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***Clinical Assessment and Substance Abuse Treatment: The Target Cities Experience*. Richard C. Stephens, Christy K. Scott and Randolph D. Muck (Eds.); Clinical Assessment and Substance Abuse Treatment: The Target Cities Experience; State University of New York Press, Albany, NY, 2003, 233 pages.**

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Publicly funded addiction treatment programs are facing significant challenges: changing characteristics of clients (greater problem severity and chronicity), criticisms regarding the gap between clinical research and clinical practice, weak organizational infrastructures, aging leadership, financial threats driven by escalating budget deficits, and the larger restigmatization, demedicalization and recriminalization of alcohol and other drug problems. It is within this context that the federal government has invested considerable resources across the country to enhance local treatment system performance and improve clinical outcomes. One of the most ambitious of these efforts is the project known as Target Cities. The multisite evaluation of the Target Cities demonstration project is the subject of a new book edited by Richard Stephens, Christy Scott, and Randolph Muck.

The Center for Substance Abuse Treatment funded Target Cities demonstration projects in two five-year waves in a total of nineteen urban communities. The goals of this funding were to: 1) increase local coordination and integration of publicly funded addiction treatment services particularly those serving addicted clients presenting with multiple problems and barriers to recovery, 2) to enhance the quality of clinical assessment, 3) to increase treatment access via the creation or enhancement of central intake units, 4) to implement and evaluate a patient tracking system, and 5) to enhance quality improvement processes within local treatment systems. Clinical Assessment and Substance Abuse Treatment: The Target Cities Experience is a summative collection of papers evaluating the second five-year wave of Target Cities demonstration projects in Chicago,

Cleveland, Dallas, Detroit, New Orleans, Portland, Saint Louis and San Francisco.

Stephens, Scott and Muck and eighteen of their Target Cities collaborators present the findings of the Target Cities evaluations within eleven, well-constructed chapters. The opening chapter, which describes the Target Cities initiative and skillfully places it within the larger history of modern addiction treatment, is followed by a detailed summary of the evaluation methodologies used within the eight Target Cities project sites. The description of the development of the multisite data base, the methods used to cluster sites for particular studies, and data collection procedures for individual studies within the eight sites, will be particularly helpful to those responsible for the design and conduct of multisite evaluation studies.

The third chapter profiles the more than 43,000 persons who entered treatment through the Target Cities central intake units. What emerges from this profile is a poignant picture of clients burdened by high problem severity and complexity, low family and social supports for recovery, and the resulting repeated contact with treatment systems and the criminal justice system. The dominant clinical profile is that of a poor, unemployed minority male or female in their thirties, presenting with a pattern of multiple drug use, co-occurring psychiatric disorders, and other psychosocial problems. This vivid portrayal of addiction as a chronic, relapsing condition is somewhat alarming in light of administrative and fiscal policies that continue to lower the duration and intensity of addiction treatment and related services.

The fourth chapter provides a cluster analysis of the Target Cities clients. This analysis will be of great interest to local planners and policy makers. The analysis presents seven clinical subpopulations distinguished by particular problem combinations. These problem clusters are significant in that they differ from city to city and could be used to scientifically guide the configuration of local service coalitions. The differences in these subpopulations within and across the Target Cities communities dramatically underscore the dangers of indiscriminately implementing national models in local communities.

Chapters five and six summarize the effect the central intake unit component of the Target Cities projects had on treatment access. The authors of these chapters conclude that the central intake units increased treatment access for special populations (e.g., women), had no negative effect on treatment access for others (by adding another layer of activity preceding the initiation of treatment services), and generated positive responses from consumers regarding the intake process.

The seventh chapter uses a six-condition model of policy implementation developed by Sabatier and Mazmanian (adequacy of theoretical foundation, clarity of directives and structures, stakeholder support, policy evolution, adequacy of resources, leadership commitment and skill) to assess the degree to which the Target City goals of case matching by needed level of care, case management and service linkage were successfully achieved. They conclude that inadequate stakeholder support, underestimating the time and staff resources required for MIS implementation and case management activity, and excessive time demands placed on local leaders served as major challenges to successful completion of the matching, case management and linkage goals. Management consultants conducting process evaluations of new demonstration projects will find the method and framework of analysis in this chapter particularly useful.

The eighth and ninth chapters summarize two separate evaluations of the extent to which the central intake units affected clinical outcomes. These evaluations confirmed that the central intake units increased or failed to inhibit treatment access but that there were no significant effects of central intake units on post-treatment clinical outcomes.

Chapter ten summarizes an innovative In-Jail Intervention Program used in Portland Oregon that provided comprehensive assessments, treatment readiness enhancement, and linkage to community-based treatment programs.

Evaluation results confirmed that those who participated in the In-Jail Intervention Program experienced fewer post-discharge arrests and incarcerations than matched controls. The differences were particularly pronounced for female offenders. Criminal justice planners and evaluators will find this particular project and the design used to evaluate it of great interest.

The closing chapter lucidly summarizes some of the key lessons learned from the Target Cities experience. Collectively, these projects successfully implemented comprehensive assessments through the vehicle of central intake units and facilitated access to treatment for difficult-to-reach, under-served urban populations. This global assessment process, by identifying the range of co-occurring problems at admission, led to increased linkages between treatment agencies and primary health care agencies and the broader community of social service agencies. The projects also demonstrated the ability to implement and sustain a management information system that could be used for client tracking and evaluation.

Some of the key lessons learned in the Target Cities experience were that:

1) large multisite evaluations need to measure system outcomes as well as individual client outcomes;

2) projects whose primary goal is to substantially change local service structures require at least a full year of pre-implementation planning that involves local stakeholders and a sustained (at least five years) period of project implementation and evaluation;

3) efforts to clinically match clients to particular programs and levels of care are plagued by numerous obstacles, e.g., distrust of the matching process and its financial implications for local programs, poorly defined matching paradigms, and "creaming" (direct admission of desirable clients);

4) attempts to implement case management services suffer from ill-defined case management models and a wide disparity across agencies in available staff resources;

5) successful MIS design and implementation is contingent upon the involvement of clinical staff and other end users; and

6) multisite evaluations benefit from coordinating centers that guide the design, collection and analysis of cross-site data.

There are several things that distinguish Clinical Assessment and Substance Abuse Treatment: The Target Cities Experience. With a research design involving multiple agencies within eight urban communities and a total data base of more than 43,000 clients, the Target Cities project constitutes one of the largest multisite addiction treatment evaluations ever conducted. It is undoubtedly one of the largest projects that explicitly evaluated addiction treatment service system changes and its effect on clinical outcomes. Federal, state, county and city officials who fund, monitor and evaluate addiction treatment programs will find a wealth of lessons in these pages.

Edited works often suffer from chapters of widely varying quality, but Clinical Assessment and Substance Abuse Treatment has been guided by strong editorial leadership that is reflected in a high consistency of technical quality and readability. Stephens, Scott and Muck have set a high standard of excellence in describing the evaluation of efforts to re-engineer complex health and human service systems.

This is a "must read" for planners, policy makers, evaluators and treatment program administrators looking for ways to improve the quality of addiction treatment in urban communities.