



**Treatment  
Accountability  
for Safer  
Communities**

---

**TASC in the  
21st Century:  
A Guide for  
Practitioners and  
Policymakers**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)





**Treatment  
Accountability  
for Safer  
Communities**

---

# **TASC in the 21st Century: A Guide for Practitioners and Policymakers**

Prepared by Elizabeth A. Peyton  
Peyton Consulting Services

for

**National TASC**  
2204 Mount Vernon Avenue, Suite 200  
Alexandria, VA 22301  
(703) 836-8272  
*www.nationaltasc.org*

Mary K. Shilton, M.S., J.D.  
Director



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

DRAFT

Contract No.: 00M00684901D

Produced under a contract funded by the Center for Substance Abuse Treatment,  
Substance Abuse and Mental Health Services Administration,  
U.S. Department of Health and Human Services  
Center for Substance Abuse Treatment, 5600 Fishers Lane  
Rockwall II, Suite 621, Rockville, Maryland 20857, 301.443.5052

# Acknowledgements

---

National TASC would like to acknowledge all those who have graciously contributed to this important project.

This document was developed with funding from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, Division of Practice and Systems Development. We especially wish to express our gratitude to Bruce Fry, who served as Project Officer. Mr. Fry was an advocate throughout this project, and contributed enormously to the foundational core of this document and to its final shape.

A special thank you goes to the individuals who served as advisors to help define and shape this document. This advisory group devoted considerable time, resources, and expertise to steer this project from conception to completion. They are:

Katherine D. Mullen, Chair, ATI Supervisor, Monroe County Office of Probation/Community Corrections, Rochester, NY;  
Hon. Richard S. Gebelein, Superior Court, State of Delaware, Wilmington, DE;  
Jane Kennedy, Executive Director, TASC of King County, Seattle, WA;  
Linda Kaplan, Project Director, DANYA International, Inc.; and  
Earl W. Kelley, Director, Center County TASC, Bellefonte, PA

We also wish to express our gratitude to the TASC board members and advisory board members, Michael Link, Lynn Samuels, Michael Bennett, Jennifer Mankey, Joanne Lee, Ray Berry, Marilee Dal Pra, Melody Heaps, Barbara Zugor, Matt Gissen, Matt Cassidy and Foster Cook, who shared their history and expertise as field reviewers.

We are grateful to Beth Peyton who took our ideas and experiences and organized them in writing, and to Elsie Smith who patiently worked with us to develop the look and feel of the final document.

Finally, we would like to extend our gratitude to the TASC pioneers who developed, implemented and eloquently articulated the TASC program model and critical elements. Without their vision and continuing support, this product would not have been possible, and the science of providing treatment for justice populations would not be nearly as rich.

Michael D. Link  
President

Irene H. Gainer  
Director



# Table of Contents

---

Preface .....	v
Executive Summary .....	1
What Is TASC .....	5
Effectiveness of TASC .....	11
Why is TASC Needed .....	13
Understanding the Problem .....	13
Treatment Effectiveness .....	13
Obstacles to Providing Effective Services for Justice	
Populations .....	14
Managed Care .....	16
How Does TASC Help? .....	17
The Strength of TASC .....	18
TASC and Drug Courts .....	18
TASC and Breaking the Cycle .....	20
TASC and Criminal/Juvenile Justice Treatment	
Networks Programs .....	20
TASC and Reentry Management .....	21
In Summary .....	23
<b>TASC Critical Elements .....</b>	<b>27</b>
A Brief History of TASC .....	27
TASC Critical Elements At-a-Glance .....	31
System Coordination Elements .....	33
Element 1: A Process to Coordinate Justice, Treatment	
and Other Systems .....	33
Element 2: Procedures for Providing Information and	
Cross-Training to Justice, Treatment and	
Other Systems .....	36
Program Elements .....	38
Element 3: A Broad Base of Support from the Justice	
System with a Formal System for Effective	
Communication .....	38
Element 4: A Broad Base of Support by the Treatment	
and Other Social Services Community .....	40
Element 5: Organizational Integrity .....	42
Element 6: Policies and Procedures for Regular	
Staff Training .....	44
Element 7: A Management Information System with a	
Program Evaluation Design .....	46
Operational Elements .....	48
Element 8: Clearly Defined Client Eligibility Criteria ...	48
Element 9: Performing Client-Centered Case	
Management .....	50
Element 10: Screening Procedures for Identification of	
TASC Candidates Within the Justice System .....	53
Element 11: Documented Procedures for Assessment	
and Referral .....	55
Element 12: Policies, Procedures, and Protocols for	
Monitoring TASC Clients' Drug and Alcohol Use	
Through Chemical Testing .....	58
Element 13: Competency with Diverse Populations .....	61
Epilogue .....	63
Endnotes .....	65



# Preface

---

For almost thirty years, Treatment Accountability for Safer Communities (TASC) has demonstrated the stamina, integrity, and flexibility to survive and thrive, and to shape many of the changes that have occurred in the ways that substance involved justice clients are managed in this country. Over the course of its lengthy history, TASC has developed and refined a set of principles and best practices, resulting in a logical approach for managing clients with complex issues that must be addressed by justice, treatment, and other systems. TASC provides a central point for managing policy and information related to substance abuse in the justice system, and provides direct services that are essential to achieving good outcomes with substance involved justice clients. The development of the TASC model, defined in its 13 Critical Elements, has provided the foundation for a number of successful efforts to intervene with substance abusers in the justice system that exist today.

This document, *TASC in the 21st Century: A Guide for Practitioners and Policymakers*, was developed to share both the history and current status of a program model and methodology known as Treatment Accountability for Safer Communities – TASC. Our intended audience includes leaders and policymakers at the local, state, and federal levels, as well as those who operate or work in TASC programs. The TASC program approach is designed to engage persons referred by the justice system in substance abuse treatment and other services, and to collaborate with both justice and treatment to ensure that appropriate and adequate services are available for justice clients. The model was developed in 1972, and has evolved to provide the necessary infrastructure to manage clients throughout the spectrum of justice intervention, as well as to support both justice and treatment independently, or in conjunction with drug courts, reentry management programs, and other efforts to integrate treatment into justice processes.

The Guide is organized in two sections. The first section describes the history and structure of TASC, its fundamental purpose, and its effectiveness. Because it is an approach that spans at least two complex systems (justice and treatment), an understanding of the impact of substance abuse in the justice system is presented, and an overview of both the justice and treatment systems in relation to substance involved justice clients is described. This background is necessary to underscore the strength that TASC can bring to manage substance involved persons from the justice system in a logical, organized, and cost-effective fashion.

Section two of the Guide defines and describes TASC Critical Elements in detail. These elements, taken together, represent the activities and conditions that are needed to establish and operate an effective and vital TASC program, and to provide the necessary framework to manage and support clients, as well as the justice, treatment, and other systems.

This Guide focuses primarily on TASC's role with adult populations and systems, although examples of innovative approaches with juvenile populations or within family systems are included. A

TASC began as a federal initiative known as Treatment Alternatives to Street Crime. Some operating programs across the country continue to use this name, and others use names that reflect their role in the their communities, while generally retaining the TASC acronym (e.g., Treatment Assessment Screening Center, Treatment Access Center, Treatment Alternatives for Safe Communities).

monograph on TASC and Juvenile Offenders was previously developed by National TASC, and an update is in the planning stages.

A brief Executive Summary is included in the Guide, but we encourage you to read this document in its entirety to understand the full scope and potential of TASC.

Additional information and other supportive materials are available by contacting:

National TASC  
2204 Mount Vernon Avenue, Suite 200  
Alexandria, Virginia 22301  
(703) 836-8272  
*[www.nationaltasc.org](http://www.nationaltasc.org)*

# Executive Summary

---

For almost thirty years, Treatment Accountability for Safer Communities (TASC) has provided leadership and advocacy to foster and improve the integrated delivery of substance abuse treatment and other services to offenders and others in the justice system who disrupt the community, endanger their families, and threaten public safety because of their substance abuse. The TASC model, designed to link and integrate treatment services into justice system processes, has evolved and developed innovative approaches applicable for persons involved in both criminal and civil matters at all stages of the justice continuum, and has demonstrated effectiveness in reducing substance abuse and related criminal and other negative behavior in justice populations.

TASC is a well-developed and proven program model and methodology designed to engage persons referred by the justice system to substance abuse treatment and other services, and to collaborate with both justice and treatment to ensure that appropriate and adequate services are available for justice clients. TASC accomplishes these objectives through the implementation of its 13 Critical Elements which provide a framework to coordinate justice and treatment, and to deliver direct case management services to substance involved offenders and other justice clients who are involved in both systems. TASC case management can be distinguished from more traditional types of case management by (1) its level of assertiveness; (2) its ongoing nature; (3) its focus on long-term positive outcomes resulting from multiple interventions; and, (4) its continual interagency and inter-system communication.

As a program, TASC is designed to assist in providing treatment services to justice clients by negotiating with the treatment system and providing advocacy for justice clients who may otherwise fall through the cracks. TASC spans the boundaries of both the treatment and justice systems by identifying appropriate treatment referrals through clinical screening processes, assessing the treatment and other needs of clients from the justice system, referring clients to treatment and other services, and providing client-centered case management to ensure that clients are admitted, engage, remain in, and benefit from treatment. TASC monitors clients by conducting regular drug and alcohol testing and supporting and remaining connected with clients throughout transitions and program changes in both treatment and justice.

Effective TASC programs also serve as a vehicle for coordinating decision making and programming related to substance involved justice clients by providing information and education to both treatment and justice about effective strategies for managing substance involved justice clients, participating on committees and serving on boards and other entities that determine policies and procedures regarding the delivery of services to justice populations, and by facilitating activities and events that encourage justice and treatment collaboration.

## TASC Critical Elements

### Systems Coordination Elements

#### Element 1

A process to coordinate justice, treatment and other systems.

#### Element 2

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

### Organizational Elements

#### Element 3

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

#### Element 4

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

#### Element 5

Organizational integrity.

#### Element 6

Policies and procedures for regular staff training.

#### Element 7

A management information system with a program evaluation design.

### Operational Elements

#### Element 8

Clearly defined client eligibility criteria.

#### Element 9

Performance of client-centered case management.

#### Element 10

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

#### Element 11

Documented procedures for assessment and referral.

#### Element 12

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

#### Element 13

Competency with diverse populations.

TASC works to develop effective networks of service delivery so that the needs of substance involved justice populations can be met. These networks often include an array of treatment providers that have incorporated interventions aimed at addressing the criminality and other social disorders that characterize justice populations into their programming, social services agencies that can address housing, educational, vocational, and other needs of justice populations, and community members and organizations to assist in developing additional services and support structures. TASC helps identify, organize, expand, and transform existing services to better serve its clients as well as the larger justice and treatment systems, and advocates for the development of new services where gaps exist.

TASC provides a central point for managing policy and information, as well as justice clients who need treatment and other services. TASC provides direct services, including screening, assessment, continuous case management, alcohol and drug testing, and treatment network development that are essential to achieving good outcomes with substance abusers in the justice system. In addition, TASC connects the treatment, justice and other systems through formal communication protocols. Specific benefits that derive from TASC programming include:

- Providing the organizational infrastructure to manage substance involved persons from the justice system in a logical, organized, and cost effective fashion. This function is critically important in today's managed care environment.
- Developing and improving treatment delivery networks for justice clients.
- Using resources efficiently by screening, assessing, and placing justice clients in the appropriate level of care, and ensuring that transitional and aftercare needs are met.
- Resolving problems and exerting hands-on techniques to ensure that justice clients access court-ordered treatment.
- Ensuring that treatment requirements are coordinated with justice processes.
- Intervening to impose sanctions or incentives to prevent unnecessary or avoidable treatment discharge and to improve treatment outcomes.
- Improving inter-system communication so the justice system is informed when changes in treatment occur, and that the treatment system has access to relevant justice information.
- Encouraging treatment to hold justice system clients accountable.
- Encouraging justice responses that support treatment retention and effectiveness.
- Providing support through justice and treatment transitions
  - from prison to the community
  - from residential to outpatient treatment

- Ensuring that treatment is available to coincide with and capitalize on the “motivational opportunities” created by justice processing.
- Augmenting available justice and treatment services through case management, treatment readiness, and chemical testing, and by using justice system leverage to encourage treatment compliance.

The program model, methodology, and flexibility that characterizes TASC enables it to serve as a core infrastructure for a variety of justice and treatment efforts to integrate services to reduce the substance abuse, criminality, and social disorders of substance involved justice clients. TASC has a long history of playing a vital role in the development and implementation of a number of different programs and interventions designed to manage substance involved justice populations. Indeed, the development of the TASC model and Critical Elements has provided the foundation for a number of successful efforts to intervene with substance abusers in the justice system, including drug courts, reentry management, Breaking the Cycle and Criminal Justice Treatment Networks programs.



# What Is TASC?

---

In 1972, Treatment Accountability for Safer Communities (TASC) was established to integrate substance abuse treatment into justice processing to provide continuous treatment and supervision for substance involved justice populations. Today, TASC programs support justice and treatment systems, as well as substance involved justice clients, all across the country. In addition, the model and methodology pioneered and promulgated by TASC serves as the basis for many effective programs and practices that have subsequently been developed for substance involved justice populations. The success of a wide range of approaches for providing treatment services for persons involved in the justice system can be traced to the adoption of the client and system management strategies articulated in the TASC model.

TASC is a program model and methodology designed to engage persons referred by the justice system in substance abuse treatment and other services, and to collaborate with both justice and treatment to ensure that appropriate and adequate services are available for justice clients. TASC accomplishes these objectives through the implementation of its 13 critical elements which are designed to coordinate justice and treatment, and to deliver direct case management<sup>1</sup> services to substance involved offenders and others who are involved in both systems. What distinguishes TASC case management from more traditional case management approaches is (1) its level of assertiveness; (2) its ongoing nature; (3) its focus on long-term positive outcomes resulting from multiple interventions; and, (4) its continual interagency and inter-system communication.

Briefly, the TASC Critical Elements include:

## **Systems Coordination Elements**

---

*Implementing systems coordination elements helps provide the overarching support from the justice, treatment, and other social services systems necessary to manage substance involved persons from the justice system effectively.*

### **Element 1**

A process to coordinate justice, treatment and other systems.

### **Element 2**

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

## **Organizational Elements**

---

*The organizational elements, taken together, build the structural foundation necessary for TASC programs to provide client services as well as support for the larger systems.*

### **Element 3**

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

---

<sup>1</sup>The case management that TASC provides is therapeutic in nature. While TASC holds its clients accountable by reporting to the justice system, the primary goal of TASC case management is to reduce substance abuse and promote recovery, thereby reducing criminal and other antisocial behavior.

## **In Arizona...**

TASC provides a number of case management, drug testing, and treatment services for adult and juvenile offenders in both rural and urban settings. TASC operates an extensive diversion program (Do Drugs, Do Time) and works with adult and juvenile drug court participants and adult probationers. TASC has a lead role in Maricopa County's Women's Treatment, Services, and Supervision Network. In addition, TASC provides DUI and domestic violence programming, and works with individuals referred by Child Protective Services. Arizona TASC is the Statewide Alliance Coordinator for the Partnership for a Drug-Free Arizona, and provides services for private clients and companies through its Drugs Don't Work program.

### **Element 4**

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

### **Element 5**

Organizational integrity.

### **Element 6**

Policies and procedures for regular staff training.

### **Element 7**

A management information system with a program evaluation design.

### **Operational Elements**

*Operational elements delineate the minimum set of client activities that are performed by the TASC organization on an ongoing basis.*

### **Element 8**

Clearly defined client eligibility criteria.

### **Element 9**

Performance of client-centered case management.

### **Element 10**

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

### **Element 11**

Documented procedures for assessment and referral.

### **Element 12**

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

### **Element 13**

Competency with diverse populations.

The TASC model, designed to link and integrate treatment services into justice system processes, has evolved over the past 30 years and developed innovative approaches applicable for persons involved in both criminal and civil matters at all stages of the justice continuum.

The TASC Program Model was developed as a federal initiative under the Drug Abuse Office and Treatment Act of 1972, as a mechanism to link treatment and the judicial process to interrupt the relationship between drugs and property crimes (Bureau of Justice Assistance, 1992). Early programs were designed to make substance abuse treatment available by providing pretrial diversion for addicts who were identified primarily in jails by drug tests and interviews. Suitable offenders who volunteered for TASC were referred to appropriate community-based treatment, and were monitored for continued compliance, with successful completion generally resulting in dismissed charges.

DRAFT

Today, TASC programs throughout the country serve a variety of populations. TASC is involved with diverted and sentenced offender populations, and in some jurisdictions provides services for offenders throughout the spectrum of justice intervention, including those reentering the community following prison or jail sentences. TASC programs also work with justice clients involved in civil matters, primarily working with adults and juveniles associated with domestic matters, including abuse and neglect, delinquency, and custody cases. Across the country, TASC provides the necessary infrastructure to manage substance involved justice populations in partnership with justice and treatment independently, or in partnership with drug courts, reentry management programs, Criminal Justice Treatment Networks (Center for Substance Abuse Treatment, 1999), and other substance involved offender management efforts.

As a program, TASC is designed to assist in providing treatment services to justice clients by negotiating with the treatment system and providing advocacy for justice clients who may otherwise fall through the cracks. TASC spans the boundaries of both the treatment and justice systems by identifying appropriate treatment referrals through clinical screening processes, assessing the treatment and other needs of clients from the justice system, referring clients to treatment and other services, and providing client-centered support to ensure that clients are admitted, engage, remain in, and benefit from treatment. TASC monitors clients by conducting regular drug and alcohol testing and supporting and remaining connected with clients throughout transitions and program changes in both treatment and justice.

Effective TASC programs also serve as a vehicle for coordinating decision making and programming related to substance involved justice clients by providing information and education to both treatment and justice on effective strategies for managing substance involved justice clients, participating on committees and serving on boards and other entities that determine policies and procedures regarding the delivery of services to justice populations, and by facilitating activities and events that encourage justice and treatment collaboration.

TASC works to develop effective networks of service delivery so that the needs of substance-involved justice populations can be met. These networks often include an array of treatment providers that have incorporated interventions aimed at addressing the criminality and other social disorders that characterize justice populations into their programming, social services agencies that can address housing, educational, vocational, and other needs of justice populations, and community members and organizations to assist in developing additional services and support structures (e.g., mentoring, faith-based services). TASC helps identify, organize, expand, and transform existing services to better serve its clients and the larger justice and treatment systems, and advocates for the development of new services where gaps exist.

TASC is designed to serve as an independent entity. Even when TASC programs reside within larger treatment or justice organizations, they provide the best services to both their clients and to the systems they serve when they exist as a separate entity with their

## **In New York...**

The Brooklyn Forensic Linkage-Transition Program, run by New York City TASC, is designed to insure that offenders who meet the New York State criteria for severe and persistent mental illness receive Court advocacy, linkage from incarceration to the community, and intensive transition case management for up to two years in order to stabilize and remain in the community. Services, including housing, treatment, medication, and help in the acquisition of Medicaid and other benefits are provided to help clients avoid homelessness, re-arrest and hospitalization.

TASC translates the wisdom and strategies gained from ongoing client experiences to the larger systems to encourage the development of policies, procedures, programs and services that benefit justice clients and ultimately, both systems as well.

own administrative structure and identity. While TASC incorporates the values and philosophies of both the justice and treatment systems into its organizational mission and service delivery framework, it works best when allegiances and affiliations to either system are balanced. While TASC provides supervision, it is not a correctional entity, and while TASC delivers clinical services, it is not a treatment program.

In its independent and objective role, TASC benefits both systems (Cook, 1992). TASC supports the treatment system by:

- Providing outreach and client identification
- Assessing clients for level of treatment needed
- Making appropriate referrals to treatment
- Orienting clients to treatment requirements and processes
- Utilizing resources more effectively
- Retaining clients in treatment by using the leverage of the justice system
- Supporting treatment compliance through drug and alcohol testing
- Supporting treatment compliance through ongoing connection and contact with clients
- Securing ancillary and support services
- Providing a structure to coordinate treatment with justice.

TASC operational programming also supports the justice system by:

- Increasing supervision through alcohol and drug testing and ongoing client contact
- Broadening the range of options available to justice professionals
- Providing graduated sanctions
- Offering intervention strategies to augment court-imposed sanctions
- Offering treatment in lieu of or in conjunction with justice control
- Reporting to the justice system
- Supporting communication between treatment and justice
- Providing a basis for judicial decision making
- Extending the power of the court to influence substance-using behavior.

TASC provides these benefits through a process of client-centered case management. This type of case management is both a process and a methodology to ensure access to services, and is required for clients with complex and multiple needs. Often, these needs are best met through services offered by multiple programs and agencies who may differ in terms of their goals, philosophies, policies, procedures and values. TASC works to ameliorate these differences through negotiation and advocacy, and by providing support to these agencies and programs via client management

DRAFT

strategies and support. TASC strives to ensure continuous treatment and to increase treatment retention in order to improve both treatment and justice outcomes.

While TASC case management is a process, characterized by ongoing connection with clients as they move through justice and treatment, it also includes a number of functions. The primary functions of TASC case management include:

- Screening and assessment
- Referral and linkage to services
- Ensuring admission
- Monitoring progress, including conducting chemical screening
- Communicating with all relevant parties
- Providing encouragement and support
- Providing advocacy
- Maintaining primary responsibility for the client as he or she participates in various justice and treatment programs and interventions.

By providing these direct services, TASC programs develop a deep knowledge of the inner workings of both the justice and treatment systems, and understand how to use the strengths, skills and tools from both systems to promote better client outcomes. TASC then translates the wisdom and strategies gained from these ongoing client experiences to the larger systems, to encourage the development of policies, procedures, programs and services that benefit justice clients and ultimately, both systems as well.

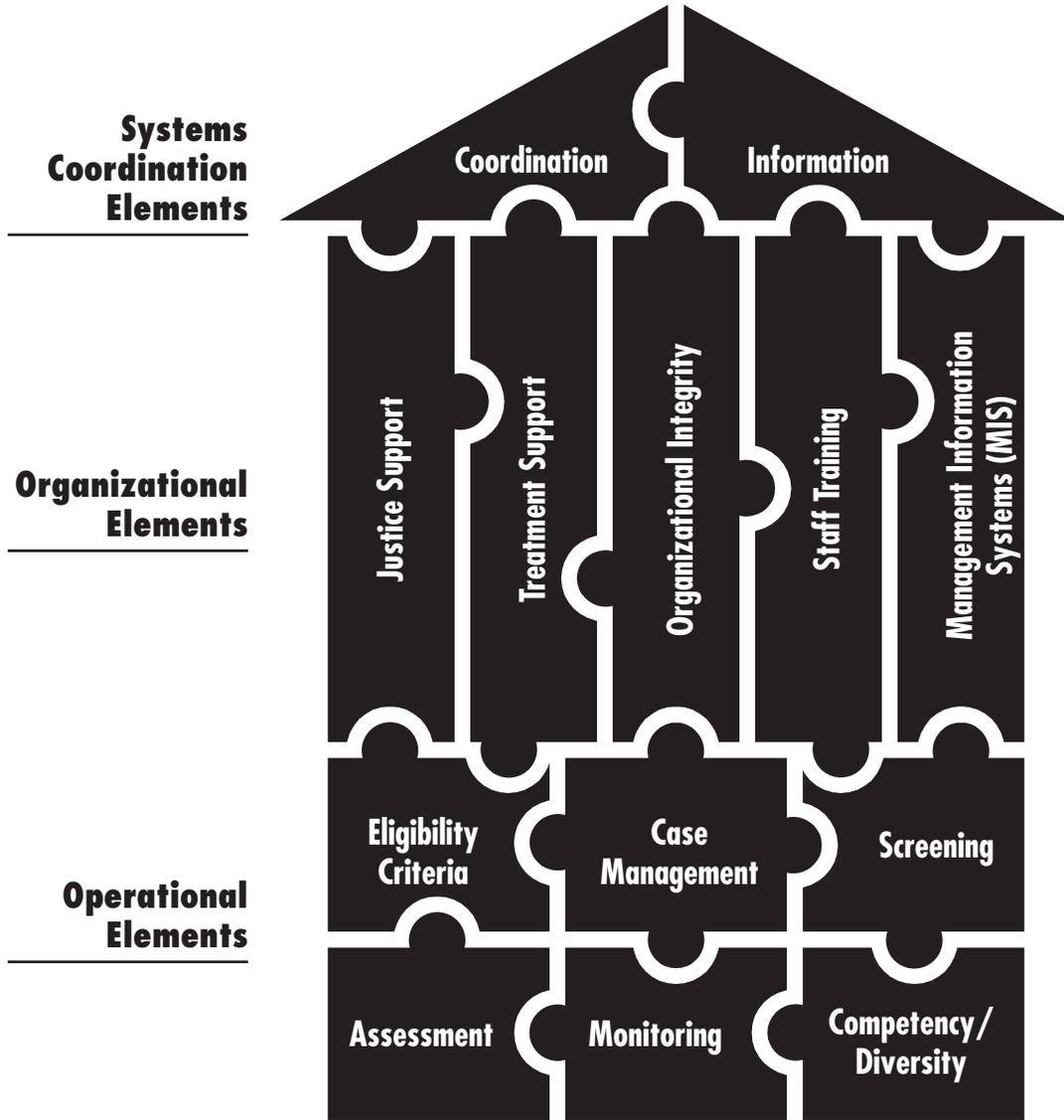
When TASC was conceived, a bridge was used to depict the linkage that TASC created between the justice and treatment systems. At that time, the systems had very diverse missions and limited contact or cooperation. Now, sensitivity regarding the importance of treating substance involved justice populations has increased, and both systems are doing more to address this population. In addition, the importance of other services to the successful outcomes of justice clients is well recognized. Today, TASC provides linking and boundary spanning services among multiple and complex agencies and systems, and works to integrate these services. A new construct (see page 10) has been introduced in this document to capture these changes in the systems, our knowledge bases, and the way TASC currently functions in many jurisdictions.

The 13 TASC Critical Elements taken together represent the activities and conditions that are needed to establish and operate an effective and vital TASC program. The implementation of the critical elements provides the necessary infrastructure and framework to manage and support clients, as well as the justice, treatment, and other systems.

The System Coordination Elements ensure that activities are undertaken by TASC to generate ongoing support and resources for managing substance involved clients from the justice system. A supportive framework in the larger community is needed for client activities to be meaningful and successful.

The Organizational Elements describe the basic structures that need to be in place to establish and maintain TASC as an organization, and to enable case managers to conduct client activities effectively.

Operational Elements define the basic activities that make up direct client management services that TASC programs provide.



# Effectiveness of TASC

---

A number of studies have demonstrated that case management is effective, especially for “clients with other disorders, who may not benefit from traditional substance abuse treatments, who require multiple services over extended periods of time, and who face difficulty gaining access to those services” (Center for Substance Abuse Treatment, 1998). Case management seems to be particularly effective for the type of clients typically involved in the justice system and served by TASC programs.

A review of the literature (Inciardi and McBride, 1991) found that TASC programming demonstrated effectiveness in: 1) identifying populations of drug involved offenders in great need of treatment; 2) assessing the nature and extent of their drug use patterns and specific treatment needs; 3) effectively referring drug-involved offenders to treatment; 4) serving as a linkage between the criminal justice and treatment systems; 5) providing constructive client identification and monitoring services for the courts, probation, and other segments of the criminal justice system, and, perhaps most importantly, 6) retaining TASC clients in treatment longer than non-TASC clients, with better post-treatment success.

Case management serves to improve access to the substance abuse treatment system and to other services, and to retain clients in substance abuse treatment longer. Length of time in treatment has shown to be the biggest predictor of treatment success (McLellan and McKay, 1998), and several studies of TASC programs have demonstrated increased client retention compared with non-TASC clients. The Treatment Outcomes Prospective Study (TOPS), showed that TASC clients remained in treatment six to seven weeks longer than voluntary clients or other criminal justice referrals (Hubbard et. al., 1989).

In a comprehensive study of six TASC sites conducted by the RAND institute (Longshore et. al., 1998), researchers found that the involvement in TASC case management resulted in significantly more substance abuse and other services received compared to non-TASC control groups. In addition, TASC clients, particularly in Birmingham, Alabama and Chicago, Illinois, showed reductions in both drug use and drug crimes six months after intervention, compared to control groups. Interestingly, in the study sites, TASC had the strongest effect on the most problematic offenders—those offenders with the most severe drug use, criminal, and high-risk sex histories, leading authors to suggest that “it might be more cost effective to target TASC resources toward those offenders whose behavior is most problematic” (Turner and Longshore, 1998).

In 1989, the Maricopa County Arizona District Attorney’s Office initiated “Do Drugs Do Time”, a diversion program for first-time offenders. The program has since expanded statewide, with TASC providing assessment, treatment, referral, case management, and drug testing services. A five-year follow-up study, comparing a sample of over 1000 TASC clients with 1000 matched non-TASC

---

*“As states and counties across the country are moving toward integrated justice services systems, TASC is MORE RELEVANT than ever. A key missing ingredient in many of these jurisdictions is a centralized screening/assessment/case management function. TASC is this missing piece—the “mortar” that holds the services systems approach together.*

## **Nicholas Demos**

Former Chief  
Systems Development and Integration  
Branch, Center for Substance Abuse  
Treatment (CSAT)

*“I wish I TASC had been there when I was a probation officer. TASC is dependable, and always professional in interacting with the probation officers in my district. TASC has been essential in improving access to substance abuse and mental health services for offenders.”*

**—Randy Eggen**

Judicial District Manager  
Division Four  
North Carolina

clients, showed that only 22% of TASC clients recidivated (by having a new arrest), compared to 54% of those not electing TASC (Hepburn, 1996).

In 1998, New York City TASC diverted almost 2,000 offenders out of prison and into treatment programs as part of their program for predicate felons. Since 1990, when TASC began working with this population, 70% of participants have successfully completed the program. Additionally, three separate recidivist studies indicated rearrest rates 12 months after completion of the program at around 10% (Education and Assistance Corporation (EAC), 1998).

Likewise, a study of Wisconsin’s Treatment Alternative Program (Van Stelle et. al., 1994), based on the TASC model, found that offenders completing TAP were significantly less likely to recidivate than offenders not completing the program. In addition, cost analyses suggested that TAP was more cost-effective than incarceration.

In a research study of 1,400 arrestees in two metropolitan jurisdictions, case management was shown to reduce drug use and recidivism and increase use of substance abuse treatment among drug-involved arrestees released after booking (Rhodes and Gross, 1997). According to Marlatt et. al, (1997), case management has also been shown to encourage entry into treatment, and to reduce the time to treatment admission. Case management may be an effective adjunct to substance abuse treatment because 1) case management focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination to address multiple aspects of a client’s life, and 2) a principal goal of case management is to keep clients engaged in treatment and moving toward recovery and independence (Center for Substance Abuse Treatment, 1998).

In 1993, the U.S. Government Accounting Office (GAO, 1993) conducted a review of TASC programs and concluded that TASC was effective at reducing substance abuse and criminal activity of justice clients. They recommended that the Office of National Drug Control Policy take the lead to organize and fund a national effort to expand TASC programming.

DRAFT

# Why is TASC Needed?

---

## Understanding the Problem

The 1990's saw an unprecedented growth in prison and jail populations across the United States. According to the Justice Policy Institute (Center of Juvenile and Criminal Justice, 1999), the number of inmates incarcerated in prisons and jails will reach two million during the year 2000. The Bureau of Justice Statistics (1999) estimates that approximately three-fourths of inmates and federal and state probationers are drug-involved, and significant numbers of offenders are convicted of and incarcerated for drug offenses.

The numbers of arrestees who test positive for illicit drugs remains high. According to the National Institute of Justice (1999), in 1997 the percentage of adult male arrestees testing positive for an illicit drug (excluding alcohol) ranged from 51.4% to 80.3%; females testing positive ranged from 37.6% to 80.5% among 35 testing sites. In addition, significant numbers of both women and men tested positive for more than one drug.

Thirty-six percent of defendants convicted in federal courts between July 1996 and June 1997 were convicted of drug offenses (Office of National Drug Control Policy, 1999), and the number of drug trafficking convictions in state courts more than doubled between 1986 and 1990 (Office of National Drug Control Policy, 1995). And according to the Bureau of Justice Statistics (1997), in 1995, almost all state and federal probationers had one or more conditions to their sentence, and over half had conditions related to substance abuse.

Mental health disorders are also present in offender and other justice populations at greater rates than in the general population. In a three-decade review of the clinical studies of the prevalence of mental health disorders in jail and prison populations, Lamb and Weinberger (1998) found that "6 to 15 percent of persons in city and county jails and 10 to 15 percent of persons in state prisons have severe mental illness,"—rates several times the prevalence of these illnesses in the general population. Those studying the problems of mental health disorders among offenders have suggested that reducing recidivism among these offenders would require methods similar to those employed for offenders with substance abuse disorders, such as improved access to community services, improved coordination between justice and mental health treatment systems (LaVersey et. al., 1997), and the development of diversion programs (Draine and Solomon, 1999).

## Treatment Effectiveness

In the 1970's, treating offenders for substance abuse disorders was beginning to gain credibility. Since then, numerous scientific studies have demonstrated the effectiveness of treatment in reducing substance abuse. Substance abuse treatment has been shown to reduce substance abuse and criminal activity of substance-involved offenders (Inciardi, 1996; Belenko, 1998), and a number of studies have demonstrated the cost savings associated with substance abuse treatment (CALDATA, 1994; Finigan, 1996). As a result, there has

## In Washington.....

TASC works with substance involved clients from the Family Court and the Division of Children and Family Services. The Legislature appropriated funding for this endeavor in 1989, recognizing that many child abuse, neglect, and custody cases may involve substance abuse by parents. TASC provides assessment, referral, and chemical testing services, as well as case management aimed at reducing barriers to treatment participation, and provides child care, transportation, and housing support.

## In North Carolina....

TASC was implemented in 1978, and now includes a statewide network covering twenty judicial districts and forty-five counties. A standardized TASC delivery system is being implemented to

- 1) ensure that TASC programs operate consistently and within specified guidelines;
- 2) ensure that all judicial districts in North Carolina have access to TASC services; and
- 3) establish an autonomous management infrastructure to support the delivery of quality services throughout the TASC network.

The Network is designed to

- develop and manage a specialized provider and service network;
- monitor, measure and improve quality, including specific process and outcomes performance measures;
- manage data and information;
- implement utilization and clinical management systems; and,
- provide financial incentives to achieve results.

been a significant increase in federal and state efforts to expand treatment services for justice populations. These efforts primarily include the expansion of adult, juvenile, family and other drug courts, and increases in programs to provide treatment in prisons and jails.<sup>2</sup> These program approaches, characterized by intensive, sustained treatment services combined with sanctions and justice oversight, are proving effective for substance involved persons under justice control (Belenko, 1998; Peters and Murrin, 2000; Inciardi, 1996; Martin et.al., 1999). Recent studies have also demonstrated that the success of prison and half-way house treatment for serious offenders can be substantially enhanced by the inclusion of transitional and aftercare as a required part of treatment programming (Simpson et. al., 1999).

A number of documents and studies are available that describe treatment effectiveness and the components of an effective continuum of treatment services. The American Society of Addiction Medicine's Principles of Addiction Medicine, Second Edition (1998), contains numerous studies and articles designed to "improve the medical care given to patients with addictive disorders". Several publications by the Substance Abuse and Mental Health Administration's Center for Substance Abuse Treatment (CSAT) contain descriptions of effective treatment approaches and elements of an ideal array of treatment services. CSAT's Treatment Improvement Protocol (TIP) series, and Technical Assistance Publications (TAP) series describe effective treatment programming and approaches for structuring and using treatment services, and some publications are designed to specifically address substance abuse in justice populations.<sup>3</sup>

The Office of Justice Programs (1997) also describes effective treatment strategies in its key components and related performance benchmarks for drug courts. Several other monographs produced by the National Institute on Alcohol Abuse and Alcoholism (NIAAA)<sup>4</sup> and the National Institute on Drug Abuse (NIDA)<sup>5</sup> address substance abuse treatment effectiveness and describe strategies for structuring and using arrays of treatment services.

## Obstacles to Providing Effective Services for Justice Populations

When working with justice clients, having access to an adequate array of treatment services and an understanding of the principles associated with providing these services is essential, but not sufficient. There are issues related to the mission and structure of both justice and treatment that can prevent the ongoing, continuous application of treatment in conjunction with supervision and other conditions that may be required by the justice system. As a result, treatment for many justice clients tends to be episodic or inappropriate, if it is received at all. While the missions of both the justice and treatment systems are complex, the justice system has as its primary responsibility maintaining public safety and order, and the substance abuse treatment system is primarily geared toward improving public health and improving personal well-being.

The justice system (including the courts and corrections) accomplishes its mission by imposing sanctions and other conditions on persons who break the law or otherwise fall under its jurisdiction.

<sup>2</sup>Approximately \$120 million has been allocated through the Office of Justice Programs Corrections Program Office under the Residential Substance Abuse Treatment (RSAT) for State Prisoners Grant Program.

<sup>3</sup>A listing of these publications along with ordering information is included in Appendix XXX.

<sup>4</sup>See particularly NIAAA's Project MATCH Monograph series.

<sup>5</sup>See National Institute on Drug Abuse Research Monograph series, and particularly National Institute on Drug Abuse (1999). Principles of Drug Addiction Treatment: A Research-Based Guide. NIH Publication No. 99-4180.

In general, the courts impose sentences or establish orders that are carried out by primarily executive agencies. Many of these orders contain conditions related to substance abuse.

Every state has an agency responsible for the financing and administration of the substance abuse treatment system. This agency, known as the Single State Agency or SSA, has responsibility for allocating federal and state funds, and sometimes for overseeing county or regional authorities that also disburse treatment funds and oversee treatment delivery. In most jurisdictions, the SSA is also responsible for licensing and setting standards for providers of services for public and private clients. These providers are generally private non-profit or for-profit organizations that may have contractual relationships with the state or county treatment authority, although some AOD authorities provide services directly. In most jurisdictions, persons involved in the justice system represent a large percentage of those receiving, or due to receive, services in the public treatment system.

Although substance involved offenders or others under justice control represent a substantial percentage of people in both the justice and substance abuse treatment systems, few justice systems have established rehabilitation of substance abusers as a priority (Gebelein, 2000), and few treatment systems have established justice clients as a priority. As such, neither the primary management nor operational structures of *either* system are geared toward the provision of services to reduce both the substance use and recidivism of justice clients, although both systems may have specialized programs designed to coordinate treatment services for certain justice populations.

Both the justice and treatment systems consist of a number of programs and organizational components that may not always be well integrated. In the justice system, offenders move from county-run jails to state-run prisons to community sanctions that may be administered by the courts, the department of corrections, the parole board, or by other community services structures. Transitions between and among these levels of supervision are not always smooth, and gaps in continuity often occur. For example, an inmate released from prison may not report to a probation or parole officer for several weeks. Communication gaps also occur. Information related to an inmate's institutional experience may not be shared immediately (or at all) with those responsible for community supervision.

Likewise, the treatment system consists of numerous discrete programs with different responsibilities. Persons in treatment may transition from a residential program to outpatient care with little or no communication between treatment programs, or may not receive continuing care at all. Gaps in service may exist whereby the next appropriate program is unavailable for a graduate of residential treatment. For justice clients, treatment may not be available that coincides with supervision requirements of the justice system.

*“The key to TASC’s enduring achievement in North Carolina, for more than twenty years, is the network’s ability to forge solid relationships between the treatment and justice systems. These bonds provide an effective and durable bridge between the justice system and the treatment community for applying TASC’s core services: screening, assessment, treatment matching, referral and care management. These services are essential to successfully intervene with alcohol and/or drug involved offenders”.*

**— Sonya Brown**

Statewide TASC Coordinator  
Raleigh, North Carolina

## **In Illinois.....**

In addition to providing assessment and case management services in the adult courts and corrections systems, Illinois TASC also works with post-release offenders, juvenile offenders and at-risk youth, children and addicted parents involved in the child welfare system, TANF (Temporary Assistance for Needy Families) recipients, DUI offenders, and HIV-affected clients. TASC also offers health-related services including HIV/STD risk reduction education and linkages to services such as AIDS testing, counseling, and ancillary services. Additionally, TASC works with public systems to address challenges related to the health and social service needs of justice clients.

The difficulties associated with integrating treatment services into justice system processes to apply continuous and appropriate treatment for justice clients are being exacerbated as states attempt to control costs of behavioral health (substance abuse and mental health) services through managed care approaches.

## **Managed Care**

Constantly evolving, managed care is basically “a set of administrative and financial mechanisms designed to control access to care, the types and modalities of care delivered, and the amount and costs of care” (Chalk, 1997). In principal, through standardization, organization, and professionalization of service delivery, managed care can improve the quality of services and individuals’ access to care. Financial incentives are structured to encourage managed care organizations (MCOs) to develop alternatives to more expensive care while improving outcomes, although much of the emphasis of managed care to date has been on cost containment primarily through management of access (Chalk, 1997).

In the public sector, managed care techniques have been adopted primarily to control costs associated with Medicaid, the largest and fastest growing categorical program in state budgets. States have viewed managed care as an opportunity to offer benefits to previously uninsured populations, and to maximize the use of Medicaid and other dollars, translating the cost savings that have been experienced in the private sector to the public sector. Access to most publicly-funded behavioral health care has moved, or is moving, to managed care. Some of the states that have not provided Medicaid coverage for substance abuse treatment, such as Colorado, have applied managed care techniques to substance abuse treatment services funded by state and federal block grants.

The combined techniques that characterize managed care can result in service limitations, interruptions, or outright denials as not medically necessary. Conversely, effective treatment interventions for offender and other court populations include intensive, sustained, and uninterrupted services that are coordinated with monitoring and supervision. Consequently, there are several areas of potential conflict for persons mandated to treatment by the courts. The drive to reduce treatment costs by limiting treatment may also shift costs significantly to the justice system (Peyton et. al., 1999).

# How Does TASC Help?

Establishing TASC in a jurisdiction provides a central point for managing policy, information, and justice clients who need treatment and other services. TASC provides direct services, including screening, assessment, continuous case management, alcohol and drug testing, and treatment network development that are essential to achieving good outcomes with substance abusers. In addition, TASC connects the treatment, justice, and other systems through formal communication protocols. Specific benefits that derive from effective TASC programming include:

- Providing the organizational infrastructure to manage substance involved persons from the justice system in a logical, organized, and cost-effective fashion. This function is critically important in today's managed care environment.
- Developing and improving treatment delivery networks for justice clients.
- Using resources efficiently by appropriately screening, assessing, and placing justice clients in the appropriate level of care, and ensuring transitional and aftercare needs are met.
- Tracking clients to make sure clients access court-ordered treatment.
- Ensuring that treatment requirements are coordinated with justice processes.
- Intervening to impose sanctions or contracts to prevent unnecessary or avoidable treatment discharge and to improve treatment outcomes.
- Improving inter-system communication so the justice system is informed when changes in treatment occur, and that the treatment system has access of relevant justice information.
- Encouraging treatment to hold justice clients accountable.
- Encouraging justice responses that support treatment retention and effectiveness.
- Providing client support through justice and treatment transitions
  - from prison to the community
  - from residential to outpatient treatment.
- Reducing duplication of services, including multiple assessments conducted on the same clients.
- Ensuring that treatment is available to coincide with or capitalize on the "motivational opportunities" created by justice processing.
- Augmenting available justice and treatment services through case management, treatment readiness, and chemical testing, and by using justice system leverage to encourage treatment compliance.

*"In the Denver Juvenile Justice Integrated Treatment Network, TASC provides continuity of care for AOD abusing juvenile offenders as they move into or among a variety of juvenile justice agencies. TASC was an active participant in all Network training, and continues to work with AOD providers to increase the capacity and capability of AOD treatment."*

**—Jennifer Mankey**

Juvenile Justice Integrated Treatment  
Network  
Denver, Colorado

## **TASC and Drug Courts...**

In Illinois, TASC is involved with eleven drug courts statewide, and has helped design model programs around the country. The first recognized drug court prototype was originated in Illinois during the 1980s under the leadership of The Honorable Michael Getty.

In New Jersey, TASC (Treatment Assessment Services for the Courts) is involved with the implementation and operations of the statewide Drug Court network and operates in 15 counties.

TASC provides the drug court infrastructure in many other jurisdictions, including Washington, Delaware, Ohio, Arizona, and others.

## **The Strength of TASC**

The program model, methodology, and flexibility that characterizes TASC enables it to serve as a core infrastructure for a variety of justice and treatment efforts to integrate services to reduce the substance abuse, criminality, and social disorders of substance-involved justice clients. For almost thirty years, effective TASC programs have played a vital role in the development and implementation of a number of different programs and interventions designed to manage substance involved justice populations. Indeed, the development of the TASC model and critical elements has provided the foundation for a number of successful efforts to intervene with substance abusers in the justice system.

## **TASC and Drug Courts**

In the late 1980s, the first recognized drug court was established in Miami, Florida, as an experiment to expedite low level drug cases and place substance involved offenders into judicially supervised treatment. Since then, drug courts have proliferated substantially. According to the Office of Justice Programs Drug Courts Program Office (August, 2000), there are 693 operational adult, juvenile, family, and Tribal drug courts, with many more in the planning stages. Today, drug courts work with a variety of populations, including sentenced and pre-adjudicated adult and juvenile offenders, and adults and juveniles associated with domestic matters, including abuse and neglect, delinquency, and custody cases.

Drug courts aim to reduce the substance use and criminal or other problematic activity of participants by integrating treatment services into justice structures, and providing continual monitoring through case management, drug testing and regular judicial oversight. Drug courts seek to comply with ten Key Components (Office of Justice Programs, 1997) developed for effective drug courts:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation and operations.

DRAFT

10. Forging partnerships among drug courts, public agencies and community-based organizations generates local support and enhances drug court effectiveness.

TASC programs are positioned to provide the infrastructure to help drug courts implement the Key Components, and to ensure permanency of funding, resources management, accessibility to treatment, and supportive case management. TASC can help drug courts expand treatment options by negotiating with other treatment providers and government agencies who may not normally accept court-ordered or other justice clients.

In a 1994 article on TASC and Drug Courts (Peyton and Gebelein, 1995), the authors concluded that “by establishing structured relationships within and between the treatment and justice systems, TASC ensures ongoing support and effective communication between treatment providers and justice system professionals. This relationship fosters ongoing collective attention on individual offender outcomes that characterizes drug court operations, and that is essential for compulsory treatment to work. The established set of principals that are defined in TASC organizational elements provide a framework for effective program configuration, support for treatment to retain offenders in programs and maintain client motivation, and support for justice to have effective options that meet criminal justice goals. TASC operational elements provide the structure needed to elicit meaningful and effective sentencing decisions, and ensure the implementation of individually tailored sentences that involve both treatment and sanctions. TASC’s system of assessment, referral to treatment, and case management ensure that the powers of the legal system are utilized to reduce both the drug use and criminal activity of drug-involved offenders.”

According to the 1999 survey of adult drug court treatment services conducted by National TASC (Peyton and Gossweiler, *in press*), approximately 11 percent of adult drug courts use TASC to provide screening, assessment and case management services. In a 1997 survey of drug court treatment providers (DCCTAP, 1997), respondents reported that TASC performed screening in 18% of drug courts; assessment in 17%, case management in 11% and provided treatment and rehabilitation services in 7% of drug courts.

Drug courts that are developing in jurisdictions where TASC already exists can, by partnering with TASC, capitalize on the network of treatment and other services that is available through TASC. TASC can assist drug courts to develop and manage treatment, ensure that treatment is structured to be effective with justice populations, provide a mechanism for ongoing communication among all drug court partners, and provide continuous case management to ensure ongoing client services and support.

Drug courts that operate in jurisdictions where TASC is unavailable may find that TASC or a TASC-like infrastructure is needed to assist with client and program management. This type of infrastructure is most important when drug courts target participants with serious drug and crime backgrounds, and when a range of services is needed to intervene with participants.

*“One of the most pressing problems in corrections today is the reentry of offenders to the community after their sentences are served. The TASC model provides an ideal structure upon which to base a reentry program for these offenders. In whatever corrections or judicial system supervision that follows incarceration, TASC can fill the role of providing continuity of treatment, referral to other social service programs and coordination with the supervising judge or correctional entity. We have seen this work with serious offenders in Delaware.”*

**— Judge Richard S. Gebelein**

Associate Judge, Superior Court  
Wilmington, Delaware

*“Since its inception, Mahoning County TASC has been critical in the development of our drug court, providing screening, assessment, case management and urinalysis. These services are the core responsibilities of a drug court and the aforementioned agency has greatly improved our structure and has filled the gaps that previously existed between treatment and the criminal justice system. I believe that each drug court within our state could benefit from TASC programs.”*

**— Judge John M. Durkin**

Presiding Judge, Mahoning County  
Common Pleas Drug Court  
Youngstown, Ohio

## **TASC and Breaking the Cycle**

In 1996, the National Institute of Justice awarded the first Breaking the Cycle grant to the University of Alabama at Birmingham Treatment Alternatives to Street Crime Program (TASC). Additional awards were subsequently made to Lane County, Oregon, Jacksonville, Florida and Tacoma, Washington.

Breaking the Cycle (BTC) is a large-scale, systemwide intervention designed to identify and treat *all* defendants in need of substance abuse treatment, thereby changing the culture of the entire justice and treatment community. The principal components of BTC are:

- Drug testing of all defendants at arrest;
- Placement of the defendants in appropriate treatment;
- Monitoring of compliance with the treatment conditions imposed by the court; and,
- Imposition of a range of sanctions for those not in compliance with treatment conditions.

In Birmingham, TASC provides the core infrastructure for drug testing defendants, assessing and placing defendants in appropriate treatment, monitoring compliance, and connecting non-compliant defendants with the court system for sanctioning.

In Tacoma, TASC is used as a programming option for defendants who meet TASC eligibility criteria in the Breaking the Cycle program.

In Jacksonville, TASC has been established as the assessment center for the Breaking the Cycle program, which began accepting clients in October 1999. To date, TASC has served over 1700 clients, and once the program is fully operational, it is anticipated that approximately 3000 clients per year will be served.

## **TASC and Criminal/Juvenile Justice Treatment Networks Programs**

The Networks demonstration project began in 1995, when the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment (CSAT) awarded eight cooperative agreements for a 5-year demonstration and knowledge development program (Center for Substance Abuse Treatment, 1999). The Networks projects are designed to build partnerships between criminal/juvenile justice and provider agencies to deliver a seamless system of justice supervision and substance abuse, mental health, primary health care, and social services through supervision, case management, client tracking and community services linkages. With the ultimate goal of reducing substance abuse, criminal behavior and recidivism, the components and structure of the Networks include:

- A lead criminal/juvenile justice agency and a local coordinating committee;
- Partnerships characterized by interagency agreements, information sharing, and coordination of supervision, case management and treatment resources;

DRAFT

- Integration of MIS/Tracking systems across agencies; and,
- Evaluation and documentation of outcomes.

Today, there are three Juvenile Justice Networks and four Adult Female Criminal Justice Networks sites.

According to Jennifer Mankey (2000), Project Director of the Denver Juvenile Justice Integrated Treatment Network, “The Network was built on the successful experience with the Denver Juvenile Justice Integrated TASC program and an institutional program at the Division of Youth Corrections called the PEARL Project. Four elements of our juvenile TASC program informed the structure of our network, including: 1) Collaborative development and oversight; 2) Centralized assessment and case management; 3) Development of a network of AOD treatment providers; and, 4) Continuity of care between probation and commitment”.

TASC also serves as the case management and data collection infrastructure for the Women’s Treatment Network in Maricopa County, Arizona.

### **TASC and Reentry Management**

The notion of reentry management is an idea gaining momentum as policymakers wrestle with the numbers of inmates being released from prisons combined with the erosion of the parole process and other mechanisms to provide post-release supervision. According to Jeremy Travis, former director of the National Institute of Justice (1999), in the year 2000, half a million individuals will be released from state prisons alone, and nearly a quarter of these will be released with no continued supervision. In addition, violations of probation and parole account for a large percentage of new prison admissions.

The challenge of reentry management is to establish a seamless continuum of supervision and services to facilitate successful reintegration of prisoners released back into their communities, and the issues related to reentry management are quite complex. Authority over offenders sentenced to prison often shifts from the judiciary to perhaps multiple executive agencies before the legal system relinquishes control. Even within the jurisdiction of single agencies, transitions are often disconnected with lapses in supervision or services, such as when prisoners transfer from institutional to community status. In addition, many of these offenders have high needs for substance abuse treatment and other services. Research has clearly demonstrated that interruptions in service or failure to provide the next level of service results in diminished positive outcomes (Rapp et. al., 1998; Inciardi, 1996; Martin et. al., 1999). Inmates are often very vulnerable to reoffending and relapse right after release from prison, and this is the time when services and supervision should be most seamless. Instead, it is often the time when services are the most disrupted and disconnected.

The problems associated with current release mechanisms and elements of reentry management approaches have been described perhaps most articulately by Jeremy Travis (2000). Experiments to develop models for effective reentry management are being sup-

*“Cleveland Municipal Court relies upon TASC to provide important services such as chemical abuse assessment, treatment placement, case management and aftercare to help break the bond between addiction and criminal behavior. TASC is a bridge that links the Court with local treatment services.”*

**—Ken Thomas**

Cleveland Municipal Court  
Adult Probation Department

*“..TASC has successfully allowed the expansion of resources in our jurisdiction for all our cases and, specifically, in the establishment of the Greater Cleveland Drug Court project and the DUI project. In the case staffing and administration of these projects, TASC has been the linchpin in the success of these programs.”*

**—Larry A. Jones**

Administrative and Presiding Judge  
Cleveland Municipal Court

ported at eight sites through NIJ’s Reentry Partnerships Initiative, and nine sites through the Office of Justice Program’s Reentry Court Project.

The integration of TASC into Delaware’s post-adjudication drug court track serves as the basis for the reentry court project being piloted in Delaware. According to Judge Richard Gebelein (1999), “through the TASC assessment and management, the court can avoid placing individuals into inappropriate treatment, find alternative treatment modalities for those who need them, find additional community, government and private treatment resources, and, provide the offender with a constant reference point throughout their journey through complex and confusing criminal justice and treatment systems”. As efforts to improve reentry management and community reintegration expand, TASC methods can continue to provide the infrastructure needed to ensure continuous connection and smooth transitions for offenders at this stage of justice processing.

## In Summary

---

For almost thirty years, TASC has demonstrated the stamina, integrity, and flexibility to not only survive and thrive, but to shape many of the changes that have occurred in the ways that substance involved justice clients are managed in this country. The elements and program descriptions contained in this document are examples of the innovations and accomplishments of TASC at its best.

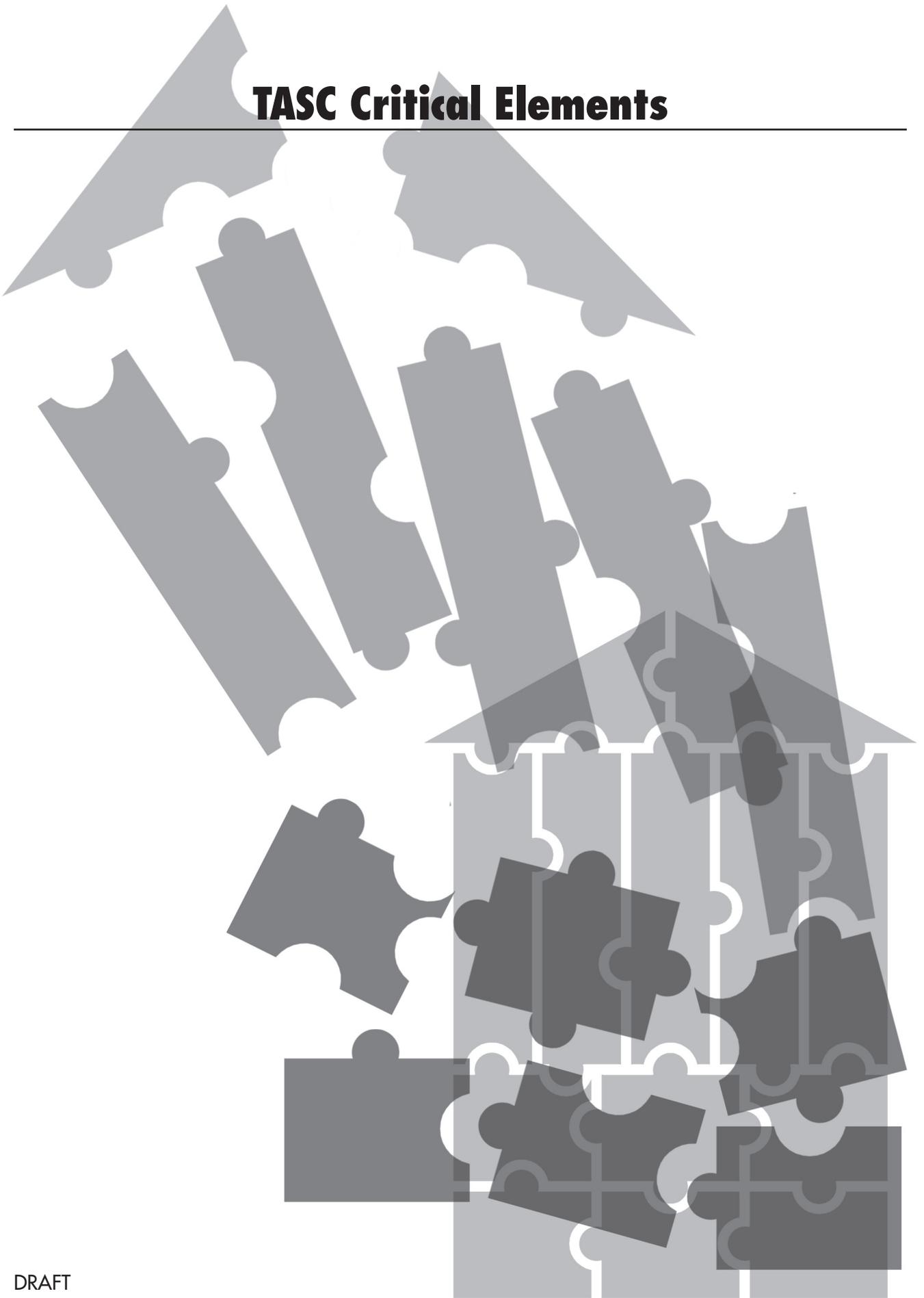
In some jurisdictions, TASC programs have not had the opportunity, funding, or ability to continue to grow and expand to meet the challenges presented by justice clients, and by the systems by which they are served. Many jurisdictions are recognizing the need to establish TASC programs or other case management infrastructures. We hope that this document can serve as a catalyst to renew commitment and to spur development.

TASC has proven itself as an invaluable partner to both justice and treatment. The challenge for TASC now, and into the future, is to continue to maintain a commitment to the justice population while expanding the model to other populations, to exert the leadership to shape public policy and operations to improve the human condition, to continue to advocate for fair treatment of people who are not always able to advocate for themselves, and to capitalize on the opportunities that new knowledge and understanding may bring.



# TASC Critical Elements

---



DRAFT



# TASC Critical Elements

---

## **A Brief History of TASC**

Since 1972 TASC has been a leader in advocating for and delivering effective treatment and other services for substance involved persons in the justice system. Today, TASC operates in almost 40 states and has a strong statewide presence in Florida, New York, Delaware, Ohio, Pennsylvania, Illinois, Arizona, Washington, North Carolina, New Jersey, Alabama, and Colorado, and substance-involved offender management systems modeled after TASC have been developed in Wisconsin and Texas. The TASC model, designed to link and integrate treatment services into justice system processes, has evolved and developed innovative approaches applicable for persons involved in both criminal and civil matters at all stages of the justice continuum, and has demonstrated effectiveness in reducing substance abuse and related criminal activity in justice populations.

TASC has developed strong relationships and peer affiliations with national and local leaders in justice, treatment, and other social services systems. This has been possible because of the strong support that TASC gives both systems, in addition to its clients, and because of the articulation of effective programming contained in the TASC Critical Elements.

In 1986, the National Association of State Alcohol and Drug Abuse Directors coordinated an effort to define and develop the critical elements of TASC programs. TASC providers contributed to this effort, which was designed to articulate and replicate the TASC methodology. The TASC critical elements serve as minimum standards for operating TASC programs, and have become the foundation for all the documents, technical assistance provisions, and other activities that have ensued thereafter. In addition, this model, along with the advocacy and public policy development provided by TASC, has laid the foundation for effective programming for substance abusers from the justice system for more than two decades. The ten original critical elements were aimed at program development, implementation and operations. A full description of these elements can be found in the Treatment Alternatives to Street Crime Implementation Manual (National Association of State Alcohol and Drug Abuse Directors, 1988).

Since 1972, TASC has matured and the science of treatment has evolved. As such, the critical elements have been augmented and updated to more accurately reflect the current purpose and functions of TASC and to capture the state-of-the art of effective treatment approaches for offender and other justice populations. Significantly, new elements have been added in the area of system coordination. These elements speak to the unique roles and responsibilities that vibrant TASC programs have to influence the larger treatment and justice systems. An additional operational element has also been added to ensure that TASC programming strives to effectively serve diverse cultural and gender populations. These elements, taken together, continue to provide the orthodoxy, transferability, and permanency (Bureau of Justice Assistance, 1992) that distinguishes TASC, and enables it to continue to serve substance-involved justice clients, the justice system, and the treatment system in diverse settings.



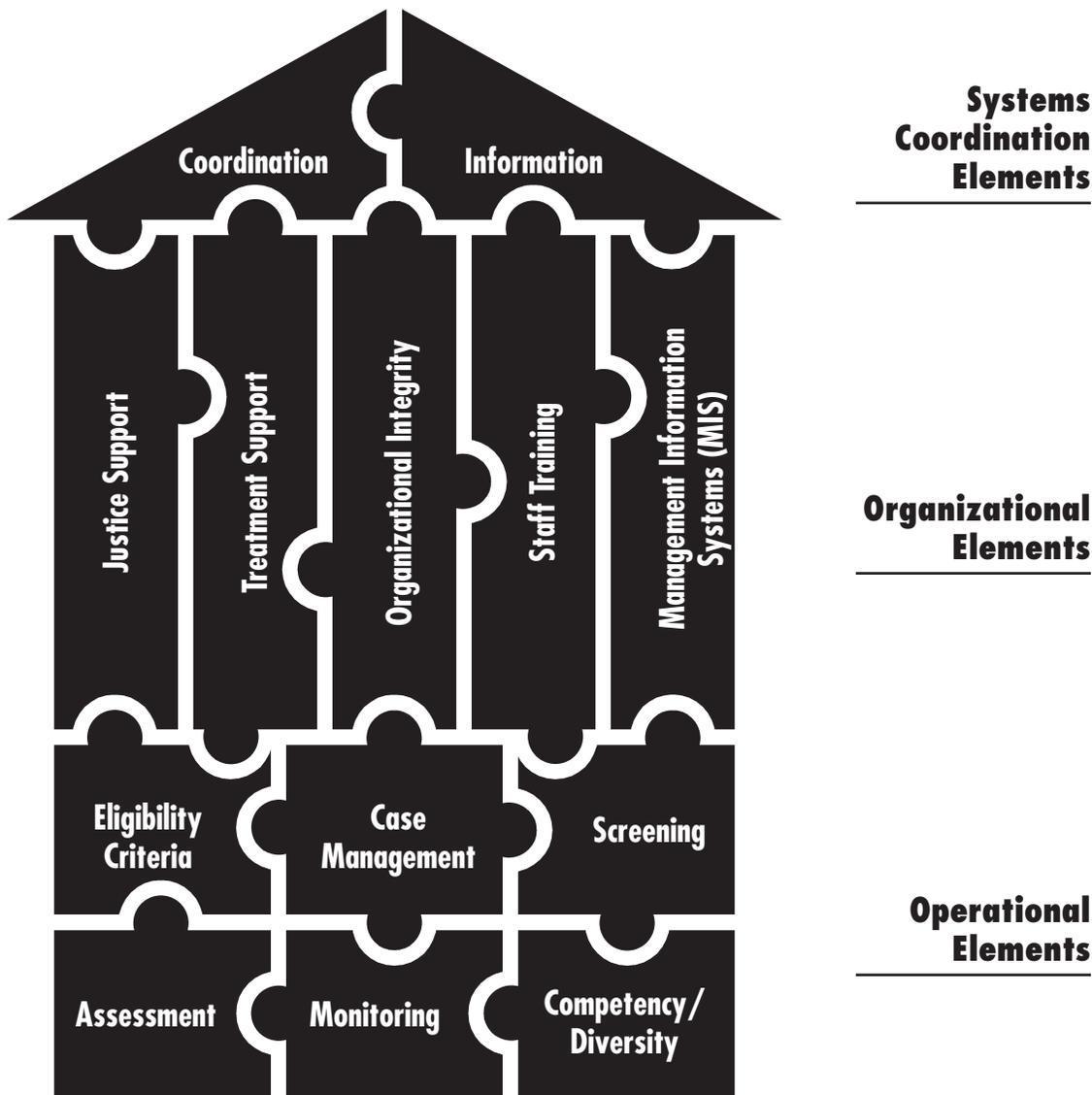
# The Structure of TASC

The 13 TASC Critical Elements taken together represent the activities and conditions that are needed to establish and operate an effective and vital TASC program. The implementation of the critical elements provides the necessary infrastructure and framework to manage and support clients, as well as the justice, treatment, and other systems.

The System Coordination Elements ensure that activities are undertaken by TASC to generate ongoing support and resources for managing substance involved clients from the justice system. A supportive framework in the larger community is needed for client activities to be meaningful and successful.

The Organizational Elements describe the basic structures that need to be in place to establish and maintain TASC as an organization, and to enable case managers to conduct client activities effectively.

Operational Elements define the basic activities that make up direct client management services that TASC programs provide.



DRAFT



# TASC Critical Elements At-a-Glance

---

## **Systems Coordination Elements**

*Implementing systems coordination elements helps provide the overarching support from the justice, treatment, and other social services systems necessary to manage substance involved persons from the justice system effectively.*

### **Element 1**

A process to coordinate justice, treatment and other systems.

### **Element 2**

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

## **Organizational Elements**

*The organizational elements, taken together, build the structural foundation necessary for TASC programs to provide client services as well as support for the larger systems.*

### **Element 3**

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

### **Element 4**

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

### **Element 5**

Organizational integrity.

### **Element 6**

Policies and procedures for regular staff training.

### **Element 7**

A management information system with a program evaluation design.

## **Operational Elements**

*Operational elements delineate the minimum set of client activities that are performed by the TASC organization on an ongoing basis.*

### **Element 8**

Clearly defined client eligibility criteria.

### **Element 9**

Performance of client-centered case management.

### **Element 10**

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

### **Element 11**

Documented procedures for assessment and referral.

### **Element 12**

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

### **Element 13**

Competency with diverse populations.



## System Coordination Elements

---

*Implementing system coordination elements helps provide the overarching support from the justice, treatment, and other social services systems needed to manage substance involved persons from the justice system effectively.*

### **Element 1** **A process to coordinate justice, treatment and other systems.**

#### *Purpose*

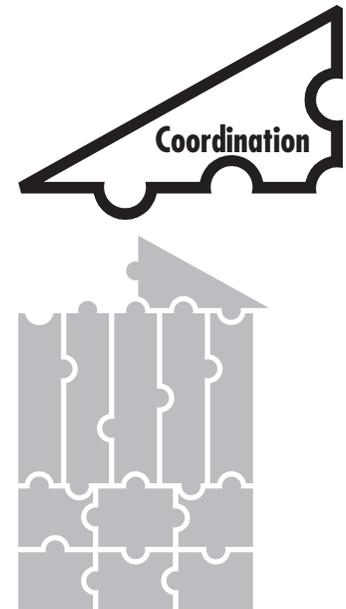
To facilitate the development of collaborative approaches to integrate treatment and justice to provide a seamless continuum of treatment, accountability, and other services, and to influence the policies, procedures and priorities of the justice and treatment systems to ensure that adequate and appropriate substance abuse and other treatment is available to justice system clients.

#### *Rationale*

Many decisions are made by administrators and other policy makers that can have tremendous impact on the ability of justice clients to access substance abuse and other treatment services in the community and in correctional facilities. TASC must participate in meetings and remain involved in other activities that lead to funding changes or the development of policies, procedures, programs and priorities that relate to substance involved justice populations, so that these decisions can be made with informed consideration of these populations. TASC has an obligation to provide information and share knowledge that accrues as a result of spanning systems and delivering services to substance involved offenders and other justice populations.

Decisions made by substance abuse treatment and mental health administrators, such as those related to managed behavioral health care, may seem innocuous on their face, and unrelated to justice populations. In fact, efforts to reduce treatment costs that limit care or restrict eligibility for services can have significant negative implications for both justice clients and the justice system (Peyton et. al, *unpublished manuscript*). When decisions are made without the participation of TASC, factors related to substance involved justice clients may be omitted from the decision making process. Likewise, decisions made by justice system leaders can create impediments to accessing treatment for appropriate justice clients. For example, the creation of institutional treatment programs that do not include appropriate transitional and aftercare can result in poor outcomes.

TASC also has a responsibility to work toward building the capacity and capability of treatment to serve justice populations effectively. In most jurisdictions, treatment and other social services are not organized to provide a seamless continuum of quality services that include strategies for justice populations. TASC must work to develop and enhance the quality of treatment networks, working in partnership with justice, to achieve positive client outcomes.



Some TASC programs have contractual and oversight responsibility for the treatment services delivered to clients, and some provide treatment services directly. When treatment providers are unable or unwilling to serve the justice population, some TASC programs have assumed the responsibility to provide direct services. However, these TASC programs may reduce their effectiveness to influence public policy if they are perceived as having conflicts of interest or are perceived as being another service provider.

### *Performance Measures*

1. **Creation and staffing of boards of directors or advisory boards that include representatives from justice, treatment, and other systems that function to support TASC and to support the effective treatment of substance involved justice populations.**

These high level bodies serve as focal points to generate effective agency strategies, communicate these strategies to the larger systems, and maintain ongoing learning and dialogue aimed at continual improvement.

2. **Processes and procedures to develop and periodically review memoranda of agreement or understanding between and among various agencies and programs that deliver treatment and other services for justice populations.**

Formal documents that explicitly state the roles, responsibilities, resources, and procedures that each agency commits to working with specific justice populations enhance collaboration and serve to reduce interagency misunderstanding and conflict. The effort required to develop these documents also clarifies and galvanizes both policy and intent.

3. **Development of information dissemination protocols.**

Regular communication to the larger systems, via newsletters, internet bulletin boards, seminars, and other vehicles keeps issues related to treatment of justice populations at the forefront, and enhances the involvement and support of a wider group of practitioners. People need to know that their efforts are worthwhile, and that their ideas have been placed into action. In addition, people need to know about changes that are likely to impact their work.

4. **Ongoing assessment of the quality of services delivered to justice populations.**

TASC programs work to ensure that the services are sufficient in quality, quantity, and programmatic emphasis to achieve effective client outcomes, and advocate to enhance services and expand services where gaps exist.

5. **Participation on policy boards, advisory committees, and involvement in other organizations that determine justice or treatment policy.**

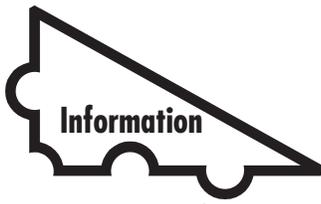
Most states or counties have executive bodies that make decisions about overall correctional or sentencing policy and funding, or that advise and influence treatment policy and funding. Participation on these boards (e.g., sentencing

DRAFT

commissions, health care advisory boards) lends support to those entities, continually raises awareness of issues surrounding treatment of justice populations, and serves to render TASC an indispensable partner.

6. **Regular communication with State or Local SSAs, Judicial Associations (or presiding judges), the State Administrative Office of the Courts, Correctional Commissioners and administrators, key legislative committees and others.**

Providing these entities with new information, annual statistics, new developments, and emerging issues related to substance involved court populations serves to garner ongoing support, and to provide needed feedback when support (especially financial support) has already been given.



## **Element 2 Procedures for providing information and cross-training to justice, treatment and other systems.**

### *Purpose*

To ensure that leaders and operational staff remain current about the status of and effective strategies for managing substance involved justice populations, and continuously develop the skills and relationships necessary to work in an integrated fashion to reduce the substance abuse and related criminality and social problems that characterize substance involved persons who come into contact with the justice system.

### *Rationale*

A structure to provide continuous learning is needed to ensure that skills, attitudes, and program methods are effective to achieve success with substance involved justice clients. In most jurisdictions, Single State AOD agencies support the development of therapeutic skills of substance abuse counselors, and corrections departments and other justice entities support the development of justice professionals to conduct activities to hold offenders accountable. In many jurisdictions, justice and treatment professionals may receive orientations to each other's systems, but training and educational efforts may not extend further.

A flurry of training and cross-training activities may occur when new justice/treatment initiatives are planned or implemented. In addition, new programming for substance involved offenders may result in training and cross-training between justice and treatment staff (for instance, when a therapeutic community is established in a correctional facility). However, this type of training is generally not provided on a sustained basis, and may include only staff that are directly responsible for program operations.

TASC programs are positioned to provide the ongoing training and cross-training that is needed to keep professionals in both systems proficient at working together to deliver high quality and appropriate services for justice populations. Effective TASC programs lead efforts to continuously generate effective strategies and impart new skills and techniques to experienced staff in both justice and treatment, to make sure new staff receive the training and orientation they need to work collaboratively and effectively with the populations that TASC serves, and to ensure that policymakers, administrators, and elected officials understand and support efforts to effectively manage substance involved justice populations.

### *Performance Measures*

1. **Annual plan for providing regular training and cross-training for justice and treatment staff.**

TASC programs that include goals and objectives related to the regular delivery of training and cross-training, and have a budget line to cover associated costs, are more likely to fulfill their responsibility to keep the systems informed.

DRAFT

**2. Mechanisms to seek additional support to provide joint justice and treatment educational and programmatic activities.**

Many TASC programs have staff that perform grant writing and other fundraising activities to support educational programming for justice and treatment professionals. In addition, many federal agencies have training and technical assistance available upon request at no cost.<sup>1</sup> Collaborative educational approaches are often supported by federal, state and local agencies, as well as by private foundations. TASC programs that have clear objectives aimed at educating the systems, and maintain staff to conduct the work needed to implement these objectives, are much more likely to be able to provide professional educational activities on a regular basis, and to address special issues that may arise.

**3. Mechanisms to sponsor and cosponsor special training events, conferences, and seminars.**

In addition to providing and sponsoring regular training and cross-training, TASC is in a logical position to bring the justice and treatment communities together for special events related to the management of substance involved justice clients. In some jurisdictions, TASC has taken the lead to promote the development of drug courts, Breaking the Cycle and Criminal Justice Treatment Networks programs, or to explore other topical issues (e.g., heroin or methamphetamine use and treatment). In other jurisdictions, TASC sponsors legislative seminars, participates in judicial retreats, and participates in other events and activities to support the effective management of substance involved justice populations.

---

<sup>1</sup>A range of technical assistance and training is available through the Center for Substance Abuse Treatment, the Drug Courts Program Office, the Office of Justice Programs, and other agencies in the Department of Justice. Further information can be provided by the National TASC office.

## Program Elements

---

### Organizational Elements

*The organizational elements, taken together, build the structural foundation necessary to provide client services as well as support for the larger systems.*



#### Element 3

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

#### *Purpose*

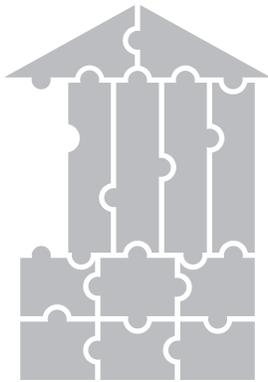
To ensure the effective and accountable operation of TASC by establishing and maintaining both a coordinated effort and an understanding, through necessary communication and formal agreements, for referrals between TASC personnel and justice system components.

#### *Rationale*

TASC programs are designed to serve justice clients and the justice system. TASC programs must have a close alliance with the justice system, including the courts, institutional and community corrections, pretrial services, parole boards or other post-release supervision bodies, prosecutors, defense attorneys, and others in order to effectively serve their clients. TASC needs justice to supply referrals, and to support recommendations aimed at engaging and retaining clients in treatment.

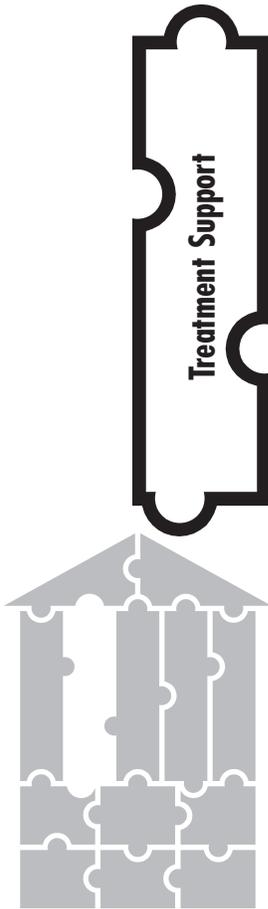
In order to develop and maintain this alliance, TASC programs must ensure that their philosophy and methods are consistent and understood by justice personnel, and that TASC services enhance and augment the justice process. As such, all TASC personnel must understand the detailed inner workings of justice system processes, and understand the roles, functions and goals of the multiple entities involved in the prosecution, defense, case disposition and supervision of persons under justice control.

Operating effectively in the justice environment is challenging. TASC personnel and management must ensure that they collaborate with and support probation officers, even though their goals may differ somewhat. TASC must be prepared to support judges, by informing the court about treatment options, sharing information related to risk and prognosis, and offering suggestions that can result in successful sentencing strategies. TASC must work to support prosecutors and defense attorneys in their efforts to protect the public and the civil rights of potential clients while advocating for the inclusion of substance abuse and other treatment in criminal and civil dispositions.



### *Performance Measures*

1. Evidence or documentation of explanatory and ongoing meetings convened by TASC with justice system representatives, including, but not limited to, police, attorneys, jail or prison personnel, judges, and probation, parole and pretrial services officers.
2. Evidence of the development and dissemination of written descriptions of the TASC mission, program elements and services.
3. Documentation, in the form of memoranda of understanding or agreement, or qualified service organization agreements, between TASC and cooperating justice system components that outline TASC's responsibilities, eligibility criteria, and procedures for service delivery.
4. A documented schedule of formal or informal communication between TASC and justice system personnel.
5. Evidence that meetings are held regularly with both justice and treatment system personnel to discuss mutual interests and concerns.



#### **Element 4**

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

#### *Purpose*

To establish and maintain the necessary linkages and understanding between TASC personnel and representatives of the treatment and social services community for ensuring the availability of appropriate treatment program options, making effective client referrals and conducting necessary tracking, monitoring, and case management activities.

#### *Rationale*

TASC's function is to negotiate for services and support needed for clients referred by the justice system. As such, the substance abuse treatment system, including administrators, programs, and program personnel, are significant partners. In addition, TASC clients often need many services that are provided by other agencies and organizations. These needed services often include housing, employment support, educational remediation, mental health services, parent training, anger management, and an array of other services.

To negotiate effectively, TASC must develop and maintain relationships between the many organizations and programs that deliver these services, and must support them in their efforts to work with justice clients. TASC can provide this support and cultivate these necessary relationships by delivering services as promised, being available to discuss problems or issues related to clients or procedures, sharing appropriate information to facilitate collaboration, advocating for resources, and promoting a team approach to client management.

Gaining and maintaining this support can be difficult. At its best, TASC is in a perpetual state of **dynamic tension** as it sits between and resolves conflicts among justice, treatment, and other systems. To be effective, TASC must strive to make improvements in both systems, and in so doing, must sometimes criticize and confront. The reality is that neither justice nor treatment is capable of addressing the needs of substance involved justice populations on their own. Both systems must stretch their philosophies and traditional boundaries to work effectively with these populations. It is possible to work toward improvements without alienating either system. But it is not always easy.

While the mission of TASC supports both justice and treatment and the goals of TASC are therapeutic, TASC is not a treatment program. It is important that these differences are discussed thoroughly, to identify and build on commonalities. Once the relationship is built, treatment providers and counselors are often very appreciative of the support that TASC can give them to enable them to work effectively with justice populations. Most treatment providers welcome having a TASC case manager assist in negotiating with justice, provide support to retain clients in treatment long enough to actually work with them (through justice leverage), and suggest new intervention strategies.

DRAFT

Building relationships with other social service providers is also essential. Justice clients often have multiple and complex needs. TASC is responsible for brokering these additional services, many of which are imperative to obtain positive treatment and justice outcomes.

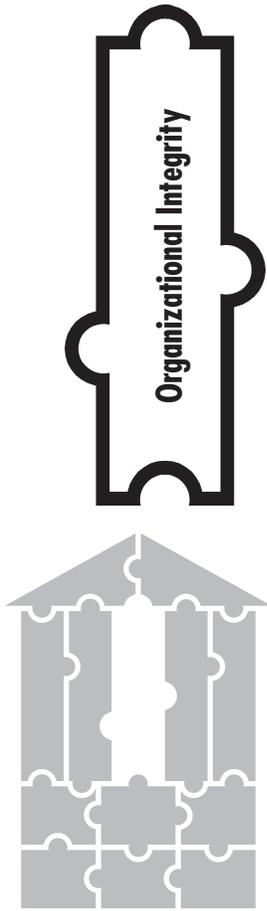
These relationships and discussions are clarified by developing formal written agreements detailing TASC's responsibilities to referral agencies, and those agencies' responsibilities to TASC and TASC clients. One way to ensure continued communication and cooperation is to systematically update these agreements annually, or when a significant change occurs (e.g., TASC begins working with a new justice population).

### *Performance Measures*

1. Descriptions of TASC services and requirements provided to local treatment agencies, other service providers, and to administrative bodies such as the State or local AOD agency.
2. Written agreements between TASC and each cooperating treatment or other agency that detail, at a minimum: eligibility for TASC, standard procedures and protocols for referrals, normal services to be provided, TASC and treatment success and failure criteria, routine TASC monitoring activities, including chemical testing protocols, information sharing and reporting requirements, TASC case management activities (e.g., case management meetings), termination notification requirements, and confidentiality limitations and agreements.

The confidentiality of client records for adults and juveniles who receive substance abuse services are protected under federal and state laws and regulations (Office of Justice Programs, 1999; Center for Substance Abuse Treatment, 1994; Center for Substance Abuse Treatment, 1996). Clients can waive their rights to confidentiality to allow this information to be shared.

3. Evidence of regular communication between TASC and participating treatment and other agencies.
4. Evidence of regular meetings with both justice and treatment system participants to discuss mutual interests and concerns.



## **Element 5 Organizational integrity.**

### *Purpose*

To ensure TASC program integrity and organizational capability to carry out the program mission while meeting agreed-upon expectations of justice, treatment, and other systems.

### *Rationale*

For TASC to function effectively, in terms of both managing clients and supporting the larger systems, it needs to be objective and autonomous. The TASC programs and systems that have thrived during the past quarter century, and that are the most vibrant and essential, have been discrete, nonprofit organizations. Independence and autonomy are important for TASC. If justice perceives that TASC is another treatment provider, or an extension of the treatment system, recommendations will be less credible. If treatment perceives that TASC case managers are probation officers, or are too affiliated with justice, they may be less apt to share information they believe might result in sanctions. Over-identification with either justice or treatment can limit TASC's credibility and functioning, and ultimately threaten program viability.

Many TASC programs begin as part of or in affiliation with existing justice or treatment organizations. Some programs that have been created in this fashion have succeeded at spinning off into independent status, or have been able to maintain clear organizational boundaries despite this affiliation. Establishing TASC programs as an attachment to other functioning organizations is appealing to funding sources, who may be reluctant to create another governmental entity or support another nonprofit agency. Although this makes sense due to economies of scale (e.g., sharing administrative costs, copy machines, etc.), without clear organizational boundaries, there may be potential problems. If TASC is affiliated with (or reports to) the treatment administration, it may be hampered in its efforts to improve access to services, hold seminars or other meetings to discuss issues that may be sensitive to the administration, and at emphasizing the importance of working effectively with justice populations. If TASC is affiliated with (or reports to) a justice entity, the same constraints may occur. When resources and funding are limited, justice is most likely to eliminate programming aimed at treatment, and treatment is most likely to eliminate programming aimed at justice. Although treatment is important to justice and justice populations are important to treatment administrations in most jurisdictions, under stress, both systems must fulfill their primary mandates.

Affiliation with existing entities may have benefits as well. TASC programs may have additional credibility through associations with well-established agencies or courts. In addition, TASC programs often have access to additional resources through organizational affiliations, and may have easier access to higher level policymakers and administrators as part of an existing organizational structure. Finally, TASC programs may be perceived as less threatening to

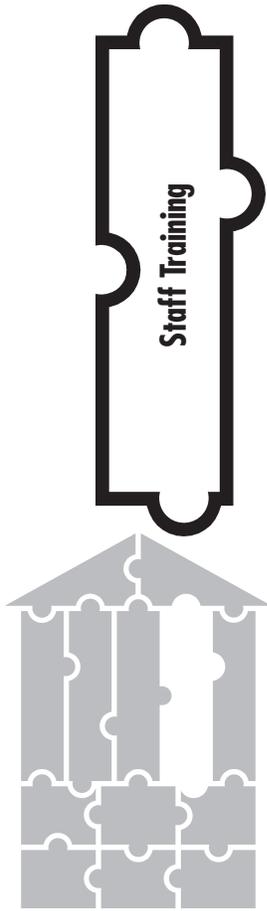
others in the systems in which they reside. For example, TASC case managers may be seen as less threatening to probation officers if they are part of the correctional structure.

Regardless of TASC's placement in the system, TASC programs should establish and maintain organizational integrity. A single case manager who conducts assessments for the justice system does not qualify as a TASC program. Like other organizations, TASC programs must have organizational structures that include, at a minimum, the following:

- Mission Statement
- Program Objectives
- Eligibility Criteria
- Operational Policies and Procedures
- Program Evaluation Strategy
- Fee Schedule
- Program Budget
- Staff and administration to fulfill the organizational mission.

### *Performance Measures*

1. **Documentation of the establishment and maintenance of an independent TASC organization including:**
  - Articles of incorporation for a nonprofit agency or specific written assurances from the administrator(s) of the host organization(s) that TASC will function as a full-time and autonomous entity;
  - An organizational chart showing TASC as an independently functioning entity; and
  - Confirmation that a full-time qualified administrator and appropriate staff, with training, experience and knowledge in the fields of both substance abuse and justice, have been hired or appointed, including specific job descriptions.
2. **Appropriate written policies and procedures for TASC operations and services.**
3. **A program budget that supports the implementation of stated goals and objectives.**



## **Element 6** **Policies and procedures for regular staff training.**

### *Purpose*

To ensure that all professional TASC staff sufficiently understand the TASC mission, philosophies and procedures for local sites and to ensure competency in fulfilling their TASC role.

### *Rationale*

In order to effectively serve their clients, the larger systems, and maintain program credibility, TASC staff must be experts in all participating systems and know and understand when to use each. In addition, they must have the skills to connect with and manage substance involved persons who are involved with the justice system in a way that promotes growth and change.

Aside from meeting credentialing and certification standards that are required of TASC personnel who perform clinical work, TASC staff must be effective generalists. TASC personnel manage the systems and programs they work with and depend on as much as they manage the population that makes up their clientele. They are as much systems managers as they are case managers. Therefore, broad based and ongoing training and education is needed to ensure that TASC staff is fully capable of performing their varied duties. As such, TASC staff need substantial training and orientation in the following areas, at a minimum:

- Orientation to the justice system, including observing court hearings, on-site visits to probation offices and correctional facilities, justice case flow and processing procedures, sentencing practices, and correctional options (e.g., work release, intensive supervision probation);
- Orientation to the treatment system, including on-site visits to treatment programs, training in substance abuse and treatment methods, treatment admission policies and protocols (including procedures for accessing managed care or Medicaid benefits), familiarity with treatment accessibility issues (e.g., waiting lists, eligibility criteria);
- Case management strategies, including effective interviewing, training on screening and assessment instruments, cultural and gender competency, chemical testing protocols and procedures, and motivational enhancement techniques;
- Orientation to TASC philosophy, methods, policies and procedures;
- Specialized training related to the specific target population that makes up the TASC clientele. For instance, TASC programs that support drug courts must provide extensive drug court training to staff.

It is rare that someone walks into a TASC office with all the skills and qualifications needed to do the job effectively. Many TASC case managers have prior experiences and qualifications as substance abuse counselors or probation officers. Both of these backgrounds can be valuable if the individual can stretch to incorporate the methods and philosophies of the other system into their professional framework. TASC personnel must understand the importance of combining sanctions and accountability with treatment interventions to achieve positive outcomes with substance involved clients from the justice system, and have the judgment to use the tools from both systems in ways that support client retention and change.

### *Performance Measures*

1. **A formal training plan for all TASC personnel which includes TASC-related goals for the organization, for each individual staff member, and the necessary policies, procedures, and schedule for that plan's implementation.**

The plan should be updated annually, and should include initial orientation as well as ongoing educational enhancements.

2. **Documented provision of at least 32 hours of TASC-relevant training annually to each professional staff member.**
3. **Documentation in personnel records that each TASC staff member is provided with an up-to-date written description of the TASC program, his or her individual job responsibilities and appropriate operational guidelines for job performance within a specified time period after employment or promotion.**



## **Element 7** **A management information system with a program evaluation design.**

### *Purpose*

To provide timely, accurate and necessary information to TASC administrators and staff for developing and managing program services, determining and improving operational effectiveness, providing appropriate information to policymakers and funding sources, and meeting public information needs.

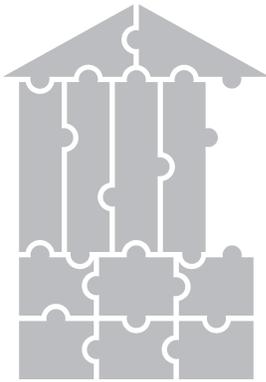
### *Rationale*

We live in an information age, and one of the primary functions of TASC is to provide information related to effective treatment for justice populations to policymakers. On an operational basis, TASC must provide client information on a timely and accurate basis to support judicial and other decision making. TASC programs must know the current status, placement, and progress of each individual client at all times. On an administrative basis, TASC must provide information to help shape effective public policy related to substance involved justice populations. In addition, through data collection and management, TASC can extend information contained in justice and treatment data systems.

Maintaining descriptive and evaluative data is also required for TASC survivability. Funding entities, policy makers, and the public are entitled to know how their money is being spent, and the results of the efforts they support. Reliable data and regular outcome studies are needed for TASC (and most other programs) to justify their existence.

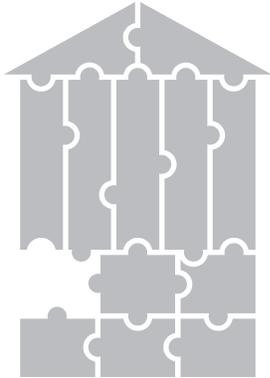
Technology is changing rapidly. Almost all organizations, public and private, use computers to support their business functions. It is now possible, and affordable, to establish computerized systems that track activities, support operational personnel, generate reports, facilitate communication, and that link (e.g., through WEB interfaces) with other partners, while protecting confidentiality. Simple tracking and data collection can be performed via spreadsheets and other microprocessor applications.

Planning, implementing and funding an effective management information system is almost always difficult, but neglecting to do so can be disastrous.



## *Performance Measures*

1. **Defined, standardized reports to be used in a specific site or jurisdiction that will meet the needs of funding sources, policy makers, and TASC program administrators and staff.**
2. **Documented procedures for maintaining data in a Management Information System on a regular basis. At a minimum, TASC programs should, on an ongoing basis, collect the following information:**
  - Number of potential TASC clients identified and/or referred from each cooperating component of the justice system, the outcome of the referral (admitted or declined), reasons for exclusion, demographic characteristics, and screening or assessment information, if available;
  - Demographic and socioeconomic characteristics (e.g., age, race/ethnicity, sex, education, employment) of all admitted clients, along with sources of referral;
  - TASC-related client characteristics, including justice and substance abuse history and current status, screening and assessment results (including alcohol and drug screen results), and mental health status;
  - Records of all contacts and events that occur in the TASC program, treatment, other social services, and the justice system, along with outcomes of those events (e.g., outcomes of status hearings, results of alcohol and drug tests, program referrals, admissions, activities and outcomes);
  - Client outcomes, including progress measures (e.g., reductions in positive drug tests, completion of GED) success/failure in TASC, treatment outcomes, rearrest rates, and other subcategories;
  - Costs associated with delivery of client services.
3. **Generation of regular and special reports that describe, at a minimum:**
  - Operational milestones, including current caseloads, numbers of persons screened, assessed, admitted, referred, discharged, etc.;
  - Details of services delivered, by TASC, treatment, justice, and other programs;
  - Analysis of outcomes by race/ethnicity, gender, and interventions, in order to assess the effectiveness of program interventions as well as to examine TASC's ability to work effectively with diverse populations;
  - Program information and outcomes as defined by granting entities and other funding sources.



## Operational Elements

*Operational elements delineate the client activities that are performed by the organization on an ongoing basis.*

### **Element 8 Clearly defined client eligibility criteria.**

#### *Purpose*

To set clear standards for inclusion and exclusion of individuals from TASC programs so that TASC staff, as well as justice, treatment, and other providers, clearly understand exactly who is eligible for TASC services.

#### *Rationale*

TASC is designed to seek and accept referrals from the justice system in order to provide services from the treatment and social services system to reduce substance abuse, related criminality, and other social problems. TASC programs only accept clients who are validated to be under the control of the courts or other justice system entities (e.g., corrections, the parole board) through either civil or criminal proceedings. Ultimately, this means a valid sentencing or other court order, condition of probation, or bonafide order from a paroling or other post-release supervision authority.

In most jurisdictions, preliminary legal eligibility upon entry into the justice system is determined by the prosecutor or district attorney. Generally based on the nature of the charge or offense, circumstances surrounding the offense, and criminal history, the justice system makes decisions about eligibility for release and for program participation. Eligibility for TASC participation varies widely by jurisdiction. TASC can work with adults or juveniles, various racial and ethnic groups, and males and females. While most TASC programs focus on justice clients who have drug charges or other charges related to substance abusing behaviors, other populations can also be included (e.g., persons with mental health problems or cooccurring mental health and substance abuse disorders, persons involved in child custody disputes<sup>2</sup>, homeless persons). Some TASC programs have expanded the model to work with non-justice populations, including drug-free workplace referrals and TANF (Temporary Assistance for Needy Families) recipients.

Many clients are identified and assessed for TASC eligibility prior to the issuing of a formal justice mandate. Determining eligibility prior to disposition gives TASC an opportunity to make assessments and develop recommendations to influence the dispositional outcome, and to ensure that those who need substance abuse treatment and other services have those needs included in judicial and other justice decision making. When TASC develops and recommends a supervision and treatment structure that can safely maintain an otherwise jail-or prison-bound defendant in the community, or creates a plan to help an inmate successfully reenter the community, tremendous value (financial and otherwise) accrues to the client, the systems, and the community.

<sup>2</sup>generally where alcohol or other drugs are involved

Before formally admitting a person to TASC, a valid sentencing order, order specifying TASC participation as a condition of bail or as a condition of a civil action, or an order specifying TASC participation in lieu of other justice dispositions should be in place or be pending. It is perfectly acceptable, and in many cases preferable, to begin working with a client to demonstrate compliance prior to the issuance of a judicial order if the likely outcome of judicial proceedings will result in conviction, or if participation in TASC will result in a waiver of conviction.

TASC clients should also have a demonstrated need for substance abuse treatment or intervention. Although many TASC clients will have a need for many additional services, the need for substance abuse treatment is a minimal requirement.

Other eligibility criteria should be established based on the needs of the jurisdiction, the skills and goals of the TASC program and staff, and the range of available services. The number of people involved in the justice system with substance abuse problems is overwhelming. TASC, the justice system and the treatment system all have to make decisions about the populations that are most worthy of attention and investment.

Once policymakers establish priorities, it is important to articulate specific requirements for TASC eligibility. Such requirements reduce the potential for confusion on the part of referring agencies, TASC staff, and potential clients. In addition, clarity regarding eligibility criteria saves resources, since energy is not expended on populations that do not need, or cannot benefit from, available services.

### *Performance Measures*

1. **Client eligibility must be formally established and include, at a minimum, the following elements:**
  - justice system involvement;
  - current and/or previous alcohol or drug involvement, carefully defined and identified by the client's own testimony, medical, social or criminal histories from other agencies, physical examination, clinical assessment, or chemical testing;
  - informed voluntary consent, evidenced by a signed agreement to waive confidentiality, to participate in the TASC program, and to comply with the TASC, justice, and treatment requirements detailed in a written statement that is read to/by the candidate before acceptance.
2. **Written evidence that established client eligibility criteria are understood and agreed to by each cooperating justice system component and treatment or other agency.**



## **Element 9 Performing client-centered case management.**

### *Purpose*

To ensure that TASC clients are sufficiently engaged and progressing in treatment and other services, and that relevant parties in the justice, treatment and social services system receive accurate and timely information related to client status.

### *Rationale*

TASC case managers provide ongoing connection with each client as he or she moves through various justice processes and multiple treatment and other social services programs and interventions. TASC provides the necessary leverage, support and advocacy to encourage treatment participation, engage clients in treatment and other prosocial activities, and retain clients in treatment long enough to facilitate and sustain behavior change. TASC case managers work to intervene *before* client behavior or non-compliance results in treatment termination, and to develop alternative plans when current strategies are not proving effective.

TASC does this by:

- Meeting regularly with clients to assess progress, and to resolve problems that occur
- Conducting regular chemical testing
- Clarifying and reinforcing the goals and expectations of the TASC program, justice, and treatment
- Orienting the client to treatment so he or she is prepared to participate
- Communicating regularly with both justice and treatment to maintain a coordinated approach and clear understanding of client status
- Brokering additional services and developing networks of services to meet client needs
- Ensuring that clients have access to the full continuum of available services
- Supporting clients through transitions. This can take many forms, including:
  - arranging for services to coincide with institutional release, and actively ensuring those services are delivered
  - negotiating with treatment and justice so support is ongoing. For example, a client may “graduate” from a particular treatment intervention, and probation may want to reduce supervision as a result of this progress. In fact, withdrawing all supports at once may lead to client failure. TASC can encourage one system or the other to maintain continued support until the client has acclimated to change
- Facilitate meetings between justice, treatment, TASC and clients to reduce confusion and diminish client manipulation or “triangulation”<sup>3</sup>

<sup>3</sup>Some clients may try to create friction between systems to create chaos and avoid responsibility. By bringing all team members together, opportunities for client manipulation are reduced.

- Remove barriers to program admission. TASC can work to resolve pending charges, request modifications of court orders, arrange for transportation or housing, or remove other obstacles. In both systems, many “resolvable” problems may prevent movement or progress. TASC acts to solve these problems
- Negotiating for the application of sanctions or rewards to encourage compliance
- Applying sanctions or rewards to encourage compliance.

Most agencies that work with clients perform some type of “case management”. For instance, an outpatient treatment provider may perform case management functions by accessing additional client services, but would suspend these activities once the client “graduates”(even though an aftercare plan may be developed). If clients are unsuccessfully terminated from a treatment program, it is rare that justice receives an alternative placement recommendation from the treatment provider. Likewise, probation may provide case management services. This may be limited to making telephone referrals, and stops if the client is moved to a higher or lower level of supervision. It is rare that probation officers visit their former clients in jail because they are busy monitoring their active caseloads.

Because TASC case management is client-focused, there may be disagreements with treatment or justice approaches or recommendations. TASC may disagree when a probation officer wants to incarcerate because of a “dirty urine”. Likewise, TASC may disagree when a treatment program wants to keep a client who is not progressing. TASC is required to negotiate these differences fairly and objectively to meet the needs of the client and both systems, although not necessarily the needs of a particular justice or treatment program.

What distinguishes TASC case management is (1) its level of assertiveness; (2) its ongoing nature; and (3) its focus on long-term positive outcomes resulting from multiple interventions. TASC maintains an ongoing client connection when clients are incarcerated, when they move from residential to outpatient treatment services, and when other transitions occur.

### *Performance Measures*

1. **Documented criteria for successful and unsuccessful TASC termination that are agreed to by cooperating justice system components and treatment agencies, and, at a minimum, include:**
  - Success for completion of a master case management plan that is documented and approved within 30 days of treatment admission by TASC, the treatment program, and the client, and completion of justice system requirements.

- Failure for noncompliance or progress as demonstrated by (1) a specified number of unexcused absences from scheduled treatment or TASC appointments; (2) evidence of continuing substance abuse or use demonstrated by chemical tests; and (3) lack of cooperation/participation in treatment evidenced by the treatment counselor's consistent and formal complaints or documented rule-breaking that cannot be resolved with sanctions, incentives, or additional interventions.
2. **Individual client treatment and TASC case management plans that are periodically revised and reviewed with the client and specify, at a minimum, the treatment services to be delivered, the frequency and justification for contacts with TASC and treatment counselors and the content/frequency of progress reports to TASC and the referring justice system component.**
  3. **Documented procedures for reporting clients' treatment progress to referring justice components must include:**
    - notification of assessment and TASC admission or rejection for each justice system referral, with alternative recommendations for client management when possible
    - notification of treatment placement, status, and service plan within a specified time after TASC admission
    - specified intervals for TASC receipt of progress reports from the treatment agency or agencies on at least a monthly basis, and dissemination of case management reports that include treatment progress to justice on a regular basis.
    - immediate notification of any client's TASC termination within 24 hours to both justice and treatment
  4. **Documentation in individual file folders and computerized client records for each TASC client's progress through the system.**

Documentation should include each contact (face-to-face, telephone, collateral) with TASC, treatment, and justice professionals, as well as outcomes of these contacts.

## **Element 10** **Screening procedures for identification of TASC candidates within the justice system.**

### *Purpose*

To ensure the appropriate identification and screening of TASC candidates within the justice system.

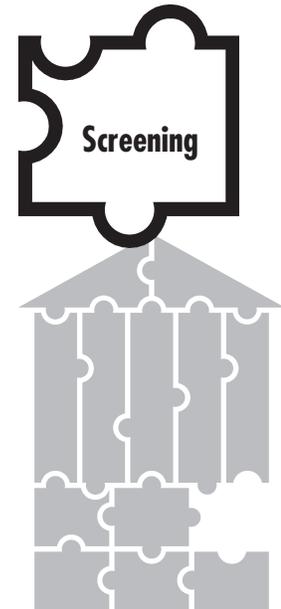
### *Rationale*

Once legal eligibility criteria have been met, clinical screening is the next step toward determining TASC eligibility and toward building a plan for treatment and supervision. Clinical screening (Peters and Peyton, 1998; Center for Substance Abuse Treatment, 1994) can be defined as a process to determine appropriateness and suitability for treatment, and generally consists of a brief assessment of substance use and social history to:

- Determine the presence of substance use, mental health disorders, and medical conditions;
- Define major areas of strengths and deficits;
- Determine if the severity of substance abuse problems can be addressed by available treatment;
- Weed out persons who do not have substance abuse problems;
- Identify environmental factors that may undermine the individual's ability to benefit from treatment or create an unacceptable public safety risk;
- Verify criminal history and other justice system involvement;
- Identify minimum level of security or supervision needed to promote public safety;
- Identify motivational triggers;
- Orient the potential client to program requirements;
- Obtain consents for records and access to collateral contacts.

Screening processes generally include a face-to-face interview, completion of a screening instrument, review of collateral information (e.g., results of chemical tests, review of justice records), explanation of program requirements and signing forms related to confidentiality and participation. Screening should include the use of instruments that have been scientifically validated and proven reliable with substance abusers and justice populations (Peters et.al., *in press*).

Clinical screening can be conducted by clinically trained and qualified TASC staff, or non-clinicians who have received training in the use of the instrument as well as in the areas described in TASC Critical Element #6 regarding staff training.



Screening can occur at any point in the justice process, but activities to screen, assess, and refer justice clients to treatment should coincide with major events in the justice system whenever possible. These justice events, including arrest, sentencing or disposition hearings, transitions in supervision levels or programs, and release from incarceration, serve as motivational opportunities, impelling substance involved persons to change their behavior.

### *Performance Measures*

1. Documented procedures for initial screening of TASC candidates by each cooperating justice system component that clearly specify responsibilities of both systems, and how the maximum number of potential TASC-eligible clients will be identified from the total pool of justice clients at each point in the system.
2. Evidence that the program is seeking to have clients referred to it by the justice system at distinct justice events.
3. Clear and specific guidelines related to the exchange of information between TASC and the referral source.

## **Element 11** **Documented procedures for assessment and referral.**

### *Purpose*

To provide a standardized assessment of the TASC client's need for substance abuse treatment and other services that facilitates referral to the appropriate type and level of care and the development of a comprehensive case management plan.

### *Rationale*

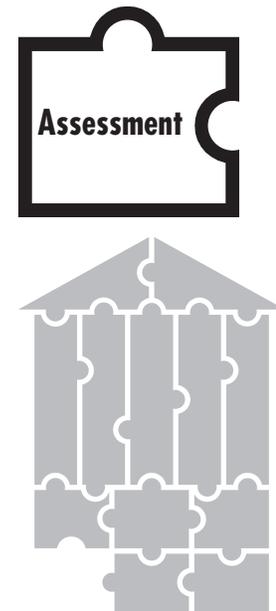
Substance involved persons in the justice system typically have a wide range of substance abuse, mental health and other health-related disorders, in addition to many psychosocial problems related to employment and financial support, housing, family and other social relationships, transportation, and unresolved legal issues. The rates of substance abuse disorders, mental health and personality disorders, suicidal behavior, physical and sexual abuse, and other health-related disorders such as TB and AIDS are much higher among justice populations than among general community samples (National GAINS Center, 1997). Many of these factors often go undetected in criminal justice settings, and may be missed by traditional clinical assessment processes.

For justice populations, substance abuse disorders must be understood and managed in the context of justice system involvement. Often, the justice system has information that is essential for treatment planning and implementation. Ignoring this information can result in ineffective diagnosis, neglect of appropriate interventions, inappropriate treatment planning and referral, over- or under-treatment of substance abuse and mental health symptoms, disruption of treatment services and demoralization of other participants, and poor treatment and justice outcomes.

An effective TASC assessment combines the results of reliable and valid clinical assessments (Gastfriend, et. al., 1998) with additional information gathered from the justice system and other sources to develop a case management plan that includes supervision, treatment, chemical testing and other services. This approach ensures that treatment and other services are delivered in the context of, and integrated with, justice system processes and requirements.

TASC programs vary with regard to conducting clinical assessments. In some jurisdictions, TASC performs clinical assessments that are then accepted by the treatment provider community. In other jurisdictions, clinical assessments are performed by treatment program chemical dependency experts, and then incorporated with other information into the TASC case management plan. Regardless of the approach, there are several important factors to consider:

- Clinical assessments should be conducted by persons who have education and experience needed to obtain licenses, certifications, or other professional credentials as required by state or local AOD licensing authorities. In general, clinical assess-



ments are performed by trained and qualified chemical dependency counselors, social workers, psychologists, or health care practitioners.

- Information obtained during separate clinical assessments and TASC assessments should be shared and combined to develop comprehensive plans and consistent approaches.
- TASC programs should include staff who are qualified to administer clinical assessments, even though all case management staff need not meet this requirement. If TASC conducts clinical assessment, all assessment staff should be qualified. If others conduct clinical assessments, enough TASC staff should be clinically qualified to communicate and negotiate credibly and effectively with treatment programs. All case management staff should receive training on clinical assessment processes and instruments, even though they may lack other professional certifications or licenses.
- Managed care organizations and state or local funders may not authorize or pay for treatment that is requested by individuals or entities that do not meet stated professional qualifications.

Assessment results are used to make placement decisions. Major factors that should be considered for placement are contained in the American Society of Addiction Medicine's Patient Placement Criteria (ASAM-PPCII) and includes six patient problem areas, or dimensions, that are used to assign to four levels of care: (1) Outpatient Treatment, (2) Intensive Outpatient/Partial Hospitalization, (3) Medically Monitored Intensive Inpatient (generally what we refer to as "residential") and (4) Medically Managed Intensive Inpatient (hospital based care) (Center for Substance Abuse Treatment, 1995).

Finney and Moos (1998) reviewed the literature on substance abuse treatment settings, amount and duration, and described the following parameters for patient placement:

1. Provide outpatient treatment for those individuals who have sufficient social resources and no serious medical/psychiatric impairment;
2. Use less costly intensive outpatient treatment options for patients who have failed with brief interventions or for whom a more intensive intervention seems warranted, but who do not need the structured environment of a residential setting;
3. Retain residential options for those with few social resources and/or a living environment that is a serious impediment to recovery, and
4. Reserve inpatient (hospital-based) treatment options for individuals with serious medical/psychiatric conditions.

Other factors, such as drug use severity and prior treatment experiences should also be considered in placement decision making. Effective TASC programs use these factors and professionally accepted tools and criteria to determine client placement in services.

Once placement decisions are made, clients are referred to the appropriate program. Effective TASC programs orient the client to treatment so he or she knows what to expect. Referrals are then monitored to ensure and facilitate timely admission, and to make sure clients are appropriately engaged in services. Without this intervention, many justice clients who are referred to treatment simply do not show up, or do not attend following their treatment intake interview.

In many jurisdictions, immediate placement in treatment is not possible because treatment need exceeds treatment availability. When waits for treatment occur, effective TASC programs provide additional monitoring, and may place clients in treatment engagement or pre-treatment activities.

### *Performance Measures*

1. **Documentation of a face-to-face assessment interview with each potential TASC client by a qualified TASC staff member within a specified time period from the initial justice system referral point.**
2. **Standardized assessment instruments and procedures for confirming, at a minimum, each potential client's:**
  - chemical dependency status;
  - justice involvement and justice history;
  - social history;
  - agreement to participate in TASC, an understanding of confidentiality rules and regulations, and the understanding of and agreement to follow TASC and treatment program rules and regulations.
3. **Determination of appropriateness for treatment placement based on acceptable patient placement criteria.**
4. **Referral to and acceptance by the recommended treatment agency within 48 hours of TASC and/or other clinical assessment.**

Should immediate placement be unavailable due to waiting lists, office monitoring by TASC staff must be available for an interim period.

5. **Documented procedures for referral follow-up, to ensure client is admitted and sufficiently engaged.**



## **Element 12** **Policies, procedures, and protocols for monitoring TASC clients' drug and alcohol use through chemical testing.**

### *Purpose*

To reliably monitor each client's use of or abstinence from alcohol and other drugs to encourage compliance and to facilitate the therapeutic process.

### *Rationale*

Frequent, random testing for recent use of alcohol and other drugs is an effective way to monitor client compliance, encourage abstinence, and assess the effectiveness of treatment and other interventions.

TASC programs have a long history of providing chemical testing services for justice clients, and some TASC programs have established their own chemical testing laboratories.<sup>4</sup>

Other TASC programs contract for chemical testing services, often negotiating very competitive rates. Nonetheless, costs for chemical testing are likely to be a large part of any TASC program's budget.

Chemical testing (urinalysis, Breathalyzer tests, hair analysis, and other methods) is most effective when conducted randomly, frequently, and regularly. Valid results of chemical and other physical tests provide a clear and objective way to measure client progress. While client reporting and subjective observation of behavior by TASC staff may serve a key role in client management, it is also necessary to have objective evidence of progress available.

Effective TASC programs use chemical testing methods and protocols to ensure staff safety and to pass legal muster (e.g., following established chain of custody protocols). A number of publications describe chemical testing methodologies and effective protocols (Public Health Service Act, 1993; Office of Juvenile Justice and Delinquency Prevention, 1992).

Some TASC programs augment testing performed by laboratories with "instant tests". These tests, produced by a number of companies, provide results in minutes. Results of these tests give the client (or a judge) instant feedback. This rapid response can actually help retain clients in treatment and in TASC. Some form of confirmation testing should be available for any test for which positive results may result in serious consequences, such as program discharge or incarceration.

Effective TASC programs test for alcohol as well as other drugs.

Many factors are important when conducting chemical testing. Among them:

- Collection of specimens for analysis should be observed, and protocols should be strictly followed to ensure staff and client safety.

<sup>4</sup>Illinois TASC and Arizona TASC have chemical testing labs on site.

- TASC staff should be trained in how different drugs and alcohol are metabolized, and how long they remain in a person's system.
- Results of alcohol and drug tests need to be reliable, and be trusted by the justice system, TASC, and the client.
- Addicted persons may switch drugs if they are only being tested for their stated "drug of choice". Comprehensive baseline test for numerous substances should be conducted, and should be conducted periodically thereafter.
- Clients should be tested whether or not the case manager suspects use. Too often, testing only occurs when TASC or treatment "know" the test will be positive. Praise for negative tests can be just as important as consequences for positive ones.
- TASC, justice and treatment should understand that positive test results for clients who are active in their addiction and are just beginning treatment may occur, but over time, the number of positive tests should diminish and cease.
- There should always be a response to both positive and negative drug tests.
- Responses can range from simple acknowledgment to incarceration.
- Chemical testing alone may serve to reduce substance abuse among some populations, but most persons with chemical dependency problems need additional services and support to move toward recovery. Effective TASC programs provide chemical testing services along with case management to ensure access to a full array of therapeutic and other services.
- When clients demonstrate an inability to provide negative drug screens, they likely need more intensive treatment, or medical or social detoxification.<sup>5</sup>
- A positive drug or alcohol test does not signify a relapse if the client has never been "clean". Continued use suggests intensification of interventions is needed. Relapse after a period of abstinence requires a different set of strategies.<sup>6</sup>
- Chemical testing may also be conducted by justice staff or by the treatment program. Test results should be shared among all professionals associated with each case, and should be coordinated to conserve resources. However, clients may assume that because TASC conducted an AOD screen, treatment will not. Sometimes it is effective to plan on having a treatment provider or probation officer conduct a chemical screen directly following one at TASC.

## Because chemical

testing is expensive, some TASC programs have instituted a clever system whereby clients are assigned a color that relates to frequency of testing. Each day, the client contacts a voice mail recording that announces the "colors" of the day. He or she then has 24 hours to submit to a chemical test if his or her color is announced. This method ensures that tests are conducted randomly instead of every time a client reports to TASC or probation, and gives the case manager control over frequency of testing, since the case manager chooses the color(s) that relate to the desired testing frequency.

<sup>5</sup>Medical detoxification is required for those persons who may experience serious health problems associated with withdrawal. "Social" detoxification (removal from the current environment, including possible placement in jail) is required for those persons who cannot "get clean" but who would not be medically compromised by rapid cessation of alcohol or other drug use.

<sup>6</sup>Circumstances surrounding a relapse should be explored with the client in order to remedy factors that may be underlying the return to substance use and to develop relapse prevention skills and strategies.

### *Performance Measures*

1. Documented procedures for conducting chemical tests for the presence of alcohol or other drugs on each TASC client, including instructions for collecting, processing, analyzing and recording findings from the tests.
2. Specification of specimen collection and/or testing frequency for each phase of TASC participation according to clients' progress levels. Program participation requirements should include client agreement to submit to chemical testing upon request.
3. Formal contract(s) with certified or licensed laboratories to conduct urinalysis and other tests of physical specimens that specify all quality control procedures and standards and how a chain of custody will be established that is legally acceptable evidence.

On-site laboratories and personnel must also be licensed.

### **Element 13**

#### **Competency with diverse populations.**

##### *Purpose*

To ensure that TASC and treatment delivery systems are sensitive to and provide relevant services regardless of client race, culture, religion, gender, age, ethnicity or sexual orientation.

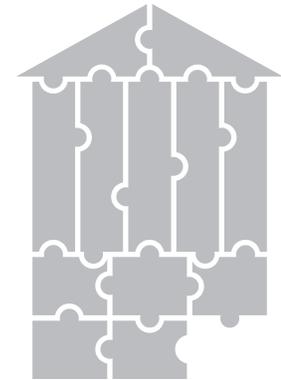
##### *Rationale*

In order to *succeed* in treatment, clients must *engage* in treatment, and treatment engagement is dependent on the ability of the client to connect with the program and counselor. TASC programs must be culturally competent, and have “the capacity, skills, and knowledge to respond to the unique needs of populations whose cultures are different than that which might be called dominant or mainstream American (Family Resource Coalition, 1995-1996).” Effective TASC programs also support cultural and gender competent service provision in their provider networks. Many treatment approaches in this country were originally developed to address alcoholism in adult white male populations. Without modification, they may be irrelevant or ineffective with women and with various racial, ethnic or cultural groups.

According to the Center for Substance Abuse Prevention (1994), culturally competent programs:

- “Acknowledge culture as a predominant force in shaping behaviors, values and institutions
- Acknowledge and accept that cultural differences exist and have an impact on service delivery
- Believe that diversity within cultures is as important as diversity between cultures
- Respect the unique, culturally defined needs of various client populations
- Recognize that concepts such as “family” and “community” are different for various subcultures and even for subgroups within cultures
- Understand that people from different racial and ethnic groups and other cultural subgroups are usually best served by persons who are a part of or in tune with their culture
- Recognize that taking the best of both worlds enhances the capacity of all.”

In addition to having different cultural experiences, women, regardless of race or ethnicity, occupy a social role that is different than that of men, and require different treatment approaches and settings to achieve optimal treatment outcomes.



## *Performance Measures<sup>7</sup>*

Experience or track record of involvement with the target audience. TASC programs must be effective with diverse populations, and must use treatment providers that are effective with and committed to the success of diverse populations

1. **Training and hiring practices that promote cultural and gender competency.**

Clear cultural objectives should be demonstrated by a training plan that increases and/or maintains the cultural competency of staff members and clearly articulates standards for cultural and gender competency. Emphasis should be placed on hiring practices to include people who are familiar with or members of the cultural and gender groups to be served.

2. **Community representation should be included on boards or advisory groups that support TASC and treatment services development.**

3. **Language barriers should be removed by maintaining multilingual staff in TASC, treatment, and other programs.**

4. **Materials should be culturally appropriate, and be designed for multilingual and/or non-reading populations.**

5. **Program statistics are periodically reviewed to ensure that TASC is receiving referrals that reflect the cultural/ethnic/gender makeup of the community, and to examine outcomes of various cultural or gender groups to determine if programmatic improvements are warranted.**

6. **Identification and use of the strengths and resources of various cultural, ethnic, and gender groups that can support client engagement, compliance, and positive outcomes.**

---

<sup>7</sup>A number of these measures are adapted from Center for Substance Abuse Prevention (1994). *Technical Assistance Bulletin: Following Specific Guidelines Will Help You Assess Cultural Competence in Program Design, Application and Management.*

# Epilogue

---

Since 1972, Treatment Accountability for Safer Communities (TASC) has served hundreds of cities and counties throughout the United States, and has a strong statewide presence in Florida, New York, Delaware, Ohio, Pennsylvania, Illinois, Arizona, Washington, North Carolina, New Jersey, Alabama and Colorado.

In 1986, TASC programs throughout the country decided to create a national office to support TASC programming. The National Consortium of TASC Programs, now known simply as National TASC, maintains a Washington office and nationally representative Board of Directors who work with numerous state and federal partners to develop policy and programmatic initiatives that enhance the integration of treatment into the justice system. In addition National TASC generates educational materials and opportunities to increase the skills available in TASC programs and other justice management approaches, and conducts research to develop and support the effective application of treatment and other interventions to justice populations.

National TASC supports its membership through regular newsletters, a WEB site ([www.nationaltasc.org](http://www.nationaltasc.org)), sponsorship of national conferences on drugs and crime, participation in other national conferences and events, and by providing direct support to TASC programs and TASC state associations.

A number of products have been developed by National TASC to support TASC programs and the larger justice and treatment systems. A partial listing includes:

- An analysis of treatment services in adult drug courts;
- A guideline on screening and assessment for Drug Courts;
- Several monographs related to TASC programming, including the TASC Program Brief, Implementation Manual, Urinalysis, Fee Collection and others;
- A number of National Conferences and Symposia on Drugs and Crime to share state-of-the-art information with the TASC field and others;
- A handbook for judges on managed behavioral health care and court populations.
- Work with Federal partners to ensure that TASC programs were eligible to receive funding support through a variety of federal programs, including the Edward Byrne Memorial State and Local Law Enforcement Assistance Program, the Drug Courts Program Office, Break the Cycle, and others.

The cohesion and connection offered by TASC is widely recognized by policymakers as the glue that is necessary to hold together the services and resources that are required to promote change in complex populations and systems. TASC continues to be a dynamic partner and provides the essential supportive infrastructure for innovations in our justice and treatment systems. TASC leadership at the local, state, and national levels, should be proud of both the legacy and current relevance of TASC.



# Endnotes

---

- Belenko, S. (1998). Research on drug courts: A critical review. *National Drug Court Institute Review*, 1, 1-42.
- Bureau of Justice Statistics (1997). *Characteristics of Adults on Probation, 1995*. Washington, DC: U.S. Department of Justice.
- Bureau of Justice Assistance (1992). *Program Brief: Treatment Alternatives to Street Crime: TASC Programs*. Second Edition. Washington, DC: U.S. Department of Justice.
- Bureau of Justice Statistics (1999). *Special Report: Substance Abuse and Treatment, State and Federal Prisoners, 1997*. Washington, DC: U.S. Department of Justice
- Bureau of Justice Statistics (1998). *Special Report: Substance Abuse and Treatment of Adults on Probation, 1995*. Washington, DC: U.S. Department of Justice.
- California Department of Alcohol and Drug Programs, Evaluation Recovery Service: *The California Drug and Alcohol Treatment Assessment (the CALDATA report)*. Sacramento, California, 1994.
- Center of Juvenile and Criminal Justice (1999). *The Punishing Decade: Prison and Jail Estimates at the Millennium*. Washington, DC: Justice Policy Institute, U.S. Department of Justice.
- Center for Substance Abuse Treatment (1999). Networks: Putting the Pieces Together. *Criminal/Juvenile Justice Treatment Networks Program Brochure*. Rockville, MD.
- Center for Substance Abuse Treatment (1998). *Comprehensive Case Management for Substance Abuse Treatment*. Treatment Improvement Protocol Series #27. Rockville, MD p. 42.
- Center for Substance Abuse Treatment (1995). *Screening and Assessment of Alcohol and Other Drug Abusing Adolescents*. Treatment Improvement Protocol Series, #3. Rockville, MD.
- Center for Substance Abuse Treatment (1996). *Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance*. Technical Assistance Publications, Series 18. Rockville, MD.
- Center for Substance Abuse Treatment(1995). *The Role and Current Status of Patient Placement Criteria In the Treatment of Substance Use Disorders*. Treatment Improvement Protocol Series, #13. Rockville, MD.
- Center for Substance Abuse Treatment (1994). *Confidentiality of Patient Records for Alcohol and Other Drug Treatment*. Technical Assistance Publications, Series 13. Rockville, MD.
- Center for Substance Abuse Treatment (1994). *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System*. Treatment Improvement Protocol Series, #7. Rockville, MD.
- Center for Substance Abuse Prevention (1994). *Technical Assistance Bulletin: Following Specific Guidelines Will Help You Assess Cultural Competence in Program Design, Application and Management*. CSAP Communications Team, Patricia A. Wright, managing editor. Bethesda, MD.
- Chalk, Mady. Privatizing Public Mental Health and Substance Abuse Services: Issues, Opportunities and Challenges. *Quality Management in Health Care*, 1997, 5(2),55-64, Aspen Publishers, Inc.
- Cook, L. Foster. TASC: Case management models linking criminal justice and treatment. In:Ashery, R.S., ed. Progress and Issues in Case Management. National Institute on Drug Abuse Research Monograph 127. Washington, DC: U.S. Government Printing Office, 1992.
- DCCTAP 2000. Drug Court Clearinghouse and Technical Assistance Project, American University.
- Draine, Jeffrey and Solomon, Phyllis. Describing and evaluating jail diversion services for persons with serious mental illness. *Psychiatric Services*, Vol. 50, No. 1, 56-61, 1999.
- Family Resource Coalition report on culture and family-centered practice, Fall/Winter 1995-1996.
- Finigan, M. *Societal outcomes of drug and alcohol treatment in the State of Oregon*. Prepared for Office of Alcohol and Drug Abuse Programs, February, 1996.

- Finney, John W. and Rudolf H. Moos (1998). "What Works in Treatment: Effect of Setting, Duration and Amount". In Graham, Allan W. and Terry K. Schultz (eds.). Principles of Addiction Medicine. Chevy Chase, MD. American Society of Addiction Medicine, Inc., Page 350.
- Gastfriend, David R., Baker, Sharon L., Najavits, Lisa M. And Reif, Sharon (1998). *Assessment Instruments*. In Graham, Allan W. and Terry K. Schultz (eds.). Principles of Addiction Medicine. Chevy Chase, MD. American Society of Addiction Medicine, Inc., pp. 273-278.
- Gebelein, Richard S. The Rebirth of Rehabilitation: Promise and Perils of Drug Courts. Sentencing and Corrections: Issues for the 21st Century. *Research in Brief, No. 6*, May 2000. Washington, DC: U.S. Department of Justice.
- Gebelein, Richard S. Delaware's reentry drug court: the TASC model. *National TASC Newsletter, Summer 1999*. Arlington, VA.
- Graham, Allan W. and Terry K. Schultz (Eds.). (1998) Principles of Addiction Medicine. Chevy Chase, MD. American Society of Addiction Medicine, Inc., page iii.
- Hepburn, John. "User Accountability and Long-Term Recidivism". A report submitted to the National Institute of Justice, U.S. Department of Justice. 1996.
- Hubbard, R.L. et. al. (1989). Drug Abuse Treatment: A National Study of Effectiveness. Chapel Hill, NC: The University of North Carolina Press.
- Inciardi, James A. A corrections-based continuum of effective drug abuse treatment. *Research Preview*, Washington, DC: U.S. Department of Justice, National Institute of Justice, June 1996.
- Inciardi, James A. and McBride, Duane C. *Treatment Alternatives to Street Crime: History, Experiences, and Issues*. Rockville, MD: National Institute on Drug Abuse, 1991, page 39.
- La Versey, Bonita et al. In search of missing linkages: continuity of care in U.S. jails. *Behavioral Services and the Law, Vol. 15*, 383-397, 1997.
- Lamb, Richard and Weinberger, Linda. Persons with severe mental illness in prisons and jails: a review. *Psychiatric Services, Vol. 49*, No. 4, 483-492, 1998.
- Longshore, D, S. Turner, and M.D. Anglin. Effects of case management on drug user's risky sex. *The Prison Journal, Vol. 78 No. 1*, March 1998 6-30.
- Marlatt, G. Alan et.al. Help-seeking by substance abusers: the role of harm reduction and behavioral-economic approaches to facilitate treatment entry and retention. In Onken, Lisa Simon, Jack D. Blaine and John J. Boren, eds. *Beyond the Therapeutic Alliance: Keeping the Drug-Dependent Individual in Treatment*. NIDA Research Monograph Series #165. Washington, DC: National Institute on Drug Abuse, 1997. p. 59.
- McLellan, A. Thomas and James R. McKay, "Components of Successful Treatment Programs: Lessons from the Research Literature". In Graham, Allan W. and Terry K. Schultz (Eds.). (1998) Principles of Addiction Medicine. Chevy Chase, MD: American Society of Addiction Medicine, Inc.
- National Association of State Alcohol and Drug Abuse Directors (1988). *Treatment Alternatives to Street Crime: Implementation Manual*. Washington, DC: U.S. Department of Justice.
- National Institute on Alcohol Abuse and Alcoholism (1999). *Motivational Enhancement Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals With Alcohol Abuse and Dependence*. NIAAA Project MATCH Monograph Series, Volume 2. Rockville, MD.
- National GAINS Center ( 1997). *Just the Facts*. Delmar, NY: National GAINS Center.
- National Institute of Justice (1999). *1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees*. Washington, DC: U.S. Department of Justice.
- National Institute on Drug Abuse (1997). *Beyond the Therapeutic Alliance: Keeping the Drug-Dependent Individual in Treatment*. Research Monograph Series, #165. Rockville, MD.
- Office of Justice Programs (1997). *Defining drug courts: The key components*. Drug Courts Program Office, in collaboration with the National Association of Drug Court Professionals, Drug Court Standards Committee. Washington, DC: U.S. Department of Justice.
- Office of Juvenile Justice and Delinquency Prevention (1992). APPA Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies. U.S. Department of Justice, Office of Justice Programs. U.S. Government Printing Office.
- Office of National Drug Control Policy (1999). *Drug Data Summary*. Rockville, MD: Drug Policy Information Clearinghouse.

- Office of National Drug Control Policy (1995). *Drugs and Crime Facts 1994*. Washington, DC: U.S. Department of Justice.
- Office of Justice Programs (1999). *Practical Guide for Applying Federal Confidentiality Laws to Drug Court Operations*. Drug Courts Program Office, Washington, DC: U.S. Department of Justice.
- Peters, R.H., Greenbaum, P.E., Steinberg, M.L., Carter, C.R., Ortiz, M.M., Fry, B.C. & Valle, S.K. *Effectiveness of screening instruments in detecting substance use disorders among prisoners*. *Journal of Substance Abuse Treatment*. *In Press*.
- Peters, Roger H. and Mary R. Murrin. Effectiveness of Treatment-Based Drug Courts in Reducing Criminal Recidivism. *Criminal Justice and Behavior*, Vol. 27 No. 1, February 2000, 72-96.
- Peters, R.H. and Peyton, E. for National TASC (1998). *Guideline for Drug Courts on Screening and Assessment*. Washington, DC: Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice.
- Peyton, Elizabeth A., Melody M. Heaps and Timothy D. Whitney. *Managed Behavioral Health Care and the Courts: An Overview of the Issues*. Arlington, VA: National TASC. *Unpublished manuscript*.
- Peyton, Elizabeth A. and Gossweiler, Robert. *Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey*. Prepared for National TASC. Washington, DC: U.S. Department of Justice, Drug Courts Program Office. *In Press*.
- Peyton, E., and Gebelein, R. "TASC and Drug Courts: Natural Allies." *National TASC Newsletter*, Silver Spring, MD, 1995, page 3.
- Public Health Service Act (42 U.S.C. 263a), Clinical Laboratory Improvement Amendments, Rules and Regulations of Drug Testing. *Federal Register* Vol. 58, No. 11, 1/19/93.
- Rapp, Richard C. et al. Predicting postprimary treatment services and drug use outcome: a multivariate analysis. *American Journal of Drug and Alcohol Abuse*, 24(4), pp. 603-615 (1998).
- Rhodes, William and Gross, Michael. *Case Management Reduces Drug Use and Criminality Among Drug-Involved Arrestees: An Experimental Study of an HIV Prevention Intervention*. Washington, DC: National Institute on Drug Abuse, 1997.
- Simpson, D. Dwayne, Harry K. Wexler and James A. Inciardi. *Introduction to The Prison Journal*, Volume 79, Number 3. September, 1999. Sage Publications, Inc.
- Travis, Jeremy. But they all come back: rethinking prisoner reentry. *Sentencing and Corrections: Issues for the 21st Century*. *Research in Brief*, No. 7, May 2000. Washington, DC: U.S. Department of Justice.
- Travis, Jeremy. *Remarks to the National Assembly on Drugs, Alcohol Abuse, and the Criminal Offender*, Washington, DC. December 7, 1999.
- Turner, Susan and Douglas Longshore. *AEvaluating the Treatment Alternatives to Street Crime (TASC) Program*. In Petersilia, Joan (Ed.) (1998). *Community Corrections: Probation, Parole, and Intermediate Sanctions*. New York: Oxford University Press.
- United States General Accounting Office, Report to the Chairman, Select Committee on Narcotics Abuse and Control, House of Representatives, *DRUG CONTROL: Treatment Alternatives Program for Drug Offenders Needs Stronger Emphasis*. February, 1993, Washington, DC.
- Van Stelle, Kit, Elizabeth Mauser and D. Paul Moberg. "Recidivism to the Criminal Justice System of Substance-Abusing Offenders Diverted into Treatment." *Crime and Delinquency*, Volume 40, No. 2, April, 1994. 175-196.

**CSAT**  
Center for Substance Abuse Treatment

---

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration