Criminal justice reform is currently at the top of public policy agendas across the country. Over the past three decades, state corrections budgets have swelled alongside skyrocketing incarceration rates. Now, as states are looking to cut costs wherever they can, heavy corrections budgets are among the targets.

In this context, many states are looking for ways to divert more nonviolent, substance-involved offenders away from expensive prisons and into effective treatment and supervision.

The idea is far from new. In 1972, for example, the TASC model was created as a federal pilot project to assess and place nonviolent offenders into treatment as an alternative to incarceration. What is new today is the harmony with which alternatives to incarceration are being promoted across all levels of the political and ideological spectrum. The left and right agree: for certain nonviolent offenders, supervised drug treatment makes far more sense—both clinically and fiscally—than incarceration.

What is also new is the scale of which such options are needed. With approximately 4.9 million adults on probation or parole across the United States, and more than half exhibiting a substance use disorder, the need for community-based treatment and supervision is vast. So too are the opportunities for cost savings and recidivism reductions if such options were maximized.

For a closer look at how treatment works as an alternative to incarceration, it is necessary to understand case management. Case management is the means by which the justice system connects to community-based treatment programs.

Following are excerpts of a chapter published recently in the *Handbook of Evidence-Based Substance Abuse Treatment in Criminal Justice Settings*. As the chapter author, I examined the origins of case management and its effectiveness for criminal justice populations.

Chapter Excerpt: Case Management for Substance-Abusing Offenders

Between 50 and 80 percent of arrestees test positive for drug use, while only 15 percent of those who need treatment actually have access to it. In addition, only half of those eligible for treatment are admitted to treatment and attend their first treatment session. While more than 40 percent of people in substance abuse treatment are involved in the justice system, only 41 percent of criminal justice participants complete treatment.

These data clearly demonstrate the need for substance abuse treatment. It is also clear that getting into and completing treatment is not the norm. Consequently, our challenge is to ensure that substance abusing offenders have access to, enter, and complete treatment.

"Nonviolent offenders with substance use disorders are diverted from further penetration into the criminal justice system when TASC case management is used as the bridge to community provider systems."

cont’d on p. 3
CHJ Spotlight...

The Center for Health and Justice (CHJ) is a division of TASC that provides public policy, research, consulting, and training services nationally and internationally. Created in 2006, CHJ helps states, jurisdictions, and communities develop evidence-based solutions to improve public health, reduce recidivism, and achieve cost savings.

National Judicial Training and Systems Change Initiative

Using experience garnered from TASC’s 35 years of direct services in the justice system, the Center for Health and Justice at TASC currently plays a role in a number of collaborative criminal justice initiatives. Among these is the Justice Leaders Systems Change Initiative (JLSCI), a national effort organized by CHJ and the National Judicial College, the country’s leading organization in providing continuing education for judges. The initiative is funded and receives technical support from three federal partners: the Center for Substance Abuse Treatment (CSAT), the Bureau of Justice Assistance (BJA), and the National Institute on Drug Abuse (NIDA). This collaborative initiative is cited as a model of institutional change in the 2011 White House National Drug Control Strategy.

JLSCI is grounded in the fact that the majority of people who cycle repeatedly through criminal courtrooms across the country have alcohol and other drug problems. The large prevalence of substance use disorders among defendants calls for systems-level responses, including screening at the initial point of contact with the justice system, followed by appropriate clinical interventions. The JLSCI curriculum is centered on the neuroscience of addiction and evidence-based judicial responses for sentencing and managing offenders with substance use disorders.

For example, research shows that offender outcomes are most successful when criminal justice responses take into account both the individual’s criminogenic risk as well as his/her need for clinical services such as drug treatment. Not all substance-involved defendants require the same response. On the scale of potential justice responses, incarceration is the most expensive supervision option, best reserved for high-risk defendants. Community-based residential treatment is generally the most expensive clinical option, best reserved for those with extensive clinical needs. Lower-risk and lower-need individuals may be better suited to receive probation, for example, along with outpatient drug treatment or intensive drug education. The best approaches match criminogenic risk to the appropriate level of supervision, while also matching clinical need with appropriate clinical services.

Taking these concepts beyond a single courtroom to an entire jurisdiction requires significant planning and collaboration among local justice and service partners. To this end, JLSCI is a multi-day training and systems planning effort to maximize public safety, taxpayer cost savings, and offender rehabilitation. The JLSCI was brought to three sites in 2011, once on a national level and twice on a state level (in Texas and Georgia). It will be delivered to additional states in 2012, as well as other parts of the criminal justice system including prisons, parole, and police.

For additional information on the JLSCI, please contact Jac Charlier, director of consulting and training for TASC and CHJ, at jcharlier@tasc-il.org or (312) 573-8302. For further information on the Center for Health and Justice at TASC, please visit www.centerforhealthandjustice.org.
Back to Basics: What Is TASC Case Management (cont’d from p. 1)

program and refers the client to services including substance abuse treatment. While participating in treatment, a client’s compliance is monitored and reported to the court, enabling the court to respond to a client’s behavior in a timely manner to reinforce treatment objectives and protect public safety. Case management seeks to enhance treatment engagement and retention, primarily by removing barriers to participation and assisting in the management of client crises.

The overall purpose of case management is to improve access to care and to ensure continuity of care. It can be a daunting task to assess, organize, and address individual client needs. Most service systems are fragmented and many clients require services from separate systems. In addition to advocacy to increase client service access, case management involves resource development, removing systemic barriers to care, agency policy formation, and social action.

**National Origins of the TASC Model**

Originally known as Treatment Alternatives to Street Crimes, TASC is a case management intervention strategy focused on substance-abusing offenders in the justice system that links the coercive authority of the criminal justice system with community treatment interventions. The goal is to stop the revolving door of addiction, crime, arrest, incarceration, release, and return to drug use. Nonviolent offenders with substance use disorders are diverted from further penetration into the criminal justice system when TASC case management is used as the bridge to community provider systems.

The TASC model was developed in 1972 through the mutual efforts of the White House Special Action Office for Drug Abuse, the Law Enforcement Assistance Administration, and the National Institute on Drug Abuse. The purpose of TASC is to stop the persistent and recurring criminality associated with drug or alcohol dependence, and to break the cycle of addiction for the nonviolent, substance-abusing offender.

TASC provides an objective and effective bridge between differing philosophies of the justice system and the community treatment system. The justice system benefits with reduced incarceration costs and recidivism as well as increased access to rehabilitation services and behavior change. The treatment system benefits from the leverage of the criminal justice system to motivate and retain clients in treatment.

**TASC Part of Strong Foundation for Chicago’s Ed Negron**

More than a decade ago, Ed Negron was found guilty of a nonviolent, drug-related offense and was sentenced to TASC rather than prison. Ed’s personal story of recovery was one of five stories of triumph over addiction shared at TASC’s recent Leadership Awards Luncheon. Below is an excerpt:

Ed’s Past Life:

I started using drugs at an early age, probably about seven years old. It went on through high school. I moved on from smoking weed and drinking to doing acid and PCP, which became my best friend for most of my high school years.

For the last six months of my past life, I prayed almost every night, in tears crying to stop. “Please help me stop.” I couldn’t stop. For the last six months to a year of my getting high, I didn’t know what it was to be sober. And, it was terrible.

TASC and Treatment:

I expected some angry lady to come and tell me, “You gotta do this and you gotta do that.” And it wasn’t like that. It was more of, “What do you want to do?” That’s what blew me away. I said, “I don’t know what I want. That’s why I’m here. I’m lost. Help me.”

So we worked out this plan with these goals. And my case manager, she said, “These are the things that are mandatory by the court that you have to do. These are non-negotiable things. But here are some negotiable things that we can work on and we can do.” It made me feel comfortable and in more of a safe place.

And she helped me to hold myself accountable.

I went to TASC for regular drug tests and to meet with my counselor every few weeks or so. I did intensive outpatient treatment through C4 (Community Counseling Centers of Chicago). I started at five times...then four times...then three times a week. And, there were amazing counselors there. My probation officer was always talking to my TASC counselor, and they were just amazed at how great it was working for me. And I was like, “No. I’m amazed at how great you guys are working for me.”

Ed’s Life Today:

Twelve years, and I’m still clean because I have a strong foundation. And TASC was part of that foundation. I’m grateful for that, because I’ve been able to help so many other people that are out there, especially young folks.

I wouldn’t be where I am today without programs like this. It saved my life.

Today, Ed works for the AIDS Foundation of Chicago as a housing assistance coordinator. He is also a freelance photographer, a community activist, and a member of the Chicago Gay and Lesbian Hall of Fame.
Back to Basics: What Is TASC Case Management (cont’d from p. 3)

TASC reports assessment findings to the court, and the court, upon a review of the findings and considering the seriousness of the offense, may order the individual to TASC. TASC then assumes responsibility for making arrangements to procure medical, social, or psychological services. TASC also monitors client adherence to treatment plans and keeps the court and probation officials informed about client participation, to enhance community treatment retention. TASC case management and systems interventions can be provided at all points in the criminal justice process.

**Effectiveness of Independent Case Management**

TASC, as an independent case management model, is separate from community treatment services and distinct from probation or parole supervision. As a member of multiple teams, the TASC case manager serves as the client advocate, by bridging system goals, language, and philosophy. At treatment team meetings, the TASC case manager ensures that concerns about public safety and accountability are considered. At criminal justice team meetings, treatment and other service-providers needs are addressed. Since a client can participate in many systems, it is clear that it is often impossible for one team meeting to include all the potential players involved in a client’s life. The TASC case manager is the bridge to all those systems.

A comprehensive study of TASC was conducted by Anglin, Longshore, and Turner (1999). Of more than 125 TASC programs in 25 states, five sites were selected for evaluation based on the size of the client pool and other factors. When compared to the other interventions to which control/comparison offenders were assigned, TASC provided [placement in] more treatment services, suggesting that TASC is an effective strategy for improving treatment. Overall, TASC case management reduced drug use and drug-related crime.

Another study which examined the effect of case management on risky sex among drug users found that TASC case management reduced risky sex among drug users with multiple problem behaviors. Additionally, when TASC was compared with probation as usual, a higher percentage of TASC clients accessed at least one type of service, which was usually drug treatment. For example, in Chicago, 70 percent of TASC clients received substance abuse treatment, compared to 28 percent on probation. A study in Toledo, Ohio, reported that subjects who successfully completed TASC were significantly less likely to be rearrested 12 months after discharge.

With the experience of TASC in identifying substance-abusing justice system clients, bridging systems, linking clients to care, with changing demographics, and the increasing demands of the justice system, the TASC model has expanded to the mentally ill offender, veteran offenders, and other high-risk/high-need special populations. For example, one study which examined the TASC model combined with a mental health court reported significant reductions in arrests when compared to arrests in the previous year. Days incarcerated were also reduced from an average of 107 days per participant to 10 days.

The TASC model has also been used at post-incarceration community reentry, with similar reports of successful coordinated care, service linkage, and retention.

*For further information on TASC case management in Illinois, please email information@tasc-il.org.*


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**Board Leaders Welcomed, Honored**

TASC recently welcomed new leadership to its board of directors and honored two retiring board members.

Faustin A. Pipal Jr., a partner with the law firm Pipal & Berg, joined TASC’s board in 2011 and currently serves as chair of TASC’s philanthropy committee. Newly elected officers of TASC’s board also have been confirmed: Jim Durkan, chair; Marcia Lipetz, vice chair; Cecil V. Curtwright, secretary; and Lancelt A. Foster, CPA, treasurer. At the TASC 2011 Leadership Awards Luncheon, TASC President Pam Rodriguez gave special recognition to two retiring board members. Calvin S. Morris, PhD, a TASC board member since 2007, served as chairman of the board through June of 2011. Attorney Barbara J. Hillman helped guide TASC since its inception in 1976 and served as board secretary since the agency’s very first days. TASC thanks these two exceptional leaders for their years of service and commitment to TASC’s mission of social justice.
Power of Recovery Uplifts TASC 35-Year Celebration

More than 270 people gathered in Chicago on December 6 to honor TASC’s 2011 Leadership Award recipients and to celebrate 35 years of TASC service.

Cook County Board President Toni Preckwinkle was the recipient of TASC’s 2011 Public Voice Leadership Award, which was accepted on her behalf by Juliana Stratton, director of the Cook County Judicial Advisory Council. President Preckwinkle was recognized for amplifying the discussion regarding economic and societal costs incurred when people with nonviolent, drug-related charges cycle repeatedly through the justice system.

The award presentations were accompanied by inspiring video messages from past TASC clients and family members across Illinois who shared their stories of recovery. Summarizing the themes that connected their journeys, TASC Executive Vice President and Chief Operating Officer Peter Palanca said, “Friends, families, children, and neighbors are all affected by addiction. Thankfully, the same is true for recovery.”

Thank You to Our Donors and Volunteers!

TASC thanks the many donors at every level whose contributions helped raise over $102,000 to support programs and services across Illinois.

We would like to especially thank the following Patrons, Benefactors, and Friends of TASC’s 2011 Leadership Awards Luncheon:

Patrons
Reckitt Benckiser Pharmaceuticals, Inc.
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Additional thanks to the following for contributing flowers, photography, and printing services to the event.

- Ashland Addison Florist
- Boris Uk of Uk Studio, inc.
- North Shore Printers

MARK YOUR CALENDAR: TASC 2012 Leadership Awards Luncheon - Wednesday, December 12.
Philanthropy News...
Introducing TASC’s Philanthropy Committee

Over the past three years, TASC’s board of directors has designated a philanthropy committee to help guide TASC’s ongoing fundraising strategies and activities. Chaired by TASC board member Faustin “Frosty” Pipal, the committee comprises small business owners and corporate leaders who help invite other companies, foundations, and individuals to be part of TASC’s work and mission.

Each member of the philanthropy committee has contributed unique and valuable feedback and expertise to TASC. TASC Philanthropy Committee member Susan Feibus has provided exceptional support in the past year, introducing both Blue Cross Blue Shield of Illinois and Walgreens to TASC’s work. We are deeply grateful for their support.

In addition to the efforts of TASC’s philanthropy committee, there are countless organizations and individuals whose generosity strengthens TASC’s work throughout the year. TASC extends special thanks to those who have consistently supported TASC over many years, including: John K. Greene, retired from William Blair in Chicago; Steven Pernick; American Airlines; and The Black Ensemble Theater.

If you are interested in becoming involved in TASC’s fundraising efforts, please call or email TASC Executive Vice President and COO Peter Palanca at 312-573-8395 or ppalanca@tasc-il.org. To make a contribution to TASC, please visit us at www.tasc.org and click on “Donate.”

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