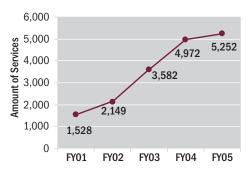
Restoring hope. Rebuilding lives. Strengthening communities. Restoring hope. Rebuilding lives.

White House Commends Illinois Meth Initiative

In recognition of National Meth Awareness Day on November 30, 2006, federal, state, and community officials, including representatives from TASC, gathered to launch the new meth initiative at the Southwestern Illinois Correctional Center (SWICC). The day's events began with a press conference featuring White House Office of National Drug Control Policy (ONDCP) Deputy Director Dr. Bertha Madras, Illinois Department of Corrections (IDOC) Director Roger Walker Jr., Illinois Department of Human Services Secretary Dr. Carol Adams,

State Meth Treatment Services Increase



Source: IL Dept. of Alcoholism and Substance Abuse. (2006). Fiscal Year 2005 Data Book. Retrieved June 21, 2006, from http://www.dhs.state.il.us/oasa/DATABOOK_FY05FW.pdf.



commends the innovative meth initiative.

TASC Director of External Training Randall Webber, and other partners in the new Illinois Meth Prison and Reentry Program initiative. Planning and strategy sessions took place throughout the remainder of the day.

During the press conference, Dr. Madras commended Governor Blagojevich, IDOC, and community partners for creating an innovative program that "has tremendous potential not only in healing meth users but also in providing a beacon of hope and methodology that can be circulated throughout the rest of the country." Illinois has experienced a significant rise in methamphetamine abuse over recent years. The meth initiative responds to this trend as the first-of-itskind national model for reducing crime and recidivism among meth offenders. SWICC will dedicate 200 of its 667 beds to intensive meth treatment (another 200 will be added at Sheridan in 2008). In addition, SWICC's prison-based treatment program will be expanded to include reentry and other institutional services including drug treatment, education and job training

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TASC, Inc. (Treatment Alternatives for Safe Communities) is an independent, statewide, nonprofit agency that helps people transition beyond their involvement in criminal justice systems and government programs, and into health and self-sufficiency in the community. Adults and youth who have drug problems or other difficulties are referred to TASC by courts, corrections, child welfare, and other Illinois government service systems, and TASC manages their access to community-based treatment and support. In addition, through research, public policy advocacy, training, and consultation, TASC works to improve the social factors that affect our clients and communities. Visit us online at www.tasc.org.

Cook County Mental Health Court: Specialized Team Approach Provides Hope to Challenging Population

Mark (not his real name), a 25-yearold resident of Chicago's South Side Englewood community, suffers from both chronic mental illness and drug addiction. His complicated medical

Why Integrated Treatment is Important

Undiagnosed mental illnesses are often the cause of repeated relapses for people receiving substance abuse treatment. Untreated substance use disorders are often the underlying reason for relapse for people in mental health treatment.

Studies indicate that as many as half of the adults who have a diagnosable mental disorder will also experience a substance use disorder at some time in their lifetime, with rates much higher in people involved in the criminal and juvenile justice systems. New data from the federal Bureau of Justice Statistics indicate that drug problems or dependence by individuals in state prisons is more prevalent among those with mental illness (74%) than those without (56%).

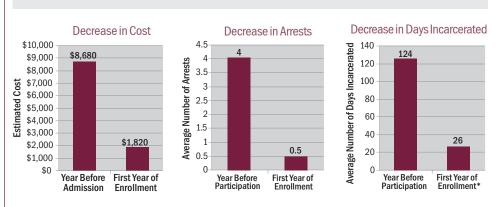
People with both substance use problems and mental illness are at an increased risk for health-related issues as well as homelessness, engagement in drug culture, and criminal justice involvement. Research indicates that treatment should be integrated, addressing both problems in a coordinated fashion.

Though integrated treatment has been recommended as an evidence-based practice, often treatment continues to be provided sequentially. Many times both issues are not identified, and one or the other goes untreated. When both issues are recognized, but not addressed in an integrated fashion, individuals can cycle back and forth between mental health and drug treatment settings or are refused admittance by one or the other type of provider. condition has included a history of cycling on and off critical psychotropic medications, repeated arrests for criminal behavior, and frequent appearances in jails, courts, and prison. Based on the chronic behavioral health issues underlying his criminal behavior, Mark has been identified as a qualified candidate for the Cook County Mental Health Court Program.

The Cook County Mental Health Court (MHC), introduced in 2004 and co-supported by TASC, deals with a particularly challenging population of individuals. Unlike most mental health courts which focus on misdemeanor offenders, Cook County MHC focuses on repeat felony offenders. Qualified candidates receive supervised treatment and support services instead of incarceration. The key to the program's success is its intensive and integrated team approach.

Led by Chief Judge Timothy C. Evans and Presiding Judge of the Criminal Division Paul P. Biebel Jr., the MHC team is comprised of many partners-judges, prosecutors, defenders, and social service agencies (see list page 3)—who commit to an active engagement in the participants' recovery process. Participants receive assistance with probation compliance and housing, placement in integrated mental health and substance abuse treatment, and timely responses to any relapse crisis. As a result, participants continuing through the 2-year program remain more stabilized in recovery, reduce criminal behavior, and spend less time incarcerated.

Early results of the Mental Health Court Program confirm the effectiveness of this team approach. Outcomes for participants enrolled in MHC for at least one year as of August 2006 showed significantly reduced averages for re-arrests and days incarcerated which translates to considerable savings (see chart below).



Early Outcomes of Cook County Mental Health Court Program

To view the full fact sheet, "Cook County Mental Health Court – Early Outcomes," visit www.tasc.org/preview/publications.html

Note: Number of arrests, number of days incarcerated, and cost of incarceration are per participant, among participants remaining active in the program for at least one year as of August 30, 2006.

*This figure reflects days incarcerated for new crimes as well as symptomatic regression or non-compliance with treatment. When only new-crime incarceration days are counted, the per-participant average was 8.



TASC's Mental Health Court team poses at a graduation ceremony held for successful Mental Health Court clients in December 2006. (L to R): Sherry LaGarde, Case Manager; Pamela Ewing, Senior Case Manager; Dion Graham, Case Manager; Al Pizza, Supervisor; Alicia Waumsley, Senior Administrator; and Vernola Baskin, Director of Operations, Cook County.

So how do these outcomes affect people like Mark?

Mark, given he successfully completes the program, will be less likely to return to prison.

If Mark relapses, the MHC team provides immediate integrated care and relapse intervention. The Crisis Intervention Team (CIT) of the Chicago Police Department-a unit specially trained in knowledge of mental illness and how to work with individuals in crisis-will locate him and take him to an emergency room. There he will be re-stabilized on medication and his case manager and treatment providers will reassess, and if necessary adjust, his recovery plan. Social service and assigned attorney team members then provide required updates to the judge.

The Cook County MHC keeps Mark, and others like him, in supervised, cost-efficient alternatives to incarceration and on a steady path toward stable, responsible living.

Counties Share Best Practices in Mental Health Courts

Mental Health Court (MHC) representatives from Cook, DuPage, Winnebago, and Kane counties met in November to share best practices.

Participants discussed differences in court procedures, levels of services, and client dynamics with hopes of applying knowledge to their regional court programs. "There's much we can share to increase efficiency and effectiveness across our unique programs. This is an excellent first step," commented Cook County's MHC representative, Mark Kammerer, director of treatment programs for the Cook County State's Attorney's Office.

The meeting was modeled after the Illinois Association of Drug Court Professionals meetings where program partners network to improve supervised treatment options for defendants within drug court systems.

The mental health court group plans to meet quarterly and schedule visits to participating courts.

Mental Health Court Partners

Many partners work together to make the Cook County Mental Health Court a success:

- Timothy C. Evans, Chief Judge of the Circuit Court of Cook County
- Paul P. Biebel Jr., Presiding Judge of the Criminal Division of the Circuit Court of Cook County
- Chicago Police Department's Crisis Intervention Team
- Cook County Adult Probation Dept. (Mental Health Probation Unit)
- Cook County Dept. of Corrections
- · Cook County State's Attorney's Office
- Cook County Public Defender's Office
- Dept. of Mental Health at Cermak Health Services of Cook County
- Illinois Dept. of Human Services, Division of Mental Health
- Illinois Dept. of Human Services, Division of Alcoholism and Substance Abuse
- Local universities' internship programs
- National Alliance for the Mentally III (NAMI) of Greater Chicago
- TASC, Inc.
- Thresholds Psychiatric Rehabilitation Centers
- University of Illinois researchers
- Various providers of mental health, housing, substance abuse treatment, and other community-based services

Individuals Served

The Cook County Mental Health Court is currently funded to serve 70-75 people at one time.

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New Leaders Join TASC

Rev. Calvin Morris, Ph.D. *TASC Board Member*

Rev. Calvin Morris, Ph.D., joined the TASC board of directors in November 2006. For more than 40 years, Rev. Morris has served in leadership roles with organizations committed to racial, social, and economic justice.

Rev. Morris currently serves as the

executive director of the Community Renewal Society in Chicago. He holds Ph.D. and M.A. degrees in history from Boston University, a Bachelor of Sacred Theology degree from Boston University School of Theology, and a B.A. degree in History, cum laude, from Lincoln University.



Seth Eisenberg, M.D. TASC Medical Director

Dr. Seth Eisenberg accepted the position as TASC's medical director in September 2006. He has specialized in adult psychiatry, child and adolescent psychiatry, and addiction medicine for more than 25 years.

Additionally, Dr. Eisenberg serves as

the director of the Division of Addiction Psychiatry at Northwestern Memorial Hospital and as assistant professor at Northwestern University Medical School. He is certified by the American Society of Addiction Medicine and is the contract medical director for the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse, where he provides consultation to publicly-funded state treatment systems. He also holds board certifications in multiple disciplines of psychiatry.

Randall Webber, M.P.H. TASC Director of External Training

Randall Webber became TASC's external training director in September 2006. Mr. Webber contributes almost 35 years of treatment, prevention, consultation, and training expertise. He has conducted trainings for the National Institute on Drug Abuse, the



Illinois Department of Children and Family Services, and adult and juvenile probation departments throughout the country.

Mr. Webber holds a Master's in Public Health from the School of Public Health at the University of Illinois-Chicago and has had numerous articles and papers published.

NIDA Releases New Publication in Chicago

Recognizing Cook County as a jurisdiction where model programs are put into practice, the National Institute on Drug Abuse (NIDA) chose Chicago for the July release of its publication, *Principles of Drug Addiction Treatment for Criminal Justice Populations.*

The publication identifies 13 essential principles for successful treatment of



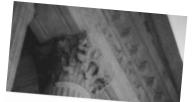
Chicago Mayor Richard M. Daley (front) praised TASC President Melody Heaps, "Melody has led the way in dealing with alternative treatments for drug users." (Background L to R) successful TASC clients Cheryl Cline, 3 years of sobriety and Timothy Bell, 9 years of sobriety.



Chief Judge Timothy C. Evans commends the training given by TASC and NIDA. "We invited in the experts so that our judges could be on the cutting edge of neuroscience." drug-involved offenders in the criminal justice system (listed below).

Chicago Mayor Richard M. Daley, Cook County Chief Judge Timothy C. Evans, and TASC President Melody M. Heaps joined Dr. Nora Volkow, director of NIDA, to introduce six former drug-involved offenders whose recovery illustrates the powerful results that can occur when these principles are applied. Like thousands of others, their journey to recovery began when they received treatment via interventions such as TASC.

NIDA's website (http://www. drugabuse.gov/DrugPages/CJ.html) provides a link to download the publication as well as links to other



Principles of Drug Abuse Principles of Drug Abuse Treatment for Criminal Justice Populations | A Research-Based Go



informative resources regarding treatment for the criminal justice population, including TASC.

13 Principles of Drug Abuse Treatment for Criminal Justice Populations

1. Drug addiction is a brain disease that affects behavior.

2. Recovery from drug addiction requires effective treatment, followed by management of the problem over time.

3. Treatment must last long enough to produce stable behavioral changes.

4. Assessment is the first step in treatment.

5. Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations.

6. Drug use during treatment should be carefully monitored.

7. Treatment should target factors that are associated with criminal behavior.

8. Criminal justice supervision should incorporate treatment planning for

drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.

9. Continuity of care is essential for drug abusers re-entering the community.

10. A balance of rewards and sanctions encourages pro-social behavior and treatment participation.

11. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.

12. Medications are an important part of treatment for many drug abusing offenders.

13. Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.

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Recovery Coach Program Success Leads to Expansion

Funded by the Illinois Department of Children and Family Services (DCFS), TASC's Recovery Coach Program (RCP) helps parents with alcohol or other drug problems achieve the sobriety and wellness needed to regain custody of their children.

The success of RCP in Cook County has prompted program expansion into St. Clair and Madison counties. The expansion also includes enhanced service delivery in housing, mental health, and domestic violence prevention and intervention services.

Results of a five-year study conducted by the University of Illinois UrbanaChampaign found that individuals receiving TASC RCP services were more likely to access and complete substance abuse treatment. Additionally, they were more likely to achieve reunification with their children and in a shorter period of time than individuals without RCP services. [Go to http://www.tasc-il.org/ preview/RCPEval-03-06.pdf for a summary of the evaluation results.]

TASC works with DCFS, courts, and community service providers to place parents into treatment and help families obtain services from a variety of social systems.

TASC receives significant funding from the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA).

TASC is licensed by DASA and the Illinois Department of Human Services, Department of Children and Family Services (DCFS), and is accredited by the Commission on Accreditation of Rehabilitation Facilities.

TASC is a 501(c)(3) charitable organization. Funding for TASC's services comes from a variety of federal, state and local entities, as well as private donors.

If you would like to donate to TASC, please send contributions to:

TASC, Inc., ATTN: Communications Dept. 1500 N. Halsted • Chicago, IL 60622 (312) 573-8211 • dbaille@tasc-il.org

Thank you for your support!

White House Commends Illinois Meth Initiative (continued from page 1)...

that will model the nationally recognized Sheridan Program.

According to an IDOC news release, "[w]hat distinguishes the programs at Sheridan and SWICC from other programs is... an extensive focus on community safety and also... funding for the most highly supervised and supported reentry program in state history." TASC provides the prison-based and community clinical reentry case management services for both programs.