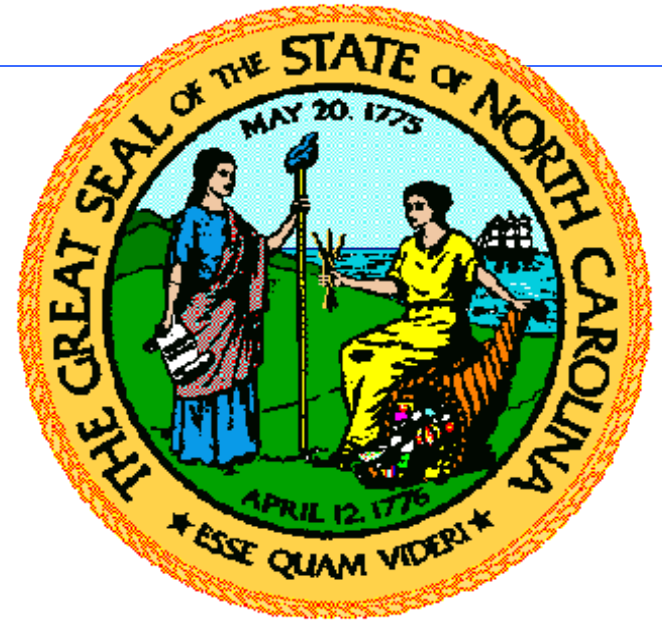


TASC

**NC TASC**

**Bridging Systems  
for Effective  
Care Management of Persons  
with SA/MH Problems  
Involved in the Criminal  
Justice System**



# NC Problem Statement

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- **Limited Treatment Resources**
- **Complex Clients:**
  - challenging behavioral health needs
  - serious consequences of failure
- **Recidivism & Relapse are Common**
- **Need for CJ Specific EBP**

**Need options to improve access to & retention in treatment, while preserving public safety**

# Balancing Control & Tx

- **One Offender**  
**One Case Plan**  
**One Team**
- **Common Goal: Safely manage high-risk, high-need offenders in the community**
- **Balances Intervention Opportunities provided thru DMHDDSAS & Supervision provided thru Community Corrections & AOC**



# DMHDDSAS-DAC-AOC MOA

**Memorandum of Agreement  
between the  
North Carolina Division of Mental Health, Developmental Disabilities  
and Substance Abuse Services  
and the  
North Carolina Division of Adult Correction  
and the  
North Carolina Administrative Office of the Courts**

This Memorandum of Agreement (MOA) and Appendices are entered by and between the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), the Division of Adult Correction (DAC) and the Administrative Office of the Courts (AOC) for the purpose of supporting a comprehensive offender management approach that ensures public safety by addressing the criminogenic needs of offenders.

Community Corrections (CC) provides supervision of offenders in the community. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) oversees the delivery of community-based services and supports. AOC provides training and technical assistance to local courts who operate Adult Drug Treatment Courts (DTC) pursuant to the N.C. Drug Treatment Court Act. Alcoholism and Chemical Dependency Programs (ACDP) and Prisons impact community corrections through the release of offenders who have received services while in custody or while in a residential facility (DART-Cherry or Black Mountain Substance Abuse Treatment Center for Women). All requiring structured links for coordinating community-based supervision, services and supports.

The purpose of a comprehensive offender management strategy is to create a seamless system built on the ideals of integrated service delivery and coordination of resources that provide effective interventions for offenders. This Memorandum of Agreement and its Appendices present a systemic approach for accessing community-based services through screening and assessment, matching to appropriate interventions and managing plans. The objectives are to:



# **NIC' s The Principles of Effective Interventions**

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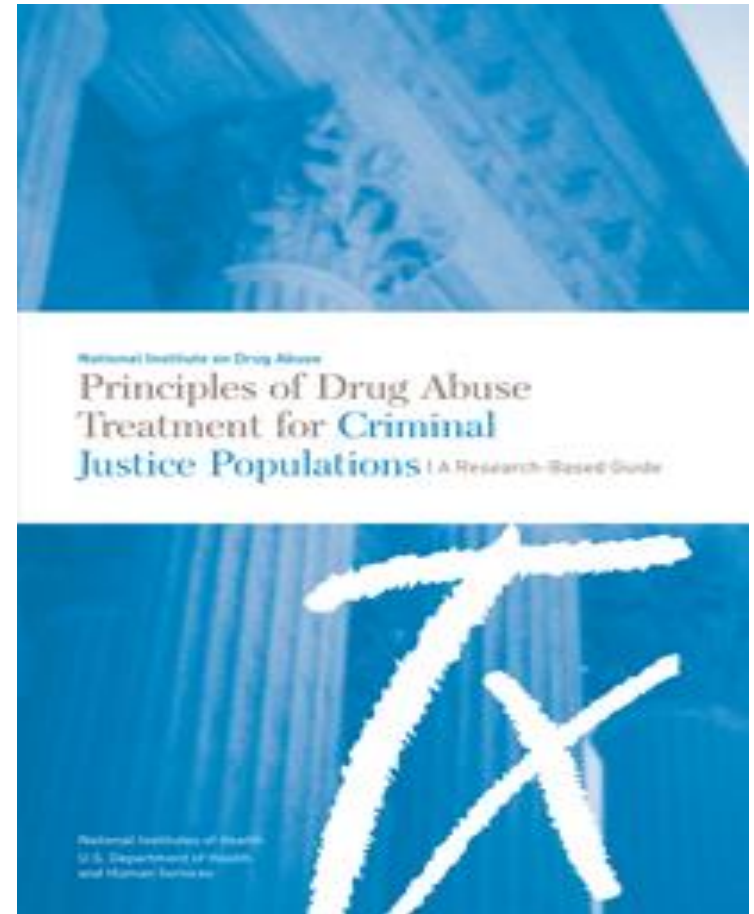
- 1. Assess Actuarial Risk/Needs**
- 2. Enhance Intrinsic Motivation**
- 3. Target Interventions**
  - Risk Principle
  - Need Principle
  - Responsivity Principle
  - Dosage
  - Treatment Principle
- 4. Skill Train with Directed Practice**
- 5. Increase Positive Reinforcement**
- 6. Engage Ongoing Support in Natural Communities**
- 7. Measure Relevant Processes/Practices**
- 8. Provide Measurement Feedback**





# NIDA Principles for CJ Pops

Treatment principles & research findings particularly relevant to the criminal justice community & treatment professionals working with persons with substance use disorders and criminal justice system involvement.



[www.nida.nih.gov](http://www.nida.nih.gov)



# What is TASC?

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- **A model that bridges two separate systems: justice & treatment**
- **Links treatment & justice goals of reduced drug use & criminal activity**
- **Uses processes that improve treatment access, engagement & retention**



# TASC Services

- **Screening & Assessment**
- **Referral & Placement**
- **Care Planning, Coordination & Management**
- **Reporting Progress to Justice System**





# TASC Eligibility

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- **Criminal Justice System involvement**
- **voluntary consent to participate**
- **evidence of a history or potential substance abuse &/or mental health issue, including drug-related charges**



# TASC in NC

- **1978 First TASC Programs in NC**
- **1993 10 Programs in 20 Counties**
- **1994 Structured Sentencing Act**
- **1998 23 Programs in 43 Counties**
- **2000 SOP; DHHS-DOC MOA**
- **2001 TASC Training Institute**
- **2002 Services available in all 100 Counties**
- **2005 AOC joined MOA**
- **2007 15,000+ Persons Served**
- **2014 20,000+ Persons Served (FY1314)**



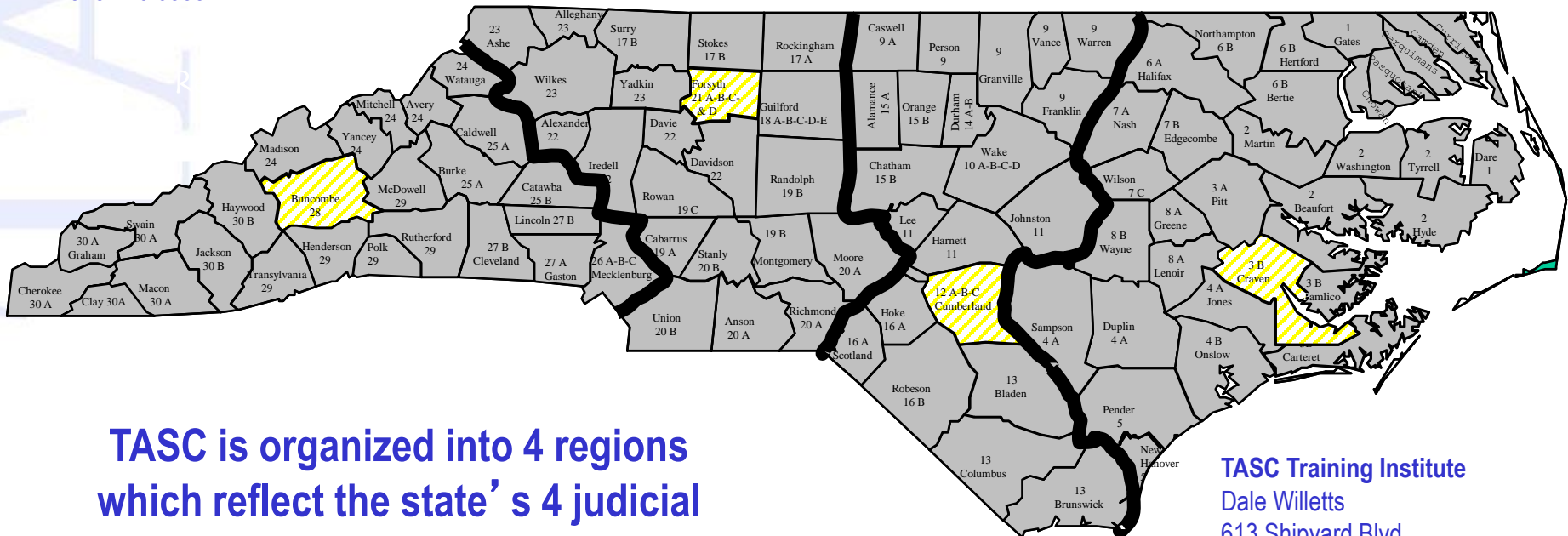
# North Carolina TASC Network

**Region 4** – Carlene Wood  
370 N.Louisiana Ave, Ste. E-3  
Asheville, NC 28806  
828.210.0535

**Region 3** – Michael Gray  
516 N. Trade St.  
Winston-Salem, NC 27101  
336.714.7080

**Region 2** – Andy Miller  
412 West Russell  
Fayetteville, NC 28302  
910.321.6796

**Region 1** – Jennifer Saphara  
609 Shipyard Blvd.  
Wilmington, NC  
910-202-5125



**TASC is organized into 4 regions which reflect the state's 4 judicial divisions, consistent with the unified court & statewide probation systems**

**TASC Training Institute**  
Dale Willetts  
613 Shipyard Blvd.  
Wilmington, NC 28412  
910.202.5500

# TASC Quality Points

- **National TASC Critical Elements**
- **NC TASC Standard Operating Procedures**
- **Statewide Availability for Equity**
- **Regional Management for Economies of Scale**
- **Funding contingent on DMHDDSAS-DAC-AOC MOA compliance**
- **Local Memoranda of Agreement**
- **All staff registered, certified or licensed w/ NCSAPPB**
- **Addiction Severity Index (ASI-MV) / ASAM Criteria**
- **NC TASC Training Institute**
- **NC-TOPPS TASC CJM Measures**



# Drugs & Crime

- **1 in 34 adults are under correctional supervision\***

\*BJS Correctional Surveys, 2011

- **SA is disproportionately represented in correctional populations\***

- 80% of parolees
- 80% of prison inmates
- 67% of probationers

\*Report of the Re-Entry Policy Council, CSG, 2005

- **59% of SA referrals from CJS**



# Drugs & Crime in NC

- **38,133 people in NC prisons\***
  - **30,506 need substance abuse services**

Note: 97% will be released
- **103,890 people on probation, parole or post-release in NC\***
  - **69,606 need substance abuse services**

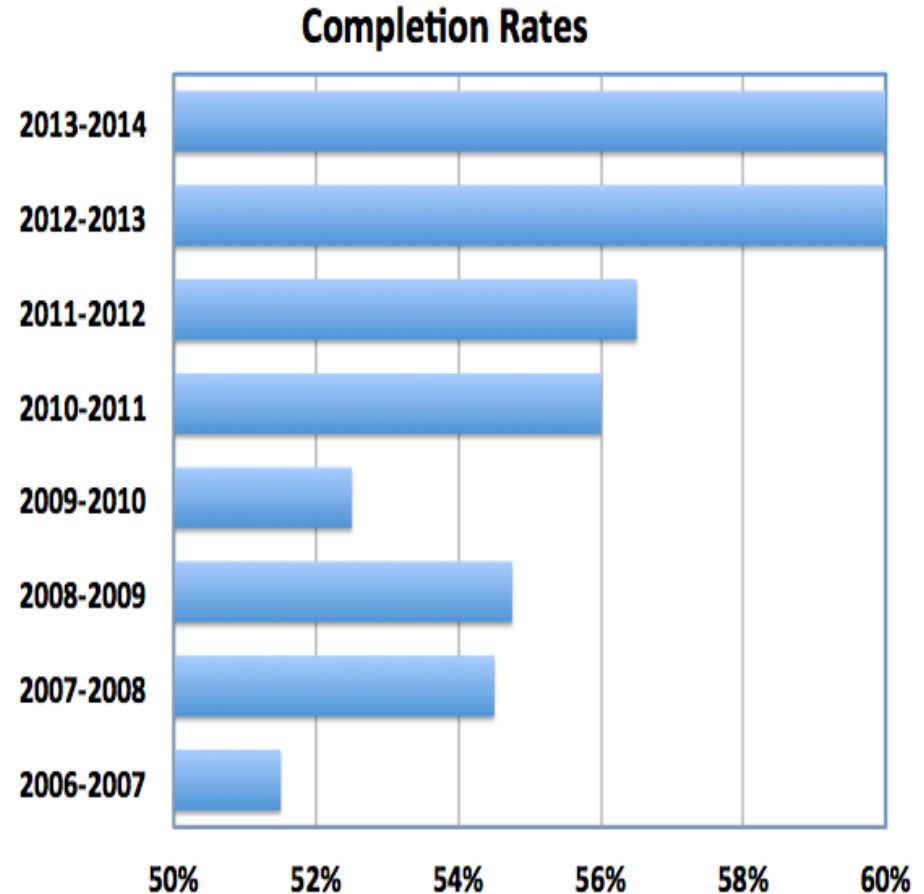
\* NCDOC Research & Planning, October 17, 2014 populations





# The People TASC Serves

- **19,292 Admissions**
- **76% Male**
- **51% Non-White**
- **31 Average Age**
- **69% Never Married**
- **32% No HS Diploma**
- **41% Unemployed**

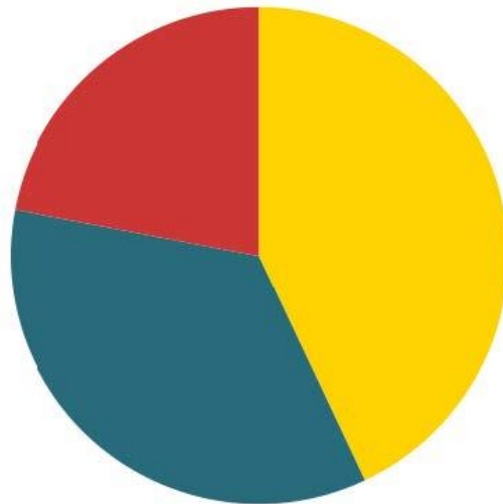


NCTOPPS TASC FY1314 Intake Data



# TASC Facts

## Substance Use Diagnosis



■ Dependency ■ Abuse ■ No SA Diagnosis

42% Dependence / 37% Abuse / 21% None

- **5 month Average Length of Stay**
- **\$1.36 cost per day**
- **50% increase in persons served over the last 7 years**
- **20% increase in Successful Completions over the last 7 years**



# TASC Benefits

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- **Increases Client Identification**
- **Provides Independent Assessment of Need**
- **Improves Treatment Engagement**
- **Improves Treatment Retention & Compliance**
- **Provides Support & Continuity during Treatment & Criminal Justice Transitions**



# TASC Benefits

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- **Maintains clear Roles & Responsibilities**
  - Treatment providers focus on client care
  - Probation Officers focus on supervision
- **Balances Control & Treatment**
- **Improves Communication among Systems, appropriately managing client confidentiality**
- **Provides additional information for Treatment, Judicial & Correctional Decision-Making**



# Second Chance Reentry Program

- \$600,000 - 2 years – funded by the Bureau of Justice Assistance
- Individuals involved incarcerated in NHC with Co-occurring disorders
- Priority population is women
- Providing:
  - Assessment
  - Treatment
  - Residential Placement
  - Case Management linkages

# FOR MORE INFORMATION

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- **DALE WILLETTS**

TASC Training Institute *of Coastal Horizons Center*

910-202-5500

[dwilletts@nctasc.com](mailto:dwilletts@nctasc.com)

- **KAREN CHAPPLE**

Coastal Horizons Center – Wilmington Office

910-524-4800

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