

D R A F T

SITE VISIT REPORT

CHICAGO TASC PROJECT
(December 14-16, 1977)

EVALUATION OF TREATMENT ALTERNATIVES
TO STREET CRIME (TASC)
PHASE II

February 16, 1978

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February 16, 1978

SYSTEM SCIENCES, INC.
4720 Montgomery Lane
Bethesda, Maryland 20014
(301) 654-0300

ABSTRACT

This report provides the results of the evaluation of the Chicago Cook County Treatment Alternatives to Street Crime Project (TASC). This evaluation was conducted as part of an evaluation of the National TASC Program sponsored by the Law Enforcement Assistance Administration (LEAA) of the U.S. Department of Justice. This study is concerned primarily with operational aspects: identification of potential clients; diagnosis and referral; relationships with the drug abuse treatment agencies, the community and the Criminal Justice System; effectiveness of tracking and monitoring; and cost analysis.

The Chicago TASC project was visited December 14-16, 1977 and was in its 16th month of operation at that time. It is, therefore, from our perspective considered to be a relatively new project. During the study year, October 1, 1976 through September 30, 1977, 361 clients were admitted to TASC, 204 were discharged and 222 were active at the end of the year. Although the rate of successfully discharged clients has been low, less than sufficient time has elapsed for the early negative discharges to be offset by the successful discharges which must come later.

The Chicago TASC project is organized along traditional lines, covering all of the standard TASC functions. The management of the project is exceptional as are the staff members.

The massive size of Chicago insures a large offender population from which to draw clients. Consequently, TASC views its screening process as "screening-out" clients rather than "screening-in" clients. Most of the clients entering TASC are post-trial. Unlike other cities, the community treatment programs are operating at full capacity. These two factors do require that the Chicago TASC operate somewhat differently than TASC projects in other cities.

A great amount of planning, closely coordinated with the CJS, was accomplished prior to project implementation. This has resulted in the strongest TASC-CJS working relationship so far encountered during this national evaluation.

It is the concensus of the evaluation team that the Chicago TASC project is an excellent project that has effectively gained the support of the CJS and treatment community.

ACKNOWLEDGEMENTS

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Thomas McCahill, M.A.
C. James Sample, Ph.D.
Stanley Turner, Ph.D.
Thomas West, M.A.

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SUMMARY

The Chicago Cook County TASC Project had been in existence for 16 months at the time of the System Sciences, Inc. evaluation site visit, conducted December 14-16, 1977. TASC operates as a non-profit corporation under contract to the Illinois Dangerous Drug Commission which is the LEAA grantee. The Chicago TASC is a relatively new project and this factor is reflected throughout this report.

Project organization is similar to most TASC projects with the usual components: court unit (initial screening and court liaison), diagnosis and evaluation, tracking and monitoring, and administration. Overall project management and coordination of activities among the functional units is excellent. The Chicago TASC project has developed and up-dated detailed manuals describing project methodology, operating procedures and job descriptions. This project is one of the few projects included in the national evaluation that has accomplished such rigorous project documentation.

The Chicago TASC project is a relatively large project, consisting of 27 staff members. During the study year (October 1, 1976 through September 30, 1977) 361 clients were admitted, 204 were discharged and 222 were active as of September 30, 1977. To date, the vast majority (73 percent) of the discharges have been unsuccessful. This appears to be a result of two principal factors. First, sufficient time has not elapsed for many successful discharges to have occurred. It takes considerably more time for a client to succeed than to fail. Secondly, clients are not discharged from TASC until they have completed their term of probation. This policy differs from that of most TASC projects where clients are successfully discharged upon completion of treatment requirements.

The Chicago TASC project clearly operates as an alternative to post-trial incarceration. Very little effort is placed on reducing the pre-trial detained population. This is, however, almost inevitable given the nature of the Chicago Criminal Justice System.

The clients served by the Chicago TASC are 80 percent male, 56 percent Black and 51 percent are between the ages of 17 and 25. The eligibility criteria are realistic and flexibly applied. Although clients charged with violent crimes are not eligible, one conviction of a violent crime in the past does not make the offender ineligible. The Chicago TASC project is considered to be serving the appropriate offender population.

The majority of TASC clients are admitted on conditional probation. TASC does work with a large number of clients on pre-trial status, attempting to obtain conditional probation for these clients. Because the Chicago CJS is so large, TASC does not attempt to screen all of the arrested population.

Most of the clients are referred by the judiciary, probation officers, private attorneys and social service agencies. Self referrals also constitute a substantial percentage of TASC clients. Because of the large number of initial potential client contacts, TASC views its screening process as one that "screens out" rather than one that "screens in" clients.

The diagnosis and evaluation unit collects a large volume of data in the diagnosis and referral process. Although we generally do not recommend that such a volume of data be collected in this process, we conclude that the Chicago TASC project effectively performs this function in a reasonable length of time so that it does not delay the therapeutic process.

The tracking and monitoring is also performed at the highest quality level. Close monitoring is accomplished with tracker caseloads ranging from 50 to 80 clients per tracker. Client contacts are made frequently and home visits are a routine procedure. The Chicago TASC has been effective in bringing the probation department into the treatment process, officers becoming actively involved in the TASC/treatment jeopardy sessions held for their probationers.

Key members of the Chicago CJS were involved in the TASC planning process. For this reason, and because of the effectiveness of TASC planning, this project enjoys exceptional support throughout the CJS. In fact, the Chicago TASC has operationally become a respected component of the CJS.

We conclude that the Chicago TASC is an excellent project. However, until more time has elapsed and good outcome statistics developed, the full impact of the project cannot be ascertained.

I. PROGRAM STRUCTURE AND CLIENT FLOW

The TASC project of Chicago, Ill., had been in operation for 16 months at the time of the site visit, December 14-16, 1977. The project operated originally on a 14-month grant which began May 1, 1976 and was to end June 30, 1977, but which was extended 4 months to end October 31, 1977. This extension overlapped a second grant which is to be in effect 12 months (July 1, 1977-June 30, 1978).

During the study year (October 1, 1976-September 30, 1977), 361 clients were admitted (averaging 30 per month), 204 were discharged, and 222 were active at the end of September 1977. The project involves a staff of 27 and operated at an annual cost of \$419,820 during the study year.

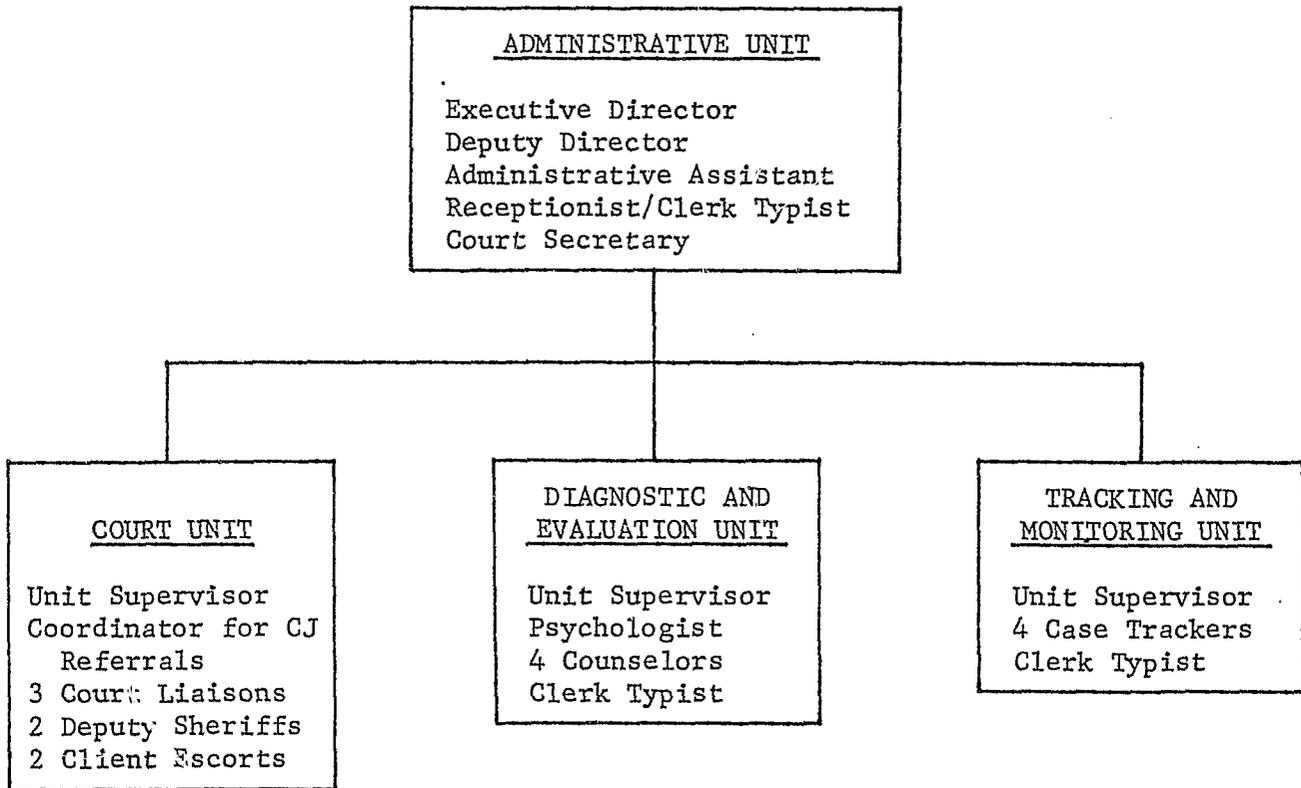
A. Project Organization and Staffing

The Chicago TASC project organization is provided as Figure I-1. Chicago Cook County TASC, Inc. is a private, non-profit corporation under contract to the LEAA grantee, the Illinois Dangerous Drug Commission. As the figure indicates, the TASC project is organized into four distinct units: administrative, court, diagnostic/evaluation and tracking/monitoring. These units operate more autonomously than is generally found among TASC projects (even budgets and payrolls are organized by unit) and staff functions generally correspond to those of the unit, although significant proportions of effort are applied across unit boundaries. The functions of all units are self-evident except for the court unit, which, besides handling most of the direct court liaison work, also does screening of the incarcerated offenders. All units are located in the project central offices except the court unit, which has its offices in the Criminal Courts Building.

B. Project History

The establishment of Chicago TASC involved a rather eventful history which is worth a brief recounting here. The illfated first grant proposal was constructed by the Single State Agency during a very short period in the spring of

CHICAGO TASC PROJECT ORGANIZATION*



*During the study year there were a few changes in the project which are worth noting. For half of the study year there was a position entitled "Dangerous Drug Specialist" which has been abolished; the psychologist position changed from 75 percent to full-time during the last quarter of the year; and various positions were vacant for several months.

FIGURE I-1

1975 with the assistance of a consultant experienced in setting up TASC projects. The proposed program included diversion at narcotics court, a TASC residential treatment facility, and was to be sponsored by the Office of the State's Attorney. The plan was unacceptable to the State Planning Agency (the Illinois Law Enforcement Commission) and the Chicago, Cook County Criminal Justice Commission and was not approved. At this point it was clear that major revisions of the plan were necessary. During the late summer and fall of 1975 all the interested parties (sheriff, presiding judge of the narcotics court, police, public defender, etc.) were involved in the revision process. By December of 1975, a revised proposal passed the Criminal Justice Commission. This version had dropped diversion and the residential facility but was still to be organized under the State's Attorney. In February and March of 1976, the current TASC Project Director was offered that position and the concept of a separate, non-profit corporation began to be developed. The non-profit corporation concept was favored by the State Planning Agency and the Criminal Justice Commission, but the LEAA Regional Office did not initially approve the concept. Meanwhile, there was growing pressure from LEAA to actually begin operation; eventually, the director was given 100 days to begin operation or lose the proposed funding. Finally, a proposal was approved as acceptable to all parties, staff was hired in a very few weeks, and the project began operation on August 1, 1976. The end result of this long negotiation process was a workable program within the city/state environment; the long term effect of this development is that TASC continues to be closely watched by all and must move with extreme caution.

C. Referral Pathways

While TASC receives clients from a variety of sources, operating at least four distinct referral pathways, the following 2 referral pathways account for almost all of Chicago TASC's incoming clients:

- o Conditional Probation
- o Direct Probation Referrals

These two pathways are discussed below, followed by a brief discussion of other pathways either in use (though rarely) or proposed.

1. Conditional Probation. Criminal cases of Cook County Circuit Court rarely reach trial. Usually dispositions are determined based on pleas negotiated during formal pre-trial hearings. A conditional probation to TASC may result from any of a number of these formal hearings involving negotiated pleas. In these cases, TASC may make a petition, or the judge may decide on a stipulated probation without a TASC petition.

In Cook County, there are 28 places where the arrestee might be booked and initially detained. TASC cannot screen effectively at all these locations. For many misdemeanors, bail is set and the defendant is immediately released. Consequently, often these offenders are missed by TASC. However, if these defendants know of TASC, and would like to have TASC work with them for a conditional probation, they can enter TASC voluntarily (often at the request of their attorney). But this alternative is not frequently chosen with less serious charges because less serious dispositions can be expected, making TASC involvement comparatively unattractive. However, when cases involve drugs, they normally require a hearing in narcotics court where TASC routinely becomes involved.

Drug involved offenders not released on bond are frequently identified during preliminary hearings in the narcotics courts. The narcotics courts are two of the four preliminary hearing courtrooms in Chicago's central court complex (the third court handles violent offenses and the fourth court handles non-drug related felonies). If any charge pending against the defendant is a substance abuse charge, the case is processed at narcotics court, regardless of primary charge. These courts each handle between 100 and 150 cases per day.

These are truly multi-purpose courtrooms. Bail may be set here for persons who have not had bail set previously. The alternatives available here also include release on personal recognizance, which is known in Chicago as an "I" bond. For both misdemeanor and felony offenses, the case can be disposed of at this hearing and the judge has the option to decide on a stipulated TASC probation. Because TASC stipulations may be made without prior TASC involvement, TASC staff check the probation log each day to see if there are any conditional probations released to TASC.

If an offender is released on bail or "I" bond, his attorney (a treatment agency, friend or other party, or the defendant himself) may contact the TASC court unit or the TASC central office. If the defendant volunteers for TASC and is found to be eligible and acceptable, TASC will begin to work with the person and try to have his case disposed as a conditional probation. If the person is placed in pre-trial detention, he can still contact TASC, and TASC will work with him in jail until a disposition is reached. TASC conditional probations usually result from narcotic court hearings, but occasionally they may result from hearings in the other two courts (those dealing with violent offenses and non-drug related felonies).

Persons awaiting a trial in the Criminal Court of the Circuit Court of Cook County can expect a number of hearings that result in continuances (mostly concerned with the discovery process) or court ordered examination and, as noted above, they are rarely actually tried: less than 5 percent of cases reach trial. The majority plead out after several hearings, typically in pre-trial conferences. For the small percent who go to trial and are found guilty, the judge may sentence conditional probation to TASC following a presentence investigation. However, often TASC does not know the person is sentenced to TASC and in extremely rare cases it may be as much as 3 months later before probation notifies TASC that the person has been so stipulated to TASC.* Normally, at one of the early hearings, the Court can order an examination to see if a person is an addict. Similarly, the attorney can request an examination. This might be the first time TASC has contact with the defendant.

Usually, TASC, the client, and his attorney (typically a public defender) work for an agreement on a conditional probation and then negotiate with the State's Attorney to accept this recommended disposition. If the State's Attorney agrees, a pre-trial conference will be set and the judge almost certainly will accept the plea and the recommendation. A potential problem occurs when the judge imposes a therapeutic community requirement.

* As discussed in later sections, the TASC Deputy Sheriffs review all sentencing decisions reached at the two narcotics courts on a daily basis. However, a defendant may be stipulated to TASC from other courts and possibly missed by TASC until some event occurs. This rarely occurs.

In these cases, the client must also agree and TASC must quickly determine if space is available and arrange for a place to be reserved.*

If the State's Attorney does not accept the TASC recommendation, a conditional probation is effectively eliminated as an option in a number of courtrooms. However, some judges will overrule a State's Attorney's objections and accept the plea and the TASC recommendations.

In summary, TASC receives conditional probations for clients whom they are working with, for whom they are petitioning a conditional probation, and also for defendants whom they have not, at that time, seen. They can receive these dispositions from a variety of courts or conferences. The initial referral can be from the client himself, an agency or friend, an attorney or public defender, a probation or parole officer working with the client or a judge who orders an examination, or includes TASC as a condition of probation.

The court system does not require enabling legislation to sentence conditional probations. However, there is a legislative mandate in Illinois under the Dangerous Drug Act in Section 120.10 "Persons Convicted of Crime-- Placement on probation upon election to undergo treatment." TASC is the duly authorized agent to perform evaluations in Cook County.

However, TASC's success should not be credited to this legislative mandate alone. The same statute includes a deferred prosecution option which is rarely invoked in Chicago. Although the law requires the court to consider petitions and to order examinations, TASC's role in these procedures is based on its proven performance rather than the legal mandate. TASC has demonstrated that it can do the job in an exemplary fashion.

2. Direct Probation Referrals. When it is suspected that a person on probation without a TASC stipulation has some drug involvement, the probation officer may refer the person to the TASC Diagnostic and Evaluation Unit for an

* Chicago is the only city visited by the evaluation team where residential facilities were usually full and clients often had to wait in jail for several weeks until a place became available.

eligibility and acceptability interview. If accepted, the probation officer may go to the sentencing judge to have the case amended to include a TASC stipulation, transforming a direct probation referral into a conditional probation. The probationer need not have his sentence modified, but both TASC and the probation officers have much more leverage if the sentence has been amended to include the TASC requirement.

3. Other Referral Pathways. Occasionally an "I" Bond is granted with TASC participation as a condition. Offenders receiving these conditional "I" Bonds are handled by TASC in the same manner as those receiving other forms of bonds.

There is enabling legislation for deferred prosecution which the State's Attorney does occasionally use with persons who are addicts. TASC does become involved in these cases, but the total volume is less than 2 percent of all TASC incoming clients. Additionally, it should be noted that TASC has submitted a proposal to the Parole Department outlining a mechanism for TASC acceptance of direct parole referrals. If approved, this mechanism may generate a large volume of clients in the future.

4. Summary. The Chicago TASC clearly operates as an alternative to post-trial incarceration. Very little effort is placed on reducing the pre-trial incarcerated population. Consequently, the impact of the project's activities is on the post-trial clients.

This is, however, almost inevitable given the nature of the Chicago Criminal Justice System. The CJS is strongly opposed to diversion. Conditional bail reductions are ineffective because of the diversity of courts and because there does not seem to be a strong bail program in operation. Public defenders are assigned to courtrooms rather than to defendants. Consequently, if a defendant cannot post bail, he/she is returned to jail and must wait until the next court hearing to again be represented by a public defender. Were TASC to assume responsibility and push for conditional release, the time and effort in terms of repeated court appearances would be large. This would probably not be possible with the current staff.

D. Client Profiles

The discussion of the client profiles presented here is based on a review of 125 client folders by the System Sciences, Inc. evaluation team. This sample of folders was drawn as follows:

<u>Status and Dates</u>	<u>No.</u>	<u>Percent of Total in Each Category</u>
Persons classified ineligible or unacceptable (10/7/76-9/30/77)	50	9.4
Clients active 9/30/77	40	18.0
Unsuccessful terminations, terminated from 5/16/77-9/28/77	20	13.4
Successful terminations, terminated from 3/28/77-12/7/77	15	100.0

In addition, TASC had prepared a report on all clients admitted from July 1976 through February 1977 (N=212) that was used.

Table I-1 provides a brief summary of the demographic characteristics of TASC admissions from July 1976 through February 1977. As shown, 80.2 percent of the TASC admissions have been males, 56.6 percent have been Black and 50.9 percent have been between the ages of 17 and 25.

Table I-2, based on on the sample described above, provides comparative demographic and drug use data among offenders referred to TASC but rejected, active clients and clients discharged successfully and unsuccessfully. Based on these data, we can draw the following observations:

- o Males are more likely to be rejected than females.
- o Although samples are too small to be conclusive, it appears that rejected clients are more likely to be Black, and Blacks entering TASC are more likely to fail than Whites.
- o Although the age distributions among the four categories are similar, it does appear that the younger clients are more likely to succeed than older clients.
- o The Chicago TASC project's clients are predominantly heroin users.

TABLE I-1

CHARACTERISTICS OF TASC ADMISSIONS
 (July 1976 - February 1977)
 (N=212)

	<u>Percent</u>
Male	80.2
<u>Race</u>	
Black	56.6
White	32.6
Hispanic	9.9
<u>Age</u>	
17-20	12.7
21-25	38.2
26-30	30.7
31+	18.4

SOURCE: Chicago-Cook County TASC, Inc. Client Profile Report, July 1976-February 1977.

TABLE I-2

SUMMARY CHARACTERISTICS OF TASC REFERRALS, ADMISSIONS
AND CLIENTS DISCHARGED

(Percent)

<u>Characteristics</u>	<u>Referrals Rejected N = 50</u>	<u>Active Clients 10/31/77 N=40</u>	<u>Successful Discharges N=15</u>	<u>Unsuccessful Discharges N=20</u>
<u>Sex</u>				
Male	98.0	80.0	86.7	75.0
<u>Race</u>				
Black	68.0	40.0	26.7	60.0
White	28.0	42.5	60.0	15.0
Hispanic	4.0	17.5	13.3	25.0
<u>Age</u>				
18-21	16.0	20.0	46.7	25.0
22-25	22.0	22.5	33.3	25.0
26-30	34.0	27.5	13.3	40.0
31+	28.0	30.0	6.7	10.0
<u>Primary Drug</u>				
Heroin	76.0	81.6	86.6	95.0
Polydrug	14.0	13.2	6.0	0.0
CNS Depressant	2.0	2.6	0.0	0.0
PCP	0.0	2.6	6.7	0.0
Cocaine	0.0	0.0	0.0	5.0
Alcohol	2.0	0.0	0.0	0.0
None	6.0	0.0	0.0	0.0

Table I-3 provides a summary of the major charge, specific referral source of TASC referrals and whether or not they are incarcerated at the time of TASC intervention. The major charges filed against persons accepted and persons rejected appear to be similar. Additionally, success or failure in TASC does not appear to be associated with the major charge. Although the numbers are small, it appears that offenders in pre-trial detention are more likely to be rejected and, when accepted are more likely to fail than offenders not detained at the time of referral. Finally, persons referred by probation and parole officers are more likely to be accepted, while persons referred by themselves or public defenders are more likely to be rejected than those referred by other sources,

The reported reasons for rejection of TASC referrals are summarized by Table I-4. During the first year of project operation, the Chicago TASC project accepted only heroin users. This was changed at the beginning of the second year of operation. The most frequently reported reason for rejection was judicial denial. Although the Chicago TASC project has an excellent relationship with the judiciary, we estimate that approximately 25 percent of the TASC petitions are rejected by the judiciary. Judicial denial accounted for 32 percent of all defendants denied admission to TASC. Given the amount of TASC effort required to develop and present a client's petition, this means that a significant amount of effort is unproductive. We believe, therefore, that TASC should review these decisions and attempt to achieve a better a priori consensus with the judiciary regarding client acceptability for TASC. Other reasons for defendant unacceptability are primarily a result of defendant behavior--failure to complete the diagnosis process, refusal to volunteer, no subsequent contact after the initial eligibility conference, etc.

The reasons for TASC failure, based on our sample of 20 cases, is provided by Table I-5. The length of time clients are maintained in TASC prior to discharge is presented by Table I-6. The majority (55 percent) of the unsuccessful discharges result from the client leaving treatment. As is discussed in Section III, referrals to another residential program after initial failure is not done in Chicago. It is noteworthy that only 5 percent of the unsuccessful discharges occur during the first 3 months and 40 percent occur after 6 months of treatment. In comparison with other TASC projects, failures occur relatively late in the

TABLE I-3

SUMMARY OF MAJOR CHARGE, INCARCERATION STATUS, AND
REFERRAL SOURCE FOR TASC REFERRALS, ACTIVE AND DISCHARGED CLIENTS
(Percent)

<u>Major Charge</u>	<u>Referrals Rejected N=50</u>	<u>Active Clients 10/31/77 N=40</u>	<u>Successful Discharges N=15</u>	<u>Unsuccessful Discharges N=20</u>
Robbery	18.0	2.5	13.3	21.1
Burglary	26.0	32.5	20.0	15.8
Larceny	10.0	15.0	20.0	21.1
Fraud/Counterfeiting	6.0	5.0	0.0	0.0
Auto Theft	2.0	2.5	0.0	0.0
Delivery/Sales Drugs	2.0	5.0	13.3	15.8
Possession Drugs	20.0	37.5	33.4	26.2
Violation of Probation	6.0	0.0	0.0	0.0
Other	10.0	0.0	0.0	0.0
 <u>Referral Source</u>				
Judge	6.0	7.5	20.0	10.0
Judge (Court Order Examination)	12.0	10.0	13.3	5.0
Judge ("I" Bond to TASC)	0.0	0.0	6.7	15.0
Judge (Court Mandated Treatment)	8.0	10.0	0.0	0.0
Probation Officer	8.0	22.5	26.7	20.0
Parole Officer	0.0	0.0	6.7	0.0
Public Defender	14.0	2.5	0.0	10.0
Private Attorney	2.0	10.0	0.0	5.0
Agency	14.0	12.5	0.0	20.0
Self	30.0	17.5	6.7	10.0
Other	6.0	7.5	20.0	5.0
 <u>Incarcerated at Referral</u>				
Yes	50.0	27.5	0.0	40.0
No	50.0	72.5	100.0	60.0

TABLE I-4

SUMMARY OF THE REASONS FOR REJECTION
(Percent)

Reason for Rejection*	Rejected Referrals N=50
CJS Denied TASC Option	32.0
Ineligible - Charge	6.0
Ineligible - No Opiate Abuse**	8.0
Ineligible - Outstanding Warrant	2.0
Ineligible - No Drug Abuse	4.0
Ineligible - No Current Case	2.0
Unacceptable - Did not Complete Diagnostic Process	22.0
Unacceptable - Will Not Accept Treatment Program	4.0
Unacceptable - Lack of Desire for Treatment	14.0
Unacceptable - Hostile	4.0

* A more complete breakdown is provided by Tables I-8 and I-9.

** Currently non-opiate abuse referrals are eligible.

TABLE I-5

SUMMARY OF THE REASONS GIVEN FOR TASC FAILURES
(Percent)

<u>Reason for Failure</u>	<u>Failures N=20</u>
Residential Mandate, Client Left Treatment	25.0
Client left Outpatient Treatment	30.0
Third Jeopardy*	30.0
Failed to Complete Intake	5.0
Rearrested	5.0
Possession of Drugs in Clinic	5.0

*See Section III.

TABLE I-6

SUMMARY OF LENGTH OF TIME IN TASC FOR UNSUCCESSFUL
AND SUCCESSFUL DISCHARGES
(Percent)

<u>Time Interval from Referral to Discharge</u>	<u>Unsuccessful Discharges N=20</u>	<u>Successful Discharges N=15</u>
1-3 months	5.0	0.0
4-6 months	55.0	21.4
7-12 months	40.0	64.3
Over 1 year	0.0	14.3

treatment process. We recognize that extremely close monitoring, which also involves the client's probation officer in the treatment process, is conducted. Clients must demonstrate treatment progress in order to remain in TASC. However, we suggest that TASC review their termination guidelines for clients who remain in treatment for extended time periods. The loss of clients at this stage with a bench warrant issued, means that not only are the treatment costs incurred, but the normal CJS costs are also incurred. The process becomes cost additive and even more so when the opportunity costs of a full slot for over 6 months in a fully utilized treatment community are considered.

Unlike most TASC projects, a client cannot be successfully discharged from TASC until the client's term of probation has elapsed. Most TASC projects successfully discharge clients when their treatment requirements have been satisfied, and the offender becomes a normal probationer reporting only to the probation department thereafter. This is one of the reasons so few successful clients have been discharged from the Chicago TASC project, as the project is only operational for 16 months at the time of the evaluation visit.

E. Client Throughput

The Chicago TASC maintains two client throughput recording systems, one for reporting to LEAA nationally (TASC Quarterly Statistical Reports) and one for internal management purposes. The latter system is reasonably well detailed and was utilized to produce the client throughput estimates provided in this section. Only minimal interpretation was necessary; and discrepancies, where present, are small.

The TASC Quarterly Statistical Reports cannot be used because only certain referral pathways are included in these statistics. Ineligible and unacceptable clients are counted as admissions neutrally discharged. Consequently, evaluations that do not result in a referral to treatment have been reported in these statistical reports. The statistical reports submitted by the Chicago TASC would be comparable with the majority of other TASC cities if they reported as admissions only persons referred to treatment regardless of source of referral.

Table I-7 provides a summary of the Chicago TASC client acquisitions during the study year of October 1, 1976 through September 30, 1977. During this period, 932 clients were referred to TASC and, of these, 361 (38.7 percent) were admitted. As discussed in later sections, determinations of eligibility and acceptability are viewed as two clearly defined functions by the Chicago TASC. Of the 932 persons referred to TASC, 174 (18.7 percent) were found to be ineligible. The specific reasons for the ineligible decision are reported by Table I-8. Almost 40 percent of these ineligibles used drugs other than heroin and were, therefore, not admitted. Under the current eligibility criteria, these offenders would be eligible for TASC.

Another 359 (38.5 percent) offenders were found to be unacceptable for TASC. The specific reasons for this are summarized by Table I-9. Approximately 32 percent of these 359 cases were denied by the judge and another 20 percent failed to voluntarily complete the diagnosis process.

As a result of this process, 361 new admissions to TASC were accomplished during the study year.

During the study year, TASC discharged 204 clients. As shown by Table I-10, only 13 (6.4 percent) were successfully discharged. Unsuccessful terminations accounted for 73 percent of all terminations and neutral terminations accounted for 20.6 percent.

It can be appropriately argued that TASC expended a great deal of effort on cases that did not result in a TASC admission. In 114 cases TASC completed an eligibility interviewing diagnosis and needs assessment and petitioned the court only to be turned down. Each of these defendants also received a physical examination from the Central Intake Facility. Additionally, TASC may also make repeated court appearances on these cases.

The success rate experience by the Chicago TASC is extremely low and warrants a review by the Chicago TASC. However, it must be emphasized that the Chicago TASC project is a new project and, therefore, unsuccessful discharges will greatly out-number successful discharges. Furthermore, as discussed above, clients are not successfully discharged from TASC until their term of

TABLE I-7

SUMMARY OF CLIENT ACQUISITIONS
 October 1, 1976-September 30, 1977

	<u>No.</u>	<u>Percent</u>
New Referrals to TASC	916	--
Clients Previously Referred (in diagnostic process at the beginning of the year or pending judicial decision)	16	--
Total TASC Referrals	932	100.0
Ineligible or No Contact Since Referral	174	18.7
Unacceptable	359	38.5
Client's Pending Judicial Decision or Still in Diagnosis at Year End	38	4.1
New Admissions to TASC Who Enter Treatment	361*	38.7

*Total Admissions equal 377, including 16 readmissions of previously discharged clients.

TABLE I-8

SUMMARY OF REASONS FOR INELIGIBILITY

<u>Reason Ineligible</u>	<u>Number</u>	<u>Percent</u>
No Contact Since Referral	21	12.1
Charged with Violent Crime	25	14.4
Charged with Sales/Delivery	6	3.4
Convicted of two or more violent crimes	5	2.9
In Treatment at Arrest*	16	9.2
No Legal Status in Cook County	15	8.6
Non-Opiate Abuse*	68	39.1
No Drug Abuse	14	8.0
Refused Arrest Record Check	4	2.3
TOTAL	174	100.0

*For the last quarter only one person ineligible for either reason.

TABLE I-9

SUMMARY OF REASONS FOR UNACCEPTABILITY

<u>Reason Unacceptable</u>	<u>Number</u>	<u>Percent</u>
No Contact After Eligibility Interview	35	9.7
Client Falsified Information	6	1.7
Client Refused to Volunteer for TASC	29	8.1
Client Hostile, Uncooperative	1	0.3
Client Denied Having a Drug Problem	19	5.3
Client's View of Treatment Negative	19	5.3
Client Displays Severe Psychiatric Problems	1	0.3
Client Has a History of Violent Behavior	5	1.4
Client's Pending Cases too Extensive	15	4.2
Judge Denied Client's Treatment Petition	114	31.7
Client Does Not Need Drug Treatment	8	2.2
Failed to Complete Diagnostic Processing	74	20.6
Failed to Complete Clinic Intake	33	9.2
TOTAL	359	100.0

TABLE I-10

SUMMARY OF DISPOSITIONS

October 1, 1976-September 30, 1977

	<u>Number</u>	<u>Percent</u>
Successful Terminations	13	6.4
Unsuccessful Terminations	149	73.0
Client Dropped Out of Treatment	(89)	
Client Reached third Jeopardy	(41)	
Client Rearrested-Drugs or Violence	(8)	
Client Violated TASC rules	(5)	
Client Rearrested-Other Charge (incarcerated - no bond)	(6)	
Neutral Termination	42	20.6
Clients' Charge(s) Dropped	(3)	
Clients' Charge(s) SOL	(5)	
Client Received Straight Probation	(4)	
Client's Probation Completed	(4)	
Client Incarcerated/Old Charge	(2)	
Judge Denied Client's Treatment Petition	(16)	
Client Withdrew TASC Treatment Agreement	(7)	
Client Died	(1)	
Total Dispositions	204	100.0

probation has expired. It takes longer to succeed than to fail. During the most recent 3-month period (July through September 1977) TASC discharged 82 persons of whom 7 (8.5 percent) were successfully discharged and 22 (26.8 percent) were neutrally discharged. These results are consistent with those of earlier periods. These findings result from many factors, but the Chicago TASC project is urged to review their termination guidelines.

Table I-11 provides a summary of the growth in the client load by quarter. Although the active census has increased dramatically over the study year, the absolute change and the rate of increase has declined regularly each quarter. We estimate that the client population will level off at approximately 250 clients if the admission and discharge rates remain as they have been.

TABLE I-11

ACTIVE CENSUS BY QUARTER

<u>QUARTER ENDING</u>	<u>ACTIVE CENSUS</u>	<u>ABSOLUTE INCREASE</u>	<u>PERCENT INCREASE</u>
09/30/76	49	--	--
12/31/76	104	55	112.2
03/31/77	159	55	52.9
06/30/77	200	41	25.8
09/30/77	222	22	11.0

II. IDENTIFICATION OF POTENTIAL CLIENTS

A. Effectiveness of Identification Techniques

Because of the size of Chicago and because there are 27 separate lockup facilities, the Chicago TASC project does not attempt to perform complete TASC screening. In fact, most of the screening is performed by the CJS operating normal arrest and booking functions. It was emphasized by the Chicago TASC that "screening out" rather "screening in" characterizes their screening activity.

The primary screening responsibility is with the court unit of the Chicago TASC. This unit is staffed by a supervisor, a coordinator for criminal justice referrals, three court liaison personnel, two deputy sheriffs and two client escorts. The court unit is located in the Sheriff's quarters of the Criminal Courts Building. This same building houses the two narcotics courts and the central pre-trial lockup for Cook County. The TASC offices here are referred to as the Court Outpost.

The court unit's screening responsibilities include dissemination of information regarding TASC to all criminal court agencies and prisoners detained in the central lockup. The TASC Deputy Sheriffs* assume the responsibility of the initial review of arrest reports and screening of offenders detained in the central lockup. When a potential TASC client is identified, either through the review of arrest reports or through bullpen screening, the deputy removes the offender from the jail and escorts him/her to a court liaison staff member for the initial eligibility interview. The eligibility interview is conducted in a secured area and the offender is handcuffed to a chair. The deputy is required to maintain tight security during the interview. At the conclusion of the eligibility interview, the deputy returns the offender to the bullpen. If the

*Since the Chicago TASC project is the only TASC project that we know of that employs deputy sheriffs, we have included their job description as Appendix A.

offender is initially found to be eligible, the deputy then proceeds with a criminal investigation and obtains a rap sheet in order to verify the offender's eligibility for TASC.

The TASC court unit personnel are also required to cover other courts in Cook County when requested by a defense attorney, judge, or prosecutor. The court liaison staff members or the deputy sheriffs routinely travel to the other courts or lockups to conduct the initial eligibility interviews.

If the offender appears to meet the TASC eligibility criteria and volunteers for TASC, he/she is told to:

- o Request a TASC condition in court;
- o Call TASC, if bond is made, for an appointment or stop at the court outpost. (The next step in the process is the completion of the criminal investigation and an acceptability interview that is performed by the diagnosis unit.);
- o If bond is not made and the offender remains incarcerated, mail the Bullpen Request for Information Form to the Court Unit. (This is a short form that serves to notify TASC of the offender's status.)

At the end of each day, a deputy sheriff (or a TASC court liaison) reviews the Court Record in order to determine the dispositions received by offenders interviewed by TASC. The TASC diagnosis unit is notified of all TASC stipulations.

The deputy sheriffs are also responsible for maintaining a log of all persons sentenced to probation from narcotics court with a TASC mandate. These are obtained from the Cook County Adult Probation Department on a daily basis. The deputy may be required to assist the TASC escort in the release of the offender and also take the client to the Adult Probation Department to be assigned a Probation Officer.

The court unit is responsible for attending all court appearances on behalf of TASC clients. An elaborate logging system is utilized to insure that no scheduled court appearances are missed. In the case of TASC clients undergoing treatment, the tracking unit is required to provide the court unit with a written progress report prior to the client's scheduled hearing.

In addition to completing the eligibility interviews and attending all scheduled court appearances, the court unit is also responsible for all court liaison activities including:

- o Assisting the State's Attorney in a pre-trial conference regarding persons found acceptable for TASC.
- o Providing the Court with a report documenting reasons for a person's acceptability or unacceptability for TASC when interviewed under Court Order.
- o Advising the Court regarding a TASC client's unsuccessful termination from treatment and TASC.
- o Providing the Court with a report of a TASC client's progress in treatment or successful completion of treatment at the time of case disposition.

Additionally, the court unit also completes the acceptability interview for all clients who meet the eligibility criteria but remain incarcerated. The court unit is the important link between the CJS and TASC and performs this role extremely well. The staff members are respected, as discussed below, throughout the CJS. The unit is extremely well managed and performs its functions efficiently.

As noted above, the Chicago TASC does not view itself as performing complete TASC screening. Furthermore, they do not view themselves as intervening with the arrested population. Rather, the screening conducted by the court unit may be summarized as responding to the CJS requests for client evaluations, but does include the screening of offenders detained in the Criminal Court lockup. There is no TASC interest in conditional bond reductions unless specifically requested by a judge.

The emphasis of the Chicago TASC project is not on the pre-trial client and, therefore, emphasis is not placed on pre-trial screening. The court unit's primary responsibility is to represent TASC clients at scheduled hearings and to provide the interface between the CJS and TASC.

There is a sufficient number of clients readily available so that more extensive screening would not be appropriate. The Chicago TASC project is in the position to identify motivated clients by responding to CJS requests.

B. Comparison of TASC Clients with Persons Missed

The Cook County Justice System is complex, mostly decentralized and enormous. It would be logistically almost impossible, and certainly cost prohibitive to attempt to screen all arrestees. Additionally, there is a sufficient number of addicts passing through the system and a sufficient number of CJS personnel who welcome TASC project as a point of referral, to refer to TASC enough clients to fill up their program. TASC does focus attention on those areas in the CJS where addicts tend to congregate, particularly Narcotics Court, Branch 25 and 57, First Municipal District, but even here the intent is not to perform comprehensive screening.

Likewise, TASC does not screen the major pre-trial detention facilities for clients. Many addicts know of TASC, or are informed of TASC by other inmates, attorneys, or public defenders. Consequently, a sufficient client flow is achieved without TASC having to seek out clients.

Therefore, TASC in Cook County "misses" presumed huge numbers of drug involved arrestees who remain in the CJS. As TASC becomes better known, we expect that more persons will contact TASC and more CJS personnel will refer clients to TASC, provided TASC maintains its reputation as a second alternative.

Once a client is referred to TASC, TASC eligibility and acceptability criteria combined with judicial discretion eliminates nearly 60 percent of these candidates. The largest groups are lost because the judge denies the treatment petition (114 of 533 lost cases or 21.4 percent) or the client does not initially comply with TASC requirements (163 of 533 or 30.6 percent).

Other TASC programs might follow up on those clients who fail to appear at some point during initial processing. However, Cook County TASC takes the hard line demanding that a person demonstrate recognition of an addiction problem and a willingness to enter treatment and become drug free. The candidate who will not participate initially is terminated. TASC does not have difficulty in obtaining clients and it is believed that the Criminal Justice System respects TASC in large part because TASC workers will not recommend that all referrals are good candidates for treatment.

Cases missed because the judge denied the petition were 100 percent Black and 93.3 percent in pre-trial detention in our sample and the cases where the client did not complete initial processing were 90 percent out on bond and 80 percent non-white.

C. Effect on Jail Tensions

Cook County TASC operates no treatment program in any pre-trial detention facility nor do TASC efforts significantly reduce the numbers of persons entering pre-trial detention. Nor is there a viable conditional bail reduction mechanism in Chicago. If a defendant does not make bail, he/she will normally remain in pre-trial detention until a plea is accepted. Consequently, TASC has no major impact on jail tensions. However, TASC does have a positive impact on offenders detained who have met TASC's eligibility and acceptability criteria. For these offenders, TASC will make all court appearances with the defendant and petition for a conditional probation stipulation.

D. Effectiveness of Eligibility Rules

In order to be admitted to TASC, a defendant must meet both eligibility and acceptability requirements. The eligibility criteria are:

- o "The person is 17 years of age.
- o The person is addicted to illegal or illicit drugs as defined by the Illinois Controlled Substances Act.
- o The person is currently under the jurisdiction of the Cook County Criminal Court System for the commission of a non-violent crime.
- o The person has not been charged with or convicted of a crime in any one of the following categories:
 - Unauthorized manufacture or delivery of an illegal or controlled substance.
 - Possession of 30 grams or more of an illegal or controlled substance.
 - Engaging in a calculated criminal drug (illegal or controlled substance) conspiracy.
 - Sales of an illegal or controlled substance to a minor.

- o The person has not been charged with a crime of violence.
- o The person has the consent of the appropriate parole or probation authority (if currently on parole or probation) to enter treatment via TASC.
- o The person has a criminal record with not more than one conviction for a crime of violence."

The acceptability criteria focus on the defendant's potential for rehabilitation and are discussed below.

The eligibility criteria are both liberal and flexibly applied. Crimes of violence are defined as: armed robbery, aggravated battery, murder, rape, arson, treason, and kidnapping. With respect to the excluding substance abuse laws included in the eligibility criteria listed, the program is aware that plea negotiations often reduce previously unacceptable charges into acceptable categories.

Up until recently, TASC had two additional eligibility criteria that needlessly reduced the number of eligible clients. TASC was excluded from dealing with persons whose primary addiction was a non-opiate or who was already in treatment at the time of arrest. During a 9-month period covered by our study, TASC determined 83 persons to be ineligible through the application of these criteria.

TASC can do very little if a judge denies the client's treatment petition. However, many people are found unacceptable because they do not complete initial processing or evidence unacceptable attitudes. Many TASC programs are more lenient. Other projects expect persons not to cooperate initially and to view TASC solely as an escape mechanism. These projects work to get offenders into treatment, and hope that treatment can instill the motivation t' : the Chicago TASC demands a priori. Again, Chicago TASC has an ample supply of clients, limited treatment slots, and a CJS that respects TASC for only recommending persons who are ready for treatment. This philosophy is consistent and appears to be correct for Chicago.

III. DIAGNOSIS, REFERRAL AND RETENTION

A. Effectiveness of Diagnosis and Referral Procedures

The diagnostic and evaluation unit of the Chicago TASC consists of a supervisor, a psychologist, four counselors* and a clerk typist. The diagnosis and referral procedures are thorough, but do not consume an inordinate amount of time or effort. The diagnosis and referral process is generally completed within 2 or 3 days and requires between 4 and 6 hours of staff-client interviewing. All potential clients also receive a physical examination from the Cook County Central Unit as part of this process. Although the diagnosis process involves the collection of an enormous amount of information and is probably more elaborate than is necessary, we conclude that it is well managed and effective. As long as this process is held within the current time and personnel effort, we find it acceptable. The referral process is more difficult in Chicago than in most other cities because Chicago drug abuse treatment programs are at full capacity. A number of inpatient slots are allocated to TASC and are reserved for clients entering TASC from incarceration. TASC utilizes 29 treatment programs; all of which have signed formal contracts with TASC.**

The supervisor of the diagnostic and evaluation unit interviews all potential clients before they are assigned to a counselor for diagnosis and referral. This interview generally lasts between 10 and 30 minutes. The objective of this initial interview is to (1) ascertain what the potential client is seeking from TASC; (2) clarify TASC to the potential client; (3) determine drug use; (4) explain the consent forms that the potential client will be required to sign; and (5) to enable the supervisor to select the counselor who would be the best match to the potential client. Although a potential client can be rejected

* The Chicago TASC is currently operating with three counselors assigned to TASC. However, during our study year, there were four counselors. One has been assigned Treatment Outcome Prospective Study interviewing responsibilities and is currently paid out of those funds. He does, however, assist in TASC evaluations when needed.

** Among the treatment agencies interviewed, it was apparent that each carried two to three times the number of TASC clients specified in the formal contracts.

at this point by the supervisor based on attitudinal or motivational considerations, rejections at this stage of the process are rare.

Once the interview is completed, the supervisor takes the potential client to the selected counselor for diagnosis and referral. The counselor initiates the process by reviewing TASC and explaining what will be expected of the client should he/she volunteer for the program. The client is immediately asked to sign the first four of five consent forms required by the Chicago TASC (the fifth form is signed immediately before entering treatment). If the court unit has not conducted an eligibility interview for the client, as is the case for many referrals from lawyers, self, probation officers, etc., the counselor administers this interview (attached as Appendix B). This interview solicits information on the potential client's referral source, demography, socio-economic status, prior convictions, drug use, current CJS status including attorney, court dates, etc., and provides for the subjective assessment and initial assessment of eligibility.

The next step in the process is the determination of acceptability. Formally, these requirements are "designed so as to determine a person's potential for rehabilitation." The following criteria must be satisfied:

- o "The person must recognize an addiction problem and exhibit a willingness to become drug free.
- o The person must view participation in a drug treatment program as a means of eventually attaining a drug free status.
- o The person must volunteer for participation in TASC and makes a commitment to demonstrate responsible behavior toward becoming drug free by signing the TASC Client Treatment Agreement (Appendix C).
- o The person has not falsified the following information essential for making an evaluation and appropriate referral:
 - Place of residence
 - Present legal status
 - Criminal history
 - Drug treatment history
- o The Cook County Criminal Court System must release the person for referral into treatment via TASC."

The acceptability interview (see Appendix D) solicits indepth information on prior and current drug use, treatment history and current motivation for treatment.

After the acceptability interview is completed, a Personal Orientation Inventory (POI) is administered. This provides an assessment of the potential psychological outlook. The TASC psychologist stated that she would like to have more psychological tests administered, but she also recognizes that they are not needed.

At the conclusion of this assessment, the client is requested to sign a client agreement and return the next morning. The counselor, at this point, requests that a rap sheet be obtained by one of the two deputy sheriffs.

It was estimated by the counselors that 25 percent of the potential clients are rejected at this point in the process. The most frequently reported reasons were lack of motivation, refusing to sign consent forms and failure to return at 8:30 a.m. the next morning. However, as a result of the entire acceptability process, we estimated that 50 percent are rejected, as discussed in Section I.

Once the potential client has left, the counselor reviews the case with the supervisor and, possibly, the psychologist. If it appears that the potential client will be accepted, a referral decision can be made and admission arrangements made with a treatment program. Generally, however, referral decisions are not made until the next day.

When the potential client returns the next morning, he/she is immediately escorted to the central intake facility for a physical examination. Once this is completed, the potential client is escorted back to the TASC offices where a needs assessment is conducted. This is an indepth interview that forces the potential client to discuss personal events from childhood to the current time (see Appendix E). A shorter form of this assessment has been developed recently and is being used currently for some of the cases. By the time the needs assessment interview is conducted, the potential client's rap sheet is received by the counselor. This serves to verify the reported criminal history.

We conclude that the counselors were knowledgeable, professional staff members capable of making appropriate referrals. It was reported that the counselors view this diagnosis/referral process as the first stage in the client's treatment process. This may explain why the Chicago TASC feels it needs the vast amounts of data it collects. The TASC counselors reported that the administration of the questionnaires facilitates the client in discussing himself and his problem. From our perspective, we are not supportive of data collection efforts of this magnitude for purposes of diagnosis and referral. However, as long as this effort is handled in 1 to 3 days, utilizing approximately 5 hours of staff time, and since TASC believes they use the information collected, we find it acceptable.

In comparison with other TASC projects, the Chicago TASC is able to be more selective in accepting clients. This acceptability process "screens out" offenders not motivated for treatment. Most other projects accept the less motivated offender, anticipating that the treatment process can increase the client's motivation for a change in lifestyle. The diagnosis process utilized by the Chicago TASC project is designed to provide this selectivity.

The TASC psychologist may become involved in the diagnosis and referral decisions, particularly if it is a borderline or difficult case. However, she reported that this occurred infrequently. Her activities primarily consist of staff training, supervision, and making court appearances when expert testimony is required or requested by the judge.

B. Relationship with the Treatment Agencies

Staff members of four treatment agencies serving the Chicago area were interviewed; three residential and one outpatient. The staff of all four facilities were uniformly positive in their comments concerning TASC. In fact, the extent of their advocacy of the TASC program and their high regard for TASC staff was of a kind rarely seen during the tenure of this project. In brief, the praise was effusive.

Of the three residential facilities visited, one is of moderate size (about 35 clients), serving primarily polydrug adolescents, and two are very large (about 80 clients), serving adults with histories of harder drug use and more

serious legal involvement. TASC clients in each of these three facilities amounted to about 20 percent of total client load. The fourth treatment agency is a very large (about 465 clients) outpatient methadone maintenance facility, receiving about 6 percent of its clients through TASC.

Among the TASC services most valued by the four agencies were:

- o TASC's credibility with the courts. This was seen as important both in representing individual clients and in increasing the number of probations which would not be possible without the acceptance of TASC within the CJS.
- o Extensive diagnostic workups. The agencies maintained that these were indeed very useful and they had neither the trained staff nor the time to do the workups so thoroughly and so quickly (3 days) as is possible with TASC.
- o Therapeutic value of TASC monitoring. The existence of reliable monitoring was thought to reduce the "split" rates and encourage clients to take treatment more seriously.
- o TASC reports are concise, accurate and readable. Both diagnostic reports from TASC and progress reports required of treatment agencies were considered brief and to the point.
- o TASC staff easily contacted by treatment personnel. Other agencies, particularly within the criminal justice system, were not generally so cooperative.
- o TASC as a direct link with probation. Probation officers were seen as too busy and too easily manipulated by clients, whereas TASC staff had both the time and the experience to deal with clients in an appropriate manner.

All agency personnel interviewed denied any difficulties with client placement favoritism, inappropriate clients, monitoring reports, or termination criteria and procedures. Redundant monitoring reports were required by some probation officers, but these cases were seen as rare and beyond the control of TASC personnel.

An unusual aspect of the treatment interviews conducted in Chicago was that nearly all those interviewed made recommendations for improvement which involve expansion of TASC services beyond the bounds of the predominant TASC model (although these services have been considered in connection with TASC in the past and are currently offered by a very few projects). The expanded services sug-

gested, by more than one treatment facility, were the establishment of a TASC vocational training and placement unit, a drug abuse prevention and education unit, and a TASC residential treatment facility. (The latter suggestion may be taken as a most convincing indication that there are not, in fact, sufficient residential slots in the Chicago area.)

C. Relationship with the Community

At the time of site visit, Chicago TASC had not received any press or media coverage whatsoever. Apparently there was little press interest in TASC at inception, nor did the TASC Project Director seek coverage for the new project. However, the Director did indicate that she did intend, shortly, to promote coverage of the project since it had, by this time, established a record of achievement as well as a reputation within the CJS and treatment structures. Considering the experience of other projects, this is seen as a prudent course of action. Although no evidence exists indicating TASC's relationship with the community, the absence of adverse publicity may be counted as at least neutral and perhaps as a significant positive factor.

D. Relationship with the Criminal Justice System

The Cook County criminal justice system is complex, more decentralized and enormous in comparison with other criminal justice systems covered in this national evaluation. The orientation of the system is strongly toward plea negotiations. Offenders have the opportunity to plead out as early as the preliminary hearing, even if charged with a felony. If they do not plead out and do not make bail, they are detained until a disposition is reached.

Early circuit court appearances are concerned with the discovery process, ordering and obtaining evaluations. Any time thereafter, a pre-trial conference can be called to present and accept a plea negotiation. Only 5 percent of the felony cases ever go to trial.

The criminal justice process in Cook County revolves around specific courtrooms. Public defenders and state's attorneys are assigned to specific courts and different courts have different characteristics. The relative strengths of the judges and prosecutors vary significantly by courtroom. TASC works better

in some courtrooms than others, as should be expected. In a jurisdiction as large as Cook County, only a few courtrooms need react positively to TASC to generate a significant number of clients.

TASC is known to, and works with, the judiciary, state's attorney's office, probation department and the sheriff's office. Praise of TASC was unanimous. In fact, the relationship that the Chicago TASC project has developed with CJS is the strongest and most supportive that we encountered in this national evaluation. From the perspective of the CJS, TASC is known as an excellent agency to perform drug dependency evaluations and as a good alternative disposition (conditional probation) for offenders.

1. State Attorney's Office. An Assistant State's Attorney was interviewed. He stated that he was originally against TASC because he feared conditional probation would become just one more route utilized to avoid incarceration. The monitoring, he observed, turned him around. In particular, he was impressed that on violations, TASC would team with the State's Attorney and he feels they have earned a reputation in his office as fair. TASC also developed a good relationship with his office because TASC offers a good alternative disposition -- conditional probation which is a guilty disposition with highly regarded monitoring.

He notes that some judges follow the State's Attorney's lead while others will overturn an objection to a plea negotiation. He claims that there definitely are cases where he would not agree to a conditioned probation without TASC involvement. Sometimes in cases where he would have demanded jail, he will require the defendant attend an inpatient program or a specific program like Gateway, but not in all border-line cases.

He is not interested in diversion or any form of pre-trial release. Diversion, he believes, is too lenient for most addicts and he suspects the motives of persons entering treatment while on pre-trial release. As long as TASC restricts its activities to conditional probations, there will continue to be a strong working relationship between TASC and the State's Attorney's Office.

2. Public Defenders. Three Public Defenders were interviewed simultaneously. Although they have high regard for TASC, they each expressed regret that the State's Attorney would not use TASC more as a deferred prosecution option.

It is their opinion that TASC gained its excellent reputation in the CJS through the credibility of TASC's follow-up. They each think TASC is doing a good job and support TASC stipulations, even if they think they can get probation without TASC.

They estimate that most persons given conditional probation to TASC would have received probation without TASC, but there still are many cases where TASC has meant the difference between incarceration and probation. The defenders also feel that TASC provides good information, above and beyond drug history data, which aids the defender in his case.

The only place where defendants consistently do not volunteer for TASC is in narcotics court where less serious dispositions are routine. If a client does not want TASC, the defenders interviewed will argue against it. However, in circuit court the defendant and the defense attorney consistently seek TASC's assistance.

3. Probation Department. The Chief Probation Officer for Cook County and the Supervisor of the Narcotic's Probation Offices were interviewed separately. The Chief Probation Officers has a staff of 22 supervisors and 190 probation officers. Most probation officers have a caseload of approximately 150 probationers. He was involved with TASC from the beginning as an adviser and reviewer of the various draft TASC operating procedures. He feels the relationship with TASC was well planned and that TASC is staffed with good people. Although his office has a long history of specialized narcotics officers, there has not been any conflict between these officers and TASC. During this national evaluation, we have generally found that where there is a specialized narcotics probation unit, TASC has not been able to establish a good working relationship with the Probation Department. This is strongly offset by the Chicago experience. His department also utilized drug treatment programs prior to TASC but had great difficulty in obtaining accurate progress reports.

If a person is given a TASC probation, he is typically assigned to one of eight probation officers specializing in narcotics cases under one supervisor. Not only is there no objection to dual supervision but he stated, "the more cases with a TASC stipulation, the better."

He believes TASC reporting is sound and claims if a person is doing well in treatment, an officer will generally give that person more leeway. If he is missing probation appointments, that may be passed over providing TASC reports still indicate progress.

He feels the jeopardy hearings are an excellent vehicle and requires his officers to attend. By bringing all parties together, it prevents clients from playing one group against another and the client "knows where he stands from all parties at one time."

A memorandum (attached as Appendix F) from the supervisor of the Narcotics Unit to the Chief Probation Officer outlines the working relationship and spells out specific advantages the TASC relationship affords the Adult Probation Department. It was clear that the working relationship and mutual respect between the Cook County Probation Department and TASC could not be better.

The Supervisor of the Narcotic's Probation Officers expressed similar attitudes. The Supervisor of this unit knew of the TASC Project Director before TASC became operational. On his own, he had attempted to utilize the Illinois Drug Abuse Program (IDAP) in a role similar to TASC's role prior to TASC. The TASC Project Director was, at that time, with IDAP and attempting to establish a CJS relationship. Although some progress was made, the Supervisor reported that one of the significant problems affecting a sound CJS/treatment relationship was that some of the treatment program directors were on probation.

He reported that he requires the probation officers to attend the jeopardy hearings. He believes that the probation officers are now a part of the treatment process. He stated that he also uses TASC for evaluation of probationers not stipulated to TASC. If the results of these evaluations are positive, he goes back to the sentencing judge to have the TASC stipulation added to the terms of probation.

He demonstrated a sound knowledge of the treatment process and asserted that he recognized the fact that some dirty urines would be reported. He emphasized that, working with TASC, he looked for progress over time. He reported that by the time a client is terminated "everyone has gone an extra mile" in the attempt to help the individual.

It was clear that the exceptional TASC/probation relationship developed in Chicago was a result of two factors -- the planning and the caliber of people involved. The strengths of the TASC personnel are exceptional as reported throughout this report. This is also true of the two senior members of the probation department interviewed.

4. Sheriff's Office. The Cook County Chief Deputy Sheriff was interviewed. It is important to recognize the Sheriff's office is responsible for maintaining order and the flow of traffic throughout the court system. This is an extremely complex job in the massive Criminal Courts Building. In order for TASC to accomplish its interviewing and court functions, cooperation from this court office is essential. Again, the Chicago TASC has developed the best relationship with a sheriff's office so far encountered.

As discussed earlier, TASC staff includes two Sheriff's Deputies to aid in interviewing, transportation, and court appearances. As important, all deputies know TASC staff and do everything possible to help TASC identify clients. Also important, when there was no space for TASC in the central court complex, the Sheriff gave up a portion of his space.

The Chief attributes this relationship to the efforts of the Sheriff who was an early enthusiast of the TASC concept. But soon, the Sheriff's personnel also became strong supporters.

As the Chief stated, the Sheriff "shoved it down our throats and made us like it, but we learned to like it on our own." When they first came, they were scrutinized carefully. We "watched their zeal and professionalism," talked with judges and found that they liked TASC. They now think of TASC as "part of the family."

TASC has access to the Xerox machine and when the Sheriff's Office moves to the new building, they want TASC to move with them.

5. Judiciary. The evaluation team interviewed the following ten judges individually.

- o Judge Arthur V. Zelezinski, Narcotics Court
- o Judge Louis B. Garippo, Circuit Court
- o Judge Richard J. Fitzgerald, Presiding Judge, Criminal Court, Circuit Court of Cook County
- o Judge Earl G. Strayhorn, Circuit Court
- o Judge John A. Nordberg, Circuit Court
- o Judge Roger Kiley, Maybrook Division
- o Judge Adam M. Stillo, Maybrook Division
- o Judge Harold W. Sullivan, Presiding Judge, District 2
- o Judge Benjamin Mackoff, Daley Center
- o Judge Ben Edelstein, Belmont/Western Court House

TASC in Chicago operates out of a number of courtrooms located throughout Cook County. The interview schedule included judges representing most of the primary courtrooms. However, information obtained in the various interviews was highly consistent: as a rule, the judges were well acquainted with TASC and its services, used TASC regularly, and held TASC in high esteem.

Following are brief summaries of the ten interviews.

a. Judge Arthur V. Zelezinski. Judge Zelezinski has spent the last 6 years in Narcotics Court and hears about 130 cases a day. Some are bail hearings, others are misdemeanor court trials, and occasionally, he takes felony pleas. Although he often sees that a TASC stipulation is imposed on disposed cases, he is less likely to use TASC as part of the pre-trial release process. He believes a defendant will say almost anything to get out on an "I" bond. If he took offenders at their word, he would probably flood TASC with persons who are only saying that they are addicts. TASC, he feels, should be saved as a sentencing alternative.

This judge is a real TASC advocate with no reservations. He praised the program and its staff members and found it especially praiseworthy that TASC has such an excellent relationship with the Sheriff's personnel.

b. Judge Louis B. Garippo. Judge Garippo indicated that the court was required to consider petitions based upon substance abuse patterns. Consequently, he believes that it is extremely important that an agency like TASC

exists. Not only does he have confidence in the TASC diagnosis, but also, if TASC becomes part of the sentence, he is especially confident of the quality of the monitoring.

He believes the whole system does bend to give TASC probations when a jail sentence might have been the expected outcome without TASC. Many cases that result in a TASC stipulation might have received probation without TASC, but TASC has definitely increased the number of persons receiving probation.

If TASC is part of the pre-trial conference or part of the PSI, he might add an additional stipulation, namely that the person must be placed in an inpatient program. He adds this stipulation when he feels the defendant is very severely impaired or where he has a long prior record. To his knowledge, TASC has never failed to comply with this additional stipulation.

c. Judge Richard J. Fitzgerald. The President Judge agrees that TASC monitoring inspires confidence among the judiciary. He indicates that trial judges, in handling defendants, are incapable of determining if a person should be given probation with a stipulation of drug treatment, on their own. Before TASC, he believes most judges assumed all defendants were conning them in requesting drug treatment. A lot of judges were "burned once" and determined not be "burned again."

TASC changed all that. Their "scientific, medical evaluations" give the courts a great deal of guidance and he believes the courts are appreciative. He indicates that new laws soon to go into effect will make it mandatory that community rehabilitation resources be considered in a much wider range of cases. This will definitely increase TASC's usefulness to the Cook County judiciary.

d. Judge Earl S. Strayhorn. This judge expressed the highest regard for TASC staff and the TASC program. TASC is "my eyes and ears outside of this courtroom," it is a "credible organization I can depend on" that insures "follow-up without which no program can be successful." He claims that the word is out in the community, that to "split" TASC has serious consequences. He feels this attitude can only help TASC. He states he has a particularly good relationship with the TASC court liaison unit. He concedes to a bias against methadone maintenance and states that TASC workers are responsive to his concerns.

He uses probation liberally but describes it and alternatives like TASC as punishments.

e. Judge John A. Nordberg. Judge Nordberg is another strong supporter of TASC. He claims to have supported the program from the moment it was first proposed, and to have used TASC since it became operational. His admiration for TASC as an idea has been enlarged to include admiration for TASC staff.

TASC fits within his own judicial philosophy. He believes in giving defendants one chance, but wants to make sure that they use that chance to their advantage. He applauds TASC for not recommending all persons referred to them. It is his belief that clients in inpatient programs do better.

He feels TASC's main problem is the scarcity of residential treatment slots. He also hopes TASC will do a good follow-up study so that in the future they can predict more precisely whether or not a defendant might succeed in treatment. Occasionally TASC will indicate that there is a "possibility of rehabilitation," whereas what he wants is a "likelihood." In a few years, he hopes TASC can give him a much more precise estimate. He states that programs like TASC are a credit to the federal government.

f. Judge Roger Kiley. Judge Kiley states "TASC seems to be very helpful in the context of my operation." They are procedurally good: they report and they show up and their staff seems both motivated and concerned.

His only criticism is that TASC sometimes might be too procedure oriented and that they do not have a good feel for all treatment programs, though they know most well. He concedes this feeling may result from a communications problem.

If Judge Kiley places a person on TASC stipulated probation he requires the defendant and a TASC representative to appear before him every three months to personally report progress. If the defendant is placed in a residential facility, Judge Kiley will visit him.

g. Judge Adam M. Stillo. Judge Stillo is another TASC advocate. He relies on TASC for both evaluations and monitoring. However, he candidly adds one other advantage to using TASC services. If he had to make up his own mind

about addicts and whether or not to let them out on probation, he could be subject to great criticism. Now, if the person fails, he can blame TASC, and state that he was only following the recommendation of experts.

h. Judge Harold W. Sullivan. Judge Sullivan is Presiding Judge for the Second District. He has always urged judges in his district to visit treatment programs before using them. His impression is that there are a multitude of programs: some imaginative and quite good, some wild and erratic, some dedicated to rehabilitation, and some sell dope. Even if judges follow his instructions, it is difficult to evaluate all programs. Now judges can deal with TASC on an organized basis. Overall, it is much better with TASC than without TASC, though in the process of simplifying and organizing, some of the judges favored programs were eliminated.

He would rather TASC work with probation than as a pre-trial alternative because he believes that the public demands, and has a right to demand, at least a conviction and because with probation you have a "bigger whip" and no need to prove guilt if the client violates. He thinks TASC is largely unknown to defense attorneys and believes TASC could probably benefit by presenting themselves as a bargaining option to the defense bar.

i. Judge Benjamin Mackoff. Another TASC advocate, Judge Mackoff also believes that TASC, as an alternative, is better combined with probation than with a pre-trial mechanism. He relies heavily on their reports and feels they enjoy high credibility, even higher than probation reports. He characterizes TASC as the mediator between his court and the entire treatment network. If he has any problems with the treatment programs, he deals with TASC.

j. Judge Ben Edelstein. Judge Edelstein's comments echo the other judges: TASC in Chicago is a very good program that submits timely, practical reports. They keep appointments and are not afraid to tell you a client is failing. They are always knowledgeable when they appear and they do not try to fool you. They are the experts.

E. Effectiveness of Tracking and Monitoring

The tracking and monitoring unit of the Chicago TASC project consists of five staff members -- one supervisor and four case trackers. Caseloads vary from 50 to 80 clients per tracker. Trackers carrying the smaller caseloads are expected to assume the responsibility of developing new treatment program options that can be utilized by the Chicago TASC. Active tracking procedures are utilized whereby TASC trackers make routine home visits and attempt to locate clients who have split from treatment. Clients are assigned to the TASC trackers by treatment program.

The supervisor of the tracking unit monitors the progress of all clients assigned to that unit. Because of the large volume of clients and because extremely close monitoring is expected, efficient management is essential and is provided. The management of information flow has been refined and is extremely effective. The tracking unit is required to maintain a log of all court dates scheduled and to provide, in writing, a summary treatment progress report to the court unit (this unit also maintains a similar log) one week prior to the clients' court date. In order for this information not to arrive as scheduled, three persons -- the secretary of the tracking unit, the tracker and the supervisor of the court unit -- all would have to fail in their responsibilities. This is the kind of safeguard system that is important, and is representative of the thorough internal TASC management procedures followed by Chicago TASC.

A series of form letters (Appendix G) have been recently developed to provide the court with information on all phases of the client's treatment. These letters are concise and viewed as excellent by the CJS. Copies of letters submitted to the court are provided to the State's Attorney, the responsible probation officer and the Supervisor of the Narcotic Probation Officer unit.

Similarly, information flow between the treatment programs and TASC is voluminous, but efficiently handled. Forms have been developed for use by outpatient and inpatient units (Appendix H). All treatment programs are required to provide the TASC tracking unit with written notification of acceptance decisions made on TASC referrals. If the client is accepted, this notification form also includes a brief summary of the clients treatment plan. Consequently, these forms have been developed for both inpatient and outpatient programs.

Weekly client progress reports are submitted by outpatient programs. Forms utilized are attached with Appendix H. The information provided covers attendance, urinalysis results, number of counseling sessions attended, problem indicators, counselor recommendations and client progress in the area of a job or education. Monthly client progress reports are provided by inpatient programs. Most of the same information is provided. The client progress forms contain a great deal of information, and are well designed. Consequently, the reporting requirements placed on the treatment programs are not excessive.

The trackers take responsibility for the client after the diagnosis and referral process is concluded. Normally, the client is introduced to the tracker by the diagnostic staff member handling the case up to that point. The tracker initiates the process by interviewing the client, explaining the role of the TASC tracker and discusses what will be expected of the client. Emphasis is placed on meeting the requirements of the treatment process and on the need to maintain clean urinalysis reports.

Although the Chicago TASC operates under a liberal urinalysis criterion of allowing up to 50 percent dirty urines during the first three months, one dirty urine (especially for a client released from jail to TASC) can result in a jeopardy process initiation. Every dirty urine will initiate a client contact by the TASC tracker.

The TASC trackers believe that they have sufficient information, both from treatment programs progress reports and through their own contacts with their clients, to anticipate problems before they actually occur. The trackers do play the "heavy" role in the treatment process.

The supervisor of the tracking unit emphasized the three functions performed by her unit as (1) tracking and monitoring of clients, (2) maintaining a strong working relationship with the treatment community and (3) the accurate reporting of client status to the CJS. The tracking and monitoring of the Chicago TASC clients is, we believe, relatively intensive. Each TASC tracker is expected to visit his inpatient facilities twice per month and his outpatient facilities twice per week.¹ We believe that the TASC trackers are sufficiently knowledgeable

¹ Two facilities are located approximately 50 miles from TASC and are visited once per month. Only a few clients are enrolled in these programs.

of their client's progress to accurately report to the court and perform their responsibilities to TASC.

The TASC trackers have the respect of the treatment community. The third function emphasized by the supervisor is also being accomplished. Our review, and the reported responses of the members of the CJS, demonstrated that TASC reporting is excellent.

The Chicago TASC project operates on a formal jeopardy system based on criteria for client performance. As is the case for all aspects of the operating procedures, documentation of the Chicago TASC project's jeopardy criteria is extensive. These follow:

o Clinic Attendance Criteria

A Case Tracker will monitor a client's clinic attendance according to the following criteria:

1. If the client is required to attend the clinic more than once (1) a week and if both of the following indicators are documented, the client is in a Jeopardy Status:
 - a. Three (3) unexcused absences in a fourteen (14) day reporting period.
 - b. Two (2) unexcused absences for a scheduled individual or group counseling session in a thirty (30) day reporting period.
2. If the client is required to attend the clinic only once (1) a week and if both of the following indicators are documented, the client is in a Jeopardy Status:
 - a. One (1) unexcused absence in a fourteen (14) day reporting period.
 - b. One (1) unexcused absence for a scheduled individual or group counseling session in a thirty (30) day reporting period.

o Urinalysis Criteria

A Case Tracker will monitor a client's urinalysis results according to the following criteria:

1. If 50 percent of the client's urinalysis results indicate the presence of illegal or non-prescribed substances in the third (3) month in treatment, the client is in a Jeopardy Status.

2. If 25 percent of the client's urinalysis results indicate the presence of illegal or non-prescribed substances in the fourth (4), fifth (5) and sixth (6) months in treatment, the client is in a Jeopardy Status.
 3. If 10 percent of the client's urinalysis results indicate the presence of illegal or non-prescribed substances in the seventh (7), eighth (8), and ninth (9) months in treatment, the client is in a Jeopardy Status.
 4. After the client has been in treatment for nine (9) months, any urinalysis result indicating the presence of illegal or non-prescribed substances will place the client in a Jeopardy Status.
 5. After a client completes residential treatment and enters out-patient treatment on an abstinent basis, any urinalysis result indicating the presence of illegal or non-prescribed substances will place the client in a Jeopardy Status.
- o Cooperation with Treatment Requirements of Facility after Referral to Treatment

A client is in Jeopardy Status with TASC when either of the following situations occurs:

1. Client is terminated from facility for a violation of clinic policy
2. Client leaves treatment against staff advice.

- o TASC Appointments after Referral to Treatment

A TASC client will be considered in a Jeopardy Status when he/she misses a second scheduled appointment with the Case Tracker in any of the following instances:

1. Jeopardy Meeting
2. Re-referral discussion and/or placement decision
3. TASC re-instatement "Special Treatment Plan"

- o Re-arrest after Referral to Treatment

A TASC client will be considered in a Jeopardy Status when he/she has been re-arrested for a charge other than any of the following:

1. Traffic Violation
2. Disorderly Conduct or Loitering
3. Violent Crime
4. Drug Charge

Although these official criteria are important, the trackers emphasized that what they look for is a "pattern indicating failure" by the client. They stressed that they attempt to intercede, usually with a jeopardy session, as soon as possible when they believe that the client showing signs of failure. It is the TASC trackers responsibility to schedule a jeopardy session, at which client attendance is mandatory. A letter (Appendix I) is sent to the client explaining why he/she is in jeopardy, and, just as important re-emphasizes the requirements of his/her signed TASC agreement. It is especially noteworthy, as discussed in Section III.D, that the client's probation officer (if the client is in a post-trial status) will generally attend these sessions. The attendance of the probation officers at these sessions is also welcomed by the treatment programs. We believe that this is exceptional and demonstrates TASC's success in their intermediary position between the treatment community and the CJS.

At the conclusion of a jeopardy session, the client is given two weeks to demonstrate treatment process improvement. The TASC tracker is required to file a two-week follow-up report, and if this is not satisfactory, a second jeopardy session is scheduled. Failure to meet the requirements of three jeopardy sessions results in client termination, regardless when this occurs during the treatment process.

Various other procedures, such as a weekly client status summary report, given to the unit supervisor, are utilized to track client progress. Even though the Chicago TASC trackers carry large caseloads, the individual client tracking is intense. We conclude that this process is effective and recognized as such by the CJS.

Standardized letters of client termination from treatment (Appendix J) are provided to TASC by the treatment programs, regardless of whether or not the client is successfully or unsuccessfully discharged.

The Chicago TASC did have a policy of transferring clients to another therapeutic community if the client failed in the first one assigned. The executive staff claimed that this policy invariably resulted in failure and, therefore, they abandoned this transfer policy. Thus, once a client is now terminated from a therapeutic community, he is also terminated from TASC. On the one hand this

policy is probably viewed as positive by the treatment programs since it offers virtually complete control of the client. On the other hand, the failure rate experienced thus far by the Chicago TASC is high. Nearly 60 percent of the failures are due to clients dropping out of treatment. This trend might be reduced somewhat if transfers were possible. Additionally, it is well recognized that multiple failures are common and that most people who do succeed in treatment have experienced previous failures.* We recommend that the Chicago TASC review this policy.

Similarly, many clients are unsuccessfully terminated after more than 6 months of treatment. Although we recognize and respect the extremely close monitoring of clients accomplished by the Chicago TASC, we urge that termination procedures be reviewed, as stated in Section I, especially for clients completing more than 6 months of treatment.

F. Automated Management Information System

The Chicago TASC is currently in the process of acquiring and installing an automated management information system. Although this does not fall directly in the scope of our evaluation activity, we believe it is a significant step worthy of comment.

The Chicago TASC objective is to

- o move from a manual client throughput accounting system to an automated system
- o perform research related analyses such as: significant differences among TASC population groups, correlation between crime and drug addiction, testing hypotheses on the effectiveness of TASC/drug treatment for the drug abusing offender.

A detailed review of the advantages and disadvantages of the course selected by Chicago TASC are presented in Appendix K. Included here are a set of alternatives:

* The majority of those ultimately graduated by the Philadelphia NEXUS program from a therapeutic community had failed in at least one other therapeutic community while in the NEXUS program and had been transferred.

1. Select the small computer configuration (the current option of Chicago TASC) with its potential attendant problems of software modification and future programming updates to meet the research objectives stated above.
2. Select the small computer configuration and limit it to client throughput accountability and reporting.
3. Stay manual with client throughput, and perform periodic research analyses either in-house or on contract when the N's of the TASC population sample are sufficiently large to provide a statistically significant research base. Computer support for this research could be obtained on contract or from a service bureau.
4. Try out a time-sharing activity (as suggested in Appendix K) until system applications and performance are better defined.

In terms of cost commitment, in the short term, alternative 4 is most expensive and alternative 3 the least expensive. However, hardware and software costs are continuous for any automated data system.

IV. COST ANALYSIS

The study year selected for the evaluation of the Chicago TASC project is the period October 1, 1976 through September 30, 1977. During this time, an 18-month grant (May 1, 1976-October 31, 1977) was in effect, which had been extended four months from an earlier 14-month grant. A second grant (July 1, 1977-June 30, 1978) was also in effect during this period with an overlap of 3 months occurring during the study year. The total cost of the project during the study year is estimated at \$419,820.

A. Budget and Expenditures

In Table IV-1, actual expenditures for the study year are compared with a budget estimated for the same period. Budget estimates are based on 12 months of the 18-month (revised and extended) grant budget plus allocated costs under the second grant and adjusted for decreased expenditure levels early in the first grant. Table IV-1 indicates that expenditures are 100 percent of the estimated total budget. Expenditures are somewhat higher in the personnel, travel and contract accounts than budgeted, but these are balanced by reduced expenditures in supplies, equipment and other costs. Personnel costs make up just over 83 percent of total expenditures for the period.

B. Functional Costs

Estimated functional cost allocations are provided in Table IV-2. These cost estimates are based on staff time distributions provided by the project director. All support accounts have been distributed in proportion to personnel cost allocations except contracts, which are regarded as administrative costs. To obtain total costs for the four basic program functions, administrative costs have been distributed to each in proportion to total expenditures for each function.

The functional cost allocation estimates provided in Table IV-2 indicate that program effort is fairly evenly distributed among the four basic functions:

TABLE IV-1

CHICAGO TASC BUDGET AND EXPENDITURES
(October 1, 1976-September 30, 1977)

<u>Account</u>	<u>Budget</u> ^a	<u>Expenditures</u> ^b	<u>Expenditures as % of:</u>	
			<u>Budget Item</u>	<u>Total Expenditures</u>
Personnel ^c	\$335,087	\$350,246	104.5	83.4
Travel	7,600	7,976	104.9	1.9
Contracts ^d	655	766	116.9	0.2
Supplies ^e	6,826	5,271	77.2	1.3
Equipment ^f	17,156	6,879	40.1	1.6
Other Costs ^g	<u>52,496</u>	<u>48,682</u>	<u>92.7</u>	<u>11.6</u>
TOTAL	\$419,820	\$419,820	100.0	100.0

^aBudget estimates are based on 12 months of the revised budget for the first 18-month (extended) grant period (ending October 31, 1977) plus allocated costs during a 3-month overlap period from the second grant (July 1, 1977-June 30, 1978) and adjusted for lower rates of expenditure for the first 5 months of the 18-month period.

^bActual expenditures for the study year charged to both grants.

^cPersonnel compensation includes fringe.

^dIncludes training and financial audit.

^eIncludes printing and office supplies.

^fIncludes office equipment and furniture.

^gIncludes rent, telephone, typewriters, copy machine, insurance, advertising, payroll service, publications, and auto maintenance.

TABLE IV-2

CHICAGO TASC ESTIMATED FUNCTIONAL COST ALLOCATION
(October 1, 1976-September 30, 1977)

<u>Account^a</u>	<u>Identification (Screening)</u>	<u>Diagnosis and Referral</u>	<u>Tracking and Monitoring</u>	<u>Court Liaison</u>	<u>Administration</u>	<u>Total</u>
Personnel	\$ 59,892	\$64,095	\$ 73,902	\$74,252	\$ 78,105	\$350,246
Travel	1,364	1,460	1,683	1,691	1,778	7,976
Contracts ^b	--	--	--	--	766	766
Supplies	901	965	1,112	1,118	1,175	5,271
Equipment	1,176	1,259	1,452	1,458	1,534	6,879
Other Costs	8,325	8,909	10,272	10,321	10,855	48,682
TOTAL	\$ 71,658	\$76,688	\$ 88,421	\$88,840	\$ 94,213	\$419,820
Percent of Total	17.1	18.3	21.1	21.2	22.3	100.0
Distributed Administrative Costs	\$ 20,727	\$22,140	\$ 25,626	\$25,720	--	\$ 94,213
Distributed Total Functional Costs	\$ 92,385	\$98,828	\$114,047	\$114,560	--	\$419,820
Percent of Distributed Total	22.0	23.5	27.2	27.3	--	100.0

^aPersonnel costs are based on staff time estimates provided by the TASC project director; unless otherwise noted, all costs are distributed in proportion to personnel compensation.

^bAll contract services (evaluation, audit, training) are considered administrative costs.

22 percent screening, 24 percent diagnosis and referral, 27 percent tracking and monitoring, and 27 percent court liaison. This even distribution of project effort has been generally considered as a positive factor contributing to an effective program. The ratio of effort devoted to client acquisition compared with client monitoring is approximately 3:2. Prior to the proportional allocation to basic program functions, administrative costs amount to 22 percent of total project costs. The proportion of administrative costs is low compared with other TASC projects and probably should be, given the larger total program size.

C. Unit Costs

Unit costs are provided below. These are based on functional costs (including distributed administrative costs) together with client flow data for the study year.

Unit Cost Estimates

Total cost per client in TASC*	\$985
Identification cost per arrestee interviewed	99
Diagnosis and referral cost per client admitted	274
Court liaison cost per client admitted	317
Tracking and monitoring cost per TASC client	268
Tracking and monitoring cost per successful client**	485
Total cost per successful TASC client	\$1,786

The unit cost estimates indicate that Chicago TASC is a relatively expensive project. With information on all but one visited project currently available, Chicago's unit costs are the top of the range for the first four of the

* Includes all clients active at the end of the study year plus all terminations during the period.

** Includes all successful terminations plus all clients still active at the end of the study period.

above seven unit cost categories. The last three categories are all at least somewhat higher than the average for all projects and, of these three, the last (total cost per successful client) is very near the top of the range for the category. Also, Chicago TASC has relatively few clients per staff member; in fact, only one other TASC project has a lower client/staff ratio than Chicago.* However, these figures may be offset somewhat by two factors: Chicago TASC is one of the younger projects, not having had enough time to build up client flow numbers which would reduce unit costs (especially in the more time-sensitive categories such as the two categories relating to successful clients); the project includes funds for some functions (the psychologist and sheriff's deputies) not usually available to other projects.

The fact that Chicago is generally more expensive than other projects may not, however, mean that the project is more costly than it ought to be. On the contrary, based on the high ratings of the project from all sectors, the Chicago cost figures may indicate that other projects are, in fact, more or less underfunded. While increased funding may not yield increased quality, it seems clear that in Chicago the costs of the TASC project are high but these are justified by the very high quality of project performance. However, it is suggested that some consideration be given to methods of increasing client census, especially giving attention to those referral sources indicated in Table I-3 which have yielded relatively greater proportions of successful clients.

*For 11 projects, the range is 98-10 clients per staff member, with a mean of 37; the ratio for Chicago is 16.

V. CONCLUSIONS

The Chicago TASC project is clearly an excellent project. The planning and CJS interface that occurred prior to project implementation was exhaustive and, to a large measure, paved the way for the successful implementation of TASC in Chicago. The Chicago TASC does, however, have more grant resources than do most TASC projects and a vast supply of offenders available from which clients can be obtained. The ability to employ a full-time psychologist, two deputy sheriffs and supervisors directly responsible for each of the three functions of court liaison, diagnosis and evaluation and tracking and monitoring provides a structure that most TASC projects cannot afford. These factors, coupled with the selection of an extremely high quality staff, are the bases for our conclusions regarding the quality of the Chicago TASC project.

As discussed in Section I.E., only 13 clients were successfully discharged while 149 were unsuccessfully discharged and 42 were neutrally discharged. There are various reasons for these findings. Conclusions with regard to the Chicago TASC client success rate must wait until the project has been operating for a longer period of time. A high ratio of unsuccessful to successful discharges must be anticipated for a new project.

- o In the early stages of project development, the failure rate is always higher than the success rate because a great deal more time is required to discharge clients successfully than unsuccessfully.
- o The Chicago TASC project accepts responsibility for the client for his/her full term of probation. This is unusual for TASC projects. Consequently, clients who have successfully completed treatment are not discharged until their probation time requirement has been satisfied. Many of these TASC clients have probation requirements of 3 years or more.

The Chicago TASC has been extremely successful in keeping their clients in treatment for at least 3 months, the time period when drops occur in most other projects. However, a large percentage of the unsuccessful discharges occur after 6 months of treatment. The Chicago TASC project conducts close monitoring

of clients and we suspect that the failures occurring after 6 months of treatment reflect repeated failure to meet the TASC/probation/treatment requirements. The Chicago TASC project does not hesitate to terminate clients at later points in the treatment process because:

- o This is expected and respected by the CJS.
- o The Chicago community treatment programs are operating at capacity and, therefore, do not want to keep uncooperative clients any longer than necessary. This is an important contrast to treatment programs in other cities.
- o There is a large supply of potential new clients coming out of the huge Chicago CJS.

Additionally, the Chicago TASC project currently operates on the policy that referrals to a second inpatient facility, after initial failures, is not permitted. The evaluation team suggests that TASC review this policy.

In the area of success rates, we recommend that the Chicago TASC project closely monitor the ratio of successful to unsuccessful discharges and the ratio of successful discharges plus neutral discharges plus clients in treatment to total admissions from inception of project implementation. These ratios should show marked improvement as time goes on. If they do not, it could be a signal of significant problems, in either the admission criteria or in the monitoring/discharge procedures or both. At this time, it is really too early to make a definitive assessment of this area of project operation.

The second area worthy of comment is the relatively high unit costs experienced by the Chicago TASC project. This finding is, of course, related to all of the factors discussed above. This finding may, on the other hand, reflect a reasonable unit cost given the quality of services offered by this project.

One conclusion reached by the evaluation team stands out as the most important. This is the high quality of the Chicago TASC project personnel. The quality of these staff members is not accounted for by higher salaries, especially when adjusted for the cost of living. The management of the project is thorough, competent and professional.

A. Project Organization and Staffing

In addition to the conclusions above, regarding the quality of the staff, other conclusions are also important. The Chicago TASC project is one of the few TASC projects visited during this national evaluation which has thoroughly documented every phase of TASC operations. This project has developed and updated documents describing (1) Standard Operating Procedures; (2) Project Methodology; and (3) Job Descriptions. Each of these documents is complete, well designed, and very helpful to the evaluation team.

The internal management of the paper flow and client records is excellent. Virtually everything is checked and double checked. Consistent with these factors, the Chicago TASC project formally and routinely reviews its own operating procedures. In many ways, they are conducting the self-evaluations viewed as so important by the SSI evaluation team.

Finally, the allocation of resources among the TASC functions is well balanced. This finding is often associated with the more effective TASC projects.

B. Referral Pathways

The majority of TASC clients are either admitted on conditional probation or TASC is working with the client pre-trial, to obtain a conditional probation. The sources of referrals are diverse and the potential for continued TASC support from these sources is excellent.

Additionally, we approve of TASC's cautious inclusions of new sources of referral and are supportive of TASC's attempts to develop a working relationship with the Parole Department.

C. Client Profiles

As discussed in Section I.D., 80 percent of the Chicago TASC admissions have been males, 56 percent have been Black and 51 percent between the ages of 17 and 25. The eligibility (and acceptability) criteria are realistic, permitting one previous conviction for a violent crime in the past. In summary, the Chicago TASC is serving the population for which the TASC program was designed.

D. Client Throughput

The Chicago TASC project admitted 361 new admissions during the study year and discharged 204 clients. As discussed above, the majority (73 percent) discharges were unsuccessful. Because of the size of the Chicago CJS, the Chicago TASC project does not have to search for potential clients. Consequently, the amount of potential project expansion is limited only by the resources devoted to TASC in Chicago.

E. Effectiveness of the Identification Procedures

Because of the number of offenders passing through the Chicago CJS and because Chicago is still experiencing a large scale drug abuse problem, TASC does not have to operate an extensive screening process in order to identify clients. TASC views their screening efforts as "screening-out" rather than "screening-in" clients. This process is viewed as effective and extremely well managed. TASC has been effective in responding to requests for defendant evaluations requested by judges, probation officers, public defenders and private attorneys. Responsiveness in this area has greatly contributed to TASC's strong relationship with the CJS.

F. Effectiveness of Eligibility Rules

Since dropping the requirement that an opiate had to be the primary drug of abuse in order for a defendant to be admitted, the eligibility criteria are effective. The criteria are liberally and flexibly applied permitting the discretion necessary to make appropriate admission decisions.

G. Effectiveness of Diagnosis and Referral Procedures

The Chicago TASC's acceptability and referral procedures are elaborate compared with most TASC projects. The Chicago TASC project collects much more data in this process than other TASC projects and more data than we believe is necessary to make these decisions. They do, however, complete this process within a reasonable length of time. This, we believe, is the most important criterion and, therefore, we are completely supportive of the diagnosis and referral procedures utilized by this project. There is no harm done in the collection of these data and there may very well be advantages. We conclude

that the diagnosis and referral decisions made are appropriate and efficiently handled.

H. Relationship with the Criminal Justice System

The Chicago TASC project was effective in involving the CJS in the TASC project planning. Nearly all components--the judiciary, state's attorney's office, sheriff's office and the public defender's office--were given the opportunity to review and veto the proposed project methodology and operating procedures. This occurred after initial attempts to establish a TASC project had failed. This process, consequently, made most components of the CJS interested parties in the success of TASC in Chicago. This was evident in every interview conducted by the SSI evaluation team. The Chicago TASC has greater vertical support from the CJS than any other TASC project visited during this national evaluation.

The Chicago TASC Project Director is largely responsible for both the involvement of the CJS and for the resulting success that has been achieved. The TASC Project Director had had previous experience in dealing with some of the key CJS personnel. The TASC Project Director and the supervisor of the Court Unit, who were responsible for the TASC proposals, were flexible and responsive to the CJS demands. This responsiveness was extremely important. Although TASC is technically under the Illinois Single State Agency, it is functionally under the Cook County CJS. TASC relationships with the CJS reflect this operating procedure.

I. Effectiveness of Tracking and Monitoring

The Chicago TASC project closely monitors its client population. As is the case for all phases of TASC operations, this function is closely monitored and supervised. The TASC trackers possess a good knowledge of their clients' treatment process. Each tracker is assigned clients according to treatment programs which is consistent with our preferred option. Reports on client progress are respected by the judiciary and the probation department.

It is especially noteworthy that both TASC and the client's probation officer participate in jeopardy sessions. The TASC tracking process has the

total support and respect of the CJS. The participation of the CJS in this process reflects, as discussed above, the CJS involvement in the total operations of TASC.

The effective internal TASC management assures that the tracking unit meets its obligation to inform the court unit of client progress. The client is aptly represented in court as a result. The thoroughness of this coordination process is excellent.

The tracking and monitoring unit of the Chicago TASC is extremely effective. Active tracking of clients is accomplished and the home visit is a routine procedure.

J. Cost Analysis

In comparison with the other TASC projects included in this national evaluation, the Chicago TASC project is relatively expensive based on the unit costs described in Section IV. The fact that the project is relatively young and, therefore, has not built up a sufficient client throughput to reduce unit costs. Additionally, the Chicago TASC project has funding four project positions not available to most TASC projects which tend to increase project costs as well as quality.

K. Summary

The Chicago TASC project is clearly an excellent project. However, until more time has elapsed allowing sufficient time for representative outcome data to be generated, the real impact of the project cannot be accurately assessed.

APPENDIX A

JOB DESCRIPTIONS OF THE TASC DEPUTY SHERIFFS
PREPARED BY THE CHICAGO TASC PROJECT

COOK COUNTY DEPUTY SHERIFF'S

There are two Deputy Sheriff's from the Cook County Sheriff's Office assigned to the TASC Court Unit. One Deputy is a Deputy Sheriff II who is responsible for supervising all activity on behalf of the Sheriff's Office and also the activities of the Deputy Sheriff I. The Deputy Sheriff II is directly accountable to the TASC Court Unit Supervisor. The Deputies responsibilities include but are not limited to the following functions:

I. BULL PEN SCREENING

- A. Each morning the two Deputy Sheriffs assigned to TASC report to Branch 25 and 57 Narcotics Courts. Arrest Reports are then obtained from the respective Court Captains on overnight prisoners. The Deputies review these arrest reports to make a determination of potential eligible TASC clients. After obtaining the list of names of the potential clients to be interviewed, the Deputies then secure an area in the rear of the Courtroom. At this time persons to be interviewed are individually removed from the Bull Pen and escorted to the secured area so the Court Liaison can interview the individual. The Deputy remains in the area at all times for security. The prisoner is then returned to the bull pen after the interview. This process continues in both Narcotic's courts until all potential clients are interviewed. The results of each interview are then placed on Bull Pen Screening Interview forms.
- B. When an individual is found to be eligible for treatment, the Deputy Sheriff then will do a follow-up investigation to determine and record any and all Court action taken that day with regards to Court disposition of potential TASC client (i.e. I Bond to TASC, General Bond, discharge, continuance, etc.)

II. PROBATION LOG

The Sheriff Deputies keep a log of all persons sentenced to probation from Narcotic's Court with a TASC mandate. The Deputy obtains this information from the Cook County Adult Probation Department which has an office located behind the Narcotics Court. A list of all these individuals is then submitted to the Court Unit Supervisor on a weekly basis.

III. RELEASE OF PRISONER

Once a defendant is sentenced with a TASC mandate, the Deputy Sheriff is involved in assisting the TASC Escort in the release of the offender from Cook County Department of Corrections to TASC personnel.

The Deputy Sheriff verifies with the jail personnel the release of the TASC client. The Deputy then, at the time of release, escorts the TASC client to the property section for the purpose of securing his personal property. The Sheriff then escorts the TASC client to the Cook County Adult Probation Department to be assigned a supervising Probation Officer. At all times during the above process the TASC client is in the custody of the Deputy Sheriff until such time he is turned over to the TASC Escort for transportation to the Diagnostic and Evaluation Unit, 1439 S. Michigan Ave., Chicago, Illinois.

IV. CRIMINAL HISTORY INVESTIGATION

A thorough review and evaluation of an individual's Cook County Arrest Record is conducted by the Sheriff's Deputy prior to TASC accepting the person into the program. The criminal history investigation is essential in determining an individual's eligibility for the election of treatment. However, the Sheriff's Deputy also assists the TASC staff in evaluating an individual's arrest and conviction record in order to make a determination of potential for rehabilitation through treatment.

In order to obtain these criminal history investigations the Deputy Sheriff must go to the Chicago Police Department records division located at 11th and State Streets and initiate the following procedures:

- A. Fill out and submit a Police Records Inquiry for the purpose of obtaining an I.D. (Individual Record) Number.
- B. Upon receipt of the I.D. Number, the Deputy Sheriff then proceeds to the Criminal History Section of the Chicago Police Department records section and fills out a I.R./C.B. request form.
- C. This form is then submitted to the Criminal History Section. They in turn give the Deputy a copy of the Clients Criminal History Investigation (Rap Sheet).
- D. The Deputy Sheriff then reviews the Criminal History Investigation and disseminates the Rap Sheets to the appropriate TASC personnel.

V. FOLLOW UP ON PROBATED INDIVIDUALS WHO FAIL TREATMENT

The Sheriff's Deputy will immediately notify the appropriate Judge, Probation Official, and State's Attorney in the event of the treatment termination of an individual on Probation with the stipulation of drug abuse treatment. After a V.O.P. warrant has been issued and served, the Sheriff's Deputy will appear in court on the specified date to conduct a follow-up investigation. The Sheriff's Deputy will report to the Sheriff's Department the judicial results in each case.

APPENDIX B

ELIGIBILITY INTERVIEW FORM

ELIGIBILITY INTERVIEW

1. TASC #: _____ 2. DATE: ____ / ____ / ____ 3. INTERVIEWER: _____

NAME: _____
 Last First Middle

4. ENTRY STATUS: _____

ADDRESS: _____
 Number Street

ALIASES: _____

City State Zip

PHONE #: _____ CONTACT #: _____

5. REFERRAL SOURCE: _____

01 Judge
 02 Judge (Court Order Examination)
 03 Judge (I Bond to TASC)
 04 Judge (Court Mandate Treatment/TASC)
 05 Probation Officer
 06 Parole Officer
 07 State's Attorney
 08 Public Defender
 09 Private Attorney
 10 Agency
 11 Self
 12 Out-of-City TASC
 13 Out-of-City CJS
 14 Out-of-City Agency
 15 Other

Specify Name: _____

8. SEX: _____
 1 Male
 2 Female

9. RACE: _____
 1 Amer. Indian 5 Puerto Rican
 2 Asian 6 White
 3 Black 7 Other
 4 Mexican (_____)

10. AGE: _____

11. DOB: ____ / ____ / ____

12. S.S.#: _____

13. MARITAL STATUS: _____
 1 Single (Never Married) 4 Divorced
 2 Married (With Spouse) 5 Widowed
 3 Separated 6 Common-Law

14. Code 2-6, How long? _____

INTERVIEW SITE: _____

15. NUMBER OF DEPENDENTS: _____

6. INCARCERATED: _____

00 No 05 Bull Pen Lock-up
 01 CCJ 06 Cermak Hospital
 02 H of C 07 Work Release
 03 Division 3 08 Federal Detention
 04 Division 4

I.R. #: _____
 JAIL #: _____
 TIER #: _____

16. EDUCATION: _____
 1 16+ years 5 10-11 yrs
 2 4 yrs of college 6 7-9 yrs
 3 1-3 yrs of college 7 Under 7 years
 4 High School/GED

17. OCCUPATION _____ (_____)

7. DATE OF INC: ____ / ____ / ____
 If not incarcerated, Code: 00/00/00

18. EMPLOYMENT STATUS: _____
 1 Unemployed 2 Part-time 3 Full-time

19. LENGTH OF TIME IN CURRENT EMPLOYMENT STATUS:
 _____ / _____ / _____
 Years Months Days

3. CURRENT PRIOR-TASC CRIMINAL JUSTICE JURISDICTION: _____

- None 5 Deferred Prosecution
- Court Supervision 6 Parole
- Straight Probation 7 Work Release
- Conditional Probation

4. DATES OF JURISDICTION: _____ / _____ to _____ / _____

JUDGE: _____
 OFFICER: _____
 ADDRESS: _____

5. CURRENT TASC CRIMINAL JUSTICE JURISDICTION: _____

- None 6 Probation 38-Condition
- Court Supervision 7 Probation 91½
- Probation 710 8 Deferred Prosecution 91½
- Probation 1410 9 Parole
- Probation 38 10 Work Release

6. DATES OF JURISDICTION: _____ / _____ to _____ / _____

JUDGE: _____
 OFFICER: _____
 CASE #: _____

7. TREATMENT STIPULATIONS OF TASC CRIMINAL JUSTICE JURISDICTION: _____

- None
- No modality specified
- Residential mandate
- Residential mandate/Treatment Unit specified
- (Unit specified: _____)

8. CURRENT MONTH/AT TIME OF ARREST DRUG USE:

- | | |
|----------------------------|-----------------------------|
| 1. _____ Alcohol | Code frequency of drug use: |
| 1. _____ Amphetamines | 0 Never |
| 1. _____ Barbiturates | 1 Less than 1/month |
| 1. _____ Cocaine | 2 Less than 1/week |
| 1. _____ Codeine | 3 Once per week |
| 1. _____ Hallucinogenics | 4 Several times/week |
| 1. _____ Heroin | 5 Once per day |
| 1. _____ Illegal Methadone | 6 Several times/day |
| 1. _____ Marijuana | |
| 1. _____ Morphine | |
| 1. _____ Tranquillizers | |

36. VERIFICATION OF OPIATE USE: _____

- 1 None 5 WS + NNM
- 2 Withdrawal symptoms only 6 WS + NNM + ONM
- 3 New needle marks only 7 NNM + ONM
- 4 Old needle marks only

WHERE NNM? _____
 WHERE ONM? _____
 DESCRIBE WS: _____

37. LENGTH OF LAST OPIATE RUN: _____ / _____
If no opiate use, Code 00/00 Years Months

38. IN TREATMENT AT ARREST: _____ 1 Yes 2 No

WHERE? _____
 DATES? _____

39. WAIVE TREATMENT CRITERIA: _____ 0 N/A 1 Yes
If Code 1 or 2, EXPLAIN: _____ 2 No

40. # OF TIMES PREVIOUSLY IN TREATMENT: _____

IF YOU HAVE DETERMINED THAT THE INDIVIDUAL IS ELIGIBLE THUS FAR, BRIEFLY DISCUSS HIS/HER CURRENT CHARGE(S) AND CONVICTION HISTORY.

IF INELIGIBLE, INDICATE ALL THAT APPLY. Code: 1 Yes

- 41. _____ (010) Under 17 years of age
- 42. _____ (011) No legal status/no case pending
- 43. _____ (012) Non-opiate abuse/addiction
- 44. _____ (013) In treatment at arrest
- 45. _____ (014) Charged with violent crime
- 46. _____ (015) Two or more violent crime convictions
- 47. _____ (016) Charged with sales/delivery 30 grams
- 48. _____ (017) Charged with conspiracy to manf/del
- 49. _____ (018) Charged with sales/delivery to minor
- 50. _____ (019) Legal status outside Cook County
- 51. _____ (020) Refused Arrest Record check
- 52. ALTERNATE REFERRAL: _____ 1 Yes 2 No

SPECIFY: _____

Interviewer's Signature

Do you know of any warrants out on you at this time? LIST

DATE	CHARGE

What happened the last time you got busted? (How did you come to be arrested?)

CURRENT CHARGE (LAST ARREST)

3. CHARGE: () _____

4. CASE #: _____

JUDGE: _____

5. ROOM: _____

6. BRANCH: _____

COURT: _____

ATTORNEY: _____

ADDRESS: _____

PHONE: _____

7. PLEA: ___ 1 Guilty 2 Not Guilty

8. DRUG-REL: ___ 1 Yes 2 No

What happened the last time in Court? _____

9. CURRENT STATUS OF CASE IN COURT: ___ 1 Bond Hearing
 2 Preliminary Hearing
 3 Grand Jury
 4 Arraignment
 5 Pre-Trial Motions
 6 Trial/Trial Conference
 7 Sentencing

10. NEXT C.D.: ___ / ___ / ___

11. TIME: ___ : ___

12. Next C.D. FINAL? ___ 1 Yes 2 No

PENDING CASE

63. CHARGE: () _____

64. CASE #: _____

JUDGE: _____

65. ROOM: _____

66. BRANCH: _____

COURT: _____

ATTORNEY: _____

ADDRESS: _____

PHONE: _____

67. PLEA: ___ 1 Guilty 2 Not Guilty

68. DRUG-REL: ___ 1 Yes 2 No

What happened the last time in Court? _____

69. CURRENT STATUS OF CASE IN COURT: ___ 1 Bond Hearing
 2 Preliminary Hearing
 3 Grand Jury
 4 Arraignment
 5 Pre-Trial Motions
 6 Trial/Trial Conference
 7 Sentencing

70. NEXT C.D.: ___ / ___ / ___

71. TIME: ___ : ___

72. Next C.D. FINAL? ___ 1 Yes 2 No

PENDING CASE

73. CHARGE: (_____) _____

74. CASE #: _____

JUDGE: _____

75. ROOM: _____

76. BRANCH: _____

COURT: _____

ATTORNEY: _____

ADDRESS: _____

PHONE: _____

77. PLEA: ___ 1 Guilty 2 Not Guilty

78. DRUG-REL: ___ 1 Yes 2 No

What happened the last time in Court?

79. CURRENT STATUS OF CASE IN COURT: _____
 1 Bond Hearing
 2 Preliminary Hearing
 3 Grand Jury
 4 Arraignment
 5 Pre-Trial Motions
 6 Trial/Trial Conference
 7 Sentencing

80. NEXT C.D.: _____ / _____ / _____

81. TIME: _____ : _____

82. Next C.D. FINAL? ___ 1 Yes 2 No

PENDING CASE

83. CHARGE: (_____) _____

84. CASE #: _____

JUDGE: _____

85. ROOM: _____

86. BRANCH: _____

COURT: _____

ATTORNEY: _____

ADDRESS: _____

PHONE: _____

87. PLEA: ___ 1 Guilty 2 Not Guilty

88. DRUG-REL: ___ 1 Yes 2 No

What happened the last time in Court?

89. CURRENT STATUS OF CASE IN COURT: _____
 1 Bond Hearing
 2 Preliminary Hearing
 3 Grand Jury
 4 Arraignment
 5 Pre-Trial Motions
 6 Trial/Trial Conference
 7 Sentencing

90. NEXT C.D.: _____ / _____ / _____

91. TIME: _____ : _____

92. Next C.D. FINAL? ___ 1 Yes 2 No

93. TOTAL NUMBER OF PENDING CASES: _____

INTERVIEWER'S COMMENTS (Discuss any important details of pending cases listed in the Interview, list any other pending cases, and state your recommendations as to Acceptability of individual in regards to the number and nature of pending cases.)

INSTRUCTIONS TO INTERVIEWER:

1. If you now find the person INELIGIBLE, use the appropriate code from Page 2 (#41-51) and code below.

2. If you find the person ELIGIBLE, code below.

12. PERSON'S ELIGIBILITY FOR TASC SERVICES AT TIME OF INTERVIEW: _____

- 100 Eligible, Scheduled for Acceptability
- 101 Eligible - Provisional (Reduction of Charge)
- 021 Eligible - Unacceptable (Pending cases)
- 022 Eligible - Unacceptable (Hostile, Uncooperative)
- 023 Eligible - Unacceptable (Unaware of drug problem)
- 024 Eligible - Unacceptable (Lack of desire for treatment)
- 026 Eligible - Unacceptable (Violent arrests-CJS view)

INTERVIEWER'S COMMENTS: _____

Interviewer's Signature

Were the following forms signed?

- 143. ___ Consent for Disclosure of Confidential Patient Info.
- 144. ___ Non-Falsification
- 145. ___ Consent for Disclosure of Criminal Records
- 146. ___ Authorization for Release of Information to TASC

Code: 1 Yes 2 No

Was the ARREST RECORD requested?

Code: 0 N/A 1 Yes

147. ___ Arrest Record Requested

148. DATE REQUESTED:

___ / ___ / ___

Code: 00/00/00 N/A

Was he/she scheduled for Acceptability Interview?

149. DATE: ___ / ___ / ___

Code: 00/00/00 Not Scheduled
99/99/99 N/A

50. CRIMINAL JUSTICE REFERRAL STATUS AT TIME OF ELIGIBILITY DISPOSITION: _____

Code:

- 1 Pre-Trial basis (Court Ordered Examination, deferred prosecution, Conditional Bond)
- 2 Condition of post-trial process (Condition imposed after conviction, ie; deferred sentencing or conditional probation)
- 3 Direct referral from probation or parole (Straight probation without TASC condition)
- 4 Other (Self-referrals, agency or attorney referrals)

SUPERVISOR'S COMMENTS:

Supervisor's Signature

APPENDIX C

CLIENT AGREEMENT TO PARTICIPATE IN TREATMENT WITH TASC

CLIENT AGREEMENT

to

PARTICIPATE in TREATMENT with TASC

I. I, _____, agree to volunteer for drug treatment with Chicago Cook County TASC.

I agree to FULLY PARTICIPATE in the interview process required by TASC and, to the best of my ability, I agree to provide TRUTHFUL INFORMATION regarding my past criminal record and my need for drug treatment. I understand that the information I give to TASC will be used to determine my READINESS for treatment and the best TREATMENT ALTERNATIVE for my addiction. I agree to demonstrate POSITIVE MOTIVATION toward TREATMENT by keeping ALL APPOINTMENTS scheduled by TASC in order to complete my referral to treatment.

II. I agree to ABIDE by the RULES AND REGULATIONS of the treatment program to which I am referred by TASC. I further agree to FULLY PARTICIPATE in ALL SCHEDULED ACTIVITIES and COUNSELING which the treatment program determines necessary for my REHABILITATION.

III. I understand that if I do not demonstrate my SERIOUS AND CONTINUED EFFORT to STOP USING ILLEGAL or ILLICIT DRUGS, and if I do not FULLY PARTICIPATE in the REHABILITATION PROGRAM designed for me by the treatment program, I will place myself in JEOPARDY with TASC. I further understand that should the treatment program and TASC determine that I have been in JEOPARDY THREE TIMES during the entire length of my stay in treatment, I will be UNSUCCESSFULLY TERMINATED from TREATMENT and from TASC.

IV. I further understand that I may be IMMEDIATELY, WITHOUT ANY RESERVATION, TERMINATED from TREATMENT and from TASC for ANY of the following reasons:

- A. Missing a scheduled interview with TASC
- B. Missing a scheduled medical examination appointment with TASC
- C. Missing my scheduled intake appointment with the drug treatment program to which I am referred by TASC
- D. Leaving treatment without notifying TASC that my treatment needs require a re-evaluation
- E. Failing to improve in treatment after my second Jeopardy Status
- F. An act or threat of violence against TASC or Clinic Staff and/or member
- G. Possession of a weapon in TASC or the Clinic
- H. Possession of an outfit in TASC or the Clinic
- I. Possession and/or sales of an illegal or controlled substance in TASC or the Clinic
- J. Arrest and/or conviction of any felony charge after my involvement with TASC

V. Finally, I understand that ALL MY ACTIVITIES IN TREATMENT: My PROGRESS or LACK OF PROGRESS, my JEOPARDY STATUS, and my TERMINATION or my SUCCESSFUL REHABILITATION will be FULLY and TRUTHFULLY REPORTED by TASC to the appropriate CRIMINAL JUSTICE AUTHORITY. I understand that should I FAIL to SUCCESSFULLY COMPLETE my REHABILITATION, I may place myself in VIOLATION of my CRIMINAL JUSTICE MANDATE, and, therefore, risk suffering the legal consequences of my illegal activity.

Client's Signature

Date

Witness

Date

APPENDIX D

ACCEPTABILITY INTERVIEW FORM

In the last MONTH (or MONTH PRIOR TO INCARCERATION) what drug have you used most frequently?

PRIMARY DRUG CODE FREQ

21. _____ (_____) 22. _____

Have you boosted your high with other drugs or alcohol?

BOOSTED WITH CODE FREQ

23. _____ (_____) 24. _____

25. _____ (_____) 26. _____

27. _____ (_____) 28. _____

Code Drug:

- 01 Alcohol 07 Heroin
- 02 Amphetamine 08 Illegal Methadone
- 03 Barbiturate 09 Legal Methadone
- 04 Cocaine 10 Marijuana
- 05 Codeine 11 Morphine
- 06 Hallucinogenic 12 Tranquillizer

If you weren't able to get "X" during the last month, what was your second choice of drug?

SECONDARY DRUG CODE FREQ

29. _____ (_____) 30. _____

Have you boosted your high with other drugs or alcohol?

BOOSTED WITH CODE FREQ

31. _____ (_____) 32. _____

33. _____ (_____) 34. _____

Code Frequency:

- 1 Once/month 4 Several times/week
- 2 2-3 times/month 5 Once per day
- 3 Once/week 6 Several times/day

LAST WEEK'S (OR WEEK PRIOR TO INCARCERATION) DRUG USE

In the last seven (7) days (or week prior to incarceration) what drugs have you used and how often?

- 35. _____ Alcohol
- 36. _____ Amphetamines
- 37. _____ Barbiturates
- 38. _____ Cocaine
- 39. _____ Codeine
- 40. _____ Hallucinogenics
- 41. _____ Heroin
- 42. _____ Illegal Methadone
- 43. _____ Legal Methadone
- 44. _____ Marijuana
- 45. _____ Morphine
- 46. _____ Tranquillizers

Code Frequency:

- 0 Never
- 1 Once
- 2 Several times
- 3 Once per day
- 4 Several times/day

47. CURRENTLY/AT TIME OF ARREST PHYSICALLY DEPENDENT UPON DRUGS: 1 Yes 2 No

COMMENTS: _____

OPTIONAL SECTION (Use this section to explore with the person how he/she typically gets high.)

SITUATION: _____

WITH WHOM: _____

DRUGS INVOLVED AND HOW PERSON GETS HIGH (Probe for RITUAL): _____

FEELING AFTERWARDS: _____

48. NUMBER OF TIMES TAKEN AN OVERDOSE: ____

LAST OVERDOSE

Drug(s): _____ When: ____ / ____
Month Year

Drug(s): _____ # Times: ____

Drug(s): _____ # Times: ____

Drug(s): _____ # Times: ____

Comments:

NUMBER OF TIMES KICKED AN OPIATE HABIT

Code: 0 Never
Number of times beside category

49. ____ In jail

50. ____ Under medical supervision

51. ____ Alone

If #50 or #51 are indicated, explore why person attempted to kick.

LONGEST PERIOD OF TIME DONE WITHOUT DRUGS

Code: 00/00/00 Never
Years/Months/Days beside appropriate category

52. ____ / ____ / ____ In jail

53. ____ / ____ / ____ Under medical supervision

54. ____ / ____ / ____ Alone

If #53 or #54 are indicated, explore what enabled the person to remain drug-free.

Comments:

EMOTIONAL DEPENDENCY UPON DRUGS

Discuss with the person his/her use of drugs when addicted but not feeling sick (or when not addicted). Get a description of the situation and probe for the feeling(s).

55. INTERVIEWER'S ASSESSMENT: PERSON EMOTIONALLY DEPENDENT UPON DRUGS AT THIS TIME? ____ Code:

56. INTERVIEWER'S ASSESSMENT: PERSON EVER EMOTIONALLY DEPENDENT UPON DRUGS? ____
If YES, WHEN? _____
0 N/A
1 Yes
2 No

57. IF THERE ARE SIGNS OF AN EMOTIONAL DEPENDENCY UPON DRUGS, IS THE PERSON AWARE OF IT? ____

If the person has not demonstrated A MINIMAL AWARENESS OF A DRUG PROBLEM during the interview thus far, the person is UNACCEPTABLE, and you may stop the interview at this point.

58. LACK OF AWARENESS OF DRUG PROBLEM: _____

Code: 000 No
023 Yes

Interviewer's Signature

Supervisor's Signature

PREVIOUS TREATMENT EXPERIENCE(S)

59. _____ ()
 CLINIC NAME + Code: 1 O/P-A 3 I/P-A 5 H-A
 2 O/P-M 4 I/P-M 6 H-M

60. DATES: ___ / ___ to ___ / ___

61. DE-TOX ATTEMPTED: ___ Code:
 0 N/A

62. DE-TOX ACHIEVED: ___ 1 Yes
 2 No

63. LENGTH OF ABSTINENCE: ___ / ___ / ___
 (Years/Months/Days)

69. _____ ()
 CLINIC NAME + Code: 1 O/P-A 3 I/P-A 5 H-A
 2 O/P-M 4 I/P-M 6 H-M

70. DATES: ___ / ___ to ___ / ___

71. DE-TOX ATTEMPTED: ___ Code:
 0 N/A

72. DE-TOX ACHIEVED: ___ 1 Yes
 2 No

73. LENGTH OF ABSTINENCE: ___ / ___ / ___
 (Years/Months/Days)

64. _____ ()
 CLINIC NAME + Code: 1 O/P-A 3 I/P-A 5 H-A
 2 O/P-M 4 I/P-M 6 H-M

65. DATES: ___ / ___ to ___ / ___

66. DE-TOX ATTEMPTED: ___ Code:
 0 N/A

67. DE-TOX ACHIEVED: ___ 1 Yes
 2 No

68. LENGTH OF ABSTINENCE: ___ / ___ / ___
 (Years/Months/Days)

74. _____ ()
 CLINIC NAME + Code: 1 O/P-A 3 I/P-A 5 H-A
 2 O/P-M 4 I/P-M 6 H-M

75. DATES: ___ / ___ to ___ / ___

76. DE-TOX ATTEMPTED: ___ Code:
 0 N/A

77. DE-TOX ACHIEVED: ___ 1 Yes
 2 No

78. LENGTH OF ABSTINENCE: ___ / ___ / ___
 (Years/Months/Days)

Discuss with the person his/her previous treatment experience(s). Give some examples of the person's assessment of his/her previous involvement in treatment (or the amount of effort the person invested in treatment). Also indicate the person's view of what help he/she received in treatment.

Discuss with the person his/her understanding of the relationship between his/her drug use and his/her current criminal justice standing. Indicate the person's ability to recognize that his/her drug use is responsible for the current criminal justice standing.

CURRENT VIEW OF TREATMENT

Discuss out-patient and residential treatment with the client. Describe the client's view of each type of treatment modality as a source of help to him/her.

OUT-PATIENT: _____

RESIDENTIAL: _____

What makes you think you are ready for treatment now? _____

INSTRUCTIONS TO INTERVIEWER:

- A. If the person has NOT DEMONSTRATED A READINESS FOR TREATMENT during the interview thus far, the person is UNACCEPTABLE. Make any additional comments in the space below and code #80-83.
- B. If the person has DEMONSTRATED A READINESS FOR TREATMENT during the interview, READ THE TASC CLIENT TREATMENT AGREEMENT WITH THE PERSON.

79. INDIVIDUAL SIGNED THE TASC CLIENT TREATMENT AGREEMENT: ___ 1 Yes 2 No

ADDITIONAL COMMENTS REGARDING THE PERSON'S ACCEPTABILITY OR UNACCEPTABILITY FOR TASC SERVICES:

Interviewer's Signature

30. PERSON'S ACCEPTABILITY FOR TASC SERVICES AT TIME OF THE INTERVIEW: ___ ___ ___

84. DATE OF NEEDS ASSESSMENT INTERVIEW:

___ ___ / ___ ___ / ___ ___ 00/00/00 N/A

Code:

SUPERVISOR'S COMMENTS:

- 022 Unacceptable, hostile, uncooperative
- 025 Unacceptable, not ready for treatment
- 027 Unacceptable, non-volunteer for TASC
- 028 Unacceptable, falsified information
- 029 Unacceptable, severe psychiatric problems

- 201 Acceptable-Provisional (Review cases)
- 202 Acceptable-Pending (Judicial Release)
- 203 Acceptable-Scheduled for Needs

VERIFICATION:

Code:

- 81. ARREST RECORD _____
- 82. RESIDENCE _____
- 83. TREATMENT HISTORY _____
- 84. PROBATION OFFICER _____

- 0 N/A
- 1 Yes
- 2 Unverifiable

Supervisor's Signature

CONTINUED

1 OF 2

APPENDIX E

NEED ASSESSMENT AND REFERRAL SUMMARY FORMS

NEEDS ASSESSMENT INTERVIEW WORKSHEET

Needs Assessment

Form A., Page 1.

1. TASC #: _____ 2. DATE: ___/___/___ 3. INTERVIEWER: _____,
CLIENT'S NAME: _____ 4. D.O.B.: ___/___/___

I. CHILDHOOD DEVELOPMENT (before 12 years of age)

Where were you born? _____

Where were you raised? _____

What were you like? When were you born? How old were you when you started school? Did you have temper tantrums? -- about what? --with whom? --when? Did you have nightmares? --when? --about what? --how often? What fears did you have. Do you remember sucking your thumb or fingers? --until what age? Remember wetting your bed? --until what age?)

What were your favorite things to do? (--schoolwork? --playing with others? --playing alone?)

Tell me about your first good friend? (--at what age? --who was the leader? --what things did you do together? --how long did the friendship last?)

What was grammar school like for you? (--change schools? --favorite subjects? --any special teachers? --how were your grades? --did you have many friends or few?)

Did you get into fights? (--with whom? --about what? --how often? --mainly win or lose?)
Did you lie? (--about what? --to whom? --how often?) Did you steal? (--what? --how often?)

What do remember most about your childhood? (--a special event? --a person? --a feeling?)

II. DESCRIPTION OF FAMILY and EARLY FAMILY EXPERIENCES.

Who did you live with as a child? (--any changes? --when? --why? what? --your feelings?)

What were your family's living conditions? What was your neighborhood like?

What religion were you raised in? (--parents' religion? --any changes? --what? --why?)

What do you remember about your parents/guardians? (--what kind of relationships did you have with them? --did they have with each other? --who disciplined you? --how often?)

Any special demands or expectations placed on you?(--what? --by whom? --your reactions?)

What did your father do for work? How many years of education did he have? How old is he?

Did your mother work? At what? Years of education for her? How old is she?

Describe your brothers and sisters. (--include half- or step-siblings. --their ages? --your relationships with them. --treated different by parents? --how?)

Were there other important _____

Did anyone in your family drink heavily or use drugs? (--who? --when? --effects on you?)

What values were you taught as right and wrong by your family? (--who taught? --make sense?)

III. ADOLESCENT DEVELOPMENT (12-18 years of age)

What were you like as a teenager? (--much change from childhood? --why?)

Did you spend much time with friends? (--what did you do? -- were you a leader?)

How would your friends from teen years describe you? (--same sex friends? --opposite sex?)

When did you start dating? When did you first have sex? What was it like for you?
(FEMALES: Were you ever raped? --when?) Who instructed you about sexual matters?

How far did you get in high school? (--special teachers? --favorite subjects? --grades?
--if dropout, why? --ever suspended? --when? --why? --family's values about school?)

What did you do when you were a teenager that you were really proud of? (--age? --family's reaction?)

What ambitions did you have as a teenager? What did family want you to be? Did you do it?

Were there any changes in your relationship with your family when you were a teenager?

Were you involved in any illegal activities as a teenager? (--age? --what kind? --with whom?
--how long? --family's reaction?)

Were you involved with drugs as a teenager? (--age? --drugs? --with whom? --family's reaction?)

What do you remember most about your teenage years? (--experience? --feeling? --why?)

NEEDS ASSESSMENT INTERVIEW WORKSHEET

IV. SEPARATION FROM ORIGINAL FAMILY

Did your family ever separate from you, or you from them? (--your age? --why? --how long?)

Did you ever run away from home? Or want to? (--why? --how old then? --what happened?)

Did you ever lose someone who was important to you when you were a child or a teenager? (--who? --your age? --what happened: illness, death, jail, etc.? --your reactions?)

When did you leave home? (--age? --reasons?) If still at home: why have you stayed there?

V. ADULT ISSUES AND DEVELOPMENT

Whom do you live with now? (--or prior to incarceration or live-in treatment? List everyone.)

What do you like about your living conditions? (--now, or prior to institutionalization?)

What do you dislike about your living conditions? (If so, what prevents you from moving now?)

Are there any people now living with you who use drugs? (--who? --what drugs? --your reaction?)

What changes do you see happening between you and the people you are close to, if you start treatment and stop using drugs? (If only positive ones are indicated, probe for other side.)

Who do you think really cares about you and what happens to you? (--why? --your reactions?)

NEEDS ASSESSMENT INTERVIEW WORKSHEET

V. ADULT ISSUES AND DEVELOPMENT (CONTINUED)

Currently married? _____ Legal or Common-Law? _____ For how long? _____

Living together or separate? _____ If separated, for how long? _____

Describe your spouse. (What kind of person is he/she? What is your relationship like?)

Do you have children? Describe them. (Ages, where they live, personality, relationships)

Previously married? (legal or common-law) _____ How many times? _____

Please describe your previous mates. (Personality, relationships, when & how you split up.)

Do you support any children by previous relationships? How many? _____ Describe them.

Have you ever had any vocational or college training? (When? Where? What? For how long?)

What kind of work would you like to do? _____

Why? _____

Do you want to get any further training? (GED, Vocational, College, etc.) If so, when?

NEEDS ASSESSMENT INTERVIEW WORKSHEET

VI. SUBSTANCE ABUSE PATTERNS

Do you drink alcoholic beverages? _____ (If "yes", administer N.A., Form C. after Form A.)

What do you drink? _____ How often? _____

How much at one time? _____ Where? (usually) _____

With whom? (usually) _____

When did you have your last drink? _____

How old were you when you started drinking? _____ Describe your behavior when you drink?

What type of opiate drugs do you use? (Heroin, morphine, methadone, etc.?) Or did you use?

How old were you when you started? _____

How do you, or did you, use these? (Vein, muscle, skin, sniff, oral?) _____

When was the last time you used? _____

How much did/do you use daily? (Bags, spoons, and cost) _____

Do you use opiates alone or with others? _____

How many times would you want to "get off" every day if you had the money? _____

What other drugs are you using, or were you using prior to institutionalization?

How often? _____ How much? _____ With whom? _____

When have you used any drugs or alcohol to help you stop from feeling bad? (Examples?)

Why do you use any of these drugs or alcohol? What do they make you feel like, or not feel?

What don't you like about using any of these drugs, or alcohol? Why don't you like that?

When was the last time you used any non-opiate drugs? Which ones? How much did you use?

NEEDS ASSESSMENT INTERVIEW WORKSHEET

VII. MILITARY AND EMPLOYMENT HISTORY ; FINANCES

Were you ever in the military? _____ Branch? _____ Dates served? _____

Where did you serve? _____ Type of discharge? _____

If Undesirable or Dishonorable, explain: _____

Which, if any, drugs did you begin using while you were in the military service?

Are you now employed? _____ Full-time or part-time? _____ (Describe bcurrent job below.)

Describe your most recent job? (Employer, position, dates worked, hours, reason for leaving.)

Describe the job before that one. _____

What are your current legal sources of income? (Jobs, relatives, unemployment, welfare, etc.)

Monthly total? _____

What are your current illegal sources or income, or what were they before incarceration?

(Include Conning, Gambling, Prostitution, Pimping, Stealing, Hold-ups, forgery, Dealing, etc.)

(Include monthly amount for each) _____

Do you think you have any problems currently with having enough money for food, rent, clothing, medical expenses, or traveling expenses to get to treatment? (If yes, explain)

Do you need any help finding a place to live, getting medical care, or getting public aid?

Do you believe you have any other critical needs for financial assistance at this time?

NEEDS ASSESSMENT INTERVIEW WORKSHEET

VIII. HOSTILITY TOWARD SELF & OTHERS

Do you get angry easily? _____

What kinds of things make you angry? _____

How do you handle your anger? _____

How would I know if you were angry with me? _____

Have you ever harmed anyone? _____

What were the circumstances? (Who was it? Were you on drugs? Was it self-defense or revenge?) _____

Have you ever overdosed on drugs? _____ How many times? _____

Explain the circumstances and what happened. _____

Have you ever had thoughts of harming yourself physically? _____ (If yes, explain below)

Have you ever had thoughts about killing yourself? _____

Have you ever been afraid you might actually kill yourself? _____

Have you had these fears recently? _____ Are you having these thoughts or fears now? _____

Have you ever tried to kill yourself? _____ (Explain any "yes" answers below)

IX. PREVIOUS PSYCHIATRIC TREATMENT

Have you ever been hospitalized for psychiatric or emotional treatment? _____

If yes, explain: how many times, where, when, why, and who was the attending psychiatrist? _____

Have you ever _____

If yes, explain: how many times, where, when, why, and who was the counselor or therapist? _____

NEEDS ASSESSMENT INTERVIEW WORKSHEET

X. CHECKLIST OF PHYSICAL COMPLAINTS

I am going to ask you if you have any of the following physical problems; please answer by saying whether each of these is a problem that you have "often," "sometimes," or "never."

	OFTEN	SOME	NEVER		OFTEN	SOME	NEVER
Nightmares	_____	_____	_____	Backaches	_____	_____	_____
Difficulty sleeping	_____	_____	_____	Head injuries	_____	_____	_____
Loss of weight	_____	_____	_____	Stomach trouble	_____	_____	_____
Loss of appetite	_____	_____	_____	Ulcers	_____	_____	_____
Increase in weight	_____	_____	_____	Severe constipation	_____	_____	_____
Extreme nervousness	_____	_____	_____	Severe diarrhea	_____	_____	_____
Extreme moodiness	_____	_____	_____	Colitis	_____	_____	_____
Extreme restlessness	_____	_____	_____	Liver trouble	_____	_____	_____
Lack of energy	_____	_____	_____	Kidney trouble	_____	_____	_____
Breathing Problems	_____	_____	_____	Heart trouble	_____	_____	_____
Asthma	_____	_____	_____	Sexual problems	_____	_____	_____
Dizzy spells	_____	_____	_____	Thyroid trouble	_____	_____	_____
Chronic headaches	_____	_____	_____	Epilepsy	_____	_____	_____
Loss of memory	_____	_____	_____	Spasms/Seizures	_____	_____	_____

Any others? Describe: _____

XI. CLIENT'S SELF-EVALUATION

What do you consider to be your strong points? _____

What do you consider to be your weak points? _____

What do you consider to be the problem areas in your life that you want to work on now?

(Was there any discussion of placement into treatment with this client? What transpired?)

TASC CLIENT SUMMARY AND REFERRAL INFORMATION

DATE REFERRED: _____ REFERRED TO: _____

DATE OF INTAKE: _____ INTAKE COORDINATOR: _____

CLIENT'S NAME: _____ IDDC #: _____

HOME ADDRESS: _____ PHONE: _____

CITY & STATE: _____ ZIP CODE: _____

BIRTHDATE: _____ AGE: _____ SEX: _____ ETHNICITY: _____

YEARS EDUCATION: _____ MARITAL STATUS: _____ NUMBER OF DEPENDENTS: _____

PRIMARY OCCUPATION: _____ SOCIAL SECURITY #: _____

CURRENT EMPLOYMENT STATUS: _____ AMOUNT OF TIME: _____

CURRENT LIVING CONDITIONS: _____

CURRENT PRIMARY DRUG USE: _____ SECONDARY: _____

CURRENT LEGAL STATUS:

CRIMINAL HISTORY:

PREVIOUS TREATMENT HISTORY (INCLUDING PSYCHIATRIC TREATMENT):

CURRENT EMOTIONAL ORIENTATION:

CURRENT GOALS AND MOTIVATION (INCLUDING ATTITUDES TOWARD DRUG PROBLEM AND TREATMENT):

INTERVIEWER'S IMPRESSIONS (INCLUDING CLIENT'S STRENGTHS AND WEAKNESSES):

THIS CLIENT WILL REQUIRE ASSISTANCE IN THE FOLLOWING AREAS OF AUXILLARY SERVICES:

- TRAINING FOR G.E.D. (see page 7.)
- VOCATIONAL TRAINING (see page 7.)
- JOB PLACEMENT (see pages 7 & 8.)
- FAMILY COUNSELING (see pages 4 & 5.)
- MARRIAGE &/OR SEXUAL COUNSELING (see page 5.)
- HOUSING (see page 9.)
- PUBLIC AID (see page 9.)
- SOCIAL SECURITY (see page 9.)
- ALCOHOL DETOXIFICATION (see page 6.)
- PRE-NATAL CARE
- OTHER MEDICAL SERVICES (SPECIFY): _____

PROFESSIONAL PSYCHOTHERAPY (SPECIFY): _____

LEGAL COUNSEL

RECOMMENDATIONS FOR TREATMENT PLAN:

Counselor/Interviewer (print name)

Counselor/Interviewer (signature)

Diagnostic Unit Supervisor's Approval

Clinician's Approval

FAMILY BACKGROUND INFORMATION:

CLIENT PRINCIPALLY RAISED BY:

- () Mother
- () Father
- () Step-mother
- () Step-father
- () Grandmother
- () Grandfather
- () Foster mother
- () Foster father
- () Orphanage
- () Juvenile delinquent home
- () Other relative(s)--who? _____
- () Other adult(s)--who? _____

PARENT'S MARITAL STATUS:

- () Married
 - () Common-in-law
 - () Separated
 - () Divorced
- If client's parents are divorced or separated, what was the client's age at that time? (age) _____

FATHER LIVING:

- () Yes.....Present age _____
- () No.....Client's age at death _____

FATHER'S OCCUPATION: _____

FATHER'S YRS. OF EDUCATION: _____

- FATHER DRINK HEAVILY: () Yes () No
 FATHER USE DRUGS: () Yes () No

Comments: _____

CLIENT'S SIBLINGS (Number):

- () Client only child
- () Older brothers
- () Older sisters
- () Younger brothers
- () Younger sisters
- () Older step-brothers
- () Older step-sisters
- () Younger step-brothers
- () Younger step-sisters

MOTHER LIVING:

- () Yes.....Present age _____
- () No.....Client's age at death _____

MOTHER'S OCCUPATION: _____

MOTHER'S YRS. OF EDUCATION _____

- MOTHER DRINK HEAVILY? () Yes () No
 MOTHER USE DRUGS? () Yes () No

CLIENT PRINCIPALLY RAISED WITH:

- () No one else
- () Older brothers
- () Older si
- () Younger brothers
- () Younger sisters
- () Older step-brothers
- () Older step-sisters
- () Younger step-brothers
- () Younger step-sisters
- () Older male cousins
- () Older female cousins
- () Younger male cousins
- () Younger female cousins
- () Institutionalized children

OTHER FAMILY MEMBERS DRINK HEAVILY: () Yes () No

If YES, who: _____

OTHER FAMILY MEMBERS USE DRUGS: () Yes () No

If YES, who: _____

RELIGION CLIENT RAISED IN:

- () None
- () Roman Catholic
- () Pentacostal/Evangelical
- () Protestant _____
- () Judaism
- () Muslim
- () other _____

SIGNIFICANT FAMILY LOSSES FOR CLIENT:

Relation: _____	Cause of loss: _____	Client's age: _____
Relation: _____	Cause of loss: _____	Client's age: _____
Relation: _____	Cause of loss: _____	Client's age: _____
Relation: _____	Cause of loss: _____	Client's age: _____

CLIENT'S DESCRIPTION OF FAMILY'S ECONOMIC & SOCIAL CONDITIONS, RELATIONSHIPS, AND
QUALITY OF FAMILY LIFE:

INTERVIEWER'S EVALUATION OF CLIENT'S CHILDHOOD & ADOLESCENT DEVELOPMENT (INCLUDING ANY
SIGNIFICANT RELATIONSHIPS AND EXPERIENCES FOR THE CLIENT):

CLIENT'S DESCRIPTION OF CURRENT FAMILY INVOLVEMENT AND SIGNIFICANT FAMILY RELATIONSHIPS:

INTERVIEWER'S EVALUATION OF CLIENT'S NEED FOR COUNSELING ON PAST OR CURRENT FAMILY ISSUES:

MARITAL RELATIONSHIPS AND CHILDREN:

CURRENT: () None () Married () Common-in-law LIVING: Together () Apart ()

LENGTH OF RELATIONSHIP: _____

CHILDREN SUPPORTED: _____

DESCRIPTION OF SPOUSE (personality, Interests, etc.): _____

RELATIONSHIP WITH SPOUSE: _____

RELATIONSHIP WITH CHILDREN: _____

PREVIOUS: () None (NUMBER OF): () Common-in-law () Divorces () Widowed () Other

CHILDREN SUPPORTED FROM PREVIOUS RELATIONSHIPS: _____

DESCRIPTION OF PREVIOUS SPOUSE(S): _____

DESCRIPTION OF PREVIOUS RELATIONSHIP(S): _____

MARRIAGE COUNSELING NEEDED: () Yes () No COMMENTS: _____

SUBSTANCE USE & ABUSE PATTERNS:

ALCOHOL: () None

() Age started -- () Currently not using () Currently using

Usual drink: _____ Amount: _____

Frequency: _____ Time of last drink: _____

Usual drinking place: () Own place () Friend's place () Bar

() Street () No set place

Usual drinking style: () Alone () With friends () With spouse

() No set group () No set style

Behavior while drinking: _____

Alcoholism Test (Form C., given later): () Not applicable () Score

Score indicates: () No problem () Borderline () Definite alcoholism

OPIATES: () Age started: () Heroin () Morphine () Methadone () Other

() No current use--PREVIOUS ABUSE: () To avoid withdrawal () To get high

() Currently using--CURRENT ABUSE: () To avoid withdrawal () To get high

Opiate: _____ Frequency: _____

Time of last use:

Amount: () Spoon () Bag () Milligrams -- Daily cost: _____

Method of use: () Vein () Muscle () Skin () Sniff () Oral

NON-

OPIATES: () None

() Previous Abuse: () Amphetamines () Barbiturates () Codeine () PCP

() Tranquillizers () Hallucinogens () Cocaine

() Current Abuse: () Amphetamines () Barbiturates () Codeine () PCP

() Tranquillizers () Hallucinogens () Cocaine

INTERVIEWER'S COMMENTS REGARDING CLIENT'S SUBSTANCE ABUSE HISTORY & CURRENT PROBLEMS:

VOCATIONAL TRAINING:

CURRENT: () None () Part-time student () Full-time student () Other

SCHOOL: _____

MAJOR STUDIES: _____

DATE STARTED: _____ HOURS/WEEK: _____

CLASS SCHEDULE: _____

VERIFICATION SOURCE: _____

STUDENT STATUS VERIFIED: () Yes () No

COMMENTS: _____

PREVIOUS: () None () High school () Military () Jail () College () Other

INSTITUTION: _____

WHEN: _____ COURSE COMPLETED: () Yes () No

SKILLS ACQUIRED: _____

INSTITUTION: _____

WHEN: _____ COURSE COMPLETED: () Yes () No

SKILLS ACQUIRED: _____

VOCATIONAL INTERESTS:

DESIRED TYPE OF WORK & REASON FOR THIS: _____

DESIRES VOCATIONAL TRAINING: () No () GED () Industrial () Trade () College

CLIENT'S COMMENTS: _____

INTERVIEWER'S COMMENTS: _____

MILITARY RECORD:

VETERAN: () No () Army () Navy () Marine () Air Force () Coast Guard

DATES OF ACTIVE DUTY: _____ to _____

WHERE SERVED: _____

DISCHARGE: () Honorable () General () Undesirable () Dishonorable

If UNDESIRABLE or DISHONORABLE, EXPLAIN: _____

If client started using drug or alcohol while in service, indicate which one(s):

- () Alcohol () Hallucinogens () Cocaine () Methadone
- () Marijuana () Amphetamines () Tranquillizers () Other: _____
- () Hashish () Barbiturates () Opiates: _____

CURRENTLY IN RESERVES: () No () Yes -- DATES: _____ to _____

EMPLOYMENT HISTORY:

CURRENT: () Unemployed () Part-time () Full-time

EMPLOYER: _____

ADDRESS: _____

TELEPHONE: _____ DATE STARTED: _____

POSITION: _____ HOURS/WEEK: _____

WORKING SCHEDULE: _____

VERIFICATION SOURCE: _____

EMPLOYMENT VERIFIED: () Yes () No

PREVIOUS REGULAR EMPLOYMENT: () None () Longest period of time worked at one job

#1 EMPLOYER: _____ DATES: _____

POSITION: _____ REASON FOR LEAVING: _____

#2 EMPLOYER: _____ DATES: _____

POSITION: _____ REASON FOR LEAVING: _____

#3 EMPLOYER: _____ DATES: _____

POSITION: _____ REASON FOR LEAVING: _____

#4 EMPLOYER: _____ DATES: _____

POSITION: _____ REASON FOR LEAVING: _____

INTERVIEWER COMMENTS: _____

CURRENT SOURCES OF INCOME (Last month/Month prior to incarceration or institutionalization):

LEGAL: () None () Employment () Family () Spouse () Friends
() Unemployment compensation () Public Aid () Social Security

MONTHLY TOTAL FROM LEGAL SOURCES: _____

ILLEGAL INCOME DURING THE SAME MONTH: _____ (Indicate all sources):

() Conning () Gambling () Dealing Drugs () Other (specify):
() Forgery () Stealing () Copping Drugs _____
() Pimping () Hold-ups () Prostitution _____

CLIENT'S CURRENT PROBLEMS-WITH-LIVING:

PROBLEMS WITH WHICH CLIENT NEEDS IMMEDIATE HELP:

() Inadequate money/resources for food () Emergency grant from public aid/charity
() Inadequate living conditions () Finding a place to live
() Inadequate clothing for self () Securing on-going financial assistance
() Inadequate clothing for family () Obtaining required medical care
() Inadequate money to travel to treatment () Getting medical assistance/insurance
() Inadequate medical assistance () Temporary foster placement for children
() Other: _____ () Other: _____

INTERVIEWER'S COMMENTS: _____

PREVIOUS PSYCHIATRIC OR PSYCHOTHERAPEUTIC CARE: () None

THERAPIST/HOSPITAL: _____ () In-patient () Out-pt.

ADDRESS & PHONE: _____ DATES: _____

REASON: _____

THERAPIST/HOSPITAL: _____ () In-patient () Out-pt.

ADDRESS & PHONE: _____ DATES: _____

REASON: _____

PREVIOUS HISTORY OF DRUG OVER-DOSE: () None () One only () 2-5 () 6 or more

COMMENTS: _____

DOES THIS CLIENT SEEM TO BE IN DANGER OF SUICIDE OR OTHER POTENTIALLY SELF-DESTRUCTIVE ACTS?:

() NO, certainly not () Probably not at all () Under certain circumstances, perhaps
() YES, this possibility should be a serious consideration

INTERVIEWER'S COMMENTS: _____

Client's Name: _____ DATE: _____

Instructions: Please answer the questions below honestly. Place a check mark in the box that indicates your answer for each of them. If you have just come from any institution where you have not been free to do what you normally do, then answer any questions for the time when you have been "out on the streets." If you do not understand any of the items below, ask the interviewer for help. Please work as rapidly as you can read and check off.

1. Do you feel that you are a normal drinker? ("Normal" here means you drink less than or only as much as other people.).....Yes () No ()
2. Have you ever woke up after drinking the night before and found that you couldn't remember part of an evening or night-time?.....Yes () No ()
3. Does your wife, husband, a parent, other close relative, boyfriend, or girlfriend, ever worry or complain about your drinking?.....Yes () No ()
4. Can you stop drinking without a struggle after one or two drinks?.....Yes () No ()
5. Do you ever feel guilty about your drinking?.....Yes () No ()
6. Do your friends or relatives think you are a "normal" drinker?.....Yes () No ()
7. Have you ever attended a meeting of Alcoholics Anonymous?.....Yes () No ()
8. Are you able to stop drinking altogether when you want to?.....Yes () No ()
9. Have you ever been in a physical fight while drinking?.....Yes () No ()
10. Has drinking ever created a problem between you and your wife, husband, a parent, other close relative, boyfriend, or girlfriend?.....Yes () No ()
11. Has your wife, husband, a parent, other close relative, boyfriend, or or girlfriend ever gone to any for help because you drink?.....Yes () No ()
12. Have you ever lost friends because of your drinking?.....Yes () No ()
13. Have you ever been in trouble at work or school because of drinking?..Yes () No ()
14. Have you ever lost a job or been kicked out of school for drinking?...Yes () No ()
15. Have you ever neglected your obligations, your family, your school, or your work for more than two days in a row because of drinking?....Yes () No ()
16. Do you drink ... often (more than once a week).....Yes () No ()
17. Have you ever been told you have liver trouble or Cirrhosis?.....Yes () No ()
18. After heavy drinking, have you ever had delirium tremens (the "DT's"), or severe shaking, or heard voices, or seen things that were not really there?.....Yes () No ()
19. Have you ever gone to anyone for help about your drinking?.....Yes () No ()
20. Have you ever been in a hospital because of your drinking?.....Yes () No ()
21. Have you ever been a patient in a psychiatric hospital, or on a psychiatric ward of general hospital, where drinking was part of the problem that got you into the hospital?.....Yes () No ()
22. Have you ever been a client in a mental health clinic, or seen any doctor, social worker, clergyman, or other kind of counselor, for help with a problem that had to do partly with drinking?.....Yes () No ()
23. Have you ever been arrested for drunken driving, driving while intoxicated or under the influence of alcoholic beverages?.....Yes () No ()
24. Have you ever been arrested--even for a few hours--because of any intoxicated or drunken behavior?.....Yes () No ()
25. Do you think that your drinking is a problem in any way for you now --meaning at this time or in the past few months?.....Yes () No ()

SOCIAL READJUSTMENT RATING SCALE

Please indicate if any of the following events have happened to you in the past two years by placing the approximate date next to the event indicated. Also, please rate how much each of these events upset you by using the "upsettingness rating" scale, shown below.

<u>EVENTS</u>	<u>DATE</u>	<u>UPSETTINGNESS</u>
1. Death of a spouse		
2. Divorce		
3. Marriage		
4. Jail term		
5. Death of a close family member		
6. Personal injury or illness		
7. Marriage		
8. Fired at work		
9. Coming back together after marital separation		
10. Retirement		
11. Change in health of family member		
12. Pregnancy		
13. Sex difficulties		
14. Addition of a new family member		
15. Readjustment of your business		
16. Change in financial state		
17. Death of a close friend		
18. Change to a different line of work		
19. Increased number of arguments with spouse		
20. Mortgage over \$15,000		
21. Foreclosure of mortgage or loan		
22. Change in responsibilities at work		
23. Son or daughter leaving home		
24. Trouble with in-laws		
25. Outstanding personal achievements		
26. Spouse begins or stops working		
27. Begin or end school		
28. Change in living conditions		
29. Major change in personal habits		
30. Trouble with boss		
31. Change in work hours or conditions		
32. Change in residence		
33. Change in schools		
34. Change in recreation activities		
35. Change in church activities		
36. Change in social activities		
37. Mortgage or loan less than \$15,000		
38. Change in sleeping habits		
39. Change in number of family get-togethers		
40. Change in eating habits		
41. Difficulties during Christmas season		
42. Difficulties while on vacation		
43. Arrest for violations of the law		

UPSETTINGNESS RATING

CLIENT'S NAME: _____

Scale: 1 - 2 - 3 - 4 - 5
VERY LOW LOW MEDIUM HIGH VERY HIGH

CHICAGO COOK COUNTY TASC, INC.
1439 South Michigan Avenue
Chicago, Illinois 60605

NEEDS ASSESSMENT -- FORM D.

APPENDIX F

PROBATION DEPARTMENT - TASC ADVANTAGES AND OPERATING PROCEDURES

September 21, 1977

To: Chief Napoli
From: J. Weidenaar, Supervisor *J. Weidenaar*

An Overview: Probation - T.A.S.C. Progress Report

Chicago Cook County TASC became operational with the Adult Probation Department in July of '76. Since that time, the agency has provided a variety of services to addicted persons who are under the jurisdiction of the criminal justice system of Cook County.

The TASC concept stems from the fact that many addicts participate in street crime to support their drug habit and are recurringly arrested, released and rearrested. The overall objectives of the Chicago TASC Project are as follows:

1. Identify and provide treatment for addict offenders entering the criminal justice system.
2. Provide a vital link between the criminal justice and health care delivery systems.
3. Reduce the criminal recidivism rate of drug addicts.
4. Reduce the human and fiscal cost to the community and the criminal justice system.

Specifically, TASC provides diagnostic evaluation, referral to treatment, and tracking service for addict offenders. Their evaluation provides expert opinion in the verification of addiction and the likelihood for rehabilitation. The addicted offender can be placed in treatment within 48 hours from the time of referral. This placement may be in-patient or out-patient status.

In addition, TASC reports to the Adult Probation Department as follows:

1. Probationer showing for in-take appointments.
2. Necessary additional appointments.
3. Date of clinic placement and location.
4. Monthly reports indicating clinic attendance, urinalysis, particular problems, etc. These become part of the official probation records.
5. The probation officer is notified when a probationer is not progressing in treatment.

At this point, the treatment personnel, including the probation officer, coordinate a jeopardy conference with mandatory attendance required of the probationer.

1. The resources of the treatment facility, TASC, and the criminal justice system confront the probationer with his/her treatment behavior.
2. The probationer is warned after the jeopardy meeting that he/she has two weeks to demonstrate progress in treatment.
3. If after the second jeopardy meeting the probationer does not demonstrate progress in treatment he/she will be terminated from TASC and a violation of probation instituted.
4. The probation officer documents all jeopardy conferences on specific forms - this information then becomes part of the official probation record.

3.

It is obvious that TASC is an effective means of rehabilitating persons with the problems of opiate addiction. Their total diagnostic process and follow-up assess the intellectual-emotional and motivational strength and/or weakness of the individual as well as the basic personality structures and characteristics which operate (negatively or positively) in the achievement of the goals of therapy.

Furthermore, if organic dysfunctions or damage is suspected in the central nervous system or sensory-motor system, specific tests can be administered to explore their potential problem areas.

It is obvious that TASC is an effective means of rehabilitating persons with the problems of opiate addiction. Their total diagnostic process and follow-up assess the intellectual-emotional and motivational strength and/or weakness of the individual as well as the basic personality structures and characteristics which operate (negatively or positively) in the achievement of the goals of therapy.

Furthermore, if organic dysfunctions or damage is suspected in the central nervous system or sensory-motor system, specific tests can be administered to explore their potential problem areas.

Specific advantages for the Adult Probation Department:

1. TASC monitoring of probationers in treatment identifies specific problem areas for the probation officer.
2. Prevention - all concerned treatment personnel can intervene in crisis situations.
3. Close supervision reduces game playing.
4. TASC frees the probation officer to spend time with others who are in need of his/her services.
5. Placement of probationer into treatment within 48 hours.
6. Monthly progress reports to the probation officer.
7. TASC staff available each and every day for information.
8. Any probation officer who believes a probationer (non TASC client) to be abusing drugs can tap TASC resources for determination of same. If necessary, documentation for modification of probation to include a TASC (drug abuse) mandate can be obtained.
9. TASC profile records are available to the probation officer for him/her to better understand his/her probationer.
10. The relationship of the probation officer and TASC personnel adds to each other's growth. Example: In-service training together - on going day by day work contact, on site visitation to the drug abuse clinics by probation officer and TASC case tracker.
11. Team approach in dealing with probationer - TASC tracker, probation officer, and clinic personnel - together conduct case conferences.

12. The probation officer is an integral part of the overall treatment plan for the probationer.
13. The probation officer is sought after by TASC staff and clinic personnel for opinions, ideas, suggestions, etc regarding probationers in treatment.
14. The probation officer is made part of any decision effecting the probationer in treatment.
15. The probation officer is respected by the probationer because of his close involvement with his/her rehabilitation.
16. Since TASC works with the drug abuse network in identifying specific service needs the same book of resources is made available to the probation officer.
17. TASC identifies for the probation officer which clinics have specific services, such as good in-house treatment, psychiatric back-up services, vocational testing, marriage counseling, family counseling, personal counseling and group counseling. Also, G.H.D. programs, and job placement.
18. TASC personnel will appear at any V.O.P. hearing to testify and give further documentation regarding termination of any probationer from drug abuse treatment.

APPENDIX G

FORM LETTERS DEVELOPED BY TASC
TO PROVIDE INFORMATION TO THE COURT ON TASC CLIENTS



Administrative Offices:
1439 South Michigan Avenue • Chicago, Illinois 60605 • (312) 663-0440
Court Outpost:
2600 South California Avenue • Chicago, Illinois 60608 • (312) 376-0950

Melody Heaps
Executive Director
Clarence Williams
Deputy Director

RE:

Dear

This is to inform you that _____, defendant in your court,
is a TASC client. On _____, the client was accepted for
treatment at _____.

Treatment progress will be carefully monitored. Prior to each court appearance you
will receive a progress report summarizing the individual's treatment plan, urinalysis
results, and general progress/or lack of progress in treatment.

You will be informed of any lack of treatment progress which constitutes a Jeopardy
Status. Also, you will be immediately informed of unsuccessful completion of treatment
and termination from TASC.

If you have any further questions, please feel free to call me at 663-0440.

Sincerely,

Case Tracker
Tracking and Monitoring Unit

cc:

Melody Heaps
Executive Director
Clarence Williams
Deputy Director

Dear

This is to inform you that on _____, your Probationer was accepted for
treatment at _____.

Probationer's Name:

Date of Birth:

Treatment progress will be carefully monitored. You will receive a monthly progress report summarizing the individual's treatment plan, urinalysis results, and general progress/or lack of progress in treatment.

You will be informed of any lack of treatment progress which constitutes a Jeopardy Status, and you will be invited to attend a Jeopardy Meeting. Also, you will be immediately informed of unsuccessful completion of treatment and termination from TASC.

If you have any further questions, please feel free to call me at 663-0440.

Sincerely,

Case Tracker
Tracking and Monitoring Unit

cc:



Administrative Offices:
1439 South Michigan Avenue • Chicago, Illinois 60605 • (312) 663-0440
Court Outpost:
2600 South California Avenue • Chicago, Illinois 60608 • (312) 376-0950

Melody Heaps
Executive Director
Clarence Williams
Deputy Director

RE:

Dear

On _____, TASC referred _____ to
treatment at _____.

Treatment progress has been carefully monitored. The following is a summary of the client's treatment plan and treatment progress for

TREATMENT PLAN:

- _____ Scheduled counseling session(s) per week
- _____ Scheduled urine monitoring(s) per week

URINALYSIS RESULTS:

- _____ Negative report(s) indicating the ABSENCE of illegal drugs
- _____ Positive report(s) indicating the PRESENCE of illegal drugs

CLINIC ATTENDANCE:

- _____ In attendance for all scheduled clinic appointments
- _____ Unexcused absence(s) for scheduled clinic appointment(s)
- _____ Excused absence(s) (See explanation below)

According to TASC criteria this client is NOT PROGRESSING SATISFACTORILY in treatment and is in a JEOPARDY STATUS.

COMMENTS: _____

Sincerely,

TASC Case Tracker

cc:

Administrative Offices:

1439 South Michigan Avenue • Chicago, Illinois 60605 • (312) 663-0440

Court Outpost:

2600 South California Avenue • Chicago, Illinois 60608 • (312) 376-0950

Melody Heaps
Executive Director
Clarence Williams
Deputy Director

Dear

This is to inform you of a TASC termination effective

Client's Name:

Date of Birth:

Court Status:

Case Number:

On _____, TASC referred the above-named client to

treatment at _____.

The client failed to complete the scheduled intake proceedings after TASC made the referral to treatment. All attempts to reach the client to complete the referral have been unsuccessful.

If you have any further questions, please feel free to call me at 663-0440.

Sincerely,

Case Tracker
Tracking and Monitoring Unit

cc:

APPENDIX H

INITIAL TASC NOTIFICATION OF TREATMENT ACCEPTANCE
AND PROGRESS REPORTS PROVIDED BY THE TREATMENT UNITS

RESPONSE TO TASC REFERRAL
OUT-PATIENT UNIT

TO: Chicago Cook County TASC, Inc.
FROM: _____
RE: (Client) _____
IDDC#: _____
DATE: _____

The following admission decision has been reached regarding the referral of the above-named TASC client:

____ REJECTED (Rejection date: ____ / ____ / ____)
Indicate reason(s) for rejection: _____
____ ACCEPTED (Admission date: ____ / ____ / ____)

Please indicate below the CLIENT'S INITIAL TREATMENT PLAN:

____ Number of days client required to be in clinic attendance
(Check which days: __Mon __Tues __Wed __Thurs __Fri __Sat __Sun)
____ Number of weekly urine drops
(Check: ____Random/ ____Scheduled)
____ Number of weekly individual counseling sessions
____ Number of weekly group counseling sessions
____ Number of days client will pick-up medication
(Check medication treatment plan: ____Meth Maint ____Meth De-tox __FDA
____Abstinence ____Other Chemotherapy)

Specify any SPECIAL treatment provisions of client's treatment plan
(Example: family therapy, psychiatric consultation, financial or housing assistance):

Alternate Counselor's Name

Counselor's Name

RESPONSE TO TASC REFERRAL
RESIDENTIAL UNIT

TO: Chicago Cook County TASC, Inc.

FROM: _____

RE: (Client) _____

IDDC#: _____

DATE: _____

The following admission decision has been reached regarding the referral of the above-named TASC client:

___ REJECTED (Rejection date: ___ ___ / ___ ___ / ___ ___)

Indicate reason(s) for rejection: _____

___ ACCEPTED (Admission date: ___ ___ / ___ ___ / ___ ___)

Please indicate below the CLIENT'S INITIAL TREATMENT PLAN:

___ Number of weekly urine drops
(Check: ___ Random / ___ Scheduled)

___ Number of weekly individual counseling sessions

___ Number of weekly group counseling sessions

Check initial medication treatment plan: ___Meth Maint ___ Meth De-tox ___ FDA
___Abstinence ___ Other Chemotherapy

Indicate short-term treatment objectives and activities:

Alternate Counselor's Name

Counselor's Name

Counselor's Signature

WEEKLY REPORT ON OUT-PATIENT TREATMENT PROGRESS
OF TASC CLIENT

Program Week: _____

Clinic: _____

Client: _____

IDDC #: _____

CLINIC ATTENDANCE (Check):

Day	Sch. P	Sch. A-E	Sch. A-UE
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

Sch = Scheduled P = Present
A-E - Absent/Excused
A-UE = Absent/Unexcused

CLIENT'S TREATMENT PLAN FOR PROGRAM WEEK REPORT:

____ Number of urine drops (____ Random/____ Scheduled)
____ Number of individual counseling sessions
____ Number of group counseling sessions
____ Number of days for medication pick-up

Medication treatment plan: _____
(Code): 1 Meth 2 Meth De-tox 3 FDA
4 Abstinence 5 Other Chemotherapy

Change in medication dosage: _____
(Code): 1 None 2 Decrease 3 Increase

Please indicate any problems the client is having (alcohol, family, financial, social):

JEOPARDY INDICATORS:
(Indicate number)

____ Number unexcused absences from clinic
____ Number unexcused absences from scheduled counselor sessions
____ Number unexcused absences from scheduled group sessions
____ Number dirty urine Program Week: _____

COUNSELOR RECOMMENDATIONS:
(Check)

____ Client's treatment needs require re-evaluation/ possible re-referral to another treatment modality
____ Counselor change within Unit
____ Client unmotivated/needs TASC to stress reality of Court pressure
____ Client nearing successful completion of treatment

CLIENT PROGRESS:
(Check)

____ Seeking a job
____ Working part-time
____ Working full-time
____ Enrolled in GED
____ Enrolled in industrial/vocational training classes
____ Enrolled in college classes

Do you consider this client to be progressing satisfactorily in treatment: ___ Yes ___ No

Explain: _____

MONTHLY REPORT ON RESIDENTIAL TREATMENT PROGRESS
OF TASC CLIENT

Month: _____ Residential Facility: _____

Client: _____ IDDC#: _____

CLIENT'S TREATMENT PLAN FOR CURRENT MONTH'S REPORT:

_____ Number of weekly urine drops (_____ Random/ _____ Scheduled)

_____ Number of weekly individual counseling sessions

_____ Number of weekly group counseling sessions

_____ Medication treatment plan at end of current month

(Code): 1 Meth Maint 2 Meth De-tox 3 FDA 4 Abstinence 5 Other Chemoth.

Evaluate client's participation in treatment requirements (Discuss client's involvement in groups, support to the staff, confrontation of other residents, and special treatment plans):

Status of client in the Unit: _____

JEOPARDY INDICATORS:
(Check)

COUNSELOR RECOMMENDATIONS:
(Check)

CLIENT PROGRESS:
(Check)

_____ Non-compliance with house policies

_____ A.W.O.L. from Unit during month

_____ Lack of support to Unit staff

_____ Dirty urine
Program Week: _____

_____ Client's treatment needs require re-evaluation/ possible referral to another treatment modality

_____ Counselor change within Unit

_____ Client unmotivated/needs TASC to stress reality of Court pressure

_____ Client nearing successful completion of treatment

_____ Seeking a job

_____ Working part-time

_____ Working full-time

_____ Enrolled in GED

_____ Enrolled in industrial/vocational training classes

_____ Enrolled in college classes

Indicate treatment objectives and activities for next month:

Do you consider this client to be progressing satisfactorily in treatment: ___ Yes ___ No

Explain: _____

Counselor's Signature

APPENDIX I

STANDARD LETTER TO CLIENT WITH REGARD TO JEOPARDY

Melody Heaps
Executive Director
Clarence Williams
Deputy Director

Dear

This is a WARNING. You have placed yourself in Jeopardy Status with TASC for the following reason(s):

___ Unexcused absences from the clinic

Dates:

___ Positive urinalysis reports

Dates:

According to your signed TASC Client Agreement you have two (2) weeks to demonstrate progress in treatment. Your Jeopardy Status has been reported to all appropriate Criminal Justice authorities.

A Jeopardy Meeting with you is scheduled for _____,
at _____ at your clinic. Your attendance is COMPULSORY.

If there are any questions concerning your present status, please contact your clinic counselor and/or your TASC Case Tracker.

Sincerely,

TASC Case Tracker

cc:

APPENDIX J

STANDARD LETTERS OF CLIENT TERMINATION

TERMINATION OF TASC CLIENT
RESIDENTIAL UNIT

TO: Chicago Cook County TASC, Inc.

FROM: _____

RE: (Client) _____

IDDC#: _____

DATE: _____

The following termination decision has been reached regarding the above-named TASC client:

___ SUCCESSFUL completion of treatment
Termination date: ___ / ___ / ___

___ UNSUCCESSFUL completion of treatment
Termination date: ___ / ___ / ___

IF UNSUCCESSFUL, please check below the reason(s) for termination:

- ___ No-show for Intake
- ___ Act of violence in the Unit
- ___ Possession of a weapon in the Unit
- ___ Possession and/or sales of illegal or controlled substance in Unit
- ___ Possession of outfit in Unit
- ___ A.W.O.L. from the Unit
- ___ Sex in the Unit
- ___ Refusal to accept treatment plan
- ___ Left treatment (splitee)
- ___ Other violation of Unit termination policies (Explain below)
- ___ Transferred to another treatment modality (Explain below)

COMMENTS: _____

Counselor's Signature

Unit Director's Signature

TERMINATION OF TASC CLIENT
OUT-PATIENT UNIT

TO: Chicago Cook County TASC, Inc.

FROM: _____

RE: (Client) _____

IDDC#: _____

DATE: _____

The following termination decision has been reached regarding the above-named TASC client:

___ SUCCESSFUL completion of treatment
Termination date: ___ ___ / ___ ___ / ___ ___

___ UNSUCCESSFUL completion of treatment
Termination date: ___ ___ / ___ ___ / ___ ___

If UNSUCCESSFUL, please check below the reason(s) for termination:

- ___ No-show for Intake
- ___ Act of violence in the Unit
- ___ Possession of a weapon in the Unit
- ___ Possession and/or sales of illegal or controlled substance in Unit
- ___ Possession of outfit in Unit
- ___ Repeated unexcused absences from counseling sessions
- ___ Repeated use of illegal or controlled substance(s)
- ___ No-show in the Unit
- ___ Other violation of Unit termination policies (Explain below)
- ___ Transferred to another treatment modality (Explain below)

COMMENTS: _____

Counselor's Signature

Unit Director's Signature

TERMINATION OF TASC CLIENT
OUT-PATIENT UNIT

TO: Chicago Cook County TASC, Inc.

FROM: _____

RE: (Client) _____

IDDC#: _____

DATE: _____

The following termination decision has been reached regarding the above-named TASC client:

___ SUCCESSFUL completion of treatment
Termination date: ___ / ___ / ___

___ UNSUCCESSFUL completion of treatment
Termination date: ___ / ___ / ___

If UNSUCCESSFUL, please check below the reason(s) for termination:

- ___ No-show for Intake
- ___ Act of violence in the Unit
- ___ Possession of a weapon in the Unit
- ___ Possession and/or sales of illegal or controlled substance in Unit
- ___ Possession of outfit in Unit
- ___ Repeated unexcused absences from counseling sessions
- ___ Repeated use of illegal or controlled substance(s)
- ___ No-show in the Unit
- ___ Other violation of Unit termination policies (Explain below)
- ___ Transferred to another treatment modality (Explain below)

COMMENTS: _____

Counselor's Signature

Unit Director's Signature

APPENDIX K

COMMENTS ON THE PLANNED INSTALLATION OF AN
AUTOMATED MANAGEMENT INFORMATION SYSTEM

INSTALLATION OF AN AUTOMATED MANAGEMENT INFORMATION SYSTEM

The Chicago TASC is currently in the process of installing an automated management information system. Since other TASC projects are also considering the development of such a system, we believe it would be useful to comment generally on this issue.

The Chicago TASC has already developed a workable client throughput accounting system. In addition to this manual system, TASC management wants the capability to:

- o provide evidence of significant differences developing within the population,
- o examine the correlation between crime and addiction, and
- o provide a basis for the development of hypotheses relative to evaluating the effectiveness of the provision of drug treatment via TASC for the drug abusing offender.

To accomplish these ends, TASC management has developed a strategy for automating their information to be implemented early in 1978. The strategy planned may be summarized as follows:

1. They plan on purchasing a minicomputer in the \$20,000 range that has sufficient storage capacity for their data, a minimum of 16K RAM, a complete operating system with a higher level computer language like BASIC and a 100 lpm printer. An RFP has been written to solicit bids.
2. The Deputy Director and Supervisor of the tracking unit will design the basic file structure and required reports. It is proposed that the record unit will be a client referral with modules input and updated for eligibility, acceptability, needs assessment, referral to treatment and treatment progress, jeopardy, transfer, readmission and termination. The actual file format and output reports have not been designed.
3. Once the basic system is loaded, new input, updates, and reports will all be generated via terminal.

4. All initial programming will be accomplished by programmers of the Dangerous Drugs Commission at no cost to TASC. They will also be available for some modifications, but it is expected that TASC will develop in-house expertise to manage the system.

Although this may prove to be a successful approach, we believe that there are many drawbacks and that an alternative approach would be more successful. The major drawbacks, as we see them, are:

1. Small machines are time consuming to program. Most authors estimate software costs at two to three times hardware costs to get a system up and running as desired. More important, modifications are difficult and also time consuming. Even with excellent planning, it has been our experience that by the time a system is finally satisfying all users, the source programs contain only a few of the original programs. Obtaining free programming is quite an asset, but on a small system the time required to get the first system running will probably be several months at a minimum. Without excellent programming support after that time, we estimate it will be over a year before the system is able to respond to normal requests. In order to minimize these problems it is extremely important to thoroughly document every input or update required, as well as every output report format before any programming begins.
2. Real problems will result if TASC selects the wrong storage medium. We believe the planned diskettes are a mistake given the volume of information TASC needs to store, and believe that disk storage is required with at least a megabyte available.
3. Although the TASC strategy may work for routine reports, there is the problem of non-regular inquiries. Although the former can be standardized, the latter cannot by definition. Using conventional programming languages on small systems means that each inquiry is a relatively major programming effort that requires significant effort.

4. The purchase of the equipment does not eliminate all ongoing costs; a maintenance contract is a necessity. Additionally, there will always be the temptation to upgrade the equipment once it is realized that the product invested in cannot meet all needs.
5. In addition to inputting all data in standard codes, each variable should be recoded to a dichotomy or small number of alternatives. The standard codes can be used for descriptive tables and/or simple order cross tabulations, but any multivariate analysis (like predictive attribute analysis which is recommended) will have cell size problems if variables are to be disaggregated in too many ways. A built-in recode would save a large number of steps in many programs.

Given these potential problems, we still recognize that it may work in Chicago because of the extensive planning that has already been invested. However, our recommended alternative approach may be summarized as follows:

1. Purchase or lease a 15 cps or 30 cps typewriter type terminal with acoustic couplers;
2. Contract with a commercial time-sharing firm, preferably located close to the TASC office which has a complete data base management language, as well as a range of statistical and other software packages;
3. Once the record is designed, code all prior data and have it key-punched (or key to tape) commercially;
4. Hire the time-sharing firm or an outside consultant to input the data base and produce all standard reports and input-update routines for the TASC terminal (we estimate that this would require approximately one man week of effort on the large system);
5. Learn the data base management language report generating commands and modify the system as needed, and produce special runs when required;
6. After utilizing the system for 6 months without any modifications, catalogue the most productive special runs. At this time TASC could consider buying a small system and duplicate what has already proved successful.

We estimate the time-sharing cost of this option would be approximately \$1,000 per month. The advantage of this option is the access to an enormously expensive machine with great flexibility to easily install and modify the system until it is meeting TASC requirements. Additionally, the system would be available for use quickly, possibly within a few weeks time.



END