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Evaluation of Adult Lucas County Treatment Alternatives to Street Crime, Inc. (TASC): Outcomes Related to Program Completion

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EVALUATION OF ADULT LUCAS COUNTY
TREATMENT ALTERNATIVES TO
STREET CRIME, INC. (TASC):
OUTCOMES RELATED TO PROGRAM COMPLETION

Report Prepared and Written by:

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With assistance and support from

The Center for Evaluation Services

Stacey Rychener, Ph.D.

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Bowling Green State University

Completed June 30, 2009

EXECUTIVE SUMMARY

The central purpose of this research was to evaluate the Lucas County, Ohio Treatment Alternatives to Street Crime (TASC) program for adult clients. The principal investigator was Associate Professor of Criminal Justice Melissa W. Burek, Ph.D. from Bowling Green State University (BGSU) in conjunction with Stacey Rychener, Ph.D., Director of the Center for Evaluation Services and associates at BGSU. Co-author of the report that follows was Assistant Professor of Criminal Justice Christine Englebrecht, Ph.D., also of BGSU. Data collection for the project began in January 2009 and completed in late March of same year.

We had three general objectives for this evaluation study:

- (1) To identify the extent to which TASC participants complete treatment compared to non-TASC participants
- (2) To ascertain significant factors related to TASC program completion
- (3) To identify the extent of recidivism for TASC participants compared to non-TASC participants

Data on the TASC clients were collected from case files kept under file at the Lucas County, Toledo, Ohio office. To determine TASC's relative effectiveness to a comparable group of offenders, Director Scott Sylak facilitated a cooperative agreement between the directors of the probation departments of Lucas County Common Pleas Probation Department and Toledo Municipal Court and the BGSU research team. Only probationers originally referred to TASC by their probation officers, but did not engage in the TASC program, were included in the comparison, or control, group. The TASC sample comprised any individual who, at a minimum, was assessed by a TASC case manager through program completion.

We collected information pertaining to individual, program, service, and behavioral factors on all cases in both the TASC clients and the probation sample for the years 2006 and 2007. Criminal history and recidivism data were based on official booking sheets and arrest records retrieved in January 2009. Thus, we had at least one year or more of risk data post-discharge for both samples. Overall, we found that TASC completers were more successful on a number of key variables and had decreased levels of recidivism compared to those who did not complete the TASC program and the control group of probationers.

In general, compared to the probation-only sample, simply participating in TASC on some level led to decreased problem behaviors. This finding is definitely something for which Director Sylak and his staff should be commended and supported to continue for the communities in Lucas County and Toledo, Ohio. TASC is a promising program and has already demonstrated its effectiveness since the first evaluation study.

Completion Outcomes: TASC versus Probation Only Groups

| TASC Clients | Probation Only Group |
|---|---|
| <ul style="list-style-type: none">• Over 40% (N=84/205) were successful.• Only two clients charged with new arrest during program• 2.4% non-completers (N=5) tested positive for alcohol/drugs• 36% non-completers were non-compliant with TASC requirements | <ul style="list-style-type: none">• ~10% were successful (N=12/120)• Nearly ¼ had new arrest while on probation• Over 50% had probation revoked or terminated, mainly due to non-compliance with probation conditions |

Non-Completers of both TASC and Probation: Differences.

| TASC | Probationers |
|--|--|
| <ul style="list-style-type: none"> • Clients with at least one child were less likely to complete program | <ul style="list-style-type: none"> • Probationers with no children were less likely to complete probation successfully • Blacks less likely to complete probation successfully |

Non-Completers of both TASC and Probation: Similarities.

| TASC | Probationers |
|---|---|
| <ul style="list-style-type: none"> • More likely to be unemployed. • Did not have prior drug/alcohol treatment experiences • More likely to rely on government assistance or other sources of income | <ul style="list-style-type: none"> • More likely to be unemployed. • Did not have prior drug/alcohol treatment experiences • More likely to rely on government assistance or other sources of income |

Criminal Behaviors: Prior and post-discharge arrests for TASC and Probation Only Groups.

| TASC Completers | TASC Non-Completers | Probationers |
|---|--|--|
| <ul style="list-style-type: none"> • Had fewer arrests prior to TASC involvement • Had fewer arrests post-TASC compared to non-completers and probation only groups | <ul style="list-style-type: none"> • Had more arrests prior to TASC involvement • Had more arrests post-TASC compared to TASC completers | <ul style="list-style-type: none"> • Had more arrests after discharge compared to both TASC groups • Having more prior arrests pre-probation was associated with more total arrests post-probation • Having more prior arrests was associated with more drug/alcohol charges post-probation |

Individual Factors: Those directly controlled or inherently attached to participants.

| TASC Completers | TASC Non-Completers |
|--|--|
| <ul style="list-style-type: none"> • More likely to be employed • More likely to receive wages/salary • Had not used drugs within past 30 days • Less likely to have received previous inpatient treatment for alcohol/drugs | <ul style="list-style-type: none"> • Less likely to be employed • Less likely to receive wages/salary • Had used drugs within past month • Received previous inpatient for alcohol/drugs |

Program Factors: Those affected by TASC and their agents.

| TASC Completers | TASC Non-Completers |
|--|--|
| <ul style="list-style-type: none"> • More likely to meet goals of referral treatment agency • More likely to attend New Concepts | <ul style="list-style-type: none"> • Less likely to meet goals of referral treatment agency |

Service Factors: The kinds of services clients received while in TASC.

| TASC Completers | TASC Non-Completers |
|--|---|
| <ul style="list-style-type: none"> • Received individual counseling services • Had more face-to-face contacts with TASC case managers • Had more contacts made on their behalves to justice system or referral treatment agents • Had more total contacts of all types (e.g., fax/letter, face-to-face, phone) made for them | <ul style="list-style-type: none"> • Did not receive alcohol/drug screening • Did not receive case management services • Had fewer contacts made on their behalves |

Behavioral Factors: Those influenced by the interaction between the client and TASC.

| TASC Completers | TASC Non-Completers |
|---|--|
| <ul style="list-style-type: none">• Decreased risk for relapse• More likely to show improvement in recovery environment• Significantly more likely to<ul style="list-style-type: none">○ be in a stable environment○ complete referral agency treatment○ have improved emotional health○ abstain from drugs/alcohol○ maintain employment• More likely to accept treatment• Increased contacts and alcohol/drug screenings led to improvement in risk/needs factors• More likely to show improvements in emotional behavioral/cognitive condition and complications• More likely to experience positive changes on biomedical conditions/complications between intake and discharge• Demonstrated significant improvement in several risk/needs areas where assessed as being more at risk compared to non-completers | <ul style="list-style-type: none">• Increased risk for relapse• Less likely to show improvement in recovery environment• More at risk between intake and discharge in treatment acceptance/resistance• More likely to test positive for drugs• More likely to regress on emotional behavioral/cognitive conditions and complications• Had more probation violations |

RECOMMENDATIONS: Considerations and practices to continue for TASC program.

- Continue to identify “high risk” TASC participants.
- Consider family dynamics.
- Promote employment.
- Explore program differences to ensure appropriate referral.
- Increase client-staff interactions and contacts made on behalf of TASC participants.
- Help promote ‘readiness to change’ attitude of clients.
- Work more closely with the local probation departments and other justice agents to increase the number of referrals to the TASC program.

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**ADULT LUCAS COUNTY
TREATMENT ALTERNATIVES TO STREET CRIME, INC. (TASC):**

PURPOSE OF STUDY

The purpose of this study was to evaluate the effectiveness of the Lucas County TASC program for adults. Using data collected from a sample of TASC and non-TASC participants, this report will:

- (1) Identify the extent to which TASC participants complete treatment compared to non-TASC participants.
- (2) Identify recidivism rates for TASC and non-TASC participants, comparing these two groups and discussing any similarities and/or differences between groups.
- (3) Ascertain significant factors related to TASC program completion.

PROGRAM DESCRIPTION

The Lucas County TASC Program was established in 1992 and helps to connect individuals with substance abuse problems to community-based treatment solutions. TASC programs serve as a bridge between local treatment programs and criminal justice agencies. Originally created as a department within the Toledo/Lucas County Criminal Justice Coordinating Council (CJCC), TASC separated from the CJCC and became a private, non-profit agency in 1996, Lucas County TASC, Inc. TASC currently runs 15 projects, employs approximately 30 staff members, and has a budget of \$2.6 million. TASC provides assessment, referral, and case management to individuals with substance abuse problems who are associated with the criminal or juvenile justice systems in Northwest Ohio.

Clients are assessed by TASC employees to determine individual needs. Clients are then referred to the appropriate service provider which generally includes substance abuse treatment as well as a variety of other services (e.g., mental health counseling, vocational training, housing assistance). After referral, TASC employees provide follow-up services to ensure treatment compliance.

The mission of TASC and its related programs is to address the needs of offenders and in turn reduce the likelihood of recidivism for this population. In order to accomplish this goal, the TASC program emphasizes a 'case-management' approach to helping offenders (Ventura & Lambert, 2004). TASC attempts to address the myriad of needs that these offenders have through referral to the appropriate programs.

Programs Currently Operated by TASC: Adult and Juvenile TASC

Assessment and case management services are available for participants in all stages of the criminal justice system. Assessment services are provided on site at Toledo Municipal Court, Lucas County Juvenile Court, at the main office and upon request at the Lucas County Jail. Independent research indicates that TASC clients complete substance abuse treatment at a higher rate than other offenders and are less likely to be re-arrested.

- Forensic Linkages Project

TASC provides mental health screening services at the Lucas County Corrections Center, Toledo Municipal Court and Lucas County Common Pleas Court upon referral. Services include, screening for previous and/or current mental health issues, linkage with the most appropriate service provider and communication with referral sources regarding action taken.

- Toledo Reentry Initiative for Women

TASC provides assessment, case management and trauma informed services using the Trauma Reduction Empowerment Model (TREM) to women returning to Toledo/Lucas County from the Ohio Reformatory for Women and the Corrections Center of Northwest Ohio.

- State Offender Stabilization Project

This project started in 2003 and serves 70 - 90 high-risk adult offenders released from the Ohio Department of Rehabilitation and Corrections each year. Services include; assessment, case management, cognitive based groups, family education groups, referral to community resources, on site status review hearings and advocacy. Independent recidivism research conducted by the University of Toledo indicated that project participants were 23% less likely to recidivate compared to a Bureau of Justice Statistics sample.

- Community Reentry Partnership/Juvenile Reentry Court

Established in 2001, the Community Reentry Partnership developed to serve youth returning to Lucas County from the Department of Youth Services. In November 2007 the project added a Juvenile Reentry Court component. Project partners include; TASC, the Ohio Department of Youth Services, local substance abuse/mental health providers, Lucas County Juvenile Court, and the Mental Health and Recovery Services Board of Lucas County. Of the 407 participants discharged through June 30, 2007, 90% remained without re-arrest while in the project. Independent research conducted by the University of Toledo indicated that successful project participants are more likely to find employment or re-engage in school.

- Reception Center Service Coordination

TASC is the lead agency in the Reception Center Service Coordination Grant. Working in partnership with the Ohio Department of Alcohol and Drug Addiction Services, Ohio Department of Rehabilitation and Corrections, Stark County TASC, Inc. and TASC of

Southeast Ohio, TASC staff are placed at the three adult reception centers in Ohio. Project goals including identifying the most appropriate inmates for participation in Ohio's Therapeutic Communities and making recommendations for other appropriate alcohol and drug prison programming. This project provided services to 10,005 inmates in FY07.

- HUD Funded Permanent Supportive Housing Projects

TASC currently operates three separate HUD funded housing projects providing permanent supportive housing services to adult substance abusing offenders. Using the TASC Case Management Model, these projects concentrate on stabilizing clients and developing skills that will promote self reliance.

- North Toledo Citizen Circle

TASC is the lead agency for the North Toledo Citizen Circle. Citizen Circles are community justice partnerships forged between the Ohio Department of Rehabilitation and Correction and communities that promote pro-social interaction and offender accountability upon release. This project is operated at Wesley United Methodist Church, 2934 Stickney Ave. Toledo Ohio 43608.

- Lucas County Returning Home Demonstration Grant

The goals of the Returning Home project are to promote the establishment of two parent families, reduce the risk of incarceration to children with an incarcerated parent and reduce recidivism. This project provides up to 9 months of pre and post release services for inmates and their families. Pre-release services in the Toledo Correctional Institution include Strengthen Families groups, Thinking for a Change Groups, release planning and case management. Post release services include; family case management, in-home parenting services and transportation. Community Partners are UMADAOP of Lucas County, Parents Helping Parents, Toledo Correctional Institution and the Adult Parole Authority – Lima Region.

- Change of PACE Project

The goal of this juvenile diversion project is to reduce the number of offenders entering the juvenile court system due to a first time alcohol and/or marijuana related charge. The project consists of an alcohol/drug assessment, eight hours of alcohol/drug education and six hours of community service. Project partners include; The Community Partnership, COMPASS, and Adelante. Upon successful completion of the project, the youth's charge is voided. An internal program evaluation conducted in 2004 indicated that 76% of the successful participants had no further court involvement 6 month post termination.

- Lucas County Family Drug Court

The goal of the Family Drug Court project is to protect children whose parents are addicted to alcohol and other drugs. TASC provides assessment, case management and group activities using the Getting Ahead model. Peer mentoring is also available. This program was developed

in cooperation with Lucas County Children Services, Lucas County Juvenile Court, and the Mental Health and Recovery Services Board of Lucas County.

- Lucas County Juvenile Treatment Court

The goal of the Juvenile Treatment Court project is to enhance public safety by reducing juvenile delinquency. TASC provides assessment and case management as well as Thinking for a Change and Expect Respect group services. This project was developed in cooperation with Lucas County Juvenile Court, Connecting Point, Inc. and The Mental Health and Recovery Services Board of Lucas County.

- Employment Services

TASC provides employment soft skills development using the Workplace Survival Skills curriculum and placement services to individuals participating in various TASC projects.

- Getting Ahead Peer Case Management

TASC provides peer case management services to individuals participating in the Getting Ahead groups facilitated in multiple locations in Lucas County. This County Commissioner lead initiative is based upon the Bridges Out of Poverty model and aids participants in reaching their full economic potential.

- Substance Abuse Education Services

TASC's education group is a four hour program designed to educate participants about the impact and potential consequences of alcohol and other drugs. This program operates the first two Wednesdays of each month.

- Alumni

TASC provides infrastructure to an Alumni group. This group participates in a myriad of activities that provide support to previous clients. Additionally this group provides input on proposed changes in TASC programming and recommendations for additional services to support TASC clients. Membership is open to all interested successful graduates.

WHAT IS KNOWN ABOUT TASC FROM PAST RESEARCH

TASC Programs across the United States

TASC programs have been implemented in cities around the U.S. since the early 1970s (Anglin, Longshore, & Turner, 1999) and is instrumental in helping to identify offenders with substance abuse problems and help ensure that those individuals receive the needed treatment. As such, TASC programs have been found to help increase the number of offenders with drug abuse problems receive treatment (Collins, Hubbard, Rachal, Cavanaugh, & Craddock, 1982). Further, researchers found that clients in the TASC program received more treatment than their non-TASC counterparts, which led to outcomes that were more positive for TASC participants (Hubbard, Collins, Rachal, & Cavanaugh, 1988).

There is a small body of literature examining the effectiveness of TASC and will be discussed below. Researchers Anglin, Longshore & Turner (1999) evaluated five TASC programs using an experimental and quasi-experimental approach. In evaluating two programs, TASC participants were compared to participants in other treatment programs. In the remaining three programs, TASC participants were compared to those on traditional probation. This study used four types of data including self-report interviews completed at intake and six months later, results of urinalysis testing, treatment records, and official criminal justice records. Using these data, these researchers measured the treatment services received, drug use, and criminal recidivism, which included offender involvement in any drug, property, and/or violent crimes.

When examining treatment services, those involved in TASC programs received more treatment than those who did not participate in TASC, suggesting TASC is an effective model to increase the delivery of services for offenders with substance abuse issues (Anglin et al., 1999). When looking at drug use, TASC members reported lower overall use of drugs in 3 of the 5 TASC sites evaluated. Findings on recidivism rates for those in TASC programs compared to individuals not involved in TASC were mixed. Two sites showed significant differences for new crimes, while others showed no significant differences between groups. Researchers point out that this may be due to the higher level of surveillance and monitoring of individuals in TASC and may be seen as a success by certain standards (i.e., success in detection of criminal behavior) (Anglin et al., 1999). Overall, this study suggests that TASC may be beneficial for offenders with substance abuse problems in comparison to other treatment alternatives or traditional probation. Further, higher risk offenders (those with more serious substance abuse problems) may be the most likely group to benefit from TASC.

Past Lucas County TASC Evaluations

Dr. Lois Ventura from the University of Toledo evaluated the Lucas County TASC program in 2002. A publication also resulted from the efforts of her research in collaboration with Dr. Eric Lambert, previously of University of Toledo, now at Wayne State University. Noted below are the major results from this study. The current evaluation builds upon the findings of these researchers (and previous examinations) and adds to our general understanding of the effectiveness of TASC. Ventura & Lambert (2004) explored whether successful completion of

TASC reduced the likelihood of recidivism for individuals going through the program, which they defined as arrest for a new crime. These researchers compared those who successfully completed the TASC program with those who were unsuccessfully terminated from TASC. Using official records, these researchers compared these two groups on rates of re-arrest one year after being discharged from the TASC program. While the majority of individuals in both groups remained arrest free (61.3%), there were differences between groups. Those who successfully completed TASC were significantly less likely to be rearrested in the 12 month period following completion of TASC (13.7% re-arrest rate) when compared to those unsuccessfully discharged from TASC (54.6% re-arrest rate). This research suggests that involvement in the TASC program can help reduce the risk of recidivism for offenders, which is good news for the Lucas County TASC program.

This research design compared people who successfully completed the TASC program with those who were terminated early from the program, and therefore failed to complete it. From a methodological standpoint, one would expect those who successfully completed the program to be more motivated and in turn, less likely to recidivate than those who dropped out early. This 'successful' group may be more 'ready to change' than those who were unsuccessfully terminated from the TASC program. This motivation, combined with program completion, may lead to differences in recidivism rates for these two groups, a limitation discussed by these researchers. These authors discuss the importance of future research that might focus not only recidivism rates but other conceptualizations of 'success' including maintaining employment, remaining substance free and so forth. Individuals with drug and alcohol problems generally have a variety of needs that must be met in order for treatment to be effective (Ventura & Lambert, 2004).

RESEARCH METHODS

Research Questions

There were three major research questions addressed in this evaluation study.

- First, how many clients successfully complete the TASC program?
- Second, what are the significant differences between clients who completed TASC compared to those who did not?
- Third, how do TASC clients, completers and non-completers combined, compare to a control group of traditional probationers post-discharge from their respective programs?

Data Collection and Sampling Procedures

To answer these questions, we had TASC Director Scott Sylak and associates pull a random list of TASC discharged clients for both 2006 and 2007. These years were selected in order to ensure there would be at least a year or more after program discharge in order to confidently examine recidivism outcomes relative to TASC effects. There were 594 total discharges for the two study years of interest. To ensure we were able to distinguish between factors demonstrated in previous research to significantly affect program completion and repeat offending, we omitted cases from the sample population (N=594) of those clients who did not have the Ohio Department of Drug and Alcohol Services (ODADAS) initial contact and discharge forms completed. The ODADAS forms provided high quality and thorough information pre and post-TASC on variables such as demographics, risk and needs information, services completed, behavioral outcomes, and treatment agency referral information. This yielded a sample of 137 clients in 2006 and oddly enough, the same number in 2007. Since we were also interested in criminal history and future offending behaviors, 69 additional individuals, whose records could not be retrieved either at TASC and/or through county booking and arrest records, were also omitted from the study sample. Our final sample size was 205 TASC clients.

For the control group sample of probationers, Mr. Sylak provided a list of randomly selected individuals who were referred to TASC by probation officers from Toledo Municipal Court (TMC) and Lucas County Common Pleas Court (LCCP) in 2006 and 2007, but did not participate on any level (i.e., did not go to TASC even for an initial assessment). The initial sample size for the probation group was 200 individuals, but we were only able to obtain access to 169 probation case files. 69 of the probationers were from LCCP and 100 from TMC.

Prior criminal history and recidivism data were collected from booking sheets and arrest records from Toledo and/or Lucas County. It is important to note that for the most part, arrests outside of Lucas County were not counted because the booking sheets and arrest records did not provide such information. These data were obtained for all persons in both the TASC and probation sample.

Appendix A includes the data collection instruments/forms for both the TASC and control/probation groups. It would have been ideal if we could use the same instrument for both groups, but due to differences in record keeping between the two agencies, the probation

form had to be modified to try to capture what information we could. Even with these modifications, pertinent information on many variables was missing from probationers' records, likely due to differences in reporting by probation officers. Nonetheless, we were able to effectively compare criminal history and recidivism behaviors between TASC participants and probationers. These results and findings were related to the research questions above follow.

Statistical Procedures

Data were analyzed using SPSS 15.0 for Windows. Frequency distributions, descriptive statistics, t-tests, cross tabulations, one and two-way analysis of variance procedures were conducted. Multinomial logistic and linear regression techniques were also employed, however, the results from these procedures did not yield any new or significant findings beyond what is presented herein.

RESULTS

Given the primary goals of this evaluation study, the following sections highlight the major findings related to

1. The extent to which TASC participants complete the program compared to those who did not.
2. The significant factors related to TASC program completion.
3. The recidivism rates for TASC clients versus traditional probation clients who did not participate in TASC.

TASC Completion

A total of 205 individuals participated in the TASC program during the evaluation period. Of those, 84 (43%) successfully completed the program. The remaining 121 (57%) were deemed 'unsuccessful' and were terminated from the program before completion. Individuals might be terminated from the program for a variety of reasons. The majority of non-completers (n=74; 36.1%) were found to be non-compliant with TASC requirements. Eighteen individuals were neutrally discharged from TASC; 9 absconded; 5 individuals tested positive for alcohol/drug use; 2 were charged with a new arrest (1%); and finally, one client was assessed but never admitted into the program. Based on these figures alone, having some contact with TASC appears to lead to favorable outcomes related to increased abstinence from alcohol/drugs and low levels of new arrests while under the guidance of TASC.

TASC participants were also compared to individuals on traditional probation (our control group) who did not participate in TASC. A total of 120 individuals on probation¹ were included in the control group. When we look at those on probation, we find a much lower percentage of those individuals are successful when compared to our clients in TASC (14 or 11% were deemed 'successful'² on probation vs. 84 or 43% in TASC programs). Individuals were mostly terminated from probation either because of a new arrest or if probation was terminated or revoked for other reasons. Of the 106 who did not complete probation, 29 had new arrests and 68 either had their probation revoked by the court or terminated by the probation officer of record. Nine offenders did not complete probation for other reasons such as client absconded or case was sent to Common Pleas for further processing.

When we compare the TASC group to the control group using the above descriptive data, we overwhelmingly find that clients who participate in TASC exhibit more favorable outcomes when compared to individuals on probation, suggesting that TASC can be an effective addition to traditional probation for offenders with substance abuse problems.

¹ The probation only group had a sample size of 169, but only 120 of these cases had outcome information clearly noted. One likely reason for the missing information on outcome for 49 probationers was that they were still on probation at the time of data collection.

² Clients who were 'successful' on probation means that they completed their sentence in accordance with the court's conditions and are no longer under the authority of a probation officer or similar officer of the court.

Factors Related to TASC Program Completion

From the previous discussion, we are left with an important research question: What is it about TASC that influences more encouraging (favorable) outcomes? To answer this question, we performed a number of statistical analyses to determine the significant differences between the TASC completers (TCs) and non-completers of TASC (NCs) on various categories of these factors. This section is organized as follows:

- Individual factors – those that are directly controlled or inherently attached to participants
 - Descriptives for these variables found in Appendix A., Tables 1 and 2.
- Program factors – those that are affected by TASC and/or its agents
 - Descriptives noted in Appendix A., Table 4.
- Service factors – related specifically to the kinds of services clients received while in TASC
 - See Appendix A., Table 5 for descriptive information.
- Behavioral factors – those that are influenced by the interaction of the individual and TASC
 - Appendix A., Table 6. displays the descriptives for these variables.
- Criminal behaviors– prior offenses and arrests post-discharge from TASC.
 - Appendix A., Table 3. presents the averages and standard deviations for a number of offense categories.

Individual Factors

When analyzing the individual differences between TCs and NCs, six variables were found to be significant: employment at intake, employment at discharge, primary income at intake, primary income at discharge, previous inpatient treatment for drugs/alcohol, and the use of drug of first choice in the past 30 days. We have highlighted the major points in the following paragraphs, for more detailed information see embedded figures. Please note that variables marked with an “*” in the figures means that a significant association was found.

Specifically, NCs were more likely to be unemployed at intake than TCs (67.5% versus 32.5% of 120 clients who were unemployed). At discharge, this relationship remained the same, however, more TCs were employed at this point (56.7% of 104) compared to NCs (74.2% were unemployed of 89). Given the increased likelihood that TCs were employed at intake and discharge, the primary income variable also contrasted the TCs and the NCs; slightly more TCs were receiving wages or salary compared to NCs (53.2% versus 46.8% at intake of 77 clients, and 55% versus 44.4% at discharge of 90 participants). As a group, TCs had fewer probation violations than NCs as well.

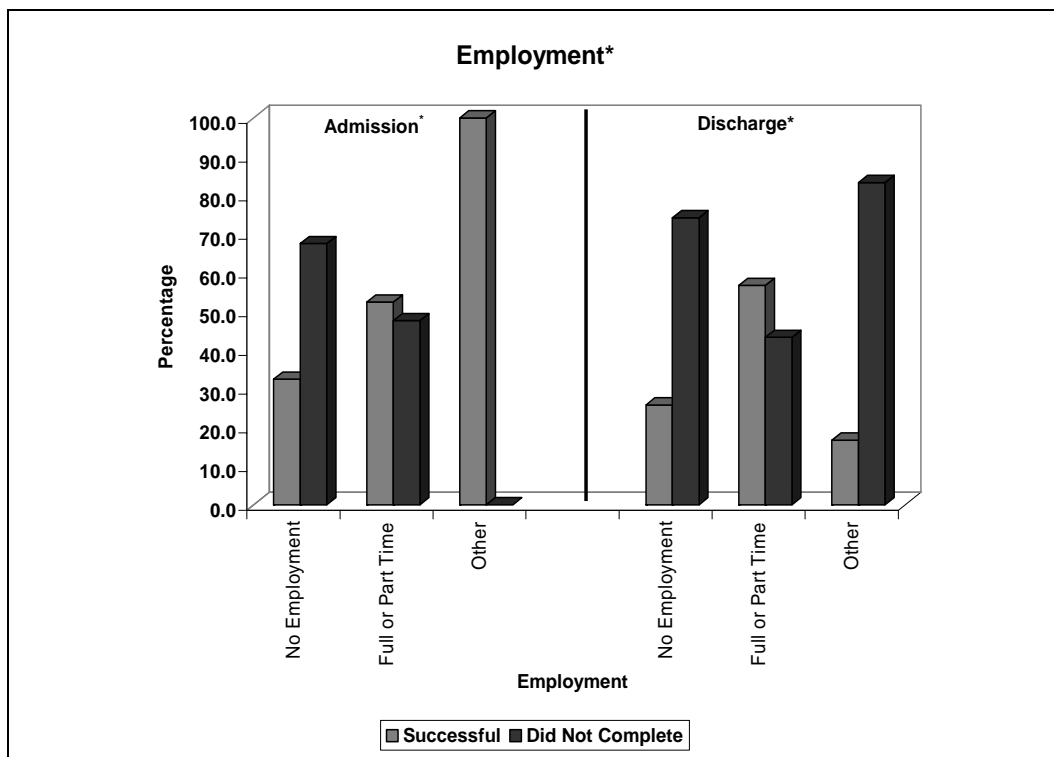
Interestingly, and revealing, are the results related to TASC outcome and previous inpatient treatment for alcohol/drugs. Of the 63 clients who indicated they had received treatment, nearly 75% of these did not complete TASC. As for the use of clients’ drug of first choice over the past 30 days, NCs were significantly more likely to have used drugs compared to TCs (66.1% versus 33.9% of the 118 who responded yes).

Program Factors

TASC case managers refer individuals to a particular treatment agency based on an intake assessment and client interview. The majority of TASC participants were referred to New

Concepts (N=63), followed by Compass (N=51), and then Fresh Attitude (N=49). Of the 51 clients referred to Compass, 40 failed to complete the TASC program; however, this finding could be related to the fact that Compass is the only program in the area that provides inpatient treatment and detoxification programs, which tend to have lower success rates in general. For the other two treatment centers, the results were fairly balanced between the TCs and the NCs.

Figure 1. Association between Employment and TASC Success



The disposition from treatment program was also associated with TASC outcomes. Not surprisingly, NCs were less likely to meet the goals at the referral treatment agency compared to TCs. Of the 125 TASC participants, over 90 percent of TCs, but less than five percent of NCs met the referral treatment agency’s goals. Fifty-seven of the total 205 individuals studied had their case closed with a referral to alcohol/drug treatment, 27 did not return to the treatment agency, 19 clients rejected continuation, and the remaining clients either were incarcerated or faced another criminal justice related outcome.

The particular treatment agency to which clients were referred did not significantly differ between TCs and NCs statistically, but one finding that bears further analyses involves the decreased likelihood for TASC clients to meet the goals at Compass. Only 11 of the 51 clients who were referred to Compass completed the goals of treatment and did not require additional services. Goals met dispositions relative to successful TASC completion outcomes for other referral treatment agencies were much more favorable, particularly so with New Concepts where 30% of the TASC participants were referred. Fresh Attitude also appeared to be effective relative to the number of clients sent there as compared to the “Other” category and

Talbot Center programs. Table 4 in Appendix A. presents a breakdown of the referral treatment agency dispositions for each program.

Service Factors

Several services offered to TASC clients resulted in significant differences between the TCs and the NCs. In particular, clients who did not receive an alcohol/drug screening were more likely to fail TASC. 37 clients fell in this category with 28 NCs and 9 TCs. Similar outcomes resulted with case management services with 30 NCs and 9 TCs (out of 38 who did receive in service). Further, 76 clients received individual counseling, and 60.5% of those were more likely to

Figure 2. Association between Primary Income Source and TASC Success

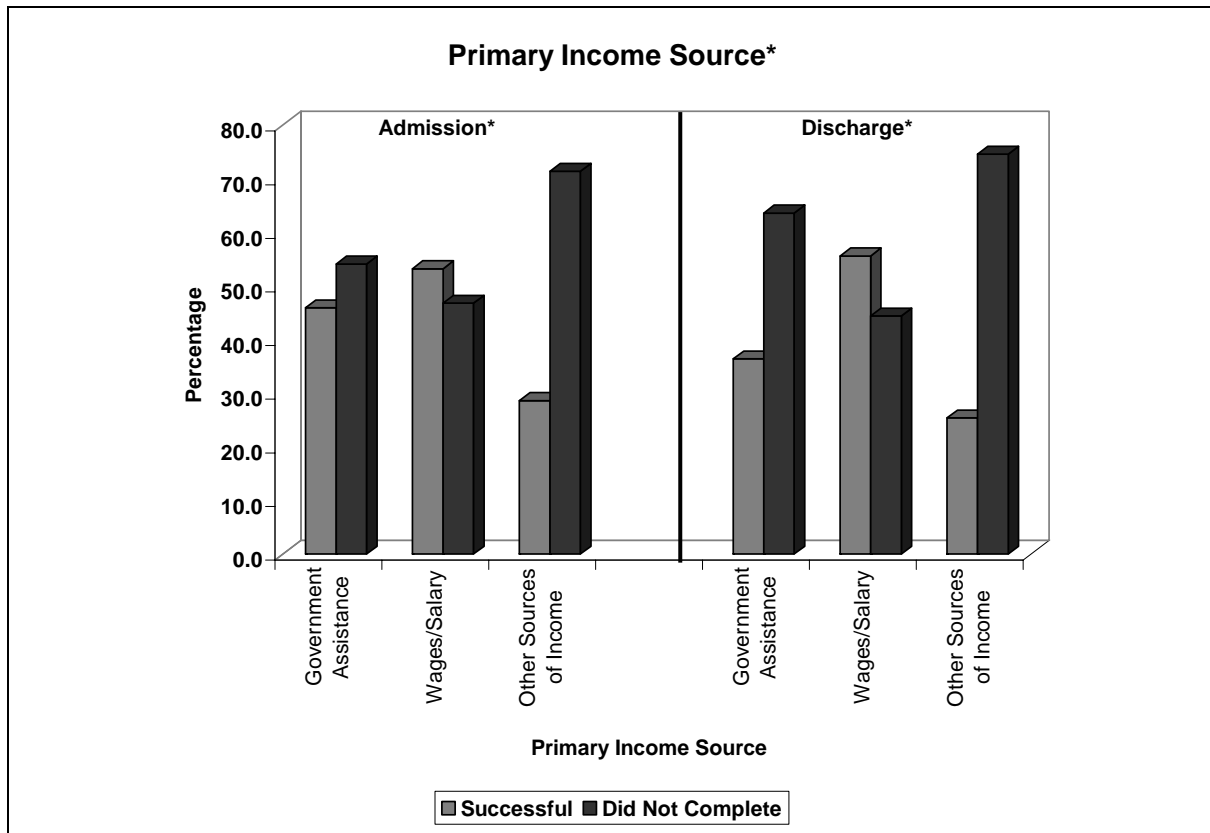


Figure 3. Association between Previous Inpatient Drug/Alcohol Treatment and TASC Success

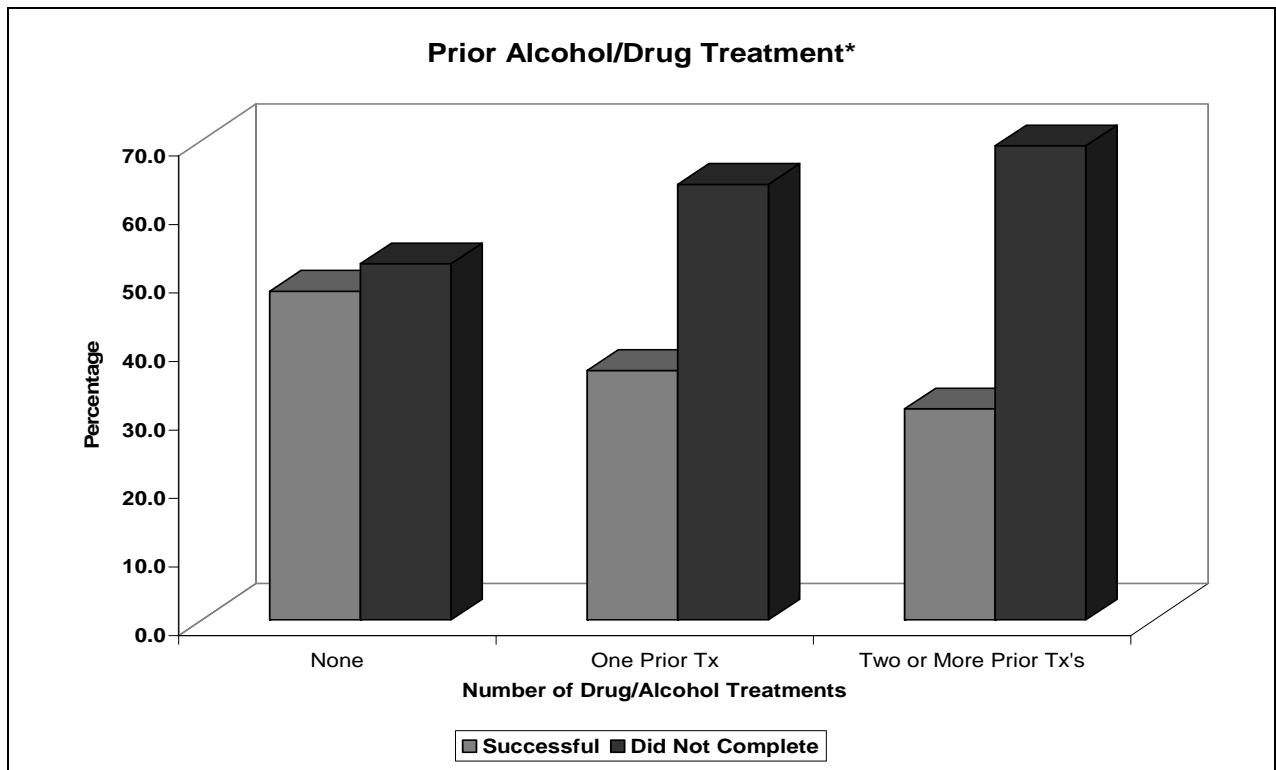
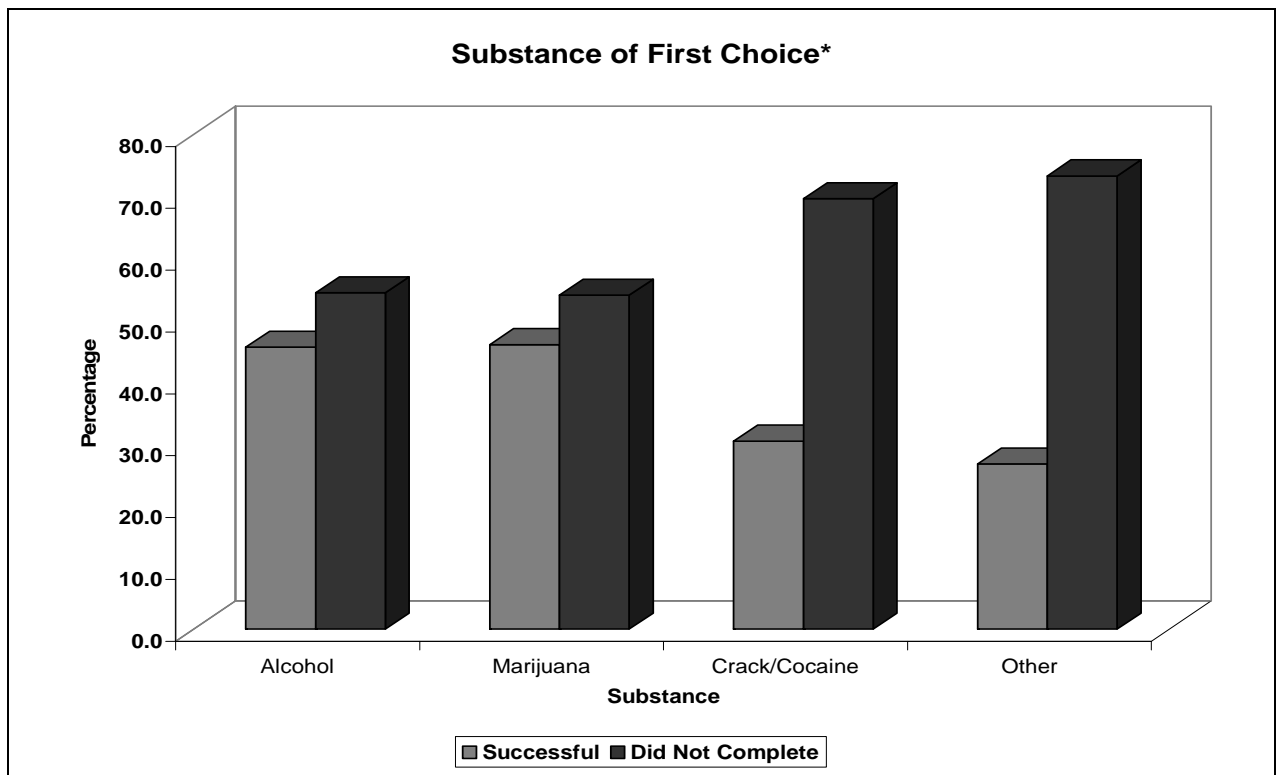


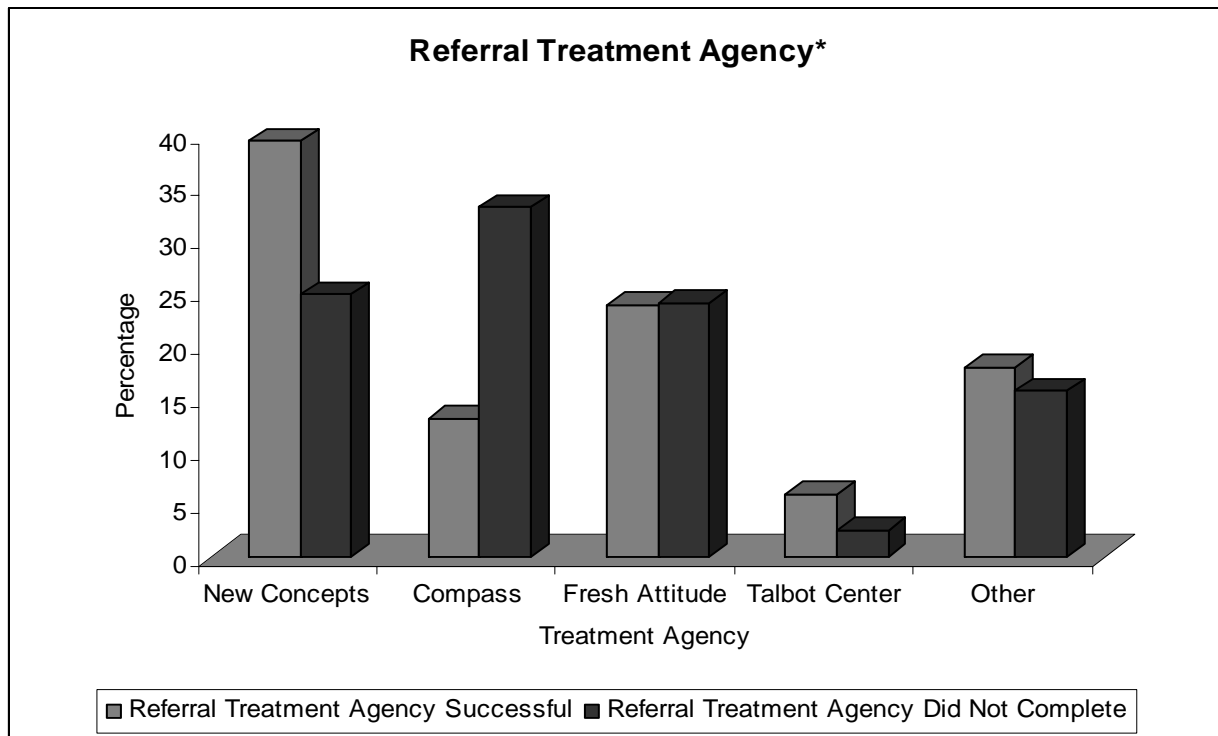
Figure 4. Association between Substance Use of First Choice Past 30 Days and TASC Success



complete TASC successfully compared to 39.5% NCs. Overall, TCs were more likely to attain services and achieve successful outcomes compared to NCs across all service types³.

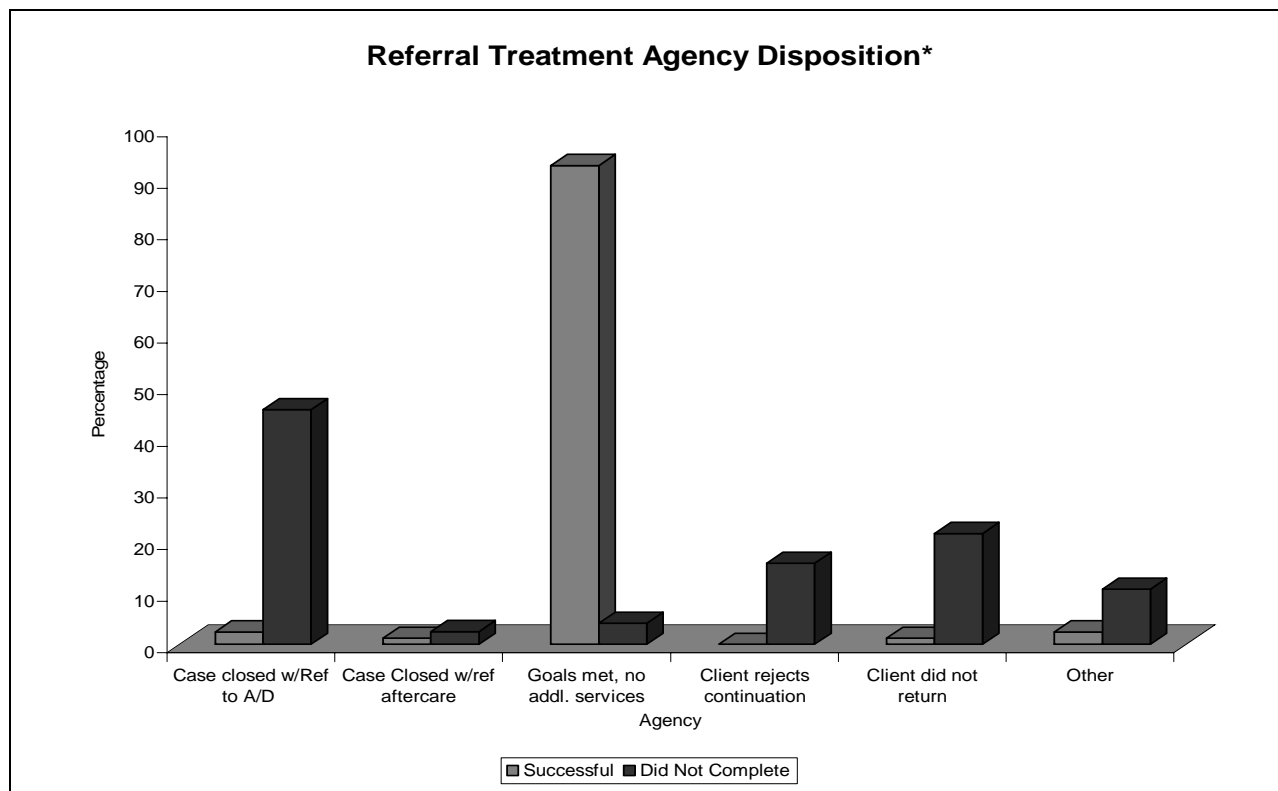
Two other service factors were found to significantly differ between the TCs and the NCs. TCs (average number of contacts were 16.29) had more face-to-face contacts made either directly to them on their behalf by TASC agents to justice system and referral treatment agents compared to the NCs (average number of contacts were 9.5). TASC case managers also contacted clients, justice system agents, and referral treatment representatives in all forms more often for TCs (i.e., combined total of face-to-face, phone, and fax/letter contacts to these agents) compared to those who did not complete TASC (mean = 28.30 compared to 19.29, respectively). Increased contacts appear to be something that should continue to increase participants' success in TASC.

Figure 5. Association between Referral Treatment Agency Placement and TASC Success



³ Other services received included group counseling, hospital, freestanding, and/or ambulatory detoxification, crisis intervention, intensive outpatient, intervention, medical/somatic, methadone administration, and hospital, short-term, and/or long-term rehabilitation.

Figure 6. Association between Disposition at Referral Treatment Agency and TASC Success



Behavioral Factors

Factors falling under the behavioral heading comprise risk and need assessment indicators at admission and discharge as well as the change between those two scores (i.e., from intake to discharge). In addition, behavioral factors include outcome statuses at discharge⁴. The importance of these variables is that they reveal the types of changes that occurred over the progression of TASC participation and the effectiveness of the TASC program elements. Clients are assessed at intake and discharge as to the level of risk and/or need in a number of areas. Levels are high, moderate, low, and no risk observed. NCs were more likely to be assessed at low or moderate risk at acute intoxication withdrawal at intake. NCs were also determined to have higher risks in their recovery environment.

Several significant associations were observed between intake and discharge. These are the change variables. TCs were more likely to experience positive changes on biomedical conditions/complications between intake and discharge compared to the NCs with only two TCs assessed at being more at risk out of the 84 TCs. Changes in risk/needs level for emotional behavioral/cognitive conditions and complications also showed the TCs

⁴ Outcome statuses at discharge include: School, Stable Environment, Completed Referral Agency Substance Abuse treatment, Improved Emotional Health, Left Public Assistance, Abstinent at Discharge, Obtained/Maintained Employment, Completed Legal Requirements. Attending AA/NA, and Active in community or other social groups.

experiencing improvement (15 TCs compared to 4 NCs) whereas more NCs regressed in this area (14 NCs compared to two TCs). The remaining clients did not change levels between intake and discharge for either of the above noted conditions/complications.

TCs outperformed the NCs in the treatment acceptance/resistance area as well, with 76 TCs showing improvement to moderate improvement between intake and discharge. On the other hand, 91 NCs were found to be more at risk. These findings make sense as those who are more likely to accept treatment or are more ready to change would be more likely to complete the program successfully. Younger TASC participants were also significantly more likely to regress on treatment acceptance/regression from intake to discharge. Similarly, clients with more probation violations demonstrated little to no improvement in this risk/need area.

As for relapse potential, 55 TCs were assessed more favorably compared to 11 NCs. In addition, 73 NCs were assessed as more risky at discharge compared to intake in this area, but no TCs could be categorized as such. Further, regression in change measures for relapse potential from intake to discharge was more likely for clients with higher numbers of probation violations. Improvement in the recovery environment was also positive for TCs between intake and discharge compared to NCs (26 TCs compared to six NCs). Over 50 NCs actually measured as more risky for this area.

We also found that the total number of face-to-face contacts and total number of contacts in all forms were significantly related to changes in treatment acceptance/resistance and relapse potential between intake and discharge. In other words, the more contacts made on their behalf, the more likely TASC participants will not only complete the program, but they will also experience positive improvement in behaviors known in the general rehabilitation literature to

Figure 7. Association between Biomedical Conditions/Complications and TASC Success

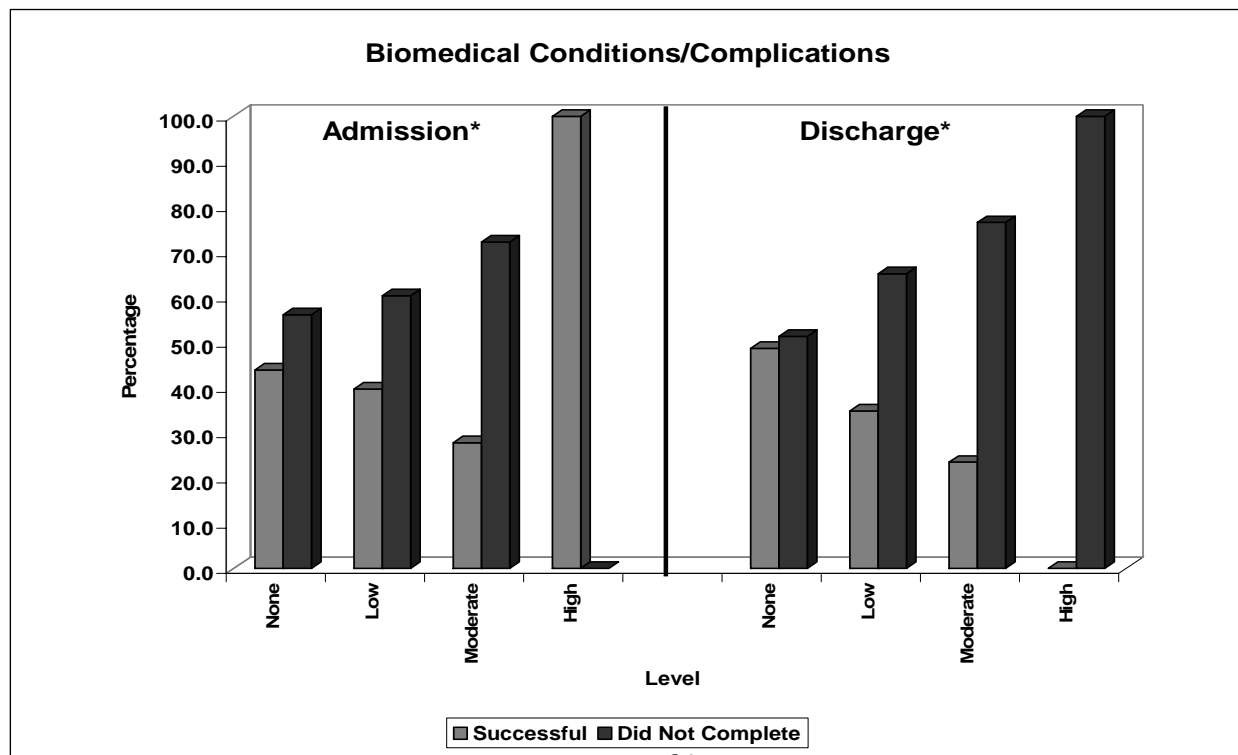


Figure 8. Association between Biomedical Change and TASC Success

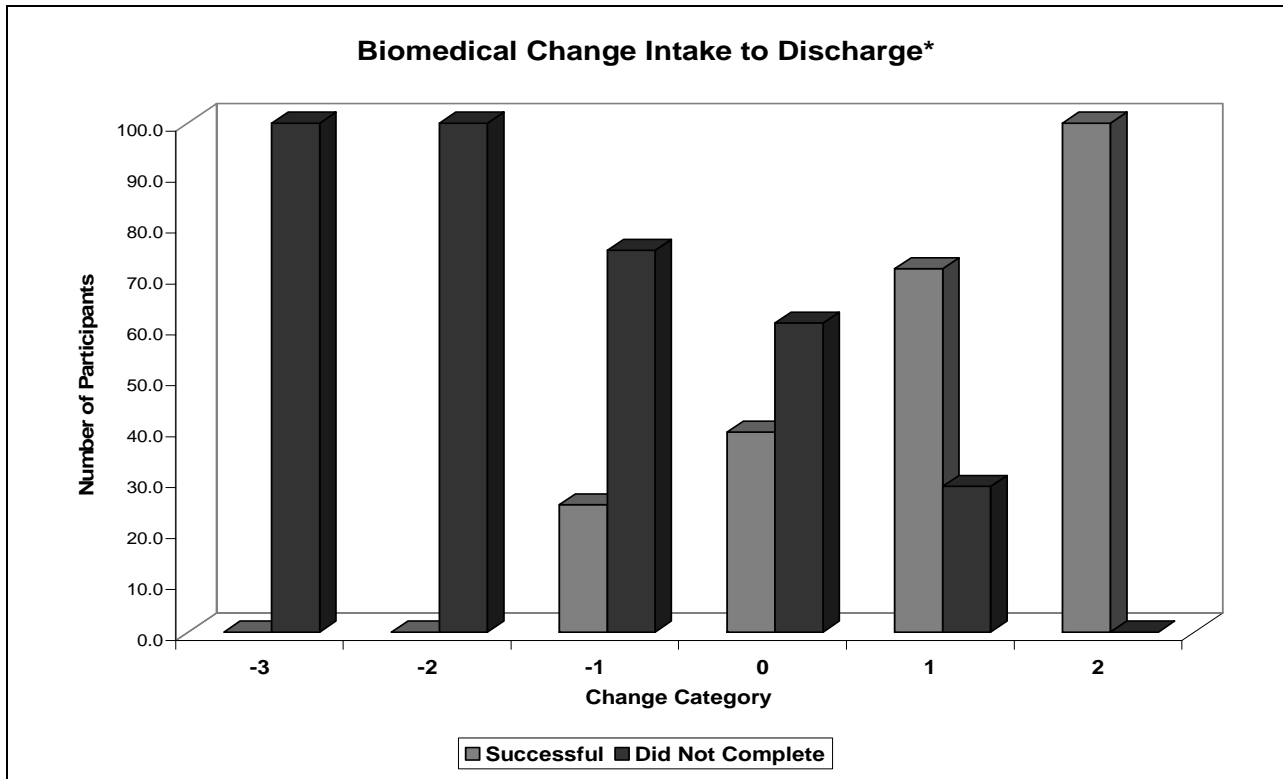


Figure 9. Association between Emotional Behavioral/Cognitive Conditions/Complications and TASC Success

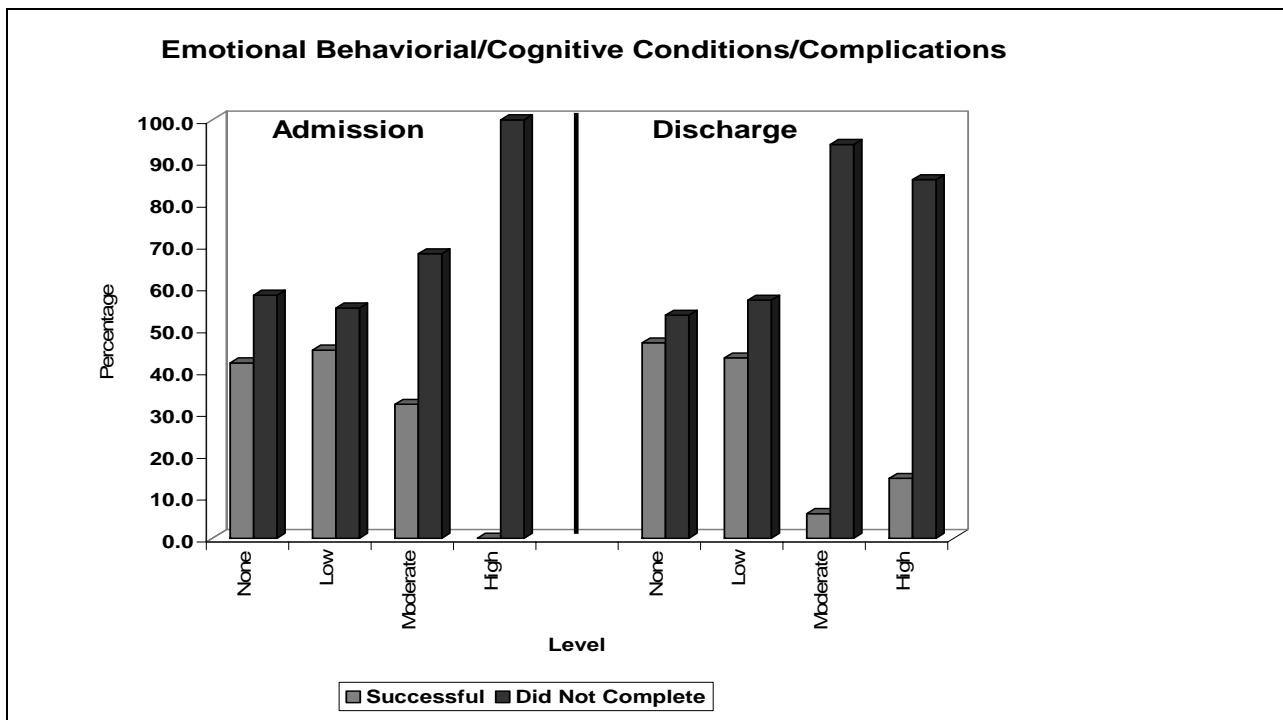


Figure 10. Association between Change in Emotional Behavior/Cognitive Conditions/Complications and TASC Success

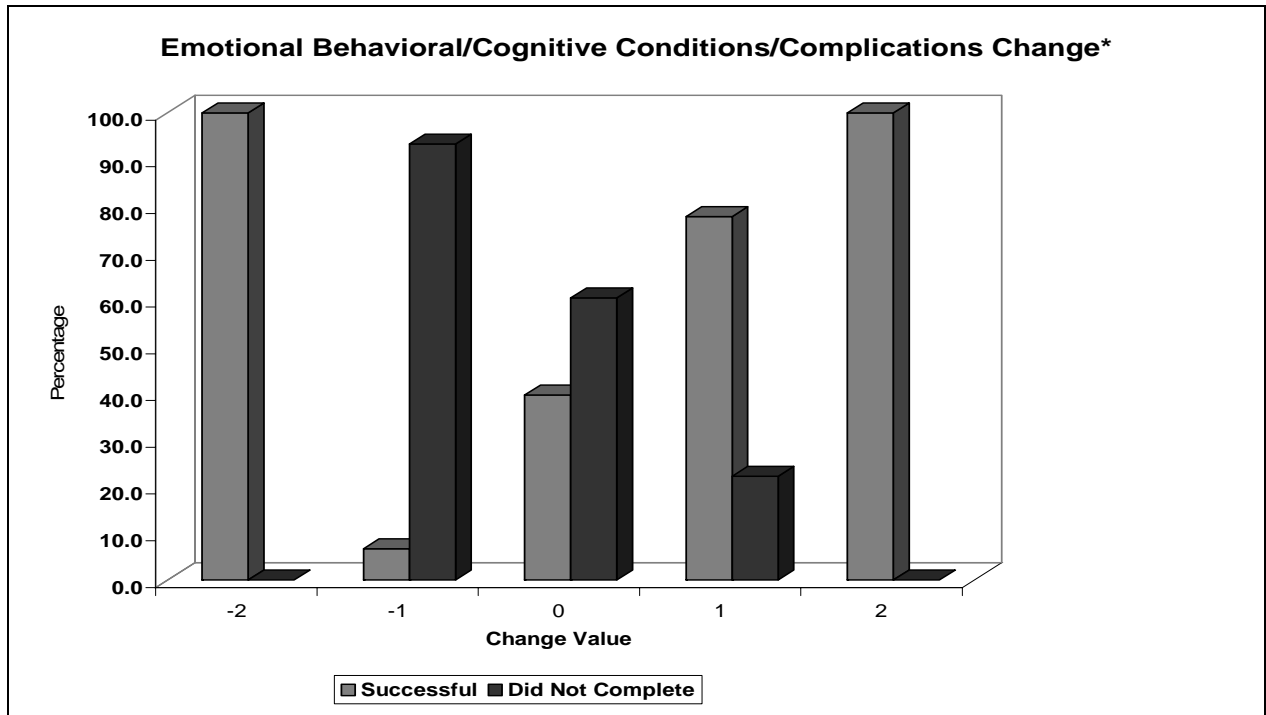


Figure 11. Association between Treatment Acceptance/Resistance and TASC Success

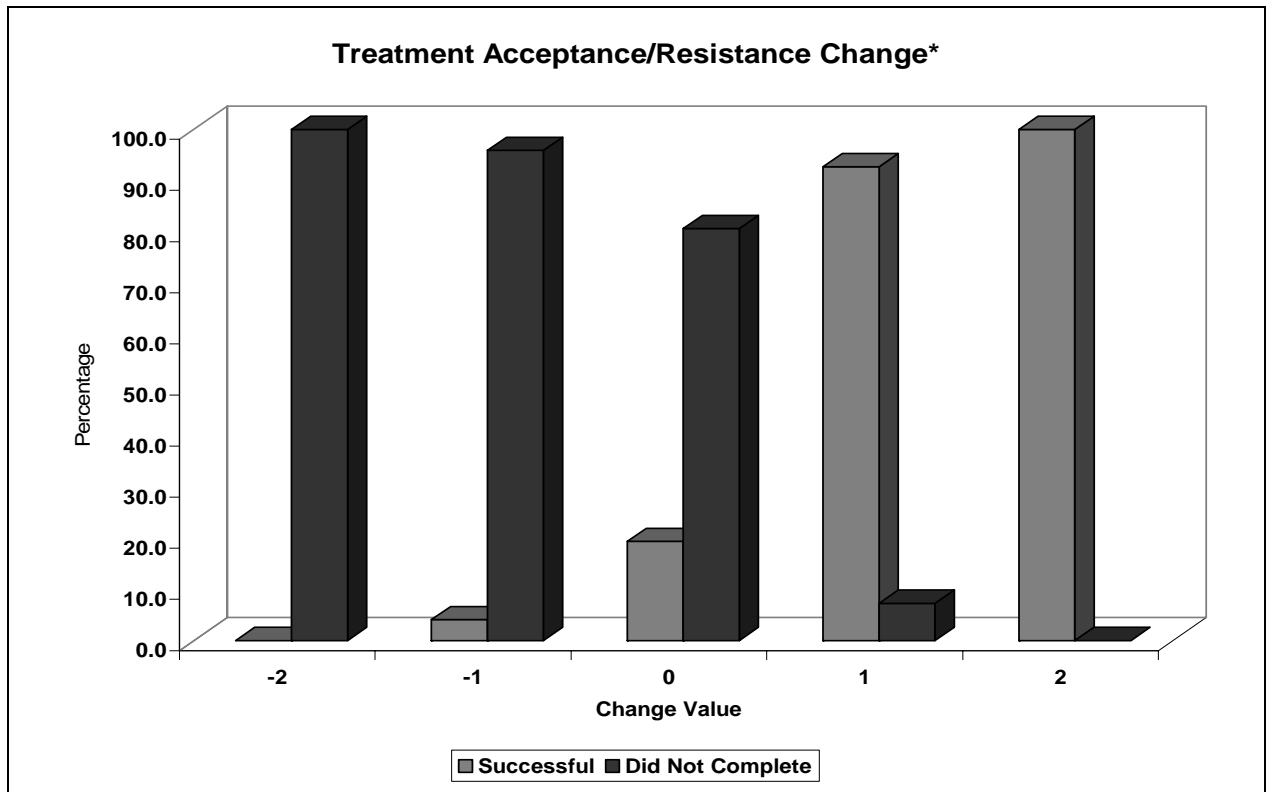


Figure 12. Association between Relapse Potential and TASC Success

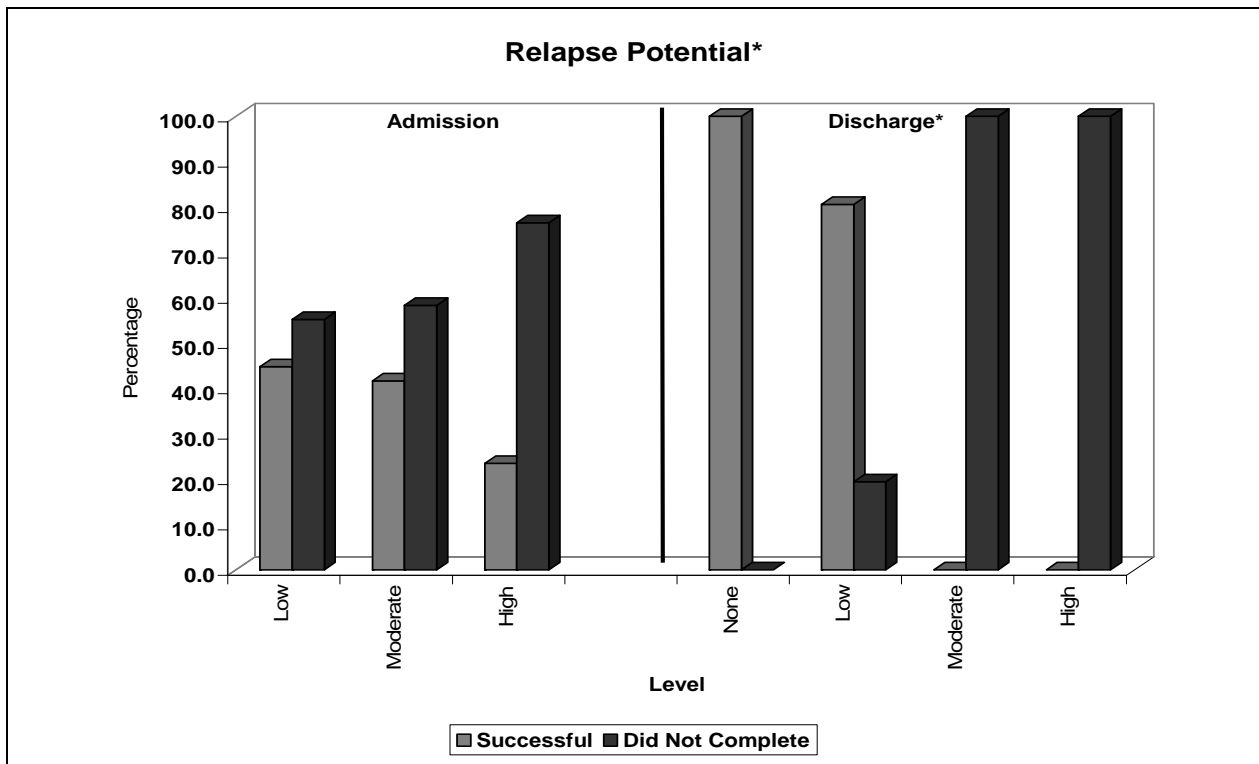


Figure 13. Association between Change in Relapse Potential and TASC Success

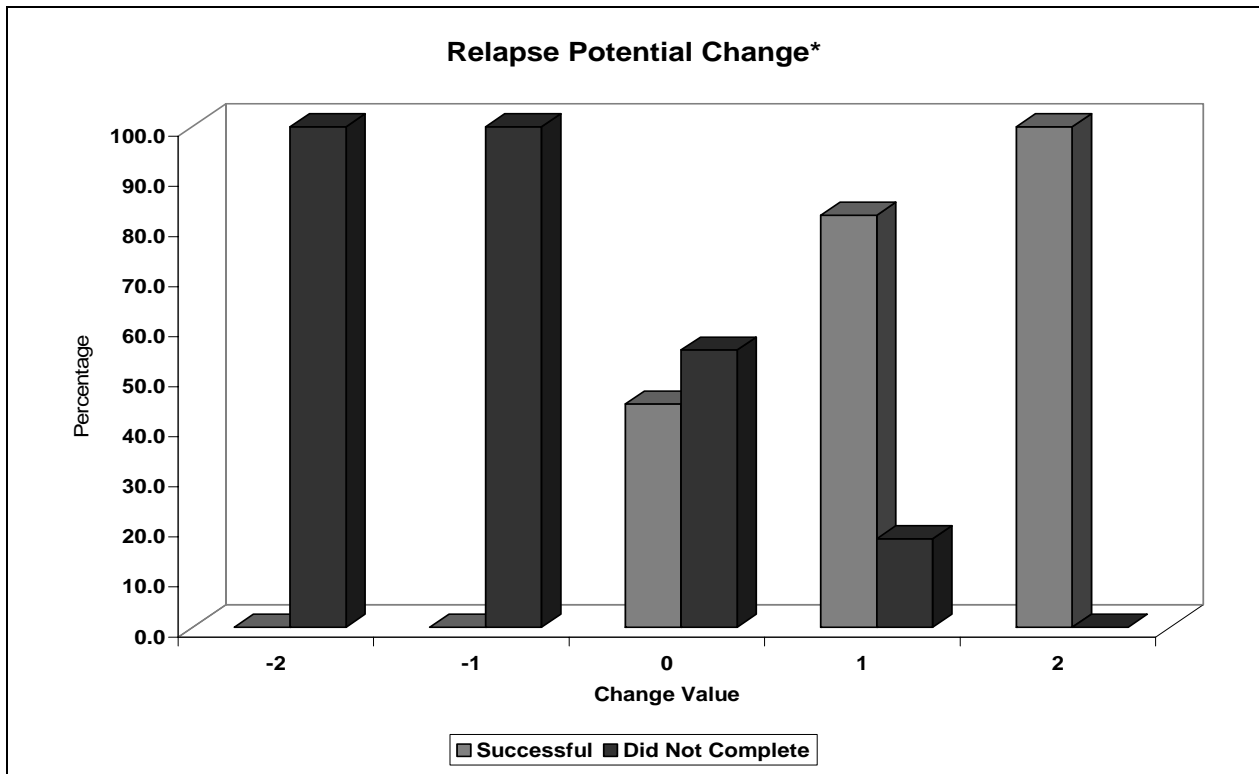


Figure 14. Association between Recovery Environment and TASC Success

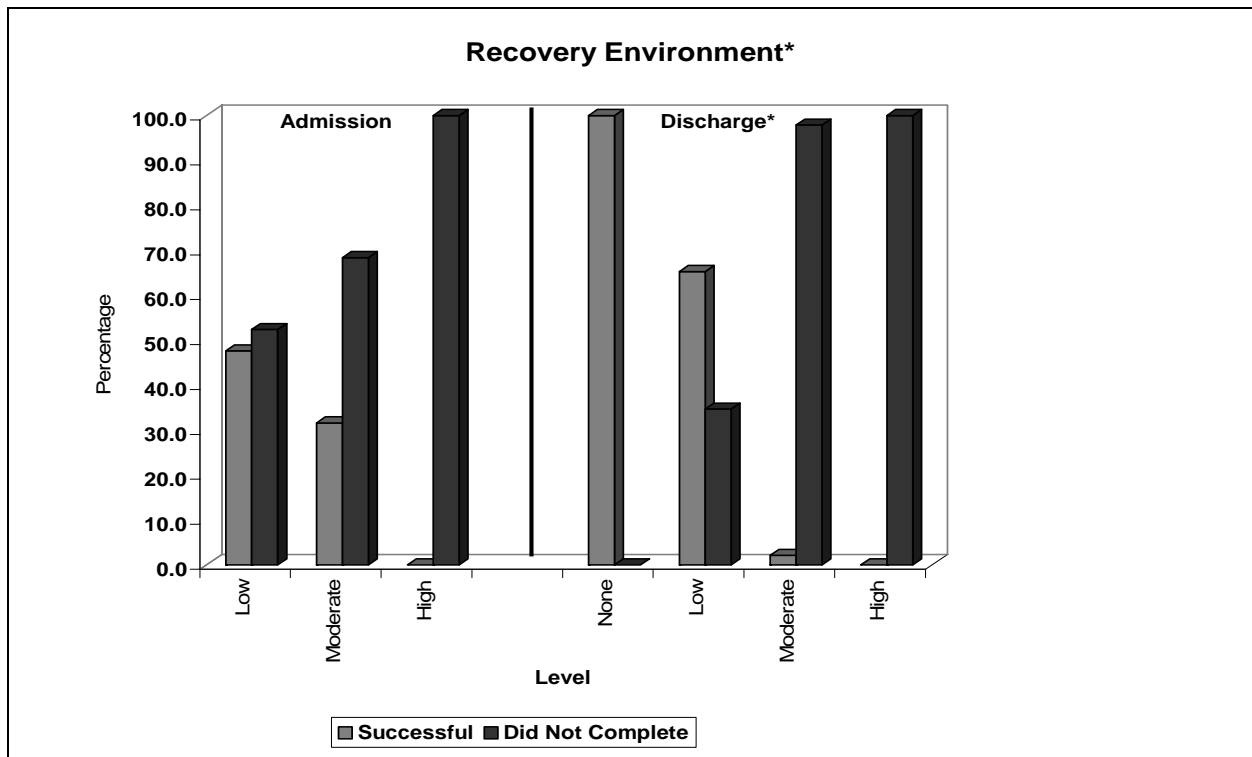


Figure 15. Association between Change in Recovery Environment and TASC Success

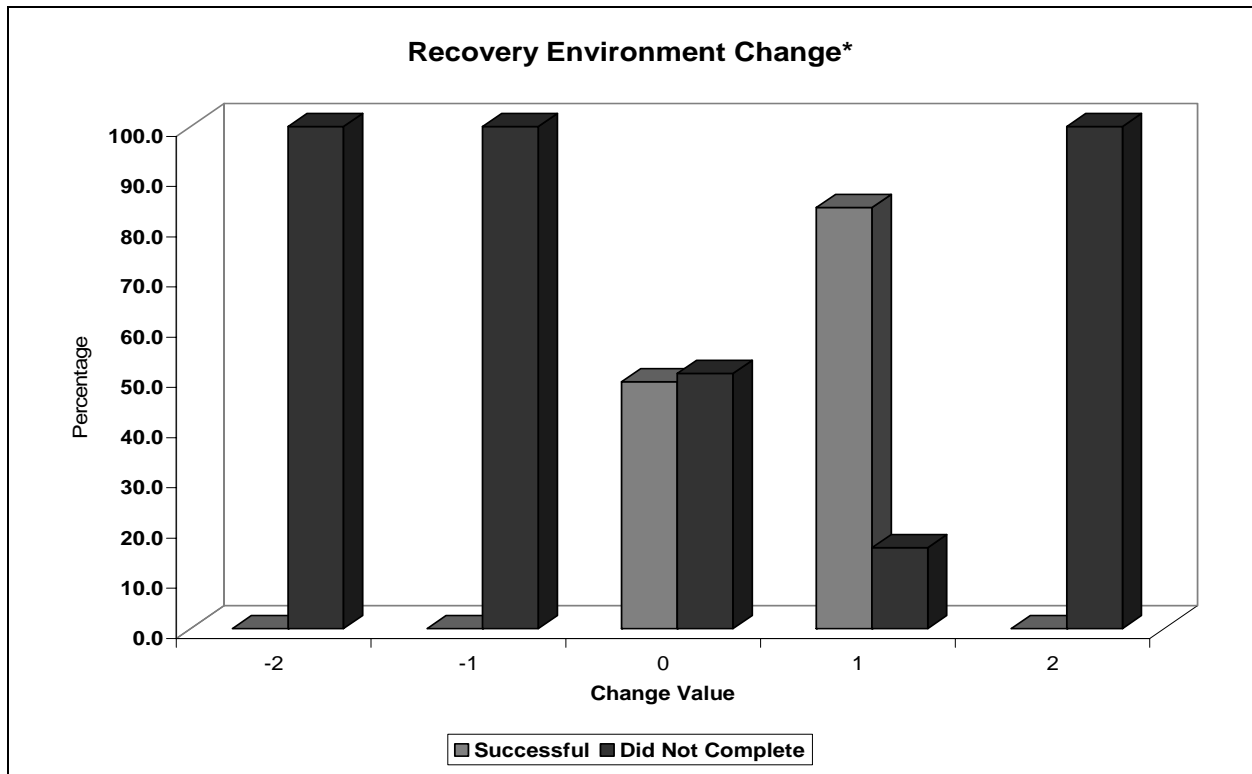
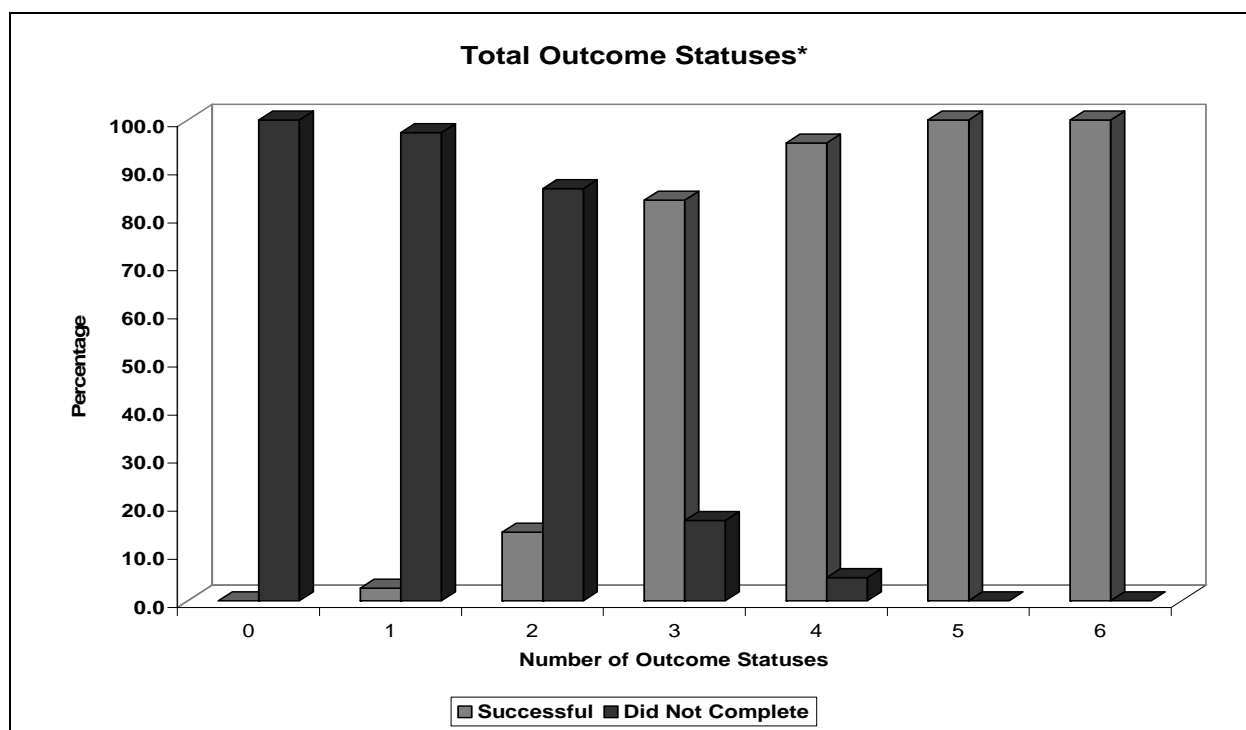


Figure 16. Association between Total Outcomes and TASC Success

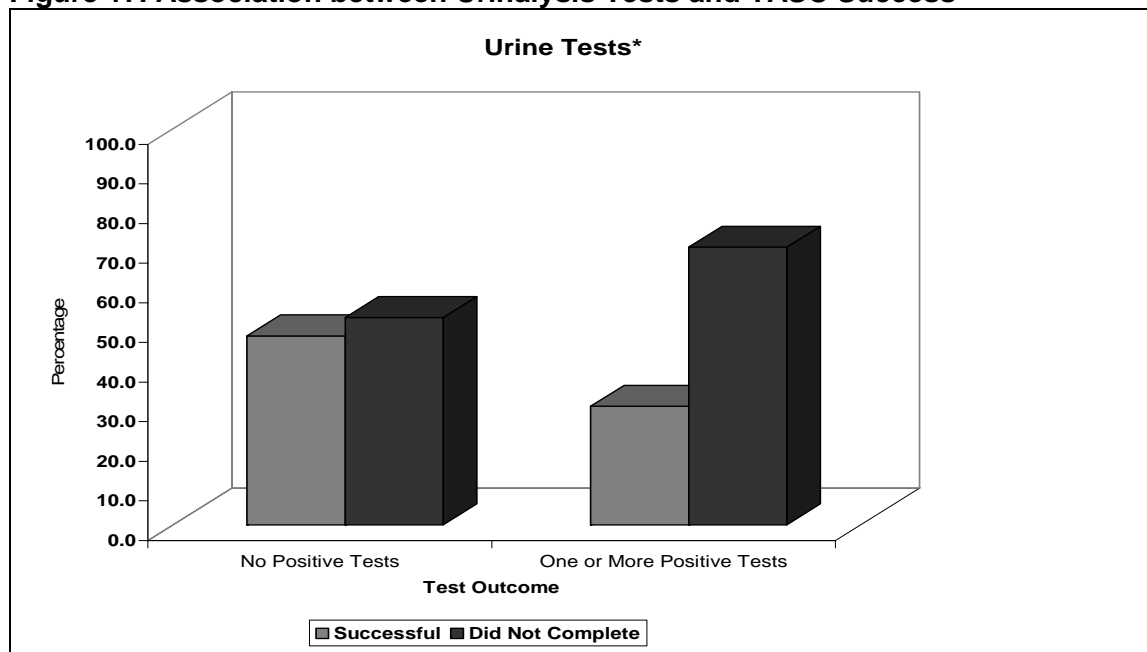


reduce the propensity for repeat offending. Further, the more alcohol/drug screenings taken by participants, also was significantly related to improvement in treatment acceptance/resistance over the course of the TASC program. Such screenings require more contact between case managers and clients, therefore influencing positive behavioral changes known to be salient to future actions.

Due to the varying statuses of TASC clients and their needs and/or social skills, the outcome statuses at discharge variable was created by combining the total of all positive responses (i.e., yes) to each specific outcome. Individual values ranged from zero to 11. The higher the number, the more positive outcomes observed. Over 70% of the total sample had at least one positive outcome at discharge, however, TCs typically demonstrated three or more improved behaviors compared to the NCs (over half of the NCs scored zero on this measure). Clients with more probation violations, however, had fewer positive outcomes in these combined areas. When the outcome statuses at discharge are examined separately, TCs at discharge were significantly more likely to be in a stable environment (N=78, 92.9%); completed referral treatment agency treatment (N=81, 96.4%); had improved emotional health (N=23, 27.4%); abstinent (N=81, 96.4%); and maintained employment (N=64, 76.2%).

The final behavioral factors that significantly differentiated the TCs versus the NCs were the presence of at least one positive urine specimen and the total number of probation violations. Of 77 participants who screened positive for drugs, NCs comprised 70.1% of the total. As for probation violations, TCs averaged .32 probation violations over the course of the program and NCs averaged close to one (.93). Clearly, TCs demonstrated not only successful completion of the TASC program, but also significant behavioral changes during the course of their participation and at discharge.

Figure 17. Association between Urinalysis Tests and TASC Success



Criminal Behaviors

One of the objectives of TASC is to reduce recidivism for participants. As such, criminal history data, both prior and post-discharge arrests, were collected on all TASC clients, both completers and non-completers. For descriptive detail, see Appendix A., Table 3. Correlations were calculated to determine if there were any significant differences between TCs and NCs on a number of crime variables. Significant associations resulted between the total number of arrests pre-discharge (i.e., the total number of arrests prior to discharge from TASC including prior to TASC participation) and the total number of crimes post-discharge. Thus, prior history predicts future behaviors, which is a consistent finding in most studies⁵ examining variables related to recidivism. Another result consistent with past studies was the relationship between age at first arrest and total number of arrests post-discharge. Offenders who were arrested at younger ages were more likely to have a greater number of arrests after discharge from TASC. In addition, these same individuals have significantly more misdemeanor, felony, drug/alcohol, and domestic violence arrests in their backgrounds compared to their older counterparts. Similar observations can be made for post-discharge misdemeanor arrests as well.

A weak to moderate, positive relationship was also observed between participants' family size (both pre- and post-discharge), and the total number of arrests post-discharge, as well as the number of misdemeanors post-discharge. In other words, individuals with more children were re-arrested more often. Somewhat related to these findings is the positive, significant relationship noted between the total number of prior and post domestic violence charges and total number of crimes after discharge from TASC. Observations such as these lead us to suggest that programs like TASC should concentrate more on strategies that address family

⁵“Most studies” refers to research on recidivism in general, not necessarily specifically related to TASC.

issues and problems and how to solve them in pro-social manners for participants with more than one child.

TRADITIONAL PROBATION AND OUTCOMES

Although the primary purpose of this evaluation is to analyze the impact of TASC on successful outcomes, we thought it would be informative to communicate the significant results of just the probation (i.e., our control) group before discussing the findings between TASC and probation. For consistency, we note the factors related to probation completion (PC) versus those who did not follow the conditions of their sentence (PF). These findings are organized in a similar manner to the four categories we used for the TASC group with the addition of a category for recidivism factors falling under this section rather than being a separate section as was done with the TASC sample:

- Individual factors – those that are directly controlled or inherently attached to participants
- Program factors – those that are affected by probation and/or its agents
- Service factors – related specifically to the kinds of services clients received while on probation
- Behavioral factors – those that are influenced by the interaction of the individual and probation
- Recidivism factors – those that are related to arrests after probation status (i.e., successful, terminated, revoked, and so forth) was determined.

See Appendix A., Tables 7, 8, 9, 10 for descriptive information on the control group, which is comprised of persons who did not participate in the TASC program on any level. However, there were only 14 people who successfully completed probation and 121 who did not. Despite this scenario, few variables yielded significant results between the PCs and PFs.

Individual Factors

There were several individual factors found to differ significantly between the PCs and PFs. As Figures 19-22 illustrate, males, Blacks, those never married, and those who were unemployed at discharge were more likely to be probation failures. As for the influence of prior criminal history on probation outcomes, PCs averaged fewer arrests ($X = 8.08$) compared to the PFs ($X = 16.98$). In particular, PFs had more arrests for felonies in their backgrounds compared to PCs ($X = 4.26$ vs. $X = 1.57$, respectively). Related to recidivism, PFs, similar to the NCs of TASC, who had more children either experienced a new arrest, had their probation revoked and/or terminated by the probation officer, and/or had more arrests post-discharge compared to the PCs.

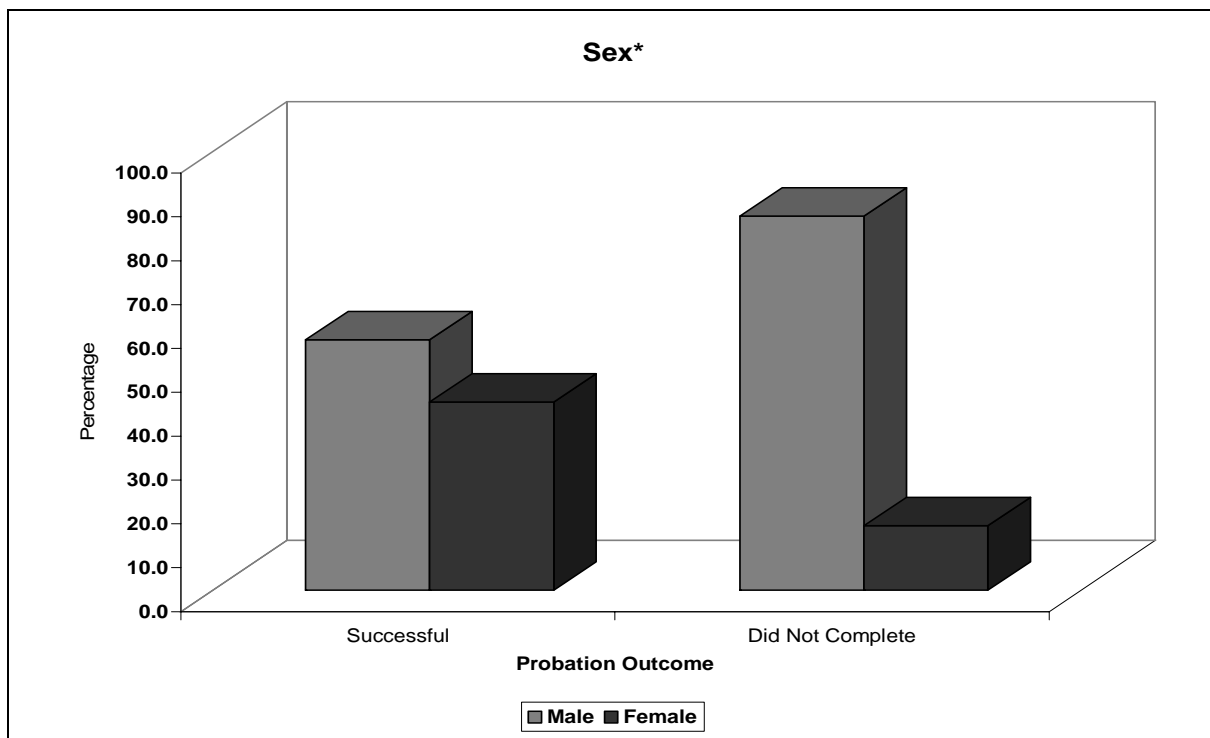
Program Factors

No program factors significantly differed between the PCs and PFs. It is important to note, however, that due to the differences in record keeping by probation officers, we were unable to ascertain what programs probationers were placed into as well as related outcomes.

Service Factors

For 66 of the probationers, we were able to discern the total number of services clients were referred to, engaged in, and completed. On average, PCs had engaged and completed more services compared to the PFs ($X = 1.85$ versus $.63$ engaged, and $X = 1.43$ versus $.07$ completed). Types of services included, but were not limited to, such approaches as alcohol/drug education⁶, job training, counseling, or placement, family services, housing, AA/NA, detoxification, mental health treatment, social support services, and substance abuse treatment. We also observed a significant correlation between the number of services engaged in and number completed. In other words, the more services probationers are engaged in, the higher the number of services completed. It was already noted that probation influences completion in a positive direction.

Figure 18. Association between Sex and Probation Success



⁶ It is relevant to note that nearly all of the probationers in the control group were referred to TASC for program participation. However, none of those referred were ever seen by TASC case managers, not even for an initial assessment.

Figure 19. Association between Race/Ethnicity and Probation Success

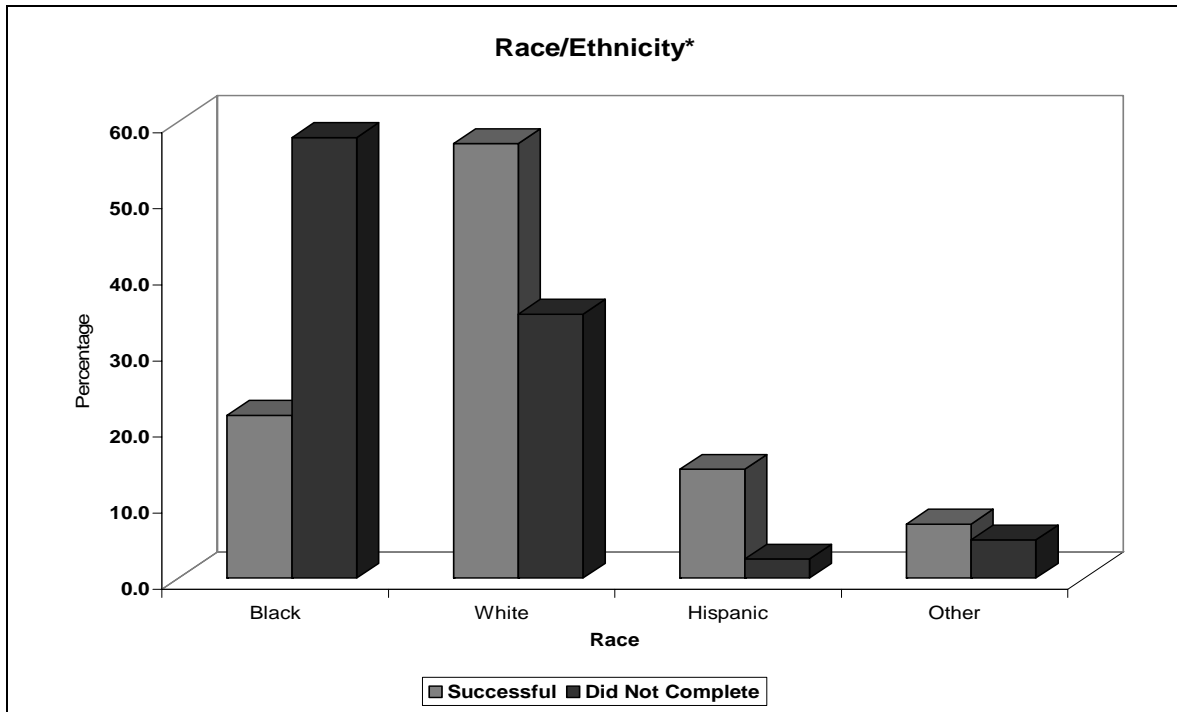


Figure 20. Association between Marital Status and Probation Outcome

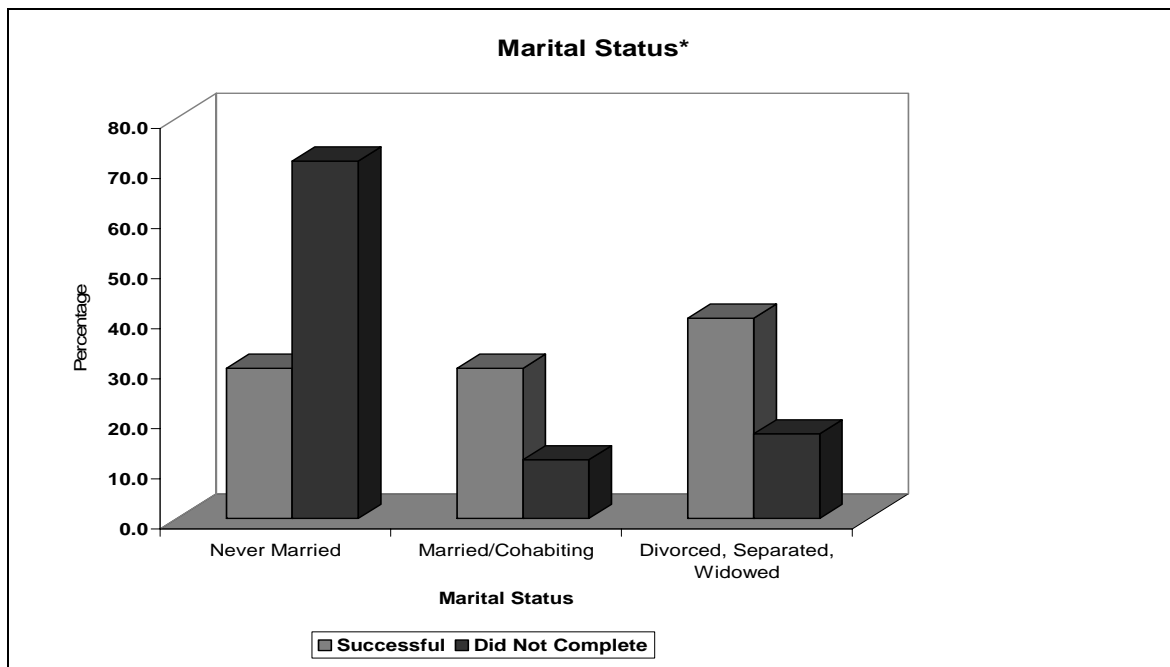
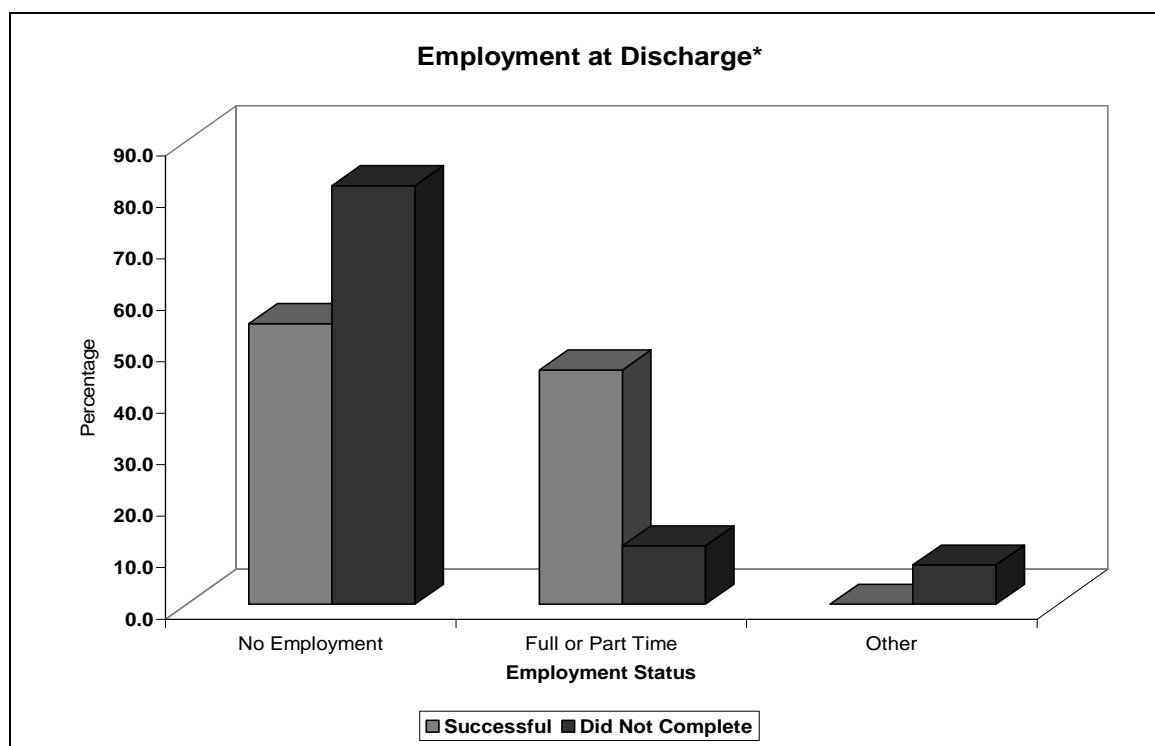


Figure 21. Association between Employment and Probation Success



Behavioral Factors

The total number of probation violations and number of services engaged was the only significant association in this category. This relationship was highly correlated and suggestive of the possibility that probationers who are participating in more services come into more contact with their probation officers or similar justice agents. As such, violations of the conditions of probation become more noticeable and recorded, whereas violations of probationers who are not as involved in services do not come to the attention of probation officers as readily.

Unfortunately, we were unable to ascertain similar information from probationers' files on other behavioral factors and their relationship to probation completion in the same manner as we were able to with the TASC sample.

Recidivism

Similar to what we did for the TASC sample, correlations were calculated for the probation group to determine if there were any significant relationships between the crime variables under study. We observed significant relationships between the variables measuring the number of arrests for misdemeanors, felonies, drugs/alcohol offenses, and domestic violence and the total number of arrests post-probation term. In other words, probationers with more arrests in any of those crime categories had more total arrests after discharge from probation. Significant, positive correlations also resulted between total number of prior arrests before probation and the total number of drug/alcohol charges post-probation. The number of

misdemeanors pre-probation also significantly increased the likelihood that probationers would have more drug/alcohol arrests after discharge.

We see yet again that past behavior is a fairly good predictor of future behavior. The next section of this report details the results comparing TCs, NCs, PCs, and PFs to determine significant differences across the study and control samples.

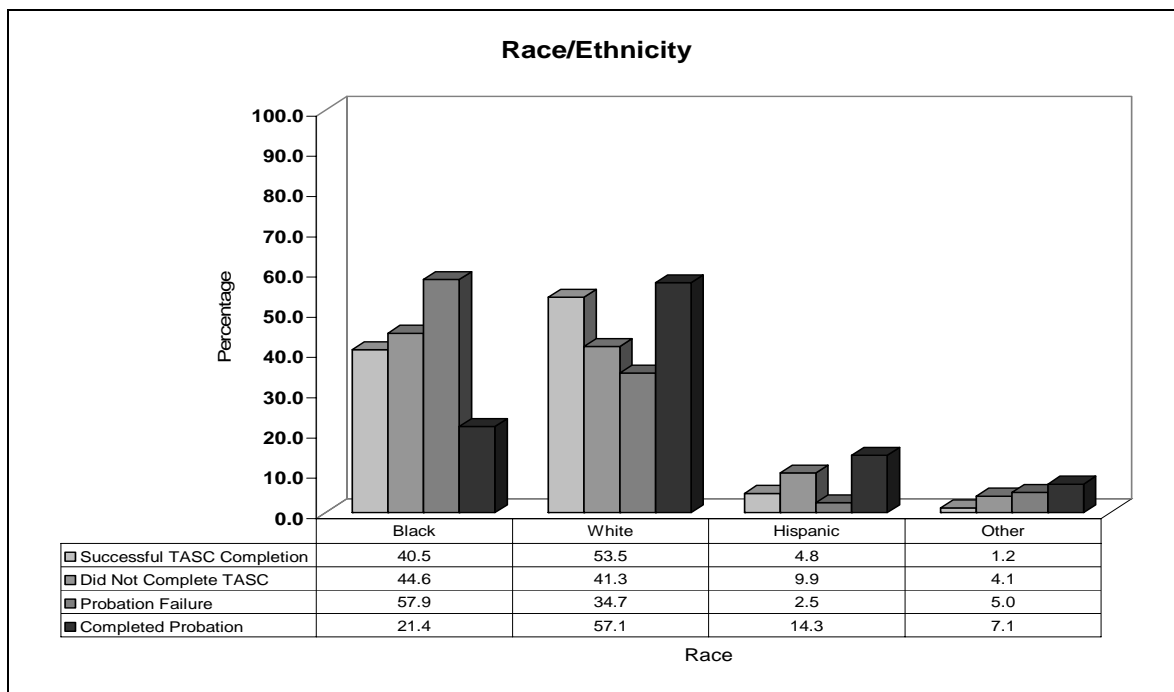
TASC VERSUS TRADITIONAL PROBATION

Due to availability of data on many of the variables accessible for TASC subjects, we were somewhat limited in what we could do to distinguish between the TASC individuals compared to probationers (PB). Nonetheless, we observed a few significant relationships as well as differences between the four sub-groups. Only significant associations are represented in graphic form in Figures 23-31.

Probationers with no children were less likely to successfully complete probation compared to the other sub-groups. They also had more arrests after discharge compared to TCs and NCs. Interestingly, TASC clients with at least one child were less likely to complete the program. Future research is needed to disentangle why there is a discrepancy between these groups. Perhaps it is a function of the quality of the data that is creating this artifact, especially considering the high number of PFs in the sample.

Race/ethnic membership was not a significant association for TASC completion, but when analyzed relative to the other three groups (i.e., TASC completers, TASC non-completers, and

Figure 22. Race/Ethnicity and Program Success

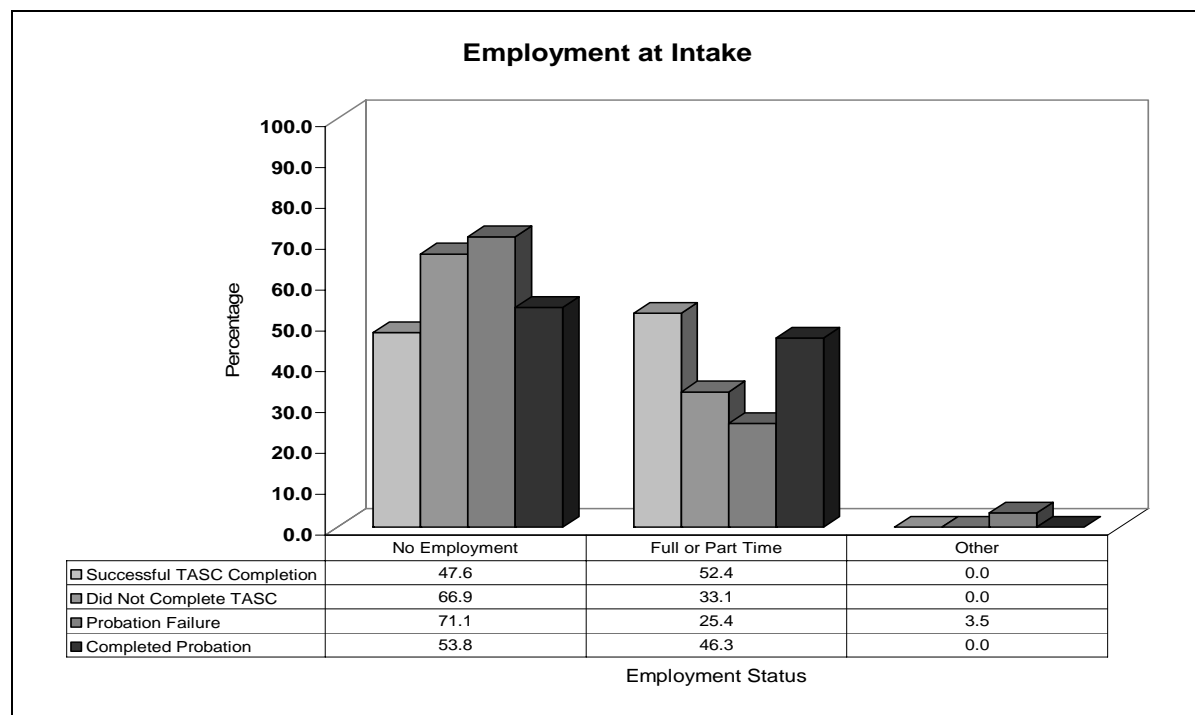


probation completers), we found that Blacks were significantly more likely to not complete probation compared to their White, Hispanic, and other counterparts. Though not significant, in raw numbers, a similar conclusion can be made for non-completers of TASC as well. The effects of race on outcomes may be something to take into consideration for future programming, especially seeing as the proportion of Whites and Blacks in the total sample were fairly similar (42.6% White, 47.4% Black).

Another individual factor significantly associated with program failure, be it TASC or probation, was unemployment at intake and discharge. Nearly 67% of TASC clients and over 70% of probationers who were unemployed were non-completers. As would be expected given that unemployed persons are not self-supportive, it was not unexpected to find a significant difference between those who did not complete either TASC or probation were reliant upon government assistance or other sources of income compared to wages and salary both before and after program participation.

We also found that non-completers in both groups less likely to have previous experience with alcohol/drug treatment⁷. As noted previously, for those in TASC who prior inpatient alcohol/drug treatment experiences, they were less likely to successfully complete the program. It would be worthwhile to investigate this discrepancy in more detail in future analyses. One possible explanation is that TASC may have more at risk clients in the substance use area, even though arguably, probation officers should be recommending similar individuals to TASC.

Figure 23. Employment at Intake and Program Success



⁷ There was no way to discern the type of previous treatment (i.e., inpatient or outpatient) the probation-only group subjects had.

Figure 24. Employment at Discharge and Program Success

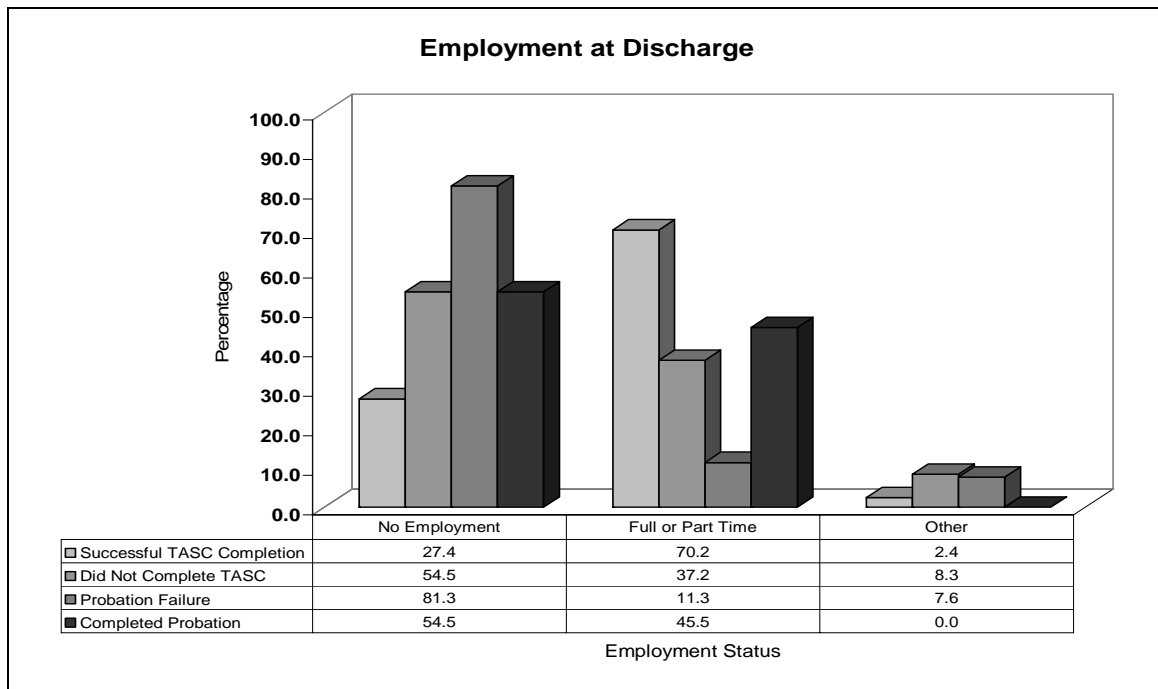


Figure 25. Primary Income at Intake and Program Success

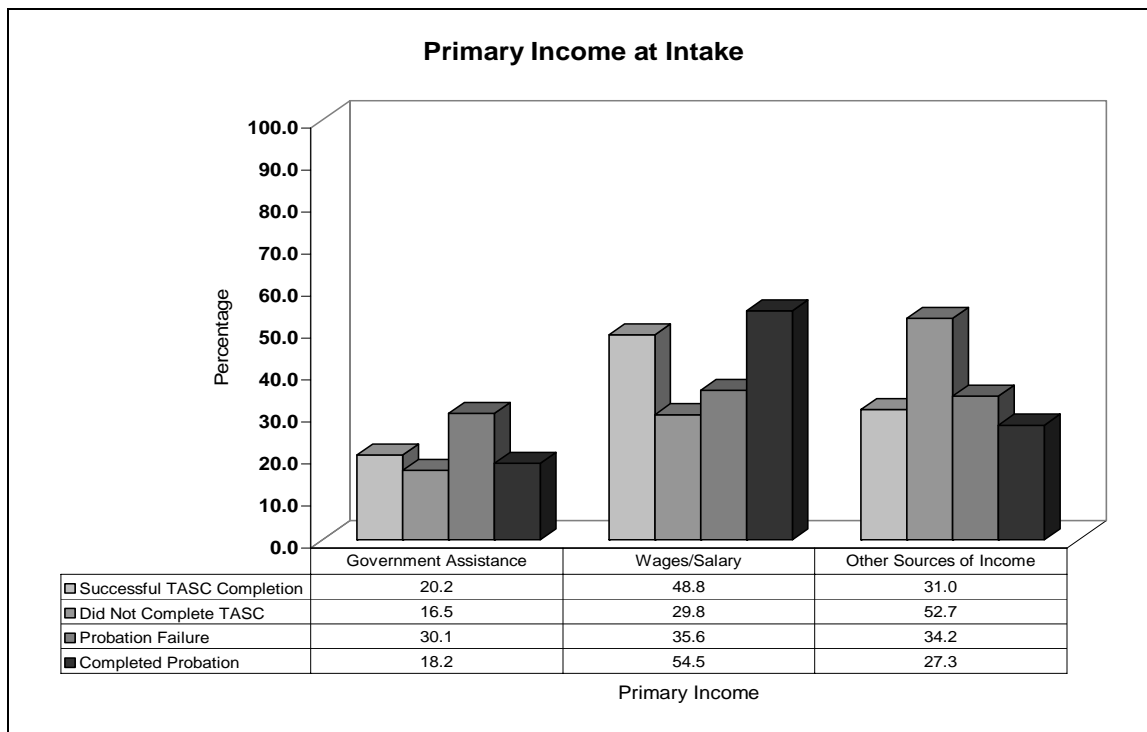


Figure 26. Primary Income at Discharge and Program Success

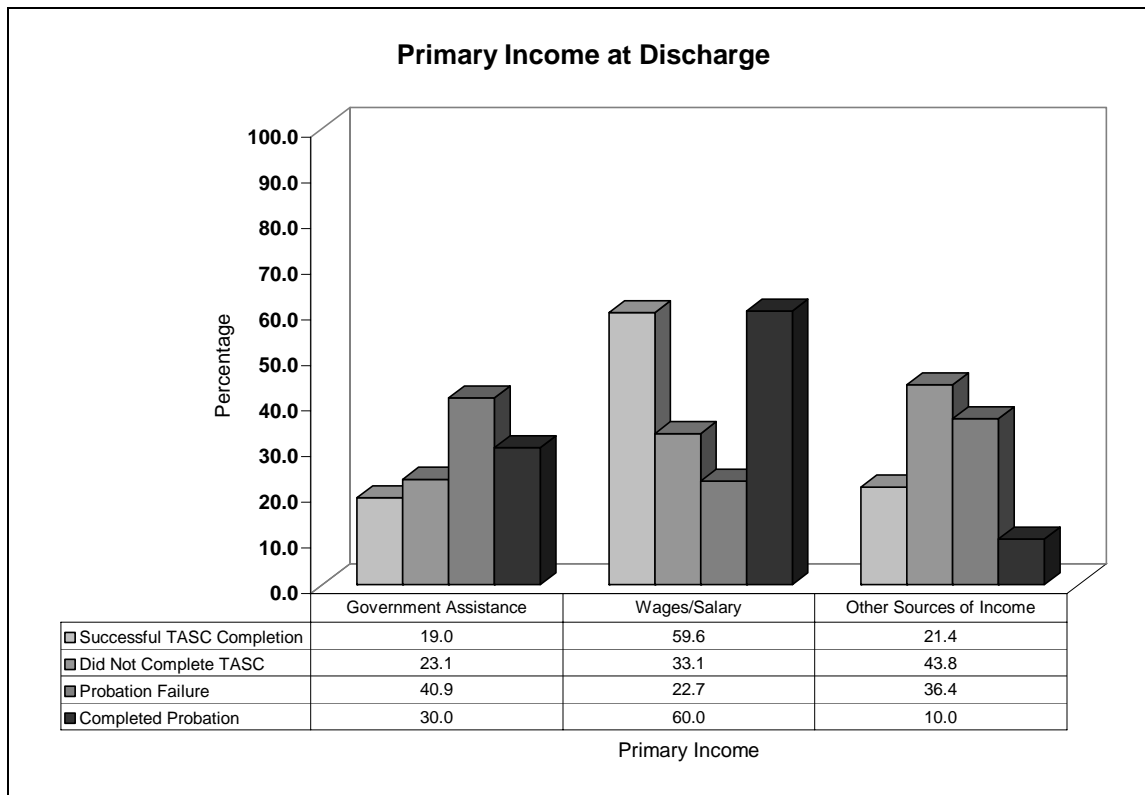


Figure 27. Prior Alcohol/Drug Treatment and Program Success

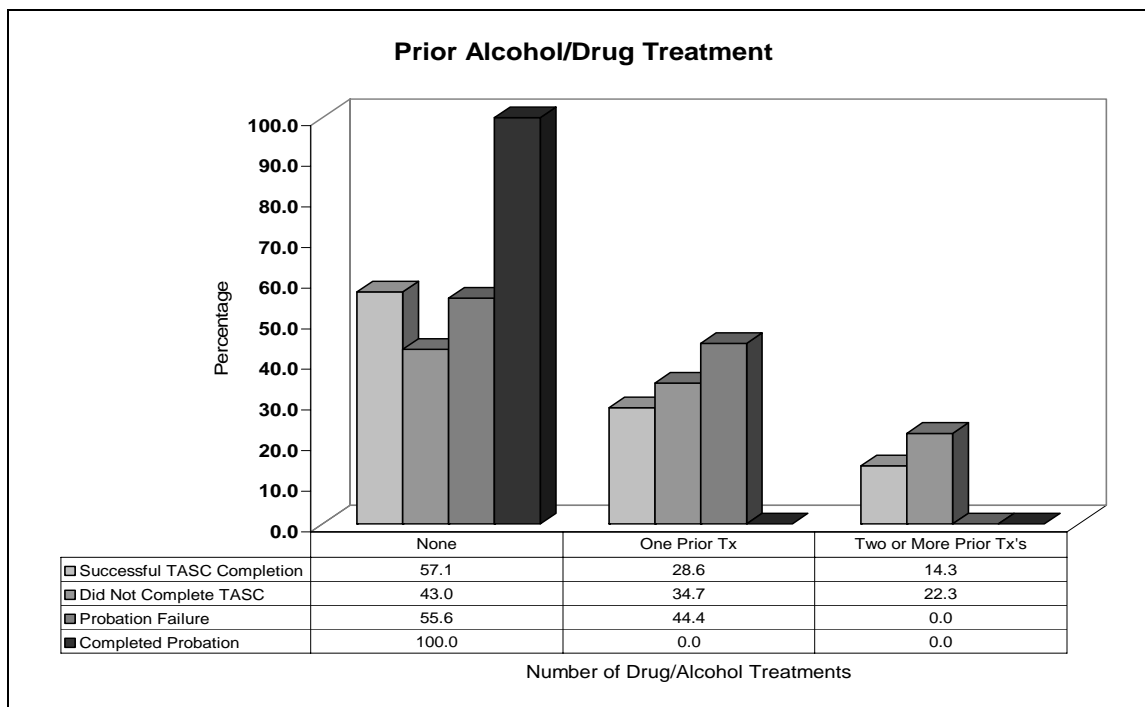


Figure 28. Education at Intake and Program Success

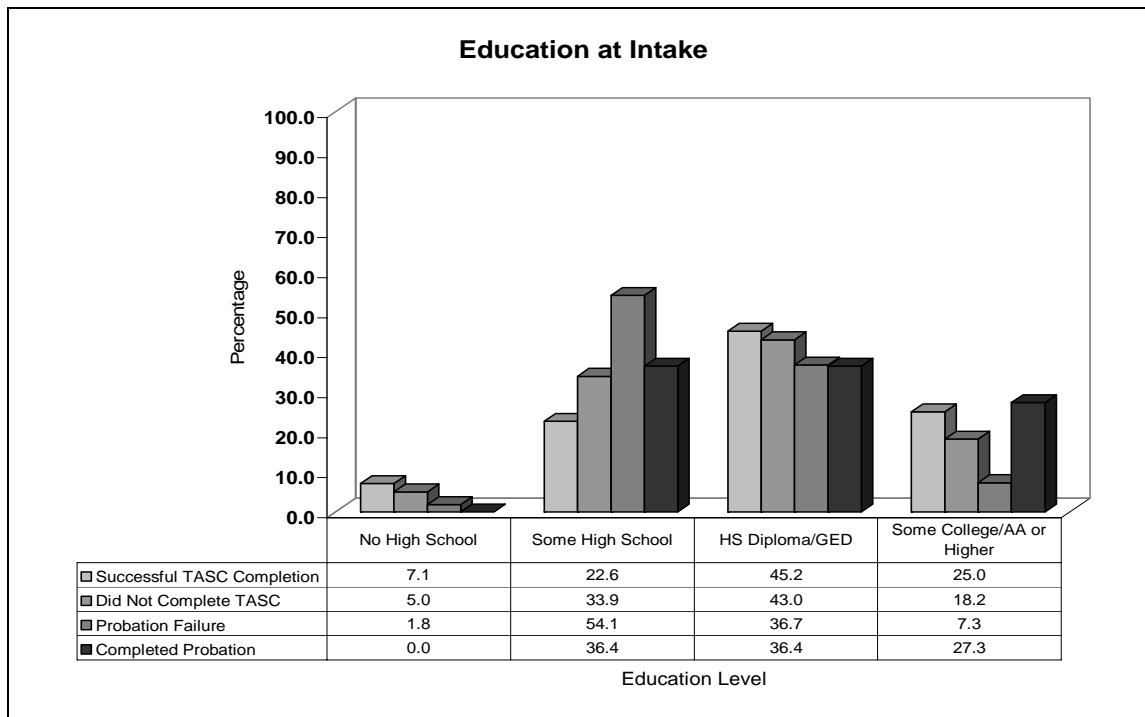


Figure 29. Education at Discharge and Program Success

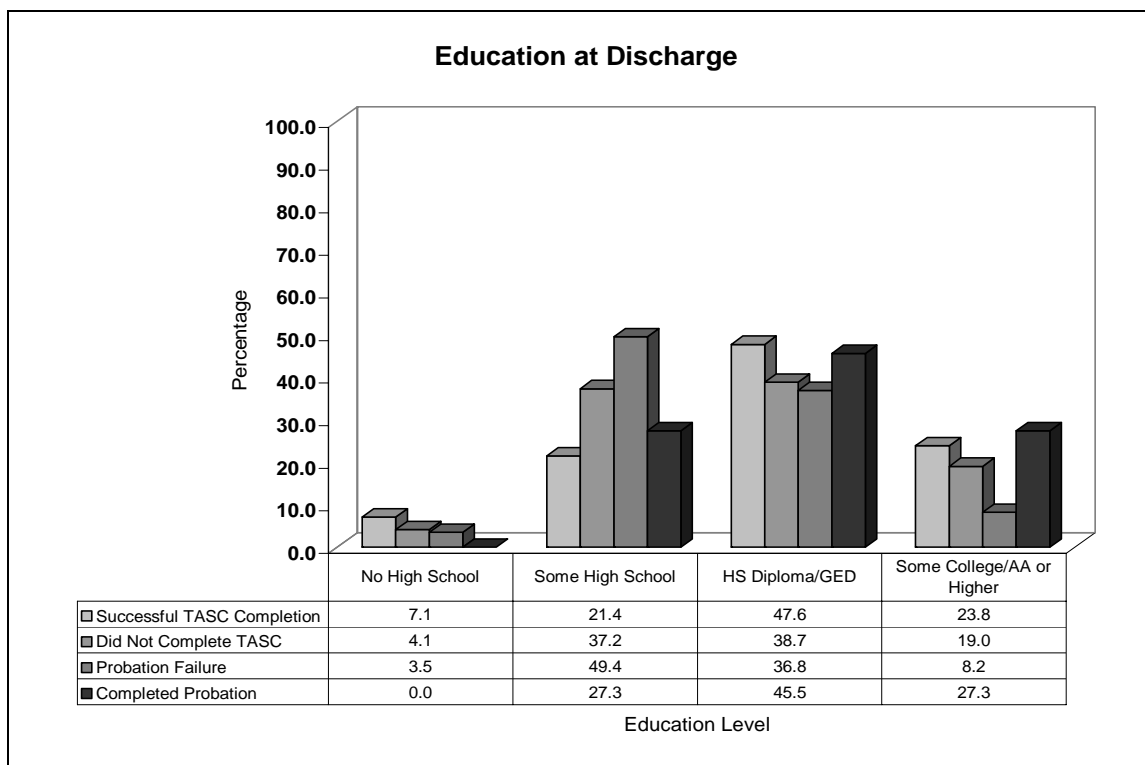
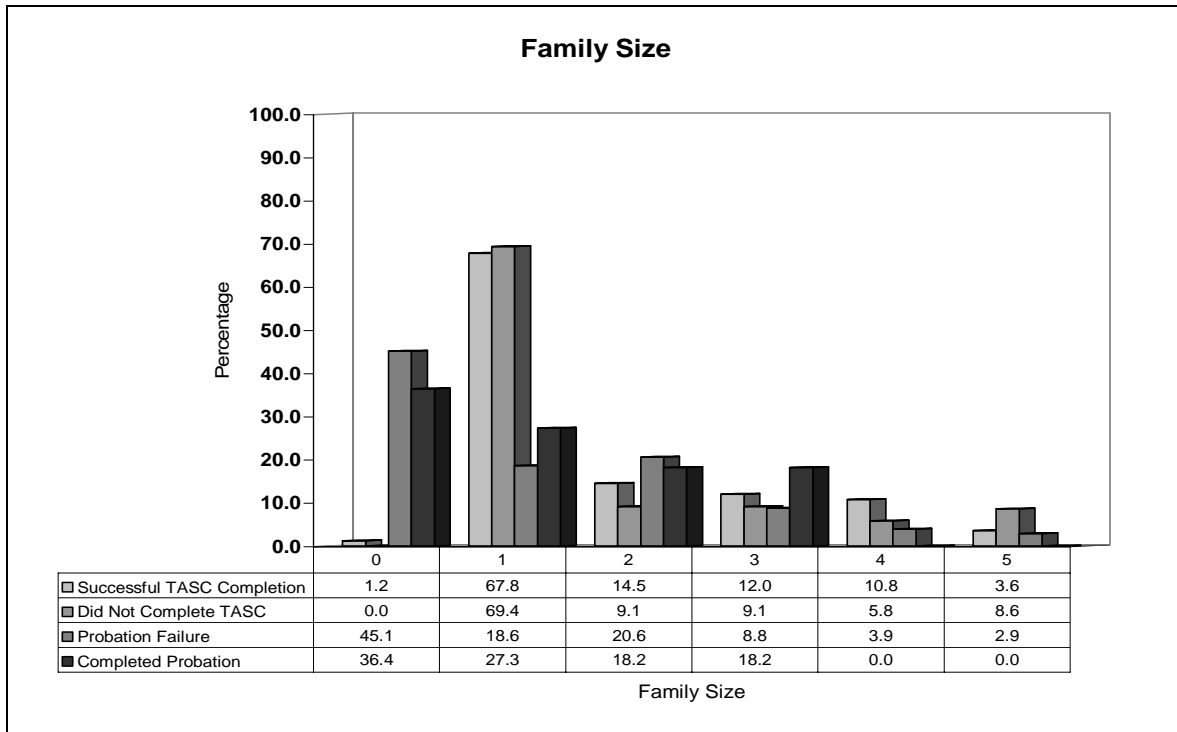


Figure 30. Family Size and Program Success



RECOMMENDATIONS

(1) Continue to Identify ‘High Risk’ TASC Participants

Overall, our research suggests that certain ‘types’ of TASC participants may be more ‘at-risk’ for failure within the program. For example, when we look at individual level factors we find that younger participants, clients who reported using drugs in the past thirty days, and those who had previously been involved in inpatient treatment were less likely to successfully complete TASC programs. Individuals with more probation violations showed less positive behavioral changes within TASC programs. Individuals who had more lengthy criminal histories and those who were arrested at earlier ages were also more likely to recidivate.

(2) Consider Family Dynamics

Family life was also correlated with negative outcomes after discharge. For example, our research found that individuals with more children were re-arrested more often. Further, individuals with more prior arrests for domestic violence had more total arrests post-discharge from TASC. These findings lead us to suggest that programs like TASC emphasize strategies that address family issues and problems as well as how to manage childcare responsibilities.

(3) Promote Employment

Clients in TASC programs and those on probation who reported being unemployed were more likely to fail while on probation. An emphasis should be placed on helping individuals find viable employment options. Programs should also attempt to work around individuals’ employment schedules to ensure that individuals can maintain current employment. For clients to be successful, maintaining employment is an important factor.

(4) Explore Program Differences to Ensure Appropriate Referral

Our research found that one program, Compass, had a higher failure rate than the other treatment programs examined. On the other hand, New Concepts did appear to meet the needs of TASC clients more effectively and resulted in greater chances of successful program completion. Future research should explore program differences which may lead to differential outcomes for clients. TASC programs may want to consider assessment instruments that better match clients with referral treatment agencies. Continual evaluation of these programs will help to better determine the approaches that work best for which clients in which treatment agencies and under what conditions.

(5) Increase Personal Interactions

Our evaluation found that those clients who received individual counseling services and had more face-to-face contacts with program staff were more likely to successfully complete TASC. Increased contacts with clients appear to be related to successful completion of the TASC program. Further, contacts, whether by phone, face-to-face, or fax/letter, made on behalf of TASC clients to justice system agents and referral treatment representatives also led to favorable outcomes and should continue.

(6) Help Promote ‘Readiness to Change’

Our results indicate that those who successfully completed TASC programs outperformed those who did not successfully complete the program in the treatment acceptance/resistance risk/needs area. This suggests that those who successfully completed TASC were more 'ready to change' than those who did not. Future research and resources may attempt to delineate what components or factors contribute to an individual being more 'ready to change' than another, increasing the effectiveness of TASC and helping program staff identify factors that may help increase success for clients.

(7) Increase Number of Referrals to TASC

In general, we find that even some level of participation with TASC leads to lower recidivism and more positive behavioral changes. While not every offender is, or should be, eligible for TASC, it would be beneficial to work with the city and county probation departments to ensure that the appropriate individuals are being referred to TASC in some systematic manner based on results from empirical observations.

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APPENDIX A

DESCRIPTIVE TABLES FOR TASC AND CONTROL GROUPS

Table 1. Descriptives of Individual Factors for TASC Clients.

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful TASC | # Did Not Complete |
|---|-------------------|-------|--|---|-------------------------------|--|
| <i>Demographics at Intake</i> | | | | | | |
| Age | 34.13 | 10.62 | | | 35.35 (\bar{x}) | 33.28 (\bar{x}) |
| Sex | | | Male Female | 79.5 20.5 | 69 15 | 94 27 |
| Marital Status | | | Never Married Married/Cohabiting Divorced Separated Other | 57.1 18.0 17.6 6.8 .5 | 47 18 13 6 0 | 70 19 23 8 1 |
| Family Size | 1.76 | 1.23 | 0 1 2 3 4 5 | 0.5 64.7 11.3 10.3 7.8 5.4 | 1 48 12 10 9 3 | 0 84 11 11 7 8 |
| Race | | | Black White Hispanic Other | 42.9 46.3 7.8 2.9 | 34 45 4 1 | 54 50 12 5 |
| Education | | | No High School Some High School HS Diploma or GED Some College/AA or Higher | 5.9 29.3 43.9 21.0 | 6 19 38 21 | 6 41 52 22 |
| Employment | | | Unemployed Employed (Full or Part) Other | 58.5 41.0 0.5 | 39 44 1 | 81 40 0 |
| Primary Income | | | Government Assistance Wages or Salary Other Sources of Income | 18.0 37.6 44.4 | 17 41 26 | 20 36 65 |
| Age of 1 st Alcohol Intoxication | | | 12 and Under 13-15 16-18 19 and Older | 15.2 35.0 41.1 8.6 | | 15.51 (\bar{x}) 15.14 (\bar{x}) |
| Age at First Arrest | 24.99 | 8.82 | | | 26.19 (\bar{x}) | 24.17 (\bar{x}) |
| Past Psychiatric History | | | Yes No | 64.7 35.3 | | |

Individual Factors Table 1 continued...

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful TASC | # Did Not Complete |
|---|-------------------|------|--|---|------------------------------|-------------------------------|
| Prior Alcohol or Drug Treatment | | | None One Two or More | 48.8 32.2 19.0 | 48 24 12 | 52 42 27 |
| <i>Demographics at Discharge</i> | | | | | | |
| Education | | | No High School Some High School HS Diploma or GED Some College/AA or Higher | 5.4 30.7 42.9 21.0 | 6 18 40 20 | 5 45 48 23 |
| Employment | | | Unemployed Employed (Full or Part) Other | 43.4 50.7 5.9 | 23 59 2 | 66 45 10 |
| Marital Status | | | Never Married Married/Cohabiting Divorced Separated | 55.9 15.2 18.1 10.8 | 44 14 16 10 | 70 17 21 12 |
| Family Size | 1.71 | 1.23 | 0 1 2 3 4 5 | .5 67.0 10.8 9.9 6.4 5.4 | 1 51 10 9 8 5 | 0 85 12 11 5 6 |
| Primary Income | | | Government Assistance Wages or Salary Other Sources of Income | 21.5 43.9 34.6 | 16 15 80 | 28 40 53 |
| Total Behavioral Problems (Value of one given to each of the following behavioral problems noted as client having and added together to create this variable: learning disability, impulsivity, anxiety/tension, depression, psychiatric history, poor problem solving skills, poor self-management, anti-social attitudes, and aggression.) | .93 | 1.03 | | | 0.81 (\bar{x}) | 1.01 (\bar{x}) |

Table 2. Descriptives of Substances and Treatment History for TASC Clients.

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful TASC | # Did Not Complete |
|--|-------------------|-------|---------------------|------------|----------------------|-----------------------|
| <i>Substances Used</i> | | | | | | |
| Drug of 1st Choice | | | Alcohol | 38.9 | 36 | 43 |
| | | | Marijuana | 31.0 | 29 | 34 |
| | | | Crack/Cocaine | 22.7 | 14 | 32 |
| | | | Other | 7.4 | 4 | 11 |
| Used Drug in Past 30 Days | | | Yes | 58.1 | 40 | 78 |
| | | | No | 41.9 | 43 | 42 |
| Used Drug in Past Year | | | Yes | 94.1 | 76 | 115 |
| | | | No | 5.9 | 7 | 5 |
| Number of Years Used Drug of Choice | 14.00 | 10.34 | | | | |
| <i>Drug/Mental Health History</i> | | | | | | |
| Prior Inpatient Treatment for Alcohol/Drugs | | | Yes | 30.7 | 16 | 47 |
| | | | No | 69.3 | 68 | 74 |
| Prior Outpatient Treatment for Alcohol/Drugs | | | Yes | 31.7 | 28 | 37 |
| | | | No | 68.3 | 56 | 84 |
| Prior Attendance AA/NA Meetings | | | Yes | 27.3 | 26 | 30 |
| | | | No | 72.7 | 58 | 91 |
| Prior Mental Health Hospitalization | | | Yes | 13.7 | 8 | 20 |
| | | | No | 86.3 | 76 | 101 |
| Prior Mental Health Outpatient Treatment | | | Yes | 27.3 | 23 | 33 |
| | | | No | 72.7 | 61 | 88 |

Table 3. Descriptives on Criminal History and Recidivism Factors for TASC Clients (N=205)

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful TASC | # Did Not Complete |
|--|-------------------|-------|---------------------|------------|----------------------|-----------------------|
| <i>Crime Information-Priors</i> | | | | | | |
| Immediate Offense Type (Offense that brought them to TASC) | | | Drug/Alcohol | 51.7 | 46 | 60 |
| | | | Property | 15.6 | 10 | 22 |
| | | | Violence | 12.7 | 9 | 17 |
| | | | Escape/Other | 18 | 17 | 20 |
| | | | Sex Crime | 2.0 | 2 | 2 |
| Misdemeanors | 11.32 | 14.33 | | | | |
| Felonies | 3.53 | 3.56 | | | | |
| Drug/Alcohol Offenses | 3.62 | 4.09 | | | | |
| Domestic Violence | 1.12 | 2.24 | | | | |
| <i>Crime Information-Post</i> | | | | | | |
| Misdemeanors | 2.90 | 3.03 | | | | |
| Felonies | 1.48 | 2.37 | | | | |
| Domestic Violence Offenses | 0.28 | 0.58 | | | | |
| Drug/Alcohol Offenses | 1.61 | 2.48 | | | | |
| Total Probation Violations | 0.65 | 0.97 | | | | |
| Time Between Discharge and 1 st Arrest in Days | 325.5 | 266.6 | | | 374.56 (\bar{x}) | 298.48 (\bar{x}) |
| Total Arrests Post Discharge | 4.37 | 4.02 | | | 1.27 (\bar{x}) | 1.48 (\bar{x}) |

Table 4. Descriptives on Program Factors for TASC Clients .

| Variables | Mean \bar{x} | SD | Response Categories | Total% | # Successful TASC | # Did Not Complete |
|---------------------------|-------------------|----|---------------------|--------|----------------------|-----------------------|
| Source of Referral | | | Municipal Court | 42.4 | 31 | 56 |
| | | | Common Pleas | 47.8 | 44 | 54 |
| | | | Other | 9.8 | 9 | 11 |
| Successful TASC | | | | 41.0 | 84 | |
| Did not complete | | | | 59.0 | | 121 |
| CM Level | | | High | 3.4 | 3 | 4 |
| | | | Medium | 73.2 | 61 | 89 |
| | | | Low | 18.5 | 16 | 22 |
| | | | Unknown | 4.9 | 4 | 6 |
| Referral Treatment Agency | | | New Concepts | 30.7 | 33 | 30 |
| | | | Compass | 24.9 | 11 | 40 |
| | | | Fresh Attitude | 23.9 | 20 | 29 |
| | | | Talbot Center | 3.9 | 5 | 3 |
| | | | Other | 16.6 | 15 | 19 |

Table 5. Descriptives on Service Factors* for TASC Clients.

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful TASC | # Did Not Complete |
|--------------------------|-------------------|----|---------------------|--------------|----------------------|-----------------------|
| <i>Services Received</i> | | | | | | |
| A/D Screening Analysis | | | Yes No | 82.0 18.0 | 75 9 | 93 28 |
| Case Management | | | Yes No | 81.5 18.5 | 76 8 | 91 30 |
| Group Counseling | | | Yes No | 38.0 62.0 | 48 36 | 30 91 |
| Individual Counseling | | | Yes No | 37.1 62.9 | 46 38 | 30 91 |
| Detox-Hospital | | | Yes No | 1.0 99.0 | 1 83 | 1 111 |
| Detox-Freestanding | | | Yes No | 0.0 100.0 | 0 84 | 0 112 |
| Detox-Ambulatory | | | Yes No | 2.0 98.0 | 2 82 | 2 110 |
| Crisis Intervention | | | Yes No | 3.9 96.1 | 3 81 | 5 107 |
| Intensive Outpatient | | | Yes No | 31.2 68.8 | 32 52 | 32 89 |
| Intervention | | | Yes No | 1.5 98.5 | 2 82 | 1 120 |
| Medical/Somatic | | | Yes No | 0.0 100.0 | 0 84 | 0 112 |
| Methadone Administration | | | Yes No | 0.5 99.5 | 0 84 | 1 111 |
| Rehab-Hospital | | | Yes No | 0.0 100.0 | 0 84 | 0 112 |
| Rehab-Short Term | | | Yes No | 2.9 97.1 | 3 81 | 2 110 |
| Rehab-Long Term | | | Yes No | 0.0 100.0 | 0 84 | 0 112 |
| Other | | | Yes No | 0.5 99.5 | 0 84 | 1 111 |

Service Factors Table 5 continued...

| Variables | Mean \bar{x} | SD | Response Categories | Total % | % Successful TASC | % Did Not Complete |
|-------------------------------------|-------------------|-------|---------------------|------------|----------------------|-----------------------|
| <i>Contacts Made by TASC</i> | | | | | | |
| Total Times Contacted Face-To-Face | 12.29 | 10.01 | | | 16.29 (\bar{x}) | 9.50 (\bar{x}) |
| Total Times Contacted by Phone | 10.42 | 9.07 | | | 11.61 (\bar{x}) | 9.59 (\bar{x}) |
| Total Times Contacted by Fax/Letter | 0.25 | 1.65 | | | 0.40 (\bar{x}) | 0.13 (\bar{x}) |
| Total Times Contacted | 23.01 | 16.47 | | | 28.30 (\bar{x}) | 19.29 (\bar{x}) |

Table 6. Descriptives on Behavioral Factors for TASC Clients .

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful TASC | # Did Not Complete |
|---|-------------------|----|---------------------|------------|----------------------|-----------------------|
| <i>Risk/Need Assessment at Admission</i> | | | | | | |
| Acute Intoxication Withdrawal | | | None | 95.6 | 84 | 111 |
| | | | Low | 3.4 | 0 | 7 |
| | | | Moderate | 1.0 | 0 | 2 |
| | | | High | 0.0 | 0 | 0 |
| Biomedical Conditions/Complications | | | None | 52.5 | 47 | 60 |
| | | | Low | 38.2 | 31 | 47 |
| | | | Moderate | 8.8 | 5 | 13 |
| | | | High | 0.5 | 1 | 0 |
| Emotional Behavioral/Cognitive Conditions and Complications | | | None | 57.4 | 49 | 68 |
| | | | Low | 29.4 | 27 | 33 |
| | | | Moderate | 12.3 | 8 | 17 |
| | | | High | 1.0 | 0 | 2 |
| Treatment Acceptance Resistance | | | None | 0.0 | 0 | 0 |
| | | | Low | 68.6 | 53 | 87 |
| | | | Moderate | 30.9 | 31 | 32 |
| | | | High | 0.5 | 0 | 1 |
| Relapse Potential | | | None | 0.0 | 0 | 0 |
| | | | Low | 32.8 | 30 | 37 |
| | | | Moderate | 58.8 | 50 | 70 |
| | | | High | 8.3 | 4 | 13 |
| Recovery Environment | | | None | 0.0 | 0 | 0 |
| | | | Low | 60.8 | 59 | 65 |
| | | | Moderate | 38.7 | 25 | 54 |
| | | | High | 0.5 | 0 | 1 |
| <i>Risk/Need Assessment at Discharge</i> | | | | | | |
| Acute Intoxication Withdrawal | | | None | 92.2 | 83 | 105 |
| | | | Low | 4.9 | 0 | 10 |
| | | | Moderate | 1.5 | 0 | 3 |
| | | | High | 1.5 | 1 | 2 |
| Biomedical Conditions/Complications | | | None | 56.4 | 56 | 59 |
| | | | Low | 33.8 | 24 | 45 |
| | | | Moderate | 8.3 | 4 | 13 |
| | | | High | 1.5 | 0 | 3 |

Behavioral Factors Table 6 continued...

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful TASC | # Did Not Complete |
|---|-------------------|----|--|--|-----------------------------------|------------------------------------|
| Emotional Behavioral/Cognitive Conditions and Complications | | | None Low Moderate High | 59.8 28.4 8.3 3.4 | 57 25 1 1 | 65 33 16 6 |
| Treatment Acceptance Resistance | | | None Low Moderate High | 36.3 13.7 16.2 33.8 | 71 11 1 1 | 3 17 32 68 |
| Relapse Potential | | | None Low Moderate High | 0.5 50.5 12.7 36.3 | 1 83 0 0 | 0 20 26 74 |
| Recovery Environment | | | None Low Moderate High | 1.0 60.8 23.0 15.2 | 2 81 1 0 | 0 43 46 31 |
| <i>Risk/Needs Change from Intake to Discharge</i> | | | | | | |
| Acute Intoxication Withdrawal | | | Greatly regressed Moderately regressed Regressed No change Improved Moderately improved Greatly improved | 1.5 .5 1.5 96.6 -- -- -- | 1 0 0 86 0 0 0 | 2 1 3 114 0 0 0 |
| Biomedical Conditions/Complications | | | Greatly regressed Moderately regressed Regressed No change Improved Moderately improved Greatly improved | .5 .5 3.9 87.3 6.9 1.0 -- | 0 0 2 70 10 2 0 | 1 1 6 108 4 0 0 |
| Emotional Behavioral/Cognitive Conditions and Complications | | | Greatly regressed Moderately regressed Regressed No change Improved Moderately improved Greatly improved | -- .5 7.4 82.8 8.8 .5 -- | 0 1 1 67 14 1 0 | 0 0 14 102 4 0 0 |
| Treatment Acceptance Resistance | | | Greatly regressed Moderately regressed Regressed No change Improved Moderately improved Greatly improved | -- 21.6 24 15.2 27 12.3 -- | 0 0 2 6 51 25 0 | 44 47 25 4 0 0 0 |

Behavioral Factors Table 6 continued...

| Variables | Mean \bar{x} | SD | Response Categories | Total% | # Successful TASC | # Did Not Complete |
|--|-------------------|----|----------------------|--------|----------------------|-----------------------|
| Relapse Potential | | | Greatly regressed | -- | 0 | 0 |
| | | | Moderately regressed | 7.8 | 0 | 16 |
| | | | Regressed | 27.9 | 0 | 57 |
| | | | No change | 31.9 | 29 | 36 |
| | | | Improved | 30.4 | 51 | 11 |
| | | | Moderately improved | 2.0 | 4 | 0 |
| | | | Greatly improved | -- | 0 | 0 |
| Recovery Environment Change | | | Greatly regressed | -- | 0 | 5 |
| | | | Moderately regressed | 7.8 | 0 | 49 |
| | | | Regressed | 27.9 | 58 | 60 |
| | | | No change | 31.9 | 26 | 5 |
| | | | Improved | 30.4 | 0 | 1 |
| | | | Moderately improved | 2.0 | 0 | 0 |
| | | | Greatly improved | -- | 0 | 0 |
| <i>Outcome Statuses at Discharge</i> | | | | | | |
| Discharge Outcome | | | Successful TASC | 41.0 | 84 | 121 |
| | | | Did Not Complete | 59.0 | | |
| School | | | Yes | 5.0 | 7 | 3 |
| | | | No | 95.0 | 77 | 114 |
| Stable Environment | | | Yes | 46.3 | 78 | 15 |
| | | | No | 53.7 | 6 | 102 |
| Completed Referral Agency Substance Abuse Treatment | | | Yes | 42.3 | 81 | 4 |
| | | | No | 57.7 | 3 | 113 |
| Improved Emotional Health | | | Yes | 12.4 | 23 | 2 |
| | | | No | 87.6 | 61 | 115 |
| Left Public Assistance | | | Yes | 0.0 | 0 | 0 |
| | | | No | 100.0 | 84 | 117 |
| Abstinent at Discharge | | | Yes | 47.8 | 81 | 15 |
| | | | No | 52.2 | 3 | 102 |
| Obtained/Maintained Employment | | | Yes | 50.7 | 64 | 2 |
| | | | No | 49.3 | 20 | 115 |
| Completed Legal Requirements | | | Yes | 5.5 | 9 | 2 |
| | | | No | 94.5 | 75 | 115 |
| Attending AA/NA | | | Yes | 0.0 | 0 | 0 |
| | | | No | 100.0 | 84 | 117 |

Behavioral factors continued...

| Variables | Mean \bar{x} | SD | Response Categories | Total% | # Successful TASC | # Did Not Complete |
|---|-------------------|----|----------------------------------|---|------------------------------------|------------------------------------|
| Active in Community or Other Social Groups | | | Yes No | 0.0 100.0 | 0 84 | 0 117 |
| Referral by TASC to Ancillary Service | | | Yes No | 97.5 2.5 | 80 4 | 116 1 |
| Number of Outcome Statuses (Total of above behaviors. Generally, the more behaviors completed, the more improvement observed) | | | 0 1 2 3 4 5 6 | 30.8 19.4 7.0 9.0 20.9 11.4 1.5 | 0 1 2 15 40 23 3 | 62 38 12 3 2 0 0 |
| <i>Urinalysis Screening</i> | | | | | | |
| Positive Urinalysis Test | | | 0 Positive 1 or More Positive | 62.4 37.6 | 61 23 | 67 54 |

Table7. Descriptives for Individual Factors for Control Sample

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful | # Did Not Complete |
|---|-------------------|-------|---|--|----------------------------|------------------------------------|
| <i>At Intake</i> | | | | | | |
| Age | 34.31 | 13.41 | | | 33.50 \bar{x} | 34.94 \bar{x} |
| Sex | | | Male Female | 80.4 19.6 | 8 6 | 99 17 |
| Marital Status | | | Never Married Married/Cohabiting Divorced, Separated, Widowed | 73.3 9.6 17.0 | 5 2 4 | 75 9 15 |
| Family Size | 1.18 | 1.35 | 0 1 2 3 4 5 | 44.0 19.9 19.1 10.6 3.5 2.8 | 4 3 2 2 0 0 | 46 19 21 9 4 3 |
| Race | | | Black White Hispanic Other | 50.3 38.5 3.6 7.7 | 3 8 2 1 | 70 42 3 6 |
| Education | | | No High School Some High School HS Diploma or GED Some College/AA or Higher | 4.0 51.3 35.3 9.3 | 0 4 4 3 | 2 59 40 8 |
| Employment | | | Unemployed Employed (Full or Part) Other | 69.7 27.1 3.2 | 7 6 0 | 81 29 4 |
| Primary Income | | | Govn. Assistance Wages/Salary Other Sources | 27.2 38.8 34.0 | 2 6 3 | 22 26 25 |
| Age of 1 st Alcohol Intoxication | 14.73 | 4.45 | 12 and Under 13-15 16-18 19 and Older | 22.0 26.8 36.6 14.6 | | 17.25 \bar{x} 14.78 \bar{x} |
| Past Psychiatric History | | | Yes No | 37.3 62.7 | 2 3 | 16 29 |
| Prior Alcohol or Drug Treatment | | | None One or more | 56.8 43.2 | 2 0 | 15 12 |

Individual Factors Table 7. continued...

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful | # Did Not Complete |
|---------------------|-------------------|------|---|--|----------------------------|-------------------------------|
| <i>At Discharge</i> | | | | | | |
| Age | 36.00 | 2.83 | | | 33.5 \bar{x} | 34.94 \bar{x} |
| Education | | | No High School Some High School HS Diploma or GED Some College/AA or Higher | 2.8 44.9 41.1 11.2 | 0 3 5 3 | 3 42 33 7 |
| Employment | | | Unemployed Employed (Full or Part) Other | 74.0 19.2 6.7 | 6 5 0 | 65 9 3 |
| Primary Income | | | Govn. Assistance Wages/Salary Other Sources | 37.7 34.4 27.9 | 3 6 1 | 18 10 16 |
| Family Size | 1.26 | 1.29 | 0 1 2 3 4 5 | 39.6 20.8 19.8 14.9 4.0 1.0 | 3 2 2 3 0 1 | 34 16 17 9 4 1 |
| Marital Status | | | Never Married Married/Cohabiting Divorced, Separated, Widowed | 67.0 14.4 18.6 | 3 3 4 | 55 9 13 |

Table 8. Descriptives on Criminal History and Recidivism Factors for Control Sample

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful | # Did Not Complete |
|---|-------------------|-------|---------------------|------------|------------------|-----------------------|
| <i>Criminal History</i> | | | | | | |
| Immediate Offense Type (Offense that brought them to Probation) | | | Drug/Alcohol | 50.6 | 8 | 63 |
| | | | Property | 23.5 | 3 | 24 |
| | | | Violence | 10.2 | 2 | 11 |
| | | | Vehicular | 1.2 | 0 | 2 |
| | | | Escape/Other | 12.7 | 1 | 17 |
| | | | Sex Crime | 1.8 | 0 | 3 |
| Age at First Arrest | 23.85 | 10.06 | | | 27.57 \bar{x} | 23.84 \bar{x} |
| Total Arrests Pre- Discharge | 15.77 | 16.97 | | | 8.07 \bar{x} | 16.98 \bar{x} |
| Misdemeanors | 11.85 | 14.01 | | | 6.62 \bar{x} | 12.73 \bar{x} |
| Felonies | 3.86 | 4.29 | | | 1.57 \bar{x} | 4.26 \bar{x} |
| Drug/Alcohol Offenses | 3.83 | 4.48 | | | 3.14 \bar{x} | 4.11 \bar{x} |
| Domestic Violence | 1.03 | 1.87 | | | 0.77 \bar{x} | 0.99 \bar{x} |
| <i>Recidivism</i> | | | | | | |
| Misdemeanors | 3.81 | 4.58 | | | 1.40 \bar{x} | 4.02 \bar{x} |
| Felonies | 1.50 | 2.08 | | | 0.00 \bar{x} | 1.78 \bar{x} |
| Domestic Violence Offenses | 0.30 | 0.71 | | | 0.20 \bar{x} | 0.34 \bar{x} |
| Drug/Alcohol Offenses | 1.53 | 2.25 | | | 0.40 \bar{x} | 1.75 \bar{x} |
| Total Behavioral Problems | .93 | 1.03 | | | 0.81 \bar{x} | 1.01 \bar{x} |
| Total Probation Violations | 2.21 | 1.75 | | | 0.00 \bar{x} | 2.38 \bar{x} |
| Time Between Discharge and 1st Arrest in Days | 233.8 | 240.1 | | | 324.00 \bar{x} | 212.39 \bar{x} |
| Total Arrests Post -Discharge | 5.31 | 5.21 | | | 1.40 \bar{x} | 5.80 \bar{x} |

Table 9. Descriptives of Substances and Treatment History for Control Sample

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful | # Did Not Complete |
|--|-------------------|----|---------------------|------------|----------------|-----------------------|
| <i>Substances Used</i> | | | | | | |
| Drug of 1 st Choice | | | Alcohol | 37.1 | 7 | 33 |
| | | | Marijuana | 30.8 | 3 | 35 |
| | | | Crack/Cocaine | 25.9 | 2 | 27 |
| | | | Other | 6.3 | 1 | 6 |
| Number of Years Used Drug | | | | | 17.5 \bar{x} | 12.30 \bar{x} |
| Used Drug in Past 30 Days | | | Yes | 69.8 | 5 | 30 |
| | | | No | 30.2 | 4 | 10 |
| Used Drug in Past Year | | | Yes | 95.6 | 9 | 43 |
| | | | No | 4.4 | 0 | 1 |
| <i>Drug/Mental Health History</i> | | | | | | |
| Prior Inpatient Treatment for Alcohol/Drugs | | | Yes | 9.1 | 1 | 7 |
| | | | No | 90.9 | 10 | 70 |
| Prior Outpatient Treatment for Alcohol/Drugs | | | Yes | 27.2 | 2 | 23 |
| | | | No | 72.8 | 9 | 58 |
| Prior Attendance AA/NA Meetings | | | Yes | 15.1 | 1 | 12 |
| | | | No | 84.9 | 10 | 63 |
| Prior Mental Health Hospitalization | | | Yes | 6.0 | 1 | 4 |
| | | | No | 94.0 | 9 | 70 |
| Prior Mental Health Outpatient Treatment | | | Yes | 18.6 | 2 | 14 |
| | | | No | 81.4 | 9 | 61 |

Table 10. Control Group Outcomes and Services While on Probation

| Variables | Mean \bar{x} | SD | Response Categories | Total % | # Successful | # Did Not Complete |
|--|-------------------|------|---|-------------------------------------|----------------|-----------------------|
| <i>Outcome Statuses</i> | | | | | | |
| Outcome Determination (Two Categories) | | | Completed Probation Did Not Complete | 10.4 89.6 | 14 | 106 |
| Detailed Outcome Determination | | | Completed Probation New Arrest Probation Revoked Probation Terminated Other | 11.7 24.2 30.0 26.7 7.5 | 14 | 29 36 32 9 |
| <i>Services</i> | | | | | | |
| Number of Services Engaged | 0.84 | 1.11 | | | 1.86 \bar{x} | 0.63 \bar{x} |
| Number of Services Completed | 0.29 | 0.64 | | | 1.43 \bar{x} | 0.07 \bar{x} |

APPENDIX B
DATA COLLECTION INSTRUMENTS

TASC DATA COLLECTION INSTRUMENT

Client _____ SS# _____

Case Manager Initials _____

DEMOGRAPHICS AT INTAKE (GO TO ODADAS INITIAL CONTACT FORM)

Age _____ or DOB _____ Initial Contact Date _____

Sex: M⁰ F¹

⁵Marital Status: Never Married⁰ Married/Cohabiting¹ Divorced² Widowed³ Separated⁴

⁷Family Size: 0 1 2 3 4 5+

^{2 or 3}Race/Ethnicity: Black, non-Hispanic¹ Hispanic² Black-Hispanic³ White⁴ Asian⁵
Native American/Native Alaskan⁶ Native Hawaiian/Other Pacific Islander⁷
Other⁸

¹³Education: No HS Some HS¹ HS Diploma or GED² Some College³ AA⁴ BA/BS⁵ Graduate⁶

¹⁴Employment: Unemployed⁰ Part Time¹ Full Time² Homemaker³ Student⁴ Retired⁵
Disabled⁶

Inmate/Institution⁷ Other⁸

¹⁰_{take 1st box}Primary Income: ___TANF or AFDC¹ ___Worker's Compensation⁶
___Food Stamps² ___SSI/SSD⁷
___Unemployment³ ___Wages/Salary⁸
___Alimony⁴
___Other⁹ _____
___Friends/Relative⁵

¹⁸Age of 1st Alcohol Intoxication _____ ¹⁹CJ Involvement _____

²⁶Past Psychiatric History _____ ¹#Prior Alco/Drug TX _____

¹⁷Alcohol/Drug Use

Substance Type(s) _____

Frequency of Use _____

Route of Administration _____

First Year of Use _____

¹²Source of Referral

| | |
|--|--|
| ___ Individual ¹ | ___ Other Community Referral/CJ Court/DUI ⁷ |
| ___ Alcohol/Other Drug Provider ² | ___ State/Federal Court ⁸ |
| ___ Other Health Care Provider ³ | ___ Municipal Court ⁹ |
| ___ School (Education) ⁴ | ___ Common Pleas Court ¹⁰ |
| ___ EAP (Employer) ⁵ | ___ Diversionary Program ¹¹ |
| ___ County Human Services ⁶ | ___ Prison ¹² |
| ___ Other ¹³ | _____ |

²¹Methadone as part of TX: Yes¹ No⁰

DEMOGRAPHICS AT DISCHARGE (GO TO ODADAS CLOSURE/SUMMARY FORM)

Age _____ or DOB _____ ⁷Date of Last Service _____

³Marital Status: Never Married⁰ Married/Cohabiting¹ Divorced² Widowed³ Separated⁴

⁵Family Size: 0 1 2 3 4 5+

⁸Education: No HS Some HS¹ HS Diploma or GED² Some College³ AA⁴ BA/BS⁵ Graduate⁶

¹⁰Employment: Unemployed⁰ Part Time¹ Full Time² Homemaker³ Student⁴ Retired⁵
Disabled⁶ Inmate/Institution⁷ Other⁸

⁹Primary Income: ___ TANF or AFDC¹ ___ Worker's Compensation⁶
___ Food Stamps² ___ SSI/SSD⁷
___ Unemployment³ ___ Wages/Salary⁸
___ Alimony⁴ ___ Other⁹ _____
___ Friends/Relative⁵

¹²Alcohol/Drug Use Past 30 Days

Substance Type(s) _____

Frequency of Use _____

Route of Administration _____

²⁰Services Received Mark those received.

| | |
|---|--|
| _____ A/D Screening Analysis ¹ | _____ Crisis Intervention ⁹ |
| _____ A/D Screening Analysis ² | _____ Intensive Outpatient ¹⁰ |
| _____ Case Management ³ | _____ Intervention ¹¹ |
| _____ Group Counseling ⁴ | _____ Medical/Somatic ¹² |
| _____ Individual Counseling ⁵ | _____ Methadone Administration ¹³ |
| _____ Detox-Hospital ⁶ | _____ Rehab-Hospital ¹⁴ |
| _____ Detox-Freestanding ⁷ | _____ Rehab-Short Term ¹⁵ |
| _____ Detox-Ambulatory ⁸ | _____ Rehab-Long Term ¹⁶ |
| _____ Other ¹⁷ _____ | |
| _____ | |

¹⁸Case Closure Date _____

¹⁹Disposition at Case Closure _____

- A. Case Closed with Referral to A/D TX
- B. Case Closed with Referral to Aftercare
- Case Closed- No Referrals codes below*
- C. Goals Met – No addl. services needed
- D. Needed services not available
- E. Client rejects continuation
- F. Client did not return
- G. Client moved
- H. Client Died
- I. Other _____

ADMISSION INFORMATION

TASC¹

Probation Only⁰

DSM-IV Axis I Code _____ DSM-IV Axis II Code _____ DSM-IV Axis III
Code _____

TASC Narrative _____

Diagnosis on

Admission _____

TASC Initial

Last Functional Case Note Date _____ (look for ongoing activity, not “no client contact” language)
In folder

Place of

Employment _____ Position _____

TASC Initial

Immediate Offense Type^{TASC Initial}

- | | | |
|--|---|--|
| <input type="checkbox"/> Drugs/Alcohol | <input type="checkbox"/> Violence ³ | <input type="checkbox"/> Escape/Other ⁵ |
| <input type="checkbox"/> Property ² | <input type="checkbox"/> Vehicular ⁴ | <input type="checkbox"/> Sex Crime ⁶ |

If multiple, what other crime types?^{Narrative}

- | | | |
|--|---|--|
| <input type="checkbox"/> Drugs/Alcohol | <input type="checkbox"/> Violence ³ | <input type="checkbox"/> Escape/Other ⁵ |
| <input type="checkbox"/> Property ² | <input type="checkbox"/> Vehicular ⁴ | <input type="checkbox"/> Sex Crime ⁶ |

Referral Treatment Agency (use only last provider of record and outcome with that provider)

- ___ New Concepts¹
- ___ Compass²
- ___ Fresh Attitude³
- ___ Unisons Dual Program⁴
- ___ Talbot Center
- ___ Sassy/Methadone Program⁵
- ___ No referral
- ___ Other⁹ _____

For TASC cases, go to initial TASC form to see drug of 1st and 2nd choice. Then go to narrative for the other details.

| Drug of 1st Choice | X if used | Used 30 days 1=Y 0=No | Used in last year 1=Y 0=No | Used # Years |
|--------------------------------------|------------------|---------------------------------|--------------------------------------|---------------------|
| Alcohol | | | | |
| Marijuana | | | | |
| Crack/Cocaine | | | | |
| Opiates (e.g., Oxycontin, Vicodin) | | | | |
| Methamphetamine | | | | |
| Sedatives | | | | |
| Stimulants | | | | |
| Inhalants | | | | |
| Hallucinogens | | | | |
| Heroin | | | | |
| Other (write in) | | | | |

| Drug of 2 nd Choice | X if used | Used 30 days 1=Y 0=No | Used in last year 1=Y 0=No | Used # Years |
|------------------------------------|-----------|--------------------------|-------------------------------|--------------|
| Alcohol | | | | |
| Marijuana | | | | |
| Crack/Cocaine | | | | |
| Opiates (e.g., Oxycontin, Vicodin) | | | | |
| Methamphetamine | | | | |
| Sedatives | | | | |
| Stimulants | | | | |
| Inhalants | | | | |
| Hallucinogens | | | | |
| Heroin | | | | |
| Other (write in) | | | | |

| Other drugs known used | X if used | Used 30 days 1=Y 0=No | Used in last year 1=Y 0=No | Used # Years |
|------------------------------------|-----------|--------------------------|-------------------------------|--------------|
| Alcohol | | | | |
| Marijuana | | | | |
| Crack/Cocaine | | | | |
| Opiates (e.g., Oxycontin, Vicodin) | | | | |
| Methamphetamine | | | | |
| Sedatives | | | | |
| Stimulants | | | | |
| Inhalants | | | | |
| Hallucinogens | | | | |
| Heroin | | | | |
| Other (write in) | | | | |

Client on Probation while TASC Client? Y¹ N⁰
Client on Parole while TASC Client? Y¹ N⁰

Care Level _____ CM Level _____
On first admission note in TASC file or TASC Initial

DRUG AND MENTAL HEALTH HISTORY

Drug Treatment History

Prior Inpatient Treatment for Alcohol/Drugs Y¹ N⁰

Prior Outpatient Treatment for Alcohol/Drugs Y¹ N⁰

Prior Attendance AA/NA Meetings Y¹ N⁰

Mental Health History

Prior Hospitalizations Y¹ N⁰

Prior Outpatient Treatment Y¹ N⁰

RISK/NEED ASSESSMENTS – TASC CASE MANAGER (go to Discharge Summary/Termination Report)

At Admission -- Indicate 0 for None 1 for Low 2 for Moderate 3 for High

- ___ Acute Intoxication Withdrawal
- ___ Biomedical Conditions/Complications
- ___ Emotional Behavioral/Cognitive Conditions/Complications
- ___ Treatment Acceptance Resistance
- ___ Relapse Potential
- ___ Recovery Environment
- ___ Family and Caregiver Functioning

At Discharge -- Indicate 0 for None 1 for Low 2 for Moderate 3 for High

- ___ Acute Intoxication Withdrawal
- ___ Biomedical Conditions/Complications
- ___ Emotional Behavioral/Cognitive Conditions/Complications
- ___ Treatment Acceptance Resistance
- ___ Relapse Potential
- ___ Recovery Environment
- ___ Family and Caregiver Functioning

DISCHARGE INFORMATION For TASC cases, mostly on TASC Discharge sheet or letter or narrative.

Discharge Date _____ Discharge Outcome _____

- A= Successful TASC Completion¹
- B= Discharged TASC without completion²
 - B1=Noncompliant with TASC
 - B2=Alcohol or Drug Use (AOD)
 - B3=Neutral Discharge
- C= Left TASC program before completion³
 - C1=Absconded
 - C2=Died
 - C3=Moved out of area
- D= New arrest⁴
- E= Assessed only for TASC⁵
- F= Assessed and referred for TASC but did not attend⁶
- G= Referred to TASC but never attended for assessment⁹
- H= Probation revoked by court⁷
- I= Probation terminated by PO⁸
- J= Completed probation successfully

Supplemental Discharge Information _____

- K=Referred to Treatment Agency but did not attend
- L=Referred to Treatment Agency but did not complete
- M=Attended Treatment Agency but was discharged unsuccessfully
- N= Attended Treatment Agency and was discharged successfully

Diagnosis/Opinion at Discharge _____

Outcome Statuses at Discharge Mark what is marked on TASC Discharge Sheet

- | | |
|---|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Abstinent at Discharge |
| <input type="checkbox"/> Stable Environment | <input type="checkbox"/> Obtained/Maintained Employment |
| <input type="checkbox"/> Completed Referral Agency Substance Abuse TX | <input type="checkbox"/> Completed Legal Requirements |
| <input type="checkbox"/> Improved Emotional Health | <input type="checkbox"/> Attending AA/NA |
| <input type="checkbox"/> Left Public Assistance | <input type="checkbox"/> Active in community or other social groups (e.g., church) |
| <input type="checkbox"/> Referral by TASC to ancillary service | |
| <input type="radio"/> Which one? _____ | |
| <input type="checkbox"/> Referral by PO to ancillary service | |
| <input type="radio"/> Which one? _____ | |
| <input type="checkbox"/> Referral by Judge to ancillary service | |
| <input type="radio"/> Which one? _____ | |

Substance Use Screenings

Number of Negative Urinalysis _____

Number of Negative Breathalyzer _____

Number of Positive Urinalysis _____

Number of Positive Breathalyzer _____

Services Recommended

| Service Types | Recommended |
|--|--------------------|
| Alcohol/Drug Education | |
| Education | |
| Job Training | |
| Job Counseling | |
| Job Placement | |
| Mental Health <input type="checkbox"/> Unison (MH) ¹ <input type="checkbox"/> Zeph (MH) ² <input type="checkbox"/> Harbor (MH) ³ | |
| Family Services | |
| Social Support | |
| Housing | |
| AA/NA | |
| Long term Substance Abuse TX | |
| Detoxification | |
| Inpatient Substance Abuse | |
| Outpatient Substance Abuse | |
| Legal Consequences | |
| AIDS Counseling | |
| Drug Related Medical Care | |
| Other Medical Care | |
| Other (write in) | |

Number and Types of Contacts Made by TASC to Type of Contact

| Type of Contact | Face to Face | Phone | Fax/Letter |
|------------------------|---------------------|--------------|-------------------|
| Justice Agencies | | | |
| Treatment | | | |
| Client | | | |

OTHER INFORMATION IN PSI OR TASC CASE FILE NOTATIONS/NARRATIVE

Family Problems:

- | | |
|--|---|
| <input type="checkbox"/> Victim of Child Abuse ¹ | <input type="checkbox"/> Perpetrator of Child Abuse ⁴ |
| <input type="checkbox"/> Victim of DV ² | <input type="checkbox"/> Perpetrator of DV ⁵ |
| <input type="checkbox"/> Victim of Sexual Abuse ³ | <input type="checkbox"/> Perpetrator of Sexual Abuse ⁶ |

Behavioral Problems:

- | | |
|---|---|
| <input type="checkbox"/> Learning Disability ¹ | <input type="checkbox"/> Depression ⁶ |
| <input type="checkbox"/> Impulsivity ² | <input type="checkbox"/> Psychiatric History ⁷ |
| <input type="checkbox"/> Poor Problem Solving Skills ³ | <input type="checkbox"/> Anxiety/Tension ⁸ |
| <input type="checkbox"/> Poor Self-Management ⁴ | <input type="checkbox"/> Aggression ⁹ |
| <input type="checkbox"/> Antisocial Attitudes ⁵ | |

Criminal Peers: Y¹ N⁰ Number of _____ Ever been arrested with these peers? Y¹ N⁰Required to provide child support? Y¹ N⁰ Payments up to date? Y¹ N⁰

Place of

Employment _____ Position _____

PROBATIONER DATA COLLECTION INSTRUMENT

Client _____ SS# _____

DEMOGRAPHICS AT INTAKE

RID# _____ DOB _____ Initial Contact Date _____

Sex: M⁰ F¹

Marital Status: Never Married⁰ Married/Cohabiting¹ Divorced² Widowed³ Separated⁴

Family Size: 0 1 2 3 4 5+

Race/Ethnicity: Black, non-Hispanic¹ Hispanic² Black-Hispanic³ White⁴ Asian⁵
Native American/Native Alaskan⁶ Native Hawaiian/Other Pacific Islander⁷ Other⁸

Education: No HS Some HS¹ HS Diploma or GED² Some College³ AA⁴ BA/BS⁵ Graduate⁶

Employment: Unemployed⁰ Part Time¹ Full Time² Homemaker³ Student⁴ Retired⁵ Disabled⁶
Inmate/Institution⁷ Other⁸

Primary Income: _____ TANF or AFDC¹ _____ Worker's Compensation⁶
_____ Food Stamps² _____ SSI/SSD⁷
_____ Unemployment³ _____ Wages/Salary⁸
_____ Alimony⁴
_____ Other⁹ _____
_____ Friends/Relative⁵

Age of 1st Alcohol Intoxication _____ CJ Involvement _____

Past Psychiatric History _____ #Prior Alco/Drug TX _____

Immediate Offense Type

- Drugs/Alcohol¹ Violence³ Escape/Other⁵
 Property² Vehicular⁴ Sex Crime⁶

If multiple, what other crime types?

- Drugs/Alcohol¹ Violence³ Escape/Other⁵
 Property² Vehicular⁴ Sex Crime⁶

DRUG AND MENTAL HEALTH HISTORY

Drug Treatment History

Prior Inpatient Treatment for Alcohol/Drugs Y¹ N⁰

Prior Outpatient Treatment for Alcohol/Drugs Y¹ N⁰

Prior Attendance AA/NA Meetings Y¹ N⁰

Mental Health History

Prior Hospitalizations Y¹ N⁰ Prior Outpatient Treatment Y¹ N⁰

DEMOGRAPHICS AT DISCHARGE FROM PROBATION

Age _____ or DOB _____ ⁷Date of Last Service _____

Marital Status: Never Married⁰ Married/Cohabiting¹ Divorced² Widowed³ Separated⁴
099

Family Size: 0 1 2 3 4 5+

Education: No HS Some HS¹ HS Diploma or GED² Some College³ AA⁴ BA/BS⁵ Graduate⁶
099

Employment: Unemployed⁰ Part Time¹ Full Time² Homemaker³ Student⁴ Retired⁵ Disabled⁶
Inmate/Institution⁷ Other⁸

Primary Income: ___ TANF or AFDC¹ ___ Worker's Compensation⁶
 ___ Food Stamps² ___ SSI/SSD⁷
 ___ Unemployment³ ___ Wages/Salary⁸
 ___ Alimony⁴ ___ Other⁹ _____
 ___ Friends/Relative⁵

Place of Employment _____ Position _____

| Drug of 1st Choice | X if used | Used 30 days 1=Y 0=No | Used in last year 1=Y 0=No | Used # Years |
|--------------------------------------|------------------|----------------------------------|---------------------------------------|---------------------|
| Alcohol | | | | |
| Marijuana | | | | |
| Crack/Cocaine | | | | |
| Opiates (e.g.,Oxycontin, Vicodin) | | | | |
| Methamphetamine | | | | |
| Sedatives | | | | |
| Stimulants | | | | |
| Inhalants | | | | |
| Hallucinogens | | | | |
| Heroin | | | | |
| Other (write in) | | | | |

| Drug of 2nd Choice | X if used | Used 30 days 1=Y 0=No | Used in last year 1=Y 0=No | Used # Years |
|--------------------------------------|------------------|----------------------------------|---------------------------------------|---------------------|
| Alcohol | | | | |
| Marijuana | | | | |
| Crack/Cocaine | | | | |
| Opiates (e.g.,Oxycontin, Vicodin) | | | | |
| Methamphetamine | | | | |
| Sedatives | | | | |
| Stimulants | | | | |
| Inhalants | | | | |
| Hallucinogens | | | | |
| Heroin | | | | |
| Other (write in) | | | | |

| Other drugs known used | X if used | Used 30 days 1=Y 0=No | Used in last year 1=Y 0=No | Used # Years |
|-----------------------------------|------------------|----------------------------------|---------------------------------------|---------------------|
| Alcohol | | | | |
| Marijuana | | | | |
| Crack/Cocaine | | | | |
| Opiates (e.g.,Oxycontin, Vicodin) | | | | |
| Methamphetamine | | | | |
| Sedatives | | | | |
| Stimulants | | | | |
| Inhalants | | | | |
| Hallucinogens | | | | |
| Heroin | | | | |
| Other (write in) | | | | |

RISK/NEED ASSESSMENTS

Based on PO's assessment

Risk Instrument Type _____ Score _____ Assessment Date _____

Needs Instrument Type _____ Score _____ Assessment Date _____

Other Assessment Type _____ Score _____ Assessment Date _____

Risk Instrument Type _____ Score _____ Assessment Date _____

Needs Instrument Type _____ Score _____ Assessment Date _____

Other Assessment Type _____ Score _____ Assessment Date _____

PROBATION TERMINATION INFORMATION

Termination Date _____ Termination Outcome _____

D= New arrest⁴H= Probation revoked by court⁷I= Probation terminated by PO⁸

J= Completed probation successfully

Supplemental Discharge Information _____

K=Referred to Treatment Agency but did not attend

L=Referred to Treatment Agency but did not complete

M=Attended Treatment Agency but was discharged unsuccessfully

N= Attended Treatment Agency and was discharged successfully

Diagnosis/Opinion at
Discharge _____

____ Referral by PO to ancillary service

○ Which one? _____

____ Referral by Judge to ancillary service

○ Which one? _____

Substance Use Screenings

Number of Negative Urinalysis _____

Number of Negative Breathalyzer _____

Number of Positive Urinalysis _____

Number of Positive Breathalyzer _____

Services

| Service Types | Referred | Engaged | Completed |
|------------------------------|-----------------|----------------|------------------|
| Alcohol/Drug Education | | | |
| Education | | | |
| Job Training | | | |
| Job Counseling | | | |
| Job Placement | | | |
| Mental Health | | | |
| Family Services | | | |
| Social Support | | | |
| Housing | | | |
| AA/NA | | | |
| Long term Substance Abuse TX | | | |
| Detoxification | | | |
| Inpatient Substance Abuse | | | |
| Outpatient Substance Abuse | | | |
| Legal Consequences | | | |
| AIDS Counseling | | | |
| Drug Related Medical Care | | | |
| Other Medical Care | | | |
| Other (write in) | | | |

| Type of Contact | Face to Face | Phone | Fax/Letter | Collateral (who) (e.g., family member of client, employer) |
|------------------------|---------------------|--------------|-------------------|--|
| TASC | | | | |
| Judge | | | | |
| Other CJS Agent | | | | |
| Client | | | | |
| TX Case Manager | | | | |
| Other (write in) | | | | |

Number and Types of Contacts Made PO to Type of Contact

Other notations in case file relevant to recidivism, client participation, or similar? Check PO notes.
For example, in narrative, might note relapse risk level.

OTHER INFORMATION IN NOTATIONS/NARRATIVE

Family Problems:

- | | |
|---|--|
| ___ Victim of Child Abuse ¹ | ___ Perpetrator of Child Abuse ⁴ |
| ___ Victim of DV ² | ___ Perpetrator of DV ⁵ |
| ___ Victim of Sexual Abuse ³ | ___ Perpetrator of Sexual Abuse ⁶ |

Behavioral Problems:

- | | |
|--|--------------------------------------|
| ___ Learning Disability ¹ | ___ Depression ⁶ |
| ___ Impulsivity ² | ___ Psychiatric History ⁷ |
| ___ Poor Problem Solving Skills ³ | ___ Anxiety/Tension ⁸ |
| ___ Poor Self-Management ⁴ | ___ Aggression ⁹ |
| ___ Antisocial Attitudes ⁵ | |

Criminal Peers: Y¹ N⁰ Number of _____ Ever been arrested with these peers? Y¹ N⁰

Required to provide child support? Y¹ N⁰ Payments up to date? Y¹ N⁰

Place of
Employment _____ Position _____