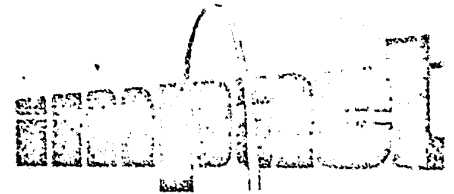


SAINT LOUIS COMMISSION ON CRIME AND LAW ENFORCEMENT

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SAINT LOUIS, MISSOURI 63103
(314) 453-4397 453-4398



OTTO G. HEINECKE
EXECUTIVE DIRECTOR

January 9, 1975
NCJRS

SEP 1 1978

Sadashar Parwatikar, M.D.
St. Louis State Hospital
5400 Arsenal
St. Louis, Missouri

RE: TASC
S-MP3-73
Final Evaluation Report

36526

Dear Dr. Parwatikar:

Enclosed please find the final evaluation report for the above referenced project for the current award period. Your response to the report, in letter form, is requested within the next two weeks. If the report contains recommendations relating to modifications of the project, your reply should give specific consideration to them, indicating for each how it will be implemented or why it should be changed or dropped. During the week following the receipt of your reply a decision will be made by the Impact Program regarding compliance with the recommendations.

Specific questions relating to the report may be directed to the Evaluation Analyst listed below. Your cooperation and assistance are appreciated.

Sincerely,

Otto G. Heinecke
Executive Director

Evaluation Analyst: Timothy J. Dee

TD/OGH/bs
Enclosure

cc; Larry Holmes, Ph.D. ✓
Willie May

William Abrams
Marc Dreyer

Richard Barnes, Ph.D.

L. L. HOLMES

JAN 13 1975

RECEIVED

PROJECT EVALUATION REPORT

PROJECT: Treatment Alternatives to Street Crime
(T.A.S.C.)

GRANT AWARD: \$400,000

SUBGRANTEE: St. Louis State Hospital

SUBGRANT PERIOD: 9-14-73 to 5-15-74
extended to 11-30-74

DATE OF REPORT: December 16, 1974

PROJECT DIRECTOR: Sadashar
Parwatikar, M.D.

PREPARED BY: Timothy J. Dee,
Evaluation Analyst

AUTHORIZED OFFICIAL: Harold P.
Robb, M.D.

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SCOPE OF EVALUATION

This evaluation of the TASC project was based upon a review of the project's monthly activity reports compiled during the months from June, 1974 through October, 1974 and site visits to determine project activity. The monthly activity report forms were constructed by the St. Louis High Impact Evaluation Unit, the monthly information was tabulated and coded by project staff and verified by the High Impact Evaluation Unit. This evaluation is directed toward the measurement of project effort. The effectiveness, measured primarily by crime reduction and lessening of drug abuse, is not measured due to the short period of time that this project has been operational.

SUMMARY BACKGROUND INFORMATION

St. Louis High Impact Program funding for the Treatment Alternatives to Street Crime (TASC) project was originally requested to begin on May 15, 1973 and to run through January, 1974. However, due to a number of administrative and technical difficulties associated with the startup of the project, funding was delayed until September 14, 1973. The original subgrant period was September 14, 1973 through May 15, 1974. However, an extension has since been approved to allow funds to be expended toward the operation of this project through November 30, 1974.

The specific objectives of this project as stated in the Evaluation Component prepared by the St. Louis High Impact Evaluation Unit were adapted from the activities of the project as proposed in the project grant application. The objectives are as follows:

- Objective 1- Establish a Screening Unit. Interview and screen arrested adults during a period of one year referred for treatment by the court of jurisdiction.

- Objective 2- Establish a Central Intake Unit. Upon acceptance for treatment, each client will be referred to the Intake and Treatment Selection Unit at the St. Louis State Hospital for a period not longer than 21 days for detoxification (if necessary), psychological and vocational testing, the collection of psycho-social information and treatment programming.
- Objective 3- Treat up to 500 addicts as an alternative to incarceration.
- Objective 4- Provide status reports on treatment progress to the probationary authority.
- Objective 5- Establish a multi-modality residential center and associated out-patient service including methadone maintenance.
- Objective 6- Provide drug-free cyclazocine, and associated modalities on a contract basis with existing facilities.

When the original LEAA funding for this project was awarded it was considered acceptable for LEAA funds to be expanded for drug treatment. However, with the separation of the National Institute for Drug Abuse from the National Institute for Mental Health, a ruling was handed down which required that no further LEAA funds would be expended for drug treatment. Because of this ruling, objectives 3 through 6 of this project were eliminated and are not a part of this equation.

PROJECT EVALUATION REPORT SUMMARY

The Treatment Alternatives to Street Crime (TASC) project has spent to date approximately \$144,000 (36%) of the grant award of \$400,000.

Interviewed 2571	Denied Drug Problem 1987	Claimed Drug Problem 585		
		Opiates 527	Amphetamines 46	Barbiturates 12

During the first five months of active services for clients, 2571 interviews were conducted, of whom 527 claimed being primarily addicted to opiates, 46 primarily used amphetamines, and 12 primarily used barbiturates.

Objective 1- Interview arrested adults referred by court.

The Jail Screening Unit section has suffered from a lack of trained personnel and the lack of a coordinated system of efficient project administration for the purpose of staff training within the project guidelines. To date the Screening Unit interviews of the confined population who do not admit having a "drug problem" have been so superficial to be useless as an informational source. The Screening Unit has been interviewing the same confined population that the Pre-Trial Release project investigators have been interviewing. Because Pre-Trial Release will shortly be expanding to 24 hour per day interviewing services, this problem will be increased. Since the recommendations from the Screening Unit must be assessed by Pre-Trial Release before a TASC program decision can be made, the overall service provided by the Jail Screening Unit is partially duplicative.

Objective 2- Provide detoxification and diagnostic services to TASC clients at St. Louis State Hospital,

The Central Intake Unit has delivered diagnostic services to 45 TASC clients during the first five months of its operation, eight of whom required detoxification. The diagnostic services, exclusive of detoxification, required an average of nine (9) days per client.

Of the 45 clients admitted to the Central Intake Unit, 10 terminated participation while at the Central Intake Unit, 10 started treatment but terminated before completion, 20 are currently receiving treatment, and the remaining 5 are still at the Central Intake Unit.

45 admitted to Central Intake Unit (diagnostic services)

10 terminated participation during diagnostic services

10 terminated before completion of treatment

20 currently receiving treatment

5 currently receiving diagnostic services

45

The Central Intake Unit of TASC has six drug abuse counselors who spend a great part of their time in the routine task of maintaining the security of the drug abuse ward. This ward provides diagnostic services to both TASC clients and those clients referred from other sources. The counselors spend a small part of their time in the diagnostic functions of the Intake TASC clients. Their remaining time is spent acting as out-client treatment counselors within the Aftercare and Follow-Up functions for TASC clients who have received treatment plans, but the necessary treatment settings and personnel are not available for implementation.

It appears that one important weakness of this project is the lack of the measurement of client vocational interests and aptitudes, and education skills. The project also has not provided the needed services of job readiness, and job or vocational placement.

Due to the present structure of project activity and client security requirements, it is expected that a maximum of 150 TASC clients can receive diagnostic services at St. Louis State Hospital within a 12 month period.

In viewing the overall accomplishments and problems of the TASC project, it appears that the diagnostic services provided by TASC can become an excellent foundation from which to build a comprehensive treatment program for a drug abuse population in St. Louis.

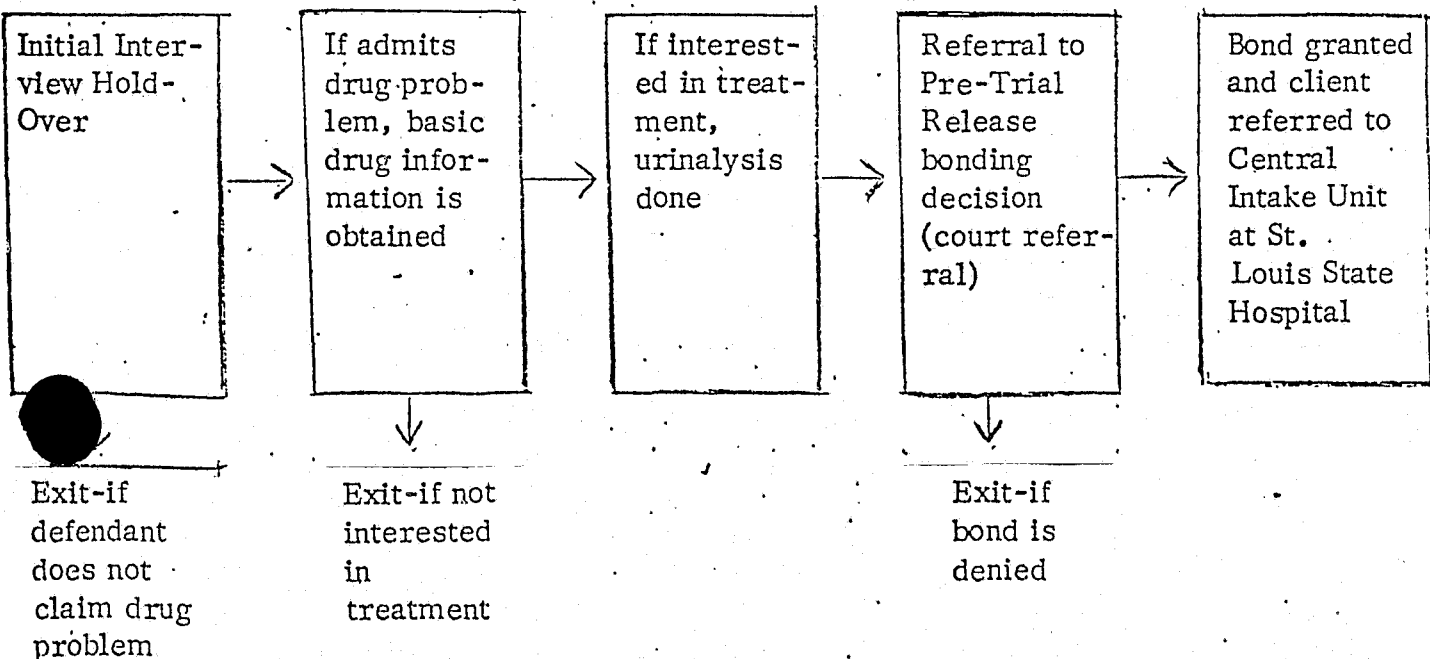
The lack of the needed treatment alternatives to street crime seems to be the most serious problem impeding the successful operation of the TASC project. The treatment resources are not available to implement the comprehensive client needs that are being recognized. It seems to this writer that the diagnostic capabilities generated through this project are presently being underutilized due to the lack of different types of comprehensive treatment sources within the City of St. Louis for persons with severe drug abuse problems.

Project Objectives

- (1) Establish a Screening Unit. Interview and screen arrested adults during a period of one year referred for treatment by the court of jurisdiction.

This objective related directly to one of the sections of this project entitled the Jail Screening Unit. This unit consists of one Coordinator and two Interviewers, whose job it is to interview the persons confined at the St. Louis Police Department Central Holdover and other correctional institutions in the City of St. Louis to determine the number of persons who have drug problems and those interested in obtaining treatment for this problem. Only during the month of October, 1974 have two Interviewers been hired for this function. Prior to this the Screening Unit Coordinator interviewed prospective clients. When she resigned in August, 1974, the jail screening function was done by a person borrowed from the St. Louis Department of Welfare and one person from the Tracking Evaluation Unit or this project.

SCREENING UNIT PROCESS



The major activity of the Interviewers involves interviewing all defendants brought to the Holdover the night before. Interviewing is done at the Holdover between 9:00 A.M. and 1:00 P.M., with interviewing most often completed at the Holdover by 11:00 A.M. Basic identifying information is requested of each defendant before the question is asked, "Do you have a drug problem?" If the person answers no, the interview is terminated. During this writer's site visit, it was determined that an interview with a person who does not admit a "drug problem" takes about one minute. If the person answers yes to the question of having a drug problem, some background information is obtained which takes a total of about 10 minutes. Only if a person answers yes to the question of having a drug problem and is interested in obtaining treatment is a full screening interview urinalysis done. A full screening interview takes about 20 minutes. The Screening Unit's work in the afternoons consists of interviewing prospective clients at the St. Louis City Jail and at the Medium Security Institution. The project recently established a policy to interview every inmate at both City Jail and the Medium Security Institution. Before this recent policy the Screening Unit has been interviewing from the combined jail population approximately 10 inmates per week based on specific requests of interest. Other activities which have involved the Screening Unit in the afternoons have been discussions with Probation/Parole Officers, Pre-Trial Release Investigators, and other Criminal Justice agency personnel for the purpose of securing and verifying referrals for possible project participation.

Because of the nature of the screening interview, information about the number of persons who have regularly used opiates and other illegal drugs (primarily amphetamines and barbiturates) has not been obtained in any reliable way. Approximately 23% (585/2571) of those interviewed for whom program decisions were made between June and November, 1974, admitted having a drug problem involving opiates, amphetamines, or barbiturates. If

prospective clients don't readily admit a drug problem, no reliable information is obtained from the one minute interviews. A total of 585 persons admitted a drug problem: 527 primarily used opiates, 46 primarily used amphetamines, and 12 primarily used barbiturates.

During the first five months of active services for clients for whom program decisions were made, 112 persons (19%) of the 585 persons expressed an interest in drug treatment of whom 51 were provided a urinalysis test. Of those 51 tests, 38 revealed presence of opiates, one revealed presence of amphetamines, and one revealed presence of barbiturates.

It has been the policy of the Jail Screening Unit of the project to provide urinalysis tests only to persons who admit a drug problem, who express an interest in drug treatment, and who are confined at the St. Louis Police Department Central Holdover immediately after arrest. The reasons why only 51 of 112 persons who expressed an interest in the program and for whom program decisions were made were provided urinalysis tests are due to the factor that 38% of the 178 persons recommended for treatment by the screening unit were referred from points of the Criminal Justice System apart from the primary operations center of the Jail Screening Unit. The difference of 66 between 112 and 178 is accounted by the number of persons recommended for treatment by the Screening Unit for whom a legal decision was not yet finalized. Also the urinalysis machine was not operable during part of September and part of October due to a lack of personnel with knowledge to operate the machine and due to the lack of supplies for the machine's operation once personnel were available to operate it.

Of the 112 persons for whom a program decision was made who were recommended for treatment by the Jail Screening Unit, 45 (40%) persons were referred by the Court to TASC.

The main reason why 60% of the clients recommended by the TASC project for treatment were not referred by the courts of jurisdiction involved the decision of risk within the court-

established criteria for release on bond. Because the 60% of clients recommended were poor risks to be released on any reasonable conditions of bail, these persons did not enter the TASC project.

To summarize and make some conclusions based on the data collected and the observations made by the writer relative to the first objective, the following statements are made.

The Jail Screening Unit has suffered from a lack of trained personnel and the lack of a coordinated system of efficient project administration for the purpose of staff training within the project guidelines. To date the Screening Unit interviews of the confined population who do not admit having a "drug problem" have been so superficial to be useless as an informational source. The Screening Unit has been interviewing the same confined population that the Pre-Trial Release Project Investigators have been interviewing. Because Pre-Trial Release will shortly be expanding to 24 hour per day services, this problem will be increased. Since the recommendations from the Screening Unit must be assessed by Pre-Trial Release before a TASC program decision can be made, the overall service provided by the Jail Screening Unit is partially duplicative.

Objective 2:

Establish a Central Intake Unit. Upon acceptance for treatment, each client will be referred to the Intake and Treatment Selection Unit at the St. Louis State Hospital for a period not longer than 21 days for detoxification (if necessary), psychological and vocational testing, the collection of psycho-social information and treatment programming.

During the first five months of TASC active client service, 45 clients were admitted to the Central Intake Unit of the TASC project, five of whom are still active, and nine of whom were voluntary admissions not referred by the court. Of the nine voluntary clients, three were persons whose primary drug abuse was amphetamines, the other six persons' primary drug abuse was opiates.

Eight (18%) of the forty-five clients admitted to the Central Intake Unit required detoxification at the beginning of their Intake process. The total number of man-days that TASC clients spent in the Central Intake Unit was 459 days. The total number of TASC man-days required for detoxification was 84 days, 18% of the total number of TASC man-days spent in the Intake process.

A few of the reasons suggested by the TASC project staff why the clinical evaluation and treatment plan of TASC clients, exclusive of detoxification days, required a total of 375 man-days or an average of nine days per person are as follows: If a client enters the ward on Thursday, many times the physical testing, such as E. E. G. and blood tests, is not begun until the following Monday. This occurs because the client must go to another part of the hospital for the testing requiring coordination of staff availability. Also it is not unusual to require two to three days to coordinate a treatment plan to be implemented by an agency not associated with TASC.

Of the 40 persons who terminated their participation in the Central Intake Unit, 30 (75%) began treatment in the program. The ten who did not start treatment terminated their involvement with TASC during the time they spent in the Central Intake Unit. These early terminations were due to client behavioral problems in the Central Intake Unit, lack of client interest in the

TASC project after further consideration, or client elopement from the Central Intake Unit. The lack of client interest in treatment during the Intake process has been partially due to the legal dismissal of charges against clients due to lack of evidence.

Of the 30 clients who began treatment in the TASC project, 47% (14) were initially placed in a residential treatment facility; and 53% (16) were initially placed in an out-client or non-residential treatment setting. Of these clients, 20 were charged with at least one Impact offense. An Impact offense is defined as a category of crime including Murder, Forcible Rape, Robbery, all Felonious Assaults, and Burglary. Ten Impact offenders were placed in residential treatment agencies and ten in out-client treatment settings. Four Non-Impact offenders were placed in residential treatment agencies, and six Non-Impact offenders were placed in out-client treatment settings. From the 30 clients who have started treatment, 10 have terminated their treatment participation before completion. The other 20 TASC clients are still actively involved in treatment.

The Central Intake Unit is presently staffed with the following TASC-paid personnel: one Psychiatric Social Worker, six Drug Abuse Counselors, and one Secretary. The following TASC paid positions for the Central Intake Unit have not been staffed: one Clinical Psychologist, one Physician, $\frac{1}{2}$ Psychiatrist, four Registered Nurses, three Drug Abuse Counselors, three Nurse Aids, and one Vocational Rehabilitation Specialist.

The present staffing of the Central Intake Unit does not include persons for approved positions which are required to effectively provide the services within the Unit. Although the Physician, Psychiatrist, Nurses, and additional Drug Abuse Counselors are not being staffed through this project, the drug ward in which the Central Intake Unit operates has the service from these positions paid by other means. From the total number of TASC clients having been

provided these services during the first five months of grant operation in addition to the number of persons requiring detoxification in the TASC project, it seems that the additional personnel are not needed. In fact, it seems that, although the quality of the diagnostic services from the Drug Abuse Counselors is good, the quantity of diagnostic services offered is not justified for the six Counselors employed. The Drug Abuse Counselors, according to observations from the TASC project staff, work a large part of their time maintaining security on the drug abuse ward. Because of the importance of the period of observation for an adequate assessment of client needs, this routine task is necessary for the Counselors to maintain with the Central Intake Unit presently structured. More than half their time spent in the role of one-to-one Counselors is spent as out-client treatment Aftercare and Follow-Up counselors for those clients who have received treatment plans, because the necessary treatment settings and personnel are not available.

During the site visit of the writer to the Central Intake Unit, client files were examined. From the prospective of the quality and quantity of internal medical, neurological, psychiatric, and social history and behavioral information compiled for each person, the clinical evaluation is adequate. The one area that is not adequately assessed is the measurement of client vocational interest and aptitudes. Especially with the primarily unskilled population to which this project is addressing itself, the functions of vocational and educational skills testing, job readiness, and job or vocational placement are of primary importance in determining a realistic treatment plan for each person.

A final area of examination relative to the Central Intake Unit concerns a basic projection of the maximum number of TASC clients that can reasonably be expected to receive services during

the next five months of project activity based on the capacity of the drug abuse ward at St. Louis State Hospital and the percent of operational costs that the TASC project pays for the maintenance of the drug abuse ward compared with the demand for diagnostic services from other sources.

The drug abuse ward has a capacity of 15 beds. Based on a 30 day month approximately 2300 bed-days are available for a five month period. Because the TASC project pays approximately 30% of the cost to operate the ward, TASC clients should be expected to receive approximately 30% of the bed space, or 690 bed-days. Based on an average stay of 11 days per client, the TASC project can expect a maximum number of 62 TASC clients to receive Intake services at the drug abuse ward at St. Louis State Hospital during the next five months or 150 clients for a 12 month period. This maximum estimate would be a 38% increase from the first five month record of client Intake services for TASC clients.

To summarize the review of the second objective, the Central Intake Unit for the TASC project has delivered diagnostic services to 45 TASC clients during the first five months of its operation, eight of whom required detoxification. The diagnostic services, exclusive of detoxification, required an average of nine (9) days per client. Although the actual testing could be accomplished in two days if coordinated for that purpose, the project staff believe that a period of observation in a relatively mobile residential setting is important to assess the expected client behavior in a treatment setting.

Of the 40 clients who have terminated their participation in the Central Intake Unit of TASC, 30 started treatment. Of the 30 persons who started treatment, 10 terminated their treatment participation before completion. The other 20 TASC clients are still actively involved in treatment.

The six Drug Abuse Counselors spend a great part of their time in the routine task of maintaining the security of the drug abuse ward. This ward provides diagnostic services

to both TASC clients and those clients referred from other sources. A small part of their time is spent in the diagnostic functions of the Intake TASC clients, and their remaining time is spent acting as Out-Client Treatment Counselors for TASC clients who have received treatment plans, but the necessary treatment setting and personnel are not available for implementation.

The one important area of the clinical evaluation that the project has not adequately assessed is the measurement of client vocational interests and aptitudes, and educational skills, followed by job readiness, and job or vocational placement.

Due to the present structure of project activity and client security requirements, it is expected that a maximum of 150 TASC clients can receive diagnostic services at St. Louis State Hospital within a 12 month period.

Administration of Project

The final area of review for the TASC project is the administration of the project. This includes the positions of Project Coordinator, Research Analyst II, and Research Analyst I.

The two Research Analyst positions are filled for the purpose of coordinating the collection of information for the purpose of tracking and evaluation. Because this project must respond to the national level requests for information, the St. Louis Crime Commission information requests, and their internal evaluation research, these positions have provided a necessary informational and data coordinating source of project activity. The information provided to this evaluator has been accurate and well documented.

The two key positions of Project Coordinator and Deputy Project Coordinator have been unfilled for most of the subgrant period. It is expected that a Project Coordinator will be hired by December 15, 1974. It is expected that the Deputy Coordinator will be filled after the Coordinator is hired. Because of the time limitations in regard to the expected duration of

his project, the hiring of these persons to coordinate the functioning of this project might be wasted effort due to the lack of time to reorganize the project into an effective Criminal Justice-drug abuse screening and diagnostic service.

RECOMMENDATIONS

1. Because of the expansion of the Pre-Trial Release project to include round-the-clock screening of all persons required to post bond, the activities of the jail screening unit within the TASC project will be duplicative. Because of this duplication, it is recommended that the jail screening unit as presently functioning be eliminated from the functioning of the TASC project.
2. In regard to the functioning of the Central Intake Unit, the amount of time required to perform the diagnostic services and prepare treatment plans for TASC clients seems excessive.
 - a. It is recommended that no one be assigned to the drug abuse ward at St. Louis State Hospital as a TASC client for any purpose other than detoxification and/or diagnostic services.
 - b. It is recommended that TASC clients not requiring detoxification receive the diagnostic services, and the treatment plan, and be transported from the ward to a treatment agency or other appropriate source within five (5) days after arrival in the Central Intake Unit.
 - c. It is recommended that TASC clients requiring detoxification be detoxified, receive the diagnostic services, and the treatment plan, and be transported to a treatment agency or other appropriate source within twenty-one (21) days after arrival in the Central Intake Unit.
3. It is recommended that the Central Intake Unit provide vocational interest, vocational aptitude, and educational skills tests to all TASC clients during their time of residence in the Central Intake Unit. It is further recommended that these tests be interpreted by a qualified Psychologist or Vocational Counselor for inclusion in the treatment plans of TASC clients.
4. Because it is necessary for security to be maintained on the drug abuse ward of St. Louis State Hospital, part of the activities of the Drug Abuse Counselors are necessarily limited to maintaining security on the ward. It is recommended that a specific schedule of client group

activities emphasizing group discussion be established for at least eight hours of each day, seven days per week. It is further recommended that each group activity be facilitated through the participation of at least one Drug Abuse Counselor.

5. It is recommended that the Drug Abuse Counselors functioning within the Central Intake Unit for the TASC project eliminate the Aftercare and Follow-up activities to which they have addressed some of their efforts, and focus exclusively on the areas of ward security, diagnostic responsibilities of Intake clients including preparation of treatment plans, and the structuring of the time of TASC clients within the Central Intake Unit for a meaningful experience.

6. It is recommended that one presently staffed Drug Abuse Counselor position be assigned on a full time basis to the Follow-Up and Aftercare section to assist in the coordination of other staff in the follow-up procedures. It is further recommended that the Vocational Rehabilitation Specialist position be filled to coordinate the vocational testing of all TASC Intake clients along with test interpretation for treatment planning.

Questions for Further Consideration

1. If the recommendation that the Jail Screening Unit, as presently functioning be eliminated, the question arises as to what will happen to the positions presently in the Jail Screening Unit. The options seem to be as follows:
 - a. The remaining money for those positions could be returned to the federal government. If no realistic options are available, this would be the obvious choice.
 - b. The present personnel of the Jail Screening Unit could expand their interviewing of arrested persons to include all information that will be obtained by the Pre-Trial Release Investigators and that the Pre-Trial Release Investigators could collect the additional information for persons admitting a drug abuse problem. Essentially there would be more screening personnel who would be able to investigate a wide range of potential clients in greater depth. The main problem with this possibility is that the supervision of the staff would be by two different agencies. The difficulties of combined staff priorities and supervision could be overwhelming. If the jail screening unit does not expand their function to correspond with the Pre-Trial Release Investigators, then the Pre-Trial Release Investigators could refer prospective clients directly to the diagnostic section of TASC for thorough drug information interviews. Would it be appropriate for the TASC project staff and the Pre-Trial Release project staff to meet as soon as possible to discuss this option?
 - c. The positions from the jail screening unit could be transferred to an Aftercare and Follow-Up function for the purpose of providing out-client counseling to those clients who need supervision, but not through any particular treatment program. Although this recommendation seems to conform with LEAA guidelines of not finding drug treatment, it

should be emphasized that the Aftercare and Follow-Up section is not sufficient to insure that the high-risk addictive clients with whom TASC serves will receive the type and intensiveness of treatment that is required. In order to provide TASC clients with the treatment needed, because most of the TASC clients need at least some residential treatment, financial compensation to treatment agencies must be obtained, in addition to alternative treatment modalities and sites.

2. A final question relative to the functions of the Jail Screening Unit revolves around the needs of the Criminal Justice System to know with a quantitatively measured degree of reliability how many heroin addicts and other drug abusers are coming into contact with the Criminal Justice System. Is it possible that if the positions within the Screening Unit are coordinated with the investigators of the Pre-Trial Release project that urinalysis could be obtained from every defendant interviewed for bond release?

St. Louis

Status Report

Project:	TASC	Grant Award:	\$400,000
Project Number:	S-MP3-73-b2-e	Subgrant Period:	9-14-73 5-15-74
Subgrantee:	St. Louis State Hospital	Extended To:	2-28-75
Date of Report:	January 31, 1975	Project Director:	Dr. Sadashir Parwatikar
Program Analyst:	Bill Taylor ^{DET} BNC	Authorized Official:	Harold P. Robb

Present Status/Summary of Activities:

This project has been extended to February 28, 1975 at which time a determination will be made as to whether TASC should continue in operation. By that date it is felt the St. Louis Department of Welfare will have had sufficient time to correct the difficulties which have confronted this project since its beginning.

(To-date) less than one half the originally allocated \$400,000 has been expended. With the split in project operations, intake/diagnostic services are being provided by the St. Louis State Hospital while diversion services are being provided by the St. Louis Department of Welfare. A comprehensive budget revision/program revision has been requested of the subgrantee. In this revision a delineation is to be made relative to the amount of funds required for both portions of the TASC project. This budget revision and the associated grant revision are to be submitted to the Commission on Crime and Law Enforcement by mid-February and are presently being prepared by State Hospital and Department of Welfare personnel.

Organization

During the month of December the statistics for TASC were significantly lower than in previous months. It was stated by project staff that changes in the local criminal justice system, especially the provision of Bail Commissioners for the St. Louis Courts, had caused the number of admissions to the TASC project to decline.

Statistics for the month of January 1975, indicate that the number of interviews carried out by the jail screening unit was 349 or a decline over the month of October 1974 of 41 percent. Similarly, admissions to the project for this month were down 45 percent over October with 6 admissions for January. The month of October was used as a comparison in order to remove any negative effects associated with the months of November and December and their elevated number of holidays.

There are presently (as of January 31, 1975) 33 clients under placement within the TASC project. These clients are located in the following treatment centers:

Participating Treatment Centers

NASCO (inpatient) - - - - -	4
NASCO (outpatient) - - - - -	6
Malcolm Bliss (outpatient) - - - - -	2
Methadone Maintenance - - - - -	2
Archway House (inpatient) - - - - -	11
Archway House (outpatient) - - - - -	1
State Hospital Vocational Rehabilitation (inpatient)	1
COMTREA (inpatient) - - - - -	1
TASC Aftercare - - - - -	2
*Medium Security Institution - - - - -	2
*St. Louis City Jail - - - - -	1

A Coordinator has been selected for TASC and is now involved with the everyday operations of the project. A Follow-Up Counselor and an Information Specialist have also been brought onto the staff in recent weeks. With these new appointments the staffing for this project is nearly complete.

During the month of January referrals from the U.S. Bureau of Prisons and the United States Probation Department have been directed to the TASC project. In coming weeks a determination will be made as to the effect these referrals will have on the statistics for the project.

Problems/Need For Further Action:

Unlike other Impact projects the shortage of a future source of funding does not affect TASC, if the program proves to be successful verbal assurances have been given by LEAA officials that funding for an additional year could be made available. Unfortunately, due to the long chain of difficulties associated with this project, it is unlikely that these funds will be forthcoming since the performance of TASC has been substandard when compared with other TASC projects.

Although the St. Louis Department of Welfare has taken steps to improve the delivery of services in the Criminal Justice System it is still apparent that the TASC Criminal Justice Component is not meeting with great success in diverting drug addicts from the criminal justice system into treatment modalities. In addition, no concrete system has been devised under this grant to involve the TASC project in efforts to improve the quality of treatment being provided by the various drug programs in St. Louis.

One of the chief reasons for reticence on the part of Judges and Prosecutors in St. Louis in accepting treatment plans in lieu of prosecution for drug addicts has been the feeling that the quality of treatment being offered in St. Louis is subpar. Therefore it was strongly suggested to TASC project administrators that some mechanism be devised to improve the image of drug treatment in the eyes of criminal justice system personnel. Efforts have been made to increase

* These three clients are being dropped from the program due to incarceration.

the effectiveness of the diversion mechanism itself. However, there has been a noticeable lack of effort to convince the criminal justice system that the treatment being offered is sufficient to warrant a probation substitute for incarceration of drug addicts.

In spite of the vigorous effort on the part of the Department of Welfare to improve the organization of the Criminal Justice System component, it would still seem that the unit has been less than effective in securing favorable consideration by the Judges. For this reason, it is felt that project modifications should be implemented to ensure a continuation of function of the TASC project, even if a much smaller staff is proposed.

Staff of the Commission on Crime and Law Enforcement will be available at any time to assist TASC project personnel in formulating plans for continued funding and/or revision of present project operations.

Status Report

Gerrie

Project: TASC Grant Award: \$400,000
Project Number: S-MP3-73-b2-e Subgrant Period: 9-14-73
2-28-75
Subgrantee: St. Louis State Hospital Project Director:
Sadashir Parwatar, MD
Date of Report: March 10, 1975
Program Analyst: Bill Taylor *BT*
BNO Authorized Official:
Harold P. Robb, MD

Present Status/Summary of Activities:

On February 4, 1975 the St. Louis Commission on Crime and Law Enforcement was notified by mail that a decision had been made to defund the St. Louis TASC project. This decision was made in Kansas City at the Region VII LEAA Office after a meeting between Marvin Ruud, Regional Administrator; Marc Dreyer, State Representative for Missouri; and Harold Leap, Drug Abuse Advisor. The reason stated for the cessation of funding was an insufficiency of client referrals.

Progress

From inception through January 31, 1975 3,714 arrestees were interviewed or screened by the TASC Jail Screening Unit. Of these 3,714 interviewees, 942 were found to have positive urinalysis or admitted to having a drug problem. From this group 274 expressed an interest in or actually volunteered to participate in the TASC project. The number of clients actually admitted to the project however, was only 63. More than half (35) of those clients accepted into the TASC project were admitted through the Pre-Trial Release operation of the State Board of Probation and Parole. During the month of February (the last client was admitted to TASC on February 17) 135 arrestees were interviewed at the Central Holdover. Of that number 41 admitted using drugs and 21 of those actually volunteered or showed an interest in the program. Only 5 clients were actually admitted during February.

Problems

One obvious difficulty indicated by these figures is the dearth of referral sources cultivated by TASC personnel. In order for a project of this nature to be successful, large numbers of clients must be generated and a large number of referral sources must be developed.

On February 14th LEAA officials from Region VII and the Missouri Council on Criminal Justice came to St. Louis to meet with local funding administrators to discuss the terms of the defunding. It was determined that the subgrant would terminate on February 28, 1975 and that final phase out operations should be completed by March 14th.

Upon receipt of the notice of project cancellation, the Drug Abuse Subcommittee of the Commission on Crime held a meeting at which this matter was discussed. It was felt by the subcommittee that Region VII had acted capriciously in making a unilateral

Decision to terminate St. Louis TASC
were allowed to take part in the decision making process.

The point of conflict was not that the decision had been made, for it was generally agreed that the TASC project should be discontinued, but that the procedure through which it had been made was not representative.

A number of alternatives to complete defunding of this project were presented to Region VII by the Commission. In negotiating these alternatives it was decided that \$30,000 to \$40,000 could be set aside to finance a reduced effort in the area of drug abuser diversion by the State Board of Probation and Parole. However, in meeting with State Board officials it was decided that, although the State Board would be interested in assuming certain of these duties, it would not be necessary to channel additional federal funding into their operation.

On March 11, a meeting was held between Otto G. Heinecke, A. J. Wilson, Brian Odell, Gail Hughes, Ron Hargrove, and Ted Fertig. The purpose of the meeting was to reach a final determination relative to the TASC project. At the meeting the following was decided: The State Board of Probation and Parole, through its pre-trial release program would expand their efforts in dealing with drug offenders. Individuals having a drug involvement would be referred to the diagnostic unit of State Hospital for clinical assessment and review. The Pre-Trial Release program would then base treatment recommendations upon information generated through this clinical assessment. Further, it was stated that the Commission's evaluation unit would continue to provide data-based evaluation of these efforts.

In order to inform LEAA, Region VII of the conclusions reached at this meeting, a letter from State Probation indicating that they will assume a portion of the TASC project without LEAA funds and a letter from Dr. Parwatarikar indicating that State Hospital will assume support of the diagnostic unit, will be forwarded to Region VII.

END

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