LUCAS COUNTY TASC, INC.

OUTCOME ANALYSIS

**Research and Report
Completed on 8/13/02
by Dr. Lois Ventura**

Introduction

<u>**Toledo/Lucas County TASC**</u>

The mission of Toledo/Lucas County Treatment Alternatives to Street Crime (TASC), Inc. is to provide effective linkages through assessment and ongoing case management for substance abusing criminal justice and juvenile justice clients.. The Toledo/Lucas County TASC program was started under a Byrne Grant in 1992. Scott Sylak, the current Executive Director of TASC has served in this capacity since December of 1992. TASC took its first client in June of 1993. From 1992 though September of 1996 TASC was affiliated with the Lucas County Criminal Justice Coordinating Council. In October of 1996 TASC became incorporated in the State of Ohio. On March 14, 1997, TASC attained nonprofit status. Since that time Toledo/Lucas County TASC has been private nonprofit agency serving offenders with substance abuse problems, who are referred by the criminal justice system.

TASC serves as a bridge between the criminal justice system and substance abuse treatment. TASC services include the following:

♦ *Assessment*
   A comprehensive appraisal of a client's alcohol and/or drug problem, including individual and environmental strengths and weaknesses and how it affects the client's overall functioning

♦ *Referral and Information Services*
   Identifying the needs of the client that cannot be met by the agency and assisting the client to utilize the support systems and community resources available

♦ *Case Management*
   Client centered services aimed at providing service coordination, advocacy and face-to-face intervention. Service may take place individually or in a group setting.

These services are the basis for an array of TASC programs. The following is a description of those programs.

• **Adult TASC**
   Assessment and case management for adults who are in varying stage of the criminal justice system. TASC has been providing this service since June 1993. This service is funded through ODADAS and ADAS.

• **Juvenile TASC**
   Assessment and case management for adjudicated juveniles .This service started in March 2000. It is funded through ODADAS and ADAS

• **Offender Stabilization project**

Utilizing the "Thinking for Change" model and Gorski's Relapse Prevention program, TASC will provide aftercare services to all offenders released from the Lucas County Correctional Treatment Facility. This project began January 1, 2001 and is funded by a Byrne Memorial Grant, Lucas County Adult Probation fees and ADAS.

- **Community Re-entry Partnership project**
  Utilizing the "Thinking for Change" model and Gorski's Relapse Prevention program, TASC will provide aftercare services to all Department of Youth Services offenders released from the state institution and residing in Lucas County. This project began April 1, 2001 and is funded by an ADAS grant.

- **Lucas County Family Drug Court project participant**
  TASC is the lead case manager in the Family Drug Court project. The goal of the Family Drug Court is to protect children and was developed in cooperation with Lucas County Children Services, Lucas County Juvenile Court and the Lucas County Alcohol and Drug Addiction Treatment System TASC's receives funding through a contract with Juvenile Court to provide this service. Service started January 2000.

- **Education Group**
  Adults who are assessed and do not meet the ODADAS Clinical Protocols for treatment, but by the nature of their offense require an education intervention are referred to an education class. TASC's education group is a 7 hour program designed to educate participants about the impact alcohol and other drugs have played in their lives and the potential consequences of continued use. Services started in January 1998 and are funded by client fees.

- **Multiple DWI Assessment project**
  TASC works with the Toledo Municipal Court to assess individuals who have more than one alcohol related driving offense. Funds for this project are self pay and the Indigent Driver's Alcohol Treatment Fund. Service started August 1999.

- **Homeless Support project**
  Assessment and case management of adult homeless substance abusing offenders. This project concentrates on stabilizing clients and placing them in permanent housing. The service began August 1998 and is currently funded through the City of Toledo Continuum of Care grant through August 2005.

- **Lucas County Judicial Supervision Intervention project participant**
  At the request of Lucas County Common Pleas Court, TASC sends a representative to the "drug court" hearings to provide information on client participation in TASC. Funded through ODADAS and ADAS. This service started in January 2000.

- **Lucas County Jail Assessment project**
  At the request of the Lucas County Corrections Center Inmate Services, TASC is currently performing assessments on referred clients who participate in the Jail's Sober Living Project. Service began October 1999.

- **Ohio State Parole project**
  Through our Jail Assessment project, 10 parole violators per month are referred for assessment and case management services. The goal of this project is to reduce the number of parole violators returned to prison. Services provided since February 2000.

- **Toledo Municipal Court Assessment project**
  This recently funded project will provide assessment services for misdemeanor offenders referred through Toledo Municipal Court. These services are intended to fill the void created by the loss of the Byrne Memorial funds December 31, 2000 for the Assertive Substance Abuse project. This service is funded by ADAS and began January 1, 2001.

The TASC Board of Trustees authorized and funded this study to assess current program outcomes and provide information for ongoing program development.

Research Questions

The primary research questions addressed in this study are as follows:

▶ What are the characteristics of adult clients served through the Toledo/Lucas County TASC program?

▶ Does successful completion of the Toledo/Lucas County TASC program have an effect on recidivism in the year following discharge?

▶ What factors are associated with successful completion of the Toledo/Lucas County TASC program?

Research Methods

A random sample of 300 adult TASC clients was selected from all clients who were discharged from TASC during calendar year 2000. The case files of the sample clients were reviewed and information was coded on the data collection forms.See data collection form in Appendix A.

The post discharge arrests of clients were tracked using Toledo/Lucas County booking and arrest records. The limitation of this information was that out-of-county arrests were not captured. The arrest data did include any arrest that occurred in Toledo/ Lucas County. New charges, probation and parole violations that occurred in Lucas County following TASC discharge were recorded and entered into the data set. See data collection form in Appendix B.

The statistical package used to enter and analyze the data was SPSS 10.1. The statistical procedures employed were frequency distributions, descriptive statistics, cross tabulations and logistic regressions. The complete results of statistical analyses are available in the Supplemental TASC Report: Statistical Results.

Sample Description

Sex and Race

Most of the TASC clients in the sample were men. Women made up slightly less than 25% of the sample (see Figure1). Whites made up 50% of the sample. Blacks composed 41.3% of the sample (see Figure 2). There was no statistically significant difference between race/ethnicity by sex. See Tables 1, 2 and 3 on the following page for more detailed information of the sex and race/ethnicity of clients in the sample.
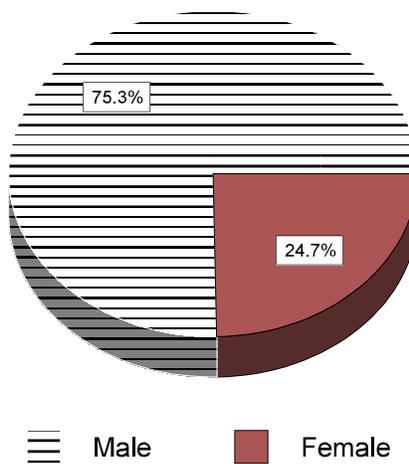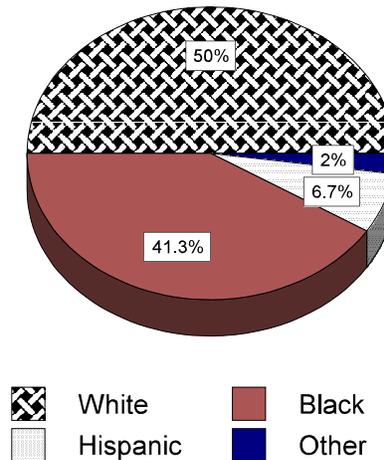
Figure 1 : Sex

75.3%

24.7%

≡ Male   ▢ Female

Figure 2 : Race / Ethnicity

50%

2%

6.7%

41.3%

White   Black
Hispanic   Other

<u>*Table 1 : Sex*</u>

	<u>*Number*</u>	<u>*Percent*</u>
<u>**Sex**</u>		
Male	**226**	**75.3%**
Female	<u>**74**</u>	<u>**24.7%**</u>
	300	**100 %**

<u>*Table 2 : Race /Ethnicity*</u>

<u>**Race /**</u> <u>**Ethnicity**</u>	<u>*Number*</u>	<u>*Percent*</u>
White	**150**	**50.0%**
Black	**124**	**41.3%**
Hispanic	**20**	**6.7%**
Other	<u>**6**</u>	<u>**2.0%**</u>
	300	**100 %**

<u>*Table 3: Race / Ethnicity by Sex*</u>

<u>**Race /**</u> <u>**Ethnicity**</u>	<u>**Sex**</u>	
	<u>*Male*</u>	<u>*Female*</u>
White	**113** **50.0%**	**37** **50.0%**
Black	**91** **40.3%**	**33** **44.6%**
Hispanic	**16** **7.1%**	**4** **5.4%**
Other	**6** **2.7%**	**0** **0%**
Total	<u>**226**</u> **100%**	<u>**74**</u> **100%**

Marital Status

Most clients in the sample were not married. There was a statistically significant difference in marital status by sex and by race. For more information on marital status see Figures 3 and 4. See also Tables 4, 5 and 6 on the following pages.
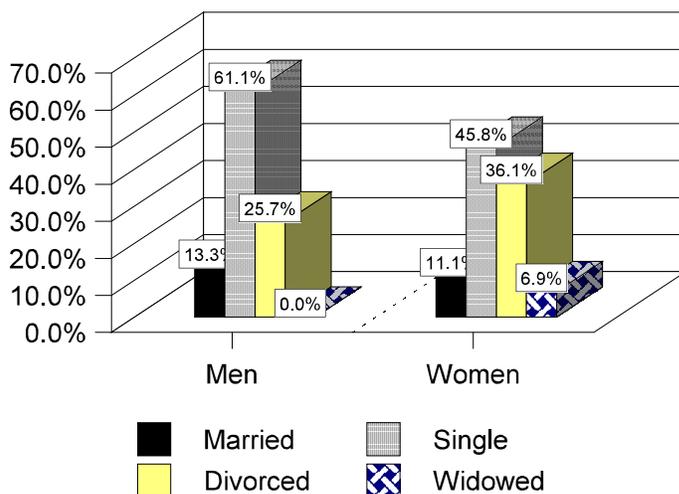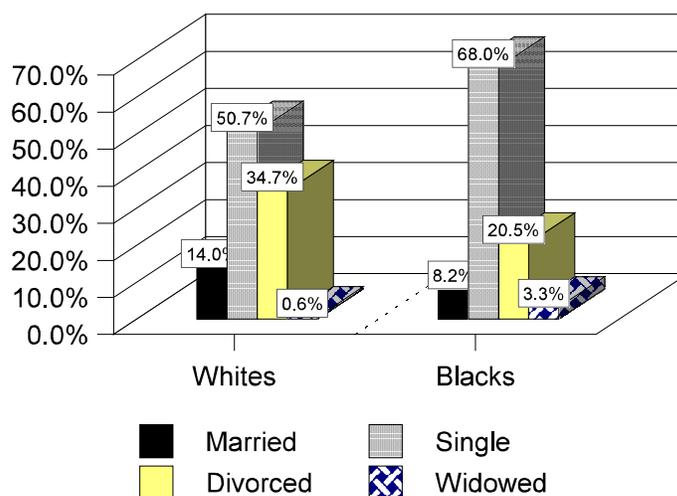
Figure 3: Sex and Marital Status

	Married	Single	Divorced	Widowed
Men	13.3%	61.1%	25.7%	0.0%
Women	11.1%	45.8%	36.1%	6.9%

Figure 4: Race and Marital Status

	Married	Single	Divorced	Widowed
Whites	14.0%	50.7%	34.7%	0.6%
Blacks	8.2%	68.0%	20.5%	3.3%

Table 4: Marital Status

Marital Status	Number	Percent
Married	38	12.7%
Single	171	57.0%
Divorced	84	28.0%
Widowed	5	1.7%
Missing	2	.7%
	300	100 %

Table 5: Marital Status by Sex

Marital Status	Sex ***	
	Male	_Female_
Married	30	8
	13.3%	11.1%
Single	138	33
	61.1%	45.8%
Divorced	58	26
	25.6%	36.2%
Widowed	0	5
	0%	6.9%
Total	226	72
	100%	100%

***   statistically significant at $p \leq .001$

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_____Table 6: Marital Status by Race_____

Marital Status   **Race** *

	White	*Black*	*Hispanic*	*Other*
Married	21	10	5	2
	14.0%	8.2%	25.0%	33.3%
Single	76	83	9	3
	50.6%	68.0%	45.0%	50.0%
Divorced	52	25	6	1
	34.7%	20.5%	30.0%	16.7%
Widowed	1	4	0	0
	0 .7%	3.3%	0%	0%
Total	150	122	20	6
	100%	100%	100%	100%

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*statistically significant at $p \leq .05$

Educational Level

      The average educational level of clients in the sample was 11.41 years. Six was the lowest number of education years completed and 16 was the highest number of years completed. Most clients (58.3%) in the sample completed high school. There was no significant difference in high school completion by sex. There was a significant difference in high school by race. Please see Figure 5 and Tables 7 through 9 for more information on the educational level of the sample.

Figure 5: Education & Race/Ethniticy

High School Completion

Whites   Hispanics

Blacks
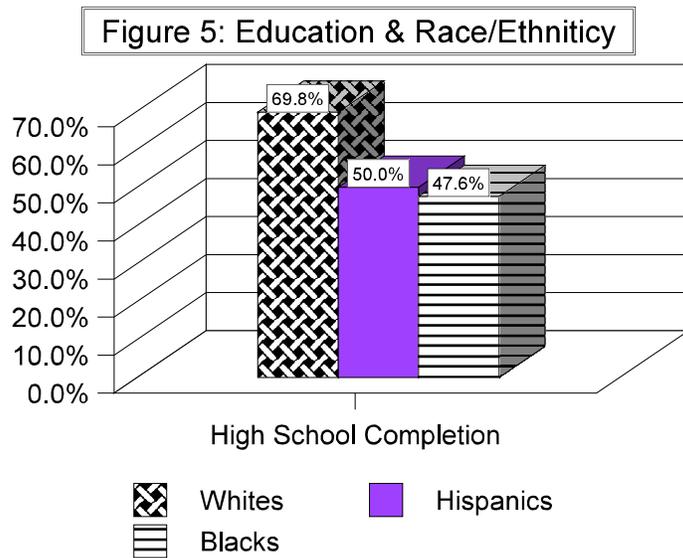
Table 7 : High School Completion Rate

High School Completion	Number	Percent
No	124	41.4%
Yes	175	58.3%
Missing	1	.3%
Total	300	100%

Table 8: High School Completion by Sex

High School Completion	Sex	
	Male	_Female_
No	92	32
	40.9%	43.2%
Yes	133	42
	59.1%	56.8%
Total	225	74
	100%	100%

<u>_____Table 9 : High School Completion Rate____   ___</u>

| | Race*** | | | |
High School Graduation	*White*	*Black*	*Hispanic*	*Other*
No	45	65	10	4
	30.2%	52.4%	50.0%	66.7%
Yes	104	59	10	2
	69.8%	47.6%	50.0%	33.3%
Total	149	124	20	6
	100%	100%	100%	100%

***   statistically significant at p ≤ .001

Age

      The average age of the sample was 32.91 years . The youngest age was from 18 years. The oldest age was 69 years. See Figure 6 and Table 10 for more information on the age distribution of the sample.

Figure 6: Age Range

|	
■ Under 21	▨ 21 to 29 yrs
▦ 30 to 39 yrs	◒ 40- 49 yrs
▨ 50 to 59 yrs	■ 60 and over

Data labels: 13.7%, 26.3%, 32.7%, 22%, 5%, 0.3%
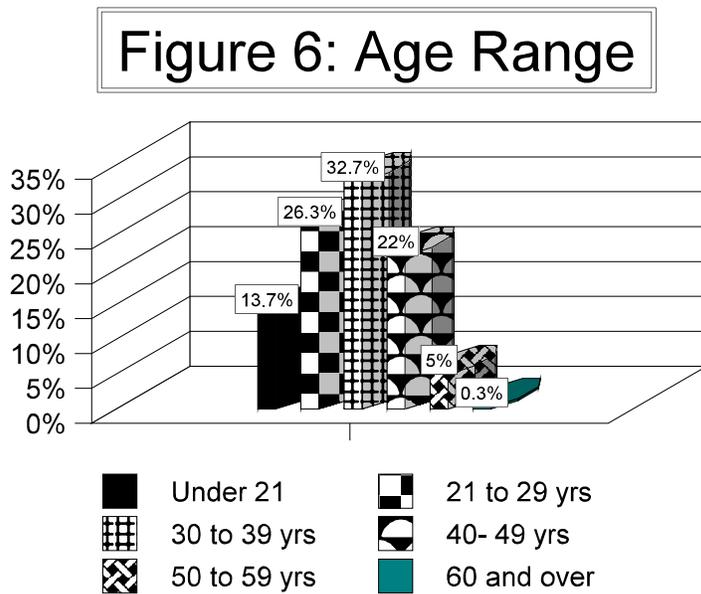
Table 10 : Age Range

Age Range	Number	Percent
Under 21 yrs	41	13.7%
21 to 29 yrs	79	26.3%
30 to 39 yrs	98	32.7%
40 to 49 yrs	66	22.0%
50 to 59 yrs	15	5.0%
60 and over	1	0 .3%
Total	300	100%

Employment History

Most clients (61.3%) in the sample worked at least one day in the month prior to TASC intake. The average number of days worked was 11.04 days. There was no significant difference in whether or not clients had worked in the month prior to TASC intake by race /ethnicity. There was a significant difference by sex. See Figures 7 as well as Tables 11 and 12.

Figure 7: Work History by Sex

Men: 66.8%
Women: 44.6%

Worked in Month Before TASC Intake

Men   Women
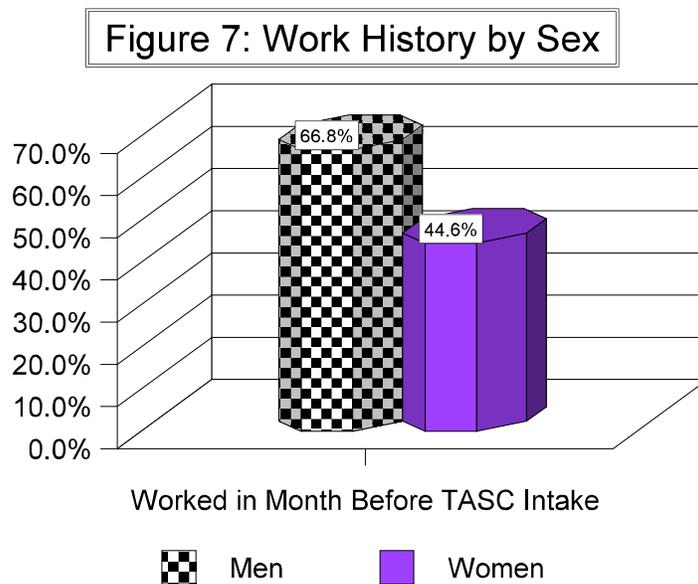
Table 11 : Work History in Month Before TASC Intake

Worked in Month Before TASC Intake	Number Of Clients	Percent Of Clients
No	116	38.7%
Yes	184	61.3%
Total	300	100%

Table 12 : Worked History in Month Before TASC Intake by Sex

Worked in Month Before TASC Intake	Sex ***	
	Male	Female
No	75 33.2%	41 55.4%
Yes	151 66.8%	33 44.6%
Total	226 100%	74 100%

*** statistically significant at p ≤ .001

Income

In the month prior to TASC intake the average income for the sample was $652.94. The income range was from a low of $0 to a high of $8000.00. Nearly one-quarter of the sample had an income under $100 in the month prior to TASC intake. See Table 13 for the income distribution of the sample.

### Table 13 : Reported Income in the Month Prior to TASC Intake

Income Range in Month Before TASC Intake	Number Of Clients	Percent Of Clients
0 - $ 99	75	24%
$100-$199	20	6.7%
$200-$299	15	5.0%
$300- $399	11	3.7%
$400-$499	20	6.7%
$500-$599	33	11.0%
$600-$699	12	4.0%
$700-$799	15	5.0%
$800-$899	18	6.0%
$900-$900	14	4.7%
$1000-$1099	15	5.0%
$1100-$1199	5	1.7%
$1200-$1299	13	4.3%
$1300-$1399	1	0.3%
$1400-$1499	8	2.7%
$1500 & over	28	9.3%

History of
Alcohol and Other Drug
Use

The most commonly used drugs and those most likely to be considered a major problem were, in order of frequency: <u>alcohol, cannabis and crack/ cocaine</u>. There were significant differences in the nature of substance abuse problems by sex and by race/ethnicity. Figures 8 and 9 illustrate these significant differences. Refer to Tables 14 through 17 for a complete description of substance abuse histories and major problems.

Figure 8: Significant Differences in Major Drug Problem by Sex

Figure 9: Significant Differences in Major Drug Problem by Race
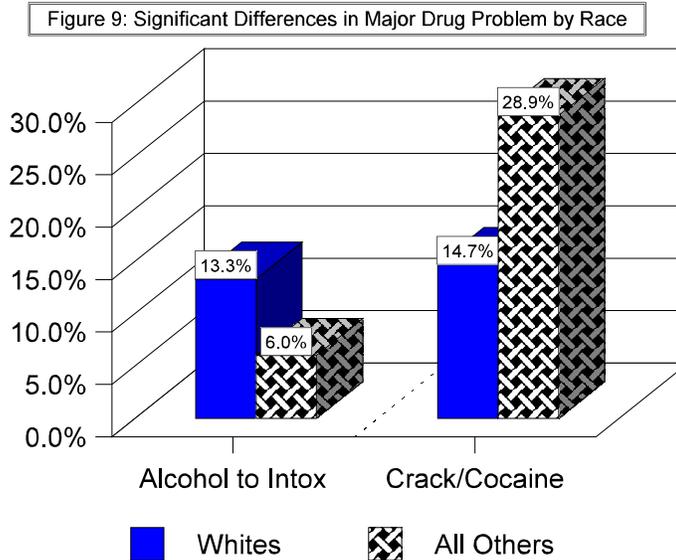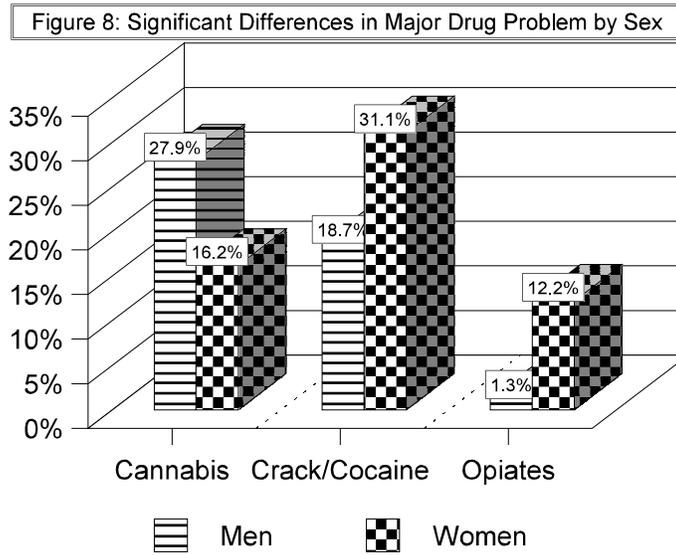
Table 14 : Years of Substance Abuse

Substance	Years of Use Reported at TASC Intake	
	Average Length of Use	Range
Alcohol	7.82 yrs	0 - 54 yrs
Alcohol to Intoxication	4.17 yrs	0 - 41 yrs
Amphetamines	.15 yrs	0 - 25 yrs
Barbiturates	.04 yrs	0 - 8 yrs
Cannabis	4.89 yrs	0 - 32 yrs
Cocaine/ Crack	2.93 yrs	0 - 28 yrs
Heroin	.65 yrs	0 - 31 yrs
Inhalants	.04 yrs	0 - 10 yrs
Methadone	.10 yrs	0 - 20 yrs
Opiates	.72 yrs	0 - 29 yrs
Other Drugs	1.51 yrs	0 - 29 yrs

Table 15 : Major Substance Abuse Problems

Substance	Assessed as Major Problem at TASC Intake	
	Number of Clients	Percent of Sample
Alcohol	127	42.3%
Alcohol to Intoxication	29	9.7%
Amphetamines	0	0%
Barbiturates	0	0%
Cannabis	75	25.0%
Cocaine/ Crack	65	21.7%
Heroin	5	1.7%
Inhalants	1	.3%
Methadone	0	0%
Opiates	12	4.0%
Other Drugs	9	3.0%

Note: Number exceeds 300 and the percent exceeds 100% because some clients in the sample had major problems with more than one substance.

<u>   Table 16 : Major Substance Abuse Problem by Sex   </u>

Substance	Assessed as Major Problem at TASC Intake	
	% of Males	% of Females
Alcohol	44.2%	36.5%
Alcohol to Intoxication	9.7%	9.5%
Amphetamines	0%	0%
Barbiturates	0%	0%
Cannabis	27.9%	16.2% *
Cocaine/ Crack	18.7%	31.1% *
Heroin	1.8%	1.4%
Inhalants	.4%	0%
Methadone	0%	0%
Opiates	1.3%	12.2% ***
Other Drugs	2.7%	4.7%

*   statistically significant at p $\leq$ .05

***   statistically significant at p $\leq$ .001

Table 17 : Major Substance Abuse Problems by Race

Assessed as Major Problem at TASC Intake

Substance	% of whites	% of all other groups combined
Alcohol	47.3%	37.3%
Alcohol to Intoxication	13.3%	6.0% *
Amphetamines	0%	0%
Barbiturates	0%	0%
Cannabis	22.7%	27.3%
Cocaine/ Crack	14.7%	28.9% **
Heroin	2.7%	.7%
Inhalants	.7%	0%
Methadone	0%	0%
Opiates	4.0%	4.0%
Other Drugs	2.7%	3.3%

*   statistically significant at $p \leq .05$

**   statistically significant at $p \leq .01$

Treatment History

Most of the clients in the sample reported a prior history of substance abuse treatment at the time of TASC intake. Refer to Tables 18, 19 and 20 for detailed information on the prior substance abuse treatment histories. Over 25% of the sample received some type of mental health treatment prior to TASC intake. See Tables 21 and 22 for detailed information on mental health treatment histories.

There were significant differences in mental health treatment histories by sex. Figure 10 illustrates these significant differences. There were significant differences in substance abuse and mental treatment histories by race. Figure 11 illustrates the differences in treatment histories by race. See Table 23 and 24 for more information on substance abuse and mental health treatment histories by sex and by race.

The key finding on the treatment histories of clients in the sample can be summarized as follows:

▸ Most of the clients (52.7 %) in the sample reported a prior history of substance abuse treatment at the time of TASC intake.

▸ 27.3% of the sample reported a history of prior outpatient mental health treatment at the time of TASC intake.

▸ 12.3% of the sample reported a history of prior history of psychiatric hospitalization at the time of TASC intake

▸ There were significant differences in prior substance abuse and mental health treatment histories by race / ethnicity.
▸

• Whites were significantly more likely than all other groups to report a history of prior substance abuse treatment.

• Whites were significantly more likely than all other groups to report a history of prior psychiatric hospitalization and outpatient mental health treatment.

▸ There were significant differences in mental health treatment histories by sex.

• Women were significantly more likely than men to have a history of hospitalization and outpatient treatment.

Table 18 : History of Substance Abuse Inpatient Treatment

History of Inpatient Substance Abuse Treatment	Number	Percent
Yes	43	14.3%
No	250	83.3%
missing	7	2.3%
	300	100%

Table 19 : History of Substance Abuse Outpatient Treatment

History of Outpatient Substance Abuse Treatment	Number	Percent
Yes	158	52.7%
No	140	46.7%
missing	2	.7%
	300	100%

Table 20 : History of AA CA and NA

History of AA ,NA or CA	Number	Percent
Yes	195	60.0%
No	93	31.0%
missing	12	4.0%
	300	100%

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_____ *Table 21 : History of Psychiatric Hospitalization*_____

History of Psychiatric Hospitalization		*Number*	*Percent*
	Yes	37	12.3%
	No	263	87.7%
		300	100%

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_____ *Table 22 : History of Mental Health Outpatient Treatment*_____

History of Outpatient Mental Health Treatment		*Number*	*Percent*
	Yes	82	27.3%
	No	218	72.7%
		300	100%

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Table 23 : History of Treatment by Client's Sex

Type of Treatment	Reported History of Prior Treatment	
	% of Males	% of Females
History of Inpatient Substance Abuse Treatment	12.7%	20.5%
History of Outpatient Substance Abuse Treatment	52.4%	54.8%
History of AA, NA or CA	66.1%	72.9%
History of Psychiatric Hospitalization	9.3%	21.6% **
History of Outpatient Mental Health Treatment	23.9%	37.8% *

*   statistically significant at $p \leq .05$

**   statistically significant at $p \leq .01$

Table 24 : History of Treatment by Race

Type of Treatment	Reported History of Prior Treatment	
	% of whites	% of all other groups combined
History of Inpatient Substance Abuse Treatment	19.7%	9.6% *
History of Outpatient Substance Abuse Treatment	58.8%	47.3% *
History of AA, NA or CA	74.5%	60.8% *
History of Psychiatric Hospitalization	18.0%	6.7% **
History of Outpatient Mental Health Treatment	31.3%	23.3%

*   statistically significant at $p \leq .05$

**   statistically significant at $p \leq .01$

Figure 10: Mental Health Treatment History by Sex

Men: Psychiatric Hospitalization 9.3%, MH Outpatient Treatment 23.9%
Women: Psychiatric Hospitalization 23.9%, MH Outpatient Treatment 37.8%
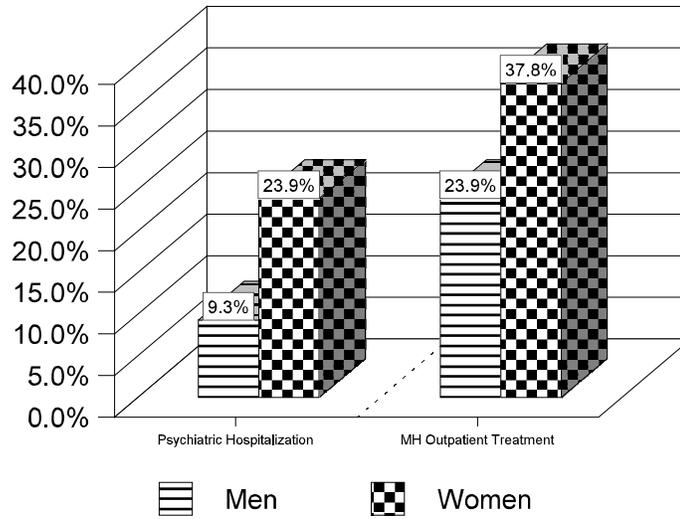
Figure 11: Treatment History by Race

Whites: SA Inpatient/Treatment 19.7%, SA Outpatient Treatment 58.8%, AA NA CA 74.5%, Psychiatric Hospitalization 18.0%
All other groups: SA Inpatient/Treatment 9.6%, SA Outpatient Treatment 47.3%, AA NA CA 60.8%, Psychiatric Hospitalization 6.7%
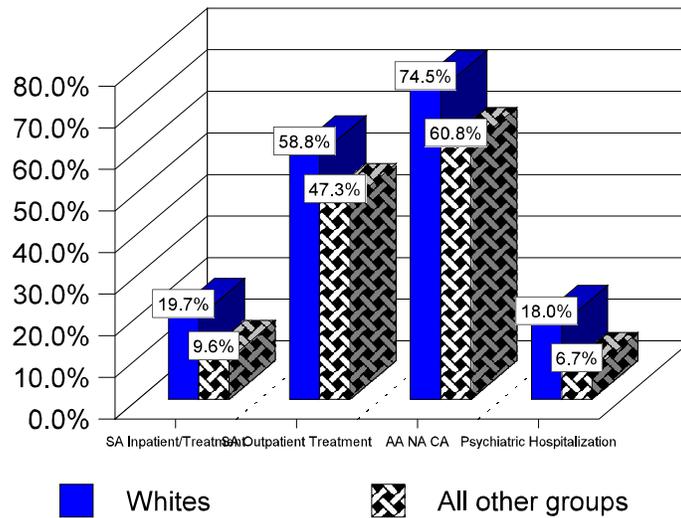
Treatment Needs and Tier Assignment

All TASC clients are administered an ASI assessment at the start of their program. ASI scores indicate the severity of problems and need for service/ treatment in the following areas:

- ◆ **Medical**
- ◆ **Employment**
- ◆ **Alcohol**
- ◆ **Drug**
- ◆ **Legal**
- ◆ **Family / Social**
- ◆ **Psychiatric**

Table 25 shows the average ASI scores for the sample by area of problem. The higher a client's score in a given area the more severe the problem and the greater the need for treatment and/or other services. As would be expected, drugs and alcohol were the areas of most severe problems for clients.

Based on the nature and severity of their problems TASC clients are assigned to one of three service tiers. The higher the tier the more intense the level of services. Clients in Tier 3 will receive the highest level of TASC case management while clients in Tier 1 will receive the lowest level. The assignment of sample clients to tiers is shown on Table 26. Most of the clients (64.3%) in the sample were assigned to Tier 2. This middle tier provides clients with an intermediate level of TASC case management service.

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        _Table 25 : ASI Scores_____

ASI Area	Average	Range of Scores
Drugs	4.21	0 - 9
Alcohol	3.63	0 - 9
Psychiatric	1.28	0 - 9
Medical	.96	0 - 9
Employment	.86	0 - 7
Family / Social	.40	0 - 7
Legal	.12	0 - 6

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        _Table 26: TASC Service Tier_____

Tier	Number Of Clients	Percent of Clients
Tier 1	49	16.3%
Tier 2	193	64.3%
Tier 3	58	19.3%

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Criminal History

At the time of TASC intake most of the clients (50.7%) were charged with a non-violent felony. See Figure 12 and Table 27 for a complete description of sample clients most serious charge at the time of TASC intake. Sample clients, on average, had extensive criminal justice histories. The average number of prior offenses for clients in the sample was 11.83. Please refer to Table 28 for more specific information on offense histories.

Figure12: Most Serious Charge at TASC Intake

Legend:
- Violent Felony
- Non-Violent felony
- Violent Misdemeanor
- Non-Violent Misdemeanor
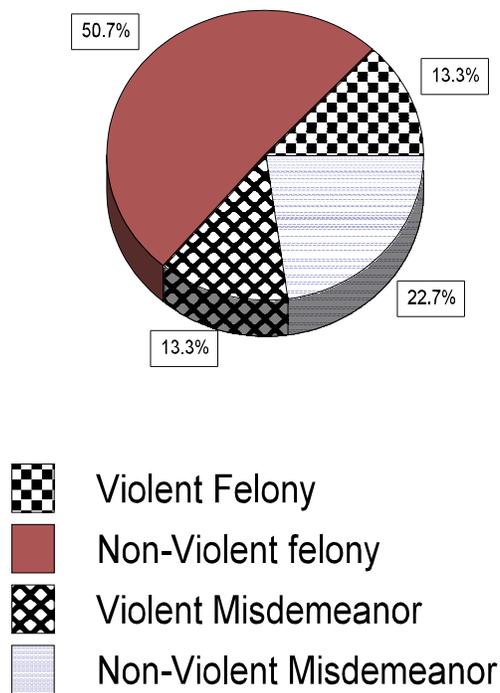
Table 27: Most Serious at TASC Intake

	Clients	
Offense Category	Number*	Percent*
Violent Felony	40	13.3%
Non-Violent Felony	152	50.7%
Violent Misdemeanor	40	13.3%
Non-Violent Misdemeanor	68	22.7%
Total	300	100%

Table 28 : History of Criminal Charges

Offense Category	Average	Range
Violent Felony	.82 offenses	0 - 25
Non-Violent Felony	1.97 offenses	0 - 25
Violent Misdemeanor	1.23 offenses	0 - 27
Non-Violent Misdemeanor	7.80 offenses	0 - 120
Total Offenses	11.83 offenses	1 - 128

TASC and Treatment Completion

Just under 40% of the sample successfully completed TASC. Figure 13 shows the discharge statuses of the sample clients. Table 29 shows the breakdown of the TASC discharge statuses of clients in the sample. Table 30 shows the rates of substance abuse treatment completion and Table 31 shows the number and percent of clients who completed an alcohol and drug abuse educational program.

Figure 13 : TASC Client Discharge Status

39.0%

5.3%

55.7%

▦ Successful   ▥ Unsuccessful
☰ Neutral
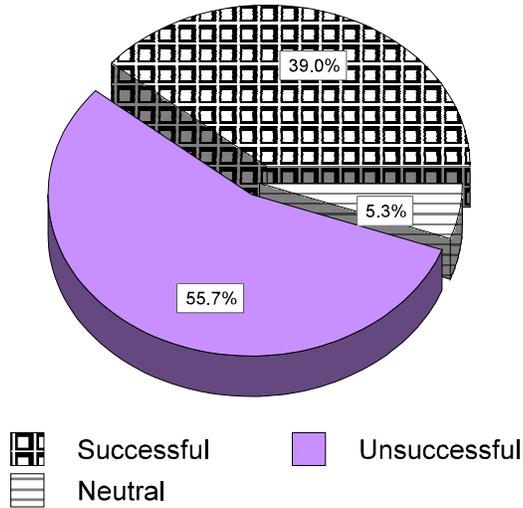
Table 29: TASC Discharge Status

		Number	Percent
TASC Discharge			
	Successful	117	39.0%
	Unsuccessful	167	55.7%
	Neutral	16	5.3%
		300	100 %

Table 30: Substance Abuse Treatment Completion

		Number	Percent
Completed Substance Abuse Treatment			
	Yes	95	31.7%
	No	205	68.3%
		300	100 %

Table 30: Completed Alcohol and Other Drug (AOD) Education Program

		Number	Percent
Completed AOD Education			
	Yes	31	10.3%
	No	269	87.7%
		300	100 %

One Year Outcomes

The average length of time a sample client sustained in the community without arrest was 274.3 days. Many (61.3%) in the sample sustained for one year in the community without arrest on a new charge or probation violation. See Figure 14 and Table 31 for more descriptive information on one year outcomes.

Figure 14: One Year Outcomes

61.3%

38.7%

⊞ Successful / No Arrests
■ Arrested on New Charge of PV
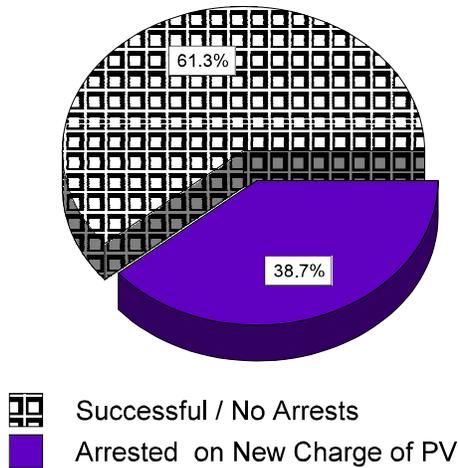
Table 31 : One Year Outcomes

One Year Without Arrest

Yes (successful)	184	61.3%
No (arrested)	116	38.7%
	300	100 %

TASC Completion
and
One Year Recidivism

Effects of TASC and Substance Abuse Treatment Completion on
One Year Recidivism

Of the 300 clients in the sample, 117 (39.0%) completed TASC. Ninety five (31.7%) of the clients in the sample completed substance abuse treatment; however, not all clients who completed substance abuse treatment also completed TASC. Ten clients who successfully completed substance abuse treatment did <u>not</u> compete TASC. Thirty two clients who completed TASC did not complete substance abuse treatment. Of the 32 clients who completed TASC but did not complete substance abuse treatment, 31 did complete the TASC Alcohol and Drug Education Program.

<u>Of the 117 clients who completed TASC, 101 (86.3%) sustained in the community for one year following TASC discharge without being arrested on a new charge or a PV</u> (see Figure **15 on the next page**). Completing TASC was significantly (p<.001) and positively (Phi=.410) associated with sustaining in the community for one year after discharge without arrest. Completion of substance abuse treatment was also significantly (p<.001) and positively (Phi=.276) associated with sustaining one year without arrest. The Phi values indicate that the strength of the association between TASC completion and one year of community success is greater than the strength of the association between completion of treatment and one year of community success.

A logistic regression was constructed to examine whether TASC completion, which often but not always included completion of substance abuse treatment, or substance abuse treatment was the most powerful predictor of community success. The results of the logistic regression indicate that <u>TASC completion was the more powerful predictor of one year of community success</u>. When considered together in a logistic regression, TASC completion remained significantly (p<.001) associated with one year of community success. When entered into a logistic regression model with TASC completion, treatment completion was not significantly associated with one year of community success. This should in not be interpreted to suggest that completion of substance abuse treatment is not important to community success. When two variables such a TASC completion and substance abuse treatment completion have a high degree of correlation only the variable most strongly associated with the outcome (one year in the community without arrest) will be significant in a logistic regression model. Treatment completion is an important element in most TASC completions. It appears that the specialized services TASC provides to criminal justice clients enhances those clients' likelihood of community success.

Figure 15 : TASC Completion and One Year Without Arrest

One Year Without Arrest

- Completed TASC
- Did Not Complete TASC
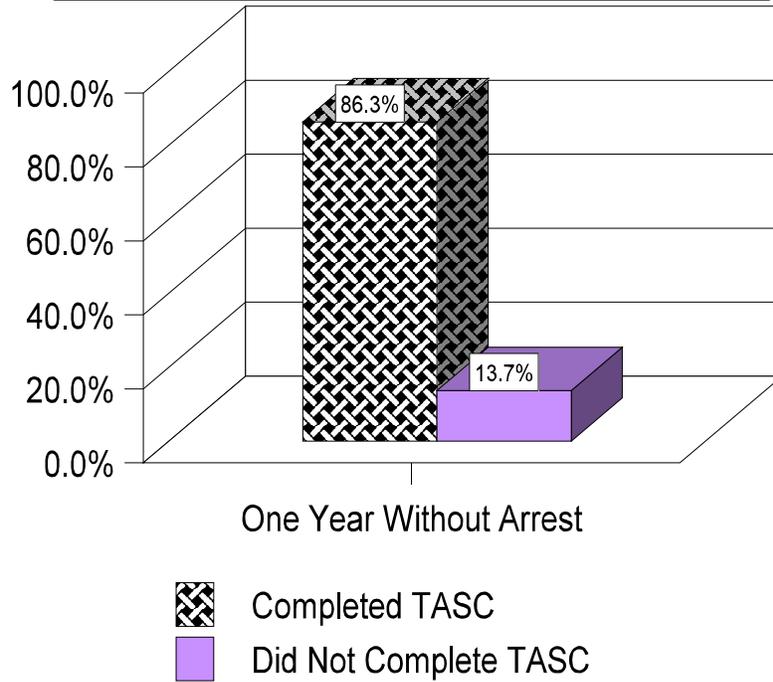
Effects of Socio-Economic and Criminal History Variables on One Year Recidivism

To accurately assess the impact of TASC on recidivism reduction, other factors commonly associated with recidivism must also be examined. Therefore, an analysis was conducted to examine the influence of those socio-economic and criminal history variables which, according to the literature, are often associated with criminal recidivism. A logistic regression model was constructed in which one year without arrest was the dependent variable and the below listed independent variables were entered using a forward stepwise procedure.

- Sex
- Age
- Race
- Marital Status
- Criminal History
- Education
- Days Worked (in month prior to TASC intake)
- Income (in month prior to TASC intake)

This model showed four variables, income, criminal history, age and race, as significantly ($p \leq .05$) associated with the dependent variable of recidivism. These four variables combined in the model explain 10% to 13% of the variance in one year recidivism. The nature of the associations are as follows:

▸   As age increases the likelihood of recidivism decreases.

▸   As arrest history increases the likelihood of recidivism increases.

▸   As income increases the likelihood of recidivism decreases.

▸   Whites have a lower likelihood of recidivism than nonwhites.

Nature of Substance Abuse Problems and One Year Recidivism

A logistic regression analysis was conducted to determine whether having a major problem with alcohol, crack/cocaine, cannabis, opiates, heroin or any other drug influenced the probability of sustaining in the community for one year without re-arrest. The three drugs most frequently identified as major problems for clients in the sample were alcohol, cocaine/crack and cannabis.

Two logistic regression models were constructed. In both models one year without arrest was the dependent variable. In the first model the independent variables were major substance abuse problems as identified at TASC intake. The results of this logistic regression can be summarized as follows:

> ▸ There were no significant associations between one year recidivism and the type of drug identified as a major problem at TASC intake.

The second model entered the number of years a person reportedly used specific substances. There was only one significant ($p \leq .05$) finding from this logistic regression.

> ▸ As years of alcohol use to intoxication increases the likelihood of recidivism also increases.

ASI Scores and One Year Recidivism

The ASI is an assessment instrument administered to all TASC clients. A logistic regression was constructed to examine the possible association between ASI scores and one year recidivism. The results of this analysis are as follows:

- ▸ There was no significant association between the ASI alcohol score and the likelihood of arrest in the year following TASC discharge.

- ▸ There was no significant association between ASI medical or family scores and the likelihood of arrest in the year following TASC discharge.

- ▸ There was no significant association between the ASI employment score and arrest in the year following TASC discharge.

- ▸ There was no significant association between the ASI drug score and arrest in the year following TASC discharge.

- ▸ There was no significant association between the ASI Psychiatric score and arrest in the year following TASC discharge.

Criminal Charges at Intake and One Year Recidivism

Using the SPSS 10.1 logistic regression procedures the association between the most serious criminal charge at intake and arrest in the year following TASC discharge were examined. The association between seriousness of criminal charge at intake and arrest in the year following TASC discharge were also examined using logistic regression. The findings were as follows:

- ▸ There was no significant association between the nature of the client's most serious charge at intake and arrest in the year following TASC discharge.

- ▸ TASC clients charged with violent felonies were no more likely to recidivate than clients charged with other offenses.

- ▸ TASC clients charged with non-violent felonies were no more likely to recidivate than clients charged with other offenses.

- ▸ TASC clients charged with violent misdemeanors were no more likely to recidivate than clients charged with other offenses.

- ▸ TASC clients charged with non-violent misdemeanors were no more likely to recidivate than clients charged with other offenses.

Effect of TASC Completion on One Year Recidivism

A logistic regression model was constructed to examine the association between successful completion of TASC and one year recidivism. This model controlled for the influences of income, criminal history, years of alcohol use to intoxication, age and race.

Four variables were found to be significantly associated with one year recidivism in this model. Those variables and the associated level of significance are as follows:

- ▸ Success Completion of TASC $p \leq .001$

- ▸ Age $p \leq .001$

- ▸ Race $p \leq .01$

- ▸ Prior Criminal History. $p \leq .05$

The relationships are as follows:

- ▸ Clients who successfully complete TASC have a lower likelihood of recidivism than clients who do not successfully complete TASC.

- ▸ As age increases the likelihood of recidivism decreases.

- ▸ As arrest history increases the likelihood of recidivism increases.

- ▸ Whites have a lower likelihood of recidivism than nonwhites.

These four variables, TASC completion, age, criminal history and race, in a model explain 22.7% to 30.8% of the total variance in one year recidivism.

Of the four variables found to be significantly associated with reduced rates of recidivism in this model the most powerful predictor is successful completion of TASC. The TASC completion variable alone explains 16.7% to 22.7% of the variance in recidivism. The TASC completion variable also has the highest level of significant in the logistic regression results.

Factors Associated With
Successful Completion of TASC

Socio-Economic Factors and TASC Completion

The association between TASC completion and various socio-economic variables was examined using the SPSS 10.1 logistic regression procedure. The socio-economic variables examined were: sex, race, age, educational level, marital status, employment history (days worked in the month prior to TASC intake) and income (reported income in the month prior to TASC intake). Both a forward stepwise and enter procedure were used to examine the effects of the socio-economic variables on successful completion of TASC. Both procedures were used because that the forward stepwise regression model left some doubt as to the significance of the income variable. The income variable was significant in the first four models generated by the stepwise procedure. The model generated on the fifth step excluded income. The final model of the forward stepwise procedure included only the marital status, employment and education variables. The enter procedure confirmed the results of the last step of the forward stepwise procedure. When all socio-economic variables are jointly entered into the model the only variables to retain significance are educational level, employment history and marital status. The findings of the logistic regressions are:

▸ There was no statistically significant association between sex and successful completion of TASC. A client's sex does not effect the client's probability of successfully completing TASC.

▸ There was no statistically significant association between race and successful completion of TASC. A client's race does not effect the client's probability of completing TASC.

▸ There was no statistically significant association between age and successful completion of TASC. A client's age does not effect the client's probability of completing TASC.

▸ There was no statistically significant association between income and successful completion of TASC when education level, employment and martial status are part of the analysis. This is a likely product of the correlation between education, employment and income. Of these three related variables, education and employment appear to be the more powerful predictors of completing TASC.

▸ There was a statistically significant association (p<.01) between educational level and successful completion of TASC. The higher the client's educational level the greater the probability of completing TASC.

▸ **There was a statistically significant association (p$\leq$ .05) between employment (days worked in the month prior to TASC admission) and completion of TASC. The more days the client worked in the month prior to TASC admission the greater the probability of successfully completing TASC.**

▸ **There was a statistically significant association (p$\leq$ .05) between marital status and completion of TASC. Clients who reported being married at the time of TASC intake had a higher probability of successfully completing TASC than clients who reported they were not married.**

Extent of Substance Abuse Problem and TASC Completion

A logistic regression analysis was conducted to determine if having a major problem with alcohol, crack/cocaine, cannabis, opiates, heroin or any other drug influenced the probability of TASC completion. The three drugs most frequently identified as major problems for clients in the sample were alcohol, cocaine/crack and cannabis.

A logistic regression was constructed with successful completion of TASC as the dependent variable. All major substance abuse problems reported by clients were entered into the analysis to determine if there was a significant association between any given problem and completion of TASC. The results of this logistic regression are:

▸   There was a statistically significant association (p< .05) between having a major problem with crack/cocaine and successful completion of TASC. A client with a major crack/cocaine problem was less likely to complete TASC than a client without such a problem.

▸   There was a statistically significant association (p< .05) between having a major problem with cannabis and successful completion of TASC. A client with a major cannabis problem was less likely to complete TASC than a client without such a problem.

▸   There was a statistically significant association (p< .05) between having a major problem with opiates and successful completion of TASC. A client with a major opiate problem was less likely to complete TASC than a client without such a problem.

▸   There was no statistically significant association between having a major problem alcohol, heroin or other drugs and successful completion of TASC.

▸   There was a statistically significant association (p< .05) between years of cocaine use and successful completion of TASC. As years of crack/cocaine use increases the likelihood of TASC completion decreases.

▸   There was a statistically significant association (p< .05) between years of alcohol use to intoxication and successful completion of TASC. As years of alcohol use to intoxication increases the likelihood of TASC completion decreases.

▸   There was no statistically significant association between the years of any other drug use and successful completion of TASC.

ASI Scores and TASC Completion

The ASI is an assessment instrument administered to all TASC clients. The ASI assesses a client's level of problem/ service need in the following areas: medical, employment, alcohol, drugs family, psychiatric. A logistic regression was constructed to examine the association between ASI scores and successful completion of TASC. The results were:

▸ There was <u>no significant association</u> between the <u>ASI alcohol score</u> and the probability of <u>successfully completing of TASC</u>. TASC was equally successful with clients regardless of the severity of their problem with alcohol.

▸ There was <u>no significant association</u> between ASI medical or family scores and the probability of <u>successfully completing of TASC</u>. TASC was equally successful with clients regardless of the severity of their medical, legal or family problems.

▸ There was <u>a statistically significant association</u> (p<.05) between the <u>ASI employment score</u> and successful <u>completion of TASC</u>. The lower the severity of the client's employment problems the higher the probability of successfully completing TASC.

▸ There was <u>a statistically significant association</u> (p<.01) between the <u>ASI drug score</u> and successful <u>completion of TASC</u>. The lower the severity of a client's drug problems the higher the probability of successfully completing TASC.

▸ There was <u>a statistically significant association</u> (p<.01) between the <u>ASI Psychiatric score</u> and successful <u>completion of TASC</u>. The lower the severity of a client's psychiatric problems the higher the probability of successfully completing TASC.

Criminal Charges and TASC Completion

The 10.1 logistic regression procedure was used to examine the associations between the most serious criminal charge at intake and TASC completion. The possible association of criminal history and TASC completion were also examined using logistic regression. The major findings were:

▸   There was no significant association between the nature of the client's most serious charge at intake and successful completion of TASC.

▸   A client charged with a violent felony was as likely to successfully complete TASC as a clients charged with any other type of offense.

▸   A client charged with a non-violent felony was as likely to successfully complete TASC as a client charged with any other type of offenses.

▸   A client charged with a violent misdemeanor was as likely to successfully complete TASC as a client charged with any other type of offense.

▸   A client charged with a non-violent misdemeanor was as likely to successful complete TASC as a client charged with any other type of offense.

▸   There was no significant association between length of a client's arrest history for violent felonies and successful completion of TASC.

▸   There was no significant association between length of a client's arrest history for non-violent felonies and successful completion of TASC.

▸   There was no significant association between length of a client's arrest history for violent misdemeanors and successful completion of TASC.

▸   There was no significant association between length of a client's arrest history for non-violent misdemeanors and successful completion of TASC.

▸   There was no significant association between the length of a client's total arrest history and successful completion of TASC.

TASC appears to be equally successful with clients regardless of the seriousness of their charge at intake and regardless of their criminal histories.

Length of Participation / Assigned Tier and TASC Completion

A bivariate logistic regression procedure was run to examine the association between length of TASC participation and successful completion of TASC. As would be expected a significant (p ≤ .001) association was confirmed. :

▸   The longer a client participated in TASC the greater the client's likelihood of successfully completing TASC.

TASC clients are assigned to a service Tier (1, 2 or 3) based on their level of assessed need. Those clients with the most severe problems as assigned to Tier 3 where the highest intensity of TASC services are provided. The clients in Tier 1 are assessed as needing the lowest intensity of TASC services. Clients needing an intermediate level of service are assigned to Tier 2.

The relationship between tier assignment and completion of TASC was examined using a cross-tabulation procedure. A chi-square test of significance was also run. A significant (p<.001) association was found to exist between the tier to which a client was assigned and the client's probability of completing TASC. Refer to Figure 16 and Table32 on the following page.

It is not surprising that clients assigned to Tier 1 had the highest probability of completing TASC. Clients in Tier 1 should have less severe problems and lower levels of need for services.

It is surprising that clients assigned to Tier 3 had a higher likelihood of completing TASC than did clients assigned to Tier 2. Nearly 40% of the clients assigned to Tier 3 successfully completed TASC. Less than 32% of the clients assigned to Tier 2 successfully completed TASC.

Figure 16: TASC Completion by Service Tier
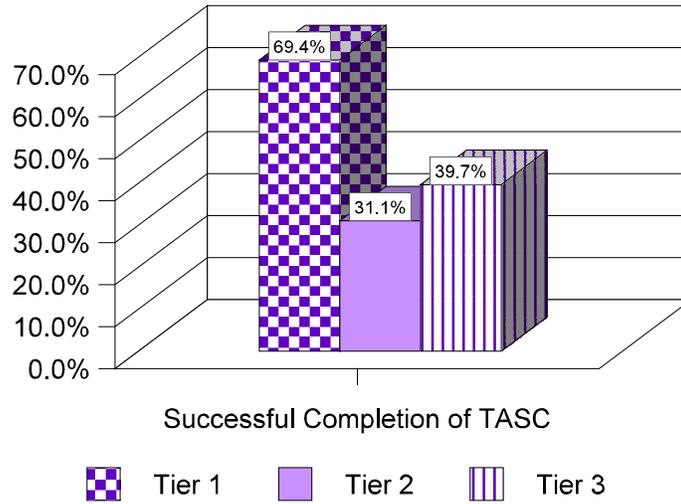
Table 32: Successful Completion of TASC by Tier of Assignment

Tier	Cases Assigned	% Successfully Completing TASC ***
1	49	69.4%
2	193	31.1%
3	58	39.7%

*** statistically significant at p $\leq$.001

Comparison of Risk Factors by Tiers

A series of analyses were conducted to determine whether there were major differences between clients assigned to each of the three tiers. These analyses focused on the variables that had already been identified as risk factors. A risk factor is a variable that has been identified as significantly associated with successful completion of TASC. The results were:

- ▸ There was a statistically significant (p < .001) difference in work history by tier. Most (81.6%) of the clients assigned to Tier 1, 65.3% of the clients in Tier 2 and only 31.0% of the clients in Tier 3 worked in the month prior to TASC intake.

- ▸ There was no significant difference in marital status by tier.

- ▸ There was no significant difference in rates of high school completion by tier.

- ▸ The general trend in the data showed that as ASI drug scores increased so too did the likelihood of assignment to a higher tier.

- ▸ The general trend in the data showed that as ASI psychiatric scores increased so too did the likelihood of assignment to a higher tier.

- ▸ There was a statistically significant (p ≤ .01) difference in crack/cocaine problem by tier. When compared to the other tiers, the clients in Tier 3 were more likely to have major problems with crack/cocaine.

- ▸ There was no significant difference in cannabis or opiate use by tier.

- ▸ The general trend in the data showed that as years of alcohol use to intoxication and years of crack / cocaine use increased so too did the likelihood of assignment to a higher tier.

Clients assigned to Tier 3 had a higher success rate than clients in Tier 2 in spite of the fact that clients in Tier 3 had problems that were equal to or more serious than clients in Tier 2. The implication is that the nature of services provided to clients in Tier 3 is the reason for the higher rate of success. At the core of Tier 3 services is intense case management. Clients assigned to Tier 3 received the highest level of TASC case management services.

Assignment to Tier 3 / Length of Participation and TASC Completion

Tier of assignment and length of participation in TASC are variables that TASC staff can control or influence. At issue is the potential influence of these two variables on the impact of the other variables associated with successful completion of TASC.

▸ Does assignment to Tier 3 alone or in tandem with the length of TASC participation effect the association between any of the below listed variables and TASC completion?

- major problems with crack/ cocaine
- major problems with cannabis
- major problems with opiates
- years of crack/ cocaine use
- years of alcohol use to intoxication
- severity of drug problem
- severity of psychiatric problem
- employment history
- marital status
- educational level

To address these questions a series of logistic regressions were constructed each using successful completion of TASC as the dependent variable. Only the records of clients assigned to Tier 3 were selected for analysis. The logic in this selection was that the nature of services/ intensity of case management provided to clients in Tier 3 may mitigate the adverse influence of other variables, particularly the variables of drug and alcohol problem severity. Time of participation in TASC was added to the equation when a variable remained significant for those clients assigned to Tier 3. The results of the analysis can be summarized as follows:

- There was no significant association between the having a major problem with crack/ cocaine, cannabis or opiates and successful completion of TASC for clients assigned to Tier 3.

- There was no significant association between the years of crack/ cocaine use or years of alcohol use to intoxication and successful completion of TASC for clients assigned to Tier 3.

- There was no significant association between the nature of the client's major substance abuse problem and successful completion of TASC for clients assigned to Tier 3.

- There was no significant association between the severity of drug problem and successful completion of TASC for clients assigned to Tier 3 when length of TASC participation is also considered.

- ▸ There was <u>no significant association</u> between the <u>severity of psychiatric</u> problem and successful completion of TASC for clients assigned to
Tier 3.

- ▸ There was <u>no significant association</u> between <u>employment history</u> and successful completion of TASC for clients assigned to Tier 3.

- ▸ There was still a <u>significant association</u> (p <u><</u>.05) between the <u>educational level</u> and successful completion of TASC for clients assigned to Tier 3 regardless of the length of TASC participation.

- ▸ There was still a <u>significant association</u> (p <u><</u>.05) between the <u>married status</u> and successful completion of TASC for clients assigned to Tier 3 regardless of the length of TASC participation.

        Assignment to Tier 3 eliminated the adverse effects of major substance abuse problems, years of abuse, severity of psychiatric problems and limited employment history on TASC completion. Assignment to tier 3 negated the influence of severity of drug problem when length of time in TASC was also considered. Educational level and marital status remained significant in Tier 3 even when length of time in TASC was considered. Please see Table 33 for a summary of the statistical findings.

Table 33: Effects of Tier Assignment and Time in TASC on other Variables Associated with Completion of TASC

	Level of Significance	
Variable	**Assigned to Tier 3**	**Length of Time in TASC**
Major Problem with Crack/ Cocaine	.662 *ns*	
Major Problem with Cannabis	.804 *ns*	
Major Problem with Opiates	.662 *ns*	
Years of Crack/ Cocaine Use	.727 *ns*	
Years of Alcohol Use to Intoxication	.708 *ns*	
Drug Problem Severity	.040 *	.074 *ns*
Psychiatric Problem Severity	.421 *ns*	
Employment History	.539 *ns*	
Educational Level	.037 *	.015 *
Marital Status	.034 *	.025 *

ns   not statistically significant

*   statistically significant at p $\leq$ .05

Summary
and
Recommendations

Summary of Finding

There is a strong and significant relationship between completion of the Toledo/ Lucas County TASC program and sustaining for at least one year in the community without arrest. Successful completion of TASC contributes significantly to recidivism reduction. Age, race and prior criminal history are also associated with one year recidivism, but are not as powerful predictors of the one year outcome as is TASC completion.

A person's age, race and prior criminal history can not be changed. Participation in and completion of TASC is something that can be achieved. It can be a means to reduce involvement in the criminal justice system. <u>Over 86%</u> of the offenders who successfully <u>completed TASC sustained for at least one year in the community</u> without arrest. Completion of the Toledo/ Lucas County TASC program makes a significant difference in the one year recidivism rates of offenders with substance abuse problems.

The data shows that completion of the Toledo/ Lucas County TASC program is not influenced by a client's sex or race. Men and women are equally likely to succeed in the program. There is no significanct difference in TASC completion rates between whites, blacks or Hispanics.

The nature of a client's charge at TASC intake had no significant bearing on the client's completion of TASC. A client charged with a violent felony at the time of TASC intake was as likely to complete TASC as a client charged with any other type of offense. The same is true of a client charged with a violent misdemeanor. A client's most serious charge at intake had no significant effect on the client's completion of TASC. A client's criminal history was also not a factor in TASC completion. While the length of a client's criminal history was directly associated with a client's likelihood of arrest after TASC discharge, it was not significantly associated with a client's likelihood of completing TASC.

There was a significant difference in TASC completion rates based on which substance was a major problem and the number of years of use. A client with a major crack/ cocaine problem or a cannabis problem or an opiate problem was less likely to successfully complete TASC than a client with any other type of substance abuse problem. The longer a client used crack/cocaine or alcohol to intoxication the less likely the client was to complete TASC.

The severity of a client's drug abuse problem, as measured by the ASI, was significantly associated with a client's probability of completing TASC. The more severe a client's drug abuse problem the lower the client's probability of completing TASC. The same was not true of alcohol problem severity. There was no significant relationship between the severity of alcohol abuse problem as measured by the ASI and a client's likelihood of completing TASC. A client with a very severe alcohol problem was as likely to complete TASC as a client who had a much less severe alcohol problem.

The severity of psychiatric problems, as measured on the ASI, was inversely related to successful completion of TASC. The more severe a client's psychiatric problems the less likely the client was to successfully complete TASC. Based on reported histories of treatment over 27% of the TASC clients had some mental health problem. Slightly more than 12% had problems which were so severe that prior psychiatric hospitalization had been warranted. While a minority of TASC clients had prior serious psychiatric problems, clients who did have such problems were less likely to complete TASC.

Employment history was a factor significantly associated with completion of TASC. The more days a client worked in the month prior to TASC intake the greater the client's probability of completing TASC. Limited work history in the month prior to TASC intake was a problem that disproportionally effected female TASC clients. There was a statistically significant difference between male and female clients in terms of work in the month before TASC intake. Women were significantly less likely to be employed. There was no significant difference in the one month work history by race / ethnicity.

Education level was significantly related to completion of TASC. The higher a client's educational level the greater the client's probability of completing TASC. Based on the data from this sample, white clients are likely to have an educational advantage. Nearly 70% of the whites in this sample had completed high school. Only 47.6% of the blacks and 50% of the Hispanics in this sample had completed high school. There was no significant difference in high school completion based on sex.

Marital status was significancy associated with completion of TASC. Clients in the sample who reported being married at the time of TASC intake were significantly more likely to complete the program than clients who were not married. Marital status is an indicator of social support and attachment. It was the only indicator of family / friendship attachment in the data set. The implication of the finding on marital status may best be interpreted to reflect the importance of social attachment and social support.

Two dynamics of the TASC program were significantly associated with successful completion of TASC. The longer a client participated in the TASC program the greater the client's likelihood of completion. Another program dynamic that was significantly associated with TASC completion was the tier of assignment. TASC clients are assigned to a service tier (1, 2 or 3) based on their level of assessed need. Those clients with the most severe problems are assigned to Tier 3 where the highest intensities of TASC services are provided. The clients in Tier 1 are assessed as needing the lowest intensity of TASC services. Client needing an intermediate level of service are assigned to Tier 2. Over 69% of the clients assigned to Tier 1 successfully completed TASC. Clients in Tier 1 should have higher success rates because they have less severe problems and lower levels of need for services. What is most interesting is the comparison of the success rates for clients in tier 2 and 3. Less than 30% of the clients assigned to Tier 2 were successfully while nearly 40% of the clients in Tier 3 successful completed TASC.

Given the significant associations found between TASC program completion and tier of assignment as well as time in TASC, another series of analyses were conducted to determine if assignment to Tier 3 alone or in combination with time of TASC participation influenced the association between those other factors also associated with TASC completion. The outcome of these analyses were:

▸ Assignment to Tier 3 eliminated the adverse effect on TASC completion of major problems with crack/cocaine, a major problem with cannabis and a major problem with opiates.

▸ Assignment to Tier 3 eliminated the adverse effect on TASC completion of years of crack/cocaine abuse and years of alcohol abuse to intoxication.

▸ Assignment to Tier 3 eliminated the adverse effect on TASC completion of severity of psychiatric problems and limited employment history.

▸ Assignment to Tier 3 eliminated the adverse effect on TASC completion of severity of drug problem when length of time in TASC was also considered.

▸ Educational level and marital status remained significant in Tier 3 even when length of time in TASC was considered.

TASC Program Recommendations

Completing TASC is strongly and significantly associated with sustaining in the community for at least one year following discharge without arrest. Completing TASC reduces the recidivism rates of offenders with substance abuse problems. It is, therefore, important to find strategies that will enable more clients to complete the program. Clients assigned to Tier 1 have a high rate of program completion. The completion rates of clients assigned to the other tiers, particularly Tier 2 could be improved. The following recommendations to improve completion rates are based on the results of the data analysis.

1. **Increase Provision of Intense Case Management**
   Of all of the recommendations this appears to be the most important to clients with major drug problems and clients who have long histories of alcohol use to intoxication. The data showed that assigning clients to Tier 3, which provided the most intense level of case management, eliminated the adverse effects of major problems with crack/cocaine, cannabis and opiates, years of crack/cocaine abuse, years of alcohol abuse to intoxication, severe psychiatric problems and serious employment problems on successful completion of TASC. When coupled with increased time in TASC, assignment to Tier 3 also eliminated the adverse effects of drug problem severity on program completion. Increasing the number of clients with serious problems who receive the intense case management should increase the number of clients successfully completing the TASC program.

2. **Increase Time in TASC**
   The data showed a significant correlation between length of time in TASC and successful completion of the program. The length of time clients participate in TASC is particularly critical to the successful outcomes of the clients with the most serious drug problems. Obviously the length of time clients participates in TASC can not be total controlled by TASC staff. Clients may simply stop participating in the program or only be required to participated for a short length of time. TASC staff may, however, be able to influence the clients' length of program participation through encouragement and the nature of service provided. Intense case management may be one of the services that can increase a clients length of TASC program participation.

3. **Promote Positive Interpersonal Skills**
   The importance of social support / attachment was reflected through the significance of the marital status variable. For clients to succeed, it appears important that they have attachments to significant others in the community. Programs that enable clients to improve their interpersonal communications skill or interpersonal conflict resolution ability may be helpful to building and sustaining positive interpersonal relationships. Because marital status was the only indicator of social

support / attachment more research in this area would be beneficial.

4.   Emphasize Educational Advancement
        Educational level is very important to program success. Any TASC client who has not completed high school should have GED completion as a part of his/her program plan. Given the high portion of TASC clients who have not completed high school, GED classes and/or remedial education classes on site at TASC should be considered. Even those clients who have completed high school should be encouraged to pursue advanced education. The educational level of a client is a critical element to success.

Figure 17 on the following page illustrates the above recommendations and there anticipated effects. The expected outcomes of these recommendations can be summarized as follows:

▸   The recommendations should increase the number of clients who successfully complete the Toledo / Lucas County TASC program.

▸   Increasing the number of clients who successfully complete the Toledo/ Lucas County TASC program should reduce criminal recidivism in the Toledo/ Lucas County community.

Figure 17   Recommendations and Expected Results

Recommendations

Increase Provision of Intense Case Management

Increased Time in TASC Program

Promote Positive Interpersonal Skills

Emphasize Educational Advancement

Successful Completion of TASC

Reduced Recidivism