

TASC

Treatment Alternatives for Safe Communities

TASC Adult Criminal Justice Services

Information for Judges

TASC Administrative Offices
1500 N. Halsted St.
Chicago, IL 60642
(312) 787-0208
www.tasc.org

November 2009



Contents

A. Overview of Illinois TASC3

B. Illinois TASC Adult Criminal Justice Services5

C. Frequently Asked Questions About TASC.....6

D. History of TASC and Substance Abuse Intervention for Offenders in Illinois.....9

E. Alcoholism and Other Drug Abuse and Dependency Act11

A. Overview of Illinois TASC

Introduction

TASC, Inc. (Treatment Alternatives for Safe Communities) is a statewide, nonprofit organization that helps people who have substance abuse problems and who are involved in Illinois' criminal justice, corrections, juvenile justice, and child welfare systems. Our main purpose is to help people get the services they need to become healthy and productive.

More than 90 percent of TASC's 26,000 clients have alcohol and drug problems. TASC does not provide treatment; rather, we use our statewide network of clinical and other recovery support service providers to help adults and youth alike find the treatment and care they need to achieve recovery in their communities.

We conduct clinical assessments, place clients into community-based treatment programs, and provide ongoing support as clients go through services. We also provide ongoing monitoring and reporting of clients' progress.

There are a number of TASC programs across the country. The Illinois TASC program is the largest and most comprehensive. We were founded in 1976, and we serve every judicial circuit in the state.

TASC Adult Court and Probation Services

The aim of our Adult Court and Probation Services is to stop the cycle of addiction, crime, and incarceration by helping individuals become, and remain, drug-free and crime-free. Pursuant to Illinois statute, TASC is the sole agency designated by the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA) to provide substance abuse assessments and other specified services to the Illinois courts.

Working in collaboration with the criminal justice system, treatment providers, community leaders, and policymakers, TASC combines criminal justice sanctions and supervision with treatment and rehabilitative services. This approach helps alleviate the pressure that large numbers of non-violent offenders place on public systems, and slows the cycle of addiction, crime, and incarceration. Our statewide Adult Court and Probation Services reach more than 18,000 individuals in Illinois each year.

Other TASC Services

In addition to our Adult Court and Probation Services, which represent the largest category of programs at TASC, our other client and community services include Adult Corrections and Community Reentry Services, Youth and Family Services (including juvenile justice and juvenile corrections), and Health Services (primarily related to drug intervention in primary care settings and AIDS prevention). These program categories together serve approximately 8,000 individuals annually.

TASC also conducts research and evaluation, develops policy and programs, develops internet-based data management systems, administers a toxicology laboratory, and offers training and consultation services.

TASC Case Management

TASC's primary service is *clinical case management*. This involves assessing clients' clinical needs (usually drug dependency and related issues), advocating for clients who need treatment or other services, placing and monitoring clients in community-based services, and reporting on clients' progress to the referral source.

TASC's case management moves clients from public systems (e.g., criminal justice, corrections, child welfare) to a full continuum of community-based treatment programs and recovery support services. Our case managers advocate for clients and focus on their full engagement in treatment and recovery. TASC also provides access to community resources such as housing and employment throughout the time a client is enrolled in our services.

TASC's clinical case management services involve the following interrelated functions:

1) Assessment

We determine who needs services and which services they need. This means:

- Identifying who is appropriate for TASC
- Assessing clients' presenting problems and determining what services they need
- Creating plans with clients to help them get ready to make changes in their lives

2) Placement

We make sure clients get into and through treatment and other services. This means:

- Ensuring that clients get the services they need (usually treatment and other support services)
- Ensuring that clients stay in the services as long as they need them

3) Reporting

We monitor client progress and communicate with everyone involved to help clients succeed.

This means:

- Monitoring and reporting back to the referral source on clients' progress
- Ensuring ongoing communication between the referral source, service providers, and clients

We provide these services on a broad scale by partnering with hundreds of service providers and various systems throughout Illinois. Many of our services are statewide so we can offer the same kinds of services to thousands of clients across the state.

B. Illinois TASC Adult Criminal Justice Services

TASC seeks to rehabilitate drug-involved offenders by linking the criminal justice system with community-based treatment. Our role is to help people get into services in the community where they can achieve recovery and take control of their lives.

TASC acts as an independent advocate to make sure that individuals are getting into treatment and any other services they need, that they are staying in these services for as long as they need them, and that they are accountable to the justice system for the mandates of their sentence or supervision.

Statutory Eligibility

TASC supervision is an enhanced form of probation available to certain categories of drug-involved defendants. Eligibility criteria are defined by Article 40 of the Illinois Alcoholism and Other Drug Dependency Act (20 ILCS 301/40). Generally, all drug-involved defendants are de facto eligible for TASC supervision. However, the presiding judge may find the defendant to be **ineligible** for TASC services and deny consent for the defendant to participate if:

- The offense charged is a crime of violence;
- Charges alleging a violent crime are pending;
- The defendant has two or more prior violent convictions;
- The defendant elected and was admitted to a treatment program on two prior occasions within any consecutive two-year period under Article 40;
- The offense charged is a violation of Section 401 (a), (b), or (c);
- The offense charged is related to methamphetamines;
- The offense charged falls under any other exclusion (e.g., DUI offenses, residential burglaries with one or more prior felony convictions, other pending felony offenses, etc.); or
- The defendant does not meet TASC's criteria for acceptability (see below).

Note: The above represents generalized information on statutory ineligibility. For more detailed information, please see *Laws Related to TASC*.

TASC Acceptability

In addition to statutory eligibility, TASC also uses criteria to consider a defendant's acceptability. These criteria examine whether or not treatment is an appropriate response given the individual and his/her presenting circumstances. A defendant will be considered **unacceptable** for TASC services if:

- The defendant does not show signs of physical and/or emotional substance abuse/dependence;
- The defendant's criminal history includes a significant history of physical harm (current offense or two or more prior convictions) or use of a weapon in the commission of crimes; or
- The nature of the crime does not demonstrate a connection between the defendant's addiction and his/her criminal activity.

C. Frequently Asked Questions About TASC

Our referral sources (e.g., courts, corrections, and child welfare systems), Illinois TASC, and treatment all work together to give clients an opportunity to make positive and lasting changes in their lives. We each have distinct roles in achieving that goal.

1. What are the differences between TASC and treatment?

TASC and treatment programs provide different but complementary services. Treatment programs provide treatment; TASC does not. TASC's role is to get clients into the type and intensity of treatment that best meets their needs, and to help clients stay in services as long as they need them. We also help clients get other needed services (e.g., medical assistance, housing, etc.) outside of what treatment provides. In addition, we provide monitoring and reporting services for the referral system.

TASC's and treatment's discharge criteria also are different yet complementary. To be successfully discharged from treatment, a client needs to be clean and sober. To be successfully discharged from TASC, a client must not only complete treatment, but also meet the expectations of the referral system. These criteria may include, for example, having a place to live, a legal source of income, and no further justice involvement. We consider these factors because they have a significant impact on the client's likelihood of remaining crime-free in the future.

TASC offers case management services; some treatment providers also offer case management services, but of a different sort. Treatment programs' case management refers to managing clients within their own treatment system. For example, if a treatment agency has detoxification services, residential services, intensive outpatient programs, and outpatient programs, the agency may have internal case management to move clients from one level of care to the next, within their system. They may also provide access to other community resources while the client is receiving treatment from them.

TASC's case management recognizes that a given treatment program may be only one of a wide range of services necessary for the client to attain health and stability. We also recognize that clients may need to be transferred from one type of treatment to another as they progress through the terms of their TASC involvement. So we work with clients to identify and access other recovery support services with an ultimate goal of not only reducing clients' drug use, but also of ensuring that their circumstances (e.g., housing, incomes, etc.) will support long-term recovery and a crime-free lifestyle.

2. What is the difference between what TASC does and what Probation does?

TASC serves as a bridge that connects Probation to treatment and other community-based services. Probation refers clients to TASC. We use our wide network of providers to make sure that clients get into the right type and level of services. In this way, we ensure that limited clinical resources are used most efficiently.

If an individual is sentenced to Probation, the role of the Probation Officer is to ensure that all of the conditions of a probationer's sentence are met. TASC may be one of those conditions, and other conditions could include community service, restitution, staying within the state, and not violating any laws of any jurisdiction.

Failure to meet the conditions of probation can result in the Probation Officer filing a probation violation with the court. Only Probation can request that a client receive an official violation of probation and recommend consequences.

TASC's role is to make sure that the clinical aspects of individuals' probation sentences are met. For example, we monitor whether or not clients are showing up for and staying in the services they need to maintain their recovery. We support Probation by providing the Probation Officer with information on how clients are doing in terms of treatment and related recovery supports.

3. Does TASC design an individual plan or program for each probationer to complete?

Yes. TASC administers an in-depth assessment to determine the nature and extent of the probationer's substance abuse problem and the likelihood for successful recovery. TASC then develops individualized service plans that match each probationer's need for treatment with available community-based resources.

4. How does TASC determine what goes into that plan or program?

The TASC clinical assessment reviews the severity and duration of drug use and criminal justice involvement, educational accomplishment, work history, housing status, degree of support for a drug- and crime-free lifestyle, and previous experiences with substance abuse treatment and probation. TASC uses medical criteria (established by the American Society of Addiction Medicine and the American Psychiatric Association) to determine the appropriate course of substance abuse treatment.

Given the multiple service needs of most TASC clients, service plans may include provisions for linkage to substance abuse treatment, vocational/educational resources, medical/mental health providers, services that address issues of domestic violence, and other ancillary services.

5. Does the probationer's assigned Probation Officer get a copy of the plan or program?

TASC tenders a findings report to the court that includes the recommended level of substance abuse treatment and suggested ancillary services. This findings report is the basis for service planning for the individual probationer and is available to the Probation Department, if requested, from either the court file or TASC. The assigned Probation Officer is kept informed of treatment progress through regular status reports.

6. How is the success or failure of a TASC probationer determined?

Criteria for successful completion of TASC go beyond those of treatment. All of the following criteria must be met in order for a probationer to be successfully terminated from TASC:

- The probationer has satisfactorily completed all treatment requirements per his/her individualized service plan;
- The probationer has maintained a substance-free status for a minimum of the final four months of TASC services;
- The probationer has secured a stable living environment upon discharge from all treatment requirements; and
- The probationer has secured a legitimate, stable source of income or has full-time student status.

7. Does TASC identify or track probationers using the same identifiers as the Probation Department?

No. Reporting requirements set by the Illinois Department of Human Services Division of Alcoholism and Substance Abuse require TASC to use the probationer's social security number, whereas Probation generally uses the case number. It should be noted that individual probationers also can be tracked using a date of birth by TASC's management information system (MIS) system, which is compatible with the Probation Department's system.

D. History of TASC and Substance Abuse Intervention for Offenders in Illinois

National Backdrop. In 1972 Congress announced a major revision in its war on drug use and addiction with the passage of the Drug Abuse Office and Treatment Act. Faced with the prospect of increasingly harsh drug laws criminalizing an entire generation of America's youth whose illicit drug use had become epidemic, Congress appropriated tens of millions of dollars to establish a comprehensive treatment system as an alternative.

The cornerstone of this public policy initiative was the diversion of offenders with drug abuse problems out of the criminal justice system and into treatment programs. Funding to the states to establish a single state agency responsible for licensing and funding diversionary programs and treatment facilities was immediate and massive. In 1974, the Illinois legislature responded by enacting the Dangerous Drug Abuse Act and creating what was then known as the Dangerous Drugs Commission as the state's single state agency.

At the same time, the federal Law Enforcement Assistance Administration funded development of TASC programs throughout the country to organize the referral of criminal justice clients to community-based treatment systems so communities could be assured of enhanced supervision, access to treatment, and retention in treatment as a response to local public safety concerns and the criminal justice system could be assured of increased accountability among the proliferating numbers of drug-involved offenders.

TASC was established in Cook County as one of the first LEAA TASC grants in the early 1970s and TASC, Inc. was formed in 1976 as an independent non-profit organization.

Alcoholism and Other Drug Dependency Act. Illinois institutionalized its systemic approach to dealing with drug-involved offenders in 1987 with the passage of the Alcoholism and Other Drug Abuse Dependency Act (AODADA), codified as Chapter 20 of the Illinois Compiled Statutes, Act 301. The placement of these provisions into Chapter 20 is significant. Unlike other criminal justice provisions, which are generally written into the portions of the Illinois code relating to criminal offenses, sentencing or corrections, major provisions for treatment for justice clients have always been the purview of the Department of Human Services. It is clear that the legislature intended that these services be provided for and monitored by the state agency with oversight over substance abuse treatment, and not solely the justice system.

The Designated Program. The AODADA describes eligibility and process for criminal justice interventions in Section 40, commonly referred to as “the TASC statute.” This section mandates the availability of treatment alternatives to drug-involved offenders under the supervision of a “designated program.” The option for treatment under the supervision of the designated program was intended by the legislature to particularly target those offenders who, were it not for the designated program process and services, would be incarcerated. The legislature saw this option as necessary to achieve its stated purpose that these individuals be given an opportunity “to lead

healthy and drug-free lives and become productive citizens in the community.” Subsequent case law has affirmed the importance of the designated program provisions:

“The purpose of the Alcoholism and Other Drug Dependency Act is to prevent drug abuse and encourage treatment and rehabilitation by allowing eligible defendants to elect rehabilitative treatment instead of traditional sentencing, and to achieve that purpose, the provisions of the Act must be liberally construed.” (People v. Brown, 1994)

Administrative Rule Governing the Designated Program. To ensure quality and control over services provided by the designated program, the AODADA required DHS to develop licensure criteria for clinical case management of criminal justice clients. This mandate resulted in the designated program licensure provisions currently put forth in Illinois Administrative Rule 2060.507. Among the key distinctions of this rule is that the designated program be a single organization providing uniform services statewide, with accountability between and among the designated program, the courts, and the community-based treatment network. TASC has been the sole holder of the designated program license since its inception in 1987.

Administrative Rule for IDOC Releasees. In 2002, the scope of designated program responsibilities was expanded with the passage of Illinois Administrative Rule 470.80, which provides for designated program services as a complement to IDOC supervision of certain drug-involved releasees. This rule closely mirrors 2060.507, and references that rule in determining who the designated program should be. In doing so, the two rules are linked – the designated program for the court system is also the designated program for IDOC releasees.

Changes in the Key Statutory Constructs. As with all statutes, those related to the designated program can and have been amended, as recently as 2005, when methamphetamine crimes were made ineligible for designated program supervision. As will be discussed in the following section of this document, the designated program statute – 20 ILCS 301/40 – is not the only statute that may affect who may or may not elect designated program supervision. Statutes related to felony classification, probation eligibility, and other intervention alternatives may be equally as significant in shaping the ongoing role of the designated program in Illinois.

E. Alcoholism and Other Drug Abuse and Dependency Act

Last edited May 2006

Summary: Defines the role and requirements of the Department of Human Services, and specifically the requirements related to criminal justice populations and designated program oversight. Also contains key definitions.

Abbrev. Citation: 20 ILCS 301/1-1 et. seq.

Common Name: None

The Alcoholism and Other Drug Abuse and Dependency Act (AODADA) governs the overall roles and responsibilities of the Department of Human Services. Among the provisions are those related to treatment for criminal justice populations and the designated program license. The key provisions of the Act are described below and the full text of those provisions follows.

NOTE: The "TASC statute" falls under this Act, but is described in much more detail in Section 7.

Intent of the Act. The Act states the following as its Legislative Declaration:

The abuse and misuse of alcohol and other drugs constitutes a serious public health problem *the effects of which on public safety and the criminal justice system cause serious social and economic losses, as well as great human suffering*. It is imperative that a comprehensive and coordinated strategy be developed under the leadership of a State agency...to provide intervention, treatment, rehabilitation and other services to those who misuse alcohol or other drugs (and, when appropriate, the families of those persons) to lead healthy and drug-free lives and become productive citizens in the community.

Key Definitions. The AODADA includes the following definitions, which apply to all services overseen by DHS. The full text of these definitions is provided in the pages that follow:

"Addiction" means a disease process characterized by the continued use of a specific psycho-active substance despite physical, psychological or social harm. The term also describes the advanced stages of chemical dependency.

"Case management" means those services which will assist individuals in gaining access to needed social, educational, medical, treatment and other services.

"Crime of violence" means any of the following crimes: murder, voluntary manslaughter, criminal sexual assault, aggravated criminal sexual assault, predatory criminal sexual assault of a child, armed robbery, robbery, arson, kidnapping, aggravated battery,

aggravated arson, or any other felony which involves the use or threat of physical force or violence against another individual. (*NOTE: This definition is critical in determining TASC eligibility.*)

"Designated program" means a program designated by the Department to provide statewide uniform screening, assessing, referring and tracking clients identified by the criminal justice system.

"Substance abuse" or "abuse" means a pattern of use of alcohol or other drugs with the potential of leading to immediate functional problems or to alcoholism or other drug dependency, or to the use of alcohol and/or other drugs solely for purposes of intoxication. The term also means the use of illegal drugs by persons of any age, and the use of alcohol by persons under the age of 21.

"Treatment" means the broad range of emergency, outpatient, intermediate and residential services and care (including assessment, diagnosis, medical, psychiatric, psychological and social services, care and counseling, and aftercare) which may be extended to individuals who abuse or are dependent on alcohol or other drugs or families of those persons.

Functions of the Department of Human Services. As relates to criminal justice population, DHS is required to:

“Designate and license providers to conduct screening, assessment, referral and tracking of clients identified by the criminal justice system as having indications of alcoholism or other drug abuse or dependency and being eligible to make an election for treatment under Section 40-5 of this Act, and assist in the placement of individuals who are under court order to participate in treatment.”

Licensure. The Act requires DHS to develop licensure requirements for screening, assessment, referral and tracking of drug-involved clients in the justice system, thereby establishing clinical case management as one of five core areas of service oversight for this population. This statute directly resulted in the development of Administrative Rule 2060.507 (see Sec. 4).

Full Text

ALCOHOLISM AND OTHER DRUG ABUSE AND DEPENDENCY ACT 20 ILCS 301

Sec. 1-5. Legislative Declaration. The abuse and misuse of alcohol and other drugs constitutes a serious public health problem the effects of which on public safety and the criminal justice system cause serious social and economic losses, as well as great human suffering. It is imperative that a comprehensive and coordinated strategy be developed under the leadership of a State agency and implemented through the facilities of federal and local government and community-based agencies (which may be public or private, volunteer or professional) to empower individuals and communities through local prevention efforts and to provide intervention, treatment, rehabilitation and other services to those who misuse alcohol or other drugs (and, when appropriate, the families of those persons) to lead healthy and drug-free lives and become productive citizens in the community.

The human, social, and economic benefits of preventing alcohol and other drug abuse and dependence are great, and it is imperative that there be interagency cooperation in the planning and delivery of alcohol and other drug abuse prevention, intervention, and treatment efforts in Illinois.

The provisions of this Act shall be liberally construed to enable the Department to carry out these objectives and purposes.

Sec. 1-10. Definitions. As used in this Act, unless the context clearly indicates otherwise, the following words and terms have the following meanings:

...

"Addict" means a person who exhibits the disease known as "addiction."

"Addiction" means a disease process characterized by the continued use of a specific psychoactive substance despite physical, psychological or social harm. The term also describes the advanced stages of chemical dependency.

...

"Alcoholic" means a person who exhibits the disease known as "alcoholism."

"Alcoholism" means a chronic and progressive disease or illness characterized by preoccupation with and loss of control over the consumption of alcohol, and the use of alcohol despite adverse consequences. Typically, combinations of the following tendencies are also present: periodic or chronic intoxication; physical disability; impaired emotional, occupational or social adjustment; tendency toward relapse; a detrimental effect on the individual, his family and society; psychological dependence; and physical dependence. Alcoholism is also known as addiction to alcohol. Alcoholism is described and further categorized in clinical detail in the DSM and the ICD.

"Array of services" means assistance to individuals, families and communities in response to alcohol or other drug abuse or dependency. The array of services includes, but is not limited to: prevention assistance for communities and schools; case finding, assessment and intervention to help individuals stop abusing alcohol or other drugs; case management;

detoxification to aid individuals in physically withdrawing from alcohol or other drugs; short-term and long-term treatment and support services to help individuals and family members begin the process of recovery; prescription and dispensing of the drug methadone or other medications as an adjunct to treatment; relapse prevention services; education and counseling for children or other co-dependents of alcoholics or other drug abusers or addicts.

"Case management" means those services which will assist individuals in gaining access to needed social, educational, medical, treatment and other services.

...

"Controlled substance" means any substance or immediate precursor which is enumerated in the schedules of Article II of the Illinois Controlled Substances Act or the Cannabis Control Act.

"Crime of violence" means any of the following crimes: murder, voluntary manslaughter, criminal sexual assault, aggravated criminal sexual assault, predatory criminal sexual assault of a child, armed robbery, robbery, arson, kidnapping, aggravated battery, aggravated arson, or any other felony which involves the use or threat of physical force or violence against another individual.

...

"Designated program" means a program designated by the Department to provide services described in subsection (c) or (d) of Section 15-10 of this Act. A designated program's primary function is screening, assessing, referring and tracking clients identified by the criminal justice system, and the program agrees to apply statewide the standards, uniform criteria and procedures established by the Department pursuant to such designation.

...

"Prevention" means an interactive process of individuals, families, schools, religious organizations, communities and regional, state and national organizations to reduce alcoholism, prevent the use of illegal drugs and the abuse of legal drugs by persons of all ages, prevent the use of alcohol by minors, build the capacities of individuals and systems, and promote healthy environments, lifestyles and behaviors.

...

"Recovery" means the long-term, often life-long, process in which an addicted person changes the way in which he makes decisions and establishes personal and life priorities. The evolution of this decision-making and priority-setting process is generally manifested by an obvious improvement in the individual's life and lifestyle and by his overcoming the abuse of or dependence on alcohol or other drugs. Recovery is also generally manifested by prolonged periods of abstinence from addictive chemicals which are not medically supervised. Recovery is the goal of treatment.

"Rehabilitation" means a process whereby those clinical services necessary and appropriate for improving an individual's life and lifestyle and for overcoming his or her abuse of or dependency upon alcohol or other drugs, or both, are delivered in an appropriate setting and manner as defined in rules established by the Department.

"Relapse" means a process which is manifested by a progressive pattern of behavior that reactivates the symptoms of a disease or creates debilitating conditions in an individual who has experienced remission from addiction or alcoholism.

...

"Substance abuse" or "abuse" means a pattern of use of alcohol or other drugs with the potential of leading to immediate functional problems or to alcoholism or other drug dependency, or to the use of alcohol and/or other drugs solely for purposes of intoxication. The term also means the use of illegal drugs by persons of any age, and the use of alcohol by persons under the age of 21.

"Treatment" means the broad range of emergency, outpatient, intermediate and residential services and care (including assessment, diagnosis, medical, psychiatric, psychological and social services, care and counseling, and aftercare) which may be extended to individuals who abuse or are dependent on alcohol or other drugs or families of those persons.

...

Sec. 5-10. Functions of the Department.

- (a) In addition to the powers, duties and functions vested in the Department by this Act, or by other laws of this State, the Department shall carry out the following activities:
- (1) Design, coordinate and fund a comprehensive and coordinated community-based and culturally and gender-appropriate array of services throughout the State for the prevention, intervention, treatment and rehabilitation of alcohol and other drug abuse and dependency that is accessible and addresses the needs of at-risk or addicted individuals and their families.
 - ...
 - (9) Designate and license providers to conduct screening, assessment, referral and tracking of clients identified by the criminal justice system as having indications of alcoholism or other drug abuse or dependency and being eligible to make an election for treatment under Section 40-5 of this Act, and assist in the placement of individuals who are under court order to participate in treatment.

...

Sec. 15-10. Licensure categories. No person or program may provide the services or conduct the activities described in this Section without first obtaining a license therefore from the Department. The Department shall, by rule, provide licensure requirements for each of the following categories of service:

- (a) Residential treatment for alcoholism and other drug abuse and dependency.
- (b) Outpatient treatment for alcoholism and other drug abuse and dependency.
- (c) *The screening, assessment, referral or tracking of clients identified by the criminal justice system as having indications of alcoholism or other drug abuse or dependency.*
- (d) D.U.I. evaluation services for Illinois courts and the Secretary of State.
- (e) D.U.I. remedial education services for Illinois courts or the Secretary of State.