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TASC, Inc. (Treatment Alternatives for Safe Communities) is an independent, statewide, nonprofit agency that advocates for people in need of health and other rehabilitative services. We work in partnership with Illinois courts, prisons, child welfare programs, and community-based service providers to help adults and youth get the help they need to rebuild their lives. Please visit us online at www.tasc.org.

National Survey Shows Growth of Diversion Programs

The Center for Health and Justice at TASC (CHJ) has released a national survey demonstrating the momentum of diversion programs at the front end of criminal justice systems across the country.

The report, *No Entry: A National Survey of Criminal Justice Diversion Programs and Initiatives*, shows that across the country, law enforcement, prosecutors, and courts are increasingly diverting certain people with non-violent charges away from courts and incarceration and into smarter, more science-based, and more effective alternatives in the community.

Front-end diversion options can address individuals' behavioral health issues, reduce their likelihood of recidivism, and save significant costs, offering needed solutions for overburdened justice and correctional systems.

Some 10 million people enter jails and more than 650,000 enter prisons in the U.S. every year—many for low-level, non-violent drug or property crimes. They are disproportionately poor, uninsured, and have much higher rates of substance use and mental health disorders compared to the general public. Detaining low-risk defendants for more than 24 hours actually reveals an increased likelihood for a new offense, shows a 2013 study by the Laura and John Arnold Foundation, *The Hidden Costs of Pretrial Detention*.

To develop its report, CHJ identified more than 100 diversion programs and interventions,

which may occur as early as street-level law enforcement, at prosecution, or as late as court involvement. The distinguishing characteristic of the programs surveyed was that successful completion may avoid a conviction on the participant's record. The reason for this focus is that conviction for either a misdemeanor or a felony triggers a cascade of collateral consequences that often severely hamper an individual's ability to become and remain a productive member of the community.

The report highlights strategies for intervening early in the system with those who have non-violent charges and are most appropriately diverted to the community. A key recommendation of the report is that resources should be data driven, matching individuals' risks and clinical needs with appropriate supervision and services in the community.

Since the report's release, a number of state and national organizations and policymakers have reached out to CHJ to build and strengthen partnerships, with an aim toward advancing research and systems change initiatives to prevent the unnecessary incarceration of people with low-level offenses.

The report was produced by TASC's Center for Health and Justice, which is the research, policy, and consulting arm of the organization.

Please visit www.centerforhealthandjustice.org to download the report.



Congressional Staff Briefing on CHJ's No Entry report, January 2014. Speakers (left to right): **Pamela F. Rodriguez**, Center for Health and Justice at TASC; **Kris Nyrop**, Law Enforcement Assisted Diversion (LEAD) program in Seattle; **Shauna L. Boliker**, Office of the Cook County State's Attorney; **Mark Kammerer**, Office of the Cook County State's Attorney; **George A.H. Williams**, Center for Health and Justice at TASC. Photo by Warren Hansen.

The idea that there is great value in connecting the criminal justice system to community-based behavioral health treatment is not new. Indeed, this is the foundation of the TASC model, introduced in 1972.

What evolves over time are the ways in which linkages occur, what kinds of interventions work best for whom, which clinical tools are used for assessment and service matching, and what the evidence is to support various approaches.

The Risk-Need-Responsivity (RNR) framework, which originated in the 1980s, is one model that has proven effective in assessing individuals in the justice system and matching them to the right levels of both clinical interventions and supervision.

Traditionally, addiction treatment providers conduct clinical assessments using criteria from the American Society of Addiction Medicine (ASAM) and the Diagnostic and Statistical Manual of Mental Disorders (DSM). The RNR framework provides for a more complete picture of the intervention needed by assessing criminogenic (crime-producing) factors as well. This informs decision-making regarding both service placement and criminal justice supervision levels.

In the RNR model, the risk principle identifies which clients should be prioritized for more intensive interventions based on their risk for re-offense; the need principle determines the criminogenic issues that should be targeted in treatment; and the responsivity principle focuses on providing services that are aligned with the strengths and abilities of the individual client.

Research has demonstrated that individuals who are classified as higher risk and have more needs require higher levels of supervision and services; people who are classified as lower risk and who have fewer needs require no or only light interventions,

such as drug education classes. Mismatching (e.g., assigning high-risk clients to low-intensity interventions) and mixing clients of various risk levels can lead to reduced program effectiveness and higher recidivism rates.

In studying the impact of the RNR framework, Dr. Faye S. Taxman and her colleagues at

The automated RNR Simulation Tool has three primary functions. The first is to classify and assess programs based on their ability to address individuals' criminogenic risk and clinical needs, allowing for more informed placement and monitoring decisions for improved outcomes. The second function of the tool assesses system-level capacity to provide evidence-based services that

“We believe that the tool will provide valuable guidance for system-level strategic planning to improve justice client outcomes in the state.”

– Dr. Michael Caudy, GMU

George Mason University (GMU) found that: (a) the available services in the community for criminal justice clients often do not match the risks and needs of these individuals; and (b) competing issues can make it difficult to simultaneously manage the individual in the community, ensure public safety, contain or reduce costs, and reduce recidivism.

Recognizing these challenges, Dr. Taxman and her team at GMU have adapted and advanced the RNR framework to evaluate not only individuals' strengths and needs, but system strengths and needs as well. Additionally, they have developed the RNR Simulation Tool that helps local jurisdictions apply the RNR framework easily and efficiently. The RNR Simulation Tool translates research on the principles of effective interventions/RNR into routine practice in justice and treatment settings.

“We are thrilled to be partnering with TASC as part of the RNR Simulation Tool project,” said Dr. Michael Caudy of GMU. “Cook County and the rest of Illinois provide a great case study for the tool and we look forward to seeing great outcomes. It is especially exciting to be implementing the tool during the rollout of the Affordable Care Act in Illinois. We believe that the tool will provide valuable guidance for system-level strategic planning to improve justice client outcomes in the state.”

meet the needs of the client population. By examining the clinical services and gaps in the community, the RNR Simulation Tool helps justice and treatment partners address these needs and collectively become more effective in increasing recovery and reducing recidivism. The third function aids case management by translating validated screening and assessment data into a recommended level of care at the individual client level.

TASC is working in partnership with GMU and community-based treatment providers in Cook County to classify available services and assess service provision capacity. Parallel work is ongoing in central Illinois through a partnership with the Prairie Center. The RNR Simulation Tool project in Illinois is seeded with funds and technical support from GMU's Center for Advancing Correctional Excellence (ACE!). The RNR Simulation Tool is supported by funding from the U.S. Department of Justice/Bureau of Justice Assistance (BJA) and the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT). Additional funding for the development of the tool was provided by the Public Welfare Foundation.

“As TASC works together with our treatment and criminal justice partners improving services using the latest research available, the RNR Simulation Tool helps us enhance community health and safety,” said TASC Executive Vice President Peter Palanca. “Our mutual goal is to be even more effective in matching clients’ risks and needs with the services available in the community and the supervision levels of the justice and corrections systems.”



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TASC Leaders Honored by White House

TASC President Pamela F. Rodriguez and President Emeritus Melody M. Heaps were honored at the White House on March 7 for their leadership in advancing system-wide justice interventions for people with substance use disorders.

Rodriguez and Heaps were among 11 awardees selected nationally as 2014 *Advocates for Action*, an initiative by the White House Drug Policy Office to recognize individuals' achievements in improving the health and safety of their communities by combating the cycle of drug use and crime.

For more than 30 years, Rodriguez and Heaps have shared a commitment to collaborative solutions that improve both public health and public safety.

Heaps founded TASC as a pilot project in Cook County in 1976, and led it to become a statewide organization providing direct services for nearly 30,000 individuals annually. She retired as president and CEO in 2009 and remains president emeritus to



TASC leaders honored at the White House. Left to right: **Cynthia Caporizzo**, Senior Policy Advisor for Criminal Justice, Executive Office of the President, Office of National Drug Control Policy (ONDCP); **Melody M. Heaps**, TASC President Emeritus; **Michael Botticelli**, Acting Director, Executive Office of the President, ONDCP; **Pamela F. Rodriguez**, TASC President and CEO. Photo: courtesy ONDCP.

TASC and an advisor to TASC's Center for Health and Justice, offering public policy and consulting services nationally and internationally.

Rodriguez has served as TASC's president and CEO since 2009, having previously directed every aspect of the agency's operations. Under her leadership, TASC has continued to grow and thrive, including an expanded focus on diversion programs that operate early in the justice continuum to reduce recidivism and the collateral consequences of justice involvement.

Together, Rodriguez and Heaps have played significant roles at local, state, and national levels in the development and expansion of community-based diversion programs and treatment alternatives to incarceration to create healthier and safer communities.



White House Advocate for Action certificate:

"In appreciation and recognition of your efforts and those of Treatment Alternatives for Safe Communities to foster healthy individuals and safe communities by effectively contributing to reducing drug use and its consequences."

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TASC receives funding from the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA); the Illinois Department of Corrections (DOC); the Illinois Department of Juvenile Justice (DJJ); and the Illinois Department of Children and Family Services (DCFS).

TASC is licensed by DASA and DCFS, and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Hope Against the Heroin Crisis

By Timothy P. Condon, PhD

Chief Science Advisor to the Center for Health and Justice at TASC

Addiction to heroin and other opiates is one of the most powerful and deadly addictions we know, and many Illinois communities are now experiencing unprecedented rates of heroin overdose and death. Yet as intimidating and widespread as the problem has become, it is not insurmountable. Science, research, and direct experience have given fruit to terrific advances in treatment that could turn the tide in the fight against heroin.

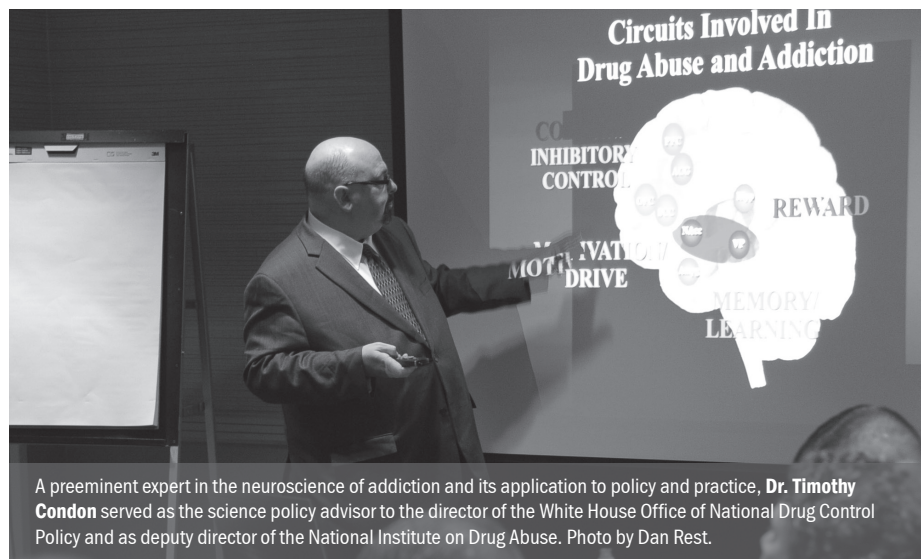
To ensure progress, public policies must first recognize the heroin crisis as a public health problem—a health concern that too often begins with a doctor's prescription. The Centers for Disease Control and Prevention recently reported that nearly a third of opioid misusers were able to get their drugs through prescribing physicians. And the problem is worsening among teens in the U.S., a quarter of whom report having misused or abused prescription medicine, representing a 33 percent leap from 2008 to 2012.¹

A common precursor to heroin use is the abuse of prescription painkillers, now one of the main causes of overdose deaths. For some who become hooked on prescription opiates, heroin becomes a cheap substitute. From painkillers to heroin, the abuse of any type of opiates can be deadly.

There is hope in this onslaught of bad news.

Based on extensive science and TASC's four decades of reaching tens of thousands of individuals across Illinois, we know that drug addiction requires treatment and recovery management. Evidence-based approaches encompass a combination of behavior therapies and counseling, ancillary services, and medication assistance. These approaches, as with any disease, will vary depending on the drug and the individual. One size doesn't fit all.

The fight against heroin overdose begins with person-to-person clinical interventions. Individuals highly susceptible to overdose include those who have been released from incarceration or inpatient treatment. Such periods of abstinence lower the body's tolerance for the drug and greatly elevate the risk of overdose. TASC can—and has—prevented tragedies with vigilant case management.



In Madison County, for example, rates of opiate overdose deaths among probation clients have been reversed, thanks to a smart and collaborative response by TASC, the probation department, jail personnel, and treatment providers. In June 2012, following the deaths of eight probation clients to opiate overdose in 11 months, the partners formed the Madison County Opiate Alert Project, implementing immediate processes for cross-team communication and intensive case management at the point of release from treatment or jail. Nearly 40 people are on the opiate alert list in this project at any given time, and since the project's inception, not a single TASC client has been lost to opiate overdose.

As another means to prevent overdose death, all emergency responders and police need to be equipped with and trained to administer naloxone. Research has shown that, in the event of overdose, naloxone can prevent death by quickly reversing the effects of heroin and other opiates.

Naloxone, an emergency medication which reverses an overdose and prevents death, is one of several FDA-approved medications that must be used strategically against the opiate crisis. Additionally, when used as prescribed, and administered in conjunction with clinical therapy, medications such as buprenorphine, naltrexone, and methadone each have proven to help treat opiate addiction and spur recovery. These medications can and do literally save lives.

When it comes to legislation, tougher penalties do not stop addiction. Addiction does not respond to threats of penalties or incarceration; it answers only to the call of the drug. Treatment and clinical interventions are imperative. When someone with a substance use disorder is arrested for a non-violent offense, there are often better alternatives to incarceration. By diverting eligible defendants from jail and addressing their substance use disorders as a health issue, we can both treat the drug problem and relieve some of the burdens on the justice system.

Good Samaritan laws also play a significant role in reducing drug misuse. While they vary from state to state, these laws essentially grant immunity from criminal charges for drug possession to individuals who witness a drug overdose and call for medical assistance. Illinois is among more than 15 states that have passed such laws.

The epidemic is dangerous and has proliferated tragedy across the state and country. It is no longer a problem that occurs elsewhere, but one that occurs everywhere and in our own backyards. The solutions are in front of us. We need only to implement them.

¹ Partnership at Drugfree.org. 2012 Partnership Attitude Tracking Study.

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Making a Difference Across Illinois

TASC (Treatment Alternatives for Safe Communities) saves Illinois at least \$48 million annually through programs that divert people from costly state systems to less expensive services and case management in the community. Our programs reduce crime and recidivism across Illinois, reduce costly incarceration of people with non-violent offenses, save lives in the heroin crisis, and improve success rates which keep more families reunited.

Saving Illinois at least
\$48 Million
annually



MILLIONS IN REAL-TIME SAVINGS TO TAXPAYERS EACH YEAR

\$41M saved in FY13 through diversion from prison into the TASC program with probation and community-based drug treatment.

\$5M saved annually by Sheridan and Southwestern prison drug treatment and reentry programs.

\$1.5M saved annually by prosecutorial diversion in Cook and St. Clair Counties.

\$500,000 saved annually by Recovery Coach program for parents of foster children.

A COST-SAVING SOLUTION

Avg. cost for one year of incarceration in an Illinois prison **\$21,548**

\$4,200 Avg. cost of TASC plus addiction treatment

A PUBLIC SAFETY SOLUTION

Likelihood of Return to Prison within Three Years

50% Comparison group of releasees from other Illinois prisons

32% Successful participants in Sheridan prison drug treatment and reentry program*

*Individuals who successfully completed TASC, drug treatment, and aftercare services.



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To receive paperless versions of TASC News & Views, send your email address to Sharon Sheridan at ssheridan@tasc.org. Please include your name, address, and organization to help us reduce duplication.