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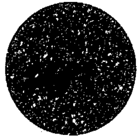

ILLINOIS TASC AND SELECTED DRUG ABUSE TREATMENT PROGRAMS FOR WOMEN

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CHICAGO PROGRAMS: INTRODUCTION

This document reports findings on treatment for drug abusing women in Chicago, Illinois, based upon interviews with personnel at TASC of Illinois and selected drug treatment programs. Interviews with staff at TASC and the programs that were visited concentrated upon the way in which clients' needs are assessed and upon how services matched to those needs are provided. As an integral part of the way in which clients' needs are addressed, we were particularly interested in the range of programs available to serve women of different characteristics, the extent to which services that are particularly needed by women were offered in the various programs, how services were brokered, and the ways in which the various treatment programs interfaced. The particular drug abuse treatment programs that we visited were selected by TASC, and, as will be noted, the women served by these programs were predominantly African-American, [1] and either indigent or poor, and of limited education, vocational and coping skills.

The program staff whom we interviewed usually included the program director along with senior staff who wore two or three hats: administrators, intake interviewers, and counselors. In all cases, the programs made copies of their assessment instruments available to us. Beyond the assessment instruments, all of the information provided here is based on interviews alone; we did not attempt to verify anything that was said or to seek further information through court records or other sources. Because the data are based on interviews, from time to time in the program discussions we have quoted or, more frequently, paraphrased what was said *so as to convey the flavor of the comments.*

TASC OF ILLINOIS

TASC of Illinois (Treatment Alternatives for Special Clients, Incorporated) provides assessment and case management for offenders who are referred by agencies in the criminal justice system and other social agencies, collects and maintains information on treatment resources, refers clients to treatment programs and ancillary services, monitors their progress in treatment, and as required, moves clients from one type or intensity of treatment to a more appropriate level (e.g., from residential to outpatient when the client shows sufficient progress, or the reverse in case of relapse). TASC of Illinois changed its name from the more usual, Treatment Alternatives to Street Crimes, to its present name, which better reflects the clients who are served. These clients, in addition to the criminal justice population, mainly include individuals who have welfare and child welfare problems.

TASC of Illinois is a statewide program. Cook County clients (Chicago), while usually referred to treatment programs within the urban area, can be referred to programs in communities outside of the metropolitan area, and by the same token, clients in other counties that do not have adequate services or services appropriate for the needs of certain clients can be referred to programs in the Chicago metropolitan area. However, in respect to programs that target women, while their number has increased in the Chicago area over the last several years, more so than in the rest of the state, even in Chicago the demand greatly exceeds available resources.

[1] African-American and black are both used in the ensuing descriptions depending on the term used by our respondents.

Most of the TASC clients are referred by the criminal justice system; all of these are felony offenders, and most are probationers; few offenders are referred for diversionary disposition. Excluded from the TASC clients are those with convictions for violent offenses, major drug dealers, and, according to statute, offenders who are convicted of residential burglary with a prior felony conviction. Other than those affected by the exclusionary criteria, virtually any other felony offenders who are deemed to have drug and/or alcohol problems and who can qualify for probation (meaning that their conviction and criminal record is not too serious) can be considered for referral by TASC.

Client Characteristics

Full details on the demographics of the persons interviewed by TASC during the periods of July 1, 1992, to June 30, 1993, are included in the appendix; here we just summarize characteristics of special interest.

During the year, 6,692 adults were interviewed, of which 966 or 14.4% were women. Of the total population, 57.7% were black and 35.9% were white; over 61% of the women were black. Close to 18% of the total population was employed full time, 70% were unemployed; 9.2% of the women were employed full time; 81.6% of the women were unemployed, as compared to 68.6% of the men.

Numbers of prior arrests appeared to be similar for men and women. About 10% of the men and 12% of the women had no prior arrests, about 43% of the men and 48% of the women had 1 to 4 prior arrests, about 35% of the men and 28% of the women had 5 to 15 prior arrests, and about 12% of both men and women had 16 or more prior arrests.

Primary substance abuse appeared to differ by gender--about 11% of the men and 19% of the women named heroin as their primary drug; alcohol was primary for about 27% of the men and 15% of the women; cocaine was primary for about 10% of the men and 11% of the women; and crack was primary for about 15% of the men and 23% of the women. Most of the population--both men and women--had little or no prior experience with drug treatment, though women had somewhat more experience than men.

Of the total number of people interviewed for acceptability during the year, large percentages were found to be either ineligible, unserviceable,[2] or unacceptable to TASC or CJS. Only 16.3% (1025 persons who were interviewed) were accepted and placed in treatment; another 22.2% were found to be tentatively acceptable. Of the 963 women who were interviewed during the year, 224 (23.4%) were found acceptable and referred to treatment, and another 189 (19.7%) were tentatively accepted for referral to treatment. The total population of those referred into treatment by TASC were referred about equally to residential and outpatient programs, though outpatient referrals were somewhat higher for women, probably because fewer residential slots were available for women.

The initial screening and assessment of potential clients for acceptability is usually done prior to conviction for persons in jail or on bond, although TASC will also take clients after they have been convicted and placed on probation. TASC receives referrals primarily from judges and defense attorneys during the pre-trial stage and, at that point, begins the

[3] TASC will accept dually diagnosed and other difficult cases provided that TASC can provide the services needed; if such services cannot be provided, TASC refuses to accept the client.

assessment and develops a treatment plan.[3] A recommendation is then made to the judge regarding the persons acceptability, and if acceptable, the treatment that appears to be most appropriate. The judge reviews the TASC recommendation and if the judge concurs on a recommendation for treatment, probation is imposed with the condition that the client be placed under TASC supervision.

Assessment

TASC conducts an initial screening to determine eligibility. For this purpose TASC uses self-report, official records pertaining to criminal history, and medical and psychological status. If the person appears to be eligible, a thorough assessment is made using an instrument specially developed by Illinois TASC for assessing potential clients. The domains addressed by the instrument are the same as those in the Offender Profile Index (OPI); however, TASC indicated that there are differences that make the OPI less acceptable. Such differences include the level of detail on the severity of the substance abuse problem, treatment history, and readiness for treatment. TASC indicated that they may consider providing a greater degree of objectivity for measures of readiness by using the George De Leon scale (Circumstances, Motivation, Readiness, Suitability) or the SASSI, which is used in Texas.[4]

As for help in making the referral to treatment programs, TASC indicated that while the Offender Profile Index provides a score based on the social conformity of the client, their instrument looks primarily at the level of resources available to the client in terms of family support and support in the community as indicators of how well the person is likely to do in outpatient treatment, or whether residential treatment is required. (It appears that the indicators used by TASC for making this determination are also found in the OPI, including the duration and severity of the drug problem, the type of drug used, prior drug treatment, family support, and the like.) In addition to the measures that they currently use for determining the most appropriate treatment type, TASC is considering use of the placement criteria developed by the American Society for addiction Medicine.

After an individual has been sentenced and assigned to TASC, further assessment is done to help determine required services. TASC refers the client to Central Intake, a unit within a major therapeutic community program in Chicago called Interventions. Central Intake does a medical screening, checking for communicable diseases and other medical problems.[5] Based on the treatment plan and the medical assessment from the Central

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[4] There are also eight night drug courts in Cook County and the drug courts can refer individuals to TASC. However, the emphasis in the drug courts is to expedite cases so that in the past there was little in the way of intervention. However, TASC administrators indicated that they are now beginning to get referrals from the drug courts and can expect more in the future. At this time it is not clear whether TASC will receive more resources to handle this increased workload.

[5] One of the persons interviewed had worked on the CSAT scale of readiness, but our impression was that the CSAT instrument did not meet the needs of TASC.

[6] As will be seen subsequently in the discussion of individual treatment programs, the Central Intake unit of Interventions provides medical screening for the individual treatment programs as well as for TASC.

Intake Unit, the TASC case manager places the client in an appropriate treatment program (if space is available) and provides case management.

It is our understanding that as of July 1, 1993, the block grant legislation requires that pregnant and postpartum women receive priority for access to treatment services, and moreover that specific services for women (e.g., childcare) need to be available to those women. In general, TASC believes in referring women for treatment to programs that specialize in serving women. It is felt that women's programs tend to emphasize family issues and exhibit greater sensitivity to women's issues. In particular, women's programs protect women from physical and sexual harassment and from the discrimination that sometimes occurs in mixed gender programs, and they provide a safer environment in which women can talk about prior sexual behavior and the physical and sexual violence they have experienced.

Once clients have been placed, they can be moved from an outpatient to a residential program, or the reverse, prior to completion of treatment in the program, if the case manager believes that such a move is indicated by the client's progress and behavior. If a change in a client's placement status is contemplated, the case manager will meet with the clinical supervisor, and in some cases obtain input from the treatment program counselor and the probation officer, to help reach a decision. Once a decision is made, TASC must inform the judge that a change is being recommended, and obtain the court's approval since the initial placement is the one that the court had agreed to.

Services

TASC provides a pre-treatment program for clients who cannot be placed immediately. Currently there is a delay of five or six months before clients can be placed in residential programs, and six weeks or longer for some outpatient programs. About one-third of the individuals who qualify for treatment remain in jail either because they cannot afford a bond or because the judge wants them to remain incarcerated until a treatment slot is available. The other two-thirds participate in the TASC pre-treatment program.

The pre-treatment program is intended to provide a modest level of service and maintain some contact between caseworkers and clients during the waiting period. In addition, once a month, or more frequently if drug use is suspected, random urine testing is provided. The pre-treatment group meets once a week for one and a half to two hours. In addition, TASC caseworkers refer clients who are awaiting slots in treatment programs into self-help groups.

Sometimes it is difficult for TASC to obtain treatment for women because many programs require reimbursement from Medicaid since this is one of the mainstays of their funding. In this connection, one important function of TASC is to help the women obtain Medicaid, which is sometimes a fairly complicated process. Since the women will not be living in their own residence if they are placed in residential treatment, they can be considered ineligible for benefits unless a persuasive argument is made.[6]

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[7] The Cook County Jail has a jail furlough program, which is described later. TASC is trying to obtain Medicaid for women in that program on the basis that they are living at home rather than in the jail even though the jail operates the program.

TASC provides an HIV prevention program through its Health Education and Support (HES) unit. The program began as a demonstration but currently is being funded by CSAT. The program has four components: education, follow-up, HIV prevention case management, and emergency assistance. The follow-up component consists of individualized counseling, behavior modification, and other support services such as providing clothing for clients and helping clients obtain SSI. Most clients in the HES program are criminal justice clients who are at risk of HIV or HIV positive; they receive all four of those component services. In addition to criminal justice clients, prevention case management is also available on a citywide basis to others. Some but not all participants in the program have a drug problem.

A further service is provided by TASC for those clients who have been referred to outpatient programs that do not provide urine testing. TASC may provide the urinalysis, usually on a once a month basis or more frequently, if indicated.

Staff and Function

Organizationally, within the Illinois TASC, assessment and case management tasks are handled by separate personnel, that is, certain staff specialize in doing assessment and other staff specialize in placement and monitoring. These latter are the case managers. Case managers typically have caseloads that consist of both men and women, but mainly men since women represent a relatively small percentage of those served. In general, little attempt is made to match personnel to clients on the basis of gender with one exception, this is the Sheriff's Furlough Program, a special pre-treatment group for women, which is run by a woman caseworker. (This program is discussed later.)

Case managers in Chicago usually are assigned to particular programs so that if clients are moved from residential to outpatient programs, they are likely to have new case managers. In other parts of the state where there are fewer clients, programs, and other resources, a case worker may handle a number of different programs and a client might stay with the same case manager through changes in treatment status.

Each case manager has a caseload of about 60 clients. At a minimum the case manager is expected to visit clients in residential programs at least once a month and make one or two visits a month to outpatient programs. More intensive supervision is required for clients in outpatient programs so that for about the same level of effort case managers are able to handle more clients in residential programs than in outpatient ones.

In addition to meetings with clients, the case manager has regular communication with program counselors, and looks at urinalysis results. Client progress is reviewed periodically for as long as the client is under TASC supervision. If the client is meeting the treatment goals, then the client is considered to be making satisfactory progress. If the client is failing to meet all of the treatment goals, the case manager will use his or her leverage with the client in an attempt to obtain compliance. If the client does not cooperate and the problems are severe, the case manager calls for a formal case conference. Behaviors that are derelictions are considered jeopardies, and if there are three jeopardies, the client can be discharged from TASC. Jeopardies include missing treatment sessions or meetings without permission or acceptable reasons, and other serious problems not including the use of drugs.

Training

TASC tends to recruit individuals who have prior experience or good academic training because they find that it is difficult to provide adequate training in-house for someone without the requisite background. New staff are given one week of training, and continuous supervision for several months. Included in the one-week training are some sessions on women's issues, which are usually provided offsite by an external organization. The University of Chicago does some training for TASC staff and gives credits toward certification and advanced degrees.

Linkage and Treatment Referrals for Women Outside TASC

Chicago has a number of programs that treat women to which TASC clients are referred. Of these, four community-based programs that are specifically for women and one jail furlough program for women were included in our site visit. The community-based programs are: outpatient programs for women within Project Success; Human Resources Development Inc. (HRDI), which includes residential, outpatient and intensive outpatient programs for women; Haymarket House, the largest and most inclusive women's program that we visited, which provides detoxification, residential, and outpatient services, plus special services for pregnant and postpartum women; and a residential program for working women, which is one of the Alcoholism and Drug Dependence (ADD) programs under Lutheran Social Services, Inc. (LSSI). The jail program that was visited is the Sheriff's Furlough Program. In this program the clients reside at home under electronic surveillance and attend training for a few hours a day at the jail. Other programs in Chicago that treat both men and women and that are sometimes used for TASC referrals include two major ones, Interventions, which through its Central Intake unit provides medical screening for many of the local treatment programs, as well as for TASC, and community-based and custodial programs run by the Gateway Foundation. Interventions and the Gateway Foundation programs are quite well known and consequently were not visited during our July 1993 site visit.

While Chicago does have a number of programs serving diverse needs of clients, there are no transition programs for persons leaving custody unless they are in a treatment program in custody that also has a community-based component, such as Gateway Foundation. To rectify this lack, TASC, in conjunction with Gateway, the Department of Corrections, and the state Department of Alcoholism and Substance Abuse is submitting an application to CSAT to set up a program that will provide transitional services for offenders who were in a drug treatment program in prison.

In the following section, the programs that were visited are described with an emphasis on assessments and services. The women's outpatient programs in Project Success are described in some detail, as is the residential program under the auspices of HRDI. In the discussions of the other community-based programs, we emphasize differences and characteristics of particular interest. The discussion of the jail program concentrates on distinctive characteristics of the program and its treatment philosophy.

SUBSTANCE ABUSE SERVICES, INC. (SASI) PROJECT SUCCESS

SASI is licensed, monitored, and funded by the Illinois Department of Alcoholism and Substance Abuse. Currently the following services are offered: SASI Outpatient Program for 370 men and women clients; Branden House, a residential facility for 80 clients which is located outside of the Chicago area and was not included in our site visit; Project Success, which includes two programs specifically directed toward women--an outpatient Prenatal Component for 100 women, and an intensive outpatient program, Project S.A.F.E.,for 15 mothers who have been referred by the Department of Children and Family Services (DCFS) [7]; and an aftercare component which meets on Saturdays for clients who have been discharged from the residential or outpatient programs.

Each treatment facility is managed by an on-site director. Staff include consulting physicians, full-time nursing staff, certified drug abuse counselors, and mental health specialists. SASI, the umbrella organization, and the SASI outpatient programs are housed in proximate facilities in Chicago's south side. The neighborhood is very run down and the buildings that house the programs, while maintained neatly within, are badly in need of updating and refurbishing--they show years of neglect.

Clients

Few clients in the women's programs of Project Success are referred by TASC; most are referred by the Department of Child and Family Services (DCFS). Although the numbers of TASC clients at any one time vary considerably--currently there are two--there have been as many as 30.[8] Other referrals are from the local hospitals, other treatment programs, the Southside Infant Health Network, and self referral of walk-ins.

Women clients referred by criminal justice share characteristics with the other clients. The main difference is not in client characteristics but in the records that the program has to provide for criminal justice clients that are required by TASC and the court, and the required periodic conferences with the TASC case manager. [9]

Most of the clients of Project Success live in the neighborhood, which is primarily African-American. Many come from housing projects that are situated south of the program facility. The women who live in the neighborhood describe it as Vietnam: *they have to dodge bullets and comfort and shield their children.* The unsafe neighborhood makes it extremely difficult for women to attend evening support groups like AA, NA, CA.

The clients are mainly users of crack cocaine. Recently, since March or April of 1993, there has been an increase in heroin use, but usually in combination with cocaine

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[8] DCFS pays for the S.A.F.E. program.

[9] It was suggested that part of the explanation for the drop off in clients might be "that TASC went through a lot of change in hiring practices and there was high turnover. Sometimes a tracker or case manager would not be seen in the facility for three or four months, then someone new would show up for one month, only to be followed by another new person the next month." However, case manger visits are reported to be consistent over the past year and a half or so, but the number of TASC referrals is very low.

[10] The staff referred to the TASC case manager as a "tracker."

(crack). It seems that this current client population of cocaine users is quite different from the population of heroin users who were the majority of clients some years ago. The current population is described as frustrated, angry, with short attention span and little patience. In addition, it is a much more difficult population to work with not only because of the drugs that the women use, but also because of the "baggage" they carry with them, including several children, abusive mates, and poverty, all of which make it difficult to get the women seriously involved in treatment. *Women have so many problems to deal with, and so many obstacles to overcome to engage in treatment, including the lack of affordable (free) child care, that treatment becomes secondary.* Many of these women need residential care, but there are insufficient beds to meet the demand, and of the existing beds, most are assigned for the use of men. In general, it seems that resources in the state to treat multiple problem clients such as these are inadequate and insufficient.

Assessment

Substance Abuse Services, Inc. (SASI), the umbrella organization, provides central intake for the SASI programs. For each potential client, SASI central intake conducts a psychological/social assessment including substance use and treatment history, marital history, and history of legal involvement. For medical assessment, clients are sent to the Central Intake unit in Interventions. On the basis of these assessments, psychological/social and medical, the client is referred to one of the SASI programs.

When clients come into Project Success, there is further, more detailed, psychosocial assessment even of the TASC referrals for whom TASC assessment data, in addition to data collected by SASI central intake, are available. This further assessment serves two purposes: one is to obtain more detailed information on certain aspects of client history and check on the information that the client has already provided (e.g., client may claim a $400 a day habit to TASC, $200 to SASI central intake, and a $100 habit to Project Success); and the second purpose is to establish rapport between client and primary counselor.

After all the assessment data have been collected, the staff member who will be the client's primary counselor in Project Success (with input from other staff as needed) pinpoints the client's problems and develops a treatment plan.

SASI central intake and Project Success have developed their own assessment instruments. Standardized [10] instruments are not used although the same domains tend to be included as those found in the standardized ones. [11] While the instruments used by TASC, SASI central intake and Project Success include many of the same domains, they do so at different levels of detail and have been developed for overall different purposes. That is, TASC is concerned with determining the risk in leaving the person at large, the likelihood of the person doing better in treatment than in custody, the modality of treatment

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[11] We are using the term "standardized" to refer to centrally available, published instruments.

[12] Project Success staff indicated that they were not in favor of standardizing assessment instruments because the various programs were located in different areas of the city and worked with different kinds of clients. "While the bottom line is the same--they all have substance abuse problems--they may come from different cultures and have different issues and problems that are paramount. Standardized instruments may not accurately reflect these differences."

that seems most appropriate, and a checklist of services needed; SASI central intake is most concerned with assigning the person to the most appropriate treatment program among their service offerings; and Project Success is mainly concerned with establishing a treatment plan for the client.

The treatment plan that is developed when the client first comes into Project Success is reviewed every ninety days, or sooner if the client's progress or change in status indicates the necessity. In addition to this on-going assessment conducted by the project, the TASC case manager visits the program once a month to find out how TASC clients are progressing.

Services

The women's programs--Prenatal Component and Project S.A.F.E.--are for women who are pregnant or postpartum, who have recently had a miscarriage or abortion, or who have children who are two years old or younger. These are two-year programs followed by 60 days of aftercare (a Saturday program). Following completion of the treatment program, the client enters aftercare, and after six weeks the client's primary counselor does a six-week follow-up to see if the client is still participating.

The intensive outpatient program (Project S.A.F.E.)is four hours a day for five days a week; the other outpatient program (Prenatal Component) is for eight hours a week in services provided at the treatment facility. However, as part of the treatment the client may be involved in education toward a GED at a local college, which is usually for four hours each day. In such cases, the client is only required to attend an hour or two of counseling a week at the Project Success facility.

Program services are provided during daytime hours (9:30 AM to 4:00 PM).[12] During the evening, clients are expected to attend self-help support groups, both to help maintain sobriety and to establish networks, but as indicated earlier, because of the difficulty in obtaining child care and the danger of going out at night in unsafe neighborhoods, attendance tends to be sporadic.

Babysitting and childcare. The Prenatal component offers babysitting for women who come in for counseling or medication. The program does not have facilities or staff for day care or nursery services; all they have is a room for babysitting, and babysitting is only available for children two-years old or younger. (It appears that very few programs in the city provide services for babies or children of mothers who need treatment.) The Intensive outpatient program (Project S.A.F.E.),which is funded by DCFS, does arrange for outreach providers who pick up mothers and bring them into treatment, and who take the children to day care which has been arranged with a child service center. Project Success makes a special effort to help TASC referrals in the Prenatal Component with child care services so that the client can attend treatment that has been mandated.

Methadone. Pregnant women in the Prenatal Component who are addicted to heroin are maintained on methadone. However, the S.A.F.E. program offers no drug abuse medication; these pregnant women have been cocaine and/or alcohol users and are required to be drug free. *Medical services.* There are two full-time and one half-time nurses in attendance who dispense the methadone, collect information on the client's

[13] Staff indicated that there is a need for a 24-hour facility, but they do not have the resources.

medical history at intake, and review the medical plan every 90 days or sooner if there are any concerns. The medical case record, requests for lab work, etc. are prepared by consulting physicians and taken to the nurses, who see that directives are implemented and provide whatever referrals and follow-ups are necessary. At one time, all prenatal, perinatal, and postpartum care was provided by the medical facilities of the University of Chicago, and there was a very close working relationship between the project and the university. However, *since the state broke up the kinds of allowances the project gets on a monthly basis, they had to start seeking care all over the city from whatever sources they could get it and transport the women to these various places for prenatal care.*

Dealing with various providers has caused some problems, in addition to being inefficient and straining the transportation resources of Project Success. It is reported that some of the hospitals misinterpret what the program does, how it functions, and its operations. *Sometimes they will discharge a client who may be on a high dose of methadone, and there may not be a doctor on staff at Project Success at that time. Project Success has tried many times to inform them about the program, but the next client may be seen by a different doctor, or the client may be particularly difficult, and it seems as though at times the hospital staff just want to provide a medical procedure and then turn the client back to the program, with the attitude, in effect, that they have done their part of it and they are finished. This leaves a lot of difficult stuff for the program to deal with in terms of methadone dosage, other prescription dosage, and aftercare. Sometimes SASI's medical director will intercede; however, the programs' physicians do not work as closely with the hospitals as they might wish.*

Urine testing. All clients in the women's programs are subjected to eight random urine tests during each anniversary year. TASC clients may also be required to submit to tests at TASC if drug use is suspected.

Absence from treatment or dirty urine. If the client misses two unexcused sessions, the client and counselor meet to discuss the problem and possible solution. In the case of a TASC client, the TASC tracker (case manager) is alerted and a meeting is convened at which the client, program counselor, and TASC discuss the issues. A third miss elicits a jeopardy meeting with TASC, at which time the TASC people decide whether or not to take that case back to court. If there is a fourth miss for which there is no acceptable justification, the case is automatically returned to court. A similar procedure is followed in the case of a dirty urine.

Family planning. All the women in the programs are provided with sessions on family planning. In addition, there is a group for men that focuses on issues of abuse as well as family planning, and the role of the man in the household. The feeling of the staff is that if they do not work with the men who are associated with the women in treatment, no progress or change will be possible for the women. In SASI Outpatient, a group for men is getting started that will focus on the man's role in the community as well as in the family. It is hoped that this will get more men involved.

AIDS prevention. The project has recently seen an increase in HIV-positive and AIDS-afflicted clients. A new staff member who is knowledgeable in this area provides education and group counseling, distributes pamphlets and other educational materials, and makes referrals to provide for particular needs of HIV and AIDS infected clients. In addition, the project distributes condoms, when they can get them, and bleach. In regard to bleach the attitude is that "*We have to deal with the reality of it. If they are going to use drugs then clean the works.*" Even though recent findings indicate that bleach may not be

effective, until there is overwhelming evidence to the contrary, bleach may continue to be provided when it is available, which is not often (recognizing that sometimes the bleach may be passed on to friends rather than be used by the clients themselves). Moreover, in support of continued distribution of bleach, it seems that various AIDS projects in the community, of which there are a number, are continuing to distribute bleach.

Other services. In addition to medical support and sessions in family planning, the programs emphasize a number of areas important to women including workshops in parenting skills, stress management and nutrition, sessions on consumer education, and family counseling. In addition to the services actually provided by the programs, of major importance are referrals to other services available in the community. For TASC clients, in the main, Project Success counselors try to make all necessary referrals themselves, but on occasion TASC may also be involved, particularly if scarce resources are needed for TASC clients.

Currently, the women's programs do not have case managers as such; instead, primary counselors make the contacts and referrals aided by the director and the supervisors. The project is hoping to get one or two case managers in the near future. The staff uses a team approach and does considerable networking in the community; they attend workshops and meetings of various professional and community organizations so that they can identify available resources for their clients, as well as increase their knowledge and skills.

Training in preparation for working is not being offered, although staff feel that it is necessary. On the other hand, staff do not feel that vocational training would be realistic for a majority of the clients, given their characteristics. In the past, with a different client population, Project Success had support from a local skills development center.

HUMAN RESOURCES DEVELOPMENT INSTITUTE (HDRI) WOMEN'S PROGRAMS

HDRI, an African-American organization, contains a substance abuse division and a mental health division. The substance abuse division includes three women's programs: residential, intensive outpatient, and continuing care. HDRI is part of the Southside Coalition of Providers, which meets monthly and provides a mechanism for networking, the exchange of information, and the opportunity to make agreements for services. For example, through one such service agreement clients in the women's programs can be referred to an intensive program for sexually abused women which is run by the Cook County Hospital.

The emerging national health policy seems to have given impetus to the development of close working relationships among providers as a means of expanding services to more people. HDRI women's programs have begun branching and networking more actively to find their niche in the coming reorganization.

In particular, the HDRI women's programs have a strong relationship with other women's programs such as Haymarket House and the women's program at Interventions. While all the programs for women have some things in common, they cannot all do everything that needs to be done, and to some extent they target different populations, so they try to help each other. For example, on one side, Interventions provides several services that HDRI does not provide but needs for its clients. These include medical assessment and some treatment, and detoxification. An extremely important service that Interventions provides is to allow some women who complete residential treatment at HDRI to enter Interventions' second stage housing (kind of halfway houses for recovering women where women can live with up to three of their children). [13] Among other services, Haymarket provides residential support for working women. On the other side, both Interventions and Haymarket may send their more extreme cases to HDRI women's programs.

HDRI's women's programs are housed in a building that was formerly used by a church located across the street. The facility is situated further south than SASI in a run-down, predominantly African-American neighborhood. The building housing the women's programs is clean and recently painted but old and in need of renovation.

Client Characteristics

All of the clients at HDRI are African-American; most have had their children removed by DCFS, and DCFS is a priority referral source; all or most are long-time drug users; the women are mainly on cocaine (crack), some have past histories of heroin use,

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[14] Most of the women at HDRI do not have custody of their children at the present time, but there is great pressure on DCFS to reunite children with their mothers, so many children are being returned to mothers who are incapable of providing for them emotionally, as well as in other areas. Recently, however, there was a tragic case where a mother hanged a small child who had been returned to her custody. It was suggested that before children are returned to the custody of the mother (or father), there should be assurance that the women are capable of dealing with them. DCFS has a program where women are trained in a home over a period of time in all of the tasks needed to maintain a home and care for children. Needless to say, though, there are insufficient funds to provide all who need it with this kind of training for as long as it is needed.

and heroin use seems to be making a comeback. Few, if any, have vocational skills or have held a job in the last several years. The women tend to be older than most women found in other publicly financed treatment programs, and all are either on Medicaid or receive state funds for the indigent.

The HDRI drug treatment program has a contract with TASC but at the time of our visit had no TASC clients. This was because the slots for the indigent were used up and TASC had no women to refer who were on Medicaid and appropriate for the program. It seems that the program formerly accepted all indigent persons who other programs could not accommodate either because the clients had no public or private insurance or because the cases were too severe--the program was known for this. Now, because of financial need, the program accepts Medicaid clients, and Medicaid restricts programs with Medicaid clients to 16 beds.[14] Previously when the program had 40 beds and was solely for indigent (non-Medicaid) clients, TASC was guaranteed 12 to 15 slots.

More than half of the women who enter the residential program have been referred from 28-day residential programs at Interventions or Haymarket after the 28-day program had proven insufficient for the needs of these women.

Assessment

One of the professors at the Illinois School of Professional Psychology has her interns conduct the initial intake psychological testing of potential clients using a battery of standardized psychological tests. The HDRI primary counselor does a psychosocial assessment using forms developed for HDRI use. The consulting psychiatrist also does a psychiatric evaluation to help in planning treatment. There are a couple of people on staff who are in process of getting advanced degrees in clinical psychology, but most are drug abuse counselors, so potential clients with dual diagnosis are ruled out, especially if they require medication, though some borderline women are admitted. Women with physical problems that make them incapable of doing the household tasks are not admitted. The program is going to a new system--a team approach for screening potential clients. The team will include the director, a medical person (nurse, staff doctor, or other consulting doctor), the HDRI utilization reviewer, and a senior drug treatment therapist whom they call a Qualified Trained Professional (QTP).

There is a QTP for every four women in the residential program. Currently there is one QTP for the nine clients in the intensive outpatient program (IOP), but staff hope to reduce the ratio to one to six as the program grows. The continuing care program (outpatient) currently has twenty women with one QTP.

Services

The women's drug treatment program has a two- to six-month residential component, a recently implemented intensive outpatient program, and an outpatient program, providing a continuum of service. (Women who do not have reasonable housing situations on completion of the residential program will enter a recovery house at Interventions if there

[15] Now that HDRI cannot take all of the clients that other programs do not want, a vacuum has been created, which is one of the issues that Southside Coalition will have to deal with.

is a slot open and if they are covered by Medicaid and meet other criteria.) The women's programs provide neither detoxification service (clients who require detoxification are sent to Interventions) nor methadone maintenance, which is provided in an intensive program for men and women at an HDRI facility in the southwest section of the city.

The residential program is restricted to 16 women because of Medicaid regulations. It is highly structured. The program is in two phases preceded by one, two, or more weeks of orientation depending on the needs of the client. The phases, which run concurrently for two separate groups of women, are stabilization and recovery. There are 32 hours of treatment per week consisting of group and individual counseling, which takes place in the HDRI building from 9:00 to 12:00 and in the evenings. In the afternoons the women are bused to a local college. There, from 1:00 to 4:00 they receive instruction for the GED, computer classes, which also incorporate literacy training, or business training. In addition, the program uses DOORS, which is conducted by a special counselor. DOORS is a job placement program which starts with vocational preparedness and continues through monitoring on the job. All housekeeping tasks (cleaning, laundry, yard maintenance, etc.), with the exception of cooking, are the responsibility of the clients.

The residential program provides the same kind of drug abuse treatment and ancillary group and individual services that are found in other comprehensive programs for women, with perhaps somewhat more medical care because of the severity and repetition of the women's medical problems, particularly sexually transmitted diseases. In addition, many of the women have been severely traumatized by sexual abuse. (As indicated previously, the severe sexual abuse cases are referred to Cook County Hospital); medical treatment is provided by Interventions, by the staff doctor and nurse, and by other specialists, as required.

The distinctive qualities of the program, according to those interviewed, include the nature of the clientele (indigent with severe, chronic drug abuse extending over many years) and an identification as a culturally specific "Black" program. The program has been developed by the staff which is largely African-American. Materials used have been developed for an African-American clientele; e.g.,videos that are used have been developed for an African-American population. The director of the women's programs and other staff attend many conferences on African-Americans and recovery held in the city, and the director attends the conferences held in Puerto Rico and Hawaii on the treatment of people of color.

HAYMARKET HOUSE

Haymarket House is under the umbrella of the McDermott Foundation, which is named after Monsignor Ignacious McDermott. The Monsignor became interested in the alcoholism problem on the Westside, which was one of the biggest skid row areas in the country, and the effects on the children of alcoholism in the family. While the church does not fund the programs in Haymarket House, it has provided the remodeled building for the programs' use, and the Monsignor is the guiding light of Haymarket House.

The Haymarket House programs are housed in a former factory building where either pianos or caskets, or both, were made. The building appears to have been gutted, completely remodeled and refurbished. It is essentially brand new in appearance, pleasantly utilitarian in its internal structure, and spotlessly maintained. It is a security building with a guard who signs in a visitor, issues a badge, and checks that the visitor is expected. The women's rooms are reasonably large and attractively decorated and furnished. The building is not licensed for cooking so meals are catered.

Client Characteristics

The women clients are about 80% African-American, the rest are mainly white, and there are a few Hispanics. Only about 25% of the women have finished high school, and about the same percentage have a work history. There are some clients for whom there are minimum expectations because they are so badly impaired from years of substance abuse. Only a few clients are TASC referrals; more are referred by DCFS.

Assessment

Haymarket uses their own assessment instruments. *Standardized instruments might be helpful if they reduced paperwork, and if programs could write in things that were of special interest to them. Counselors want to be able to counsel. Most of them are dedicated, underpaid, and they work long hours. With all the interruptions, it might take an entire morning to do an intake assessment in detox.*

A brief (about one hour if there are no interruptions) psychosocial assessment is done during the third or fourth day in detox. When a women enters the residential programs, a physical exam is conducted at Interventions and a psychosocial assessment is made at Haymarket. Then, if the client goes into an outpatient program or into a recovery home, there will be another psychosocial assessment. Clients referred by TASC come in with assessments, which are added to the files but do not replace any of Haymarket's assessments. The feeling is that clients tend to remember different things at different times and the different programs have different emphases.

Services

Haymarket House provides comprehensive residential services for women and, in addition, has conventional and intensive outpatient programs for both men and women. The residential women's programs consist of: a detoxification service, a prenatal program, a postpartum program, a recovery home program, and a short-term program. Each of these is discussed below.

Detoxification

The ten-bed non-medicated detox program is always full and sometimes has clients in excess of the ten beds, particularly during some nights when women are brought in by police. The average length of stay in detox is five days.

Pregnant women who are not on opiates are automatically detoxed; those who are on opiates are referred to a medical detoxification program. Women on heroin or methadone who are not pregnant are detoxed without medication if they want, otherwise they too are sent to a medical detox. Women on opiates who are detoxed at Haymarket are carefully observed. In case of problems, Haymarket staff take the women to one of four backup hospitals; in case of an emergency, 911 is called and paramedics take the woman to the hospital. However, there are few emergencies; the most common is seizures but at most it is only once a year that a case must be sent to the hospital. While there are nurses on site they are not working in that capacity in the detox program. There are no medical personnel in the detox program but no lack is felt.

Staff note that by far the most complications in detox arise with alcohol rather than with heroin or cocaine: *Here we are much more cautious, they are much more likely to go into seizures. A lot of the women who come in for alcohol detox are older and they have been drinking heavily for years. Many of them are brought in by the police. The heroin addicts are more afraid of detox than the alcoholics--addicts usually don't understand the dependence on alcohol to the extent that they understand the dependence on heroin. The heroin addicts are scared and it's important to reassure them that they are not in danger. Behaviorally, the worst are those on crack. They are agitated, have fights, try to split the staff, are highly impulsive, and create a highly emotional atmosphere. It is not unusual for a woman coming off alcohol to be unable to stand the atmosphere created by those in cocaine detox.*

Prenatal Program

There is a prenatal treatment program that grew out of the detox program. That is, while Haymarket originally had a policy not to detox a pregnant women who was more than five and a half months pregnant, they gradually relaxed that restriction and started to detox during any trimester. The Department of Alcohol and Substance Abuse (DASA) wanted Haymarket to start a program for postpartum women, but it was Haymarket's belief that postpartum was too late. Mothers were leaving their babies because no attachment was formed during the time of the mother's drug use. *They pretty much think that the baby was interfering with their drug use, and it's not uncommon for a woman on drugs and in denial to refuse to recognize that she is pregnant.* So Haymarket developed a prenatal residential treatment program where women can stay until term. In order to satisfy Medicaid requirements and still meet more of the demand, this program has two units, each with 16 beds and separate staffs. It was reported that to date well over a hundred drug-free babies had been delivered through this program.

Postpartum Program

Haymarket also has a postpartum treatment program, which currently has about eight participating women. Instruction is provided by family educators. The mothers are in treatment part time, and while they are in treatment, the children are with other staff. This permits the mother some freedom of movement--there is always a staff member there to take care of the baby. *While in some ways this is very nice, it's kind of a fantasy; in the real world, staff won't be there to care for the children. When women move into the next stage, the recovery home, and are confronted with taking care of their children, 24 hours a day, it's very difficult, even though they have been in a treatment system for months.*

Recovery Home Program

In continuing treatment for postpartum women, as well as others who come into Haymarket with children, Haymarket has a recovery home program for women and children that currently has 22 women and 8 children. Not all of the women in the program have children with them because some of the rooms are too small. Some larger rooms have had a family, a mom and three children living there for a year, and they have had several moms with two children. [15]

One of the differences between the Haymarket recovery home and other recovery homes or halfway houses is Haymarket's goal of making the women independent in the belief that when people become truly independent they will be able to take care of their needs by themselves. So, unlike other agencies where continuing treatment, GED instruction, and job preparedness instruction are arranged by the program, Haymarket provides a safe place to live and expects the women to go outside into the community to arrange for babysitting, to further their education at whatever level they are, and to get a job. *It is similar to when a woman is on her own except that in the program she is not on her own. This causes a lot of problems, and one of the problems is that it's very hard to get childcare, so that mommy can go out and do these things. It's very, very, hard, and we have looked several times at getting a daycare center here so that women can make arrangements right here.* Haymarket would greatly prefer to have accessible daycare arrangements in the community so that moms would have the responsibility of getting the children up, dressed, and to the daycare center on time for them to get to their own job or schooling. Unfortunately, there doesn't appear to be much affordable daycare to be found in the community. [16]

After their stay in the Haymarket facility, some women are then referred to second stage housing in homes such as the ones run by Interventions. (*Amazingly it seems that lots*

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[16] Funds have been removed from the recovery program, so currently the program is being maintained, at a lower level than planned, with funds scraped from other programs.

[17] The availability of childcare depends on the age of the children. There is some daycare for children between two and six, but there is nothing available for infants. Moreover, a specific day care program usually is only for children of a certain age, so, in the morning, a women with four children may have to drop off her children at two or three different daycare places, then get on a bus to go to school. In the evening she will have to reverse the procedure, making for a very long day. In most cases a woman would not be able to do this every day unless she was living in an environment, such as Haymarket, that provided a tremendous amount of support.

of people don't understand addiction. Even after long-term treatment, some people will need some more long-term treatment. One of the things that we've found since we have had the recovery home is that if women have a safe place, and they're receiving minimal guidance, really minimal, they stay clean. We have very, very, low incidence of relapsing. Once a woman gets to the recovery home level, her chances of staying clean are real good.)

Short-term Residential

In addition to those programs involved with pregnancy and children, Haymarket has a short-term residential treatment program, usually scheduled for 28 or 30 days, although the average length of stay is about 21 days. For some clients who complete the program, 28 or 30 days are found to be insufficient, and they are referred to a longer term residential program, such as the one run by HDRI.

Haymarket also has a Project S.A.F.E.,funded by DCFS. As in Project Success, which was described earlier, this is an intensive outpatient program. Women and their children are picked up in the morning (usually from the housing projects where most of them live) and the children are taken to daycare while the moms are brought to Haymarket.

As is typical, treatment is provided through both individual and group sessions. Emphasis in treatment is upon working together--building support groups and networks for mutual help. Women who have children and are sexually active are encouraged to have their tubes tied. Parenting sessions emphasize that it is a privilege to raise a child. As a Catholic agency, instruction in family planning and the distribution of condoms are not provided officially.

Staff

Staff are certified for treatment but not initially for detox, though over a two- to three-year period they become certified for detox. Most are recovering addicts. The feeling is that professional training is very important, but there must be a lot of experience so that staff understand the recovery process, what it is and what it is not. Without this experience and understanding the client is able to manipulate staff.

LUTHERAN SOCIAL SERVICES OF ILLINOIS (LSSI) WOMEN'S RESIDENCE

The Women's Residence, a home and treatment program for recovering substance abusers, is under the Alcoholism and Drug Dependence Program (ADD), which is one of the components of Lutheran Social Services of Illinois (LSSI). The ADD program provides a comprehensive range of services for individuals and families with drug problems. The services included in the ADD program range from detoxification and an hour's counseling per week to full-time structured residential treatment or residence for working clients. LSSI serves nearly 5,000 people each year; the ADD program claims to be one of few programs in the state serving all people without regard to income, race, or religion.[17]

In cooperation with the Illinois Department of Alcoholism and Substance Abuse and other agencies (e.g., medicaid, DCFS, United Way), ADD provides services specifically for women. One such service is the Women's Treatment Center, a comprehensive program for pregnant and postpartum women. The center offers detoxification, residential rehabilitation, a group home, and outpatient counseling. Preschool children can live at the center with their mothers, and daycare is provided. In addition to the Women's Treatment Center, ADD offers another service specifically for women, which is a Women's Residence. This program was visited and is briefly described below.

The Women's Residence is an independent living, drug-free program. It serves employed and employable women. Whether or not a woman is employable is to some extent a matter of judgment. In part, of course, the decision is influenced by the woman's past employment record and her vocational skills, but in some cases women have been admitted solely on the basis of the staff's feeling that the woman can be developed into an employable person. Typically, women who come in without jobs are allowed about four weeks in which to find employment, although officially they are limited to two weeks. We understand that it is extremely rare for a woman to be terminated because she cannot find employment--help is offered through the other clients, the staff, networks that have been formed through AA, NA and CA, and other agencies.

Client Characteristics

In addition to employment, in order to enter the program women must meet the following standards: be 18 years or older (currently there are two residents who are about 50); have five days sobriety (the stay in detoxification programs was recently shortened to five days because of a reduction in state and insurance funding from an original 21 days, to 14, to five); be able to pay an advance program fee of $105 for the first week, and be able to make that payment weekly thereafter; and commit to a minimum stay of three months.

Women who pass initial screening meet with a counselor who conducts an assessment. The assessment instruments cover the same domains that we have seen in the psychosocial assessments used by the other programs reported on here. Some of the assessment instruments that are used in all the ADD programs appear to have been developed by the state, or, at least, collect data required by the state.

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[18] Information on LSSI and ADD was excerpted from descriptive materials produced by LSSI and from information provided by an interviewee.

The program currently houses 26 women, most are African-American. Racial composition of the client population varies from one time to another--a while ago almost all of the clients were white, most of the time they are about half and half.

No children are housed at the Women's Residence. Most of the women who have children have lost custody and, in many cases, are in the program in an effort to regain custody. There are limited visiting rights for children, both for children to come to the Women's Residence to visit with the moms and for the women to visit the children at their residences, or for the moms to spend time with the children in some approved (no alcohol sold) structured activity.

Services

The program at the Women's Residence is directed toward teaching the women how to get work and what is expected on the job, how to take responsibility for themselves, how to manage a house, how to deal with problems, how to raise children, and, in short, how to do and deal with all the things that one must handle in living on the outside.

The women are responsible for maintaining their rooms and doing their own laundry; cooking is done by a professional. Almost all of the women's time is structured. Women are expected to work full time, five days a week, and in the evenings and on weekends to participate in scheduled mandatory activities, including individual and group counseling, family (staff and all clients) meetings, and instructional sessions and lectures. The sessions and lectures cover the topics that we have seen in the other women's programs, including a 10-week course in parenting, but, in addition, there is considerable emphasis on issues related to employment and skills needed to function in the outside world, such as setting up a bank account.

A doctor on staff gives the initial physical examination and then refers to other doctors for treatment. If a woman does not have insurance, she goes to Cook County Hospital for treatment. The program does not provide transportation--the women are expected to reach out to their peers both to give and to get assistance. The establishment of friendships and networks for practical assistance and for support is the essence of the program.

Women tend to stay in the program between eight months and a year, though some stay longer than one year. The goal is for a woman to have a job, apartment, and savings at the time of discharge from the program.

SHERIFF'S FURLOUGH PROGRAM (SFP)

The Sheriff's Furlough Program (SFP) at the Cook County Jail is for women who are in the pre-sentence stage of the judicial system, with occasional exceptions of women who have been placed on restricted probation. Women admitted to the program engage in activities at the jail during the day but return, with electronic monitoring, to their homes for the rest of their time. The program is under the jurisdiction of and is funded by the Department of Corrections and Supervision Intervention. The director of the program also directs the Day Reporting Center, which is a program for men in the Cook County Jail. His assistant who administers the women's program is a TASC employee.

SFP is basically a transition program; when their case comes to court, women who are participating in the program will be sentenced either to jail or prison, or be put on probation. If they are incarcerated, they are likely to enter the Gateway program, a modified therapeutic community with components in the Cook County Jail and in the state prison for women, as well as in the community. Women offenders who are not incarcerated, in most cases, will be given probation with the condition that they enter residential treatment in the community. In these cases the recommendation from the Sheriff's Furlough Program is likely to be referral to Haymarket House or to one of ADD's programs, The Women's Treatment Center.

Before women are admitted to SFP, they are interviewed, given medical and psychiatric examinations, and assessed for security risk by Department of Corrections (DOC) staff. Women who pass the screening are found eligible for release until trial and are assigned to the Sheriff's program. Everyone who comes into the Sheriff's program does not have to have a drug history, but almost all of those who enter the program are or have been drug abusers. At the time of our site visit there were no pregnant women in the program, but pregnant women are not excluded. Women with histories of certain sex offenses, violent crimes, and psychosis are excluded from program participation.

It seems clear that the Sheriff's program for women (which is also the case for a program for men at the Cook County Jail, the Day Reporting Center) grew out of the necessity to relieve overcrowding in the jail. Women accepted for participation in the program are considered too much of a risk to be released on their own recognizance or bond, but not so great a risk that they pose a threat to the community if their movements are restricted by electronic monitoring. In other words, if the jail had not been overcrowded, it is likely that the program would not have been developed, and these same women who have been assigned to SFP would have been incarcerated until trial.

Philosophy

The operational philosophy of the program is that drug abuse is an individual, family, and social problem (*look at correlations between low employment rates, drug use, child abuse and other family violence*) and solutions have to be sought at all these levels. Therefore, the program aims at arranging for holistic treatment for the women; it tries to address many areas including employment, violence, violence prevention, parenting, and education. Staff feel that the main resource of program participants is their own communities and grass roots organizations--organizations that know how to teach people to get jobs, to vote, to pay their bills, to get help. The feeling is that programs make a serious error if they act like they are

the experts who will send people back to the community healed-- *this is a way of perpetrating the same racism, sexism, and violence that leads people to end up in jail.*

In terms of racism and sexism, the philosophy of the program is that racist and sexist behaviors are instances of violence and cannot be ignored. The program tries to be ethnically relevant and sensitive[18] in the following ways: hire staff that reflects the racial balance of participants, educate the staff to understand issues of racism and sexism, recognize that African-Americans are not all the same--there are different types of African-Americans (a la Peter Bell)--and not all African-Americans in the criminal justice system are the same; recognize the dynamics of racial intolerance; and recognize that race is a factor without feeding into racism (e.g., people of color are disproportionately in jail and prison).

The number one way that white people get taught to perpetrate racism or sexism is to deny its existence. They figure they don't have it, didn't invent it, so it doesn't exist, and it's not their problem. White people who probably invented these buzz words (ethnic sensitivity and relevance) have been taught for generations and generations to ignore the reality of racism and sexism--they don't understand concepts like white privilege, and men don't understand that they have power that women don't have. What the program tries to do is point out instances and interrupt interactions that are inherently racist or sexist.

Assessment

The TASC person assigned to the program under contract to the Sheriff administers the Addiction Severity Index (ASI) to women who have been placed in the program. In addition, mental status exams are given even though women come to the program screened for psychosis and severe personality disorders. Based upon the criminal justice records and assessments and the ASI covering drug use and treatment history, medical, psychosocial, and educational domains, a treatment plan is developed. During the time that the woman is participating in SFP, based upon the needs that have been identified through the assessment process, program staff try to connect the women with services in the community that they will need upon discharge from the program. Then, when the woman's case comes up in court, SFP provides the court with a discharge summary and recommendation concerning continued treatment.

Services

Originally, SFP was an all-day program, 7:00 AM to 7:00 PM six days a week. Currently, the program is for half days, five days a week. For most of the time when they are not in program activities that take place in the jail, the women are expected to be enroute (they are allowed two hours in which to return home via public transportation) or at home. Two groups of women participate in the program, the 7:00 to 12:30 group, and

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[19] The terms "ethnically sensitive" and "ethnically relevant" were disliked by the staff because they are "in" terms, and because most people who use either term *don't know what it looks like.*

the 1:00 to 7:00 group, with 15 to 20 in each group. The reason [19] given for the shortened day is that this provides women the opportunity to set up community ties, *preparing them to address their issues, whether that be residential drug treatment, parenting classes, or instruction for a GED, or the like.*

Although it is a transition program, the Sheriff's program provides some drug abuse treatment, life skills management, acupuncture for those who are detoxing or having a difficult time abstaining from drugs, therapeutic exercises such as those for handling aggression, and, psychological and practical preparation for extended treatment in custody or in the community. *About five outside providers come on a daily basis to help the women and set them up with supportive services in the community. Gateways provides two to three hours a day in drug abuse treatment.*

Urinalyses are done every day that the women come to the program. One dirty test and the women are reincarcerated until trial. Of the approximately 60 women who have been in the program so far, about one third have been returned to custody, almost entirely because they "dropped dirty." (*Usually, if you don't drop dirty, you finish this program successfully.*) Currently, the SFP has no system of intermediate sanctions, a determination of the Department of Corrections, not of the program staff.

The program includes a component on violence prevention in which the dynamics of oppression and its manifestations in racism, sexism, and homophobism are examined. The staff are trained in this model, which is regarded as a very powerful model. The program also does what is called "alliance building," which is helping participants identify people in their own community who can help them work through their feelings of anger, poor self-image, impotence, and frustration.

Staff

Program staff at SFP (most of whom were trained at the men's Day Reporting Center, DRC) are hoping that soon women will come under the DRC. At the DRC many providers covering many areas work with the men every day. The program is evolving but progress is slow, which tends to be the case for change in the criminal justice system in general. The DRC has been trying to provide the range of services needed to address the rehabilitation and habilitation needs of participants in the program. [20] Unlike the women in the Sheriff's program, the men in DRC are not electronically monitored. (It was suggested that the reason for the distinction is that overall women in this status tend to have longer and more serious histories of criminal justice involvement than the men.) In

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[20] This may be a rationalization for the shortened day because the women are not allowed to leave their homes unless they have gotten some type of bond or have had their case resolved, so they are severely limited in setting up community ties.

[21] Based upon his review of the history of social services, the program director believes that early experiments in providing services to disadvantaged people, such as Hull House in Chicago, failed because service providers began to specialize, and the more they specialized the more difficult communication became among them. That is, one provider looked at the needy person from the chemical dependency perspective, and another provider from the mental health perspective, another from an employment perspective, and so on. When that happened, providers stopped being able to focus as much on what was needed but rather on what they, the providers, were trained to do.

addition, there are many other differences between the program for men and the one for women, including hours of programming, services available, programming space, and use of intermediate sanctions--in all cases the women's program being the more limited and the more restrictive.

We were told that what staff are beginning to do at the men's Day Recording Center, and hope to do for the women, is to develop open communication between staff and other service providers, and to develop an entirely new language. For example, they use the term participant rather than patient or client. Also, they refrain from talking about a participant as being a "resistant client" because in their philosophy, they don't have resistant clients, *a resistant client is an empty chair. If somebody has the mental wherewithal to show up for whatever reason, that becomes therapeutic leverage.* And they prefer to say "change agent" rather than therapist because many different people could serve as a change agent in participants' lives. *The hardest thing about developing a new approach to treatment is getting all the providers to sit down at the table together, and with input from the participant, figure out how to address his or her needs and goals.*

DISCUSSION

Treatment Systems

One of the most striking things about the Chicago case study is the extent to which there appears to be a system of drug treatment for women with certain characteristics, no matter how insufficient it may be. That is, there are programs to deal with predominantly African-American women who are indigent and have limited vocational and coping skills, at various stages of their adult lives, and at various stages of their addictive and treatment careers. In addition to the specific programs that we visited, we heard about several others that had specific programs for women (e.g.,The Women's Treatment Center, Gateway, and Interventions), learned of the existence of coalitions of programs that met regularly and provided an opportunity for networking and cooperation among the programs in specific sections of Chicago, and learned a little about the ADD programs of the Lutheran Social Services, Inc., which is a system of programs operating within the larger Chicago system of drug abuse treatment.

We refer to these as systems, rather than networks or linkages, for the following reasons: (1) The various programs provide treatment for basically the same women at different stages of their lives and drug abuse careers; (2) While many of the services are the same, the programs tend to offer some services that are different or that have different priorities; (3) The programs interface and cooperate with one another--taking clients from one another as they require different services (e.g.,prenatal services; housing for working clients), or providing services of a specialized nature for the clients of other programs (e.g., medical examinations); (4) There is a recognition of service gaps and cooperative efforts to fill such gaps (e.g., current effort to obtain funding for custody to community transition services); and (5) The programs are joined together organizationally in loose coalitions at present, but such coalitions are likely to grow more formal and self-conscious because of the need for the programs to "find their niche" in the changing health service environment of the future.

We need to know more about these coalitions of treatment programs. We know that there is one on the Southside of Chicago that meets monthly and offers the opportunity for networking and developing service agreements, and we were given to understand that there are other coalitions in other sections of the city. The Southside coalition seems to have programs that deal mainly with indigent, African-American clients. How about the others? How do systems of programs differ for clients of different characteristics?

If we take the concept of systems seriously, and we should because the various needs of drug abusers can best be addressed through the availability of a range of treatment alternatives that are rationally articulated, we should make an effort to learn more about them.

The Chicago case study left a lot of significant questions unanswered. For instance, women in the TASC caseload last year constituted 14.4% of the total TASC population at less than 1,000 women. What percentage was this of women who went through the criminal justice system? What percentage of the others had problems with substance abuse? What happened to them? What happened to the women that TASC found ineligible, and those who were unserviceable? We found relatively few women in the programs that we visited who had been referred by TASC, most were referred through the courts by DCFS. Where

were the TASC referrals? It would be worthwhile to visit Chicago again and visit programs to which more TASC referrals are made, if there are such.

Assessment of Need

In our visit to TASC and five programs we found only one instance in which a standardized instrument was used. This was the ASI used by the TASC employee on the Sheriff's Furlough Program. Almost without exception the persons that we interviewed felt that the instruments, which had been developed for their use, served their purposes better than standardized instruments could. Almost all program staff stated that their clients were different from those in many other programs, had different needs, and lived in different circumstances. The assessment instruments that they used had been developed to provide detail on those areas typically important for developing treatment plans for their particular populations. They foresaw that if standardized instruments were mandated they would still have to use the instruments tailored to their own needs, or else write in the extra detail that they required. In general, staff seemed to be harried, overworked, in some cases making do with very limited resources, and resistant to any more paperwork burden, which they see as likely if standardized instruments were mandated.

In view of the resistance of providers, and the fact that the instruments that they use do cover necessary domains, it seems to us that while federal agencies probably need some data in standard format for determining policy, this should be kept to the absolute minimum. In-depth instruments should be available for those programs that cannot develop their own instruments or get assistance from their states, but in the main, the federal agencies should consider putting their emphasis upon training for intake interviewers since most programs depend on this function to assess client needs and develop the treatment plan.[21]

[21] That programs rely most on the intake interview for assessing needs was a finding of our nationwide survey as well as a finding in Chicago.

APPENDIX

Illinois TASC:

Client Characteristics for
Men and Women
and for
Women Only

All Adult

 ***** DRUG & ALCOHOL CLIENT DEMOGRAPHICS ***** 07/15/93

SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

MEN AND WOMEN COMBINED

SEX	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
MALE	1415	86.8	1356	84.4	1472	85.0	1483	85.8	5726	85.5
FEMALE	214	13.1	250	15.5	258	14.9	244	14.1	966	14.4
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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RACE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
AMERICAN INDIAN	5	0.3	4	0.2	3	0.1	6	0.3	18	0.2
ALASKAN NATIVE	0	0.0	0	0.0	1	0.0	0	0.0	1	0.0
ASIAN OR PACIFIC IS	3	0.1	2	0.1	4	0.2	2	0.1	11	0.1
BLACK NON HISPANIC	912	55.9	914	56.9	1020	58.9	1016	58.8	3862	57.7
WHITE NON HISPANIC	618	37.9	603	37.5	603	34.8	584	33.8	2408	35.9
PUERTO RICAN	36	2.2	36	2.2	35	2.0	35	2.0	142	2.1
MEXICAN	43	2.6	35	2.1	49	2.8	40	2.3	167	2.4
CUBAN	4	0.2	4	0.2	2	0.1	4	0.2	14	0.2
OTHER	7	0.4	6	0.3	8	0.4	5	0.2	26	0.3
MISSING OR UNKNOWN	1	0.0	2	0.1	5	0.2	35	2.0	43	0.6
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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AGE GROUP	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
17 - 18 YEARS OLD	117	7.1	88	5.4	87	5.0	113	6.5	405	6.0
19 - 25 YEARS OLD	521	31.9	526	32.7	566	32.7	528	30.5	2141	31.9
26 - 30 YEARS OLD	379	23.2	355	22.1	345	19.9	373	21.5	1452	21.6
31 - 35 YEARS OLD	274	16.8	324	20.1	372	21.5	299	17.3	1269	18.9
36 - 40 YEARS OLD	194	11.9	169	10.5	219	12.6	214	12.3	796	11.8
41 - 65 YEARS OLD	139	8.5	138	8.5	132	7.6	158	9.1	567	8.4
OVER 65 YEARS OLD	1	0.0	2	0.1	2	0.1	2	0.1	7	0.1
MISSING OR UNKNOWN	4	0.2	4	0.2	7	0.4	40	2.3	55	0.8
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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MARITAL STATUS	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
NEVER MARRIED	1106	67.8	1080	67.2	1170	67.6	1140	66.0	4496	67.2
MARRIED	233	14.3	223	13.8	223	12.8	222	12.8	901	13.4
WIDOWED	5	0.3	17	1.0	13	0.7	14	0.8	49	0.7
DIVORCED	186	11.4	176	10.9	195	11.2	208	12.0	765	11.4
SEPERATED	98	6.0	108	6.7	124	7.1	108	6.2	438	6.5
UNKNOWN	1	0.0	2	0.1	5	0.2	35	2.0	43	0.6
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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SUMMARY

INTERVIEW DATE FROM 07/01/92 TO 06/30/93

FAMILY SIZE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
1	371	22.7	336	20.9	396	22.8	372	21.5	1475	22.0
2	285	17.4	294	18.3	300	17.3	278	16.0	1157	17.2
3	335	20.5	299	18.6	338	19.5	321	18.5	1293	19.3
4	265	16.2	299	18.6	277	16.0	309	17.8	1150	17.1
5	184	11.2	153	9.5	200	11.5	200	11.5	737	11.0
6 OR MORE	188	11.5	223	13.8	214	12.3	212	12.2	837	12.5
UNKNOWN	1	0.0	2	0.1	5	0.2	35	2.0	43	0.6
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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EMPLOYMENT STATUS	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
UNEMPLOYED NOT 40	922	56.5	1002	62.3	1056	61.0	944	54.6	3924	58.2
UNEMPLOYED 40	177	10.8	172	10.7	221	12.7	220	12.7	790	11.8
PART TIME	142	8.7	140	8.7	142	8.2	146	8.4	570	8.5
FULL TIME	340	20.8	252	15.6	271	15.6	333	19.2	1196	17.8
RETIRED	0	0.0	2	0.1	0	0.0	0	0.0	2	0.0
HOMEMAKER	2	0.1	0	0.0	0	0.0	1	0.0	3	0.0
FULL-TIME STUDENT	2	0.1	3	0.1	0	0.0	2	0.1	7	0.1
EMPLOYED (LEAVE)	0	0.0	4	0.2	3	0.1	1	0.0	8	0.1
SEASONAL WORKER	1	0.0	1	0.0	1	0.0	1	0.0	4	0.0
OTHER	42	2.5	27	1.6	30	1.7	41	2.3	140	2.0
MISSING	1	0.0	3	0.1	6	0.3	38	2.2	48	0.7
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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EDUCATION	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
GRADE SCHOOL	123	7.5	115	7.1	139	8.0	121	7.0	498	7.3
SOME HIGH SCHOOL	880	54.0	830	51.6	898	51.9	878	50.8	3486	51.7
HIGH SCHOOL GRADUATE	448	27.5	482	30.0	498	28.7	507	29.3	1935	28.7
COLLEGE	177	10.8	177	11.0	190	10.9	186	10.7	730	10.8
MISSING	1	0.0	2	0.1	5	0.2	35	2.0	43	0.6
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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***** DRUG & ALCOHOL CLIENT DEMOGRAPHICS ***** 07/15/93

SUMMARY

INTERVIEW DATE FROM 07/01/92 TO 06/30/93

REFERRAL SOURCE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD N	TOTAL PERC
HOSPITAL/PHYSICIAN	0	0.0	0	0.0	1	0.0	0	0.0	1	0.0
AA	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
LOCAL CORRECTIONS	16	0.9	16	0.9	34	1.9	11	0.6	77	1.1
STATE CORRECTIONS	1	0.0	1	0.0	2	0.1	3	0.1	7	0.1
EMPLOYER	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
FAMILY	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
SELF	138	8.4	158	9.8	185	10.6	166	9.6	647	9.6
SCHOOL	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
OTHER STATE AGENCY	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
STATE LAW ENFOR	12	0.7	8	0.4	3	0.1	9	0.5	32	0.4
COUNTY LAW ENFOR	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
MUNICIPAL LAW ENFOR	4	0.2	2	0.1	1	0.0	3	0.1	10	0.1
OTHER LAW ENFOR	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
OTHER	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
CASE MANAGER DMHDD	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DMHDD INTAKE PROGRAM	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
PROTECT & ADVOCACY	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
GUARDIANSHIP	0	0.0	2	0.1	1	0.0	0	0.0	3	0.0
COURT	533	32.7	510	31.7	572	33.0	667	38.6	2282	34.1
DCFS	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
T[illegible]C	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
FAMILIES W/A FUTURE	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DUI	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
STATE'S ATTORNEY	3	0.1	7	0.4	7	0.4	2	0.1	19	0.2
PRIVATE ATTORNEY	47	2.8	62	3.8	59	3.4	51	2.9	219	3.2
PUBLIC ATTORNEY	373	22.8	336	20.9	348	20.1	272	15.7	1329	19.8
OUT OF STATE CJS	5	0.3	0	0.0	2	0.1	0	0.0	7	0.1
PROBATION	459	28.1	459	28.5	438	25.3	450	26.0	1806	26.9
MISSING OR UNKNOWN	38	2.3	45	2.8	77	4.4	93	5.3	253	3.7
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

REFERRAL STATUS	QTR 1		QTR 2		QTR 3		QTR 4		YTD TOTAL	
AT INTERVIEW	N	PERC	N	PERC	N	PERC	N	PERC	N	PERC
STATION ADJUSTMENT	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
CJS JURIS/NON-TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
NON-CT ORDER/BOND	174	10.6	154	9.5	172	9.9	172	9.9	672	10.0
NON-CT ORDER/INCAR	222	13.6	241	15.0	272	15.7	218	12.6	953	14.2
CT ORDER/111.5/BND	200	12.2	229	14.2	225	13.0	265	15.3	919	13.7
CT ORDER/111.5/INC	426	26.1	395	24.5	433	25.0	343	19.8	1597	23.8
CONDITION BOND/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DEF.P/NON111.5/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DEF.P/111.5/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
PROBATE/111.5/TASC	71	4.3	74	4.6	41	2.3	13	0.7	199	2.9
PROBATE/38/TASC	434	26.6	401	24.9	430	24.8	249	14.4	1514	22.6
WORK/PRE RELE/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DEF.P NON111.5/R/T	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DEF.P 111.5/RR/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
VOP/111.5/C.RR/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
VOP/38/C. RR/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
OUT-OF-STATE CJS JU	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
MISSING OR UNKNOWN	102	6.2	112	6.9	157	9.0	467	27.0	838	12.5
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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***** DRUG & ALCOHOL CLIENT DEMOGRAPHICS ***** 07/15/93

SUMMARY

INTERVIEW DATE FROM 07/01/92 TO 06/30/93

MOST SERIOUS CURRENT CHARGE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
NONE	9	0.5	11	0.6	28	1.6	57	3.3	105	1.5
VIOLENT	58	3.5	66	4.1	79	4.5	64	3.7	267	3.9
ROBBERY	61	3.7	68	4.2	57	3.2	61	3.5	247	3.6
BURGLARY	361	22.1	314	19.5	315	18.2	270	15.6	1260	18.8
OTHER PROPERTY	194	11.9	181	11.2	181	10.4	172	9.9	728	10.8
OTHER LESSOR	314	19.2	269	16.7	237	13.6	217	12.5	1037	15.4
DRUG	398	24.4	406	25.2	424	24.5	497	28.7	1725	25.7
V.O.P	125	7.6	156	9.7	159	9.1	171	9.9	611	9.1
MISSING OR UNKNOWN	109	6.6	135	8.4	250	14.4	218	12.6	712	10.6
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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MOST SERIOUS PRIOR ARREST	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
NONE	147	9.0	136	8.4	155	8.9	190	11.0	628	9.3
VIOLENT	172	10.5	158	9.8	158	9.1	167	9.6	655	9.7
ROBBERY	85	5.2	77	4.7	80	4.6	80	4.6	322	4.8
BURGLARY	324	19.8	275	17.1	297	17.1	240	13.8	1136	16.9
OTHER PROPERTY	131	8.0	156	9.7	148	8.5	128	7.4	563	8.4
OTHER LESSOR	348	21.3	338	21.0	317	18.3	343	19.8	1346	20.1
DRUG	284	17.4	302	18.8	292	16.8	353	20.4	1231	18.3
V.O.P	36	2.2	55	3.4	53	3.0	81	4.6	225	3.3
MISSING OR UNKNOWN	102	6.2	109	6.7	230	13.2	145	8.3	586	8.7
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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MOST SERIOUS PRIOR CONVICTION	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
NONE	254	15.5	244	15.1	279	16.1	337	19.5	1114	16.6
VIOLENT	102	6.2	97	6.0	107	6.1	97	5.6	403	6.0
ROBBERY	96	5.8	79	4.9	93	5.3	81	4.6	349	5.2
BURGLARY	301	18.4	271	16.8	281	16.2	245	14.1	1098	16.4
OTHER PROPERTY	141	8.6	161	10.0	157	9.0	119	6.8	578	8.6
OTHER LESSOR	339	20.8	321	19.9	277	16.0	312	18.0	1249	18.6
DRUG	275	16.8	281	17.4	280	16.1	331	19.1	1167	17.4
V.O.P	31	1.9	52	3.2	47	2.7	67	3.8	197	2.9
MISSING OR UNKNOWN	90	5.5	100	6.2	209	12.0	138	7.9	537	8.0
AREA SUBTOTAL	1629		1606		1730		1727		6692	

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SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

# OF PRIOR ARRESTS	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOTAL N	YTR TOTAL PERC
NONE	155	10.3	145	10.0	159	10.2	185	11.6	644	10.5
ONE TO FOUR	666	44.2	654	45.3	665	43.0	688	43.3	2673	43.9
FIVE TO FIFTEEN	495	32.9	475	32.9	533	34.4	545	34.3	2048	33.6
SIXTEEN OR MORE	188	12.5	168	11.6	188	12.1	169	10.6	713	11.7
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
AREA SUBTOTAL	1504		1442		1545		1587		6078	

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PRIOR POST-TRIAL JAIL	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOTAL N	YTR TOTAL PERC
NONE	1096	72.8	1025	71.0	1095	70.8	1121	70.6	4337	71.3
ONE	244	16.2	245	16.9	266	17.2	290	18.2	1045	17.1
TWO	68	4.5	83	5.7	87	5.6	89	5.6	327	5.3
THREE	37	2.4	31	2.1	32	2.0	33	2.0	133	2.1
FOUR OR MORE	59	3.9	58	4.0	65	4.2	54	3.4	236	3.8
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
AREA SUBTOTAL	1504		1442		1545		1587		6078	

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PRIOR PRISON	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOTAL N	YTR TOTAL PERC
NONE	1046	69.5	1040	72.1	1105	71.5	1181	74.4	4372	71.9
ONE	206	13.6	202	14.0	228	14.7	208	13.1	844	13.8
TWO	117	7.7	107	7.4	90	5.8	90	5.6	404	6.6
THREE	80	5.3	52	3.6	64	4.1	49	3.0	245	4.0
FOUR OR MORE	55	3.6	41	2.8	58	3.7	59	3.7	213	13.8
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
AREA SUBTOTAL	1504		1442		1545		1587		6078	

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***** DRUG & ALCOHOL CLIENT DEMOGRAPHICS ***** 07/15/93

INTERVIEW DATE FROM 07/01/92 TO 06/30/93

PRIMARY SUBS. ABUSE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOTAL N	YTR TOTAL PERC
HEROIN	210	13.9	184	12.7	199	12.8	206	12.9	799	13.1
KARACHI	13	0.8	14	0.9	12	0.7	6	0.3	45	0.7
NON-RX METHADONE	0	0.0	0	0.0	0	0.0	1	0.0	1	0.0
DILADUD	1	0.0	0	0.0	0	0.0	1	0.0	2	0.0
OTHER OPIATES	4	0.2	9	0.6	13	0.8	10	0.6	36	0.5
ALCOHOL	420	27.9	423	29.3	440	28.4	422	26.5	1705	28.0
NICOTINE	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
BENZODIAZEPINES	1	0.0	3	0.0	0	0.0	3	0.1	7	0.1
BARBITURATES	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
NON BARB SEDATIVES	0	0.0	0	0.0	0	0.0	1	0.0	1	0.0
AMPHETAMINES	6	0.3	1	0.0	1	0.0	1	0.0	9	0.1
METHAMPHETAMINES	3	0.1	1	0.0	1	0.0	0	0.0	5	0.0
COCAINE	169	11.2	152	10.5	175	11.3	155	9.7	651	10.7
BASE COCAINE	126	8.3	104	7.2	68	4.4	77	4.8	375	6.1
CRACK	227	15.0	259	17.9	325	21.0	273	17.2	1084	17.8
PCP	9	0.5	7	0.4	7	0.4	12	0.7	35	0.5
INHALANTS	0	0.0	1	0.0	2	0.1	1	0.0	4	0.0
MARIJUANA	128	8.5	122	8.4	137	8.8	175	11.0	562	9.2
HASHISH	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
HALLUCINOGENS OTHER	1	0.0	3	0.2	0	0.0	2	0.1	6	0.0
OVER-THE-COUNTER	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
OTHER	3	0.1	0	0.0	3	0.1	0	0.0	6	0.0
NONE	182	12.1	158	10.9	159	10.2	211	13.2	710	11.6
MISSING OR UNKNOWN	1	0.0	1	0.0	3	0.1	30	1.8	35	0.5
AREA SUBTOTAL	1504		1442		1545		1587		6078	

SECONDARY SUB. ABUSE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOTAL N	YTR TOTAL PERC
HEROIN	81	5.3	74	5.1	80	5.1	57	3.5	292	4.8
KARACHI	20	1.3	10	0.6	13	0.8	11	0.6	54	0.8
NON-RX METHADONE	1	0.0	1	0.0	0	0.0	4	0.2	6	0.0
DILADUD	0	0.0	2	0.1	0	0.0	0	0.0	2	0.0
OTHER OPIATES	3	0.1	5	0.3	4	0.2	3	0.1	15	0.2
ALCOHOL	316	21.0	348	24.1	371	24.0	373	23.5	1403	23.1
NICOTINE	1	0.0	1	0.0	0	0.0	0	0.0	2	0.0
BENZODIAZEPINES	3	0.1	5	0.3	3	0.1	5	0.3	16	0.2
BARBITURATES	0	0.0	0	0.0	1	0.0	3	0.1	4	0.0
NON BARB SEDATIVES	1	0.0	1	0.0	0	0.0	0	0.0	2	0.0
AMPHETAMINES	7	0.4	5	0.3	5	0.3	3	0.1	20	0.3
METHAMPHETAMINES	2	0.1	3	0.2	4	0.2	1	0.0	10	0.1
COCAINE	172	11.4	125	8.6	155	10.0	145	9.1	597	9.8
BASE COCAINE	59	3.9	53	3.6	55	3.5	48	3.0	215	3.5
CRACK	106	7.0	100	6.9	116	7.5	126	7.9	448	7.3
PCP	5	0.3	11	0.7	6	0.3	13	0.8	35	0.5
INHALANTS	1	0.0	0	0.0	1	0.0	3	0.1	5	0.0
MARIJUANA	262	17.4	246	17.0	258	16.6	271	17.0	1037	17.0
HASHISH	3	0.1	0	0.0	1	0.0	1	0.0	5	0.0
HALLUCINOGENS OTHER	8	0.5	7	0.4	3	0.1	4	0.2	22	0.[illegible]
OVER-THE-COUNTER	1	0.0	2	0.1	0	0.0	1	0.0	4	0.0
OTHER	0	0.0	2	0.1	0	0.0	2	0.1	4	0.0
NONE	451	29.9	440	30.5	466	30.1	483	30.4	1840	30.[illegible]
MISSING OR UNKNOWN	1	0.0	1	0.0	3	0.1	30	1.8	35	0.[illegible]
AREA SUBTOTAL	1504		1442		1545		1587		6078	

SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

LENGTH OF PRIMARY DRUG ABUSE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOTAL N	YTR TOTAL PERC
LESS THAN 2 YEARS	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2 TO 5 YEARS	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
MORE THAN 5 YEARS	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
MISSING OR UNKNOWN	1504	100.0	1442	100.0	1545	100.0	1587	100.0	6078	100.0
AREA SUBTOTAL	1504		1442		1545		1587		6078	

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AGE FIRST DRUG ABUSE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOTAL N	YTR TOTAL PERC
1 TO 10	179	11.9	179	12.4	184	11.9	210	13.2	752	12.3
11 TO 12	200	13.2	197	13.6	196	12.6	160	10.0	753	12.3
13 TO 14	367	24.4	362	25.1	367	23.7	343	21.6	1439	23.6
15 TO 16	403	26.7	381	26.4	429	27.7	470	29.6	1683	27.6
17 TO 19	264	17.5	239	16.5	281	18.1	277	17.4	1061	17.4
OVER 19	76	5.0	68	4.7	74	4.7	78	4.9	296	4.8
MISSING OR UNKNOWN	15	0.9	16	1.1	14	0.9	49	3.0	94	1.5
AREA SUBTOTAL	1504		1442		1545		1587		6078	

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PRIOR TIME DRUG TX	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOTAL N	YTR TOTAL PERC
NONE	934	62.1	877	60.8	955	61.8	1012	63.7	3778	62.1
ONE	346	23.0	345	23.9	353	22.8	326	20.5	1370	22.5
TWO	140	9.3	133	9.2	141	9.1	142	8.9	556	9.1
THREE	59	3.9	56	3.8	56	3.6	53	3.3	224	3.6
FOUR OR MORE	22	1.4	29	2.0	37	2.3	23	1.4	111	1.8
MISSING OR UNKNOWN	3	0.1	2	0.1	3	0.1	31	1.9	39	0.6
AREA SUBTOTAL	1504		1442		1545		1587		6078	

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PRIOR PSYCHIATRIC TX	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOTAL N	YTR TOTAL PERC
YES	103	6.8	96	6.6	109	7.0	109	6.8	417	6.8
NO	1399	93.0	1345	93.2	1429	92.4	1447	91.1	5620	92.4
MISSING OR UNKNOWN	2	0.1	1	0.0	7	0.4	31	1.9	41	0.6
AREA SUBTOTAL	1504		1442		1545		1587		6078	

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Adult

 ***** DRUG & ALCOHOL INTAKE REPORT ***** DATE OF REPORT : 07/15/93

SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

INELIGIBLE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
VIOLENT CHARGE PENDING	33	2.1	35	2.4	41	2.5	21	1.2	130	2.0
NATURE OF PENDING DRUG CHARGE	26	1.7	20	1.3	25	1.5	17	1.0	88	1.4
2+ PRIOR VIOLENT CONVICTIONS	8	0.5	9	0.6	6	0.3	3	0.1	26	0.4
NO CURRRENT PHYSICAL AND/OR EMOTIONAL SUBSTANCE	183	12.1	161	11.1	167	10.2	222	13.1	733	11.7
NO CURRENT ILL. CJS STATUS AND/OR JURISDICTION	6	0.3	10	0.6	2	0.1	3	0.1	21	0.3
UNDER 17 YEARS OF AGE	0	0.0	0	0.0	1	0.0	0	0.0	1	0.0
2+ PRIOR ELECTIONS TO TREATMENT VIA CH. 111.5	1	0.0	0	0.0	0	0.0	0	0.0	1	0.0
RESIDENTIAL BURGLARY WITH 1 PRIOR FELONY CONV.	45	2.9	23	1.5	25	1.5	10	0.5	103	1.6
***** TOTALS *****	302	20.0	258	17.8	267	16.3	276	16.3	1103	17.6

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UNSERVICEABLE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
PENDING CASES TOO EXTENSTIVE	14	0.9	11	0.7	12	0.7	3	0.1	40	0.6
HISTORY OF VIOLENT ARRESTS TOO EXTENSIVE	9	0.5	5	0.3	7	0.4	3	0.1	24	0.3
SEVERE EMOTIONAL/PHYSICAL PROBLEMS/NO RESOURCES	48	3.1	38	2.6	39	2.3	29	1.7	154	2.4
***** TOTALS *****	71	4.7	54	3.7	58	3.5	35	2.0	218	3.4

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UNACCEPTABLE TO TASC	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
HOSTILE AND/OR UNCOOPERATIVE	5	0.3	5	0.3	5	0.3	5	0.2	20	0.3
FALSIFIED INFORMATION	3	0.1	4	0.2	2	0.1	4	0.2	13	0.2
LACKS RECOGONITION OF SUBSTANCE ABUSE PROBLEMS	64	4.2	81	5.6	101	6.1	135	8.0	381	6.0
LACKS READINESS FOR TREATMENT	206	13.6	215	14.8	204	12.5	211	12.5	836	13.3
REFUSED TO VOLUNTEER FOR TREATMENT VIA TASC	45	2.9	51	3.5	35	2.1	13	0.7	144	2.2
**** SUBTOTALS ****	323	21.4	356	24.6	347	21.2	368	21.8	1394	22.2

UNACCETABLE TO CJS - ACCEPTABLE TO TASC	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
CHARGE DISPOSED OF NON-TASC	74	4.9	57	3.9	80	4.9	38	2.2	249	3.9
TREATMENT PETITION DENIED (PRISON)	148	9.8	111	7.6	93	5.7	35	2.0	387	6.1
ILL. SUPERVISING JUDICIAL DENIED TASC	3	0.1	9	0.6	5	0.3	7	0.4	24	0.3
ILL. SUPERVISING PAROLE OFFICIAL DENIED TASC	2	0.1	2	0.1	2	0.1	1	0.0	7	0.1
OUT-OF-STATE SUPERVISING AUTHORITY DENIED TASC	1	0.0	2	0.1	0	0.0	0	0.0	3	0.0
CURRENT SUPERVISING FEDERAL JUDICIAL DENIED TASC	7	0.4	1	0.0	3	0.1	1	0.0	12	0.1
**** SUBTOTALS ****	235	15.6	182	12.6	183	11.2	82	4.8	682	10.8

SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

UNACCEPTABLE TO TASC - CLIENT BEHAVIOR	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
CLIENT NO SHOW SINCE ELIGIBILITY INTERVIEW	14	0.9	6	0.4	5	0.3	0	0.0	25	0.3
CLIENT NO SHOW SINCE ACCEPTABILITY INTERVIEW	16	1.0	16	1.1	12	0.7	2	0.1	46	0.7
CLIENT NO SHOW FOR MEDICAL EXAM	0	0.0	0	0.0	1	0.0	0	0.0	1	0.0
CLIENT NO SHOW FOR TREATMENT INTAKE PROCESS	78	5.1	50	3.4	19	1.1	3	0.1	150	2.3
CLIENT REARRESTED PRIOR TO TREATMENT	12	0.7	8	0.5	4	0.2	1	0.0	25	0.3
**** SUBTOTALS ****	120	7.9	80	5.5	41	2.5	6	0.3	247	3.9
UNACCEPTABLE TOTALS	678	45.0	618	42.8	571	35.0	456	27.0	2323	37.0

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ACCEPTABLE TO TASC	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
ACCEPTED & PLACED IN TREATMENT VIA TASC	367	24.4	312	21.6	250	15.3	96	5.6	1025	16.3
TENTATIVE ACCEPTABLE	86	5.7	200	13.8	399	24.4	709	42.0	1394	22.2
***** TOTALS *****	453	30.1	512	35.4	649	39.7	805	47.7	2419	38.6

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NO FACESHEET OR INTAKE DECISION	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
MISSING OR UNKNOWN	0	0.0	1	0.0	86	5.2	113	6.7	200	3.1

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	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
*** ALL AREAS GRAND TOTAL ***	1504	24.0	1443	23.0	1631	26.0	1685	26.9	6263	100.0

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*** AREAS TOTALS ***	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
AREA 1	639	42.4	628	43.5	727	44.5	804	47.7	2798	44.6
AREA 2	152	10.1	131	9.0	136	8.3	121	7.1	540	8.6
AREA 3	47	3.1	53	3.6	54	3.3	47	2.7	201	3.2
AREA 4	98	6.5	64	4.4	73	4.4	80	4.7	315	5.0
AREA 5	103	6.8	84	5.8	95	5.8	106	6.2	388	6.1
AREA 6	62	4.1	44	3.0	52	3.1	59	3.5	217	3.4
AREA 7	159	10.5	158	10.9	146	8.9	150	8.9	613	9.7
AREA 8	40	2.6	56	3.8	57	3.4	54	3.2	207	3.3
AREA 9	84	5.5	90	6.2	95	5.8	94	5.5	363	5.7
AREA 10	120	7.9	135	9.3	196	12.0	170	10.0	621	9.9
TOTALS	1504	24.0	1443	23.0	1631	26.0	1685	26.9	6263	100.0

***** PLACEMENT REPORT *****
PLACEMENT DATES FROM 07/01/92 TO 06/30/93

--- CLIENT TYPE: DRUG & ALCOHOL ---

All Programs - Adult

SUMMARY

FACILITY TYPE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTA N	YTD TOTA PER
INPATIENT	237	55.8	198	50.1	233	49.6	177	42.1	845	49.
OUTPATIENT	187	44.1	196	49.6	236	50.3	243	57.8	862	50.
DRIVER ED.	0	0.0	1	0.2	0	0.0	0	0.0	1	0.
INTERVENTION	0	0.0	0	0.0	0	0.0	0	0.0	0	0.
GRAND TOTALS	424		395		469		420		1708	

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***** DISCHARGE REPORT ***** 07/15/93

DISCHARGE DATE FROM 07/01/92 TO 06/30/93

ALL ADULT

--- CLIENT TYPE: DRUG & ALCOHOL ---

*** SUMMARY ***

DISCHARGE STATUS	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
SUCCESSFUL ::										
TREATMENT SUCCESSFULLY COMPLETED VIA TASC	90	25.8	77	21.9	132	31.5	93	27.1	392	26.8
CJS JURIS. AND/OR MANDATE SUCCESS VIA TASC	20	5.7	26	7.4	11	2.6	16	4.6	73	5.0
TREATMENT SUCCESSFUL - NO PAYMENT	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
CJS JURISDICTION SUCCESSFUL - NO PAYMENT	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
*** SUCCESS TOTALS ***	110	31.6	103	29.3	143	34.2	109	31.7	465	31.8
NEUTRAL ::										
CLIENT WITHDRAW TASC AGREEMENT(NO CJS MAN.)	1	0.2	7	1.9	9	2.1	12	3.4	29	1.9
CJS JURISDICTION TRANSFERRED OUT-OF-STATE	6	1.7	6	1.7	8	1.9	5	1.4	25	1.7
CLIENT EXHIBITS SEVERE EMOT./PHY. PROBLEMS	4	1.1	1	0.2	2	0.4	6	1.7	13	0.8
CLIENT DIED	1	0.2	2	0.5	2	0.4	1	0.2	6	0.4
CJS ENDED TREATMENT BEFORE TASC DISCHARGE	10	2.8	15	4.2	10	2.3	8	2.3	43	2.9
*** NEUTRAL TOTALS ***	22	6.3	31	8.8	31	7.4	32	9.3	116	7.9
FAILURE ::										
RE-ARREST FOR VIOLENT CHARGE	6	1.7	1	0.2	8	1.9	6	1.7	21	1.4
RE-ARREST FOR DRUG CHARGE	3	0.8	4	1.1	6	1.4	6	1.7	19	1.3
RE-ARREST FOROTHER CHARGE, INCAR. 30+ DAYS	12	3.4	8	2.2	16	3.8	7	2.0	43	2.9
SECOND JEOPARDY	23	6.6	22	6.2	25	5.9	22	6.4	92	6.3
CLIENT WITHDRAW FROM TREATMENT	90	25.8	110	31.3	106	25.3	109	31.7	415	28.4
VIOLATION OF TREATMENT FACILITY RULES	82	23.5	72	20.5	83	19.8	52	15.1	289	19.7
*** FAILURE TOTALS ***	216	62.0	217	61.8	244	58.3	202	58.8	879	60.2
GRAND TOTALS	348		351		418		343		1460	

SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

WOMEN ONLY

SEX	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOT N	YTD TOT PE
MALE	0	0.0	0	0.0	0	0.0	0	0.0	0	0
FEMALE	214	100.0	250	100.0	258	100.0	241	100.0	963	100
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	0	0.0	0	0
AREA SUBTOTAL	214		250		258		241		963	

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RACE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOT N	YTD TOT PE
AMERICAN INDIAN	2	0.9	0	0.0	0	0.0	1	0.4	3	0
ALASKAN NATIVE	0	0.0	0	0.0	0	0.0	0	0.0	0	0
ASIAN OR PACIFIC IS	1	0.4	0	0.0	0	0.0	0	0.0	1	0
BLACK NON HISPANIC	126	58.8	151	60.4	155	60.0	159	65.9	591	61
WHITE NON HISPANIC	78	36.4	93	37.2	94	36.4	69	28.6	334	34
PUERTO RICAN	4	1.8	3	1.2	2	0.7	6	2.4	15	1
MEXICAN	2	0.9	2	0.8	5	1.9	5	2.0	14	1
CUBAN	0	0.0	0	0.0	0	0.0	0	0.0	0	0
OTHER	1	0.4	1	0.4	2	0.7	0	0.0	4	0
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	1	0.4	1	0
AREA SUBTOTAL	214		250		258		241		963	

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AGE GROUP	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOT N	YTD TOT PE
17 - 18 YEARS OLD	6	2.8	7	2.8	6	2.3	5	2.0	24	2
19 - 25 YEARS OLD	53	24.7	60	24.0	63	24.4	63	26.1	239	24
26 - 30 YEARS OLD	60	28.0	67	26.8	63	24.4	54	22.4	244	25
31 - 35 YEARS OLD	38	17.7	62	24.8	61	23.6	50	20.7	211	21
36 - 40 YEARS OLD	34	15.8	38	15.2	38	14.7	43	17.8	153	15
41 - 65 YEARS OLD	22	10.2	15	6.0	26	10.0	25	10.3	88	9
OVER 65 YEARS OLD	0	0.0	1	0.4	0	0.0	0	0.0	1	0
MISSING OR UNKNOWN	1	0.4	0	0.0	1	0.3	1	0.4	3	0.
AREA SUBTOTAL	214		250		258		241		963	

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MARITAL STATUS	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOT N	YTD TOT PE
NEVER MARRIED	119	55.6	159	63.6	154	59.6	137	56.8	569	59.
MARRIED	28	13.0	31	12.4	25	9.6	26	10.7	110	11.
WIDOWED	2	0.9	8	3.2	6	2.3	5	2.0	21	2.
DIVORCED	36	16.8	32	12.8	39	15.1	44	18.2	151	15.
SEPERATED	29	13.5	20	8.0	34	13.1	28	11.6	111	11.
UNKNOWN	0	0.0	0	0.0	0	0.0	1	0.4	1	0.
AREA SUBTOTAL	214		250		258		241		963	

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SUMMARY

INTERVIEW DATE FROM 07/01/92 TO 06/30/93

	QTR 1		QTR 2		QTR 3		QTR 4		YTD	TOT
FAMILY SIZE	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
1	38	17.7	30	12.0	37	14.3	29	12.0	134	13
2	44	20.5	44	17.6	60	23.2	53	21.9	201	20
3	51	23.8	52	20.8	50	19.3	41	17.0	194	20
4	26	12.1	56	22.4	32	12.4	49	20.3	163	16
5	30	14.0	24	9.6	37	14.3	31	12.8	122	12
6 OR MORE	25	11.6	44	17.6	42	16.2	37	15.3	148	15
UNKNOWN	0	0.0	0	0.0	0	0.0	1	0.4	1	0
AREA SUBTOTAL	214		250		258		241		963	

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	QTR 1		QTR 2		QTR 3		QTR 4		YTD	TOT
EMPLOYMENT STATUS	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
UNEMPLOYED NOT 40	152	71.0	193	77.2	179	69.3	156	64.7	680	70
UNEMPLOYED 40	19	8.8	23	9.2	32	12.4	33	13.6	107	11
PART TIME	13	6.0	14	5.6	18	6.9	21	8.7	66	6
FULL TIME	25	11.6	17	6.8	21	8.1	26	10.7	89	9
RETIRED	0	0.0	0	0.0	0	0.0	0	0.0	0	0
HOMEMAKER	0	0.0	0	0.0	0	0.0	0	0.0	0	0
FULL-TIME STUDENT	0	0.0	0	0.0	0	0.0	0	0.0	0	0
EMPLOYED (LEAVE)	0	0.0	1	0.4	1	0.3	0	0.0	2	0
SEASONAL WORKER	0	0.0	0	0.0	0	0.0	0	0.0	0	0
OTHER	5	2.3	2	0.8	7	2.7	4	1.6	18	1
MISSING	0	0.0	0	0.0	0	0.0	1	0.4	1	0
AREA SUBTOTAL	214		250		258		241		963	

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	QTR 1		QTR 2		QTR 3		QTR 4		YTD	TOT
EDUCATION	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
GRADE SCHOOL	13	6.0	21	8.4	12	4.6	13	5.3	59	6.
SOME HIGH SCHOOL	122	57.0	128	51.2	125	48.4	118	48.9	493	51.
HIGH SCHOOL GRADUATE	51	23.8	72	28.8	78	30.2	78	32.3	279	28.
COLLEGE	28	13.0	29	11.6	43	16.6	31	12.8	131	13.
MISSING	0	0.0	0	0.0	0	0.0	1	0.4	1	0.
AREA SUBTOTAL	214		250		258		241		963	

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SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

REFERRAL SOURCE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOT N	YTD TOT PE
HOSPITAL/PHYSICIAN	0	0.0	0	0.0	0	0.0	0	0.0	0	0
AA	0	0.0	0	0.0	0	0.0	0	0.0	0	0
LOCAL CORRECTIONS	1	0.4	1	0.4	2	0.7	0	0.0	4	0
STATE CORRECTIONS	0	0.0	0	0.0	1	0.3	1	0.4	2	0
EMPLOYER	0	0.0	0	0.0	0	0.0	0	0.0	0	0
FAMILY	0	0.0	0	0.0	0	0.0	0	0.0	0	0
SELF	15	7.0	20	8.0	19	7.3	8	3.3	62	6
SCHOOL	0	0.0	0	0.0	0	0.0	0	0.0	0	0
OTHER STATE AGENCY	0	0.0	0	0.0	0	0.0	0	0.0	0	0
STATE LAW ENFOR	4	1.8	3	1.2	0	0.0	0	0.0	7	0
COUNTY LAW ENFOR	0	0.0	0	0.0	0	0.0	0	0.0	0	0
MUNICIPAL LAW ENFOR	0	0.0	0	0.0	0	0.0	0	0.0	0	0
OTHER LAW ENFOR	0	0.0	0	0.0	0	0.0	0	0.0	0	0
OTHER	0	0.0	0	0.0	0	0.0	0	0.0	0	0
CASE MANAGER DMHDD	0	0.0	0	0.0	0	0.0	0	0.0	0	0
DMHDD INTAKE PROGRAM	0	0.0	0	0.0	0	0.0	0	0.0	0	0
PROTECT & ADVOCACY	0	0.0	0	0.0	0	0.0	0	0.0	0	0
GUARDIANSHIP	0	0.0	0	0.0	1	0.3	0	0.0	1	0
COURT	63	29.4	83	33.2	84	32.5	104	43.1	334	34
DCFS	0	0.0	0	0.0	0	0.0	0	0.0	0	0
TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0
FAMILIES W/A FUTURE	0	0.0	0	0.0	0	0.0	0	0.0	0	0
DUI	0	0.0	0	0.0	0	0.0	0	0.0	0	0
STATE'S ATTORNEY	2	0.9	3	1.2	0	0.0	0	0.0	5	0
PRIVATE ATTORNEY	7	3.2	7	2.8	10	3.8	9	3.7	33	3
PUBLIC ATTORNEY	46	21.4	47	18.8	58	22.4	37	15.3	188	19
OUT OF STATE CJS	1	0.4	0	0.0	1	0.3	0	0.0	2	0.
PROBATION	66	30.8	79	31.6	70	27.1	70	29.0	285	29.
MISSING OR UNKNOWN	9	4.2	7	2.8	12	4.6	12	4.9	40	4.
AREA SUBTOTAL	214		250		258		241		963	

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SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

REFERRAL STATUS	QTR 1		QTR 2		QTR 3		QTR 4		YTD TOT	
AT INTERVIEW	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
STATION ADJUSTMENT	0	0.0	0	0.0	0	0.0	0	0.0	0	0
CJS JURIS/NON-TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0
NON-CT ORDER/BOND	25	11.6	22	8.8	31	12.0	20	8.2	98	10
NON-CT ORDER/INCAR	27	12.6	37	14.8	19	7.3	10	4.1	93	9
CT ORDER/111.5/BND	34	15.8	47	18.8	51	19.7	54	22.4	186	19
CT ORDER/111.5/INC	34	15.8	41	16.4	46	17.8	42	17.4	163	16
CONDITION BOND/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0
DEF.P/NON111.5/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0
DEF.P/111.5/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0
PROBATE/111.5/TASC	15	7.0	17	6.8	10	3.8	4	1.6	46	4
PROBATE/38/TASC	72	33.6	68	27.2	77	29.8	41	17.0	258	26
WORK/PRE RELE/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0
DEF.P NON111.5/R/T	0	0.0	0	0.0	0	0.0	0	0.0	0	0
DEF.P 111.5/RR/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0
VOP/111.5/C.RR/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0
VOP/38/C. RR/TASC	0	0.0	0	0.0	0	0.0	0	0.0	0	0
OUT-OF-STATE CJS JU	0	0.0	0	0.0	0	0.0	0	0.0	0	0
MISSING OR UNKNOWN	7	3.2	18	7.2	24	9.3	70	29.0	119	12
AREA SUBTOTAL	214		250		258		241		963	

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SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

MOST SERIOUS CURRENT CHARGE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD N	TOT PE
NONE	2	0.9	3	1.2	4	1.5	4	1.6	13	1
VIOLENT	9	4.2	5	2.0	9	3.4	5	2.0	28	2
ROBBERY	8	3.7	10	4.0	5	1.9	5	2.0	28	2
BURGLARY	18	8.4	13	5.2	10	3.8	20	8.2	61	6
OTHER PROPERTY	37	17.2	58	23.2	44	17.0	47	19.5	186	19
OTHER LESSOR	46	21.4	50	20.0	46	17.8	37	15.3	179	18
DRUG	58	27.1	66	26.4	78	30.2	69	28.6	271	28
V.O.P	14	6.5	23	9.2	24	9.3	24	9.9	85	8
MISSING OR UNKNOWN	22	10.2	22	8.8	38	14.7	30	12.4	112	11
AREA SUBTOTAL	214		250		258		241		963	

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MOST SERIOUS PRIOR ARREST	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD N	TOT PE
NONE	25	11.6	30	12.0	32	12.4	29	12.0	116	12
VIOLENT	10	4.6	7	2.8	9	3.4	13	5.3	39	4
ROBBERY	6	2.8	11	4.4	10	3.8	10	4.1	37	3
BURGLARY	15	7.0	17	6.8	10	3.8	8	3.3	50	5
OTHER PROPERTY	44	20.5	54	21.6	48	18.6	49	20.3	195	20
OTHER LESSOR	45	21.0	56	22.4	46	17.8	48	19.9	195	20
DRUG	47	21.9	53	21.2	57	22.0	55	22.8	212	22
V.O.P	6	2.8	8	3.2	10	3.8	8	3.3	32	3
MISSING OR UNKNOWN	16	7.4	14	5.6	36	13.9	21	8.7	87	9
AREA SUBTOTAL	214		250		258		241		963	

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MOST SERIOUS PRIOR CONVICTION	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD N	TOT. PE.
NONE	41	19.1	45	18.0	55	21.3	51	21.1	192	19
VIOLENT	3	1.4	6	2.4	4	1.5	5	2.0	18	1
ROBBERY	8	3.7	12	4.8	9	3.4	8	3.3	37	3
BURGLARY	12	5.6	15	6.0	12	4.6	9	3.7	48	4
OTHER PROPERTY	41	19.1	55	22.0	51	19.7	44	18.2	191	19
OTHER LESSOR	45	21.0	49	19.6	36	13.9	47	19.5	177	18
DRUG	44	20.5	44	17.6	52	20.1	55	22.8	195	20
V.O.P	5	2.3	9	3.6	9	3.4	6	2.4	29	3
MISSING OR UNKNOWN	15	7.0	15	6.0	30	11.6	16	6.6	76	7
AREA SUBTOTAL	214		250		258		241		963	

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SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

# OF PRIOR ARRESTS	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOT N	YTR TOT PE
NONE	25	11.6	30	12.0	34	13.1	30	12.2	119	1[illegible]
ONE TO FOUR	100	46.7	123	49.2	122	47.2	123	50.4	468	4[illegible]
FIVE TO FIFTEEN	55	25.7	68	27.2	73	28.2	70	28.6	266	2[illegible]
SIXTEEN OR MORE	34	15.8	29	11.6	29	11.2	21	8.6	113	1[illegible]
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	0	0.0	0	[illegible]
AREA SUBTOTAL	214		250		258		244		966	

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PRIOR POST-TRIAL JAIL	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOT N	YTR TOT PE
NONE	160	74.7	175	70.0	173	67.0	182	74.5	690	71
ONE	26	12.1	33	13.2	49	18.9	36	14.7	144	14
TWO	7	3.2	20	8.0	19	7.3	13	5.3	59	6
THREE	10	4.6	6	2.4	4	1.5	4	1.6	24	2
FOUR OR MORE	11	5.1	16	6.4	13	5.0	9	3.6	49	5
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	0	0.0	0	0
AREA SUBTOTAL	214		250		258		244		966	

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PRIOR PRISON	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTR TOT N	YTR TOT PE
NONE	165	77.1	189	75.6	205	79.4	202	82.7	761	78
ONE	24	11.2	29	11.6	34	13.1	25	10.2	112	11
TWO	10	4.6	11	4.4	9	3.4	12	4.9	42	4
THREE	12	5.6	12	4.8	6	2.3	2	0.8	32	3
FOUR OR MORE	3	1.4	9	3.6	4	1.5	3	1.2	19	11
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	0	0.0	0	0
AREA SUBTOTAL	214		250		258		244		966	

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SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

	QTR 1		QTR 2		QTR 3		QTR 4		YTR TOT	
PRIMARY SUBS. ABUSE	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
HEROIN	33	15.4	54	21.6	54	20.9	41	16.8	182	18
KARACHI	4	1.8	4	1.6	4	1.5	2	0.8	14	1
NON-RX METHADONE	0	0.0	0	0.0	0	0.0	0	0.0	0	0
DILADUD	1	0.4	0	0.0	0	0.0	1	0.4	2	0
OTHER OPIATES	3	1.4	5	2.0	8	3.1	5	2.0	21	2
ALCOHOL	32	14.9	32	12.8	41	15.8	36	14.7	141	14
NICOTINE	0	0.0	0	0.0	0	0.0	0	0.0	0	0
BENZODIAZEPINES	1	0.4	1	0.0	0	0.0	1	0.4	3	0
BARBITURATES	0	0.0	0	0.0	0	0.0	0	0.0	0	0
NON BARB SEDATIVES	0	0.0	0	0.0	0	0.0	0	0.0	0	0
AMPHETAMINES	3	1.4	1	0.4	0	0.0	0	0.0	4	0
METHAMPHETAMINES	1	0.4	1	0.4	0	0.0	0	0.0	2	0
COCAINE	25	11.6	22	8.8	27	10.4	31	12.7	105	10
BASE COCAINE	25	11.6	18	7.2	14	5.4	17	6.9	74	7
CRACK	44	20.5	69	27.6	65	25.1	47	19.2	225	23
PCP	2	0.9	1	0.4	0	0.0	2	0.8	5	0
INHALANTS	0	0.0	0	0.0	0	0.0	0	0.0	0	0
MARIJUANA	15	7.0	11	4.4	12	4.6	17	6.9	55	5
HASHISH	0	0.0	0	0.0	0	0.0	0	0.0	0	0
HALLUCINOGENS OTHER	0	0.0	0	0.0	0	0.0	0	0.0	0	0
OVER-THE-COUNTER	0	0.0	0	0.0	0	0.0	0	0.0	0	0
OTHER	0	0.0	0	0.0	1	0.3	0	0.0	1	0
NONE	25	11.6	31	12.4	32	12.4	43	17.6	131	13
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	1	0.4	1	0
AREA SUBTOTAL	214		250		258		244		966	

	QTR 1		QTR 2		QTR 3		QTR 4		YTR TOT	
SECONDARY SUB. ABUSE	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
HEROIN	18	8.4	13	5.2	15	5.8	7	2.8	53	5
KARACHI	4	1.8	4	1.6	2	0.7	4	1.6	14	1
NON-RX METHADONE	0	0.0	0	0.0	0	0.0	2	0.8	2	0
DILADUD	0	0.0	1	0.4	0	0.0	0	0.0	1	0
OTHER OPIATES	1	0.4	1	0.4	3	1.1	0	0.0	5	0
ALCOHOL	43	20.0	57	22.8	47	18.2	51	20.9	198	20
NICOTINE	0	0.0	0	0.0	0	0.0	0	0.0	0	0
BENZODIAZEPINES	2	0.9	1	0.4	1	0.3	1	0.4	5	0
BARBITURATES	0	0.0	0	0.0	0	0.0	1	0.4	1	0
NON BARB SEDATIVES	0	0.0	1	0.4	0	0.0	0	0.0	1	0
AMPHETAMINES	2	0.9	3	1.2	2	0.7	0	0.0	7	0
METHAMPHETAMINES	0	0.0	1	0.4	0	0.0	0	0.0	1	0
COCAINE	26	12.1	24	9.6	29	11.2	19	7.7	98	10
BASE COCAINE	12	5.6	14	5.6	17	6.5	6	2.4	49	5
CRACK	20	9.3	16	6.4	23	8.9	22	9.0	81	8
PCP	0	0.0	2	0.8	0	0.0	4	1.6	6	0
INHALANTS	0	0.0	0	0.0	0	0.0	0	0.0	0	0
MARIJUANA	19	8.8	31	12.4	29	11.2	36	14.7	115	11
HASHISH	2	0.9	0	0.0	0	0.0	0	0.0	2	0
HALLUCINOGENS OTHER	0	0.0	0	0.0	0	0.0	1	0.4	1	0
OVER-THE-COUNTER	0	0.0	0	0.0	0	0.0	1	0.4	1	0
OTHER	0	0.0	0	0.0	0	0.0	0	0.0	0	0
NONE	65	30.3	81	32.4	90	34.8	88	36.0	324	33
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	1	0.4	1	0
AREA SUBTOTAL	214		250		258		244		966	

SUMMARY INTERVIEW DATE FROM 07/01/92 TO 06/30/93

LENGTH OF	QTR 1		QTR 2		QTR 3		QTR 4		YTR	TOT
PRIMARY DRUG ABUSE	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
LESS THAN 2 YEARS	0	0.0	0	0.0	0	0.0	0	0.0	0	0
2 TO 5 YEARS	0	0.0	0	0.0	0	0.0	0	0.0	0	0
MORE THAN 5 YEARS	0	0.0	0	0.0	0	0.0	0	0.0	0	0
MISSING OR UNKNOWN	214	100.0	250	100.0	258	100.0	244	100.0	966	100
AREA SUBTOTAL	214		250		258		244		966	

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	QTR 1		QTR 2		QTR 3		QTR 4		YTR	TOT
AGE FIRST DRUG ABUSE	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
1 TO 10	17	7.9	18	7.2	12	4.6	16	6.5	63	6
11 TO 12	24	11.2	29	11.6	22	8.5	20	8.1	95	9
13 TO 14	44	20.5	55	22.0	52	20.1	52	21.3	203	21
15 TO 16	64	29.9	69	27.6	85	32.9	75	30.7	293	30
17 TO 19	44	20.5	50	20.0	57	22.0	49	20.0	200	20
OVER 19	18	8.4	23	9.2	27	10.4	26	10.6	94	9
MISSING OR UNKNOWN	3	1.4	6	2.4	3	1.1	6	2.4	18	1
AREA SUBTOTAL	214		250		258		244		966	

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	QTR 1		QTR 2		QTR 3		QTR 4		YTR	TOT
PRIOR TIME DRUG TX	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
NONE	115	53.7	128	51.2	146	56.5	144	59.0	533	55
ONE	54	25.2	75	30.0	53	20.5	55	22.5	237	24
TWO	23	10.7	25	10.0	34	13.1	30	12.2	112	11
THREE	14	6.5	15	6.0	14	5.4	8	3.2	51	5
FOUR OR MORE	6	2.8	7	2.8	11	4.2	6	2.4	30	3
MISSING OR UNKNOWN	2	0.9	0	0.0	0	0.0	1	0.4	3	0
AREA SUBTOTAL	214		250		258		244		966	

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	QTR 1		QTR 2		QTR 3		QTR 4		YTR	TOT
PRIOR PSYCHIATRIC TX	N	PERC	N	PERC	N	PERC	N	PERC	N	PE
YES	17	7.9	11	4.4	21	8.1	26	10.6	75	7.
NO	197	92.0	239	95.6	236	91.4	217	88.9	889	92.
MISSING OR UNKNOWN	0	0.0	0	0.0	1	0.3	1	0.4	2	0.
AREA SUBTOTAL	214		250		258		244		966	

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***** DRUG & ALCOHOL INTAKE REPORT ***** DATE OF REPORT : 08/05/93

SUMMARY

INTERVIEW DATE FROM 07/01/92 TO 06/30/93

INELIGIBLE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
VIOLENT CHARGE PENDING	2	0.9	3	1.2	3	1.1	0	0.0	8	0.8
NATURE OF PENDING DRUG CHARGE	4	1.8	3	1.2	3	1.1	0	0.0	10	1.0
2+ PRIOR VIOLENT CONVICTIONS	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
NO CURRRENT PHYSICAL AND/OR EMOTIONAL SUBSTANCE	25	11.7	34	13.7	34	13.2	40	16.7	133	13.9
NO CURRENT ILL. CJS STATUS AND/OR JURISDICTION	0	0.0	0	0.0	0	0.0	1	0.4	1	0.1
UNDER 17 YEARS OF AGE	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2+ PRIOR ELECTIONS TO TREATMENT VIA CH. 111.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
RESIDENTIAL BURGLARY WITH 1 PRIOR FELONY CONV.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
***** TOTALS *****	31	14.6	40	16.1	40	15.6	41	17.1	152	15.9

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UNSERVICEABLE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
PENDING CASES TOO EXTENSTIVE	3	1.4	4	1.6	1	0.3	0	0.0	8	0.8
HISTORY OF VIOLENT ARRESTS TOO EXTENSIVE	0	0.0	1	0.4	0	0.0	0	0.0	1	0.1
SEVERE EMOTIONAL/PHYSICAL PROBLEMS/NO RESOURCES	5	2.3	3	1.2	5	1.9	8	3.3	21	2.1
***** TOTALS *****	8	3.7	8	3.2	6	2.3	8	3.3	30	3.1

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UNACCEPTABLE TO TASC	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
HOSTILE AND/OR UNCOOPERATIVE	2	0.9	0	0.0	2	0.7	0	0.0	4	0.4
FALSIFIED INFORMATION	1	0.4	0	0.0	0	0.0	0	0.0	1	0.1
LACKS RECOGONITION OF SUBSTANCE ABUSE PROBLEMS	7	3.3	10	4.0	10	3.9	13	5.4	40	4.1
LACKS READINESS FOR TREATMENT	34	16.0	32	12.9	31	12.1	29	12.1	126	13.1
REFUSED TO VOLUNTEER FOR TREATMENT VIA TASC	4	1.8	8	3.2	7	2.7	2	0.8	21	2.1
**** SUBTOTALS ****	48	22.6	50	20.1	50	19.5	44	18.4	192	20.1

UNACCETABLE TO CJS - ACCEPTABLE TO TASC	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
CHARGE DISPOSED OF NON-TASC	11	5.1	9	3.6	18	7.0	4	1.6	42	4.3
TREATMENT PETITION DENIED (PRISON)	18	8.4	20	8.0	14	5.4	6	2.5	58	6.0
ILL. SUPERVISING JUDICIAL DENIED TASC	1	0.4	1	0.4	1	0.3	0	0.0	3	0.3
ILL. SUPERVISING PAROLE OFFICIAL DENIED TASC	1	0.4	0	0.0	0	0.0	0	0.0	1	0.1
OUT-OF-STATE SUPERVISING AUTHORITY DENIED TASC	0	0.0	1	0.4	0	0.0	0	0.0	1	0.1
CURRENT SUPERVISING FEDERAL JUDICIAL DENIED TASC	0	0.0	0	0.0	1	0.3	0	0.0	1	0.1
** SUBTOTALS ****	31	14.6	31	12.5	34	13.2	10	4.1	106	11.0

***** DRUG & ALCOHOL INTAKE REPORT ***** DATE OF REPORT : 08/05/93

SUMMARY

INTERVIEW DATE FROM 07/01/92 TO 06/30/93

UNACCEPTABLE TO TASC - CLIENT BEHAVIOR	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
CLIENT NO SHOW SINCE ELIGIBILITY INTERVIEW	4	1.8	1	0.4	3	1.1	1	0.4	9	0.9
CLIENT NO SHOW SINCE ACCEPTABILITY INTERVIEW	2	0.9	5	2.0	5	1.9	1	0.4	13	1.3
CLIENT NO SHOW FOR MEDICAL EXAM	0	0.0	0	0.0	1	0.3	0	0.0	1	0.1
CLIENT NO SHOW FOR TREATMENT INTAKE PROCESS	18	8.4	13	5.2	3	1.1	2	0.8	36	3.7
CLIENT REARRESTED PRIOR TO TREATMENT	0	0.0	1	0.4	0	0.0	0	0.0	1	0.1
**** SUBTOTALS ****	24	11.3	20	8.0	12	4.6	4	1.6	60	6.2
UNACCEPTABLE TOTALS	103	48.5	101	40.7	96	37.5	58	24.2	358	37.4

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ACCEPTABLE TO TASC	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
ACCEPTED & PLACED IN TREATMENT VIA TASC	57	26.8	70	28.2	64	25.0	33	13.8	224	23.4
TENTATIVE ACCEPTABLE	13	6.1	29	11.6	50	19.5	97	40.5	189	19.7
***** TOTALS *****	70	33.0	99	39.9	114	44.5	130	54.3	413	43.2

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NO FACESHEET OR INTAKE DECISION	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
MISSING OR UNKNOWN	0	0.0	0	0.0	0	0.0	2	0.8	2	0.2

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	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
*** ALL AREAS GRAND TOTAL ***	212	22.1	248	25.9	256	26.8	239	25.0	955	100.0

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*** AREAS TOTALS ***	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
AREA 1	85	40.0	109	43.9	116	45.3	114	47.6	424	44.3
AREA 2	24	11.3	19	7.6	21	8.2	13	5.4	77	8.0
AREA 3	3	1.4	10	4.0	10	3.9	7	2.9	30	3.1
AREA 4	21	9.9	8	3.2	18	7.0	18	7.5	65	6.8
AREA 5	14	6.6	12	4.8	14	5.4	22	9.2	62	6.4
AREA 6	15	7.0	10	4.0	9	3.5	10	4.1	44	4.6
AREA 7	20	9.4	28	11.2	21	8.2	17	7.1	86	9.0
AREA 8	4	1.8	8	3.2	6	2.3	3	1.2	21	2.1
AREA 9	15	7.0	20	8.0	15	5.8	11	4.6	61	6.3
AREA 10	11	5.1	24	9.6	26	10.1	24	10.0	85	8.9
TOTALS	212	22.1	248	25.9	256	26.8	239	25.0	955	100.0

***** PLACEMENT REPORT *****

PLACEMENT DATES FROM 07/01/92 TO 06/30/93

08/05/9

--- CLIENT TYPE: DRUG & ALCOHOL ---

SUMMARY

FACILITY TYPE	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
INPATIENT	31	48.4	29	50.0	28	41.1	40	44.4	128	45.7
OUTPATIENT	33	51.5	29	50.0	40	58.8	50	55.5	152	54.2
DRIVER ED.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
INTERVENTION	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
GRAND TOTALS	64		58		68		90		280	

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***** DISCHARGE REPORT ***** 08/05/93

DISCHARGE DATE FROM 07/01/92 TO 06/30/93

--- CLIENT TYPE: DRUG & ALCOHOL ---

*** SUMMARY ***

DISCHARGE STATUS	QTR 1 N	QTR 1 PERC	QTR 2 N	QTR 2 PERC	QTR 3 N	QTR 3 PERC	QTR 4 N	QTR 4 PERC	YTD TOTAL N	YTD TOTAL PERC
SUCCESSFUL ::										
TREATMENT SUCCESSFULLY COMPLETED VIA TASC	9	18.7	13	23.6	21	36.2	9	20.0	52	25.2
CJS JURIS. AND/OR MANDATE SUCCESS VIA TASC	3	6.2	3	5.4	2	3.4	1	2.2	9	4.3
TREATMENT SUCCESSFUL - NO PAYMENT	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
CJS JURISDICTION SUCCESSFUL - NO PAYMENT	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
*** SUCCESS TOTALS ***	12	25.0	16	29.0	23	39.6	10	22.2	61	29.6
NEUTRAL ::										
CLIENT WITHDRAW TASC AGREEMENT(NO CJS MAN.)	0	0.0	2	3.6	0	0.0	1	2.2	3	1.4
CJS JURISDICTION TRANSFERRED OUT-OF-STATE	0	0.0	2	3.6	0	0.0	0	0.0	2	0.9
CLIENT EXHIBITS SEVERE EMOT./PHY. PROBLEMS	0	0.0	1	1.8	0	0.0	4	8.8	5	2.4
CLIENT DIED	0	0.0	0	0.0	0	0.0	1	2.2	1	0.4
CJS ENDED TREATMENT BEFORE TASC DISCHARGE	2	4.1	4	7.2	3	5.1	2	4.4	11	5.3
*** NEUTRAL TOTALS ***	2	4.1	9	16.3	3	5.1	8	17.7	22	10.6
FAILURE ::										
RE-ARREST FOR VIOLENT CHARGE	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
RE-ARREST FOR DRUG CHARGE	1	2.0	0	0.0	1	1.7	0	0.0	2	0.9
RE-ARREST FOROTHER CHARGE, INCAR. 30+ DAYS	1	2.0	0	0.0	1	1.7	0	0.0	2	0.9
SECOND JEOPARDY	2	4.1	3	5.4	4	6.8	3	6.6	12	5.8
CLIENT WITHDRAW FROM TREATMENT	16	33.3	18	32.7	17	29.3	15	33.3	66	32.0
VIOLATION OF TREATMENT FACILITY RULES	14	29.1	9	16.3	9	15.5	9	20.0	41	19.9
*** FAILURE TOTALS ***	34	70.8	30	54.5	32	55.1	27	60.0	123	59.7
GRAND TOTALS	48		55		58		45		206	