

Rebuilding lives.  
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Restoring hope.

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**TASC, Inc.** (Treatment Alternatives for Safe Communities) is an independent, statewide, nonprofit agency that advocates for people in need of substance use and mental health treatment 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 rebuild their lives. Please visit us online at [www.tasc.org](http://www.tasc.org).

**Shrinking Justice Systems by Diverting People to Care**

There are more than 11 million admissions to local jails in the U.S. each year,<sup>1</sup> and most detainees have not been convicted and cannot afford to make bail.<sup>2</sup> At least two thirds have substance use disorders, mental health conditions, or both.<sup>3</sup>

and mental health disorders, quick access to health services in the community is critical.

Across Illinois and in more than a dozen states, TASC is helping counties and jurisdictions develop and implement strategies to divert

*We’re helping local governments across the country leverage resources to connect individuals to needed care, reduce costs, and right-size the criminal justice system.*

For many jail detainees, the longer they await trial in jail, the more likely they are to reoffend upon release. Research published by the Laura and John Arnold Foundation in 2013 found that for low- and moderate-risk defendants, detention in jail for even a few days is strongly correlated with both short-term and long-term recidivism (see “Laura and John Arnold Foundations Findings...” inset p. 5).<sup>4</sup>

people with behavioral health conditions out of the justice system. A core element of these strategies is leveraging Medicaid expansion, which gives previously uninsured individuals new means to access care.

**A Focus on Broad-Scale Solutions**

Broad-scale strategies involve ensuring healthcare enrollment, identifying and expanding treatment capacity in the community, building system linkages, and modifying law enforcement and justice practices to reduce unnecessary incarceration of people who need treatment. These practices can help reduce

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**Spotlight on Illinois Diversion Programs**

Leaders discussed elements of successful diversion programs at the recent National TASC association conference in Chicago. (left to right) **Laura Brookes**, IL TASC Policy Director; **Michael Nerheim**, Lake Co. (IL) State’s Attorney; **Mark Kammerer**, Cook Co. State’s Attorney’s Office; **George Williams**, IL TASC Vice President; **Eric Guenther**, Mundelein (IL) Police Chief

President's Corner

## Public-Private Partnerships Accelerate Systems Change

by Pamela F. Rodriguez

A wave of criminal justice reforms is sweeping the country, and TASC is working with public and private partners to design and implement strategies to shrink the oversized justice system while increasing access to care in the community.

Medicaid expansion brought about by the Affordable Care Act has been a game-

changer. Prior to the expansion, nine in 10 people coming into jails lacked health insurance, and often received either no treatment for substance use or mental health disorders, fragmented services, or urgent care delivered in the most expensive settings: corrections institutions and emergency rooms. By establishing connections to Medicaid-reimbursable

substance use disorder and mental health treatment resources in the community, local and state governments can save in justice and corrections costs, and also reduce recidivism and incarceration. TASC has been working with partners across the U.S. to bring aspects of this national public policy from concept to local implementation and results.

Cook County's initiative the nation's largest and most ambitious project of its kind to date. This major systems transformation began when Cook County obtained a waiver in 2012 for early expansion of Medicaid. A year later, application assistance was initiated at the jail, thanks to planning and collaboration between the Cook County Health and Hospitals System, the Cook County Sheriff's Office, and TASC. These efforts have been aided and accelerated by significant public and private support from the Cook County Justice Advisory Council, The Chicago Community Trust, the Michael Reese Health Trust, and the Polk Bros. Foundation.

Building on the Cook County experience, the Center for Health and Justice at TASC works with counties and states to leverage available federal healthcare funding in order to create linkages to care, divert people from the justice system, and improve individual and community health (see story, p. 1). To these ends, and in partnership with the National Association of Counties, TASC provides national consulting, which also is

*(continued on page 3)*

*“ Medicaid expansion brought about by the Affordable Care Act has been a game-changer... Together with our partners in the public and private sectors, we are leveraging an unprecedented opportunity for justice reform. ”*

*- TASC President Pam Rodriguez*

Our collaborative work in Cook County, Illinois, has been on the leading edge of these reforms. April 2016 marked the three-year anniversary of the county's groundbreaking jail-based Medicaid application project, through which people detained at the jail have received assistance in applying for health insurance. Some 15,000 detainees have gained coverage since 2013, making

change. Prior to the expansion, nine in 10 people coming into jails lacked health insurance, and often received either no treatment for substance use or mental health disorders, fragmented services, or urgent care delivered in the most expensive settings: corrections institutions and emergency rooms. By establishing connections to Medicaid-reimbursable

### Why Connect Individuals in the Criminal Justice System to Care?



85% of all people in prison and jail are substance-involved

25-30% of people detained in Cook County Jail on any given day have a mental illness



- 9 in 10 people coming into jails lacked health insurance prior to ACA and Medicaid expansion
- Most received no treatment, fragmented services, or urgent care delivered in the most expensive settings: corrections institutions and emergency rooms
- With connections to Medicaid-reimbursable mental health and substance use disorder treatment resources in the community, local and state governments can save in justice and corrections costs, and also reduce recidivism and incarceration



#### Help TASC Go Green!

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## Public-Private Partnerships...

(continued from page 2)

supported by the Open Society Foundations and the Public Welfare Foundation.

Through these processes, we can reduce the individual, social, and economic costs of lengthy pretrial jail stays, while providing opportunities for individuals to access treatment and other health services in the community. Over time, as access to Medicaid-reimbursed care in the community becomes the norm for eligible populations, we expect that many more individuals will be able to access services on their own, and over the course of their lives as needed.

For decades now, jails have been inundated with people who have severe substance use and mental health conditions. Pretrial diversion is not new, and neither are connections to treatment. What's new is how we are able to exponentially increase deflection and diversion opportunities as a result of Medicaid expansion. Together with our partners in the public and private sectors, we are leveraging an unprecedented opportunity for justice reform. ❖

## TASC Public Policy Priorities

At local, state, and federal levels, TASC supports- public policies that reduce incarceration and create healthier communities. Our policy priorities are to:

1. Shrink the justice system by diverting eligible people away from prosecution and incarceration and into community-based services, as soon as appropriate.
2. Create pathways for successful reentry after justice involvement, and reduce barriers that inhibit success.
3. Promote evidence-based strategies in substance use and mental health disorder prevention, treatment, and recovery.
4. Expand community capacity to treat substance use disorders and mental health, adapting to changing environments.

For more information on TASC's work to advance effective public policies and support systems change, please visit [www.centerforhealthandjustice.org](http://www.centerforhealthandjustice.org). ❖



Public policy has a direct impact on the people and communities TASC serves.



### TASC Welcomes New Board Member

TASC welcomes **DeAnna E. Ingram** to the agency's board of directors. Ingram is a senior analyst with NEPC, LLC in Chicago, and brings considerable expertise in the financial sector and philanthropic endeavors.

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For more information on TASC services, locations, and program administrators across the state, please visit: [www.tasc.org](http://www.tasc.org).

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TASC receives funding from the Illinois Department of Human Services (DHS), 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, certified by DHS as a Medicaid Community Mental Health Service Provider, and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

## Shrinking Justice Systems...

(continued from page 1)

recidivism by responding to the substance use and mental health conditions that often contribute to justice involvement.

“Our goal is to help governments leverage resources to connect individuals to needed care, reduce costs, and right-size the criminal justice system,” says Maureen McDonnell, who directs healthcare strategy development at TASC.

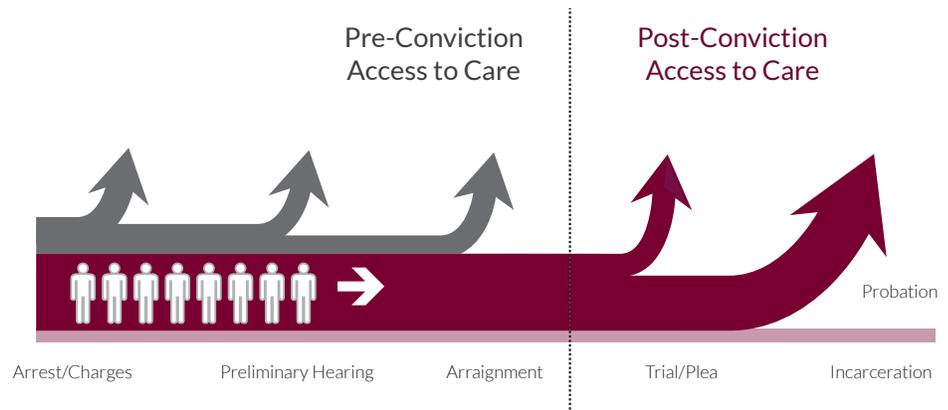
By addressing behavioral health issues that often underlie justice involvement—and by doing so on a large scale—implementation of these plans has the potential to significantly reduce state and national recidivism rates.

### Looking Ahead: Universal Coverage

With expanded health insurance coverage, counties and states have new opportunities to develop routinized processes to deflect and divert people with substance use and mental health issues out of the justice system.

The underlying premise of these strategies is that community-based services now available through the Affordable Care Act can bolster not only the health of these individuals, but also increase the confidence of the justice system to release defendants from jail more quickly, knowing they will have

## DIVERSION – a fundamental part of criminal justice reform



“Pretrial diversion is not new, and neither are connections to treatment. What’s new is how we are able to exponentially increase deflection and diversion opportunities as a result of Medicaid expansion.” – TASC President Pam Rodriguez

access to critical behavioral health and other medical services.

TASC, through its direct services, local systems planning, and national consulting services, has identified critical elements to building bridges from justice systems to care in the community:

- Understanding the impact of insurance coverage on justice-involved individuals’ use of treatment for substance use disorders and psychiatric conditions;

- Establishing coordinated partners, processes, criteria, and expectations for diversion programs;
- Building comprehensive systems that provide bridges to care before arrests are made, and also upon release from jail;
- Expanding substance use and mental health treatment capacity in the community to support safe and successful reentry; and

(continued on page 5)

## SUPPORTING PRE-BOOKING INTERVENTIONS – The Montgomery County (MD) Deflection Model

Although the overwhelming majority of people with mental illness do not commit crimes,<sup>1</sup> people with chronic substance use and mental health disorders often are “familiar faces” to law enforcement, accounting for repeated arrests for offenses such as trespassing, shoplifting, and disorderly conduct. In Montgomery County, Maryland, for example, eight people who were identified as having mental illness were arrested a combined 250 times in 2014. At the same time, the Montgomery County Police Department (MCPD) saw a 24 percent increase in calls due to mental illness.

Montgomery County is responding by strengthening intercept points along the justice continuum, from arrest through reentry and community-based corrections. The first intercept point is at pre-booking; no arrest processing takes place.

The MCPD, Maryland Treatment Centers (MTC), the Center for Health and Justice at TASC, and the Police Executive Research Forum (PERF) have jointly developed a pre-booking deflection model focused on people with substance use and co-occurring disorders who have a high likelihood of frequent and repeated contact with law enforcement. This work builds on the Justice Leaders Systems Change Initiative (JLSCI), convened by TASC and supported by the White House Office of National Drug Control Policy (ONDCP).

The Montgomery County Deflection Model brings forth evidence-based practices currently used in other parts of the criminal justice system—such as risk-need screening and assessment, rapid access to treatment, neutral case management, peer mentoring, and data-driven decision making—to the very front end of the justice continuum.

Akin to traditional diversion programs, deflection occurs far earlier in the criminal justice case flow, at the moment of initial encounter between law enforcement and citizens. Instead of booking an arrest, police can deflect low-risk individuals with substance use disorders directly into community-based treatment. This accelerates the social and economic benefits not only for the affected individuals, but also for their families and communities, as well as for Montgomery County’s justice system.



1. American Psychological Association. (2014, April 21). Mental Illness Not Usually Linked to Crime, Research Finds.

## Shrinking Justice Systems...

(continued from page 4)

- Building diversion projects that take full advantage of available health insurance coverage in order to increase health and reduce recidivism.

Ultimately, these systems changes are intended to bring about not only cost savings and improved efficiency in the use of public resources, but also a healthier society, where quality treatment and other health services are accessible in the community—long before people come in contact with the justice system.

“In short, we are working to realize the promise of Medicaid expansion,” says McDonnell. “We can reduce the numbers of people in the justice system while improving public safety and public health at the same time.” ❖

1. Wagner, P. and Rabuy, B. (2016, March 14). *Mass Incarceration: The Whole Pie 2016*. Prison Policy Initiative.
2. Wagner, P. (2015, August 14). *Jails matter. But who is listening?* Prison Policy Initiative.
3. Peters, R., Wexler, H., & Lurigio, A. (2015). Co-occurring substance use and mental disorders in the criminal justice system: A new frontier of clinical practice and research. *Psychiatric Rehabilitation Journal*, 38(1), 1-6.
4. Lowenkamp, C. T., VanNostrand, M., & Holsinger, A. (2013, November). *The Hidden Costs of Pretrial Detention*. Laura and John Arnold Foundation.

### 3 DAYS COUNT

Commonsense Pretrial

The 3DaysCount™ campaign is a nationwide initiative to



Reduce unnecessary arrests that destabilize families and communities,



Replace discriminatory cash bail with practical, risk-based decision-making, &



Restrict detention (after due process) to the small number of people who pose a genuine threat to public safety.

**TASC supports the 3DaysCount™ initiative.**

For more information, visit

[www.projects.pretrial.org/3dayscount/](http://www.projects.pretrial.org/3dayscount/)

## SUPPORTING PRETRIAL DIVERSION: Treatment Pathways in Bridgeport, CT

Pretrial is a critical intercept point in the justice process. One of the prevailing challenges in the development of pretrial diversion programs for drug-involved detainees is vulnerability in the gap between the moment of release from custody and the first treatment intervention.

Justice and treatment partners in Bridgeport, Connecticut, tackled this problem by creating the Treatment Pathways Program (TPP) to provide same-day assessment, decision-making, and linkage to care for opiate-involved individuals coming into the Bridgeport Jail. The Center for Health and Justice at TASC supported the project with funding from the Public Welfare Foundation, providing overall project oversight and guidance on data collection and analysis.

TPP was built on a strong working relationship between Recovery Network of Programs (RNP), a large area treatment provider, the Court Support Services Division (CSSD), which makes bail recommendations, and the Connecticut Department of Correction, which oversees both prisons and jails. RNP co-located a licensed clinical social worker at the Bridgeport

Courthouse to help identify, conduct comprehensive bio-psychosocial assessments, and make initial treatment linkages for individuals coming into the jail who meet certain clinical and risk criteria. If the individual is eligible for TPP and amenable to treatment, CSSD and RNP tender a diversion recommendation to the judge at the initial hearing, which happens later that day. If approved, the individual is released immediately to RNP's care without ever being booked into the jail.

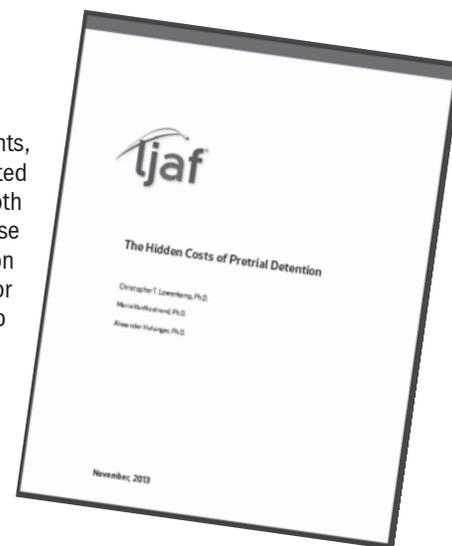
As many TPP participants are opiate-involved, RNP first seeks to provide stabilizing services, including housing and medication-assisted treatment, while a comprehensive assessment can be completed and a formal treatment plan developed. Treatment and care coordination continue throughout the individual's pretrial involvement. In the first year of operation, 102 individuals participated in the TPP program, with an average time from screening to first treatment intervention of less than one day.

## Laura and John Arnold Foundation Findings on Pretrial Detention

*The Hidden Costs of Pretrial Detention*, November 2013

- Detaining low- and moderate-risk defendants, even just for a few days, is strongly correlated with higher rates of new criminal activity both during the pretrial period and years after case disposition; as the length of pretrial detention increases up to 30 days, recidivism rates for low- and moderate-risk defendants also increases significantly.
- When held 2-3 days, low-risk defendants are almost 40 percent more likely to commit new crimes before trial than equivalent defendants held no more than 24 hours.
- When held 8-14 days, low-risk defendants are 51 percent more likely to commit another crime within two years after completion of their cases than equivalent defendants held no more than 24 hours. ❖

Data set: 153,407 bookings in Kentucky jails





## 2015 TASC Leadership Awards Luncheon Thanks and Highlights

TASC honored Cook County Sheriff Tom Dart and entrepreneur Bill O'Donnell for their advocacy on behalf of people with substance use and mental health disorders at the agency's 2015 Leadership Awards Luncheon. More than 300 guests attended the event at The Westin Michigan Avenue in Chicago on December 10.

"Sheriff Dart has called national attention to the injustice of using county jails to house people with mental health conditions," said

TASC President Pam Rodriguez in presenting TASC's Justice Leadership Award. "He has supported Medicaid enrollment and other activities to ensure continuity of care for people detained at the Cook County Jail."

"People who never had insurance now have insurance," said Dart. "It is absolutely amazing what this collective work has done."

TASC Executive Vice President Peter Palanca praised O'Donnell for his openness and high-

profile voice for recovery. "Twenty-three million people are in long-term recovery in this country and it's still the most stigmatized illness," said Palanca. "Bill was one of the first corporate leaders to speak openly about his addiction. He is a powerful voice for recovery." ❖



2015 Public Voice Honoree **Bill O'Donnell** and his wife **Lezlie O'Donnell** (center) with (clockwise from left) TASC Board Treasurer **Lance Foster**; TASC EVP **Peter Palanca**; **Nicole Lee**, **L. Marie Asad**, and **Clarita Santos** of Blue Cross and Blue Shield



(from left) TASC President **Pam Rodriguez**, 2015 Criminal Justice Leadership Award Honoree **Cook County Sheriff Tom Dart** and TASC Board Chair **Cecil Curtwright**

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Additional thanks to all who contributed to our event, and to Ashland Addison Florist, UK Studio, Inc., and North Shore Printers for contributing flowers, photography, and printing services.

**MARK YOUR CALENDAR:**

**TASC 2016 Leadership Awards Luncheon:** Wednesday, December 14, The Westin Michigan Avenue, Chicago

# TASC

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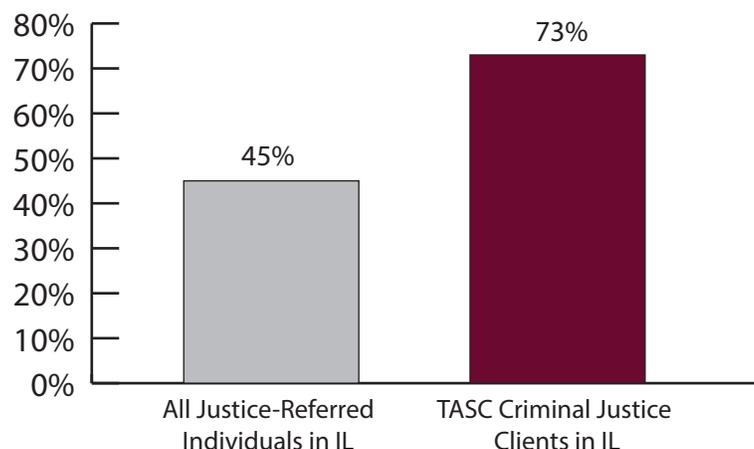
## Improved Outcomes with TASC Care Management

Public health issues often show up in the criminal justice system. Across Illinois, TASC diverts people from costly, institution-based programs by offering services and connections to care in the community.

TASC's clients come from all points in the justice system, including courts, jails, prisons, probation, and parole. We also collaborate with child welfare and juvenile justice systems to improve outcomes and opportunities for youth and families.

Given the prevalence of substance use disorders among people who have been arrested, four out of 10 referrals to publicly funded treatment come from the criminal justice system. Comparisons of treatment outcomes show that criminal justice-referred clients who receive TASC case management have better treatment outcomes than those sent to treatment without TASC. ❖

With TASC, Criminal Justice Clients  
Have Better Treatment Completion Rates



### Please consider investing in TASC's work.

Donate to TASC by visiting us at [www.tasc.org](http://www.tasc.org), or by mailing your contribution to TASC, Inc., Attn: Philanthropy Dept., 700 S. Clinton St., Chicago, IL 60607. Contributions support TASC's services across Illinois and are tax-deductible to the extent allowed by law.

*Thank you!*