitation, and amenability to treatment are assessed to determine program eligibility and the best treatment approach. When completed, the offender is admitted into the program and a treatment center is selected. To assure a smooth transition, the TASC Program should:

- Establish a method for assessing the offender's needs to determine the nature and extent of the drug and/or alcohol abuse problem and the most appropriate resource to deal with it. A lengthy interview, including social, criminal, and substance abuse histories, should be conducted by a trained person. This information may be supplemented by records of previous treatment, psychological tests, or physical examination. A summary of the offender's needs and characteristics is made to ascertain the appropriate treatment and service provider or providers.
- Establish mechanisms to ensure a client's arrival at intake promptly after release from the court, as well as to ensure a client's appearance at the first treatment appointment. This is done to expedite intake processing and entry into treatment while minimizing risk of pretreatment dropout.
- Document the availability of sufficient community-based treatment programs to service the anticipated client caseload. Treatment providers are contacted

to assure the availability of a treatment opening and the client's compliance with admission requirements. Arrangements also are made for prompt entry into treatment.

D. Monitoring

Nothing does more to establish the credibility of TASC, or drug/alcohol abuse treatment, than regular, accurate, and objective monitoring of participants. The monitoring (or tracking) functions measure the participants' progress by pre-established objective criteria, while periodic reports on performance permit the immediate reporting of failures to appropriate criminal justice officials. Case workers or trackers, employing predetermined objective criteria, periodically contact the offender, treatment counselors, and others involved in the treatment process to obtain current progress information and help resolve any problems that could precipitate a treatment crisis. In addition, the offender's abstinence from opiates, other drugs, or alcohol may be monitored by frequent urine tests.

- Standards should be developed to measure progress as a requirement to remain in the program and successfully complete it. As a corollary, criteria for unsatisfactory progress and for termination should be defined. The criteria should be measurable, related to project goals and objectives, and reflect the consensus of all involved in the treatment.
- With the prior written consent of the client, periodic reports are made to a judge or other responsible criminal justice official, with adverse action initiated at the discretion of that official.
- Monitoring may include urinalysis, client interviews, progress reports on treatment, and visits to treatment programs.

IV. IMPLEMENTATION STEPS/ISSUES

To implement a TASC Program, there must be agreement on criteria used to determine how offenders are accepted into the program. These criteria usually include the offender's current criminal justice involvement and substance abuse, certain current charges (e.g., violent offenses), behavioral histories, minimum/maximum ages, and/or other relevant standards. There also should be agreement on how to measure treatment progress and successful or unsuccessful completion of the program. These criteria generally include attendance, abstinence, and no criminal behavior. The criteria also may include achievement of interim and/or ultimate objectives set forth in the overall treatment plan.

However, the existence of a TASC Program should not be a factor in court decisions regarding violent offenders and should not be considered when determining whether or not a violent offender receives probation or incarceration.

Additionally, any jurisdiction considering implementation of a TASC Program should determine the following to assure its success:

- Need
- Available community treatment resources
- Support and commitment from the criminal justice system and service providers

Finally, the following information should be collected and analyzed to assure efficient administration of the program:

- Client demographics
- Number of referrals
- Nature of referrals
- Type of referrals
- Total number screened
- Total number referred to treatment
- Total number of successful program completions
- Total number of client assessments or evaluations
- Total number of administrative terminations, i.e., clients leaving the program due to dropped charges, changes in venue, illness, death, etc.
- Recidivism rate of clients while in the program

V. PROGRAM EXPERIENCE

A. Statewide TASC Program Development

For the last several years, the major thrust of the TASC Program has been on statewide development and implementation, which can provide services to a greater number of people more effectively. For example, participants in rural or low population jurisdictions can be serviced more effectively and efficiently through a central state coordinating office. A statewide program also makes more efficient use of treatment providers by establishing a network for transferring monitoring responsibilities among local agencies participating in the TASC Program.

B. Expansion of TASC Programs to Mental Health Problems

Several local TASC Programs also have successfully expanded the TASC model to include mental health services. This was in response to requests by local TASC Program coordinators and from studies revealing insufficient mental health services in jails and prisons.

C. Results

By establishing a TASC Program to identify, diagnose, treat, and monitor substance abusing offenders, the following benefits accrue to criminal justice and treatment agencies and to the community at large:

- Better information on which to base pretrial release, diversion, or sentencing decisions.
- Better utilization of jails by expediting supervised pretrial release of appropriate alcohol/drug related offenders.
- Reduction of alcohol/drug medical crises in jails by early identification of arrestees who may need assistance during withdrawal.
- A broader range of sentencing alternatives for the court.
- More effective use of community resources for alcohol/drug-related crime.

- Promotion of harmony between criminal justice and treatment agencies by emphasizing common interests.
- Reduction of recidivism among treated offenders, resulting in lower court, prosecutor, and probation caseloads.

D. Lessons Learned

The following lessons have been derived from the implementation of the strategies summarized above:

- The TASC Program can be an effective bridge between the criminal justice system and the treatment system even though each has different goals or methods to achieve similar goals.
- The TASC Program is least effective when it must mediate among competing criminal justice agencies.
- Voluntary participation by accused (or convicted) offenders is a prerequisite for their success in the TASC Program. If the "crisis situation" and threat of legal sanctions cannot motivate an accused person to accept treatment, it is doubtful that coerced treatment will succeed.
- Confidentiality of offender treatment records must be respected. Federal law protects the confidentiality of alcohol and drug abuse patient records, including those of patients referred from the criminal justice system. There must be a prior understanding among all concerned as to what offender information will be communicated and under what circumstances. Offender consent should always be obtained in writing.
- TASC Program staff should maintain the role of objective intermediaries between the criminal justice system and treatment interests.
- Program staff may aggressively present facts to those with a need and authority to receive them, but should avoid becoming advocates for either treatment or sanction, prosecution or defense. Alignment of the TASC Program with any of these interests may dilute the credibility of the program and its objective.

- Both potential reward and potential punishment are important to motivate the offender to successfully participate in the TASC Program. An attractive "carrot" (e.g., dismissal of charge, or lenient sentence) is an obvious motivation to undertake treatment, but it is equally important to use the "stick" of prompt sanctions when the conditions of participation are violated, in order to avoid the perception or the actuality of the TASC Program becoming merely another "revolving door."
- The TASC Program may intervene at almost any stage of the criminal justice process. The earlier the point of intervention, the greater the potential for impact upon the workload and costs of the criminal justice system, and upon the offender.

VI. SOURCES FOR FURTHER INFORMATION AND ASSISTANCE

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B. Training /Technical Assistance

1983
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VII. PERFORMANCE INDICATORS

During implementation of the program described in this Program Brief, sponsoring agencies or organizations should find it useful to track and maintain certain program information in order to provide some indication of program performance. While basic in nature, this information will not only provide an indication of program progress and performance, but will also serve as a benchmark for continued program implementation and allow for comparison with similar program efforts in other jurisdictions. Attached is a suggested reporting form listing several performance indicators which should be helpful in tracking program performance.

PERFORMANCE INDICATORS
(Please type)

Program Category: Treatment Alternatives to Street Crime
(TASC)

Project I.D. No.: _____
(Limited to 10 characters)

Implementing Agency: _____
Address: _____

Report Date: ____/____/____

Period Covered: ____/____/____ through ____/____/____

Performance Indicators: In order to gather basic information regarding project implementation, please provide responses to the following performance indicators.

(1) Number of staff assigned to project:

(2) Total amount of Federal/non-Federal expenditures:

(3) Number of persons screened during the project period:

(4) Number of clients accepted during the project period:

(5) Number of clients completing treatment:

(6) Number of clients rearrested while in treatment:

(7) Additional comments/information:

END