

A close-up photograph of a person's hand, wearing a dark suit jacket with a white cuff, placing a single puzzle piece into a larger puzzle on a light-colored surface. The puzzle pieces are light-colored with dark, irregular shapes. The lighting is warm and focused on the hand and the puzzle piece being placed.

Considering Public Safety: The TASC Abilities

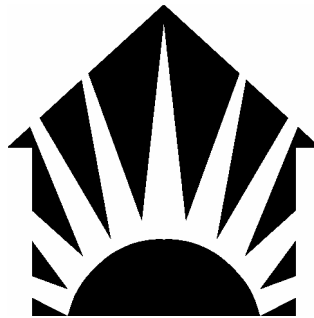


National TASC
2204 Mount Vernon Avenue, Suite 200
Alexandria, Virginia 22301
Phone: 703-836-8272 Fax 703-836-8271

The Research conducted for this publication was supported under award #2003DDBX0240 from the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view expressed in this document are those of the authors and do not necessarily represent the official position of the Department of Justice.

Contents

Acknowledgements	4
Preface	5
About the Challenge	6
TASC: An Evolving Solution	7
The Problems that TASC Agencies Address	8
What Are the Capabilities of the TASC Approach?	9
Conclusion: What TASC Programs Offer	15
Appendix	
A. TASC Critical Elements	16
B. The TASC System Flow by Element	17
End Notes	18
Bibliography	19





Acknowledgements

National TASC is indebted to the following persons who have contributed to this project.

This document was developed with funding provided by the Bureau of Justice Assistance, Office of Justice Programs, United States Department of Justice. We are grateful to Deborah Sheetz and Richard Sutton who served as Project Officers. Both Project Officers offered insight, support and substantive contributions.

A special thank you goes to the individuals who served as advisors to help define and review this document. This group volunteered their time, and expertise to advise this project from its beginning. They are:

Sonya Brown,
NC Division of MH/DD/SAS

Foster Cook,
UAB Substance Abuse Programs/TASC

Bob Aukerman,
Program Services Consultant

Andrew Molloy,
National Institute of Corrections

Gary Field,
Consultant

Joani Moore,
OH Dept of Alcohol and Drug Addiction Services

Beth Weinman,
Federal Bureau of Prisons

Julie Hoffman,
Peer Assistance Services, Inc.

Thea Tate,
TASC, Inc.

The National TASC Board members have also offered their time and assistance to this project. They are Scott Sylak, Karen Chapple, Pam Rodriguez, Tracey Jenkins, Sonya Brown, Julie Hoffman, Ralph Hendrix, Julie Eberwein, Kathleen Strouse, Mark Saferite, and Milton Abram.

This project also could not have happened without the guidance of Robert Aukerman, lead consultant, Patrick Vail, Kiriaki researcher, and Shellee Nickel, program assistant.

We also wish to acknowledge the collective efforts of over more than 30 years of the researchers, TASC program developers and government leaders who contributed to the TASC model. Without their assistance in developing this approach, the work of providing treatment to justice involved persons would not be as effective as it is today.

Scott Sylak
President

Mary Shilton
Director



Preface

In the United States, the criminal justice and treatment systems are on a collision course. A majority (70% or more) of persons under justice supervision need a variety of treatment and follow-up services but less than 10% of such persons receive them. The relapse and recidivism of untreated persons can be much more cost-effectively addressed than what is currently taking place: unsuccessful treatment and subsequent prison admissions. Consider how Treatment Accountability for Safer Communities (TASC) models and techniques can make treatment more available to criminal justice populations. TASC programs have enhanced the goals of criminal justice accountability programs for more than thirty years in some jurisdictions. This piece provides a discussion of the challenges, the lessons learned and the abilities of TASC programs to bring problem-solving and resources together.

The potential to improve the management of justice cases

Public officials, communities and individuals are increasingly concerned about the number of unmanaged justice cases and uncharted outcomes. More persons are in the justice system and in need of services than ever before but budgets are tight and wait lists are long.

Capability for increasing the number of offenders in treatment

Intermediate agencies can make a difference in motivating recovering offenders. The element of coercion can help some people stay in treatment. Identifying, engaging and retaining individuals in treatment is a significant factor in determining success and avoiding recidivism. TASC's method of identifying and leveraging existing services, systems and resources can help meet growing caseloads. By employing a bridging agency model such as TASC, problems that span criminal justice and treatment systems can be solved efficiently. There are a number of efficiencies and step by step methods that will document success and help agencies and individuals overcome barriers.

Strategies that work

This piece outlines how TASC program elements are employed to increase public safety and improve quality of life. TASC strategies that work are based on clinical practices and tools, systems change interventions, best practices of other related fields, and evidence based practices. Evaluations of clinical components of TASC programs as well as direct research concerning the efficacy of TASC programs have contributed to a growing number of positive outcomes related to TASC programs. We provide examples of how TASC programs integrate existing services across public and private systems. These programs help leaders organize their systems to manage a high volume of cases. A public/private method employed by TASC programs is useful in building on community strengths, partnerships and resources. Where neighborhoods are severely impacted by crime, TASC helps with recovery and transitional support of persons returning from prisons or jails.

TASC abilities

TASC programs exist throughout the nation in many different forms, but the principles that they use are distinct. This piece highlights the principles of TASC programs and their potential applications. TASC serves as a bridge between systems, agencies and individuals. It works with the community, nonprofit, business and faith-based agencies as partners.

Communities and states are paying close attention to the use of intermediate case management approaches that bring problem-solving and resources together. Today's public health and public safety challenges are

National TASC's Role

The National TASC office provides information, and technical assistance to the field. National TASC is a nonprofit corporation dedicated to promoting the exchange of ideas, methods and research concerning TASC agencies. National TASC assists in developing professional competence in the operation of TASC functions and related services. The national office provides updates and training to professionals about the criminal justice, health and human services fields.

varied and complex. TASC systems offer a cost-effective approach that will serve leaders well in this decade and beyond. Consider the merits and the applications

- TASC programs refer cases between multiple systems. This applies similarly for offenders, juveniles, adults and even families using common assessment and case management processes.
- TASC programs can enhance the ability of probation and parole to assure that substance abuse and mental health assessment, screening and case management will be available from an offender's arrest until after a person is released from justice supervision. This is accomplished by integrating mental and physical health and support services that will sustain and recover reentry.
- TASC programs offer a way for justice agencies to reach beyond their limited funding streams to garner resources to assist offenders in their recovery and reentry efforts.
- TASC programs offer a way for local and state agencies to develop joint memorandums of understanding and protocols to improve case management and systems operations.
- TASC programs operate to include neighborhoods, communities and local businesses.



About the Challenge

Increasing caseloads with substance use histories

The criminal justice system has grown rapidly over the past three decades. As a result it supervises an array of complex clients with challenging behavioral health needs. There are approximately six million persons each year who require justice sanctions, and services. It is estimated that as many as 70% of these persons will be at risk for mental health or substance abuse problems. More than a million persons are sentenced for felonies each year¹. For the most recent year of 2003 there were more than 4 million persons on probation and three quarters of a million persons on parole supervision. In addition, jails housed over 691,000 persons in 2004. Approximately 600,000 persons are released from prisons each year.

Due to longer sentences and vigorous prosecutions, more offenders are going to prison, staying longer, and reentering the community in increasing numbers. About 222,000 were paroled to the fifty largest urban jurisdictions². As a result of jail and prison releases, over 1.3 million persons need reentry services each year. This is in addition to the 4.6 million persons who are in the community on probation and parole. At least two thirds of those individuals will need help with substance abuse treatment, family reunification, housing, employment, health, and other supportive services. Without such services, about two thirds of formerly incarcerated persons will return to prison within a year of their release.

Increasing needs for services

The growth in prisoners both increased the need for in prison treatment services as well as the need for services in the community. At both the state and federal levels the growing caseloads have been driven by an increase in substance use and drug crimes among persons who are arrested. Drug related arrests increased overall since 1990³.

“At both the state and federal levels the growing caseloads have been driven by an increase in substance use and drug crimes among persons who are arrested. Drug related arrests increased overall since 1990.”

Nationally, incarcerated drug offenders tripled since 1970. However, the federal share of cases grew even faster between 1980 and 2001 because there were more drug related cases going to federal courts⁴.

The growth in sentenced persons in the past decade has been primarily due to changes in our prosecution and sentencing policies as opposed to an increase in violent crime. In fact the rate of violent crime as reported by victimization incidents decreased by as much as fifty percent in the decade after 1993⁵.

However, while violent crime declined and drug-related sentences increased, the availability of drug treatment has diminished. In part, the unavailability of treatment has been due to budget shortfalls and lack of expanded treatment capacity. Transitional treatment is scarce. Transitional treatment which includes case management and aftercare like that provided by TASC programs has been increasingly noted as beneficial for substance abusing offenders⁶.

In a national evaluation, TASC programs made increased treatment available to their clients more effectively than non TASC programs⁷.

Increasing costs and the need for treatment funding

Although the need for offender drug treatment is high, prisons have taken much of the available funding while drug treatment has lagged behind⁸. According to the U.S. Department of Justice the direct expenditures by criminal justice function of police, courts and corrections nearly tripled between 1982 and 2001⁹.

The concept of cost-effectiveness has been gradually expanded to include measuring research outcomes related to achievement of goals, time factors for measuring effectiveness and costs, and methods of measuring direct costs and benefits of TASC programs. In 1996, Inciardi, et al, estimated the maximum cost of a TASC client as compared to court processing and incarceration of a drug involved offender and concluded that TASC was cost effective using average case cost estimates.¹⁰ Subsequently this concept was explored in a short term study of outcomes of more than 2,000 cases in six TASC sites, researchers found that TASC individual daily program costs ranging from \$2.27 to \$27.13 produced more favorable post intervention outcomes and were cost-effective in four of the five sites. Although treatment costs were associated with intended delivery of services, and therefore increased in the short term, this was an intended consequence of the program.¹¹



TASC: An Evolving Solution

Treatment Accountability for Safer Communities (TASC) programs build and integrate human and health services for criminal justice systems and clients. A goal of integrated services is to safely manage high-risk, high-need offenders in the community by balancing intervention opportunities with controlled supervision. TASC program approaches, refined over thirty years of experience are now routinely used in pretrial diversion, drug courts, day and evening reporting programs, breaking the cycle, community corrections, alternative juvenile case management, mental health courts, child welfare and family treatment programs, reentry and jail transitional programs throughout the nation.

Advantages of the TASC approach include less reliance on governmental solutions to problems, and better resource utilization through communities. TASC increases community capacity by targeting services and fitting them to clients' needs and risks. This improves system responses and communications through regular use of treatment, case management and interventions.

Most of these approaches have been freely disseminated through training, technical assistance and replication funded by the U.S. Department of Justice Office of Justice Programs, Department of Health and Human Services, and the Substance Abuse and Mental Health Services Administration. The National Institute on Drug Abuse, National Institute of Health and the Office of National Drug Control Policy continue to recognize the value of TASC contributions to the substance abuse field.

The TASC goal is to provide a method to engage persons in substance abuse treatment and access necessary services through a continuum of activities that bridge the justice, human services and health systems. The common elements have been incorporated in a model that is flexible and adaptable for use by government, non-profit and community-based agencies (See *TASC Critical Elements*, Appendix A, p.16). TASC programs exist in all of these sectors and in several states they are coordinated by state agencies and receive allocations from state funding.



The problems that TASC agencies address

Complex clients: Many offenders have multiple problems including substance abuse and mental illness. They often do not progress in treatment unless it is designed to account for their needs. It has been shown that treatment works best if it aims to engage, retain and motivate participants. A summary of research reveals that approaches that focus on cognitive or thinking processes of clients along with consequences of behavior seem to be more effective in treating this population. TASC can help locate appropriate therapies, although in many places they still need to be developed because they are in short supply.

Service availability and effectiveness: Treatment resources are not only in limited supply but those effective for criminal justice populations are even harder to find. In order for criminal justice clients to succeed in treatment there must be intervention and case management services available throughout the entire treatment and supervision process. Intervention in the beginning involves thorough screening, assessment and referral of each case to the needed level and type of treatment.

Limited criminal justice and treatment resources: The criminal justice system is hampered by limitations of treatment resources. Lack of funding involves problems with authorizing or appropriating statutes, agencies, courts and organizations. For example, conditions of probation or parole often dictate whether an offender receives treatment. This result is achieved without input of a mental health and chemical dependency assessment. A statute may not require such an assessment, and the various agencies involved in oversight might be unclear about which agencies and individuals are required to pay for assessments.

Recidivism: Intervention during treatment and after completion in the form of relapse prevention is crucial to prevent recidivism. Client success requires a strategy to prevent relapse and to sustain resiliency in clients with substance use issues. Often only very limited intervention and case management strategies are available to clients. This leaves many clients vulnerable as they attempt to meet criminal justice system requirements and continue their own recoveries. There are numerous other factors that affect criminal risk

and needs. Family connections, stable housing, educational attainment, readiness to work and employment availability are but a few of the factors that can be addressed through interventions and support.

For successful transition to community life, former prisoners require housing, employment, transportation, health care, social services, life skills and case management to help them to negotiate barriers.

Returning jail and prison population: Although more than 600,000 persons return to their communities each year, many communities are unable to help coordinate their homecoming. According to the Bureau of Justice Statistics, Profile of Jail Inmates 2002 by Doris James, at any given time there are 600,000 persons in local jails. At least two thirds of these jailed individuals have a substance abuse, or mental health problem. Jails are local facilities that confine persons before or after adjudication of their cases. They may hold persons who are waiting arraignment or readmit

probation, parole and bail bond violators. Although most jailed persons were employed prior to arrest, one in seven had been homeless within the last year. Eighteen percent reported they had been physically or sexually abused prior to their arrest. The need for transitional services for offenders released prison and jail is increasingly addressed by TASC programs who apply assess, manage cases and network between offenders and their communities. In addition the social service, faith, education and business communities can help immensely in easing their transition. Without access to these factors linked to success upon reentry, nearly two thirds of those released will return to jail within a year.

Unmanaged cases, uncharted outcomes: Regular communication by criminal justice system personnel with treatment programs, other community services agencies, and other concerned parties is difficult because of caseloads and demands on staff time. This also limits the ability of probation and parole to hold offenders accountable. Those not engaged in the treatment process may go un-confronted and unsanctioned if the criminal justice and treatment agency do not swiftly transfer information. There is a problem that no one “has time” to deal with such persons when there are many pressing clients and situations in need of attention.

Budget shortfalls: There is often no subsidy available for localities to undertake community-based treatment or other services for offenders. Local jails are recognized as the largest public health treatment

providers in many counties. Individuals who are released from jail or prison may not have access to individual funding for substance abuse treatment, social services and other needed support such as housing, and they fall into the homeless system.

Localities then provide the missing services stretching limited resources beyond their limits. TASC has the ability to help address these problems. For example, an evaluation of the Treatment Alternatives Program (TAP) program in Wisconsin, found that not only was it more beneficial in reducing recidivism than incarceration, it was more cost-effective¹².



What are the capabilities of the TASC approach?

I. Connectivity: How TASC links agencies and systems

A systemic approach- For over thirty years, TASC programs have connected offenders to effective substance abuse treatment-related services. The goal is to integrate treatment and justice supervision to improve operations. Each of these systems impact offender outcomes. The TASC integrated systems approach also influences policies, procedures and priorities of the systems (See *TASC Systems and Elements Flow Chart*, Appendix B, p. 17). This results in making sure that there are adequate and appropriate substance abuse treatments for criminal justice clients. The TASC model has been used to help individuals in other areas in the justice system, including those with mental illness, co-occurring disorders, habitual domestic violence offenders, and others.

An example of how this works- Successful collaboration begins with clear roles and expectations shared by the involved parties such as justice and health agencies. TASC programs spell out roles and responsibilities of each system participant. This is frequently acknowledged in formalized agreements. In North Carolina for example, agreements cover firm commitments for staff and resources. This is strengthened by regular and consistent communications between entities. The North Carolina TASC collaboration also includes methods for cross-training involving a designated training agency that reaches out to courts, corrections and human services. Additionally, a system of problem solving brings all parties back to the table to deal with the inevitable differences in approaches and experience.

“The goal is to integrate treatment and justice supervision to improve operations.”

The usual position of a TASC program is that of a neutral party.

<http://www.ncjrs.org/pdffiles1/nij/194616d.pdf>

As a neutral party, TASC can be effective in cutting through bureaucracies and leveraging resources. TASC can perform a similar function between individuals and treatment providers or justice agencies to translate requirements into results.

A neutral position in the field - Research has continued to document the multiple levels of treatment needs that most offenders present. Where there are multiple needs such as both mental health and substance abuse, treatment should be integrated between agencies and providers. To address the increased demand for integrated systems’ agencies, particularly human services and justice components, as well as the needs of clients, TASC programs perform a balancing function.

To accomplish this function, TASC programs create a consistent flow of information between all involved parties. Coordination of information facilitates collaborative approaches to substance abuse treatment by involving all stakeholders at all levels of the treatment system. Although many TASC programs today provide some in-house treatment functions as well as refer to a range of community treatment options, there is a commitment to neutrality in screening, assessment and referral functions.

How neutrality works- TASC programs may be nonprofit organizations or located within government agencies. What matters is not necessarily where TASC is located within a community, but the independence that the TASC agency asserts with respect to oversight of its work. TASC programs help define written descriptions of mission, program elements and services.

For example, the Treatment Assessment Screening Center in Phoenix, Arizona is a private nonprofit agency that provides a one-stop-shop of clinical services with a wide variety of partners. They include federal, state Department of Corrections, County Probation, County Attorney, Drug Courts, Family Courts, Child Protective Services, Pretrial services and private sector agencies. TASC provides clinical services that include expertise in criminal justice, direct services and referral. In order to maintain neutrality information is provided according to each requirement for services. TASC is responsible for flow of information between partners that is periodically updated. Information and reporting requirements about systems, management and client services and profiles are met through protocols and memorandums of agreement between agencies. These efforts were found to reduce recidivism significantly¹³.

A coordinated technique—TASC programs collaborate with the justice system, and the treatment community, as well as other involved policymakers and community leaders. Without coordination, one stakeholder could make decisions while not bearing in mind the best interests of substance-involved populations. TASC also works with other community, faith and education partners to make sure that individuals in recovery stay well.

TASC works at the legislative and policy level to ensure that substance abuse treatment progresses further as a viable alternative to incarceration. Coordination, which leads to collaborative efforts between policymakers and practitioners, the justice system, and the treatment community, is the first step.

One example of coordination- Effective communication methods help build a broad base of support. However, the interests of justice and human service agency partners must be documented and addressed to ensure such broad support. TASC coordinates offender compliance and progress between agencies and systems. This bridging begins with client-focused activities that reach out to families, neighbors, agencies and communities.

As an example, TASC, Inc. is an independent nonprofit agency that operates statewide in Illinois. TASC, Inc., partners with courts, state attorneys, defense attorneys, probation, and treatment providers. It employs a clinical case management model bringing together federal funding, state criminal justice funding and health funding. TASC coordinates with public and private agencies through performance contracts, protocols and clinical standards. TASC evaluates and provides information and research related to the impact of addiction, mental health and their impacts on communities.

Steps for Program Connectivity

- Create a written designation of an independent TASC organization.
- The independent organization includes an administrator, and a project budget.
- Written policies and procedures include goals, documentation concerning eligibility criteria, and procedures for service delivery.
- Continually assess quality of services to criminal justice populations.
- Participate in boards and committees that determine criminal justice treatment policies.
- Communicate with state, local, correctional, judicial, and other entities.

2. Technical ability: How TASC makes treatment available

Screening- For persons involved with the justice system, TASC conducts screening to classify clients according to their immediate needs. During screening, TASC practitioners identify substance abuse, mental health disorders, and medical conditions. Case managers can formulate the best path for treatment after identifying clients' strengths and weaknesses. Factors include learning about their social and criminal histories, recognizing motivational triggers, and environmental factors that may contribute, either positively or adversely, to outcomes. Case managers employ face-to-face interviews, collateral information such as chemical screen results and justice records in addition to the data gathered from screening instruments.

How screening works in the field- In Denver, over 200 agencies operate an assessment center that has a single entry process for juveniles. The process relies on a shared protocol that screens youth who are in the juvenile justice system or entering the juvenile justice system. All agencies have agreed to work consistently in coordination with this screening process operated by TASC at the Denver Juvenile Community Assessment Center. The screening process arose out of a need to prevent youth crime and to screen high risk youth before they were involved in the justice system. Over 34 agencies and 90 stakeholder representatives signed on to this process¹⁴.

Assessment- There are a wide variety of standardized clinical tools available to guide professionals in referring clients who need substance abuse, education or other human services to an appropriate level of care and assistance. TASC programs employ clinical assessment tools that measure factors that are related to wellness as well as to supportive factors such as employment, housing, financial, family, cultural and legal issues¹⁵.

Assessment in Denver- The Denver Juvenile Community Assessment Center assesses youth in terms of resiliency, family, substance abuse, mental health, psychological, social, educational, employment and other strengths. TASC staff work with family advocates and comprehensive clinical tools to help provide youth and families with access to appropriate services.

Case Management- Client-focused case management is a way to challenge and engage clients, convey empathy, ensure progression and streamline services. The ongoing connection that case managers establish with each client as he or she makes their way through treatment and the various levels of the justice system is supported by research and experience in the field. Case management curbs noncompliance before it happens with regular meetings, chemical testing, reinforcing goals and expectations. It allows clients to progress through a full continuum of treatment without lapses due to unavailable services or uncoordinated sanctions and incentives.

Case management elements applied- In Illinois, TASC Inc. uses a clinical case management model that includes five components that help clients recover. The components are:

1. Identification, screening and assessment to learn about an individual's strengths and capabilities for recovery. This may include drug testing as an indicator for accountability to monitor drug use.
2. Recommendations and a service plan that meet what the client must have for stability and what the justice system requires for accountability.
3. Matching of client needs to services that are available in the community for placement. This means that TASC will help schedule appointments, provide transport and follow-up with health and other service providers so the client keeps making progress.
4. Education and advocacy with public agencies concerning access to healthcare, housing and other needs for stability.
5. Ongoing monitoring, reporting and service plan adjustments are made based on client performance, drug testing and compliance.

Strategic use of scientific information- evidence based practices can improve outcomes considerably when substance abuse treatment programs remain abreast of the most effective treatment methods. TASC programs encourage continuous learning and an infrastructure that supports it to improve the knowledge, skills, and abilities of the program staff. If program directors are aware of the newest developments taking place with regard to treatment, that information will then be disseminated amongst the program staff and the entire system.

TASC serves its clients, the individuals referred for substance abuse treatment, communities and its governmental agency systems. As such, TASC programs help navigate the avenues of the justice system. This advances the knowledge of the treatment community, and the commitment, skills, and sensitivity to conduct a program that produces long-term positive outcomes.

Strategic application of research- The University of Alabama Treatment Alternatives for Safer Communities serves the jail, district, circuit and family courts in Birmingham. These components coordinate different offender groups such as drug courts, and those transitioning from prison to release. UAB TASC makes case management, justice supervision, random urinalysis and drug services available to persons who would otherwise burden the justice system with persistent criminal behavior. UAB provides client-specific sentencing planning that addresses an offender's needs, public safety risk, criminal history and personal resources. UAB's coordination of treatment and services has resulted in an adult drug court program that has decreased the Circuit Court and Grand Jury docket caseloads.

Steps to build treatment ability/capacity

1. Develop written client eligibility requirements that include agreement from cooperating agencies and a protocol for informed voluntary consent and waiver of confidentiality.
2. Decide on criteria of successful and unsuccessful termination of clients from TASC programs that addresses procedures for failure or noncompliance.
3. Develop individual client treatment and case management plans.
4. Identify how justice clients will be screened and eligible.
5. Create protocols for referrals at key stages of justice case processing.
6. Assessments are conducted by clinically trained professionals.
7. Payment for treatment should be authorized only if providers meet state requirements.
8. Face-to-face interviews are conducted promptly by qualified staff.
9. Standardized chemical dependency, justice involvement and social history assessment instruments and procedures are applied to each individual.
10. Referral, recommended treatment and acceptance occurs within 48 hours.
11. Conduct chemical testing.

3. Accountability: How TASC helps manage increasing caseloads

Many TASC programs start with a focus on pre-trial services and diversion. The drug court movement has continued and expanded that focus. TASC programs work with drug court diversion as well as deferred prosecution or deferred sentences. Whether it is diversion or post-sentence, TASC caseload management will improve accountability between the justice and treatment systems if assisted by electronic technology systems. Constructive and innovative ways of storing and using information, as well as monitoring clients, contribute to long-term positive outcomes.

Management Information Systems - Ensuring the electronic management of specific offender information is important for accountability. Data is collected and available on an operational basis for tracking specific clients. On an administrative basis, it is available for maintaining databases and making those databases accessible to TASC's partners in the justice and treatment communities assist criminal justice and treatment provider decision-making.

Quantitative and qualitative data is used in screening and assessment. It is also applied to research involving TASC populations and outcomes. This data which is collected through management information systems also is considered by other members of the community such as funding entities, policymakers, and the general public. While constructing an effective management information system can be as costly as it is time-consuming, retaining such information is logistically important to document the work and the results of the program. If data is the yardstick by which program success is measured, then well-managed data will yield good results.

Applying management information systems to TASC—Although every TASC program relies on management information systems to capture complex information, TASC Inc. has developed a variety of information systems that relate to assessment, mental health diagnosis, treatment availability and client supervision. TASC uses a secure network, telecommunications and a centralized database to monitor multi-site reporting, toxicology reports, case management and administrative information. This experience has allowed TASC Inc. to also help support Children’s Services Network agencies, Foster Care Referral and Intake Reconciliation for these agencies and the Illinois Department of Children and Family Services. The result is that caseload lists are kept current, placements are more efficient and treatment matching helps get appropriate services to each client.

Monitoring—Tracking clients’ progress from intake to their termination documents if they meet goals to attain success. Positive outcomes result from successful treatment matching, a client’s motivation, the treatment experience, and case management. The right amount of monitoring must be determined during assessment; some clients respond better to more attention, while others may feel alienated and negatively motivated. Monitoring most often takes the form of chemical testing for alcohol and other drugs on a regular basis. Tests must be administered within legal guidelines and ensure the safety of clients and staff. Positive feedback and incentives are coupled with drug testing to reinforce progress and prevent relapse. Monitoring can be done on a local basis as well as on a statewide basis.

An example of TASC monitoring statewide—North Carolina has a statewide service delivery system that is capable of making TASC services to offenders available in every county. The Department of Corrections and the Department of Health and Human Services have organized a network of public and private agencies to provide services to manage offender care. The network creates a continuum of services. Clients are referred from criminal courts and community corrections. They are persons who are charged with or convicted of crimes who are eligible for community corrections or intermediate punishments under the state’s sentencing guidelines.

Each TASC program operates in conjunction with a substance abuse service provider. The program maintains close ties to criminal justice agencies. Close monitoring and use of appropriate services that include cognitive behavioral interventions has been responsible for reducing the rate of technical violations and substance abuse.¹⁶

TASC’s random urinalysis program is used as an aide to determine treatment needs, detect relapse, and to assist the client in presenting evidence of a drug-free lifestyle to the criminal justice system (<http://www.sandusky-county.org/TASC/does-tasc-do.htm>).

Steps to ensure accountability

1. Management information systems are designed to develop reports for each agency and site that meet the needs of funding sources, administrators and staff.
2. Data in the management information system is collected on a routine basis through documented procedures that include: information about clients, demographics; client characteristics; source of referral information; contacts and services information that track outcomes and progress measures, failures and responses; and costs.
3. Document milestones through regular reports about operations, services, client groups, and program information.
4. Document accountability procedures such as chemical testing methods and results.
5. Identify program participation requirements and accountability measures.
6. Develop formal contracts with licensed toxicology laboratories.

4. Sustainability: How TASC engages communities

TASC and community involvement-Because TASC programs bridge the governmental and private sectors, they involve community members and stakeholders in a way which improves the quality and availability of community services. According to recent TASC member surveys, TASC agencies enhance public awareness of the need for drug treatment¹⁷. This is done through community education, newsletters, public policy participation, research and other methods. TASC helps find private resources and community supports when they are lacking. For example, many TASC staff members participate in community boards and many community leaders are involved as advisors and volunteers in building TASC projects. In recent years programs have involved recovering ex-offenders as peer mentors. Mentoring projects involving faith-based organizations reach out to families and community volunteers. Additionally, TASC programs have worked to develop cultural competency at the staff level and also developed and supporting culturally relevant community programs.

Community involvement at work- Toledo/Lucas County's Reentry Task Force has developed a collaborative reentry process. The goal is to assist more than 2000 returning adult and juvenile offenders to overcome significant barriers. A One Stop Shop will house an array of services providers. Services involve the community to provide emergency and transitional housing, substance abuse treatment, mental health, family reintegration, faith connections, physical health and nutritional services. Lucas county TASC provides a homeless support project to stabilize substance abuse clients and help them obtain permanent housing.

Research and policy practices at work- TASC programs are sustainable because they offer a long-term approach for positive outcomes. This approach is grounded on evidence-based practices in substance abuse, corrections, drug court and other human services areas. The TASC approach is assertive with its clients. However, TASC programs also maintain continual communications with systems, agencies, and community members. Community members include neighbors, education, faith, business, elected officials and families.

TASC agencies work closely with their regional Addiction Technology Transfer Centers (ATTCs) to apply clinical research to programs in the field. TASC agencies work with the academic community to transfer scientific knowledge to practical procedures. This involves analysis of protocols, training, research, data and policies. TASC programs gather information about trends in their areas and convey this information to researchers and policy makers.

An example of research and policy in action-The University of Alabama at Birmingham developed the Breaking the Cycle project. The National Institute of Justice has described this integrated, research based treatment approach as a "best practices" model. Breaking the Cycle was built to apply evidence-based approaches for supervised pretrial release, drug court reviews, sanctions and incentives. Using case-management to coordinate activities, the UAB TASC Break the Cycle program addressed jail overcrowding, repetitive drug related crime and delays in the court system.^{18,19}

Consultation and Training-Whether they are county-wide in focus or statewide, TASC programs typically provide consultation and training to partner agencies. This includes cross-training between staff in partner agencies. Topics most often include clinical, assessment, treatment matching, referral, case management, cultural competency, standard operating procedures, medical and health issues, relapse prevention, youth and family services.

Consultation and Training in action- In North Carolina, the TASC Training Institute provides assistance regarding cognitive behavioral programming, assessment and evaluation efforts that are conducted by TASC agencies throughout the state. Training is conducted concerning the principles of effective intervention with offenders. Assistance has been given in surveying available treatment resources in the state. The training institute also provides consultation and staff to assist in implementation of program evaluation.

Reentry and coordinated after care - TASC programs also reach inside prisons to prepare inmates for release. By providing a continuum of screening, assessment and treatment prior to release, TASC can help make the transitional effort more effective.

Reentry and coordinated after care in action - Road to Recovery is a gender-responsive alcohol and other drug (AOD) abuse/dependence treatment and education program provided to adult female inmates convicted of Driving Under the Influence (DUI) and housed at the Santa Maria unit at the Arizona State Prison Complex—Perryville. The program consists of four levels in the institution along with post-release aftercare: 1. behavior changing skill acquisition/implementation; 2. drug and alcohol education; 3. aftercare and relapse prevention treatment; 4. pre-release treatment; 5. post-release aftercare (also coordinated statewide by Arizona TASC).

Steps for sustainable programs and community involvement

1. Use a systematic approach backed with identifiable resources.
2. The funding stream should be simplified to eliminate unnecessary administrative work.
3. Work with the community's reluctance or ambivalence towards offenders will gain support and involvement from their neighbors.
4. Include neighborhood associations, faith-based and medical community members in planning and make adequate funding available for their projects.
5. Assessments, evaluations and reports concerning project outcomes are made available to all parts of the community as well as governmental agencies.
6. Convene town meetings, studies and working groups to conduct problem-solving and gather information on an ongoing basis.



Conclusion: What TASC programs offer

Created in 1972 with federal funding, TASC programs evolved by linking the services and therapeutic drug treatment programs to the criminal justice system and its legal sanctions. TASC's organizational and operational elements focus on screening, assessment and independent case management. TASC offers enormous potential for impacting and reducing recidivism in a high volume of cases in the criminal justice system. Because TASC is used in conjunction with existing resources it increases funding and concentrates efforts in the areas of greatest needs.

TASC has been evaluated to produce statistically significant outcomes in improved service delivery, reduction of drug use, number of drugs used, drug crimes and frequency of sex. According to Anglin et al. The authors of the largest of many studies on TASC programs concluded that "the TASC model had favorable effects among offenders whose behavior was more problematic."²⁰ The authors note that the features of the TASC model that research have found to be effective include: coordination of treatment in the criminal justice system, reliance on behavioral sanctions and incentive, matching of offender characteristics to treatment services; and monitoring offenders with drug testing."²¹

At the local level, TASC offers the ability to bring public and private resources together to bear on substance abuse issues. At the state level, TASC programs are paired with juvenile justice, community corrections, prevention and alcohol and drug agency funding initiatives. TASC allocations can ensure that scarce drug treatment and educational interventions are saved for the most appropriate cases. TASC programs also help train staff in various systems and agencies about how to handle drug and alcohol abuse issues, apply evidence based practices in a clinical setting, and establish training that is culturally relevant. As many states and localities struggle to implement reentry and other systemic approaches to curb the problems of offenders in need of treatment, the TASC approach remains a flexible and effective vehicle for improving public safety. Whether such programs operate in the context of pretrial diversion, community corrections, or private non-profit community mental health and substance abuse agencies, the model can be adapted to increase treatment access, efficiency and public safety.



Systems Coordination Elements

Element 1

A process to coordinate justice, treatment and other systems.

Element 2

Procedures for providing information and cross-training to justice, treatment, and other systems.

Organizational Elements

Element 3

A broad base of support from the justice system with a formal system for effective communication.

Element 4

A broad base of support by the treatment and other social services community.

Element 5

Organizational integrity.

Element 6

Policies and procedures for regular staff training.

Element 7

A management information system with a program evaluation design.

Operational Elements

Element 8

Clearly defined client eligibility criteria.

Element 9

Performance of client-centered case management.

Element 10

Screening procedures for identification of TASC candidates within the justice system.

Element 11

Documented procedures for assessment and referral.

Element 12

Policies, procedures, and protocols for monitoring TASC clients' alcohol and drug use through chemical testing.

Element 13

Competency with diverse Populations

Element 14

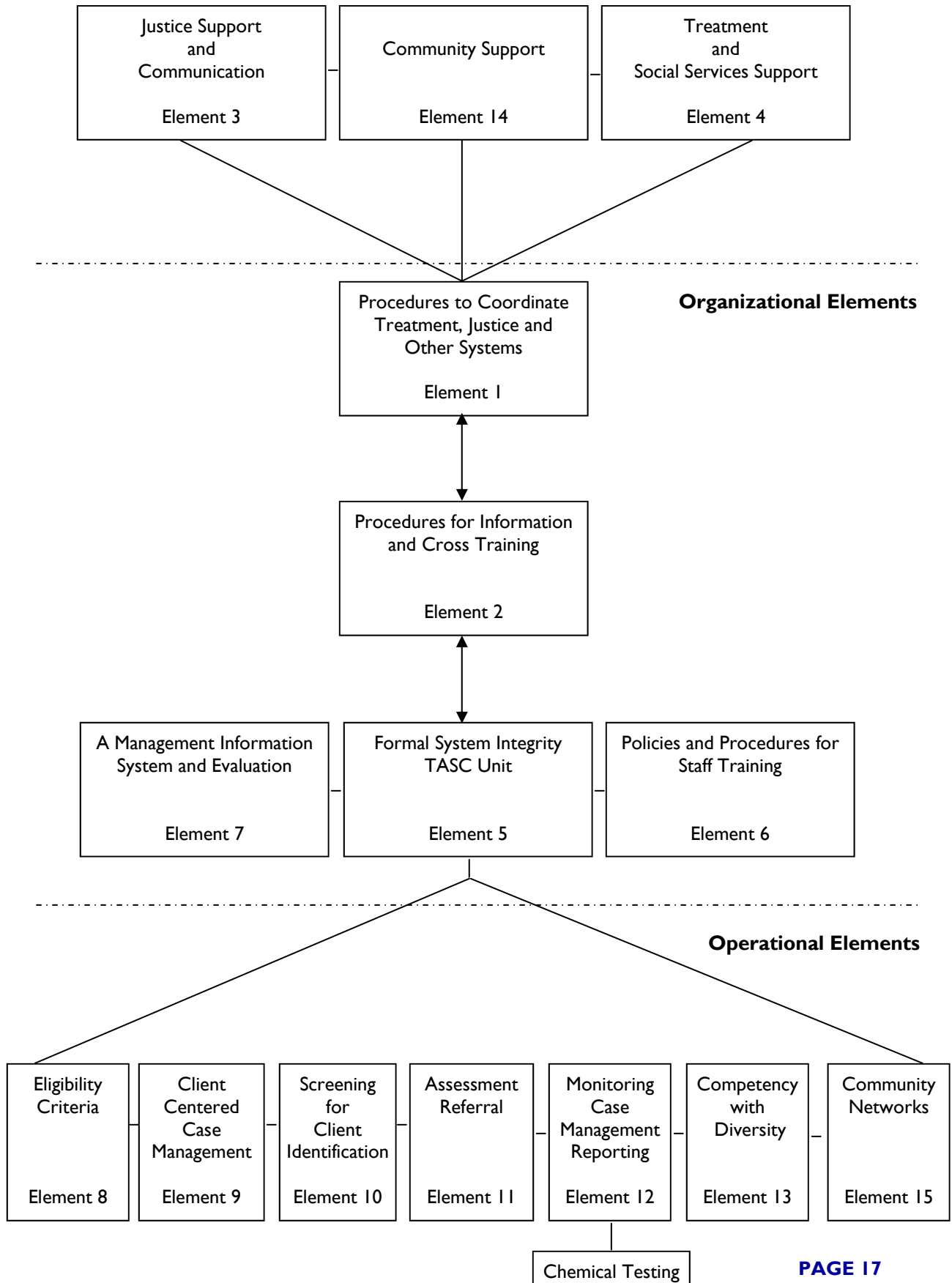
Broad-based community support and involvement

Element 15

Participation in Community Networks.



The TASC System Flow by Element





End Notes

- ¹ Bureau of Justice Statistics, *Felony Sentences in State Courts*, 2002, December 2004
- ² Durose and Langan, Bureau of Justice Statistics, *Felony Sentences in State Courts* 2002, December 2004. NCJ 206916
- ³ U.S. Department of Justice. 2003. *Drugs and Crime Facts: Drug Law Violations*. Washington, DC: Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/dcf/enforce.htm>
- ⁴ U.S. Department of Justice. 2003. *Compendium of Federal Justice Statistics*. 2002, Washington, DC. www.ojp.usdoj.gov/bjs
- ⁵ U.S. Department of Justice, 2003. *Key Crime & Justice Facts at a Glance*. Washington, DC: Bureau of Justice Statistics. www.ojp.usdoj.gov/bjs.
- ⁶ Simpson D., Wexler, H. ,& Inciardi, 1999. Introduction, *The Prison Journal*, 79, 3. Sage Publications, Inc.
- ⁷ Longshore, D. Turner, S. and M.D. Anglin. (1998). Effects of case management on drug user's risky sex. *The Prison Journal*., Vol. 78 No. 1 March 1998 6-30. Sage Publications.
- ⁸ Walker, N.E., Villarruel, F.A., Judd, T., & Roman. J. *Drug Policies in the State of Michigan: Economic Effects*. Washington, DC: Justice Policy Institute.
- ⁹ U. S. Department of Justice. 2003. *Justice Expenditure and Employment Extracts: Key Crime and Justice Figures at a Glance*. Washington, DC: Bureau of Justice Statistics. www.ojp.usdoj.gov/bjs.
- ¹⁰ Inciardi, J.A. & McBride, D.C. ,1991. *Treatment Alternatives to Street Crime: History, experiences and issues*. National Institute on Drug Abuse. DHHS Pub. No. (ADM) 91-17491 Washington, DC: U.S. Government Printing Office.
- ¹¹ Anglin, Douglas M. et al *Studies of the Functioning and Effectiveness of Treatment Alternatives to Street Crime (TASC) Programs : Final Report*, May 28, 1996) .
- ¹² Van Stelle, K. Mauser, E. & Moberg, D.P., 1994.
- ¹³ Hepburn, J., Johnston, C.W., Rogers, S. *Final Report of the NIJ Demand Reduction Study*. January 4, 1996.
- ¹⁴ Roberts, M. & Mankey, J., 2000 *Collaboration and Coordination: Denver's story of integrating services for substance abusing juvenile offenders*, Denver Juvenile Justice Integrated Treatment Network.
- ¹⁵ Gastfriend, D. R., Baker, S. ,Najavits, L., and Reif, S. 1998 Assessment Instruments, In Graham, Allan W, and Terry K. Schultz (eds.) *Principles of Addiction Medicine*. Chevy Chase, MD. American Society of Addiction Medicine, Inc., pp.273-278.
- ¹⁶ Department of Health and Human Services, TASC In North Carolina, Rev. August 2004.
- ¹⁷ Hepburn, J., Johnston, C.W., and Rogers, S. *Do Drugs, Do Time: An Evaluation of the Maricopa County Demand Reduction Program*, National Institute of Justice, October, 1994.
- ¹⁸ "Rebirth of Rehabilitation: Promise and Perils of Drug Courts," <http://www.ncjrs.org/txtfiles1/nij/181412.txt>
- ¹⁹ *National Assembly, Breaking the Cycle: "Breaking Free of the Cycle: Policy for Community and Institutional Interventions to Safeguard Public Safety and restore Public Health."* http://www.whitehousedrugpolicy.gov/national_assembly/publications/policy/policy_1.h)
- ²⁰ Anglin, Douglas M, Longshore, Douglas, and Susan Turner, "Treatment Alternatives to Street Crime: An Evaluation of Five Programs, *Criminal Justice and Behavior* 26, No. 2 June 1999 at p 192/
- ²¹ Id at p 191.



Bibliography

Anglin, M. Prendergast, M., & David Farabee, Effectiveness of Coerced Treatment for Drug-Abusing Offenders abstract accessed June 2005 URL - <http://www.ncjrs.org/ondcppubs/treat/consensus/anglin.pdf>
UCLA Drug Abuse Research Center, Los Angeles, California

Aos, S., Phipps, P., Barnoski, R., and Lieb, R. 2001. *The Comparative Costs and Benefits of Programs to Reduce Crime*. Olympia, WA: Washington State Institute of Public Policy.

Arizona Auditor General's Office, Performance Audit of the Pima and Maricopa County Treatment Alternatives to Street Crime Programs. Phoenix, AZ: NIJ, 1980 (NCJ075978)

Bureau of Justice Assistance, Access to Criminal History Records by TASC Programs. Washington, DC: United States Department of Justice, 1990 (NCJ 124138)

Bureau of Justice Statistics, *Felony Sentences in State Courts*, 2002, December 2004

Bureau of Justice Assistance, Treatment Accountability Fact Sheet, Washington, D.C. United States Department of Justice, November 1995, <http://www.ncjrs.org/txtfiles/tasc.txt>;
<http://www.ncjrs.org/txtfiles/tasc.txt>; accessed in June 2005 at <http://www.ncjrs.org/pdffiles/tasc.pdf>

Bureau of Justice Assistance. Treatment Alternatives to Street Crime (TASC): Resource Catalog. Washington, DC: United States Department of Justice, 1989.

Bureau of Justice Assistance. Treatment Alternatives to Street Crime – TASC Programs – Program Brief, Washington, DC: United States Department of Justice, 1988.

Bureau of Justice Assistance. Urinalysis as Part of a Treatment Alternatives to Street Crime (TASC) Program – Monograph, Washington, DC: United States Department of Justice, 1988.

Bureau of Justice Assistance. Treatment Alternatives to Street Crime (TASC): Participant's Manual – Training Manual, Washington, DC: United States Department of Justice, 1988.

Bureau of Justice Assistance. Treatment Alternatives to Street Crime (TASC): Implementing the Model – Implementation Manual, Washington, DC: United States Department of Justice, 1988.

Bureau of Justice Statistics, Drugs and Crime Facts: Drug Law Violations. U.S. Department of Justice. 2003. Washington, DC. <http://www.ojp.usdoj.doi/bjs/dcf/enforce.htm>

Bureau of Justice Statistics *Key Crime & Justice Facts at a Glance*. U.S. Department of Justice Washington, DC. 2003 www.ojp.usdoj.gov/bjs

Collins, J.J. and Allison, M. "Legal Coercion and Retention in Drug Abuse Treatment." *Hospital and Community Psychiatry*, Vol. 34, No. 12 (December 1983): pp. 1145-1149.

Crime and Delinquency, 40, No. 2, 175-196

Dahmann, J.S. *Diversionary Drug Treatment in the Impact Program – The TASC (Treatment Alternatives to Street Crime) Experience*, McLean, VA: Mitre Corporation Washington Operations, 1976 Microfiche, p.53.

Department of Health and Human Services, TASC In North Carolina, Rev. August 2004.

Durose and Langan, Bureau of Justice Statistics, *Felony Sentences in State Courts 2002*, December 2004. NCJ 206916

Field, Gary, Continuity of Offender Treatment: Institution to the Community, February 1998
URL - <http://www.ncjrs.org/ondcppubs/treat/consensus/field.pdf>

Gastfriend, D. R., Baker, S., Najavits, L., and Reif, S. 1998 Assessment Instruments, In Graham, Allan W, and Terry K. Schultz (eds.) Principles of Addiction Medicine. Chevy Chase, MD. American Society of Addiction Medicine, Inc., pp.273-278.

Gebelein, R. Rebirth of Rehabilitation: Promise and Perils of Drug Courts,” National Institute of Justice, Washington DC 2000, accessed at <http://www.ncjrs.org/txtfiles1/nij/181412.txt>

Graduate School University of Alabama, Birmingham, Breaking the Cycle, accessed in June 2005 at URL - <http://www.ncjrs.org/pdffiles1/nij/grants/188087.pdf>

Graduate School University of Alabama, Birmingham, Abstract: Alabama's Prison System, November 14, 2002 accessed June 2005 at URL - http://www.ojp.usdoj.gov/reentry/sar/pdf/wp1_al.pdf

Henault, D. & Martinez, E., 2002. “Creating a Systematic Approach to Substance Abuse assessment, Treatment and Follow-up for the Department of Correction.”

Hepburn, J., Johnston, C.W., Rogers, S. *Final Report of the NIJ Demand Reduction Study*. January 4, 1996.

Hepburn, J., Johnston, C.W., and Rogers, S. *Do Drugs, Do Time: An Evaluation of the Maricopa County Demand Reduction Program*, National Institute of Justice, October, 1994.

Hirschel, J.D. and McCarthy, B.R. “TASC-Drug Treatment Program Connection- Corruption of Treatment Objectives?” *Journal of Offender Counseling, Services and Rehabilitation*. Vol. 8, No. 1-2 (Fall/Winter 1983): 117-140 (NCJ092858).

Illinois Department of Corrections (IDOC), Illinois Going Home Program accessed in June 2005 at URL - http://www.ojp.usdoj.gov/reentry/sar/pdf/wp1_il.pdf

Inciardi, J.A. & McBride, D.C. ,1991. *Treatment Alternatives to Street Crime: History, experiences and issues*. National Institute on Drug Abuse. DHHS Pub. No. (ADM) 91-17491 Washington, DC: U.S. Government Printing Office.

Lazar Institute, Phase I Report, Treatment Alternatives to Street Crime (TASC) National Evaluation Program. Washington, DC: Law Enforcement Assistance Administration, 1976 (NCJ034057)

Lazar Institute, Treatment Alternatives to Street Crime (TASC)-A National Evaluation Program-Phase I Study – Individual Project Reports – Narrative Descriptions. Vol. 1. Washington, DC: Law Enforcement Assistance Administration, 1975. Microfiche, 356.

Lazar Institute, Treatment Alternatives to Street Crime (TASC)-A National Evaluation Program-Phase I Study – Individual Project Reports – Selected Background Materials. Vol. 3. Washington, DC: Law Enforcement Assistance Administration, 1975. Microfiche, 69.

Leukefeld, C.G. and Tims, F.M., eds. *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. NIDA Monograph 86. Washington, D.C.: National Institute on Drug Abuse, 1988.

Longshore, D. Turner, S. and M.D. Anglin. (1998). Effects of case management on drug user's risky sex. *The Prison Journal*., Vol. 78 No. 1 March 1998 6-30. Sage Publications.

Mark, T. et al, "U.S. Spending for Mental Health and Substance Abuse Treatment 1991-2001," Health Affairs, March 29, 2005.

Mayer, M.J. "Issues in Interface Program Development." Justice Treatment Interface, 1978, pp. 65-80.

McBride, D.C. "Criminal Justice Diversion," Quoted in James A. Inciardi and Kenneth C. Haas, Crime and the Criminal Justice Process, (NCJ53277) p. 14. Dubuque, IA: Kendall Hunt Publications, 1978.

Mecca, A.M. "TASC (Treatment Alternatives to Street Crime) Historical Perspective and Future Implications." Offender Rehabilitation, Vol. 2, No. 3 (Spring 1978): pp. 279-294.

NASADAD Alcohol Drug Abuse Monthly Report. National Association of State Alcohol and Drug Abuse Directors, D. Canova, ed., Washington, DC.

National Assembly, Breaking the Cycle: "Breaking Free of the Cycle: Policy for Community and Institutional Interventions to Safeguard Public Safety and restore Public Health."
http://www.whitehousedrugpolicy.gov/national_assembly/publications/policy/policy_1.h

National Association of State Alcohol and Drug Abuse Directors, Inc., TASC: An Approach to Dealing with the Substance Abusing Offender-Guideline for the Development of a TASC Project. Washington, DC: LEAA, 1978 (NCJ068655).

National Association of State Alcohol and Drug Abuse Directors, Inc., Technical Assistance to Support TASC Drug/Alcohol Rehabilitation Program. Washington, DC: NIJ, 1982 (NCJ089694)

National Institute of Justice, Breaking The Cycle Review, Issue 2, October 1999
URL - <http://www.ncjrs.org/pdffiles1/nij/btcissue2.pdf>

Office of National Drug Control Policy, National Assembly, Breaking the Cycle -- Breaking Free of the Cycle: Policy for Community and Institutional Interventions to Safeguard Public Safety and Restore Public Health accessed June 2005
URL - http://www.whitehousedrugpolicy.gov/national_assembly/publications/policy/policy_1.html

Office of National Drug Control Policy, "Treatment Accountability for Safer Communities (TASC) - State and Local Resources" 2002 accessed June 2005
URL - <http://www.whitehousedrugpolicy.gov/statelocal/appndx5.html>
This site gives you a list of all of the TASC programs around the nation.

Office of National Drug Control Policy, National Drug Control Strategy 2000
URL - http://www.ncjrs.org/ondcppubs/publications/policy/ndcs00/chap3_2.html

Office of National Drug Control Policy, National Drug Control Strategy 2001
URL - http://www.ncjrs.org/ondcppubs/publications/policy/ndcs01/chap3_3.html

Office of National Drug Control Policy, Summary: FY 2002 National Drug Control Strategy – ONDCP
URL - <http://www.ncjrs.org/ondcppubs/publications/policy/ndcs00/>

Peyton, E. & Gossweiler, R. Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey, Executive Summary
URL - <http://www.ncjrs.org/pdffiles1/bja/188086.pdf>

Regner, P. & Cavanaugh, E. "Treatment Alternatives to Street Crime (TASC)," Quoted in Drug Use and Crime Report of the Panel on Drug Use and Criminal Behavior, (NCJ40293), 1976, pp. 549-552, Microfiche, p. 4.

Roberts, M. & Mankey, J., 2000 *Collaboration and Coordination: Denver's story of integrating services for substance abusing juvenile offenders*, Denver Juvenile Justice Integrated Treatment Network.

Romm, J. Evaluation of the Treatment Alternatives to Street Crime National Evaluation Program-Phase 2 Report. (NCJ051931) Bethesda, MD: System Sciences, Inc. (1978), 162.

Rydell, C.P. & Everingham, S.S. 1994. *Controlling cocaine: Supply versus Demand Programs*, Santa Monica, CA: Rand Corporation.

Sandhu, T.S. "Drug Abuse Problems-Community-Based Treatment and Corrections," Quoted in Harjit S. Sandhu Community Corrections – New Horizons, (NCJ77695) pp. 296-351. Springfield, IL: Charles C. Thomas, 1981. Microfiche, p. 20.

Search Group Inc., State Drug Resources: 1994 National Directory

URL - <http://www.ojp.usdoj.gov/bjs/pub/ascii/statedir.txt>

Not available.

Sternhell, R. Effect of the Criminal Courts on Diversion/Referral Programs – the Case of TASC, Rockville, MD: National Institute of Justice/National Criminal Justice Reference Service Microfiche Program, 1977. Microfiche, p. 20.

Simpson D., Wexler, H. ,& Inciardi, 1999. Introduction, *The Prison Journal*, 79, 3. Sage Publications, Inc.

Stites, R.B. & Cloud, M. "NASADAD (National Association of State Alcohol and Drug Abuse Directors) – Technical Assistance to support TASC (Treatment Alternatives to Street Crime) Drug/Alcohol Rehabilitation Programs," Quoted in Pretrial Services Annual Journal, (NCJ89690) Vol. 5. pp. 77-93. Elizabeth Gaynes, ed. Microfiche, p. 17.

Stites, R.B. TASC (Treatment Alternatives to Street Crime) – An Approach for Dealing With the Substance Abusing Offender – Guidelines for the Development of a Treatment Alternatives to Street Crime Project. Washington, DC: National Association of State Drug Abuse Program Coordinators, Inc., 1978. Microfiche, p. 164.

Toborg, M.A., Levine, D.R., Milkman, R.H., and Center, L.J., Treatment Alternatives to Street Crime (TASC): An Evaluation Framework and State of the Art Review. Washington, DC: Lazar Institute, 1975. Microfiche, 256.

Van Stelle, K. Mauser, E. & Moberg, D.P., 1994

Wagner, N., ed. Directory of Pretrial Services, 1980-81. Washington, DC: Pretrial Services Resource Center, 1981. Microfiche p. 449.

Wagner, N., ed. Directory of Pretrial Services – TASC (Treatment Alternatives to Street Crime), 1979-80 – Supplement, Washington, DC: Pretrial Services Resource Center, 1980. Microfiche, p. 102.

Walker, N.E., Villarruel, F.A., Judd, T., & Roman, J. *Drug Policies in the State of Michigan: Economic Effects*. Washington, DC: Justice Policy Institute.

Washington State Legislative Budget Committee, Treatment Alternatives to Street Crime Programs in

Pierce and Snohomish Counties-Performance Audit. Olympia, WA: NIJ, 1983 (NCJ091798).

Weissman, J.C. "Survey of State Drug Offender Diversion Authorities." Contemporary Drug Problems, Vol. 7. (Winter 1978): pp. 533-56.



For Additional Information Contact:

Mary K. Shilton
National TASC
2204 Mt. Vernon Ave., Suite 200
Alexandria, VA 22301

Phone: (703) 836-8272
Fax: (703) 836-8271