

Innovative Initiatives Of Treatment Accountability for Safer Community Programs

By Karen V. Chapple and Mary Shilton

During the past 30 years, criminal justice agencies have developed partnerships with Treatment Accountability for Safer Communities (TASC) programs to reduce the impact of illegal drugs and related crime. TASC programs help criminal justice agencies reduce public risk and manage cases more effectively. The National Consortium of TASC Programs, a non-profit association, supports more than 250 programs in 28 states. TASC programs solve problems in the most difficult areas of public safety — substance abuse, family support, female offender re-entry and behavioral health care. Partnerships between TASC and public safety agencies are challenged by fiscal constraints, concerns about improving offender accountability and a need to leverage resources that exist outside the criminal justice system. This article profiles TASC public safety partnerships that employ an offender-specific approach, bringing new expertise to offender management in North Carolina, Alabama, Arizona and Ohio.

The North Carolina Partnership

According to an article by professor Ronald F. Wright, “By the late 1980s, almost everyone had reason to be unhappy with North Carolina’s sentencing and correctional system. The prisons were full, and non-prison sanctions worked poorly without the threat of prison time.”¹

In 1993, the North Carolina Legislature passed guidelines that controlled correctional system spending by designing sentencing alternatives to prison. Sentencing reforms included increased sentence lengths for the most serious felons, without a corresponding increase in state prison beds. This was accomplished by using less costly, more structured, community-based corrections and intermediate sanctions for more offenders. One of the community-based options is offender participation in a TASC program. It is an alternative to prison and a condition of supervised probation.

Following the enactment of structured sentencing legislation, TASC in North Carolina partnered with the Division of Community Corrections to establish a systemic model for balancing control and treatment. Principles of effective interventions were used to create this offender management model. The objectives of the model are to:

- Create a seamless system of care for the provision of services to offenders;
- Clarify roles and responsibilities in providing control and treatment;
- Reduce the rate of revocation for technical and drug violations, while holding offenders accountable;
- Combine efforts to guarantee the effective use of limited resources and prevent duplication; and

- Ensure that all partner agency staff are trained to implement the model.

The statewide TASC network provides services in all 100 counties in North Carolina. TASC is organized into four regions that reflect the state’s judicial divisions. Each region is managed by an administrative organization responsible for clinically sound practices, protocols for managing treatment access and tracking, use management and review, and performance measures. The organization also monitors and evaluates practices to assess program effectiveness, participates in judicial district and division-level strategy meetings with criminal justice partners, and communicates with the TASC training institute so staff instructional needs are met.

During state fiscal year 2003, approximately 9,000 offenders received TASC services. The majority of referrals (65 percent) were received from the Division of Community Corrections, with 26 percent of the total from direct judicial referrals. Almost half of the referrals were white (4,413) and almost half were black (4,380). The remaining referrals were Hispanic (148), Native American (73), Asian (31) and other (22). Sixty-five percent were never married, and 71 percent were younger than 36.

More than 7,000 TASC clients received clinical services and interventions in fiscal year 2003. In addition to assessment, detoxification, drug screening and case management, clini-

cal services and interventions were delivered as follows: outpatient (4,220), intensive outpatient (1,413), residential (179), mental health services (242) and other services, which include drug education, cognitive-behavioral interventions, jail-based services, correctional programs and drug courts, (978).

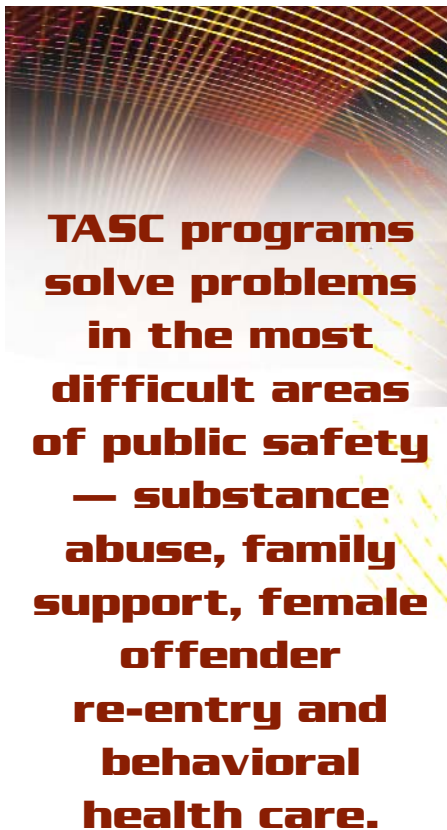
The partnership with clinical and correctional programs revealed the need to develop offender-specific training for all partner agencies. In 2001, the North Carolina TASC Training Institute was established. Training sessions are conducted in a weeklong clinical series for new staff and in conjunction with conferences held by TASC's partner agencies such as drug court and probation. Training offered to TASC staff is made available to all TASC partners in North Carolina.

In addition, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services recently created the Justice Systems Innovations Team. This team plans, develops and implements policy and manages the complex issues associated with the substance-involved offender population, including administration of the North Carolina TASC Network. The team oversees the delivery of services for people involved in the adult and juvenile justice systems who have developmental disabilities, and substance abuse and mental health disorders.

To address this overwhelming problem, North Carolina has invested in an infrastructure and service delivery network designed to move offenders into recovery, reduce criminal recidivism, and hold both offenders and providers accountable to the public. TASC programs have been integral to the development of North Carolina's response to community corrections' needs under structured sentencing laws. A comprehensive statewide network with training, management and procedural standards has made it possible for North Carolina to effectively supervise more offenders in the community while protecting public safety. For additional information on this program, contact Sonya Brown, team leader, Justice Systems Innovations, North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, at (919) 715-2771.

The Birmingham Fatherhood Initiative

The University of Alabama at Birmingham (UAB) TASC program is the only university-sponsored TASC program in the country and one of only two programs with partnerships in both substance abuse treatment and community corrections. UAB TASC serves a variety of adult and juvenile populations in all phases of the criminal justice system. Due to UAB TASC's strong link with community corrections, the Birmingham Fatherhood Initiative was created in 2002.



Several issues prompted the creation of this initiative, the most important being the results of a survey conducted with local TASC clients. Additionally, in 2001, the Annie E. Casey Foundation, which helps disadvantaged children and their families, found that 31.7 percent of children in Alabama were living in a single-parent household. Combined with the fact that the Birmingham TASC program served 700 male offenders during the prior year, these figures presented a prime opportunity to promote improved family ties.

The funding enabled the program to use an effective curriculum provided by the National Center for Fathering and to have staff trained as master trainers. The goals of the program are to teach responsible fathers holistic parenting, empower them to assume moral, spiritual, psychological and financial responsibility for their children, and turn dysfunctional fathers into functioning fathers. The program includes three key components. First, there are 12 educational and support sessions designed to provide opportunities for appropriate role play to increase knowledge of child development, parenting techniques and communication, and the assignment of a case manager to assist in meeting participant and family needs. Second, there are volunteer opportunities for participants who have successfully completed the 12-week program and express interest in group facilitation. Finally, there is continued support through Alumni Fathers, a peer-led support group that meets once a month and is responsible for planning father-child activities and related events.

UAB TASC is creating new collaborations due to the Birmingham Fatherhood Initiative. Nine secular and nonsecular entities are hosting fathering groups within their facilities. The Fellowship House, Shepherd's Fold, Family Court, Jefferson County Drug Court and TASC case managers assist in recruiting participants. The initial goal of the Birmingham Fatherhood Initiative was to serve 325 noncustodial and custodial fathers involved in the Jefferson County criminal justice system. The target population was predominantly black (71 percent) and unmarried (52 percent). During the first six months of the program, 326 fathers were served. Steve Longnecker, the program director's supervisor, lauded the coercive strategy of the program, stating that it "helps to be connected with the criminal justice system for men to participate." The program measures performance based on the number of participants who report interacting with their children at least three times a week, the number of fathers who report helping their children with school work at least two times per week, and the number of participants who report spending at least one day a week engaged in a family activity. For additional information

about this program, contact Sam Jones, UAB TASC project director, at (205) 917-3780.

FIGURE 1

The Road To Recovery in Arizona

Founded in 1977, the Arizona TASC has established itself as an innovator in working collaboratively with the criminal justice and court systems. It has developed and implemented behavioral health programs that include providing treatment services for substance abuse, mental health, DUI, domestic violence, behavioral disorders, community reintegration, and decision-making and problem-solving difficulties. TASC in Arizona is licensed by the Arizona Department of Health Services as a clinical laboratory, behavioral health outpatient clinic, and DUI screening, education and treatment provider. It also provides a domestic violence offender program. It is a certified and licensed drug-testing laboratory and provides urinalysis drug testing in the criminal justice system and the corporate workplace.

Two years ago, another innovative service, Road to Recovery, was added to the Arizona TASC. Road to Recovery is a gender-responsive alcohol and drug abuse/dependence treatment and education program housed in the Santa Maria unit at the Arizona State Prison Complex in Perryville. Treatment is provided to only adult female inmates convicted of driving under the influence.

The program consists of five levels and each inmate receives six hours of direct services per week. Treatment and education are the focus of levels 1 and 2, while Level 3 is aftercare and relapse prevention treatment. Level 4, prerelease treatment, concentrates on strengthening the knowledge, skills and attitudes obtained in levels 1 through 3. Post-release aftercare is the final level and begins at the time the inmate is released from the Perryville prison. Aftercare services are provided by the existing statewide coordinated care



management and counseling at Arizona TASC.

More than 500 women have been served in this program during the past two years. The staff involved in Road to Recovery have received strong feedback from participants and will be pleased when the Arizona State University completes an evaluation of the program next year. For more information on this program, contact Barbara Zugor, executive director, Arizona TASC, at (602) 254-2328, ext. 108.

Ohio's Court

TASC programs in Ohio are nonprofit agencies linked to a statewide substance abuse and mental health services system, serving adults and juveniles. Additionally, they work closely with drug courts and community corrections programs. The Butler County TASC program has become involved in a comprehensive community effort to assist clients with co-occurring disorders who are involved in the criminal justice system. Based on the community's needs, the Substance Abuse Mental Illness (SAMI) Court began in 1999. The court

was developed to meet the needs of a very difficult population — those with co-occurring disorders and a felony conviction. As an alternative to incarceration, the assessment process is extremely important. Clients may be recommended for the program if they are diagnosed with schizophrenia, bipolar disorder or severe recurring depression, have committed a felony and are appropriate for community sanctions.

The SAMI Court is based on the New Hampshire-Dartmouth Dual Disorder Integrated Treatment model, which was created by Dr. Robert Drake. There are four stages for treatment in this model: engagement, persuasion, active treatment and relapse prevention/aftercare.²

The SAMI Court, which includes a director, nurse/coordinator, therapist, case managers, dedicated probation officer, psychologist, psychiatrist and judge is similar to drug courts, but serves a very different population. The client has the option of participating in the program or going to prison. This coerced method of treatment, which has been shown to be effective in other programs, also has been shown to

The National Consortium of TASC Programs, a nonprofit association, supports more than 250 programs in 28 states.

maintain the client in this program during the difficult phase of engagement.

The program successfully serves felony offenders with severe mental health and substance abuse disorders in the community when the court and treatment providers work closely together. In addition, the community program must be highly individualized and flexible to engage difficult clients in treatment. The program can serve 25 clients at a time and may provide care for up to 24 months. During the four program stages, the clients confront their substance abuse and mental illness on an individualized basis. Abstinence is the goal of the program, but during the persuasion phase, the team assists the client in identifying his or her need to abstain from the use of substances. The active treatment is the longest phase of the program where the client is involved daily in group therapy, counseling, role playing, and appropriate medication assessment, selection and monitoring. SAMI clients must show significant changes in adherence to treatment and three months of abstinence from abused substances to graduate and are monitored for three months after their graduation.

The program has participated in three studies, two conducted by Wright State University School of Medicine and Quality Review Services and a cost study by independent researchers. The Wright State study found that during treatment, more than half experienced relapses, less than one-fifth were hospitalized, one-fifth exhibited

The TASC concept has gradually developed to meet jurisdictional needs over 30 years, but it is now emerging in many places as a flexible and efficient means for offender case management.

violent behavior and less than half were arrested or charged again. The Cost Study found that the SAMI program was less expensive than prison by more than one-third of the cost (on a per person per day measurement). The clients also had significantly lower hospital costs than they did in the two years before treatment. For more information on this program, contact Chris Connelly, executive director, Community Behavioral Health Corp., at (513) 785-4783 or Sandy McIntire, director of Butler County TASC, at (513) 737-7600.

The Growth of TASC

The TASC concept has gradually developed to meet jurisdictional needs over 30 years, but it is now emerging in many places as a flexible and efficient means for offender case management. TASC projects are making headway by incorporating problem-solving and evidence-based practices, which build links between justice agencies and health, educational, employment and social services resources. When operating with a coordinated comprehen-

sive statewide approach that includes corrections professionals, TASC programs will open doors for successful offender diversion, re-entry and participation in community life. For more information on TASC programs in a specific state, contact Mary Shilton, executive director of National TASC, at (703) 836-8272.

ENDNOTES

¹ Wright, R.F. 1998. *Managing prison growth in North Carolina through structured sentencing*. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice: Washington, D.C.

² Drake, R., S. Bartles, G. Teague, D. Noordsy and R. Clark. 1993. Treatment of substance abuse in severely mentally ill patients. *Journal of Nervous and Mental Disorder*, 181:606-611.

Karen V. Chapple, M.A., is vice president of Criminal Justice Services, and director of the North Carolina TASC Training Institute of Coastal Horizons Center Inc. Mary Shilton, M.S., J.D., is executive director of National TASC.