U.S. Department of Justice
Office of Justice Programs

Treatment Alternatives to Street Crime (TASC): Implementing the Model

Bureau of Justice Assistance

IMPLEMENTATION MANUAL

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September 1988

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Prepared under cooperative agreement number 86-SA-CX-K026
by the National Association of State Alcohol and
Drug Abuse Directors

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The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program Offices and Bureaus: National Institute of Justice, Bureau of Justice Statistics, Bureau of Justice Assistance, Office of Juvenile Justice and Delinquency Prevention, and Office for Victims of Crime.

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance

Office of the Director

Washington, D.C. 20531

I am pleased to present this manual for implementing a Treatment Alternatives to Street Crime (TASC) program. The manual is intended to give practical advice and workable instructions on starting a new TASC program and/or improving an existing program.

The Bureau of Justice Assistance (BJA) has identified TASC as one of 11 "certified" programs eligible for block grant funding under the Justice Assistance Act of 1984 and the Anti-Drug Abuse Act of 1986. BJA's program brief for TASC identifies 10 program elements and performance standards as "critical" to the proper operation of a TASC program.

This manual portrays, in a sensible and usable manner, how each of the 10 critical elements may be put into operation. I think you will find the manual's presentation pleasant and even amusing.

Sincerely,

Charles P. Smith
Director

Table of Contents

Acknowledgements

This manual was completed by the TASC field for the TASC field and could not have been completed without the cooperation and contributions of many TASC programs and TASC professionals around the country.

Specifically, we would like to thank W. Chester Bell, Marion Ciaccio, Paddy Shannon Cook, Kate Nielson-Nunez and Kenneth Thornburg who assisted in the development of the format, structure and the written word, helping to make this manual easy to read.

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Beth Weinman
National Association
of State Alcohol and
Drug Abuse Directors

September 1988

Introduction

What has made TASC programming so successful? Why does it continue to be strong, viable and effective? Why should you read this manual?

We have attempted to write a thoughtful, comprehensive manual in a style that will ease you through it without the monotonous details that often accompany such a manual.

This manual is about TASC, about how to get TASC up and running successfully.

TASC programming was developed in 1972. Since then, we have achieved a clearer understanding about how to develop and implement TASC effectively. This is the message we hope to relay to you.

Today the TASC professional has more resources available to him or her than during TASC's early years, such as:

- A core programming, or orthodoxy, to distinguish the generic TASC framework and performance standards from other similar programs and to ensure successful replication and a common understanding of mission, philosophy and terminology that is critical to clear communication;

- Program adaptability or potential for TASC's replication in a variety of settings because it meets common needs, has simplicity of purpose, can be easily implemented and garners continuing support. A transferability adds flexibility to the core standards required by the orthodoxy and enccurages both communication and innovation; and

- Durability and stability that are expressed in the adequacy of human and material program resources for continuing commitment and organizational viability. This permanency implies a network of well-qualified peers dedicated to maintaining program operations and visibility across specific site and time boundaries.

We hope you heed these critical points and build, from a solid foundation, a program that can withstand the slings and arrows that inevitably come with being placed in the middle -- between the criminal justice system and providers of substance abuse treatment.

Certain critical program elements have always proven to be essential to the success of TASC. TASC failures can be traced to neglect of a certain critical step. Experience has shown the TASC model to be highly transferable if these elements are incorporated. In this book one chapter is devoted to each of these critical program elements.

Each program element has a specific purpose and rationale. We have attempted to provide samples and examples of the procedures you will need to design to assure that your TASC program addresses each critical element.

This manual will not only assist those implementing TASC programming, but it will also help developing and mature programs assess their operations and identify program deficiencies or specific problem areas.

This manual is written from the historical and experiential base of TASC program professionals nationwide who believe that informed TASC program implementation will create successful TASC programming. It's hard work but also immensely important, rewarding and fun.

The TASC Mission and Philosophy

Treatment Alternatives to Street Crime (TASC) provides an objective and effective bridge between two separate institutions: the justice system and the treatment community. The justice system's legal sanctions reflect community concerns for public safety and punishment, whereas the treatment community emphasizes therapeutic relationships as a means for changing individual behavior and reducing the personal suffering associated with substance abuse and other problems. Under TASC supervision, community-based treatment is made available to drug-dependent individuals who would otherwise burden the justice system with their persistent and associated criminality.

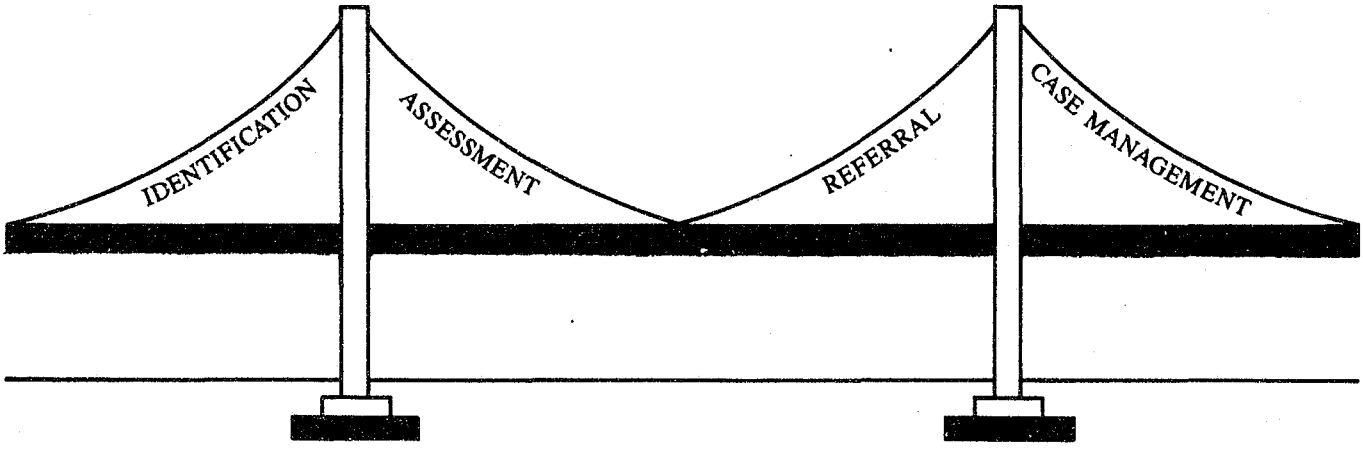
TASC programs were initiated in 1972 in response to recognized links between substance abuse and criminal behavior. The mission of TASC is to participate in justice system processing as early in the continuum as acceptable to participating agencies. TASC identifies, assesses and refers appropriate drug- and/or alcohol-dependent offenders accused or convicted of nonviolent crimes to community-based substance abuse treatment as an alternative or supplement to existing justice system sanctions and procedures. TASC then monitors the drug-dependent offender's compliance with individually tailored progress expectations for abstinence, employment and improved social-personal functioning. It then reports treatment results back to the referring justice system component. Clients who violate conditions of their justice mandate, TASC or treatment agreement are usually sent back to the justice system for continued processing or sanctions.

TASC combines the influence of legal sanctions for probable or proven crimes with the appeal of such innovative justice system dispositions as deferred prosecution, creative community sentencing, diversion, pretrial intervention, probation and parole supervision to motivate treatment cooperation by the substance abuser. Through treatment referral and closely supervised community reintegration, TASC aims to permanently interrupt the vicious cycle of addiction, criminality, arrest, prosecution, conviction, incarceration, release, readdiction, criminality and rearrest.

TASC programs not only offer renewed hope to drug- and alcohol-dependent clients by encouraging them to alter their lifestyles while remaining in their own communities, but they also provide important incentives to other justice and treatment system participants. TASC can reduce the costs and relieve many substance abuse-related processing burdens within the justice system through assistance with such duties as addiction-related medical situations, pretrial screening and posttrial supervision.

The treatment community also benefits from TASC's legal focus, which seems to motivate and prolong clients' treatment cooperation and ensures clear definition and observation of criteria for treatment dismissal or completion. Public safety is also increased through TASC's careful supervision of criminally involved clients during their community-based treatment.

The TASC Bridge



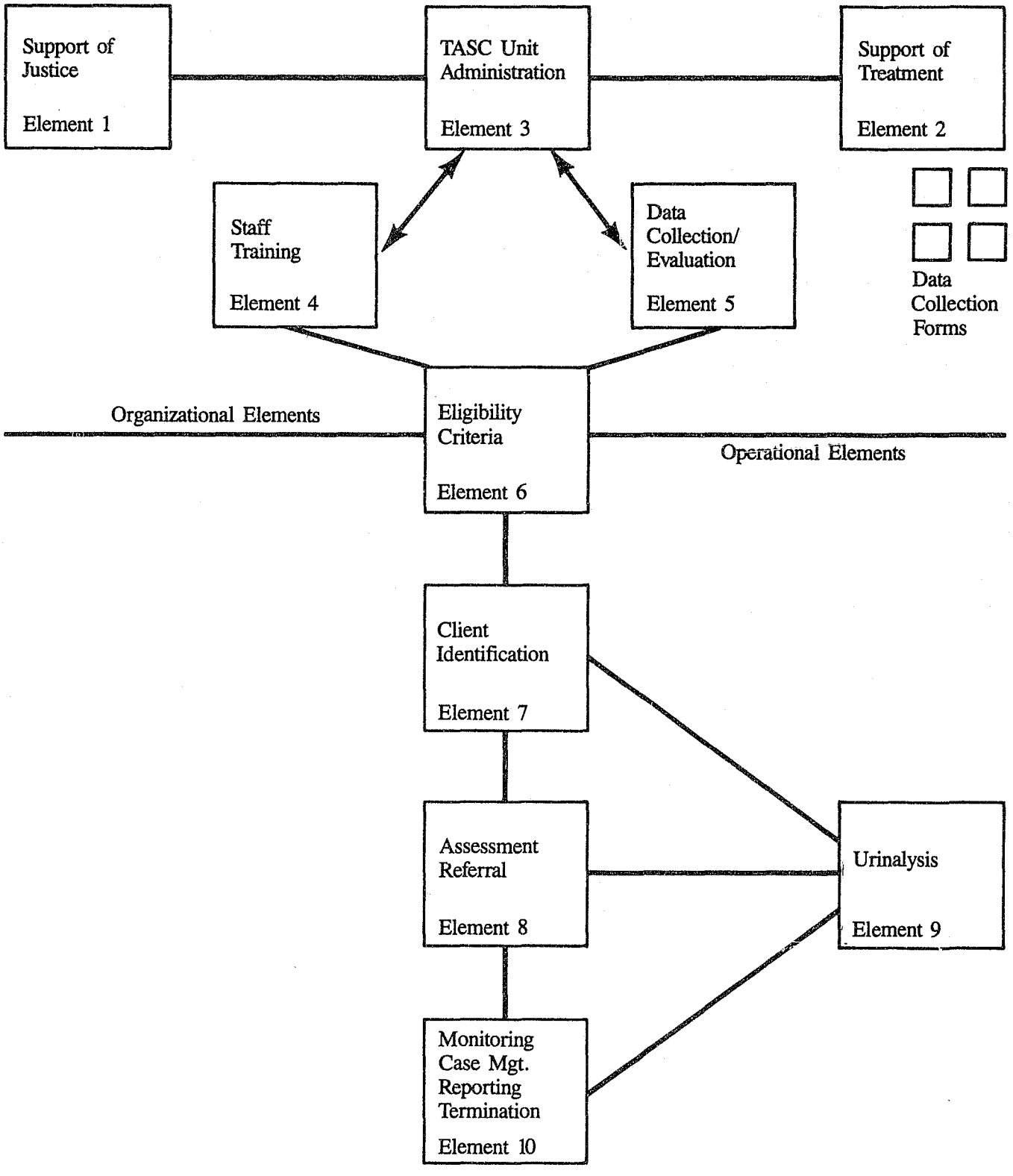
Justice System

- legal sanctions
- community safety
- punishment

Treatment System

- therapeutic relationship
- changing individual behavior
- reducing personal suffering

The TASC System Flow by Element



Organizational Elements

Element 1: Broad-Based Supoort by the Justice System

Performance Standards:

1. Documentation of meetings convened by TASC staff with each justice system representative (e.g., from the defense and prosecuting attorneys' offices, courts, probation, parole, police, corrections, jail, etc.) within two months of program initiation to:

    o provide participants with an explanation and written description of the TASC mission and services; and

    o negotiate memorandums of understanding between TASC and cooperating justice system components outlining TASC responsibilities and procedures for service delivery and the minimum requirements for effective justice system communication.

2. Documented procedures outlining an understanding of contacts and expectations between TASC and each participating component of the justice system which specify, at minimum, client screening responsibilities, referral arrangements, court appearance/testimony requirements, progress reporting, termination criteria and protocols.

3. A documented schedule and protocol for regular communications between TASC and participating justice system components, including court activities.

Purpose: To establish and maintain necessary communication and formal agreements for client referrals from justice system components to ensure the effective and accountable operation of TASC. (Translation: Getting TASC and the criminal justice staff on the same team and speaking the same language.)

Rationale: Without the support of the criminal justice system, TASC will fail. For example, observe the marginal effectiveness of a probation officer who is not supported by a judge or a pretrial intervention program that is out of favor with the state attorney. Programs like TASC are either fully supported by criminal justice, or they are avoided completely. There appears to be little middle ground. TASC must be perceived as very good because if not, it will not be used as intended in the model or will not be used at all.

Getting and maintaining broad-based support of the justice system is difficult for many reasons, but most difficulties relate to the stereotype of persons who work in drug intervention/treatment/rehabilitation as:

- o very young,
- o nervous looking,
- o liberal,
- o inappropriate dressers,
- o drug users,
- o ex-felons,
- o para-professionals, and
- o not motivated enough to become true professionals (e.g., doctors, lawyers, etc.)

Most other people who work in the criminal justice system are stereotyped with exactly the opposite characteristics of those described above. Thus, in the early stages of program development and implementation, TASC must be aware of, and sensitive to, these potential biases. Any new player in any system is likely to be treated with suspicion, fear and something less than respect -- ask Jackie Robinson, James Meredith, Sally Ride -- anyone who attempts something slightly out of the ordinary.

So some of the difficulty in developing the support of the justice system arises from its simply being a "new" program. There you sit in the judge's

chambers, a room reeking of leather, legal briefs, cut pile carpet, Power. You are likely talking to a person with 25 years of experience of listening and observing humans talk, generally about things they will do in the future if given a chance. A judge knows that 95 percent of the time this "I-will-do" talk is nothing but talk. The judge has probably had other "program staff," much like you, in that same chair before, talking about some sort of drug treatment program that will do this or that and thereby cure the area's criminal population of its proclivity to alter its reality. So think about it: Is this person going to believe you will do what you say? Unless you are that person's son, daughter or spouse, probably not.

A judge may be more likely to believe you if he/she sees that you behave like a manager. A manager of information, a manager of people, a manager with a plan of attack in combatting substance abuse and its accompanying criminal behavior. Managers are organized, prepared and have goals, objectives, policies and procedures. A person with a plan, a person who is informed, articulate, willing to negotiate to meet the demands of the justice system but not mitigate the basics of the TASC model -- these are requirements for cultivating a solid relationship with justice.

Further, a manager recognizes that "establishing and maintaining necessary communication and formal agreements" is really known as "marketing your service." Perlman (1983) defines marketing as "the analysis, planning, implementation and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives. It (marketing) relies heavily on designing the organization's offering in terms of the target market's needs and desires and on using effective communication to inform, motivate and service the markets."

The above definition is more than just an academic mouthful. To market effectively, you first analyze and plan. It is in this stage that you make your initial contacts with the justice system. In doing so, you can avoid having to come to the system later and say the deadly words, "Hi! I'm from the government, and I'm here to help you." You are in a much better position to obtain the cooperation of the justice system when you have involved it in planning the program's target population, eligibility criteria, operational procedures relating to the justice system testimony, reporting, etc.

To function effectively in the criminal justice system, consider having the following documents in place before calling on a judge, attorney or probation officer:

- Mission Statement
- Program Objectives
- Tentative Eligibility Criteria
- Operations Charts
- Client Flow Charts
- Program Evaluation Strategy
- Program Budget
- Fee Schedule

During program development and implementation, seek feedback from justice on the documents listed above, and be ready to defend and negotiate. After implementation, be able to convince those with whom you are meeting that your program has been designed in cooperation with local justice officials.

Also, if you want the material to be reviewed by the person you meet with, summarize it in a four-page brochure. Most people are too busy to read lengthy program descriptions.

In addition, consider the following public information activities as a means of gaining and keeping the cooperation of the justice system:

- Get regular media coverage (e.g., quarterly) about some aspect of your program;
- Make sure you get positive media coverage;
- Hold an open house at times convenient for justice officials;
- Attend court functions. Be a fixture at judges' meetings, attend swearing-in ceremonies, send a brochure and follow up with a courtesy call whenever a new justice player enters the system; and
- Become acquainted with as many justice officials as possible, including secretaries, court clerks and bailiffs.

One more comment on establishing the support of criminal justice. Give justice some evaluation data to validate the effectiveness of the TASC model. Since TASC as a program model has now been around since

1972, Justice Department studies on TASC effectiveness dating back to 1974 are available in government documents. These studies indicate that TASC clients are more likely to remain in treatment than the overall drug treatment population, that TASC's success rate has been measured at between 31-40 percent, that TASC intervention lowers recidivism, particularly among first offenders, and much more.

If you market the TASC concept effectively, your program will likely win the initial support of the justice system. We have a model that sells itself -- there are far more substance abusers being arrested than there are jail and prison beds to house them. To that extent, the justice system is inclined to embrace TASC because the program offers an additional alternative in case processing and disposition. Nevertheless, if the justice system neither understands nor appreciates your work, it will not use TASC, regardless of the need.

Finally, throughout your program's operation, pay attention to the justice system. Not only do the players change, demanding new contacts, but justice personnel need to be continually made aware of the services provided and the TASC program value.

ELEMENT 1

SAMPLE PROCEDURES AND FORMS

RECOMMENDED OPERATIONAL PROCEDURES:

1. Client Eligibility Criteria
2. Escort to Court Hearings
3. Testimony
4. Progress Reports
5. Memorandum of Agreement - Misdemeanor Courts
6. Memorandum of Agreement - Felony Courts
7. Memorandum of Agreement - Juvenile Courts
8. Memorandum of Agreement - Probation/Parole Agencies
9. Memorandum of Agreement - Prosecuting Attorney
10. Memorandum of Agreement - Public Defender
11. Memorandum of Agreement - County Jail
12. Compilation of Evaluation Data
13. Response to Elopment from Treatment
14. Verification of Criminal Record
15. Response to Subpeona, Court Order for Client Records
16. Client Confidentiality

SAMPLE PROCEDURE:

OPERATIONAL PROCEDURE: Memorandum of Agreement with Prosecuting Attorney

Memorandum of Agreement is negotiated annually between TASC program and elected Chief Prosecutor or designee.

Memorandum of Agreement shall address the following areas:

1. Right to confidentiality of TASC volunteer clients.

2. Right to confidentiality of TASC criminal justice-referred clients.

3. Frequency of progress reporting to prosecuting attorneys.

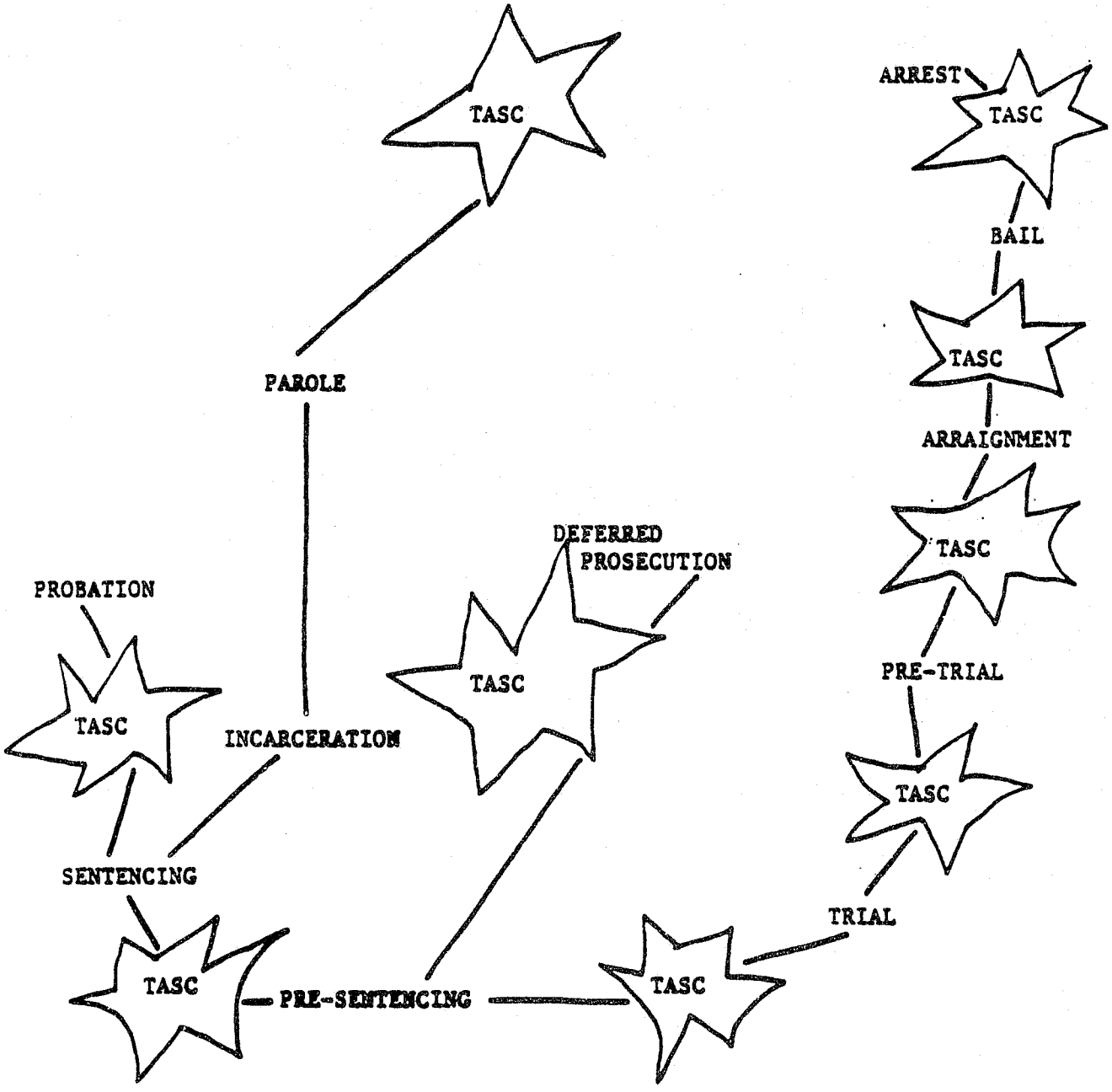
4. Method of advising prosecuting attorneys of new TASC clients on their docket.

5. Method of advising prosecuting attorneys of termination of TASC clients on their docket.

6. Method by which prosecuting attorneys may recommend prospective clients to TASC.

7. Other areas as determined by TASC Director and Chief Prosecutor.

TASC INTERVENTION IN JUSTICE SYSTEM



TASC CLIENT FLOW
FY'86

	DRUG	ALCOHOL	DUI	JUVENILE	total
TOTAL SCREENED	3049	663	3572	392	7,676
TOTAL ELIGIBLE	2,336	532	3,572	249	6,633
TOTAL ACCEPTABLE	1,118	279	3,572	193	5,162
TOTAL PLACED IN TREATMENT	846	220	EDUCATION 1,147 / TREATMENT 1,292	139	3,444

Domestic Violence Services.

TASC has adapted its case management services to serve a new population: the domestic violence perpetrator. The FBI has identified domestic violence as the most frequently committed crime in the nation. In response to this problem, TASC and the local mental health center in Vermilion County recently implemented the TASC Domestic Violence Program.

In cooperation with the local women's shelter, the criminal justice system, and the community, TASC offers its standard case management services including client progress monitoring. Violence counseling is mandatory for these clients; referrals include substance abuse treatment, if necessary.

TASC is a member agency of the Illinois Alcoholism and Drug Dependence Association and the Illinois Association of Community Mental Health Agencies.

*To assist TASC in providing these valuable services, please send contributions care of **TASC, Inc., to 1500 N. Halsted, Chicago, IL 60622.** All contributions are tax-deductible. For more information, please call TASC's Chicago office 312/787-0208.*

TASC offices are located in these cities:

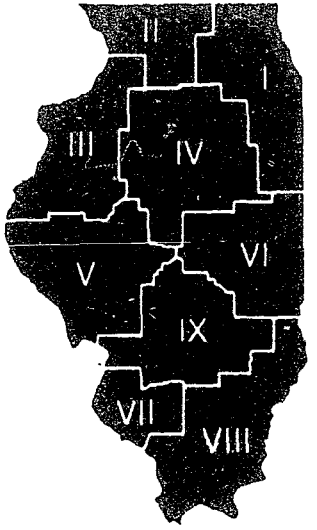
ADMINISTRATIVE OFFICE
1500 N. Halsted
Chicago, IL 60622
(312) 787-0208

AREA I—COOK COUNTY
ADULT COURT SERVICES
Cook County Criminal Courts Bldg
2600 South California
Room 107
Chicago, IL 60608
(312) 376-0950

COURT OUTPOST
5600 West Old Orchard Road
Skokie, IL 60077
(312) 470-7427

JUVENILE COURT SERVICES
1100 South Hamilton
Room 21
Chicago, IL 60612
(312) 666-7339

CASE MANAGEMENT SERVICES
1500 North Halsted
Chicago, IL 60622
(312) 787-0208



AREA I—LAKE COUNTY
415 Washington Street
Waukegan, IL 60085
(312) 249-2200

AREA I—KANE COUNTY
c/o Juvenile Probation Department
428 James Street
Geneva, IL 60134
(312) 232-5883

AREA I—WILL COUNTY
58 North Chicago Street
Suite 508
Joliet, IL 60431
(815) 727-6397

AREA II
119 North Church—Suite 200
Rockford, IL 61101
(815) 965-1106

AREA III
1705 Second Avenue—Suite 402
Rock Island, IL 61201
(309) 788-0816

AREA IV
Lehmann Bldg —Suite 602
Peoria, IL 61602
(309) 673-3769

AREA V
628 E. Adams Street—2nd Fl.
Springfield, IL 62701
(217) 544-0842

AREA VI
104 West University
Urbana, IL 61801
(217) 344-4546

AREA VII
100 W. Maine
Belleville, IL 62220
(618) 277-0410

AREA VIII
1009 Chestnut Street
Murphysboro, IL 62966
(618) 687-2321

AREA IX
103 Plaza Court
Edwardsville, IL 62025
(618) 656-7672

TASC/INC

WHAT IS TASC?

TASC, Inc., created in 1976, is a statewide not-for-profit organization which provides case management and diversion services to drug and alcohol abusing offenders and programming for other special populations throughout the state. Local services, administered through three regions and nine areas, are provided by 15 area offices throughout Illinois. Current TASC Programs include:

Adult Substance Abuse Services.

Services for Substance Abusing Delinquents.

Driving Under the Influence (DUI) Services.

School Intervention Program (ScIP).

Domestic Violence Services.

A CASE MANAGEMENT MODEL

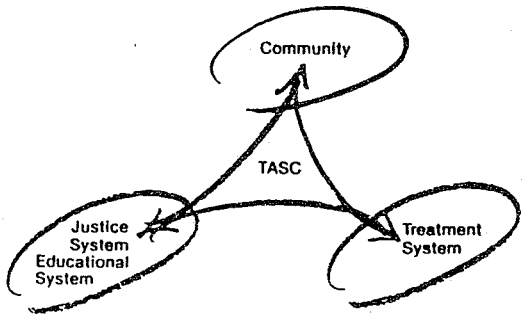
TASC uniquely coordinates intervention and other needed services through a comprehensive case management system consisting of:

ASSESSMENT of the individual's disability

REPORTING of findings and recommendations resulting from TASC assessment to referral source

REFERRAL to appropriate community-based intervention or treatment program

MONITORING of the individual's progress in the program, to ensure client accountability



TASC SERVICES

Adult Substance Abuse Services.

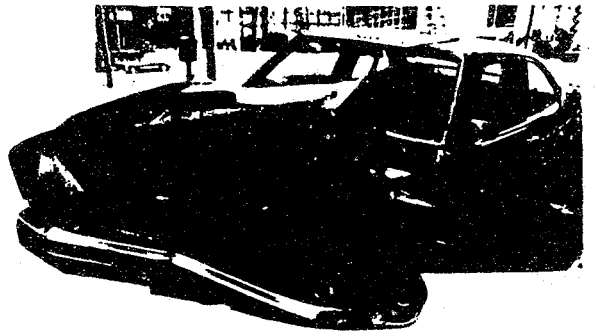
TASC currently provides alternatives to incarceration for drug and alcohol abusing offenders in all 22 judicial circuits in Illinois. TASC works with law enforcement, court, and corrections officials to identify the substance abusing offender entering the justice system. The agency assesses such offenders to determine the seriousness of their drug dependence and the likelihood of rehabilitation. Assessment findings are brought before the Court with a recommendation regarding the most appropriate placement of the offender. If ordered to TASC by the Judge, TASC regularly monitors their client's progress for the Court.

Services for Substance Abusing Delinquents.

TASC began its first Juvenile Services program in the Peoria County Juvenile Court in 1983. The Peoria County juvenile project proved to be successful in providing a comprehensive case management system for substance abusing juvenile delinquents. Services provided include intervention and/or court advocacy, individualized treatment referral, and tracking and monitoring. In January 1985, funds were awarded for a similar project in the Cook County Juvenile Court. In late 1985, services were also expanded to Tazewell County.

Driving Under the Influence (DUI) Services.

In response to requests from local courts, TASC developed a DUI program which follows the Court's supervision sentence and consists of a substance abuse assessment, referral to remedial education or treatment and monitoring of the individual's progress. These services began in 1983 in Winnebago County and have been expanded to four additional counties: Sangamon, Madison, St. Clair and Boone.



School Intervention Program (ScIP).

In the Spring of 1986, TASC implemented its first ScIP project in Cahokia, located in southwestern Illinois. ScIP was designed as an alternative to traditional out-of-school suspensions resulting from violation of high school drug and alcohol policies. Substance abuse case management services provided by TASC may include assessment, referral to treatment or intervention, and monitoring for the school. Expansion of the ScIP program is an ongoing priority of TASC.

ILLINOIS TASC

MUTUAL SERVICE AGREEMENT

PARTIES:

EFFECTIVE DATE _____

EXPIRATION DATE _____

The following constitutes a mutual agreement for services between TASC, Inc. and

_____.

I. TASC CLIENT REFERRAL

A. Twenty-four (24) hours in advance, TASC will arrange with _____

_____, for a TASC client referral.

B. Prior to, or at the time of, the TASC client's arrival for intake, TASC will provide the facility with a summary of the client's social history and the TASC diagnostic evaluation. All clients referred by TASC will follow the practices of _____

_____ for physical and laboratory examinations. In addition, TASC will provide the facility with the necessary confidentiality forms and supply of TASC reporting forms.

II. ACCEPTANCE OF TASC REFERRAL

A. Upon completion of a TASC client's intake process at _____

_____ the client's counselor will document acceptance of the referral by filling out the Response to TASC Referral form (Exhibit A).

B. Completion of the Response to TASC Referral form should indicate all scheduled activities for which the client will be held responsible and activities to be initiated by the counselor to implement the client's treatment plan.

C. The Response to TASC Referral form will be collected by a TASC representative or mailed by _____ by Friday of the week a client is accepted for treatment.

D. The referring TASC representative will call the counselor to verify that a client has followed through on the referral.

E. Following the client's acceptance into treatment, the designated TASC representative will work with _____ on all TASC client-related matters.

III. REJECTION OF TASC REFERRAL

A. In the event that the intake process at _____ reveals that the TASC client is an unacceptable/inappropriate referral, the counselor will call the referring TASC representative immediately. (The name of the referring TASC representative appears on the last page of the TASC Client Summary and Referral form).

B. Rejection of the TASC referral will be documented by completing the Response to TASC Referral form (Exhibit A) and indicating the reason(s) for rejection.

C. The Response to TASC Referral form will be picked up by a TASC Representative or mailed to TASC by_____, for re-referral by TASC.

IV. DOCUMENTATION OF CLIENT PROGRESS IN TREATMENT AND REPORTING PROCEDURES

A._____, through the client's counselor will document the client's attendance, urinalysis and /or breath analysis results, and general treatment progress by completing the Report on Treatment Progress of TASC Client form (Exhibit B).

B. All TASC treatment progress reports will be mailed by_____ _____ to TASC or picked up by the designated TASC representative.

V. RE-EVALUATION OF TASC CLIENT TREATMENT PROGRESS and/or NEEDS

A. Whenever the counselor determines that a TASC client is nearing successful completion of treatment, the counselor will indicate this evaluation on the Report on Treatment Progress of TASC Client form (Exhibit B). The TASC representative tracking the client will schedule a case conference with the client, the client's counselor, and the supervising Criminal Justice Authority (s), if appropriate. The purpose of such a case conference will be to determine any final treatment requirements prior to a successful discharge from the treatment facility and/or any supportive referral services needed by the TASC client to successfully complete his/her rehabilitation process.

B. The counselor will call the TASC representative whenever a TASC client's lack of progress in treatment requires re-evaluation. The TASC client's counselor and the TASC representative will jointly determine the most appropriate form of treatment intervention; e.g., case conference, jeopardy meeting, treatment re-referral, etc. . In the event that a mutual decision is reached to refer the client to another treatment facility, TASC will be responsible for the treatment re-referral of the TASC client. The counselor will complete the TASC client's records filling out the Termination of TASC Client form (Exhibit C). This form will be picked up by the TASC representative or mailed by _____ _____, to TASC for transfer to the new treatment facility.

C. In the event that a TASC client violates one of the facility's termination policies, the counselor will immediately, or the next business day if the violation occurs during non-working hours, notify the TASC representative by telephone. The counselor will document the client's termination from the facility by completing the Termination of TASC Client

form (Exhibit C). This form will be pickedup by the TASC representative or mailed by _____, to TASC. When the facility initiates the termination of a TASC client, TASC will make the final client disposition; e.g., re-evaluation, treatment re-referral, or TASC termination.

VI. TASC JEOPARDY STATUS INDICATIORS AND REPORTING PROCEDURES

A. Drug Abuse Clients

A TASC client violating any one of the following criteria will be determined to be in a Jeopardy Status with TASC:

-Re-arrest for any charge other than a traffic violation. (Re-arrest for a violent or drug charge is termination status).

-75% of the client's urine drops contain illegal or non-prescribed drugs during the third month in treatment.

-25% of the client's urine drops contain illegal or non-prescribed drugs during the seventh, eighth, or ninth month in treatment.

-Any urine drop containing illegal or non-prescribed drugs after the ninth month in treatmen

An out-patient TASC client violating any one of the following criteria will be determined to be in a Jeopardy Status with TASC:

-Failure to provide a urine drop for two consecutive weeks.

-Failure to attend counseling sessions for two consecutive weeks.

-Failure to attend a scheduled case conference or Jeopardy Meeting with TASC.

A residential TASC client violating any one of the following criteria will be determined to be in a Jeopardy Status with TASC:

-Repeated violation of facility rules and regulations.

-Failure to return on time from an approved "pass".
(Failure to return within twenty-four hours is termination status).

-Leaving the facility without medical or clinical consent.
(Failure to return within twenty-four hours is termination status).

B. Alcohol Clients

An outpatient TASC client violating any one of the following criteria will be determined to be in a Jeopardy Status with TASC:

-Failure to provide a urine drop for two consecutive weeks.

-Failure to cooperate in breath analysis to determine alcohol usage for two consecutive weeks.

-Failure to exhibit cooperative behavior in treatment.

-Failure to attend counseling seessions for two consecutive weeks.

-Failure to attend a scheduled case conference or Jeopardy Meeting with TASC.

-Any documented or admitted use of any illegal or illicit substance including alcohol:

1. More than once in the 1st month in treatment.

2. More than once in the 2nd month in treatment.

3. At all after the 2nd month in treatment.

A residential TASC client violating any one of the following criteria will be determined to be in a Jeopardy Status with TASC:

-Repeated violation of facility rules and regulations.

-Failure to return on time from an approved "pass".
(Failure to return within twenty-four hours is termination status).

-Leaving the facility without medical or clinical consent.
(Failure to return within twenty-four hours is termination status).

-Any documented or admitted use of illegal or illicit substances including alcohol while in treatment.

-Failure to exhibit cooperative behavior in treatment.

C. Drug Abuse and Alcohol Clients

Any client receiving court appearance services with TASC who violates any one of the following criteria will be determined to be in a Jeopardy Status with TASC:

-Appearing in Court for a scheduled court appearance under the influence of an illegal or illicit drug(s).

-Appearing in court for a scheduled court appearance under the influence of alcohol.

-Exhibiting hostile or uncooperativebehavior toward TASC or Judicial personnel during court appearance proceedings.

-Arriving one hour late for a scheduled court appearance.

-Failing to appear for a scheduled court appearance resulting in the issuance of a Bond Forteiture Warrant.

D. When a TASC client is determined to be in a Jeopardy Status, the client's counselor and the TASC representative will consult with each other to determine how the Jeopardy Meeting will be conducted. The TASC representative will schedule the TASC client for

a Jeopardy Meeting as soon as possible and invite other participants, such as the client's Probation Officer, who are relevant to the nature of the problem. During the Jeopardy Meeting the client will be informed that he/she has reached a Jeopardy Status for the reasons indicated in the Report on Treatment Progress form, and must demonstrate improvement in the Jeopardy category (s). If, during the Jeopardy Meeting, it is mutually determined that a re-evaluation of the client's treatment needs is required, the TASC representative will schedule an interview for the client with the appropriated TASC personnel. Following the first Jeopardy Meeting, if the TASC client has not demonstrated improvement in the Jeopardy Category (s), he/she will be designated as being in a second Jeopardy Status and a second Jeopardy Meeting will be held following the same procedures as outlined above. Following the second Jeopardy Meeting, the TASC client will be notified that failure to demonstrate any progress in the Jeopardy Category (s) will result in termination from treatment and from TASC.

VII. TASC TERMINATION

A. TASC clients will be terminated from TASC if any of the following situations apply:

1. Successful completion of all drug or alcohol rehabilitation treatment requirements and TASC success criteria.

2. The TASC client requests withdrawal from TASC upon termination of the criminal justice jurisdication (s) and /or judicial requirements.

3. The TASC client requests withdrawal from TASC following a final criminal justice disposition(s) which did not result in a mandate from the court to participate in drug or alcohol rehabilitation treatment.

The client's counselor will document the termination of the mutual services relationship with the client by completing the Termination of TASC Client form (Exhibit C) indicating the reason(s) for termination.

B. TASC client will be terminated from TASC if any of the following situations apply:

1. Arrest for either a crime of violence or illegal or controlled substance violation, except as determined otherwise by the local judiciary. (Termination on the basis of arrest for other types of offenses will be determined in coordination with the appropriate judiciary personnel, the TASC representative, and the client's counselor.)

2. Possession of paraphernalia while in the treatment facility.

3. Possession and /or sales of an illegal or controlled substance while in the treatment facility.

4. Possession of a weapon while in the treatment facility.

5. Act of physical violence against agency staff and/or member.

6. Lack of progress in treatment has placed the client in a third Jeopardy Status.

The TASC client's counselor will immediately notify the designated TASC representative, by phone, of a client's violation in any of the above categories. A client's violation will be documented by completing the Termination of TASC Client form (Exhibit C) indicating the reason (s) for termination. The completed Termination of TASC Client form will be picked up by the designated TASC representative or mailed by _____, by Friday of the week the client is terminated.

C. If the TASC client is on medication at the time of an unsuccessful termination from TASC, and the treatment facility does not wish to de-tox the client, TASC will arrange for the client's transfer to another treatment facility for the sole purpose of withdrawing from medication.

VIII. ACKNOWLEDGEMENT OF TASC RESPONSIBILITY TO ALL CRIMINAL JUSTICE SYSTEM AUTHORITIES.

_____ acknowledges that TASC, Inc. is the agency designated by the Department of Alcoholism and Substance Abuse to provide services to the Criminal Justice System specified by and pursuant to the Alcoholism and Substance Abuse Act, Those services include, but are not limited to: evaluations for eligibility and likehood for rehabilitation under the Act; and Court testimony - pre-trial and post-trial. Furthermore, should a defendant volunteer for TASC sevices and be found acceptable for TASC in accordance with the above-named statutory criteria, or if the Court mandates an individual to participated in drug and/or alcohol rehabilitation treatment via TASC, _____ _____, acknowledges that TASC is the responsible agent for monitoring the client's treatment progress, including all treatment placements and re-referrals, and for reporting to the appropriate Criminal Justice Authorities of a TASC client's progress in treatment, or lack thereof, as described in the Mutual Serivce Agreement.

FOR TASC:

BY _____
Signature

_____
Title

_____
Date

FOR TREATMENT FACILITY:

BY _____
Signature

_____
Title

_____
Date

RESPONSE TO TASC REFERRAL

Outpatient /__/
Residential /__/

TO: TASC, Inc.

FROM: _____

_____

RE: (Client)_____

DASA #: ____ ____ ____ ____ ____

DATE: _____

_____ No Show For Intake

The following admission decision has been reached regarding the referral of the above named TASC client:

_____ REJECTED (Rejection date: /__/__/-/__/__/-/__/__/)

Indicate reason(s) for rejection:_____

_____

_____ ACCEPTED (Admission date: /__/__/-/__/__/-/__/__/)

Please indicate below the CLIENT'S INITIAL TREATMENT PLAN:

_____ Number of days client required to be in clinic attendance: Check which days

____Daily ____Mon ____Tue ____Wed ____Thu ____Fri ____Sat ____Sun

_____ Number of weekly urine specimens
Check: ____Random / ____Scheduled

_____ Number of breathalyzers
Check: ____Random / ____Scheduled

_____ Number of weekly individual counseling sessions

_____ Number of weekly family counseling sessions

_____ Number of weekly group counseling sessions

Check initial medication treatment plan: ____Meth Maint ____Meth De-tox ____FDA

____Antabuse ____Abstinence ____Other Prescribed Meds

_____ Number of days client will pick-up medication

Indicate short term treatment objectives and activities.
Specify any SPECIAL treatment provisions of client's treatment plan.
(Example: family therapy, psychiatric consultation, financial or housing assistance):

_____

_____

_____

_____ _____
Counselor's Name Counselor's Signature

White Copy - TASC

Element 2: Broad-Based Support by the Treatment Community

Performance Standards:

1. Documentation of a meeting(s) convened by TASC personnel within two months of program initiation with representatives of State/local authorities that license, approve and/or certify substance abuse and other appropriate treatment agencies to:

   - o provide a full explanation and written description of TASC services and requirements; and

   - o solicit cooperation from those treatment modalities that will serve the TASC clientele and that are officially approved and reflect the locally available continuum of care.

2. Written agreements between TASC and each cooperating treatment agency that detail, at minimum, client eligibility criteria for TASC and treatment, standard procedures for referrals, normal services provided during treatment (including schedules), TASC and treatment success/failure criteria and routine TASC monitoring/progress reporting/termination notification requirements.

3. A documented schedule and protocol for regular communications between TASC and cooperating treatment system agencies.

Policy: TASC will develop and maintain necessary communication and formal agreements for TASC client referrals to the treatment community for the effective and accountable operation of TASC. (Translation: Getting TASC and the treatment network understanding each other's roles, walking hand in hand, reaching for the same goals, etc.)

Purpose: To establish and maintain the necessary linkages and understanding between TASC personnel and representatives of the treatment community for ensuring the availability of appropriate treatment program options, making effective client referrals and conducting necessary tracking and monitoring activities.

Rationale: In addition to the justice system, TASC's other significant partner in the rehabilitation of the drug-dependent offender is the substance abuse treatment system. Without the support of the treatment system there is obviously nowhere to refer the TASC client.

In its ideal state TASC should function to complement the broader treatment system by providing technical assistance, a continuum of care and advocacy regarding clients the court has sentenced to, or amended an order to, TASC. Yet, sharing clients is difficult to manage and provides an opening for client manipulation that must be guarded against.

During adolescence, did you ever ask your father for use of the car, only to hear a resounding "No"? So you ask Mother, telling her your life will be ruined without the use of the family vehicle, and Mom, without communication with Dad, lets you take the car. You get the car, but Mom and Dad are angry with one another and at you.

The above example demonstrates that without continuing, cooperating communication and an understanding of responsibilities and guidelines, the "father/mother syndrome" causes a breakdown of the entire TASC network. Grandfather sits behind his bench, gavel in hand, saying to Mom and Dad, "How could you let this happen?"

Getting and maintaining this support of the treatment system is difficult for many reasons, but the greatest difficulty relates to the way treatment people see the TASC people -- as "probation-types" who interfere with their jobs rather than actually assisting them with the intervention and retention of the TASC client.

Therefore, you must build a mutual support and understanding of similarities and differences in the goals, roles and functions of the treatment system and TASC. This must be clearly documented and discussed in an effort to ease, rather than hinder, the referral of the drug-dependent offender and the ongoing communication in the TASC case management process, up to and including client success or failure.

Through these discussions, you must illustrate the advantages of TASC to the treatment system. Not the least of these advantages is the increased leverage brought to bear on the clients' successful participation in treatment, sometimes known as the "TASC hammer." It may not be true that TASC clients are significantly different demographically from other clients in treatment programs, but one obvious characteristic is their level of court involvement. Some research and data have shown that TASC clients do stay longer and complete treatment successfully more often than non-TASC clients. This is likely due in part to the reality of which TASC clients are made aware that the consequence of not cooperating with the treatment process is re-involvement in the justice system. TASC's role in the treatment system then becomes the case management agent and liaison to the court system, freeing treatment professionals to engage in direct services-related activity.

In performing its case management function and fulfilling its responsibility to the court, TASC provides additional assistance to the treatment system. To make specific recommendations to the court regarding the likelihood of rehabilitation of a substance abusing offender, TASC personnel must complete extensive assessment procedures. The credibility of TASC lies in this assessment and the degree to which it can make appropriate referrals to the appropriate treatment program. Consequently, the advantage for the treatment program is that the likelihood of an inappropriate referral is reduced, and it has access to assessment information that does not have to be duplicated by treatment personnel.

TASC's role as case manager also enables the identification of gaps in the treatment system and needs for other types of primary and ancillary services in a particular geographic area. Once these needs are identified, TASC can assist the community by further developing the resources needed to meet those needs.

When TASC was first conceived, the treatment community welcomed the TASC client. Today, overburdened treatment facilities are obliged to keep waiting lists as more individuals seek treatment and, at the same time, as many treatment facilities are experiencing budget cuts, placing a TASC client creates problems for both TASC and the client. Therefore, in negotiating policies and procedures with the treatment community, these issues must be addressed. The timeliness of treatment placement for the drug-dependent offender is critical to TASC's success.

These discussions need to result in formal written agreements outlining TASC's responsibilities to treatment and treatment's responsibilities to TASC. A good way to ensure continued communication is to update these agreements annually. In so doing, the treatment administration and TASC administrator are brought together for face-to-face discussion.

Finally, you must always be aware of negative experiences the courts may have previously had with a treatment facility. Whether real or perceived, to ensure the credibility of TASC programming, agreements must be signed with treatment programs that are licensed, certified or otherwise approved by the state. On occasion, questions of certification, etc., may come up in court, and these issues need to be addressed at the onset.

ELEMENT 2

SAMPLE PROCEDURES AND FORMS

RECOMMENDED OPERATIONAL PROCEDURES

To satisfy the conditions of this element, the following procedures and documents should be in place:

1. Procedures for initial, follow-up, and ongoing communication with licensing agencies and treatment providers.

2. Memorandum of agreement that includes, at a minimum:

   a. frequency and type of TASC client contact
   b. frequency and type of contact between TASC and treatment staff
   c. treatment services provided
   d. TASC services provided
   e. confidentiality issues
   f. treatment eligibility criteria
   g. TASC referral and placement procedures
   h. treatment success/failure criteria
   i. TASC success/failure criteria
   j. notification/discharge communication/timeframes expectations

3. Treatment reporting requirements to TASC (content)

4. TASC case management procedures

5. Indicators for TASC client intervention/alerts

6. Treatment termination criteria

7. TASC termination criteria

8. Required urinalysis schedule

EAC
T.A.S.C.
(Treatment Alternatives To Street Crime)
Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
299 Old Country Road • Mineola, N.Y. 11501 • (516) 747-5020

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Building 16 Veterans Memorial Highway • Hauppauge, N.Y. 11788 • (516) 360-5777

STATEN ISLAND — T.A.S.C.
25 Hyatt Street • Staten Island, N.Y. 10301 • (718) 727-9722

QUALIFIED SERVICE AGREEMENT

between

TREATMENT ALTERNATIVES TO STREET CRIME

and

This Qualified Service Agreement is between Treatment Alternatives to Street Crine, herein referred to as "TASC" and the _____ herein referred to as the "TREATMENT PROGRAM".

The purpose of this agreement is to facilitate the flow of referrals from TASC to the TREATMENT PROGRAM through mutual understanding of the procedures and expectations of each party.

A. TREATMENT PROGRAM GUIDLINES

1. The TREATMENT PROGRAM agrees that it will accept clients referred by TASC who:
   a) Qualified for the TREATMENT PROGRAM's services.
   b) Are able to benefit from these services as decided by the TREATMENT PROGRAM.
2. The TREATMENT PROGRAM agrees to furnish the necessary personnel and materials to provide treatment and rehabilitation to drug and/or alcohol abusing persons referred by TASC for a minimum of one year.
3. TREATMENT PROGRAM will supply monthly treatment reports to TASC Case managers.
4. TREATMENT PROGRAM agrees to notify TASC in writing of any change in program services.
5. TREATMENT PROGRAM will immediately notify the monitoring unit of any client's arrest missed appointments and any emergencies the client may experience.
6. In the event the TREATMENT PROGRAM is having problems with a client, it agrees to notify TASC and request a review conference prior to termination of any client.

B. TASC PROGRAM

TASC will furnish the necessary materials, facility, services and qualified personnel to provide identification, needs assessment and diagnostic evaluation, referral and monitoring of drug and/or alcohol abusing persons in accordance with the specifications mentioned below. TASC will notify TREATEMENT PROGRAM in writing of any essential changes in TASC services.

1. TASC clients will be screened for basic eligibility by the program's Screening Court Liaison Unit.
2. TASC will perform a need assessment and disgnostic evaluation interview and then refer the client to an appropriate treatment program.
3. TASC case managers will then monitor the client's progress and report to the Court when necessary.
4. The TASC case manager will prepare progress reports to the Court.
5. TASC will be responsible for continuity of client treatment including case conferences where necessary.
6. TASC will also assure a client's continuatin in the TREATMENT PROGRAM through close client supervision and non-legal case representation in the Court when necessary.

C. CRITERIA AND ADMISSION

1. All prospective TASC clients must have some current criminal justice involvement.
2. All clients must volunteer for the TASC program.
3. Applications will be accepted from persons who have drug/alcohol problems and are appearing on charges in the Nassau County District and County Courts.
4. Applicants must be 16 years of age or older.
5. All prospective clients must be award of their obligations to TASC and agree to abide by these obligations.
6. Individuals currently involved in the criminal justice system may also be referred by a TREATMENT PROGRAM.
7. Only offenders facing repeat Driving While Intoxicated charges are eligible for TASC Suffolk County Court Services.
8. Applicants must admit to having a problem with drugs and/or alcohol and state they are willing to enter treatment for at least a year.

D. TERMINATION OF CLIENT

1. Unsuccessful termination may be the result of the client's failure to report to TASC or the assigned TREATMENT PROGRAM for intake. Client may be terminated from TASC for lack of attendance, continued drug and/or alcohol abuse, arrest for another crime, the eventual disposition of client's case or incarceration.

2. Successful termination is defined as the completion of the treatment plan which has led to the individual's abstinence from drug and/or alcohol abuse. The client must be substance free for at least the last six months of their treatment plan.

3. Termination is determined by a team consisting of TASC personnel with input from the TREATMENT PROGRAM and appropriate Criminal Justice agency or personnel.

4. Termination from a TREATMENT PROGRAM does not necessarily result in a successful/unsuccessful TASC termination, i.e., some clients may need re-evaluation and referral for further treatment.

E. MONITORING OF CLIENT

1. Clients are continually and closely monitored throughout their treatment.
2. Case managers make scheduled monthly onsite visits to the TREATMENT PROGRAM and submit periodic reports to the appropriate representatives of the Criminal Justice System.
3. Written evaluations of a client's treatment progress are submitted to the court on a periodic basis.
4. Random urine samples will be collected by th TREATMENT PROGRAM and mailed to DSAS Laboratory using the equipment supplied by TASC.
5. TASC will promptly inform each client's counselor of any upcoming court appearance dates.

F. CONFIDENTIALITY

Both parties acknowledge that, in exchanging, storing, processing or otherwise dealing with any information about referred patients, each is fully bound by the provisions of the Federal Regulations governing the confidentiality of alcohol and drug abuse patients records (Title 42, CFT, Part 2).

Both parties undertake to institute appropriate procedures for safe-guarding such information, with particular reference to patient identifying information, and to resist, in judicial proceedings any efforts to obtain access to information pertaining to patients otherwise than as expressely provided for the Federal Regulation.

This agreement establishes a relationship of qualified service so that the transfer of any client information necessary to the service function may be exchanged without additional signed consents (Refer to Title 42, CFR, Part 2.11, letters N,O,P, for further information concerning Qualified Service Organization).

G. ALLEGATION OF BREACH OF AGREEMENT

1. Either party may terminate this agreement within ninety (90) days written notice.
2. Breach of this agreement by TASC may result in the refusal of the TREATMENT PROGRAM to accept subsequent TASC-referred clients and the termination of the TREATMENT PROGRAMS's responsibility to provide the services listed in Section A.

3. Breach of this agreement by the TREATMENT PROGRAM may result in TASC's refusal to refer future clients to the TREARMENT PROGRAM and to remove TASC clients from TREATMENT PROGRAM.
4. **TASC and the TREATMENT PROGRAM agree to fully discuss and place in writing any allegations of an breach in this agreement prior to the taking of any of the actions outlined above.**

H. **I HEREBY FORMALIZE THIS AGREEMENT:**

_____
Treatment Program

_____
Address

_____

_____ _____
Director Director

_____

ADDENDUM TO QUALIFIED SERVICE AGREEMENT

A.2. The Treatment Program agrees to furnish the necessary personnel and materials to provide treatment and rehabilitaiton to drug and alcohol abusing persons referred by TASC for the length of time the client is in good standing with the Treatment Program.

A.6. In the event the Treatment Program is having problems with a client it agrees to notify TASC and request a reveiw conference, when possible, prior to termination.

D.3. Termination is determined by a team consisting of TASC personnel with input from the Treatment Program and the Criminal Justice agency or personnel, whenever possible.

Element 3: An Independent TASC Unit With a Designated Administrator

Performance Standards:

1. Documentation should appear in the original TASC proposal to establish an independent TASC unit, including:

   - o articles of incorporation for a nonprofit agency or specific written assurances from the administrator(s) of the host organization(s) that TASC will function as a full-time and independent unit;
   - o an organizational chart showing TASC as an independently functioning entity; and
   - o confirmation that a full-time, qualified TASC administrator(s) with the appropriate experience in the field of substance abuse and/or criminal justice has been hired or appointed, including a specific job description.

2. Appropriate written policies and procedures for TASC operations and services.

Policy: TASC shall function as an independent organizational unit with a full-time administrator.

Purpose: To ensure TASC program integrity and organizational capability to carry out the program mission while meeting agreed-upon expectations of the justice and treatment systems.

Rationale: Without an independent TASC unit and a position that guides the mission and philosophy of TASC throughout the day-to-day operations, you are likely to experience the problem of identifying with one of the other system participants too strongly. Such identification limits TASC's functioning and threatens the program's identity and stability.

If you spend time observing the staff in TASC programs, you can find the amateur cops, attorneys and MSWs who identify too strongly with either treatment or justice. Unfortunately, experience suggests that whenever TASC takes on the role of "treatment" or "justice," it frequently becomes a punching bag for blows delivered from both sides. The goal is to be a professional in delivery of TASC. Unfortunately, most TASC professionals are made, not born (TASC 101 at your local university is yet to be offered). This, coupled with the politics of TASC programming often parented by treatment, probation or corrections, makes TASC independence extremely difficult.

A TASC unit with a designated administrator may be regarded as a baseball team that is continually on the road. The administrator serves as manager, coach and umpire while staff cover all the bases with a goal of securing the pennant for the fans. Who are TASC's fans, you might ask. They are none other than the community, its justice system, its treatment network and its drug-involved offenders.

So create an autonomous unit. For the sake of TASC's credibility, allow program issues to take precedence over economies of scale. Of course, to the chief finance officer in a treatment center, TASC looks as if it ought to be attached to the outpatient substance abuse budget; to the court administrator it looks as if it ought to be plugged into pretrial intervention. To do so is budgetarily expedient, but programmatically it is potential suicide.

It is the TASC administration role to engage in and oversee the planning, budgeting and implementation of the project. Of course you get input from justice, treatment, the community, your spouse, etc., but eventually the administrator must take that input, mix it up with the TASC model and come up with a program that includes an implementation timetable and plan, an annual budget and annual program goals and objectives. The remainder of this section provides examples in each of those areas. These are the meat and potatoes of administration.

Developing a Program Budget: The following exercise is meant to be only an exercise in identifying some of the elements and issues in TASC program budgeting. Budgeting involves planning the resources you will need, how you will expend those resources over time and determining the amount of revenue you will have to obtain those resources.

Common revenue sources available to TASC are:

- Federal/state grants or contracts,
- county or municipal grants or contracts,
- client fees, and
- other:
  - -- donations, and
  - -- contract services provided by TASC.

Common expenditure categories are:

- Personnel,
- Social security,
- Employee health insurance,
- Office equipment and furniture,
- Utilities,
- Contracted services,
- Maintenance,
- Travel, and
- Training

Assume that your TASC program proposes to enroll 200 clients in its initial year of operation. A further assumption is that your staffing pattern will consist of a program director, screener/court liaison, assess or referral specialist, case managers (2) and a secretary/receptionist. Also assume that all urinalysis services are to be contracted to a third party agency that will assure chain of custody and conduct its own billing. You will be working in donated office space within a county-owned building, but you will be required to pay for utilities. You must purchase all office furniture and equipment. Based on these assumptions, an aggregate program budget could look like the expense sheet on the following page.

The hard part in budgeting is casting out the expense of a microcomputer. Would it be to your advantage to lease or purchase? Can you find qualified staff who will work for $15,000 a year? What is the actual cost of utilities in summer and winter?

Thus, a budget must be accompanied by a justification. The justification demonstrates the logic behind the figures incorporated in your revenues and expenditures. Many people find justifying a budget to be "too much trouble." The reality is that doing the work of justifying a proposed budget heads off the real trouble of red ink in the last quarter of the fiscal year.

For example, in the previously described budget, justification for the line item on microcomputers could be as follows:

> The following vendors were contacted and given the following specifications and requested to give a bid on a 36-month lease purchase. A machine with an 8028G microprocessor, IBM or fully IBM-compatible in one floppy drive, one 20 mg hand disk, graphics capability, color monitor, 512 K or greater RAM, and a minimum of 4 expansion slots. Bids received were:
>
> Vendor A - $70.48/month & service contract
> Vendor B - $74.95/month & service contract
> Vendor C - $81.49/month & service contract

Such justification should accompany all expenditure line items.

Budgeting is a difficult activity and a potentially imprecise measurement tool. One's budget, like one's garden, must be revisited frequently to ensure its proper development. Revenues and expenditures must be plotted at least monthly to ensure that the program is accruing and expending funds in a fiscally responsible manner.

EXPENSE

	Program Director 12 months	Screener/ Court Liaison 10 months	Assessment Coordinator 10 months	Case Manager 10 months	Case Manager 6 months	Secretary/ Reception 11 months	General	TOTAL
PERSONNEL								
Salary	20,000	12,500	12,500	12,500	7,500	11,000	=	76,000
FICA	1,420	888	888	888	533	781	=	5,398
INS	960	800	800	800	880	880	=	5,040
EQUIPMENT								
Microcomputer	840					770	=	1,610
Printer	400						=	400
Software	1,000							1,000
Typewriter		500	500					1,000
Photocopier							1,200	1,200
Filing Cabinets	200	100	100	100	100	400		1,000
Telephones							1,000	1,000
Adding Machine	100					100		200
Office Furniture	700	500	500	500	500	700	1,000	4,400
UTILITIES								
Water, Sewer, Garbage							300	300
Electricity							2,400	2,400
Telephone							2,000	2,000
CONTRACTED SERVICES								
Clinical Supv. 2 Hr. Wk. @ $25/Hr. 10 months							2,200	2,200
MAINTENANCE							1,800	1,800
OFFICE EXPENSES								
Office Supplies							1,000	1,000
Paper & Printing							2,000	2,000
Service Contracts							350	350
Postage							1,500	1,500
TRAVEL	2,000	1,000	1,000	1,000	720	200		5,920
TRAINING & PER DIEM	1,230	500	500	500	250	100		3,080
							Total Project Expenditures	$120,798

REVENUE

TASC Grant	$90,598.50
County Grant	20,000.00
Client Fees @ $10/Month	10,200.00
Total Revenues	$120,793.50

ELEMENT 3

SAMPLE PROCEDURES AND FORMS

Suggested Procedures:

1. Development/Maintenance of Annual Program Budget
2. Hiring
3. Staff Training
4. Program Evaluation
5. Development and Maintenance of TASC Advisory Board
6. Annual Review of TASC Policies and Procedures
7. Personnel
8. Annual Fiscal Audit
9. Office Management Procedures (Accounts Receivable, Appointment Scheduling)

SAMPLE PROCEDURE:

Operational Procedure:

The TASC program director shall annually plan, prepare, and submit a program budget that balances program expenditures with available revenues. Such a budget shall be subject to change based upon availability of Federal, State, and local monies.

1. Budget Planning to Preparation

   a. A budget outline shall be prepared a minimum of 90 days before the beginning of the new budget year. Expense categories shall consist of:

Salary
Travel
FICA
Postage
Insurance
Office Equipment
Rental of Office Space
Utilities
Telephone
Printing and Photocopying
Staff Training
Depreciation
Capital Expenditure
Miscellaneous
Contracted Service

All expense categories shall be reduced to line items within each category.

Revenue Categories shall consist of:

A. State Department of Community Affairs
B. County of TASCLAND
C. City of TASCVILLE
D. Client Fees for Services
E. Contract Revenues
F. Miscellaneous Revenue

2. Budget Submission and Approval:

   a. Annual budget shall be presented to Budget & Finance Committee of TASC Board of Directors 75 days before the beginning of the budget year.

   b. The Finance Committee shall review, modify and prepare a budget for submission to TASC Board of Directors at least 45 days before the beginning of the budget year.

c. An annual budget shall be approved by the Board of Directors before the beginning of the budget year.

d. The Budget and Finance Committee shall meet quarterly to review progress of the budget. The Executive Director shall prepare YTD budget information for these quarterly meetings.

e. Donations from the proposed annual budget in excess of 10% of total revenues shall require the administration to convene the Budget and Finance Committee with action taken forwarded to the Board of Directors for approval.

Sample Annual Program Goals and Objectives

Goals:

1. To provide assistance to the criminal justice system in the identification and treatment of substance abusing offenders.

2. To assist criminally involved persons obtain appropriate substance abuse treatment services.

3. To advocate for the placement of criminally involved substance abusers in local substance abuse treatment programs.

4. To offer adjunct services to both criminal justice and treatment that will increase the likelihood that TASC clients will successfully complete treatment and lead a drug-free life.

Objectives:

1. To identify 1,000 criminally involved substance abusers who are potentially eligible for TASC services.

2. To provide outpatient screenings to 325 substance abusers eligible for TASC services.

3. To provide in-jail screenings to 350 inmates eligible for TASC services.

4. To enroll 325 referrals to TASC program during current fiscal year.

5. To gain the release of 75 inmates to TASC under ROR supervision.

6. To ensure direct service rate of TASC screening staff shall exceed 50% each week.

7. To document a minimum of eight new applicants for service each week.

8. To ensure direct service rate for TASC case management staff shall exceed 50% each week. Time sheets will document face-to-face contact with at least 33% of the case manager's caseload each week.

9. To ensure direct service rate for court liaison shall exceed 35% each week.

10. To provide a minimum of 36 hours of in-service training to all TASC staff.

Objectives: (Continued)

11. To convene quarterly meetings of TASC's Advisory Board for information sharing and policy review.

12. To renew letters of agreement with all providers of substance abuse treatment used by TASC.

13. To assure that fewer than 5% of active TASC clients will fail to appear for scheduled court hearings.

14. To assure that fewer than 10% of all TASC clients enrolled during the year will be rearrested on new charges.

15. To design and implement an automated MIS that will track client demographics, legal status, and TASC outcomes of all enrolled clients.

16. To generate $15,000 in client fees for service.

SAMPLE TASC IMPLEMENTATION TIMEFRAMES

	Development						Implementation						
MONTH #	1	2	3	4	5	6	7	8	9	10	11	12	
1. Justice System Support	X	X	X	X	X	X	X	X	X	X	X	X	X
2. Treatment System Support	X	X	X	X	X	X	X	X	X	X	X	X	X
3. TASC Unit with Designated Admin Unit	X	X	X	X	X	X	X	X	X	X	X	X	X
4. Staff Training		X					X	X	X				X
5. Management Info. System	X	X	X	X	X	X	X	X	X	X	X	X	X
6. Eligibility Criteria	X	X	X	X					X		X		X
7. Identification and Screening Policy	X	X	X	X					X		X		X
8. Assessment and Referral Policy	X	X	X	X					X		X		X
9. Urinalysis Policies				X	X	X			X				X
10. Success/Failure Criteria-Case Management Policies	X	X	X	X					X		X		X

The following page explains the implementation timeframe.

DESCRIPTION OF TIMEFRAME

ELEMENT 1. Development and maintenance of support from the justice system is an ongoing process that must be continually addressed by the TASC program.

ELEMENT 2. Development and maintenance of support from the treatment system is an ongoing process that must be continually addressed by the TASC program.

ELEMENT 3. It is important to assure an independent program administrator from the beginning of program development through implementation.

ELEMENT 4. Staff training must be built into the program design, heavily emphasized in the initial months of program operation, and reinforced at least quarterly thereafter.

ELEMENT 5. MIS data must be attended to continually. These data are both qualitative and quantitative histories of a program.

ELEMENT 6. Eligibility criteria must be defined in the first four months of program development. These criteria should remain stable through the implementation period with quarterly review.

ELEMENT 7. Identification of key personnel with whom the program will focus to assist in the referral of the identified TASC client should take place during the implementation of Element #1. A screening instrument should be developed in the first four months of program implementation.

ELEMENT 8. The assessment instrument should be developed within the first four months of program implementation in conjunction with Elements 1, 2, 5, and 7.

ELEMENT 9. The urinalysis policy must be in place later in the development process, emphasized during the first months of implementation, then reviewed quarterly thereafter.

ELEMENT 10. Success/Failure and other case management criteria need to be developed within the first four months of program implementation and reviewed on a quarterly basis thereafter.

Element 4: Policies and Procedures for Regular Staff Training

Performance Standards:

1. An annually revised and documented training plan for the TASC unit which includes TASC-related goals for the organization, for each individual staff member and the necessary policies, procedures, and schedule for that plan's implementation.

2. Documented provision of at least 32 hours of TASC-relevant training annually to each professional TASC staff member (e.g., TASC mission and philosophy, pharmacology, sentencing practices, assessment of drug dependency, substance abuse treatment modalities and expectation, case management).

3. Documentation in personnel records that each TASC staff member is provided with an up-to-date written description of the TASC program, his or her individual job responsibilities and appropriate operational guidelines for job performance within a specified time period after employment or promotion.

Policy: TASC staff shall receive at least eight hours of in-service training each quarter.

Purpose: To ensure that all professional TASC staff sufficiently understand the TASC mission, philosophies and procedures for local sites and to ensure competency in fulfilling their TASC role.

Rationale: Try to think of work (work that you do at least 40 hours a week and get paid for doing) as a sport. When you're dedicated to a sport, (e.g., trampolining, bocci balls, hurling), you practice, practice, practice. Why? To win -- winning in terms of defeating an opponent or satisfying your own expectations about how well you ought to play the sport.

For some reason in a job, training is not always considered in the same way that practice is seen in sports. Training may be considered:

- o a waste of time;
- o a time to drink coffee;
- o a time to figure out how to slip away unnoticed; or
- o boring.

Given these "high" expectations of training, it's up to management to make training meaningful. Training has a bad habit of focusing on the cerebral sign. The tools of the trainer are the flipchart, VCR and overhead projector. Using such tools, the only part of the trainee's anatomy that gets a workout is the posterior. It is thus recommended that TASC training offer new information and then the opportunity to practice newly acquired information and skills with peers. Our work is a blend of cognitions and behavior -- so too should our training in this most difficult area of work.

Regular staff training helps ensure success. Training is critical in program development and implementation so that staff clearly understand the mission of the program, their individual role and the interrelationship of their role with their co-workers, justice and treatment. Achieving program orthodoxy is a function of good training in the TASC model. Following implementation, TASC staff training will maintain consistency and quality in client services.

Training also creates the opportunity for involvement with justice and treatment people. Bring them in as trainers. For example, what's the latest on the jail's inmate management system? How can TASC staff help ensure family participation in treatment? This type of approach fosters good communication and fosters a team approach on the part of TASC, justice and treatment. Then maybe TASC won't have to play all its games on the road in front of hostile crowds.

Training Made Easy or How to Hire the "Right Stuff": For the staff performing the operational functions, the concept of TASC must be clear, discreet and believable. What does this mean? It means . . . no matter what their previous discipline, criminal justice or treatment, the staff must have a belief in the TASC concept.

In establishing the support of the justice and treatment system, TASC program administrators make assurances that depend on staff compliance. Staff

and program problems often occur when staff identify too closely with either the criminal justice or treatment staff. Both systems must be clearly understood by the TASC staff because they continually play in these parks.

If a TASC staff member "owns" a particular treatment philosophy in court, the objective TASC mission is not carried forth, and the courts are acutely aware of this. Likewise, if a TASC staff person acts like a "probation officer" in the treatment community, the treatment staff will disavow the TASC stance. While there are times these stances should be taken, there is a delicate balance that needs to be maintained.

The TASC staff, in maintaining program credibility, must be experts in all participating systems and know and understand when to use each.

Therefore, it is recommended that staff interviews address these issues directly and training continue to support them.

ELEMENT 4

SAMPLE PROCEDURES AND FORMS

Recommended Procedures:

To put these standards into operation, TASC program procedures should include:

1. The development of an annual training plan, which outlines the types and amounts of training to be provided for each staff member and the content of such training.

2. A training schedule that clearly outlines training topics, dates, and identifies who will provide the training.

3. Regular documentation in agency personnel files of all staff training received.

SAMPLE TRAINING OUTLINE

Topic: Criminal Justice System and TASC Intervention

Purpose: To provide an understanding of the component parts of the criminal justice system, points of TASC intervention, and how TASC impacts on that system.

Materials: Diagram of CJS, chalkboard.
Handout, "Glossary of Terms."
TASC Pre-Trial Case Flow Chart.
Diagram of the Cincinnati TASC model.

Method: Rather than presenting this module in the form of a lecture, a proven method has been to first solicit input from the group on each topic in order to assess the group's level of knowledge. Draw a diagram of the CJS on the chalkboard and have the group fill in the component parts as each is explained.

Presentation:

I. Criminal Justice System

- A. Describing each component
- B. Tracking a misdemeanor case through the system
- C. Tracking a felony case through the system

II. TASC Intervention

- A. Intervention vs. diversion
- B. Identification of all intervention points
- C. Procedure for becoming a TASC client
- D. Points where bail may be altered
  1. TASC representation in court

III. Sources of Referrals to TASC

- A. Criminal justice referrals
- B. Other sources, i.e., self, family, lawyer, etc.
- C. Procedures for making referrals

Time: 1 hour, 30 minutes

Note: Face-to-face discussions with a judge and probation officer would supplement the materials presented. Observe the court in process at all stages.

Topic: Monitoring: Tracking - Urinalysis - Termination

Purpose: To understand methods of how TASC can become a credible communications linkage between the criminal justice system and the treatment system by objectively monitoring a client's treatment progress.

Method: Lecture/discussion

Materials:
Progress notes form.
Tracker's monthly control sheet (if applicable).
Form to record urinalysis results.
Monthly treatment report form.
Monthly report to the criminal justice system form
Sample court letters.
Sample warning letters.
Aspects of urinalysis.

Presentation:

I. Tracking

A. The use of objective criteria to measure progress
   1. Attendance
   2. Avoidance of criminal behavior
   3. Urinalysis results

B. Monthly reports from treatment programs
   1. Attendance: number of appointments scheduled, number of appointments missed
   2. Urinalysis: dates taken, results, comments
   3. Attainment of goals and objectives
   4. The information should be completed in writing by the treatment counselor
   5. The forms to be completed by the treatment agency may be hand delivered, mailed, or the treatment agency could have a stockpile of forms and TASC could supply a current list of clients monthly.

C. Regular reports to the criminal justice system
   1. What to report
      a. how TASC received the client
      b. where client was referred
      c. attendance record
      d. status of client
      e. urinalysis results
      f. is TASC willing to continue to monitor the client?
   2. Standardized forms
   3. Concise format for reporting

D. Active or passive monitoring
   1. Active monitoring - generally weekly contact with the client face-to-face.
   2. Passive monitoring - generally relying on the treatment counselor to report client progress to TASC by written report (i.e., monthly) and at least one telephone conversation monthly with the client.

E. In-house procedures
   1. Things to consider:
      a. case manager's expertise
      b. geographic location of treatment agencies
      c. case managers track their own clients?
      d. random basis?
   2. Supervision to assure that monitoring is being accomplished
      a. review client files regularly
      b. spot check client files
      c. question the trackers to ascertain monitoring
      d. "red flag" client files needing special attention
      e. review trackers' logs

II. Urinalysis
   A. Requirement - random weekly samples for monitoring
   B. Methods of Urinalysis
      1. Thin layer chromatography - advantages: specificity, sensitivity, low cost
      2. Immunoassays - EMIT, TDX, RIA - rapid analysis, lend themselves to on-site testing, very sensitive, relatively low cost; (negative factor - not as specific as other methods - false positives)
      3. Mass spectrometry - most sensitive and specific technique available, but slow and expensive. Confirmation.

   C. Capabilities of the TASC urinalysis method
      1. Drugs that can be tested
      2. Drugs that cannot be tested

D. In-house procedures
   1. Obtaining samples/avoidance of falsification
      a. observe client voiding
      b. tag specimen bottle before giving it to the client (client name and/or ID number)
      c. store specimens in a secure location
      d. have name or ID number appear on lab form precisely as it is on specimen container
      e. upon receipt of the result, the name and number of the client must again be compared for accuracy
   2. Recording results
      a. urinalysis results can be kept in a separate notebook listing results of all active TASC clients and/or recorded in the individual client file
      b. one person should be responsible for recording all urinalysis results

E. Chain of custody requirements
   1. Establish who has custody of and is accountable for the urine sample from the time it is observed being given until the laboratory technician tests it
   2. Be assured that the treatment agency is aware of the chain of custody requirements
   3. TASC may wish to spot check clients to assure that the results are valid
   4. Know which drugs the treatment agency's urinalysis method is capable of testing

F. Realistic approach to the use of urinalysis
   1. Urinalysis is one technique of monitoring
   2. Should not be viewed as the ultimate test of how a client is progressing
   3. The results of urinalysis may not always portray a correct impression, i.e., falsifications
   4. TASC can only report that a client is "drug free" based on the drugs that the urinalysis method is capable of testing

III. Termination

A. Success/failure criteria
   1. Statewide criteria
   2. Local criteria
   3. Guidelines for criteria
      a. should be measurable
      b. related to project goals and objectives
      c. should reflect the consensus of the criminal justice system and the treatment system

B. Impending Termination
   1. Situation indicating need for reassessment
      a. if client if in danger of being terminated from TASC or the treatment agency
      b. if there is an apparent conflict between the client and the treatment counselor or treatment modality.
      c. when a client successfully completes one program, to determine if aftercare is necessary
      d. if a client is charged with a new offense
   2. Procedures for warning a client
      a. letter
      b. telephone
      c. face-to-face meeting
      d. collateral meeting with TASC tracker, client, treatment counselor and/or the probation/parole officer
      e. objectives:
         1. to make the client aware that he/she may be terminated from TASC
         2. to state the <u>possible</u> consequences of an unsuccessful termination from TASC
         3. to discuss what the client must do to retain an active status with TASC

f. collateral meetings:
    1. resolution of differing opinions
    2. key persons to be involved in collateral conferences:
        a. client
        b. TASC tracker
        c. treatment counselor
        d. probation/parole officer
    3. TASC has the last word about whether the client should be terminated from TASC. Treatment does not necessarily have to be terminated when TASC discontinues its involvement

C. The termination hearing
    1. Procedures
    2. Participants

D. The effect of a TASC termination
    1. The court will be notified whenever a client is terminated successfully or unsuccessfully. The court determines further action, if any.

NATIONAL TASC TRAINING CURRICULUM
TASC LINE STAFF

Synopsis: A 5-day training course designed to teach TASC Line Staff knowledge in the TASC critical elements and skills in how to effectively work in each of the elements. The course consists of twelve modules. All but two of the TASC critical elements are covered in this training course. The two, staff training and an independent administrative unit, are included in the TASC manager's training course. In this course a module has been added on confidentiality and special populations, and a training manual and participant manual have been developed to present this course content.

Course Overview

Module I - Introduction to the Course

This session is designed to familiarize the participants with each other and content of the course. Specific topics include:

- o Trainee expectations
- o Course overview
- o Logistics of training

Module II - Understanding TASC

This module is designed to provide participants with an understanding of the TASC concept and how the program acts as a bridge between the criminal justice and drug treatment systems. Specific topics include:

- o The purpose of TASC
- o TASC as a bridge
- o The basic TASC services
- o The TASC client

Module III - TASC History and Critical Elements

This module is designed to review for participants the history of TASC and the critical program elements that make up TASC. Specific topics include:

- o Rationale for TASC
- o History of the TASC concept
- o Critical elements of TASC
- o TASC orthodoxy, transferability and permanency

- Release consent without patient's consent
- Court orders

Module XII - Special Populations

This module is designed to acquaint TASC program staff with the issues surrounding application of the TASC model to special populations. Specific topics include:

- Adolescent offenders and TASC
- DUI offenders and TASC
- Chronically mentally ill offenders and TASC
- Perpetrators of family violence and TASC

NATIONAL TASC TRAINING CURRICULUM
TASC MANAGERS

Synopsis: A three-day training course designed to teach TASC administrators and managers skills in effective development and management of a TASC program. The course reviews the TASC critical elements and care functions, with special emphasis on how to manage a TASC program efficiently and effectively. A training manual and participant manual will be developed to present the course content.

Course Overview:

Module I - Introduction to the Course

This module is designed to familiarize the participants with each other and the content of the course. Specific topics include:

- Trainee expectations
- Course overview
- Logistics of the training

Module II - Understanding TASC

This module is designed to provide participants with an understanding of the TASC concept and how the program acts as a bridge between the criminal justice and drug treatment systems. Specific topics include:

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- Critical elements of TASC
- TASC orthodoxy, transferability and permanency

Module IV - Establishing Broad-Based Support of the Justice System

This module is designed to provide participants skills in working effectively with the criminal justice system. Specific topics include:

- TASC's role in the justice system
- Establishing a TASC advisory council
- Establishing cooperative agreements

Module IV - Establishing Broad-Based Support of the Justice System

This module is designed to provide participants with an overview of the criminal justice system, how TASC can effectively integrate with that system, and how to establish and maintain necessary communications and firm linkages between the two systems. Specific topics include:

- Components of the criminal justice system
- TASC points of intervention
- TASC benefits to the criminal justice system
- Establishing system cooperative agreements
- Techniques for court protocol

Module V - Building Broad-Based Support of the Treatment System

The purpose of this module is to define what is meant by "treatment" and explore ways in which TASC can work effectively with the treatment system. Specific topics include:

- What treatment is
- Treatment modalities
- The intervention process
- Establishing cooperative agreements
- Creating alternative treatment options

Module VI - Client Identification/Screening

This module is designed to provided a rationale for the development of clear client identification criteria and screening protocols. Specific topics include:

- Identification techniques
- Selling TASC to potential clients
- Where to conduct screening
- Eligibility criteria

Module VII - Assessment and Referral

This module will provide participants with knowledge and practice in conducting an assessment of the client's needs and how to match these with available treatment modalities. Specific topics include:

- Key elements of an assessment
- Conducting the interview
- TASC vs treatment assessment
- Developing a referral recommendation
- Facilitating the referral

Module VIII - Monitoring/Case Management

This module is designed to provide participants with and overview of a system for the case management of the TASC client. Specific topics include:

- o The role of the case manager/monitor
- o Monitor/client relationship
- o File management
- o Success/failure criteria
- o Client intervention strategies

Module IX - Urinalysis and Other Physical Testing

This module informs participants of the policies, procedures, and considerations in urinalysis and other physical testing as it relates to TASC. Specific topics include:

- o TASC elements that use urinalysis
- o Technology for urine testing
- o Chain of custody
- o Random vs scheduled urinalysis
- o Other physical testing

Module X - Record keeping and Data Collection

This module will teach participants the benefits of effective and complete record keeping and how data and records effect their roles. Specific topics include:

- o Data elements critical for each TASC role
- o Record keeping plan
- o The case note
- o How good records contribute to data collection

Module XI - Confidentiality of Client Records

This module is designed to introduce to participants the concept of confidentiality of alcohol and drug abuse patient records and how these concepts are applied when working with TASC clients.

- o Extent of coverage of the confidentiality records
- o Key elements of consent of release
- o Differences between a general and criminal justice regulation

Module V - Establishing Broad-Based Support of the Treatment System

This module is designed to provide participants with key concepts of how to work effectively with the treatment community. Specific topics include:

- o Establishing cooperative agreements
- o Negotiating for treatment slots
- o Creating alternative treatment options
- o Special populations

Module VI - Independent TASC Unit with a Designated Administrator

This module will present a rationale for an independent TASC unit and highlight the value of a fulltime designated TASC administrator. Specific topics include:

- o Establishing a not-for-profit corporation
- o Developing policies and procedures
- o Rationale for fulltime director

Module VII - A Data Collection System to be Used in Program Management and Evaluation

This module will present the rationale for collecting data and how these data can be used to monitor the effectiveness of the TASC project. Specific topics include:

- o Necessary data to collect
- o What the data tell
- o How to report the data
- o How to utilize the data for management purposes

Module VIII - Policies and Procedures for Required Staff Training

This module will present a rationale for training TASC staff and the frequency of such training:

- o Establishing a training plan
- o Developing an in-service system
- o Building training into staff development

Module IX - Staffing TASC Projects

This module will present strategies on how to select and motivate TASC program staff. Specific topics include:

- o Interviewing techniques
- o Motivating staff
- o Termination techniques

Module X - Effective Management of the TASC Project

This module will review some of the key skills for effective program management. Specific topics include:

- o Planning process
- o Intervention for change
- o Fiscal management

Module XI - Funding the TASC Effort

This session will present strategies on how to secure funding for the TASC project. Specific topics include:

- o Determining funding sources
- o Client fees
- o Developing a marketing plan

Module XII - Urinalysis and Other Physical Testing

This session will inform participants of the policies and procedures and protocol with regard to urinalysis and other physical testing. Specific topics will include:

- o TASC elements that use urinalysis
- o Technology for urine testing
- o Chain of custody, certification, licensing
- o On-site vs laboratory testing
- o Other physical tests

EXAMPLE ILLINOIS TASC TRAINING PROGRAM

INDEX

TRAINING GOALS

I. AGENCY BENEFIT: To enable a uniform level and quality of operations and services throughout the agency.

II. STAFF BENEFIT: To provide staff with the means and opportunities to become proficient and professionally qualified.

III. PUBLIC BENEFIT: To provide information and education to the criminal justice system, treatment providers, and the community.

NEEDS ASSESSMENT

What are Training Needs?

Training needs are needs for knowledge, skills, information, and learning resources.

Why Do We Have Training Needs?

1. Goals and Interests: Agency goals and interests may generate a need for certain skills, knowledge, and resources to reach and maintain objectives. For example:

    - accurate and consistent client assessment
    - linkage and coordination of criminal justice and treatment resources
    - effective methods of recording, communicating, and using information

2. Problems and Deficiences: Problems and deficiencies in the agency may require certain skills, knowledge, and resources to prevent or remedy such problems.

    - outdated or inadequate assessment procedures
    - case management breakdowns
    - staff grievances, high turnover, poor job performance

How Will Training Needs Be Identified?

1. Program Development and Management: Training liaison with executive administrative and management staff in areas of program planning, implementation, and evaluation. Training needs created by new programming -- new client populations, treatment modalities, criminal justice systems -- will be identified as a part of program development.

2. Problems Analysis and Intervention: Training liaison with operations staff in areas of program monitoring and staff evaluation. Problems of deficiencies identified by management will be evaluated for special or remedial training needs.

3. Staff Development: Training liaison with the criminal justice and treatment systems, community groups, and public officials concerning public knowledge and educational needs and resources. Training needs will be identified through the expressed concerns and interests of each group.

How Will the Training Needs Assessment Be Implemented?

1. Interface with Executive, Administrative, and Operations Staff.

    - The Training Coordinator will meet quarterly with Area and Unit Coordinators to discuss training needs and interest and to identify local training resources and opportunities.

Training Programs

Training programs will be developed for each major training goal. Each program will be designed to meet its goal using specific criteria, personnel, course content, materials, and methodology. Whenever possible, training will be accredited by appropriate credentialling or academic bodies. Programming will include:

- New Staff Training (Introductory Curriculum)
- Operations Training (Core Curriculum)
- Credentialling & Certification Program
- Speaker's Bureau
- Special Services

Element 5: A Management Information - Program Evaluation System

Performance Standards:

1. To define those standardized reports to be used by a specific site or jurisdiction that will provide the most practical information to the program administrators and staff.

2. Documented procedures for regularly scheduled, quality-controlled data collection on standardized data collection forms that include information on:

   - o number of potential TASC clients identified/referred/accepted from each cooperating component of the justice system;
   - o client demographics and socio-economic characteristics -- age, race, sex, education, employment status -- at admission to TASC;
   - o other TASC-related client characteristics at admission -- criminal or other charges, drug-dependent status, primary drug of abuse or other diagnosis, urinalysis or other diagnostic testing results;
   - o number of clients within the TASC system at each milestone of the program, from interview with the client to admission into treatment to progress through treatment, including successful or unsuccessful termination from TASC, client rearrest and intervening court appearances during a specified time period;
   - o number of specified services provided to TASC clients by designated staff during a specified time period;
   - o number of clients with different TASC/treatment outcomes -- success/failure categories, rearrest rate and other subcategories -- during the specified time period; and
   - o expenditures by budget line item category during the specified time period.

3. Analysis of the data collected to determine program effectiveness, problem resolution, public information, management planning, program evaluation and quality control.

4. Documented evidence that the collected data are reported to the appropriate administrators and staff.

Policy: A Management Information System/Program Evaluation System shall be designed, implemented and maintained by the TASC Program

Purpose: To provide timely, accurate and necessary information to TASC administrators and direct service staff for developing and managing program services, determining operational effectiveness, providing appropriate information to funding sources and meeting public information needs.

Rationale: Computers might not be pretty, but a functional Management Information System (MIS) is a work of art. If the requirement for an MIS terrifies you and gives you visions of "downed" computers and "lost" data, hang in and hold on. Whether you hand-count everything you can about clients, services and other resources and add up the "facts" on your fingers and toes or accomplish the same thing with sophisticated technology for automated processing, you'll both want and need to know what you are doing in your program and be able to prove it with objective, verifiable data and statistics.

Organizations with newly designed and implemented information systems tend to flow through five stages of development:

1. Wild enthusiasm - having just designed a system that will be a panacea for all managerial problems;

2. Enlightenment -- discovering that the system will not provide all answers to all managers;

3. Disillusionment -- ascertaining that the system, in reality, provides no answers for any managers;

4. Persecution of the innocents -- seeking out uninvolved scapegoats and rendering organizational harm unto them; and

5. Promotion of the guilty -- elevation of those responsible to a level of even greater incompetence.[1]

The foregoing evolution -- facetiously stated, but all too often the way things are -- may be avoided by following the general guidelines or principles of systems design outlined in this chapter.

The single most frequently voiced criticism of past TASC programs was their failure to collect and use enough information about clients and program activities to prove effective in reaching planned goals and objectives. Hence, a well-designed and functioning MIS is absolutely essential for program survival!

If the goals and objectives of TASC have been clearly defined and operational procedures are in place, the design of an MIS should be relatively straightforward. Data will be needed to reflect normal program activities and measurable accomplishments. Answers are usually sought for seven basic management questions: Who? Provided what services? For whom? Where? When? With what results? and How much did it cost?

A routine and credible system for collecting and analyzing necessary data (facts) about program activities is vital to every administrator's management decisions to meet reporting requirements to funders, to describe the program to the public and potential constituents, to assess operational effectiveness and efficiency, to evaluate progress toward goals and objectives, to make program modifications based on these findings and to monitor the changes made.

Remember, however, that an MIS is only a tool for producing a set of facts, figures and statistics that can be very useful in skilled hands but is no substitute for an inquiring mind and a strong commitment to improving program operations.

Benefits to TASC:

1. Standard-Setting and Quality Control -- The MIS also assists managers to set realistic standards for attainment (e.g., maximum number of clients to be served, minimum-maximum times necessary for TASC induction and treatment placement, optimal number of clients on individual case managers' caseloads, the average percentage of clients who can be expected to complete the TASC assignment successfully, etc.) and to monitor those achievements. An MIS can also provide the data for helping staff improve their placement skills in matching client characteristics with treatment outcomes.

2. Program Evaluation -- The MIS has the potential to advise staff about whether program objectives are being met and whether they're accomplishing what they expected.

3. Problem Identification and Program Planning -- Where accomplishments fall short of expectations, the MIS can assist in determining what's going wrong. An analysis of when or why clients "split" from treatment facilities, for example, may provide important insights about needed placement modifications/improvements.

4. Audit Trail -- Within the TASC program, an MIS helps staff keep track of what they are doing. Objective and verifiable counts of clients, services and other expended resources establish benchmarks of program activities.

5. Public Information and Accountability -- The TASC activities and accomplishments that are credibly documented by its MIS enhance the program's visibility with funders and users. To the extent that TASC is both accountable and successful, the MIS promotes TASC transferability and permanency.

6. Contribution to a National Data Case -- An MIS, by requiring careful definition of terms and focusing attention on measurable objectives, promotes program orthodoxy (beyond single site implementation) and helps maintain a national TASC identity and a uniform data case.

Benefits to Other System Participants:

1. Analysis of System Needs and TASC Potential -- Components of the justice and treatment systems that cooperate with TASC can use the MIS to enhance their understanding of likely outcomes when their needs are meshed with

TASC services (e.g., the average number of TASC-eligible clients likely to enter the system from different justice system points during a given time period, how average time-in-treatment compares with sentencing equivalents, comparative outcomes for TASC and non-TASC clients in treatment who have similar criminal and substance abuse histories, the characteristics of clients who are likely to be rearrested during treatment or the average number of "dirty" urine specimens that can be expected from clients in different stages of treatment).

2. Documentation of TASC Activities and Accomplishments -- The MIS also verifies TASC performance (successes and failures) for cooperating system participants. Evaluation of TASC, problem identification, revision planning and change monitoring are as important to TASC constituents as to the program itself. A well-run MIS establishes credibility and accountability throughout the system and strengthens the linkages among components which are absolutely essential for TASC operation.

Agreement on Data Requirements and System Design: It is no small challenge to design, develop, operate and use a management information system. Careful planning and continuous monitoring of operations are required to make certain that results meet expectations.

The initial design of an MIS is crucial and difficult. Two primary decisions are required: (1) Who should participate in and/or sign off on the original conceptualization, and (2) What minimal and unduplicated data are required to manage TASC.

Unless all potential users and contributors to the MIS share a sense of "ownership" and are involved at the outset, the whole thing can be sabotaged. All system participants need to be convinced that the information to be produced can be useful, accurate and timely. Representatives from cooperating justice and treatment system components and funding sources should be counted among the MIS users. Before an MIS is installed, several meetings should take place with all the potential users/contributors. Their data needs/requirements should be solicited and considered. Unfortunately, there is often a tendency during MIS design stages to request tabulation of every possible bit of client information -- to insist that every "fact" is important. Reassurances need to be given that it is easier to start small and plan for improvements once the system is in place and demonstrating its usefulness. MIS users also need to watch out for a "datahead" -- that person addicted to superfluous information who is not required to do MIS reporting. MIS users need to understand that the system won't replace client records and doesn't require their "richness" and detail.

Once information "needs" are determined from a survey of potential users, the TASC manager can ferret out inconsistencies/differences among these requests (or ask an outside consultant to do this) to get an idea of how difficult design agreement will be to reach and how varied the expectations are for the MIS. All overlaps in data requirements should be noted, with duplications eliminated and similar requests transformed into single, mutually agreeable data elements.

In designing an MIS, TASC managers should realize that baseline data on current program activities need to be established before some objectives can be specified to exceed or improve what is already being accomplished.

TASC managers should also differentiate between information they want/need to collect regularly and routinely for all clients and services and that information which may be necessary or available only occasionally from a sample of clients or services. Cost/benefit analyses and follow-up evaluations of clients' outcomes beyond TASC termination are examples of research studies not usually within the scope of an MIS; these types of studies are too costly and time-consuming to be conducted routinely. They also require significant data from sources outside the TASC-controlled system, usually entailing additional personnel and special arrangements/permission for collection.

Most TASC programs will want to tabulate and analyze data regularly on:

- client characteristics/histories that are necessary to establish eligibility and treatment needs or thought to be significant for the outcome of a TASC association;

- o client flow patterns at critical movement points in the system -- from the initial contact through release;

- o client outcomes at each sequential phase of the system;

- o staff activities/workloads or units of client service; and

- o revenues and costs or other resources expended (time and materials) for each type of activity.

More specific requirements for data items are presented in the performance standards for this element.

Formats and Timeliness of Output Reports and Input Data: Once the primary users of a TASC MIS have agreed on their information needs and parallel data requirements, those formats and schedules for routine input instruments and output reports should be negotiated. Decisions about the content and frequency of management reports obviously govern how and when data must be submitted and tabulated. Compromises based on cost considerations may be necessary for some TASC programs if extensive monthly output is unrealistic. Annual summaries, in contrast, are usually inadequate for timely management decisions. Some combination of "simple" monthly/quarterly reports, in-depth annual analyses and occasional special studies may be a better solution.

The Design of Data Collection Instruments: All TASC programs have a package of forms to document client movement through the system and the decisions made/actions taken during that process. Data collection instruments for an MIS are usually "simplified" or are summary versions of those same forms for screening, assessment, referral and treatment planning, services received, progress reporting and discharge. Sometimes the MIS instruments are identical copies of selected client case record forms, with only a few of the data items identified for tabulation. These data items are often summary scores or indices of several other items -- a numerical "risk" estimate or a substance abuse inventory score that records comparative "severity" of involvement. These numerical equivalents of a diagnostic continuum are helpful in later examinations of "improvements" during treatment or designating similar groups for outcome comparisons following different placement assignments.

Certainly, the data collection instruments should be as concise as possible, avoiding repetitious entries and any unnecessary items that are not included in the planned analyses for output reports. No more than a single page or less should be needed for any transaction record. The longest instrument will undoubtedly be the assessment form, especially if it also includes data for eligibility determination. In general, data items are initially collected/recorded at the first movement point where the information is available and needed for the programmatic decision being made. Client identification and eligibility are established at the time of initial contact while treatment needs are ascertained during the assessment interview.

Most MIS instruments provide numerical "codes" for all allowable answers and force choices among listed options. This simplifies both recording and analyses of the responses. All questions with such forced-choice responses should have options for "don't know/not applicable" and "other," unless the answers are finite.

The Design of Management Reports: In general, several different types of management reports may be requested from an information system:

- o Descriptive overviews of program activities or client characteristics that identify patterns in distributions and frequencies. These answer the general questions about "What's happenin' man?" (e.g., How many clients were accepted into TASC last month? Who referred? How many were referred to treatment? How many and what percentage of entrants were males? Females? Black? White? Heroin addicts? Primarily marijuana users? Had felony charges? Had never entered drug treatment before?).

- o Comparisons between groups or over time to answer questions about who's doing better or whether changes and improvements are being made (e.g., Is the number of TASC admissions greater this month/this quarter than last? Are patterns of primary drug use changing? Is a larger percentage of clients being referred to one treatment facility than another? Are more clients successful/in "jeopardy" at one program

than another? Do clients stay in treatment longer at one outpatient facility than another? Do more clients have jobs at discharge than at admission?).

- Investigations of program or personnel efficiency to answer questions about performance levels (e.g., How many clients did each TASC screener interview last month? What was the average per day? Was the number of acceptances limited by screening availability? Is the program accepting more clients than can be placed in treatment? What is the average workload of each case manager? Could personnel be redeployed more efficiently?).

- Standards' monitoring to determine compliance/ noncompliance with legal requirements or program standards (e.g., Are any TASC clients minors? Is the program admitting the anticipated numbers/types of clients? Are placement referrals being made within a specified time limit? Are the anticipated numbers/ percentages of clients completing their TASC association successfully? Are clients with misdemeanor charges dismissed from TASC after a shorter time than the sentencing alternative?).

MIS reports may include several of these options in each distribution. Formats may consist of simple columns of figures with minimal explanations; tables of data showing comparisons among different groups, locations or time periods; graphs, charts or other pictorial representations of tabulations; and narrative interpretations/highlights of the findings. Some combination of these different formats is likely to inspire better use of the figures and more support for the MIS than pages of "pure numbers." MIS users should certainly have some say about the readability of the reports they receive, as well as their timeliness.

Managerial Questions and Reports:

- Scorekeeping includes the accumulation of data to help evaluate organizational performance from both an internal and external viewpoint, for example, reports that compare actual results with budgets.

- Attention-directing is the reporting and interpretation of data focusing on the day-to-day organizational operations. Red flags are posted via performance reports to enable a manager to take prompt action controlling current routine operational problems. Attention-directing types of data are closely related to scorecard uses, and in many cases, both kinds of questions are answered from the same reports.

- Accuracy: All data collected in a management information system should be accurately input, or they will be of little value. Accuracy is a key issue whether the system under design is manual or highly mechanized. Checks, reviews and edits of input data, processing of data and output data are necessary if a management information system is going to be usable.

- Comprehensiveness: The ideal information system crosses all organization lines and provides complete information on all aspects of the various functional areas of an organization. Only this type of information system can be defined as integrated. Because it is often impractical at the outset to design a system that is totally integrated, the alternative is a piecemeal approach. At first, a portion of the information system may be designed and implemented -- for example, a statistical subsystem -- and then the design of another subsystem can take place. Care should be taken in designing subsystems, however, so that all interactions with other subsystems are being considered.

- Flexibility: A management information system should be designed with sufficient flexibility so changes can be made without disturbing routine operations. Flexibility is necessary, so the changing problems of dynamic organizations and changing demands for reports can be addressed with adequate information.

- Parsimony: Care should be taken in allocating resources to system design, implementation and maintenance. The effort and resources used should be as parsimonious as possible. If outside help is needed, proposals should be obtained from competent and reputable vendors.

Borrowing or purchasing techniques or programs

makes more sense than re-inventing the wheel. Careful scrutiny of cost-benefit considerations should be a high priority in any system design effort. The most economical method of processing the information should be identified and used.

- Timeliness: A young man returning to the United States from Tijuana was asked by a customs officer at the border if he had brought anything back with him. "I don't think so," replied the young man. Whereupon the officer responded, "You'll know in two weeks." Two weeks in all probability was too long a feedback time for the young man to take any corrective action, but timely informational feedback is of great importance to managers also. Receiving information on events that occurred two months earlier is typically of little use in answering scorecard and attention-directing questions. A management information system should be designed to facilitate immediate feedback for routine operational control in a TASC program.[2]

Confidentiality of All Data -- From Collection to Reports: Potential MIS contributors who worry about the confidentiality of data can be easily reassured by input forms that do not record client names or other such identifying information as addresses, telephone numbers or next-of-kin that could be traceable. These data are not necessary if a unique identification number or code is assigned to each client at admission and subsequently used for all data entries. Date-of-birth, race, sex and initials -- perhaps of the mother's maiden name -- can be used (in addition to the numerical identification code) for verification that all data entries are for the same client.

A secure cross-reference file must be established that does link names with ID numbers, but this file need never be automated or jeopardized. No printout can then reveal names. Any listing sent to clinics or the courts for validation of active clients, for example, may contain only ID numbers. One simple mechanism for assuring this confidentiality is to design initial intake forms with a non-carboned, perforated, single-copy section above the other assessment information to record the name, address, etc., and the assigned ID code. This section is removed from the rest of the information and filed separately in the MIS office. The confidentiality of individual case files, however, remains the responsibility of case managers.

Accuracy of Input Data and Consistency of Collection: The credibility and usefulness of an MIS ultimately depend on the accuracy of input data and the quality control procedures that are established at every processing step to assure that integrity is maintained. If users begin to doubt the information that is generated, the MIS becomes worthless, no matter how much time and energy have been invested.

Several mechanisms are necessary for quality control of data collection and submission procedures. First of all, every data item on the input instruments -- with its optional response codes -- must be carefully defined in a written procedures manual, so there can be no confusion about what is to be recorded. For example, instructions should be provided for how dates are to be entered in appropriate boxes -- two digits each for month, day, year, with initial zeros for units under 10. Codes for criminal charges may need extensive explanations, particularly if some consolidation is required in the categories provided.

The procedures manual for data collectors should also explain how and when the forms are to be submitted (e.g., forwarded by messenger the first of every month in batches or sent by mail in pre-addressed envelopes, as completed). This procedures manual should become the mainstay for periodic staff training and review of data collection requirements.

Verification procedures also need to be established for the transmitted instruments which, at minimum, include:

- recounts and written logs of all forms received and a visual scan of each separate report for any missing data, unreadable entries or such obvious errors in responses as impossible dates or out-of-range codes;
- corrections of identified errors or missing data; and
- occasional cross-checks on a small sample of forms at the collection site with another information source, such as case records/lab reports, to see if transcription errors occurred or false information was inserted.

If possible, the TASC manager should establish review procedures, retraining requirements or other penalties for any staff and or referral sources/resources that consistently submit late or sloppy data instruments.

Quality control procedures (validation/verification) also need to be extended beyond data collection to all the processing steps, from keypunch operations or other methods of data entry through processing/tabulation activities.

Personnel and Resources for Collection, Quality Control and Production/Dissemination of Reports: Before an MIS is ever planned, the TASC manager needs to estimate costs and weigh potential benefits against anticipated expenditures and other resource requirements. In this era of inexpensive personal computers and extensive available "expertise," fears about enormous processing costs are probably unwarranted. However, additional staff time will undoubtedly be consumed by the quality control and analytical/report-production and dissemination activities even if currently available staff assume all data collection duties as part of normal job requirements.

The complexity of the proposed MIS and the methods selected for data processing, analysis and report generation are the major determinants of necessary costs. Once a design is under way, alternatives for these activities should be considered for their comparative costliness. Cost is one major reason for keeping the MIS design simple in the initial stages.

Once initiated, the MIS should be a part of routine budget requests.

Cost-Benefit of Automated Versus Manual Information Systems: With the advent of personal computers and an abundance of software programs capable of tracking and manipulating relatively large amounts of data, questions about automation become irrelevant. Almost any TASC program can now design an MIS to run on relatively inexpensive and available hardware. Consultant assistance is readily available.

Large programs with many clients that want to document all services provided and integrate billing systems may need specially tailored systems and more expensive hardware or service centers for processing.

Use of Data/Information Reports: Unfortunately, some management information systems, even though well-designed and supported in their development by potential users, never generate the promised reports or never distribute them to appropriate users and contributors. A well-conceived and operated information system has report distribution procedures that guarantee not only that the "right" persons receive reports, but that they use them in operational decisions. Some training of program staff in how to "read" data tabulations and statistics may be required, but more important is training on how to interpret the findings and use them for their intended purposes.

Inducements to use the information system can take several forms: formal training sessions for managers conducted at scheduled times to go over existing reports and solicit their questions and/or requests for additional special reports; narrative interpretations and highlights to accompany all published reports (not just tables of numbers); or inducements for use and penalties for failure to use the reports in normal staff functions.

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1. National Institute on Mental Health, Integrated Management Information Systems for Community Mental Health Centers (Washington, D.C.: DHEW pub #ADM 77-165), p.2-1.

2. Ibid., p.2-2

ELEMENT 5

SAMPLE PROCEDURES AND FORMS

Recommended Procedures:

1. Define reports to be used
2. Documented quality controlled data collection
3. Standardized data collection forms
4. Analysis of data
5. Reporting of data
6. Access to database confidentiality

SAMPLE PROCEDURE

Operational Procedure: Entry of Data to TASC Database

1. The TASC administrator shall designate those staff who are authorized to enter MIS data into the TASC database.

2. Data shall be entered on the 15th and 30th of each month (or the first workday following when dates fall on weekends or holidays).

3. Case managers are responsible for submission of raw data on appropriate forms at time of client admission and termination. Raw data sheets will be completed within two working days of admission and/or discharge from TASC.

4. The TASC administrator and/or designee shall assure that all data entered into the system are saved, backed up and secured at the conclusion of each working day.

5. No data in the database may be changed, altered or modified in any way without prior written authorization from the TASC administrator.

SUGGESTED FIELD HEADINGS FOR TASC DATABASE

(DAYTONA TASC)

FIELD NAME	DESCRIPTION	CODES
Name		Last, 1st Initial
Sex		0=Male 1-=Female
Race		0=Caucasian 1=Black 2=Hispanic 3=American Indian 4=Other
DOE	Date of Entry	00/00/00 (MMDDYY)
DOB	Date of Birth	00/00/00 (MMDDYY)
TX Type	Treatment Type	0=Residential 1=Outpatient 2=Other 3=Drug Detox 4=Alcohol Detox 5=Reality House 6=STC-Inpatient 7=CORS Inpatient 8=Gateway 9=Avon Park 10=Metamorphosis 11=River Region 12=Humana 13=Serenity House 14=Crossroads 15=Other Resid. 16=Act OP Deland 17=Act OP NSB 18=Act OP Daybch. 19=STC - OP 20=RH Aftercare 21=CORS - OP 22=AA 23=NA 24=Other OP 25=UA Only
ROR	Released on Recognizance?	0=Yes 1=No
1st TX	First Treatment Experience?	0=Yes 1=No
OPHX	History of Opiate Use?	0=Yes 1-=No

FIELD HEADINGS FOR TASC DATABASE

FIELD NAME	DESCRIPTION	CODES
FEL	Referred as Result of Felony Offense?	0=Yes 1=No
1st OFF	Is This Consumer's First Arrest?	0=Yes 1=No
4 PRIOR	Does Consumer Have 4 or More Prior Arrests?	0=Yes 1=No
SAE	Is Drug Abused Exclusively Alcohol?	0=Yes 1=No
ETOH	Is Consumer Linked With Alcohol Treatment?	0=Yes 1=No
MHTX	Is Consumer Receiving Mental Heath TX?	0=Yes 1=No
EMP	Is Consumer employed at Time of Intake?	0=Yes 1=No
TERMTYPE	Termination Type	0=Yes 1=No
TERMDATE	Date of Termination	00/00/00
REARREST	Arrest While Linked With TASC?	0=Yes 1=No
LEGSTAT	Legal Status at Time of Intake	0=Pretrial 1=Presentence 2=Doc. Probation 3=Cty Probation 4=Parole 5=Dependent DHRS 6=Comm Cont. DHRS 7=Other
CITY	Consumer's City of Residence	

0=Daytona Beach	12=Deland
1=Day Beach Shores	13=Deltona
2=Ponce Inlet	14=Orange City
3=South Daytona	15=Pierson
4=Port Orange	16=Barbervile
5=Ormond Beach	17=Wilbur by the Sea
6=Ormond by the Sea	18=Osteen
7=New Smyrna Beach	19=Other Volusia
8=Edgewater	20=Other Florida
9=Oak Hill	21=Other U.S.
10=Lake Helen	22=Holly Hill
11=Cassadaga	

NATIONAL CONSORTIUM OF TASC PROGRAMS-DATA SURVEY
1986

TYPE OF DATA COLLECTED BY TASC
PROJECTS DELIVERING SCREENING/EVALUATION SERVICES

Type of Data Collected	Percent of TASC projects Collecting Data
Number of Persons Served	100.0
Sex	100.0
Age	100.0
Race	100.0
Criminal Justice Status	95.8
Source of Referral	95.8
Type of Offense	87.5
Number of Arrests	87.5
Type of Arrests	87.5
Number of Convictions	83.3
Primary Substance Abused	100.0
Frequency of Use	95.8
Employment Status	100.0
Ability to Pay for Services	79.2

Note: A total of 24 TASC Projects reported delivering screening/evaluation services.

TYPE OF DATA COLLECTED BY TASC
PROJECTS DELIVERING REFERRAL SERVICES

Type of Data Collected	Percent of TASC projects collecting Data
Number of Persons Served	100.0
Sex	100.0
Age	100.0
Race	100.0
Criminal Justice Status	100.0
Source of Referral	91.7
Type of Offense	87.5
Number of Arrests	83.3
Type of Arrests	87.5
Number of Convictions	87.5
Primary Substance of Abuse	95.8
Frequence of Use	83.3
Employment Status	95.8
Ability to Pay for Services	79.2
Type of Alcohol and Drug Treatment Referred	100.0

Note: A total of 24 TASC Projects reported delivering referral services.

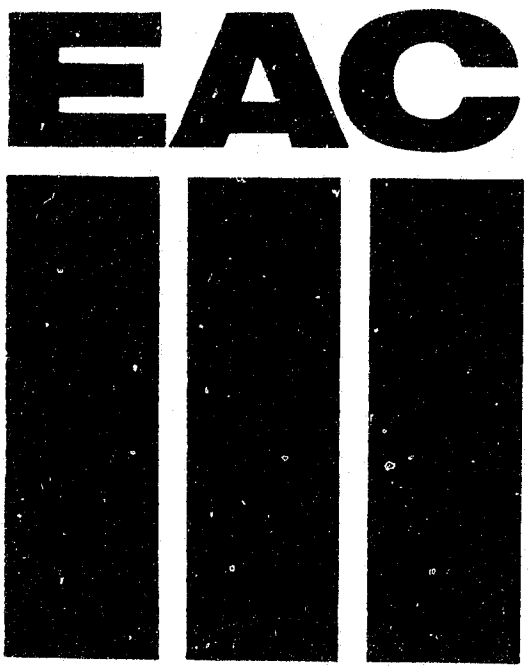
TYPE OF DATA COLLECTED BY TASC
PROJECTS DELIVERING CASE MANAGEMENT/MONITORING SERVICES

Type of Data Collected	Percent of TASC Projects Collecting Data
Number of Persons Served	100.0
Sex	95.8
Age	95.8
Race	95.8
Criminal Justice Status	95.8
Source of Referral	95.8
Type of Offense	87.5
Number of Arrests	79.2
Type of Arrests	83.3
Number of Convictions	83.3
Primary Substance of Abuse	95.8
Frequency of Use	87.5
Employment Status	100.0
Ability to Pay for Services	70.8
Type of Alcohol and/or Drug Services Delivered	91.7
Number of Positive Urinalysis Results	87.5
Number Arrested While Participating in Treatment/TASC	79.2
Number Employed While Monitored	75.0
Number Completing Treatment/TASC	91.7

Note: A total of 24 TASC projects reported delivering case management/monitoring services.

TASC: Evaluation

client rearrest rates
of the Nassau County
Treatment Alternatives to
Street Crime program.



EAC:

Chairperson, Paul Ponessa
Executive Director, Diana Freed
Deputy Director/Counsel, René Fiechter, Esq.

TASC Division:

Division Director, Rosemary Kelly
Deputy Director, Matthew Cassidy
Nassau Project Manager, Helen Altman

Our Purpose

The EAC is a not-for-profit corporation serving as the parent organization for a wide variety of programs designed to help people in trouble. Our expanding network of projects provides assistance in such areas of human concern as education, employment preparation, the criminal justice and penal systems, women's issues, drug and alcohol abuse, family relationships and dispute settlement through mediation. Offices are located throughout Long Island and the New York Metropolitan area.

TASC OF NASSAU COUNTY

Pretrial Diversion, Sentence Alternative and Rates of Recidivism, 1979-1983

by

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Evaluation of Nassau TASC

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EVALUATIVE SUMMARY

The TASC program is a viable and effective pretrial diversion and sentence alternative instrument. TASC services are provided to individuals with heavy involvement with felonies. Specifically, 56 percent of clients serviced by TASC were involved with felonies, whereas 44 percent were involved with misdemeanors.

Over a six-year period (1979-1985), successful TASC clients were only half as likely to be rearrested than unsuccessful TASC clients. Specifically, successful TASC clients involved in pretrial diversion recidivated at a rate of 28 percent, whereas unsuccessful TASC clients recidivated at a rate of 54 percent. And successful TASC clients involved in sentence alternative recidivated at a rate of 28 percent, whereas unsuccessful TASC clients recidivated at a rate of 57 percent. Of the crimes subsequently committed by successful completors of TASC, 33 percent were felonies, whereas of the crimes subsequently committed by unsuccessful completors of TASC 67 percent were felonies.

This ratio of two-to-one strongly indicates that the TASC program reduces the number of felonies committed by successful TASC clients. Thus, successful completors of the TASC program are less likely to recidivate, and even when they do commit fewer felonies than unsuccessful completors of the TASC program.

The difference in rates of recidivism between successful and unsuccessful TASC clients translates into savings related to incarceration costs (e.g., to keep one inmate in the Nassau County Correctional Facility costs taxpayers 100 dollars a day), not to mention police, probation and court costs. In addition, the public is less likely to be victimized and the TASC clients, themselves, are less likely to suffer the deprivation associated with drug and alcohol abuse and criminality.

THE TASC CONCEPT

Treatment Alternatives to Street Crime

Researchers and practitioners have long recognized the link between drug and/or alcohol abuse and crime. Communities familiar with this problem have become increasingly concerned with the growing incidence of drug and/or alcohol-related crimes. In searching for a program model to address the problem of non-violent drug-involved offenders and in developing effective intervention and coordination between treatment and the Criminal Justice System, representatives from local counties in the Metropolitan Area turned to the Education Assistance Center of Long Island (EAC).

Since 1977, EAC has operated programs known as TASC - Treatment Alternatives to Street Crime. Based on a nationally recognized model which links the Criminal Justice System with the treatment community, TASC has proven to be a viable and successful option for the Courts and the treatment community. TASC provides in-depth screening, evaluation and monitoring of drug or alcohol abusing clients.

EAC's success in establishing the existing TASC program is the result of meetings with representatives from treatment agencies, the District Attorney's Office, legal Aid and the private Bar Association, the Judiciary, Police and Probation Departments.

The TASC model has three essential components: 1. Referral and screening, 2. Diagnostic Evaluation, and 3. Case Monitoring.

Screening and Referral

At the screening and referral stage, identification of potential TASC participants takes place. In order for a client to be eligible for TASC she/he must admit to a drug or alcohol problem and must be willing to enter treatment for a minimum of one year, including inpatient treatment for as long as 12 months if determined as necessary by the diagnostic evaluation. She/he must not be charged with a violent felony.

The application to participate in TASC must have the support of Defense Counsel. The Supervising Probation of Parole Officer must approve of TASC involvement as well. In addition, the client must not have any outstanding warrants from other jurisdictions excluding New York City and Long Island, or a previous conviction for bail-jumping.

Evaluations

Having been screened and found eligible for TASC, the client then receives an in-depth diagnostic evaluation by a TASC Diagnostician. The TASC diagnostician, who is a professional with extensive knowledge of drug and alcohol abuse, determines the extent of the offenders' drug and alcohol use. Based on the findings, TASC will refer the offender to one of the treatment agencies with which it maintains a Qualified Service Agreement.

Treatment begins as soon as possible after arrest and may consist of weekly outpatient appointments with referral for vocational/educational services when a client is unemployed or unskilled. For chronic alcohol abusers treatment may consist of four to ten weeks of inpatient rehabilitation, to be followed by outpatient treatment in conjunction with attendance at Alcoholics Anonymous meetings. For severe drug addiction treatment may consist of a minimum of 12 months of inpatient service at a therapeutic community to be followed by a "re-entry phase", whereby a client attends school or is employed for an additional six months before graduating and being terminated by TASC.

When a client has been screened and diagnosed as eligible, the TASC Court Liaison staff informs the Court that the client has been evaluated by TASC and a suitable treatment plan has been designed. The Court may use TASC as a pretrial diversion mechanism, adjourning the case and declining prosecution for a minimum of 12 months. The Court may also choose to sentence the offender to TASC as a condition of probation or as a conditional discharge.

Monitoring

The TASC case managers are responsible for monitoring the progress of individual TASC clients. Monthly on-site visits at the assigned treatment programs are conducted and case managers report client progress to the appropriate criminal justice official. This process continues for at least one year from the time of the Court sanction. Clients who do not abide by the agreed upon treatment plan are terminated as unsuccessful and immediately referred back to the Court for re-adjudication.

In order to successfully complete TASC, the offender must have:

1. Consistent attendance in treatment for 12 months from the time of Court acceptance.

2. Complied with treatment and TASC regulations along with any additional Court stipulations.

3. Remained drug and alcohol free for at least the latter six months of participation in treatment through TASC.

TASC OF NASSAU COUNTY

Report on Recidivism Rates, 1979 - 1983

This report investigates whether the Treatment Alternatives to Street Crime (TASC) program of Nassau County significantly impacts on recidivism. Clients who successfully complete the TASC program are compared with those clients who fail their TASC obligation. The report covers the years 1979 through 1983 and includes all clients involved in TASC as either a sentence alternative or as a pretrial diversion instrument. The rearrest data appearing in this report were compiled from computer checks of the New York State Identification/Information System (NYSIIS) in November, 1985.

Reduce Recidivism

Table 1 displays the rates of recidivism for successful and unsuccessful TASC clients for the years 1979 through 1983. (A client is categorized by TASC as successful if he/she remains in the treatment program for at least twelve contiguous months, fulfilling all obligations.) In 1979, for example, TASC served 179 clients. The rates of recidivism for the 119 successful and 50 unsuccessful clients were 42 percent and 67 percent, respectively. In other words, successful clients recidivated 25 percent less over the six year, follow-up period.

Inspection of Table 1 reveals that for each year the rate of recidivism is significantly greater for the unsuccessful TASC clients than for the successful ones. The difference in rates range from 25 percentage points in 1979 to 34 percentage points in 1983. Specifically, the rearrest rates for 1979 and 1983 are based on six year and two year periods, respectively.

The small differences noted between the two groups in the rates of recidivism for the years 1979 through 1983 indicate that the beneficial effects of structured TASC treatment does not level off, appreciably, after a period of years (i.e., in 1979, the difference between successful and unsuccessful clients is 25 percent, whereas in 1983 the difference is 34 percent). Actually, the rates of recidivism displayed in Table 1 indicate fairly stable rates which are statistically significant. In other words, the difference remains stable over time and there are statistically significant differences between successful and unsuccessful TASC clients with respect to recidivism (measured by rearrest). The data indicate that the statistically significant differences are attributable to the abstention from drugs and/or alcohol brought about by exposure to the TASC program.

Table 2 displays data revealing whether TASC clients utilized TASC treatment as either pretrial diversion or as a sentence alternative. Here, too, inspection of the NYSIIS data indicate that the rate of recidivism is significantly greater for the unsuccessful TASC clients utilizing either sentence alternative or pretrial diversion than for the successful TASC clients.* Here, as well, the difference in rates between 1979 and 1983 for pretrial diversion and sentence alternatives are uneventful. That is, in 1979 the difference in rates of recidivism between successful and unsuccessful clients involved in pretrial diversion is 28 percent, whereas in 1983 the difference is 27 percent. Put in another way, successful TASC clients recidivate less over time and the differences between their rates and the unsuccessful TASC client's rates are substantial and predictable. For the sentence alternative population, the figures are 24 percent in 1979 and 34 percent in 1983. This further indicates that the beneficial effect of structured TASC treatment is not likely to erode after a period of years. In fact, the difference in rates for successful and unsuccessful pretrial diversion clients in 1979 is 28 percentage points and the difference in 1983 is 27 percentage points. And the difference in rates for successful and unsuccessful sentence alternative clients for 1979 and 1983 is of the same magnitudes as that evidenced in Table 1.

Study Methods

The question of adequacy of an experimental group arises. Having some control over the variable regarded as independent can help reveal the appropriate causal link. This would be accomplished by assigning, randomly, the TASC clients to both experimental groups (receive treatment) and control groups (receive no treatment). Unfortunately, such an experimental design would raise constitutional questions. A client, for example, might be denied "equal protection" under the Fourteenth

* The only exception is the rate of recidivism for 1982 for successful TASC clients participating in pretrial diversion (i.e., 14 percent rate of recidivism for successful TASC clients versus 12 percent rate of recidivism for unsuccessful TASC clients). And this exception evidences no significant statistical difference between successful and unsuccessful TASC clients, meaning it is most probably a result of chance factors. That is, statistically speaking, since the number of recidivists is low (2 for unsuccessful and 6 for successful), chance factors could account for the slight percentage difference, which, again, means that by conducting standard statistical tests, we find that the differences are not statistically significant.

Amendment. Given the obvious constitutional constraints, this report treated successful completion of the TASC program as the experimental group and unsuccessful completion as the control group. In this way, it is possible to assess the nature of the TASC data.

Data in Tables 1 and 3 indicate that those individuals who successfully complete TASC participation are less likely to be rearrested. In fact, for the years 1979 through 1983, successful TASC clients enrolled in either sentence alternative or pretrial diversion evidence a 28 percent rate of recidivism (see Table 3) whereas unsuccessful TASC clients enrolled in sentence alternatives and pretrial diversion evidence recidivism rates of 57 percent and 54 percent, respectively (see Table 3). On the average, then, over a six-year period, successful TASC clients were half as likely to be arrested than unsuccessful TASC clients.

Conclusions

In short, these data, representing from two to six year follow-ups and 946 clients, strongly indicate that TASC is effective in reducing rates of recidivism.

Reducing recidivism translates into an annual savings in reduced jail and court costs. Specifically, take the 1979 figures (see Table 2), comparing successful and unsuccessful pretrial clients. Unsuccessful clients recidivated at a 71 percent rate and successful clients at a 43 percent rate. The 28 percent difference translated into about 21 more defendants that, but for TASC, would consume more police, court and correction resources (Note: To keep one inmate incarcerated in the Nassau County Correctional Facility costs tax payers 100 dollars a day). Thus, the differences in rates of recidivism between successful and unsuccessful TASC clients for any given year translates into a quantifiable savings related to jail and court costs, not to mention police resources and the toll on victims. In addition to these tangible savings for the taxpayers, there are other benefits for the TASC clients themselves such as less drug/alcohol use, reduced criminality and the deprivation (the "pains of imprisonment") associated with incarceration.

Table 1.

Rates of Recidivism for TASC Clients: 1979 - 1983

	1979	1980	1981	1982	1983
Successful	119/50 (42%)*	89/35 (39%)	112/33 (29%)	122/24 (20%)	111.13 (12%)
Unsuccessful	60/40 (67%)	62/44 (71%)	101/54 (53%)	87/44 (51%)	83/38 (46%)

* The 119/50 is read as 50 of 119 successful clients recidivated. The corresponding rate of recidivism appears in the parentheses (i.e., 42%).

Table 2.

Rates of Recidivism for TASC clients: 1979-1983

Pretrial Diversion and Sentence Alternative

	1979	1980	1981	1982	1983
SUCCESSFUL					
Pretrial Diversion	76/33 (43%)*	57/21 (37%)	66/12 (18%)	42/6 (14%)	16/1 (6%)
Sentence Alternative	43/17 (40%	32/14 (44%)	46/21 (46%)	80/18 (23%)	95/12 (13%)
UNSUCCESSFUL					
Pretrial Diversion	24/17 (71%)	31/21 (68%)	45/24 (53%)	17/2 (12%)	6/2 (33%)
Sentence Alternative	36/23 (64%)	31/23 (74%)	56/30 (54%)	70/42 (60%)	77/36 (47%)
Totals	179	151	213	219	194

* The 76/33 is read as 33 of 76 successful pretrial diversion clients recidivated. The corresponding rate of recidivism appears in the parentheses (i.e., 43%).

Table 3.

Rates of Recidivism for TASC clients for 1979-1983

Pretrial Diversion and Sentence Alternative

	1979 - 1983
SUCCESSFUL	
Pretrial Diversion	257/73 (28%)*
Sentence Alternative	296/82 (28%)
UNSUCCESSFUL	
Pretrial Diversion	123/66 (54%)
Sentence Alternative	270/154 (57%)
Total	946

* The 257/73 is read as 73 of 257 successful pretrial diversion clients recidivated. The corresponding rate of recidivism appears in the parentheses (i.e., 28%).

Acknowledgements

Special thanks to the following for their assistance:

Constance Kerwin

Management Information Systems Coordinator,

TASC Division

Research Assistants:

Joanne D'Amato

Ellen Geitner

Jayne Lesonsky

Diana Salta

"Building New Bridges"

TASC National Conference

July 27-29, 1987 Chicago, Illinois

Handouts for Workshop on Using Data Effectively

The Application of Innovative Microcomputer Technology for Effective Data Analysis and Presentation

David J. Roberts
Director
Research and Statistics Program
SEARCH Group, Inc.
925 Secret River Drive, Suite H
Sacramento, California 95831
(916) 392-2550

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Recidivism rates for TASC program Clients: 1979-1983

All TASC Clients

	1979	1980	1981	1982	1983
Successful	42	39	29	20	12
Unsuccessful	67	71	53	51	46

Pretrial Diversion

	1979	1980	1981	1982	1983
Successful	43	37	18	14	6
Unsuccessful	71	68	53	12	33

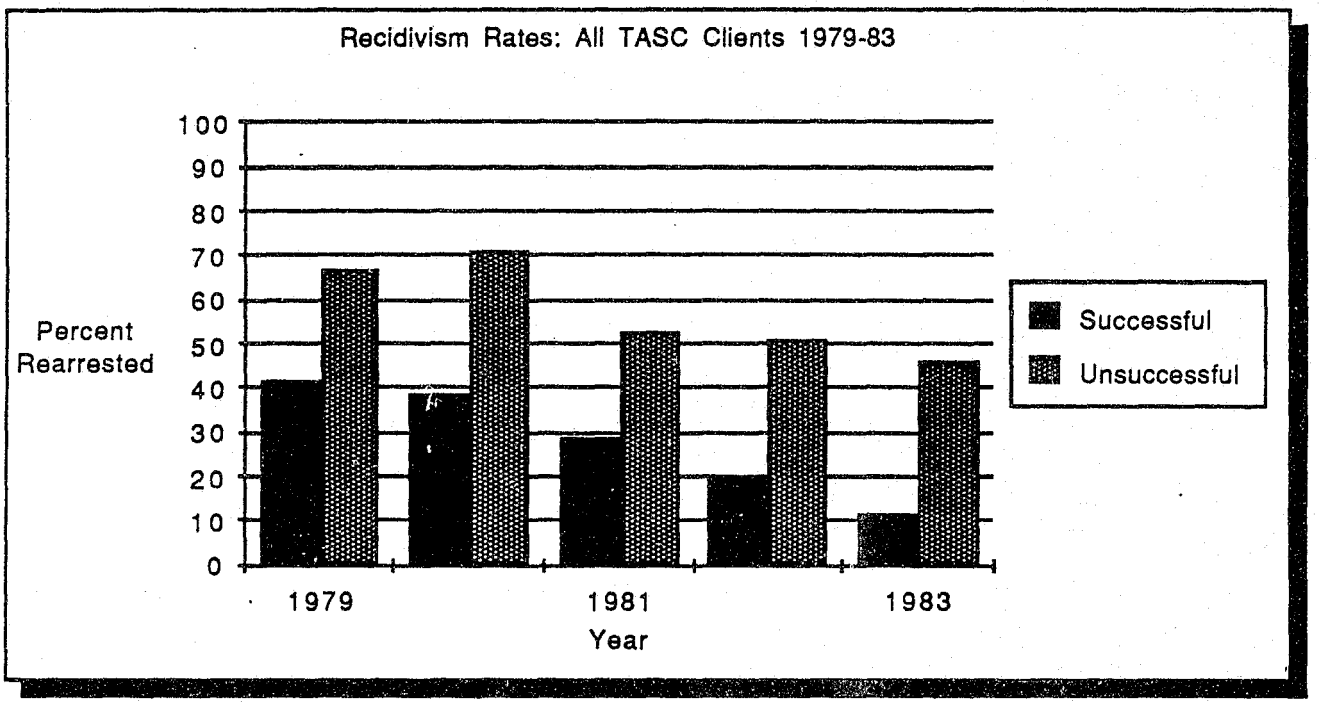
Sentence Alternative

	1979	1980	1981	1982	1983
Successful	40	44	46	23	13
Unsuccessful	64	74	54	60	47

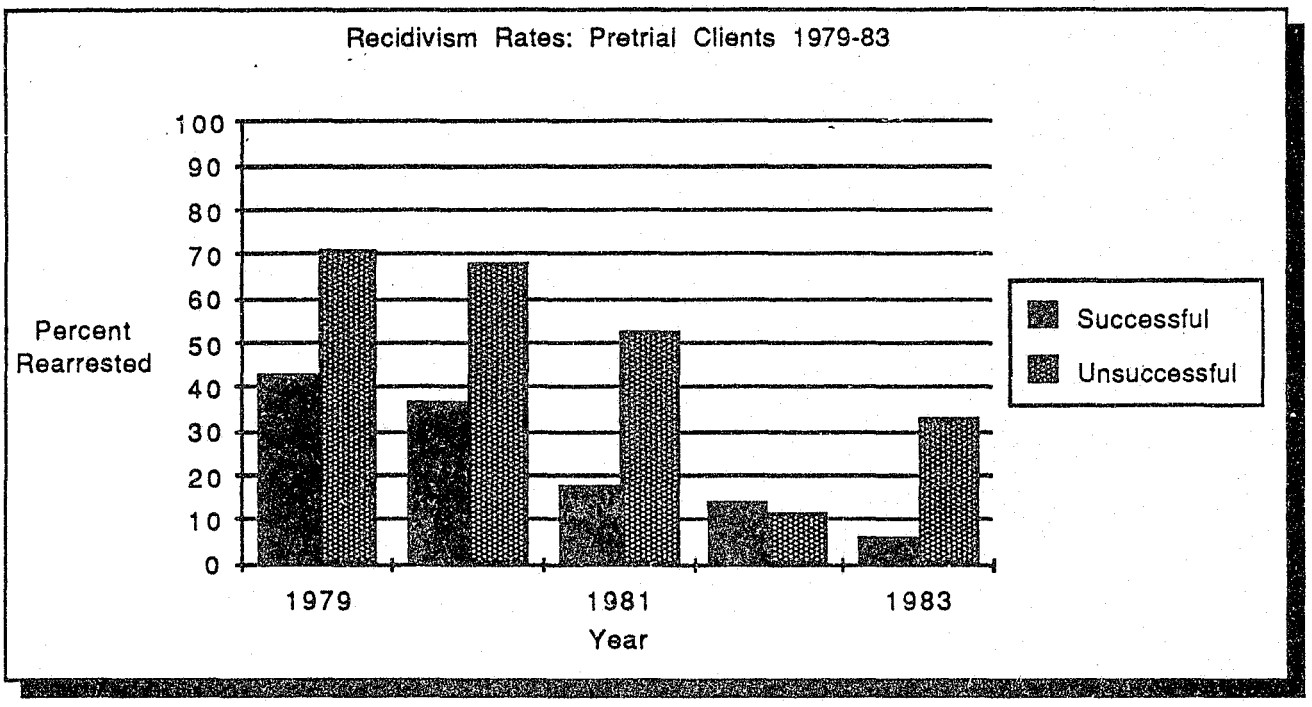
All Categories

	1979	1980	1981	1982	1983
Pretrial Success	43	37	18	14	6
Sent. Alter. Success	40	44	46	23	13
Pretrial Unsucc.	71	68	53	12	33
Sent. Alter. Unsucc	64	74	54	60	47

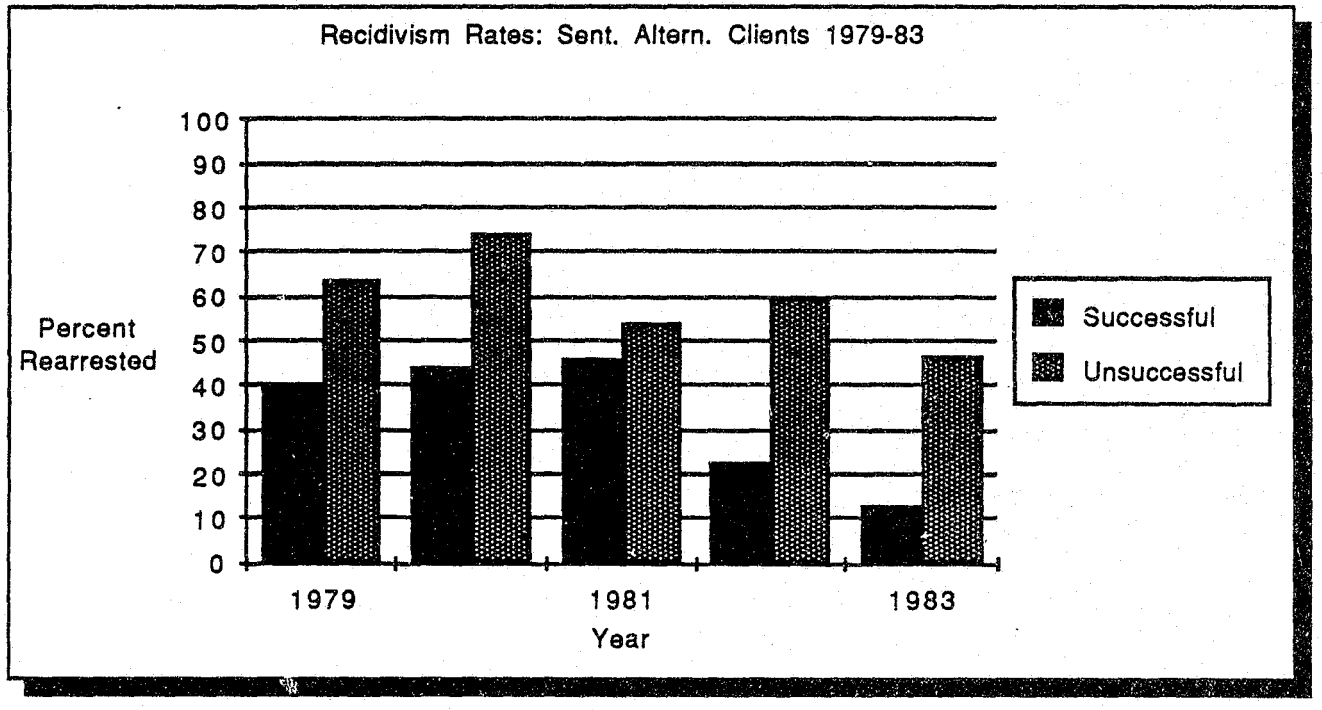
Recidivism Rates of All TASC Clients



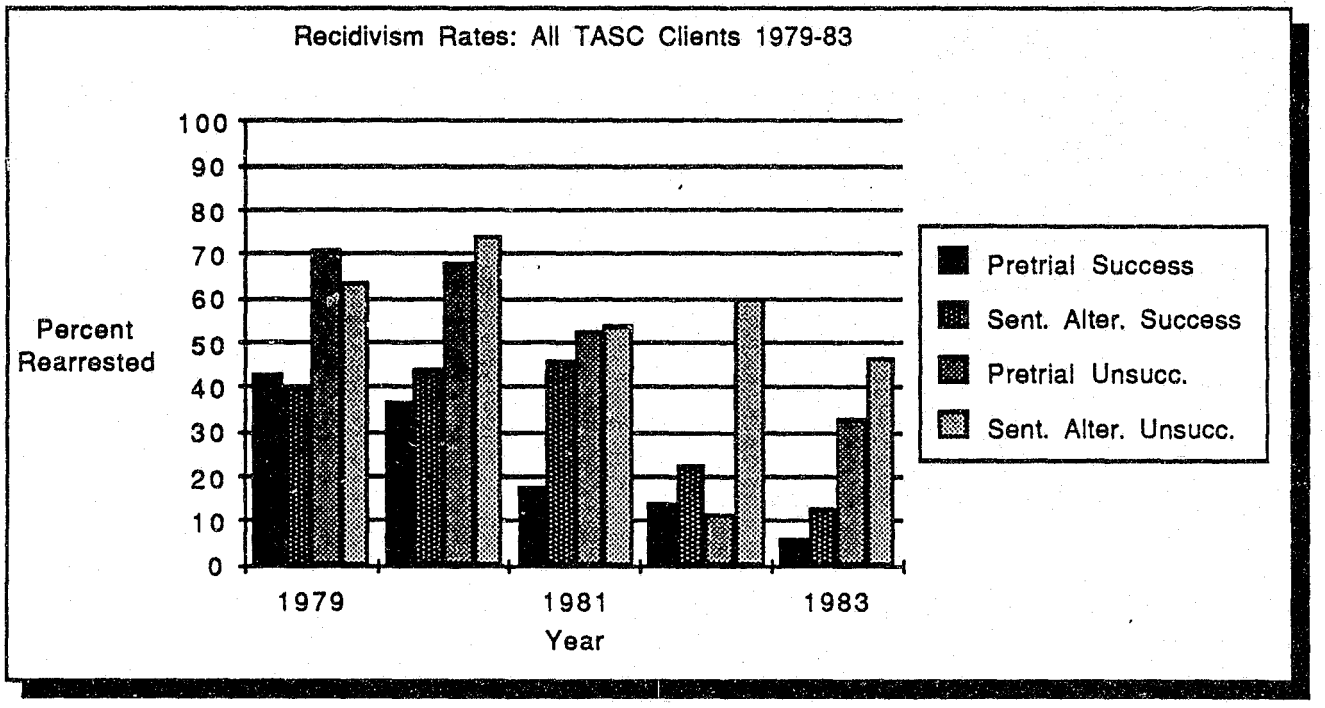
Recidivism Rates of TASC Pretrial Clients



Recidivism Rates of TASC Sent. Altern. Clients



Recidivism Rates of TASC Clients



Offense		P(Conv|Arrest)		
		California	New York	Pennslyvania
Homicide	1980	62.9	54.5	66.1
	1981	61.8	59.8	71.9
	1982	45.9	61.0	72.6
	1983	63.1	63.2	73.6
		California	New York	Pennslyvania
Rape	1980	44.0	45.9	42.2
	1981	49.3	47.9	47.0
	1982	45.6	47.6	50.4
	1983	47.4	51.7	57.1

1983 Data
P:Conv|Arrest

	Homicide	Rape	Robbery	Agg. Asslt.	Burglary
California	63.1	47.4	52.2	47.9	69.9
New York	63.2	51.7	62.2	51.8	73.5
Pennsylvania	73.6	57.1	61.2	48.8	70.3

Crime Rates

	1967	1968	1969	1970	1971
Violent Crime	250	294.6	324.4	360.7	392.7
Property Crime	1671.7	1940.2	2146.7	2386.1	2514
	1972	1973	1974	1975	1976
Violent Crime	398	415.3	461.1	481.5	459.6
Property Crime	3527.1	3714.4	4389.3	4800.2	4806.8
	1977	1978	1979	1980	1981
Violent Crime	466.6	486.9	535.5	580.8	576.9
Property Crime	4588.4	4622.4	4986	5319.1	5223
	1982	1983	1984	1985	
Violent Crime	562.1	537.7	539.2	556	
Property Crime	5024	4637.4	4492.1	4650.5	

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Property Crime	5024	4637.4	4492.1	4650.5	

U.S. Crime Rates: Violent vs. Property Crimes

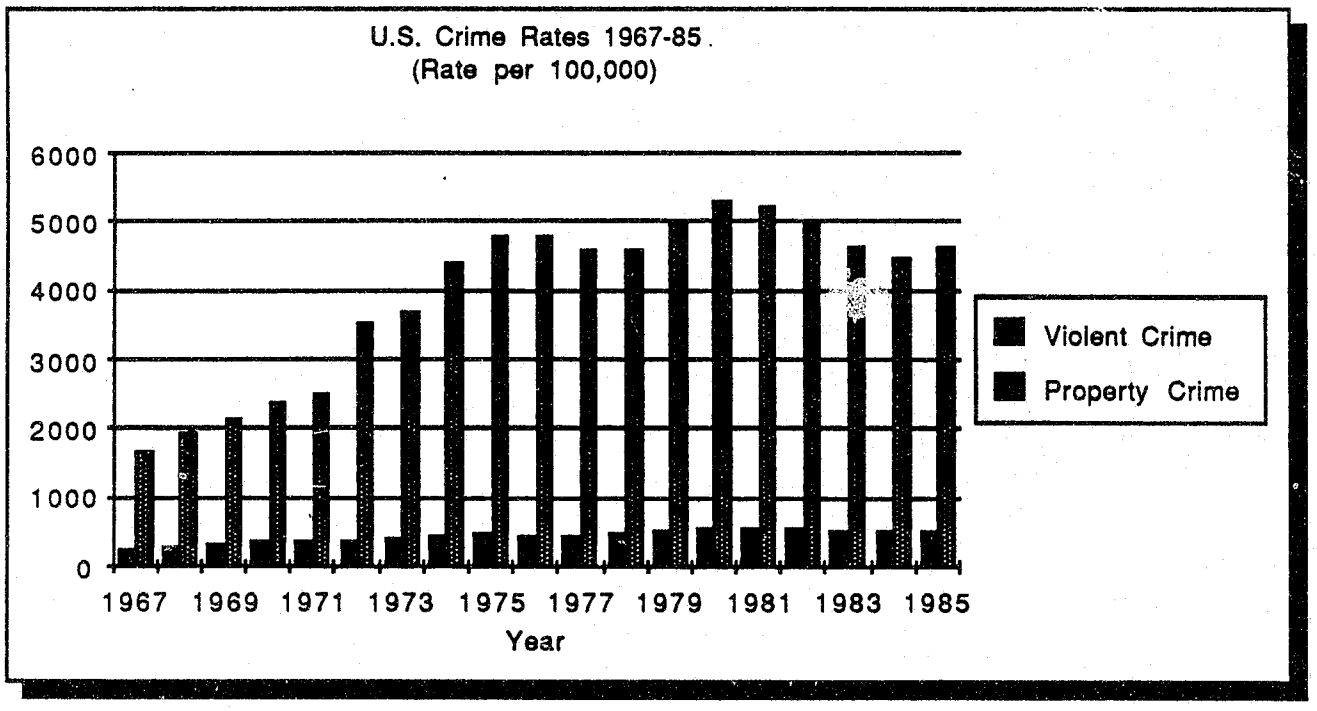
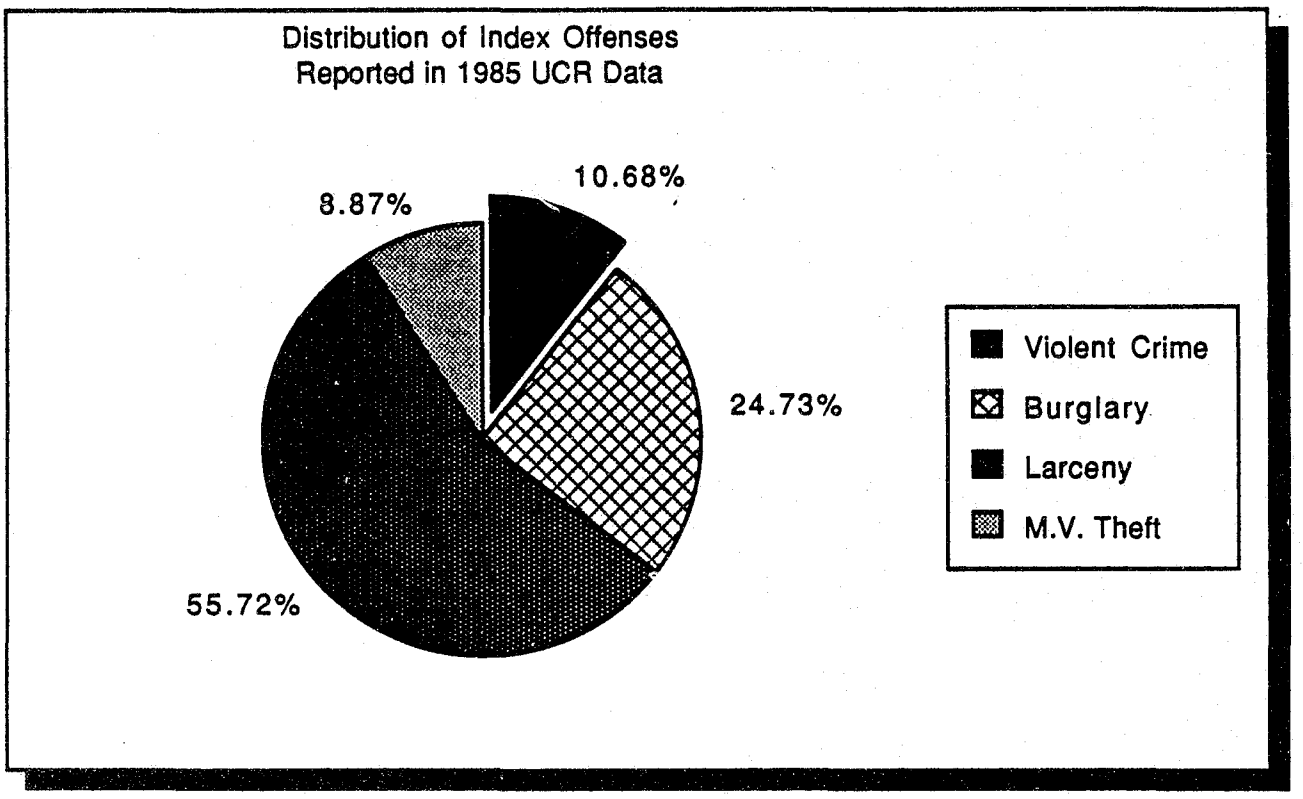
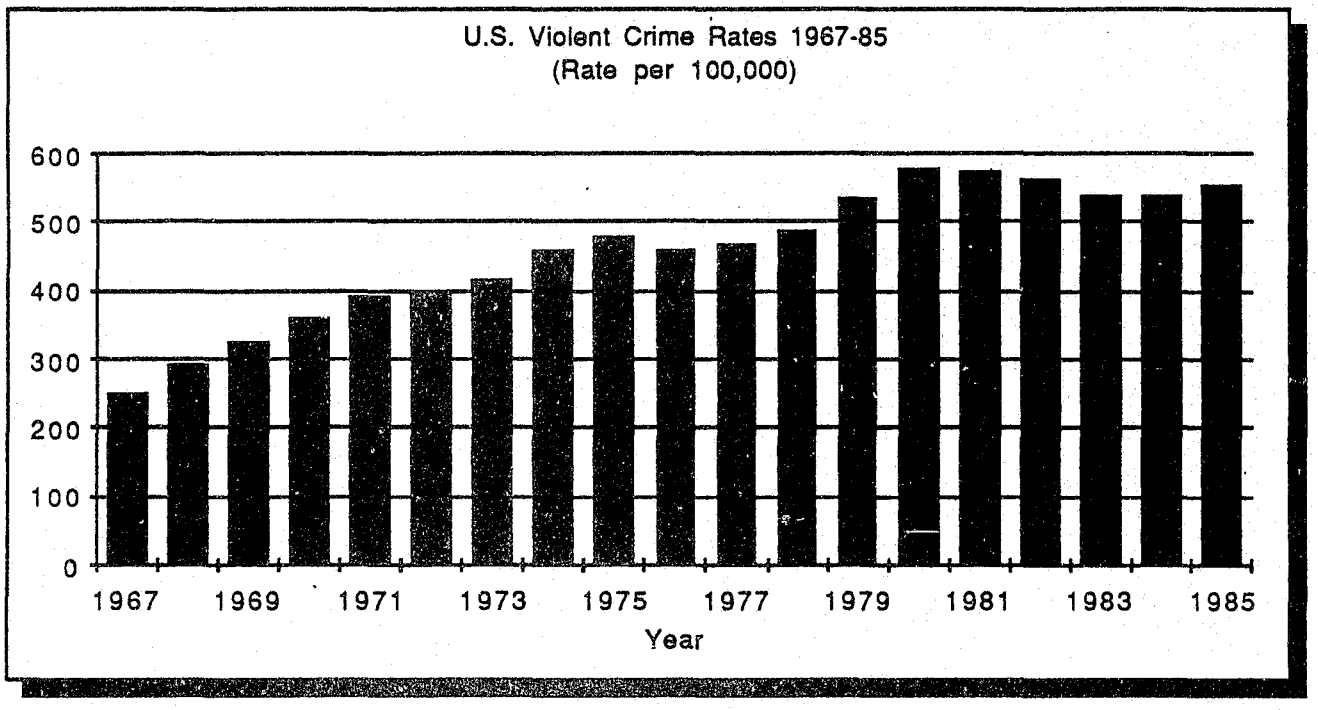


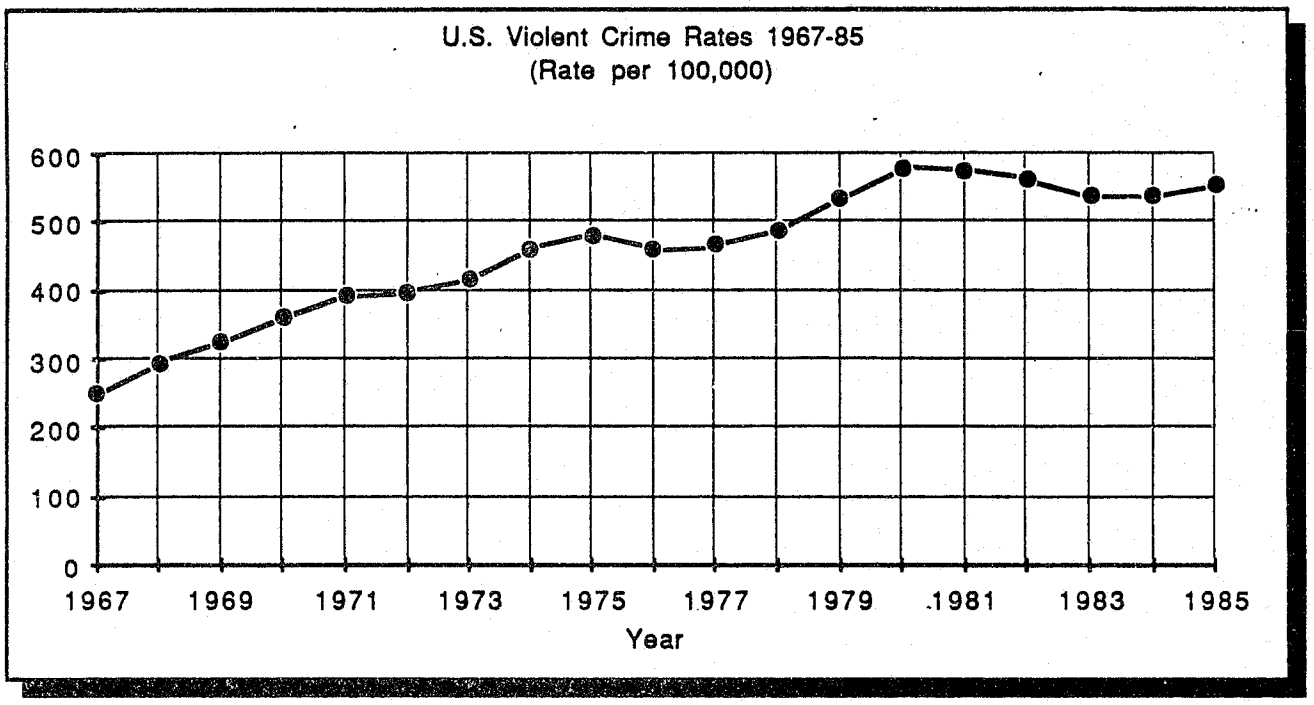
Chart Showing Differences in Frequency of Offenses



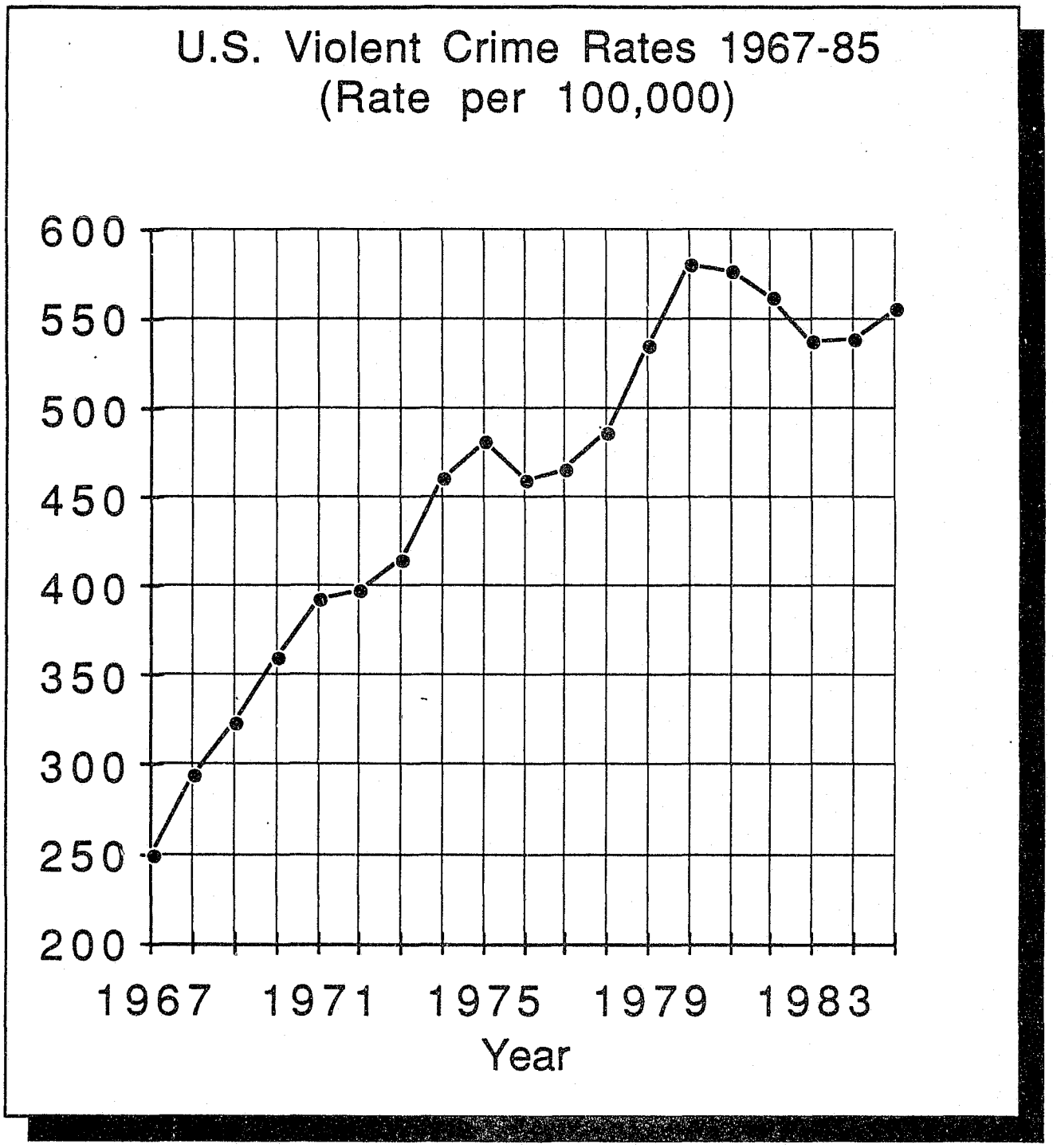
Violent Crime Rates: 1967-85



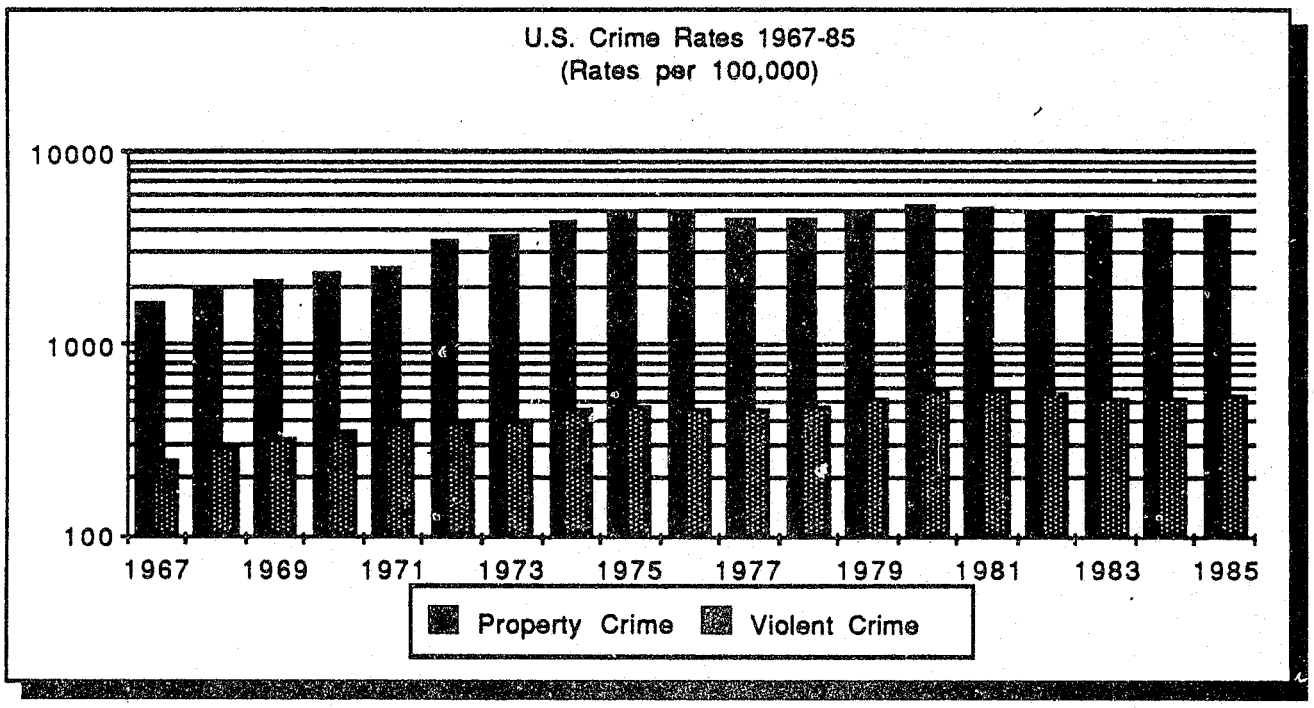
Violent Crime Rates: 1967-85 LINE GRAPH



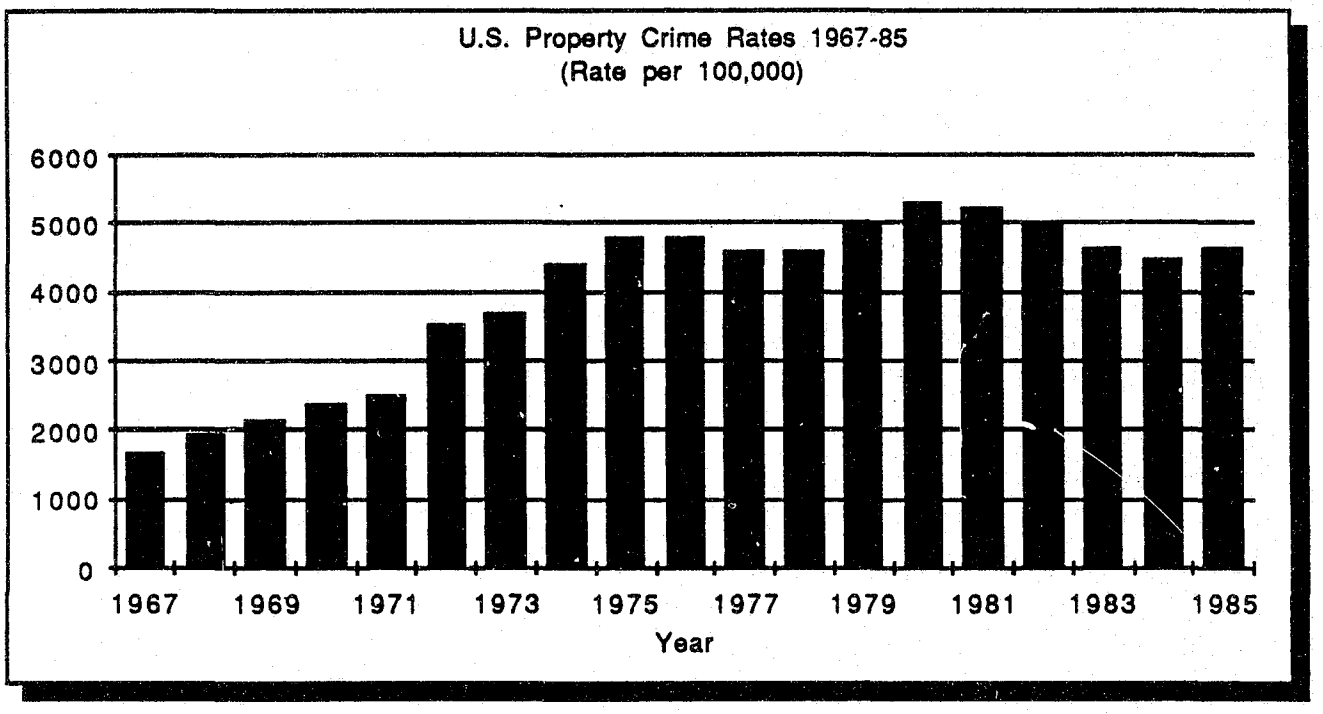
Violent Crime Rates: 1967-85 SAME DATA, NEW SCALE



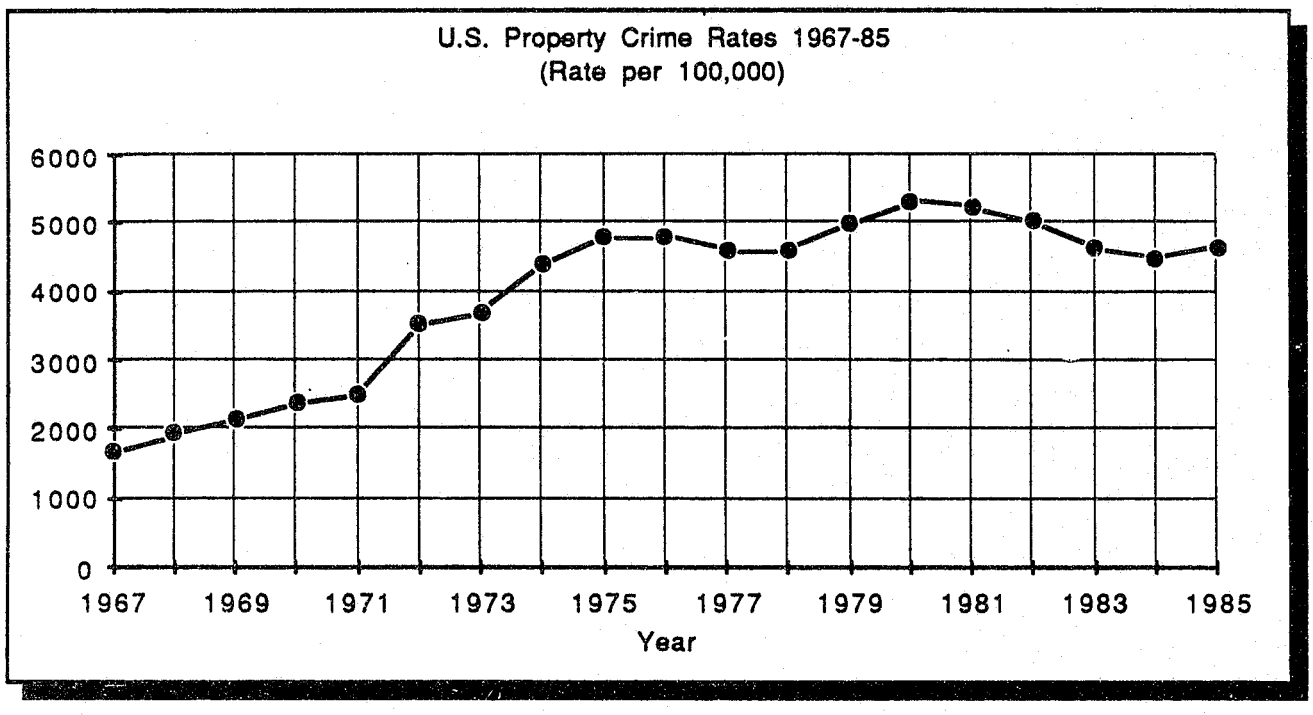
Crime Rates Charted on a Log Scale



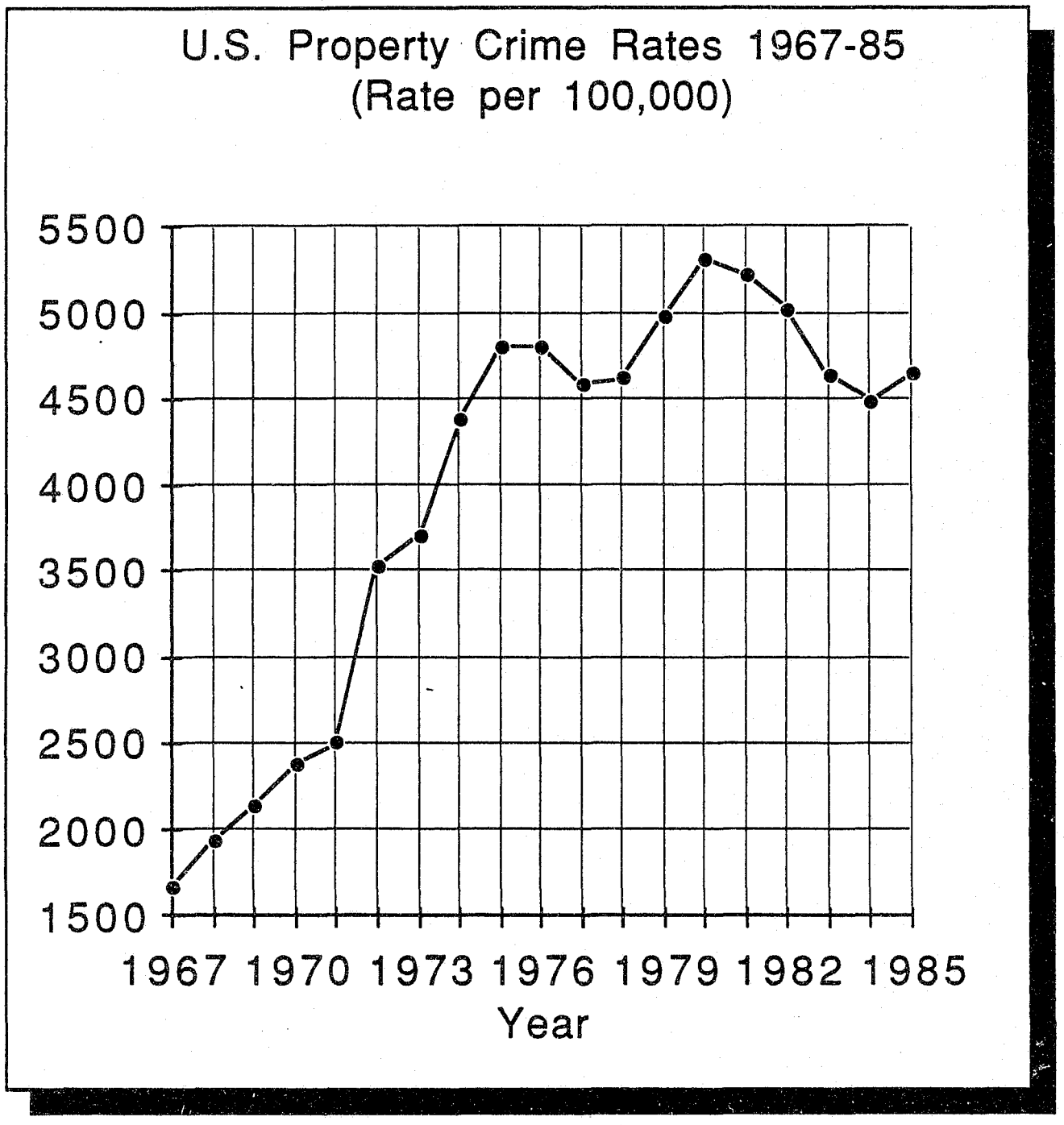
Property Crime Rates: Chart



Property Crime Rates: LINE GRAPH



Same Data: Modified Scale

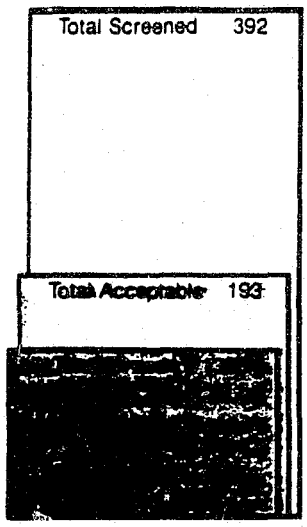


Services for Substance Abusing Delinquents

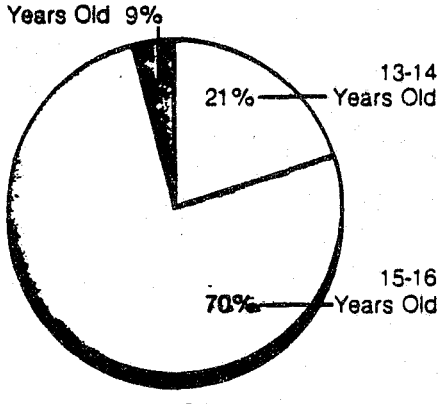
"The Probation Division continues to enjoy a constructive and mutually beneficial relationship with TASC. The joint efforts of TASC and the Probation Division in diverting juvenile offenders in Cook, Peoria and Tazewell Counties from confinement to the Department of Corrections has been an unqualified success."

Barry Bollenson
Supervisor,
Probation Division,
Administrative Office of the Courts

Situation: There is little doubt in the minds of most experts that there is a significant correlation between substance abuse and delinquency. Results from a number of studies have exhibited the high correlation between juvenile substance abuse and crime. During 1984, in Illinois alone, over 7,000 youth were adjudicated delinquent. According to research of delinquents and their drug use patterns, up to 50% of these delinquent youth may have substance abuse problems. Illinois' own Juvenile Division of the Department of Corrections finds that over one third of delinquent youth admitted to their facilities are frequent or addictive users of alcohol and/or other drugs. There is little doubt that if one can reduce the use and abuse of drugs and alcohol by these youth, one can reduce their delinquent behavior.



Juvenile Clients



Age of Clients

Nature of Criminal Charge

Objective: To reduce the incidence or recidivism among juvenile substance abusing offenders, and to increase the availability of community-based service as an alternative to incarceration.

The Program: In 1983, TASC implemented case management services for the substance abusing juvenile offender in the Peoria County Juvenile Court. The following services are provided: substance abuse assessment; court advocacy; individualized treatment referral; and tracking and monitoring services. Juvenile services, targeting serious juvenile offenders, were expanded to the Cook County Juvenile Court in 1985.

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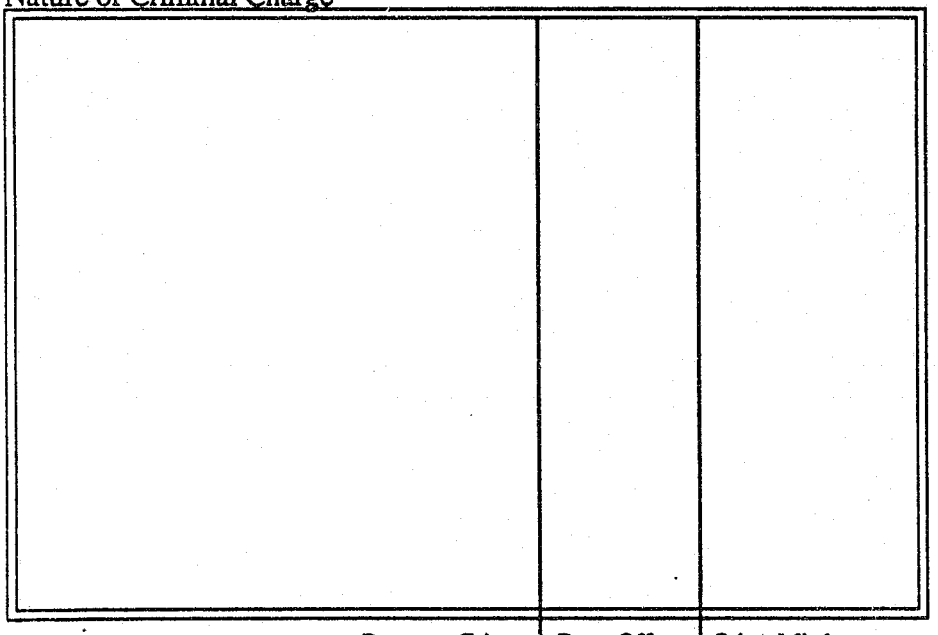

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Using PageMaker and Excel on the Apple Macintosh with LaserWriter.

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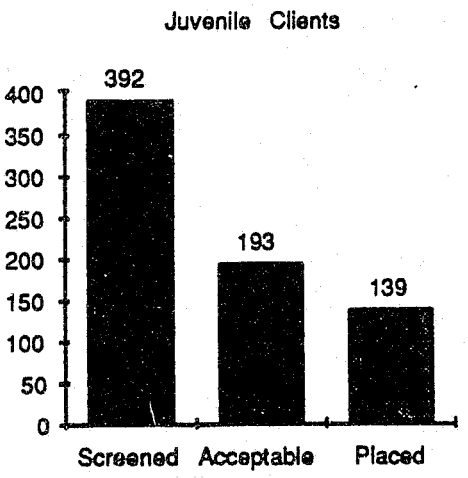
Services for Substance Abusing Delinquents



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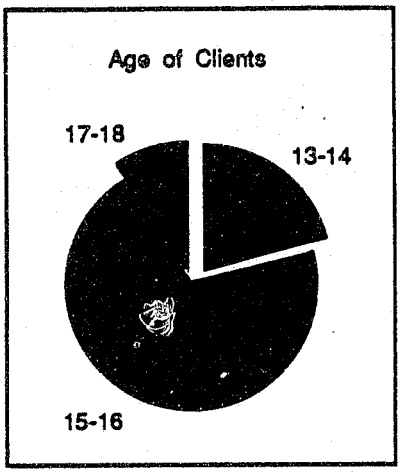

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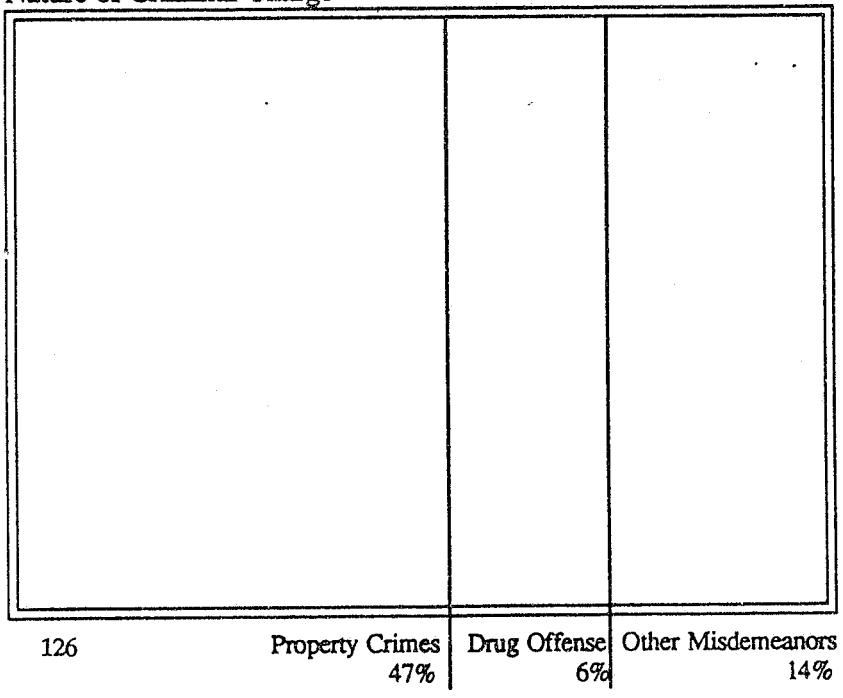

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EXAMPLE

TASC CLIENT DATA: A SAMPLING

JUNE 30, 1985

LISTED BELOW ARE TASC STATISTICS AND CLIENT DEMOGRAPHICS FOR THE ALCOHOL AND DRUG ABUSING OFFENDERS SCREENED BY TASC IN FY85. IN ADDITION, TASC OFFERS SERVICES TO THE DUI OFFENDER (2500 SCREENED IN FY85) AND THE SERIOUS JUVENILE OFFENDER IN PEORIA AND COOK COUNTIES (350 SCREENED SINCE JANUARY 1984).

	# OF CLIENTS SCREENED - 7/84 - 6/85	# OF CLIENTS SCREENED - 1976 - 6/85	% OF TOTAL CLIENTS
TOTAL REFERRALS FROM COURT AND OTHER SOURCES	2,964	15,005	100%
TOTAL INELIGIBLE REFERRALS	835	4,083	27.2%
TOTAL UNACCEPTABLE REFERRALS	1,076	5,289	35.2%
TOTAL ACCEPTABLE REFERRALS	1,053	5,633	37.6%
TOTAL OUTPATIENT PLACEMENTS	425	2,545	--
TOTAL RESIDENTIAL PLACEMENTS	478	2,521	--

CLIENT PROFILE

AGE OF CLIENTS

22.0% ARE 17 - 20 YEARS OLD
28.1% ARE 21 - 25 YEARS OLD
23.4% ARE 26 - 30 YEARS OLD
21.5% ARE 31 - 40 YEARS OLD
5.1% ARE 41+ YEARS OLD

SEX OF CLIENTS

85.7% ARE MALES
14.3% ARE FEMALES

RACE OF CLIENTS

41.8% ARE BLACK
51.7% ARE WHITE
5.7% ARE LATINO
0.8% ARE OTHER

EDUCATION OF CLIENTS

61.3% HAVE LESS THAN 12 YEARS
38.7% HAVE H.S./GED/12+ YEARS

EMPLOYMENT OF CLIENTS

70.9% ARE UNEMPLOYED
16.5% HAVE FULL TIME JOBS
9.9% HAVE PART TIME JOBS

CLIENT CHARACTERISTICS

40% ... GREW UP IN HOMES WEHRE ONE OR BOTH PARENTS WERE ALCOHOLICS
48% ... HAVE HAD 5 OR MORE PRIOR ARRESTS
30% ... HAVE LESS THAN A 2 YEAR HISTORY OF DRUG ADDICTION
30% ... HAVE A 2 TO 5 YEAR HISTORY OF DRUG ADDICTION
40% ... HAVE A HISTORY OF DRUG ADDICTION OF OVER 5 YEARS
32% ... NEED FAMILY COUNSELING
45% ... NEED JOB TRAINING
57% ... NEED JOB PLACEMENT
25% ... NEED HOUSING

NATURE OF CRIMINAL CHARGE

BURGLARY 29%
OTHER PROPOERTY CRIMES ... 15%
DRUG OFFENSE 17%
ROBBERY 3%
OTHER LESSOR 36%

PRIMARY SUBSTANCE CURRENTLY ABUSED

HEROIN 40%
T'S AND BLUES 1%
POLY-DRUGS/COCAINE 37%
ALCOHOL 20%
OTHER (INHALANTS, ETC.) ... 2%

OTHER DATA REGARDING RESIDENTIAL TREATMENT, OUTPATIENT CARE, CONVICTIONS, DRUG USE, ETC., MAY BE OBTAINED BY CONTACTING TASC AT (312) 787-0206.

Operational Elements

Element 6: Clearly Defined Client Eligibility Criteria

Performance Standards:

1. Client eligibility criteria must be formally established and include, at minimum, the following three elements:

    - o justice system involvement -- evidenced by a formal charge or diversion agreement for each TASC client excluding anyone accused or convicted of a violent crime, unless otherwise ordered by the court;

    - o current and/or previous drug dependence -- carefully defined and evidenced by client's own testimony, medical and/or social histories from other agencies, physical examination, urinalysis and other laboratory testing; and

    - o informed voluntary consent -- evidenced by a signed agreement to participate in the TASC program and comply with the TASC, justice and treatment requirements detailed in a written statement that is read to/by the candidate before acceptance.

2. Written evidence that established client eligibility criteria are understood and agreed to by each cooperating justice system component and treatment agency.

Policy: TASC program activities and services shall be limited expressly to individuals meeting clearly defined client eligibility criteria.

Purpose: To set clear standards for inclusion and exclusion of individuals from TASC programs so that TASC staff, as well as justice system and treatment providers, clearly understand exactly who is eligible for TASC services.

Rationale: Have you ever applied for a job for which you know you weren't qualified, but the position description failed to clearly state necessary qualifications. What a time waster, both for you and the potential employer. The employer thinks, "What a jerk! Why would anyone apply for a complex job like this with those credentials?" When the inevitable rejection letter cites inadequate experience or credentials, you think, "What jerks! Why didn't they tell me the qualifications before I spent two days retyping my resume?" Or think about how chagrined you were the last time you ordered a small thermo-nuclear device from a supply catalog, and it arrived without assembly instructions.

The point of the above examples is clear: To effectively market your service to both justice and treatment, you must provide clear and consistent information about who is the client and who is not the client. Is it everybody who is arrested? (If so, get ready to hire a staff of at least 200.) Is it everybody arrested with green eyes? Is it everybody with green eyes and attached ear lobes? While the examples are ludicrous, they provide benchmarks that will help justice and treatment determine who is eligible for TASC services.

These clearly defined and communicated eligibility criteria will help clarify who is acceptable as a client. If you don't clarify, you are in danger of becoming a cliche -- "jack of all trades, master of none." Worse, you may become a dumping ground for clients beyond the range and skills of TASC. It is simply unacceptable to attempt to be all things to all people unless you have a wish to eventually do nothing for no one.

From the above discussion, it is clear that we must set limits, establish criteria. Does this mean that right away we exclude the mentally retarded, the acutely psychotic, the perpetrator of domestic violence, the child molester, the arsonist, the juvenile, the person who uses weapons? Probably more than 95 percent of existing TASC progress would exclude all or most of these type of offenders. However, in your community the developmental meetings with criminal justice and treatment may indicate a need for

TASC to work with one or more of these populations. In such a situation, you must be prepared to modify the qualifications needed in your assessment and case management and internal personnel.

Specific eligibility (and exclusionary) criteria will thus vary in different locales, dependent on the point of intervention in the justice system, the perceived needs of the justice system and on treatment availability.

Those issues that do arise are likely to center around the degree of specificity in setting eligibility criteria, the exclusion of certain types of criminal history or substance abuse history and enforcement of determined eligibility standards.

To avoid confrontation or to give as many offenders as possible an opportunity for admission to treatment via TASC, there may be a tendency to draft eligibility criteria that are general and broad. As discussed above, this is an inefficient use of resources and lessens the discreet identity, role and function of the TASC program.

As stated in the performance standards, minimum inclusionary criteria are: current justice system involvement and current evidence of substance abuse. Clients may be excluded or deemed ineligible based on the type of offense, previous criminal or behavioral history, age, nature of substance abuse (e.g., drug used, frequency, history) and previous treatment history.

ELEMENT 6

SAMPLE PROCEDURES AND FORMS

Sample TASC Eligibility Criteria

Following are examples of TASC eligibility criteria; they are examples only, and specific criteria must be developed in cooperation with all representatives of the justice and treatment systems:

1. Currently charged with or convicted of a felony or misdemeanor offense, excluding:

    a. Persons arrested or detained on an out-of-country or Federal warrant;
    b. Persons charged with violent offenses (murder, aggravated assault, rape, robbery with bodily harm);
    c. Persons charged with sale of distribution of controlled substances.

2. Currently regular use of or dependence upon opiates, polydrugs, or mixed drugs, as evidenced by at least two of the following:

    a. Self-admission;
    b. Documented symptoms observed during interview;
    c. Positive urine drug screen;
    d. Record of previous treatment;
    e. Statement of family member, employer, arresting officer, or significant other.

3. No previous convictions for violent offenses.

4. No previous TASC failure within 12 months.

Sample: Criteria for TASC Eligibility

The interviewer will determine that the client is eligible for TASC services when all of the following conditions are satisfied:

- The person is 17 years of age and under the jurisdiction of an adult court.
- The person is addicted to illegal or illicit drugs and verification of this addiction, (e.g., urinalysis, previous treatment, family contact) has been completed.
- The person is currently under the jurisdiction of the criminal court system for the commission of a non-violent crime.
- The person is not charged with or has not been convicted of any one of the following crimes:
  1. Unauthorized manufacture or delivery of an illegal or controlled substance.
  2. Engaging in a calculated criminal drug (illegal or controlled) conspiracy.
- The person has a criminal record with not more than one conviction for a crime of violence.
- The person has the consent (preferably in writing) of the appropriate parole or probation authority (if currently on parole or probation) to enter treatment via TASC.
- The person has not been admitted to drug treatment on two separate occasions within the past two years.

Note: If the person has cases pending in more than two court locations, the interviewer must consult the supervisor to determine if TASC can service the person.

Element 7: Screening Procedures For Early Identification of TASC Candidates Within The Justice System

Performance Standards:

1. Documented procedures for initial screening of TASC candidates by each cooperating justice system component that clearly specify which agency, TASC or justice, has responsibility and how the maximum number of potential TASC-eligible clients will be identified from the total pool of detainees/arrestees/offenders at that point in the system.

2. Evidence that the program is seeking to have clients referred to it by the justice system at the earliest point possible in the justice continuum from:

    - o deferred prosecution,
    - o bail,
    - o pretrial,
    - o presentencing,
    - o sentencing,
    - o probation, to
    - o parole.

Policy: Identification and screening of TASC-eligible arrestees/offenders shall occur as early as possible in the criminal case process.

Purpose: To ensure the earliest appropriate identification and screening of TASC candidates within the justice system.

Rationale: Treatment professionals tell us that intervention is potentially more effective when a person is in a crisis. Thus, early identification and screening of substance abusing offenders should precipitate a greater willingness to participate in treatment than would be found at a later date.

Unfortunately, for a number of reasons the system most often fails to seize this opportunity to intervene; instead, the inmate sits in jail or quickly bonds out and thereby quickly resumes the same behavior.

Let's lay out some simple definitions for the terms "identification" and "screening."

Identification: Viewed as the methodology in which the TASC program is able to find these individuals who meet the eligibility criteria. The less restricted your eligibility criteria, the easier it is to identify who is eligible. Regardless of criteria, the relationships developed with the criminal justice system, a urine screen and/or a criminal history will help identify who is eligible and who is not.

To make the best use of TASC's time, identification should be conducted without the necessity of a TASC person's meeting with the client. For example, in the jail a classification person generally interviews all inmates within 24 hours of arrest. TASC can negotiate to have the jail identify who is TASC-eligible from that interview. In addition, jail staff can be used to identify those arrestees who want to be interviewed by TASC and thereby increase the effectiveness of TASC's screening staff.

Establishing a good rapport with each of these individuals and offices is then essential to the TASC identification process. But identification can occur in places other than jail. It can occur in the courtroom (e.g., the defendant shows up for arraignment drunk or high or both), probation office (e.g., the probationer climbing the walls) or in your office.

Screening: Obviously, screening is not the same as identification. Screening has to do with meeting with people who relay that they want to bring about changes in their lives and want help in getting started. Screening involves:

- o verifying program eligibility criteria;
- o explaining the requirements of TASC and the program's potential positive and negative aspects for the client;
- o obtaining consents for prior treatment records and access to family, friends, employers, etc; and
- o informing the client about the types of treatment available and the process involved in being linked with treatment by TASC.

To re-emphasize a point discussed in Element 1: If you want justice to assist you in identifying potential

clients, then make sure you have marketed your service effectively. Distribute cards to jail classification with TASC-eligible criteria clearly stated. Perhaps you can go so far as to put up signs in booking areas, describing TASC services and the availability of these services.

ELEMENT 7

SAMPLE PROCEDURES AND FORMS

Suggested Operational Procedures:

1. Client identification in county jail
2. Client identification at first appearance
3. Client identification of probationers
4. Development and maintenance of screening logs
5. Training of corrections staff in client identification
6. Screening disposition
7. Verification of information obtained at screening

Sample Operational Procedure:

Policy Area: Identification and Screening

Operational Procedure: Client Screening in County Jail

1. Client screenings shall be conducted each Monday, Wednesday, and Friday by TASC screener.

2. Screenings shall be conducted in Attorney Room A, which is permanently reserved for TASC use on the above days.

3. Screener shall obtain identification log from jail classification office upon arrival at 8:00 a.m. Screening appointments shall be scheduled at 30-minute intervals between 9:00 a.m. and 2:30 p.m.

4. A roster of inmates to be brought for screening shall be delivered to the booking officer by 8:30 a.m. The booking officer shall have the option to follow the proposed schedule or bring inmates in an order that best meets the officer's scheduling needs on that day.

5. The screener shall be escorted by a correctional officer whenever leaving the Attorney Room.

6. A screening disposition form shall be completed on all clients interviewed and forwarded to the jail classification office within 72 hours of interview.

7. All screenings that indicate TASC-eligibility and potential appropriateness for treatment shall be scheduled for assessment within 48 hours after screening. All screening materials will be forwarded to intake for incorporation into assessment package.

   All screenings not resulting in referral for assessment shall be forwarded to the TASC secretary for data entry and filing.

NASSAU TASC

Confidential Patient Information: ( ) INTENSIVE COMPONENT Screener:_____
Any unauthorized disclosure is a ( ) RED BOOK Place:_____
Federal Criminal Offense. Date:_____

REFERRAL SOURCE:_____

I. NAME_____ ALIAS_____ TASC #_____

ADDRESS_____ ZIP CODE_____

COUNTY_____ HOW LONG THERE_____ LIVING WITH_____

PHONE: Home:_____ Work:_____ Other:_____ (_____ Relationshi

D.O.B._____ SEX: MALE_____ FEMALE_____

ETHNIC: WHITE_____ BLACK_____ HISPANIC_____ OTHER_____

NUMBER OF DEPENDANTS:_____

II. ATTORNEY: PRIVATE ( ) LEGAL AID ( ) 18B ( ) VETERAN: Yes ( ) No ( )

NAME_____

ADDRESS_____ NOTIFIED ATTORNEY_____

PHONE_____

PROBATION/PARLOE OFFICER: NAME_____ PHONE_____

SPO/IPO/CRPO COMMENTS:_____

_____

_____

_____

ATTORNEY'S PERCEPTION OF CASE:_____

_____

_____

II. CRIMINAL HISTORY

C.J.S. STATUS:

_____PRETRIAL DIVERSION

_____PROBATION

_____SENTENCE ALTERNATIVE

_____PAROLE

_____INCARCERATION BAC LEVEL_____(DWI)

PRESENT CHARGES : BAIL STATUS (ROR OR CRPO) AMOUNT_____ DATE_____

1._____FEL/CR#_____

2._____FEL/CR#_____

3._____FEL/CR#_____

4._____FEL/CR#_____

5._____FEL/CR#_____

6._____FEL/CR#_____

CRIME ACCORDING TO CLIENT_____

IS DRUG OR ALCOHOL USE RELATED TO CHARGE? ( ) YES ( ) NO

DATE OF ARREST:_____

NEXT COURT DATE:_____ COURT:_____ PART_____

AGE AT FIRST ARREST:_____ PURPOSE:_____

PRIOR ARRESTS	D/A	DATE	CONVICTION	SENTENCE
1._____	___	_____	( ) YES ( ) NO	_____
2._____	___	_____	( ) YES ( ) NO	_____
3._____	___	_____	( ) YES ( ) NO	_____
4._____	___	_____	( ) YES ( ) NO	_____
5._____	___	_____	( ) YES ( ) NO	_____
6._____	___	_____	( ) YES ( ) NO	_____

TOTAL # ARRESTS _____ TOTAL # CONVICTIONS_____

TOTAL # OF INCARCERATIONS_____

OBTAINED NYSID ( ) YES ( ) NO VERIFIED BY:_____

HAS DEFENDANT EVER APPLIED TO TASC ( ) YES ( ) NO

CHARGES PENDING OTHER THAN NASSAU: IF YES DATE OF ARREST_____

CHARGE_____COUNTY_____STATUS_____

IV. DRUG HISTORY

CURRENT SUBSTANCE USE:

_____HEROIN
_____METHADONE
_____ANGEL DUST
_____ALCOHOL
_____BARBITURATES
_____AMPHETAMINES
_____COCAINE

FREQUENCY CODE:

6. MORE THAN ONCE DAILY
5. DAILY
4. SEVERAL TIMES WEEKLY
3. ONCE A WEEK
2. LESS THAN ONCE A WEEK
1. LESS THAN ONCE A MONTH
0. NEVER

CURRENT SUBSTANCE USE:

_____MARIJUANA
_____HALLUCINOGENS
_____INHALENTS
_____TRANQUILIZERS
_____OTHER SEDATIVES & HYPNOTICS
_____PRESCRIPTION MEDICATION
_____CRACK
_____OTHER

FREQUENCY CODE:

6. MORE THAN ONCE DAILY
5. DAILY
4. SEVERAL TIMES WEEKLY
3. ONCE A WEEK
2. LESS THAN ONCE A WEEK
1. LESS THAN ONCE A MONTH
0. NEVER

_____PRESCRIPTION MEDICATION
_____TYPE OF MEDICATION
_____PURPOSE
_____PRESCRIBED BY

ALCOHOL SCREENING TEST

PREVIOUS PARTICIPATION IN DDP ( ) YES ( ) NO ( ) YEARS

IF YES - REFERRED TO TREATMENT AGENCY ( ) YES ( ) NO

V. PRIOR TREATMENT/SERVICE

Rx PROGRAM/SERVICE	DATES	TYPE OF Rx (Psych, drug, alcohol, family, etc.)	DOCTOR/COUNSELOR
1.			
2.			
3.			
4.			

VI. SOCIAL SERVICE NEEDS

1. Is client presently on public assistance? ( ) YES ( ) NO

   How Long?_____

2. Is client in need of:

	YES	NO
a) Housing assistance	___	___
b) Child care assistance	___	___
c) Job/vocational services	___	___
d) Family violence services	___	___
e) Educational services	___	___

Explain:_____

VII. MEDICAL NEEDS

Health: good_____ fair_____ poor_____

If poor, explain_____

VIII. MENTAL HEALTH NEEDS

How does client perceive his/her mental state:_____

_____

VIII. MENTAL HEALTH NEEDS

Suicidal tendencies or attempts: (Explain) _____

_____

IX. EMPLOYMENT: Full time ( ) Part time ( )

Occupation: _____

Place of business: _____

How long at present job: _____

Unemployed ( ) Retired ( )

How long? _____

Occupation sought by client: _____

Present income:

_____ Under $5,000
_____ $5,000 - $9,999
_____ $10,000 - $14,999
_____ $15,000 - $19,999
_____ $20,000 - $24,999
_____ $25,000 - $49,999
_____ $50,000 & over
_____ unknown/none

X. EDUCATION:

Highest grade completed _____ GED _____

College _____ TRADE SCHOOL _____

OTHER _____

XI. SCREENER'S COMMENTS/IMPRESSIONS: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

REFERRED TO DIAGNOSTIC UNIT ( ) YES ( ) NO

JAIL DIAGNOSTIC ( ) YES ( ) NO

XII. APPOINTMENT ARRANGED:

JAIL _____ DATE _____

OTHER LOCATION _____ DATE _____

TASC, INC. ILLINOIS
ELIGIBILITY INTERVIEW

CONFIDENTIAL CLIENT INFORMATION
Any unauthorized disclosure is a FEDERAL CRIMINAL OFFENSE

Jail Information:

_____

_____

PROGRAM WK OF INC. /__//__//__/

DATE /__//__/-/__//__/-/__//__/

TASC SERVICE CENTER NUMBER /__//__/-/__/

CLIENT# /__//__//__//__//__//__/-/__//__/-/__//__//__//__/

PROGRAM WEEK OF INTERVIEW /__//__//__/

DATE OF INTERVIEW /__//__/-/__//__/-/__//__/

INTERVIEWER STAFF NUMBER /__//__/

CLIENT'S REAL NAME:

_____
Last First Middle

ADDRESS: _____
Number Street

_____
City State Zip Code

PHONE/CONTACT#: _____

CLIENT'S INDICTMENT NAME:

_____
Last First Middle

OTHER ALIASES: _____

_____

_____

/__//__//__//__/-/__//__/-/__//__//__//__/

REFERRAL SOURCE /__//__/

01 Police
02 Jail Screening
03 Judge
04 Probation Officer
05 Parole Officer
06 Pre-Release/Work Release
07 State's Attorney
08 Public Defender
09 Private Attorney
10 Agency
11 Self
12 Out-of-State TASC
13 Out-of-State CJS
14 Out-of-State Agency
15 Other

_____

CJS REFERRAL STATUS /__//__/

01 Station House Adjustment
02 CJS Jurisdiction/non-TASC
03 Non-Court Order/Out-on-Bond
04 Non-Court Order/Incarcerated
05 Court Order/91¼/Out-on-Bond
06 Court Order/91¼/Incarcerated
07 Conditional Bond/TASC
08 Def. Pros./non-91¼/TASC
09 Def. Pros./91¼/TASC
10 Probation/91¼/TASC
11 Probation/38/TASC
12 Work Release/Pre-Release/TASC
13 Def. Pros./non-91¼/CJS R-R/TASC
14 Def. Pros./91¼/CJS R-R/TASC
15 VOP/91¼/CJS R-R/TASC
16 VOP/38/CJS R-R/TASC
17 Out-of-State CJS Jurisdiction

SEX /__/

1 Male
2 Female

RACE /__/

1 Black *3 Latino*
2 White *4 Other*

Specify: _____

DATE OF BIRTH

/__//__/-/__//__/-/__//__/

AGE /__//__/

COMPLETED YEARS OF EDUCATION /__//__/

Complete information below ONLY if CJS Referral Status = 05 - 17

JUDGE: _____ /__//__//__/

ADDRESS: _____

_____

RM/BRANCH /__//__//__//__/ JUDICIAL DISTRICT /__//__/

TREATMENT MANDATE /__/ _____ /__//__//__/

MOST SERIOUS CHARGE: _____ /__/

CASE# /__//__//__//__//__//__//__//__//__//__//__//__//__/

NEXT COURT DATE *(If coded 5-7)* /__//__/-/__//__/-/__//__/

DATES OF JURISDICTION: FROM /__//__/-/__//__/-/__//__/

(If coded 08 - 17) TO /__//__/-/__//__/-/__//__/

EMPLOYMENT STATUS /__/

1 Unemployed
2 Public Assistance
3 Part-time employment
4 Full-time employment

MARITAL STATUS /__/

1 Married
2 Common-Law
3 Single-Never Married
4 Separated
5 Divorced
6 Widowed

NUMBER OF DEPENDENTS /__//__/

(persons for whom client has financial/custodial responsib.

CLIENT # /__/__/__/__/__/__/-__/__-__/__/__/__/__/

CURRENT PENDING CASE(S) INFORMATION

NOTES:

JUDGE: _____

ADDRESS: _____

_____

ROOM/BRANCH /__/__/__/__/__/ JUDICIAL DISTRICT /__/__/

COURT DATE /__/__/-__/__/__/-__/__/__/ FINAL? _____

MOST SERIOUS CHARGE: _____

CASE # /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

OTHER CHARGE(S) & CASE #: _____

_____

/__/B.A. /__/P.A. /__/P.D. NAME: _____ PHONE: _____

NOTES:

JUDGE: _____

ADDRESS: _____

_____

ROOM/BRANCH /__/__/__/__/__/ JUDICIAL DISTRICT /__/__/

COURT DATE /__/__/-__/__/__/-__/__/__/ FINAL? _____

MOST SERIOUS CHARGE: _____

CASE # /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

OTHER CHARGE(S) & CASE #: _____

_____

/__/B.A. /__/P.A. /__/P.D. NAME: _____ PHONE: _____

NOTES:

JUDGE: _____

ADDRESS: _____

_____

ROOM/BRANCH /__/__/__/__/__/ JUDICIAL DISTRICT /__/__/

COURT DATE /__/__/-__/__/__/-__/__/__/ FINAL? _____

MOST SERIOUS CHARGE: _____

CASE # /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

OTHER CHARGE(S) & CASE #: _____

_____

/__/B.A. /__/P.A. /__/P.D. NAME: _____ PHONE: _____

CLIENT # /__/__/__/__/__/__/__/-/__/__/-/__/__/__/__/__/__/

JURISDICTION INFORMATION:

JUDGE: _____

ADDRESS: _____

_____

OFFICER: ___ _____

ADDRESS: _____

_____

CONDITIONS OF JURISDICTION: _____

_____

_____

FROM /__/__/__/-/__/__/__/ TO /__/__/__/-/__/__/__/

CURRENT NON-TASC CJS JURISDICTION /__/

1 None *5 Work Release*
2 Deferred Prosecution *6 Pre-Release*
3 Straight Probation *7 Parole*
4 Conditional Probation

WHERE IS CJS JURISDICTION? /__/

1 Not applicable *3 Out-of-State*
2 Illinois *4 Federal*

MOST SERIOUS CONVICTION CHARGE:

_____ /__/

CASE #: _____

If on Pre-Release or Parole,

PRISON #: _____

YR. SENTENCED: ____ RELEASE DATE: _____

INFORMATION REGARDING CONSENT OF SUPERVISING JUDICIAL AUTHORITY(S):

_____

_____

_____

JURISDICTION INFORMATION:

JUDGE: _____

ADDRESS: _____

_____

OFFICER: _____

ADDRESS: _____

_____

CONDITIONS OF JURISDICTION: _____

_____

_____

FROM /__/__/__/-/__/__/__/ TO /__/__/__/-/__/__/__/

CURRENT NON-TASC CJS JURISDICTION /__/

1 None *5 Work Release*
2 Deferred Prosecution *6 Pre-Release*
3 Straight Probation *7 Parole*
4 Conditional Probation

WHERE IS CJS JURISDICTION? /__/

1 Not applicable *3 Out-of-State*
2 Illinois *4 Federal*

MOST SERIOUS CONVICTION CHARGE:

_____ /__/

CASE #: _____

If on Pre-Release or Parole,

PRISON #: _____

YR. SENTENCED: ____ RELEASE DATE: _____

INFORMATION REGARDING CONSENT OF SUPERVISING JUDICIAL AUTHORITY(S):

_____

_____

_____

CLIENT # /__/__/__/__/__/__/-/__/__/-/__/__/__/__/__/

CRIMINAL HISTORY INFORMATION

WERE YOU EVER JUDGED A JUVENILE DELINQUENT? /__/*Yes* If YES, how many times? /__/__/

Discuss juvenile involvement in illegal activity. /__/*No* AGE at first arrest? /__/__/

COMMENTS:

_____

_____

_____

HOW MANY TIMES HAVE YOU BEEN ARRESTED AS AN ADULT BEFORE THIS CASE(S)?/__/__/__/__/

AS AN ADULT, AND BEFORE THIS CASE(S), WHAT IS THE MOST SERIOUS CRIME YOU HAVE BEEN ARRESTED FOR AND CHARGED WITH? _____

WHERE WERE YOU LAST ARRESTED? CITY: _____ STATE: _____

Discuss other prior conviction(s) not previously recorded on this Interview; record the MOST RECENT conviction first:

Year: _____ State: _____ (#1)

Charge: _____

Result: _____

_____

Post-Trial Incarceration: /__/*No* /__/*Yes*

If YES, Institution: _____

In Jail Treatment: /__/*No* /__/*Yes*

Release Date: /__/__/-/__/__/

Year: _____ State: _____ (#2)

Charge: _____

Result: _____

_____

Post-Trial Incarceration: /__/*No* /__/*Yes*

If YES, Institution: _____

In Jail Treatment: /__/*No* /__/*Yes*

Release Date: /__/__/-/__/__/

Year: _____ State: _____ (#3)

Charge: _____

Result: _____

_____

Post-Trial Incarceration: /__/*No* /__/*Yes*

If YES, Institution: _____

In Jail Treatment: /__/*No* /__/*Yes*

Release Date: /__/__/-/__/__/

Year: _____ State: _____ (#4)

Charge: _____

Result: _____

_____

Post-Trial Incarceration: /__/*No* /__/*Yes*

If YES, Institution: _____

In Jail Treatment: /__/*No* /__/*Yes*

Release Date: /__/__/-/__/__/

COMMENTS:

_____

_____

CLIENT # /__/__/__/__/__/__/-__/-__/__/__/__/__/

VERIFICATION OF ADDICTION

CHECK all that apply:

/__/ Nose
Describe: _____

_____

/__/ New Needle Marks
Where? _____

_____

_____

/__/ Old Needle Marks
Where? _____

_____

_____

/__/ Withdrawal Symptoms
Describe: _____

_____

_____

/__/ I.D.D.C. Treatment History
/__/ Other Treatment History
/__/ Family/Other Verification
Discuss: _____

_____

_____

_____

/__/ Urinalysis Testing
Results: _____

_____

_____

_____

_____

/__/ No physical signs of substance abuse
/__/ No signs of emotional dependence

DETERMINE THE MOST RECENT PERIOD OF TIME FOR REPORTED SUBSTANCE ABUSE /__/

0 Never used drugs or alcohol
1 Used within last 30 days
2 Used within 30 days prior to incarceration
3 Used within last 6 months
4 Used within 6 months prior to incarceration
5 Last used more than 6 months ago
6 Last used more than 6 months prior to incar.

FREQUENCY OF SUBSTANCE ABUSE FOR MOST RECENT PERIOD OF TIME REPORTED ABOVE?

0 Never
1 Less than once/month
2 Less than once/week
3 Once per week
4 Several times/week
5 Once per day
6 Several times/day

/__/ *(1)* HEROIN *(f = 4,5,6)*

/__/ *(1)* OTHER OPIATES *(f = 4,5,6)*

/__/ *(2)* T's and BLUE's *(f = 4,5,6)*

/__/ *(3)* PCP *(f = 4,5,6)*

/__/ *(4)* TRANQUILLIZERS *(f = 5,6)*

/__/ *(4)* OTHER BARBITURATES *(f = 5,6)*

/__/ *(5)* COCAINE *(f = 5,6)*

/__/ *(5)* OTHER AMPHETAMINES *(f = 5,6)*

/__/ *(6)* ALCOHOL *(f = 5,6)*

/__/ *(7)* HALLUCINOGENS *(f = 5,6)*

/__/ *(8)* MARIJUANA *(f = 5,6)*

RANK-ORDER REPORTED SUBSTANCE ABUSE:

/__/DRUG I
/__/DRUG II
/__/DRUG III
/__/DRUG IV

START at the top of the list above. The first substance reportedly used at the noted frequency is Drug I. Code Drug I with the number noted to the left of the substance. Do not code two rank-ordered drugs with the same number; Drug I & II cannot both be coded = 4. Rank-order only as many categories of substances that meet the frequencies noted.

TOTAL NUMBER OF TIMES BEEN ADMITTED TO DRUG TREATMENT?
(Include current drug treatment) /__/__/

CLIENT # /__//__//__//__//__//__/-/__/-/__//__//__//__/

DETERMINATION OF ELIGIBILITY STATUS and SUMMARY STATEMENTS

INTERVIEWER'S DETERMINATION OF ELIGIBILITY STATUS: /__//__//__/

100 ELIGIBLE/based on information provided during Interview

101 INELIGIBLE/violent charge pending
102 INELIGIBLE/nature of drug charge pending
103 INELIGIBLE/1+ prior violent convictions
104 INELIGIBLE/no current physical and/or emotional drug dependence that can be verified
105 INELIGIBLE/no current CJS Status or Jurisdiction in/or transferred to Illinois
106 INELIGIBLE/under 17 years of age

300 UNSERVICEABLE/pending cases too extensive
306 UNSERVICEABLE/extensive history of violent arrests

INTERVIEWER'S SUMMARY STATEMENTS:

_____

_____

_____

_____

_____

INTERVIEWER'S SIGNATURE: _____ DATE: _____

This section is completed IF you have coded the person ELIGIBLE. The information provided below is based on the Arrest and/or Conviction Record ONLY.

DATE VERIFIED: /__//__/-/__//__/-/__//__/ I.R.#: /__//__//__//__//__//__//__//__/

RANK-ORDER and CODES for charge:
1 None
2 Violent
3 Robbery
4 Burglary
5 Other Property
6 Other Lessor
7 Drug
8 VOP

MOST SERIOUS CURRENT CHARGE: _____ /__/

NUMBER OF PRIOR ARRESTS: *(Code: 1=None / 2=1-4 / 3=5-15 / 4=16+)* /__/

MOST SERIOUS PRIOR ARREST CHARGE: _____ /__/

MOST SERIOUS PRIOR CONVICTION CHARGE: _____ /__/

NUMBER OF TIMES RECEIVED POST-TRIAL SENTENCE/COUNTY JAIL: /__//__/

NUMBER OF TIMES RECEIVED POST-TRIAL SENTENCE/PENITENTARY: /__//__/

IF the verification of the Arrest and/or Conviction Record reveals falsification in violation of TASC Acceptability criteria, OR, if current supervising Judicial authorities do not give consent, OR, if the person refused TASC services before the administration of the Acceptability Interview, record the change in the person's TASC Status on the TASC Transaction Report.

301 UNACCEPTABLE/hostile and/or uncooperative
304 UNACCEPTABLE/falsified Criminal Justice or Treatment Status information
305 UNACCEPTABLE/refused to volunteer for treatment with TASC

402 INELIGIBLE/current supervising Illinois Judicial (non-Parole) authority denied TASC
403 INELIGIBLE/current supervising Parole authority denied TASC
404 INELIGIBLE/current supervising Out-of-State Judicial authority denied TASC
405 INELIGIBLE/current supervising Federal Judicial authority denied TASC

Element 8: Documented Procedures For Assessment and Referral

Performance Standards:

1. Documentation of a face-to-face assessment interview with each potential TASC client by a qualified TASC staff member within a specified time period from the initial justice system referral point.

2. Standardized assessment instruments and procedures for confirming, at minimum, each potential client's:

   - o drug-dependent status;
   - o justice involvement and justice history; and
   - o agreement to participate in TASC, an understanding of confidentiality rules and regulations and the understanding of and agreement to follow TASC and treatment program rules and regulations.

3. Determination of appropriateness for a specified type/modality of substance abuse treatment noting specified need(s) for ancillary services.

4. Referral to and acceptance by the recommended treatment agency within 48 hours of TASC assessment. Should immediate placement be unavailable due to waiting lists, office monitoring by TASC staff must be available for an interim period.

5. Data must be collected from assessment.

   - o See Program Element 5.

Policy: Assessment and referral of TASC clients.

Purpose: To provide a standardized assessment of the TASC client's need for substance abuse treatment and other human service needs that facilitates referral to the appropriate treatment modality and the development of a case management plan.

Rationale: Assessment is defined by Merriam-Webster as "1. to fix the rate or amount of; 2. to impose at a specified rate; 3. to evaluate for taxation." What does this definition have to do with evaluating people's need for substance abuse treatment and/or other human services? But this is how the dictionary defines assessment.

At any rate, TASC professionals know what they are talking about when we mention assessment -- measuring frequency, intensity and duration of substance use and objectively measuring the characteristics, attitudes and behaviors associated with addiction, inferring sociopathy, dependence and poor self-esteem from a psycho-social history.

The schools of thought on TASC assessment procedures are diverse, ranging from the wham-bam-thank-you-mam scam (ten-minute assessment) to lengthy assessment procedures involving thorough psycho-social history taking and standardized testing.

Obviously, a program needs to develop assessment procedures and documents necessary to meet the requirements of the justice system and the treatment delivery system. Courts want you to assess quickly and accurately, and the treatment system wants you to assess so that you refer appropriately.

The level of detail to be addressed in an assessment should be incorporated in your memorandum of agreement with treatment and criminal justice.

A competent assessment has eleven elements:

1. Drug History
2. Criminal History
3. Current Mental Health Status
4. Treatment History
5. Family History
6. Personal History
7. Educational History
8. Employment History
9. Medical History
10. Peer and Family Support
11. Diagnostic/Prognostic Impressions

In addition, you might wish to consider one or more of the standardized tests that measure problem behavior, addiction and evasiveness. Included would be such instruments as the Minnesota Multi-Phasic Personality Inventory (MMPI), MacAndrew Scale, Mortimer-Filkens Test for Identifying Problem

Drinking Drivers, Michigan Alcoholism Screening Test (MAST), Missouri Alcoholism Severity Scale (MASS) and the Marlowe-Crowne Social Desirability Scale. If you are not a psychologist or social worker, we suggest that you consult with several before implementing any type of standardized testing. If you determine that standardized testing is appropriate, also be prepared to employ a licensed mental health professional to interpret the test results.

Assessment can be a sticky legal issue for TASC, particularly if the person making the assessment is not a licensed addictions or mental health professional. A person with three days of training in assessment is likely to have his or her hair singed by the fiery outburst of a professionally trained trial attorney. The program administrator must determine the quantity and quality of assessment data to be collected, as well as the need for professional supervision of assessment and case staffings.

Recent research suggests that a "leading" type of interview, wherein the interviewer reviews symptoms with a client, elicits more information than non-directive questioning. For example, in assessing symptoms of alcoholism a non-directive interviewer might ask, "How have you been feeling?" A leading method interviewer would go through a list of symptoms (e.g., "Have you noticed a loss of appetite? Have you experienced abdominal cramps? For how long? How frequently? etc."). In addition, an interviewer must be sensitive in establishing a supportive but professional interview climate, ensuring confidentiality and answering all client questions regarding the format and potential outcome of the interview.

Good assessment techniques make appropriate referral possible. As a system of checks and balances, a "case staffing" is recommended involving the assessor, a clinical supervisor and a case manager. This staffing provides a review of the assessment process with additional viewpoints expressed, resulting in the most appropriate treatment referral. External considerations, such as availability of treatment slots, must be considered. Today, this issue is a reality in many jurisdictions where a waiting list for treatment service is the norm. The staffing is also a training and communications exercise for TASC staff regarding new clients entering the TASC system. Based upon what's typical in TASC programs, it is likely that assessment will be done by someone who is not a licensed addictions or mental health professional. A clinical supervisor is then employed to help determine appropriate referral. In such a situation, obtaining good data is the job of the assessment person. The supervisor then assists in interpreting and acting upon those data.

Accurate assessment and timely, appropriate referral increase the client's likelihood of success in treatment while assuring good relations with the treatment system. A well-done assessment also strengthens the TASC case manager's role in subsequent client contacts.

It is important for a TASC manager to note that TASC assessment services are sometimes treated with little respect by treatment agencies who employ professionals in assessment roles. However, the TASC assessment does not, nor should it, fulfill the same function as the treatment assessment instrument. While it provides useful information to the treatment staff, the TASC assessment seeks to gather diagnostic and prognostic information. Specifically: What is the degree of criminality? Will it hamper treatment? What is the degree of drug dependency? What treatment modality is appropriate? What is the motivation behind the desire for treatment? Does this individual have a likelihood of successful completion of treatment? The information gathered by TASC is the information that answers these questions.

Once the drug dependency is established, TASC program assessments need to be performed for both systems -- for the court, where there is a need for a prognosis (Is there a chance of treatment success and a reduction of recidivism?) and for the treatment system (What is the most appropriate treatment referral/modality for the individual offender?).

ELEMENT 8

SAMPLE PROCEDURES AND FORMS

SUGGESTED OPERATIONAL PROCEDURES:

1. Assessment - generic
2. Assessment - to treatment provider with specific assessment requirements
3. Referral - generic
4. Referral - to treatment provider with specific referral requirements
5. Staffing of assessments
6. Escort of client to referral agency
7. Securing release of information between TASC and treatment provider
8. Reporting of referral of the criminal justice
9. Securing client agreement to participate in TASC and treatment (TASC contract)

SAMPLE PROCEDURE:

POLICY AREA: Assessment and Referral

OPERATIONAL PROCEDURE: Case Staffing of Assessments

1. All new client assessments completed by TASC intake workers will be staffed on a regular date and time to be determined by the intake coordinator or program director.

2. Participants in case staffing will be all intake workers, intake coordinator, program director, case managers, court liaison and clinical supervisor.

3. A copy of all assessment documents shall be made available to all participants in the staffing.

4. The case will be assigned to a case manager by the program director. The case manager will then note the proceeding of the staffing in the client file.

5. The intake worker who conducted the assessment shall present the case and review the case history.

6. The clininal supervisor shall report on standardized test score (if applicable).

7. Consensus will be developed from the participants based upon the client's history, test scores, and availability of treatment.

8. The case manager will be responsible for contacting the client and treatment providers regarding implementation of the referral decisions made in the case staffing.

ILLINOIS, TASC INC.

CONFIDENTIAL CLIENT INFORMATION

Any unauthorized disclosure is a FEDERAL CRIMINAL OFFENSE

TASC, INC.
EVALUATION

Jail Information: #_____

County _____

Location _____

Incarceration Date:_____

Veteran:/__/Yes /__/No

Branch: _____

Discharge Status _____

Dates of Service _____

TASC Area /__/__/

Program _____ County _____

Date of Interview_____

TASC CLIENT #

/__/__/__/__/__/-/__/-/__/__/__/__/

Previous TASC entry Program_____

Termination Status_____

==========

CLIENT'S LEGAL NAME:

_____
Last First Middle

ADDRESS: _____
Number Street

_____
City State Zip Code

PHONE/CONTACT# :_____

NAME OF CONTACT:_____

Sex
1. Male
2. Female

Race
1. Black
2. White
3. Hispanic
4. Other
Specify: _____

DATE OF BIRTH:/__/__/-/__/__/-/__/__/

AGE /__/__/

EMPLOYMENT STATUS /__/

PARENT'S EMPLOYMENT STATUS /__/

WORK PHONE ( )_____

1. Unemployed
2. Public Assistance,
   Type_____ # _____
3. Employed

CLIENT'S INDICTMENT NAME:

_____
Last First Middle

OTHER ALIASES:_____

S.S. #: /__/__/__/-/__/__/-/__/__/__/__/

MARITAL STATUS
1. Married, Common-Law
2. Single, Never Married
3. Separated, divorced, Widowed

NUMBER OF CHILDREN _____

AGES _____

EDUCATION

Last/Current grade /__/__/ Diploma/G.E.D. Y or N

Name of School(if attending)_____

Vocational (if attending)_____

INCOME

___ $0 - 10,000
___ 10,001 - 15,000
___ 15,001-25,000
___ Over 25,000

HEALTH INSURANCE CARRIER _____

POLICY # _____

DESCRIBE PRESENT JOB: _____

LAST JOB and REASON FOR LEAVING: _____

LONGEST JOB: _____

VOCATIONAL TRAINING and/or JOB SKILLS: _____

OTHER LEGAL SOURCE(S) OF INCOME: _____

CLIENT # /__/__/__/__/__/-/__/-/__/__/__/__/

REFERRAL SOURCE:

01. Police
02. Jail Screening
03. Judge
04. Probation Officer
05. Parole Officer
06. Pre-Release/Work Release
07. State's Attorney
08. Public Defender
09. Private Attorney
10. Agency
11. Self
12. Out-of-State TASC
13. Out-of-State CJS
14. Out-of-State Agency
15. Other _____

REFERRAL STATUS:

___Pre-Arraignment
___Pre-Trial
___Pre-Sentence
___Post-Sentence

___Court Order
___Non-Court Order
___TASC Re-Referral
___V.O.P.
___Deferred Pros.

___111.5.
___38
___37
___Other (Specify)
_____

___56½/710
___56½/1410
___IPS

___Incarcerated
___Not Incarcerated

==========

PRE-SENTENCE
REFERRAL CHARGE: _____/__/__/__/ CASE # _____

JUDGE _____/__/__/__/ DISTRICT/COUNTY _____

NEXT COURT DATE /__/__/-/__/__/-/__/__/ CIRCUIT/CALENDAR _____

ADDRESS _____

OTHER CHARGES BEFORE THIS JUDGE _____ CASE # _____

_____ CASE # _____

DATE OF ARREST /__/__/-/__/__/-/__/__/

DEFENSE ATTORNEY _____ TELEPHONE # _____

==========

OTHER PENDING CASES (By Judge)

JUDGE _____ CIRCUIT _____ DISTRICT/COUNTY _____

CHARGE(S) (Most Serious First)_____ CASE # _____

_____ CASE # _____

ADDRESS _____

NEXT COURT DATE /__/__/-/__/__/-/__/__/ DATE OF ARREST /__/__/-/__/__/-/__/__/

DEFENSE ATTORNEY _____ TELEPHONE # _____

==========

OTHER PENDING CASES (By Judge)

JUDGE _____ CIRCUIT _____ DISTRICT/COUNTY _____

CHARGE(S) (Most Serious First) _____ CASE # _____

_____ CASE # _____

ADDRESS _____

NEXT COURT DATE /__/__/-/__/__/-/__/__/ DATE OF ARREST /__/__/-/__/__/-/__/__/

DEFENSE ATTORNEY _____ TELEPHONE # _____

==========

COMMENTS: _____

_____

_____

CLIENT # /__/__/__/__/__/-/__/-/__/__/__/__/

POST-SENTENCE DISPOSITION

REFERRAL JURISDICTION:
JUDGE: _____ /__/__/__/__/
ADDRESS: _____
_____
OFFICER: _____
ADDRESS: _____
_____
CONDITIONS OF JURISDICTION: _____
_____
TASC: /__/Yes /__/No
FROM: _____ to _____
NEXT COURT DATE /__/__/-/__/__/-/__/__/

CURRENT CJS DISPOSITION /__/__/
CJS JURISDICTION /__/

MOST SERIOUS CONVICTION CHARGE
_____ /__/__/__/__/
CASE #: _____

If on Pre-Release or Parole,
Prison _____ Prison # _____
Yr. Sentenced: _____
Release Date: _____
NAME USED: _____

==========

OTHER POST-SENTENCE JURISDICTION:
JUDGE: _____ /__/__/__/__/
ADDRESS: _____
_____
OFFICER: _____
ADDRESS: _____
_____
CONDITIONS OF JURISDICTIONS: _____
_____
TASC: /__/Yes /__/No
FROM: _____ to _____
NEXT COURT DATE /__/__/-/__/__/-/__/__/

CURRENT CJS DISPOSITION /__/__/
CJS JURISDICTION /__/

MOST SERIOUS CONVICTION CHARGE
_____ /__/__/__/__/
CASE #: _____

If on Pre-Release or Parole,
Prison _____ Prison # _____
Yr. Sentenced: _____
Release Date: _____
NAME USED: _____

==========

COMMENTS: _____
_____

CURRENT CJS DISPOSITION CODES

01. Def. Pros.	05. Cond. Discharge	09. 710	
02. Prob. 111½	06. Ct. Supervision	10. Parole	
03. Prob. 38	07. IPS	11. Other	
04. Chapter 37	08. 1410		

CJS JURISDICTION CODES

1. Adult IL	3. Out of State	5. Other
2. Juvenile IL	4. Federal	

CLIENT # /__/__/__/__/__/__/-/__/-/__/__/__/__/

CJS HISTORY

AGE AT FIRST ARREST /__/__/ NUMBER PRIOR ARRESTS /__/__/ NUMBER CONVICTIONS /__/__/

DISCUSS EARLIEST INVOLVEMENT IN ILLEGAL ACTIVITY (AGE, OFFENSE, SENTENCE, OUTCOME)

_____

_____

_____

MOST SERIOUS ARREST/JUVENILE _____

MOST SERIOUS ARREST/ADULT _____

LIST CONVICTIONS - MOST RECENT FIRST

CHARGE _____ YEAR _____ STATE _____

SENTENCE _____ OUTCOME _____

POST TRIAL INCARCERATION? ____YES ____NO

INSTITUTION _____ RELEASE DATE /__/__/-/__/__/-/__/__/

CHARGE _____ YEAR _____ STATE _____

SENTENCE _____ OUTCOME _____

POST TRIAL INCARCERATION? ____YES ____NO

INSTITUTION _____ RELEASE DATE /__/__/-/__/__/-/__/__/

CHARGE _____ YEAR _____ STATE _____

SENTENCE _____ OUTCOME _____

POST TRIAL INCARCERATION? ____YES ____NO

INSTITUTION _____ RELEASE DATE /__/__/-/__/__/-/__/__/

This section is completed IF you have coded the person ELIGIBLE and is based on the Arrest and/or Conviction Record ONLY.

DATE VERIFIED: /__/__/-/__/__/-/__/__/ I.R.#: /__/__/__/__/__/__/__/__/

CODES FOR CHARGE

Most Frequent Offense Codes:

08 Burglary
70 Burglary - Res.
63 Theft - felony
24 Controlled Sub.- Possession
90 VOP - non-TASC
34 Forgery
62 Robbery - Armed

MOST SERIOUS CURRENT CHARGE: _____/__/__/__/

NUMBER OF PRIOR ARRESTS: /__/__/

NUMBER OF PRIOR CONVICTIONS: /__/__/

MOST SERIOUS PRIOR ARREST CHARGE: _____/__/__/__/

MOST SERIOUS PRIOR CONVICTION CHARGE: _____/__/__/__/

NUMBER OF TIMES RECEIVED POST-TRIAL SENTENCE/COUNTY JAIL: /__/__/

NUMBER OF TIMES RECEIVED POST-TRIAL SENTENCE/PENITENTIARY: /__/__/

CLIENT # /_/_/_/_/_/ - /_/ - /_/_/_/_/

SUBSTANCE ABUSE INDEX

	AGE FIRST STARTED	SERIOUS AGE/FREQ.	MOST RECENT PERIOD OF USE/FREQ.	MAXIMUM AMOUNT USED, COST, DURATION OF USE
1.	Heroin	__ __/__	___/___	
2.	Other opiates	__ __/__	___/___	
3.	T's and Blues	__ __/__	___/___	
4.	PCP	__ __/__	___/___	
5.	Alcohol	__ __/__	___/___	
6.	Other Depressants	__ __/__	___/___	
7.	Cocaine	__ __/__	___/___	
8.	Other Amphetamines	__ __/__	___/___	
9.	Hallucinogens	__ __/__	___/___	
10.	Marijuana	__ __/__	___/___	
11.	Inhalents	__ __/__	___/___	
12.	Over-the-Counter	__ __/__	___/___	
13.	Other (specify)	__ __/__	___/___	

FREQUENCIES

0 None
1 Less than once a month
2 Once a month
3 Several times a month
4 Weekends
5 Several times during week
6 Daily

CODES FOR RECENT PERIOD OF USE

0 Never used drugs or alcohol
1 Used within last 30 days
2 Used within 30 days prior to incarceration
3 Used within last 6 months
4 Used within 6 months prior to incarceration
5 Last used more than 6 months ago
6 Last used more than 6 months prior to incarceration

INTERVIEWER'S ASSESSMENT OF CLIENT'S SELF-REPORT:_____

_____

_____

_____

PRIMARY SUBSTANCE OF ABUSE_____/_/_/ SECONDARY SUBSTANCE_____/_/_/

PHYSIOLOGICAL/OBSERVABLE SYMPTOMS OF DEPENDENCY_____

_____

_____

HAS CLIENT ATTEMPTED TO ABSTAIN FROM CHEMICALS (dates, method/how, duration)

_____

_____

_____

DETAILS OF RETURN TO SUBSTANCE_____

_____

_____

CLIENT # /__/__/__/__/__/__/-/__/__/-/__/__/__/__/

OVERDOSES

DATE _____ DRUG _____

CIRCUMSTANCE _____

_____

TREATMENT? _____

OVERDOSES

DATE _____ DRUG _____

CIRCUMSTANCE _____

_____

TREATMENT? _____

==========

TREATMENT HISTORY

1. Out-Patient drug
2. Residential drug
3. Out-Patient alcohol
4. Residential alcohol
5. Out-Patient MH
6. Residential MH
7. Drug detox
8. Alcohol detox
9. Remedial Driver's Education
10. Other (specify)_____

BEGIN WITH MOST RECENT:

TYPE OF TREATMENT /__/ FACILITY: _____

WHEN: _____ MEDICATION: _____

COMPLETION: _____

AFTERCARE PLAN: _____

OUTCOME: _____

==========

TYPE OF TREATMENT /__/ FACILITY: _____

WHEN: _____ MEDICATION: _____

COMPLETION: _____

AFTERCARE PLAN: _____

OUTCOME: _____

==========

TYPE OF TREATMENT /__/ FACILITY: _____

WHEN: _____ MEDICATION: _____

COMPLETION: _____

AFTERCARE PLAN: _____

OUTCOME: _____

==========

If the person has never sought treatment before, explore reason and explain: Why now?

If the person has sought treatment before, explain: What is different now?

_____

_____

_____

_____

CLIENT # /__/__/__/__/__/__/-/__/__/-/__/__/__/__/

PSYCHOLOGICAL/EMOTIONAL DEPENDENCY

What problems has the person had as a result of substance abuse? (e.g. family, social, school, legal, employment, health, etc.)

Client's Perception: _____

_____

_____

_____

_____

_____

_____

Interviewer's Perception: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

==========

VERIFICATION OF INFORMATION

Check all that apply:

/__/ Nose
Describe: _____

/__/ New Needle Marks
Where? _____

_____

/__/ Old Needle Marks
Where? _____

_____

/__/ Withdrawal Symptoms
Describe: _____

_____

_____

_____

/__/ No physical signs of substance abuse

/__/ DASA Treatment History

/__/ Other Treatment History

/__/ Family/Other Verification
Discuss: _____

_____

_____

/__/ Urinalysis Testing
Results: _____

_____

/__/ Other Indicators(blackouts, D.T.s, other observable signs)_____

_____

_____

/__/ No signs of emotional dependence

CLIENT # /__/__/__/__/__/-/__/-/__/__/__/__/

Substance Abuse Summary (Summarize substance abuse history and current patterns of use).

Eligibility Summary (Reasons client was or was not determined a substance abuser. Reasons for ineligible findings. Closing comments).

Eligibility Code /__/__/__/

If client is eligible, proceed with rest of interview.

Staff Signature_____/__/__/__/ Date:_____

Supervisor Comments:_____

Supervisor Signature_____Date:_____

CLIENT # /__/__/__/__/__/-/__/-/__/__/__/__/

HEALTH

Current Health Problems _____

_____

Current Medications and/or Treatment _____

_____

Followed as Prescribed? _____

Future Medical Treatment Necessary _____

_____

Prior Health Problems _____

_____

Prior Medications and/or Treatment _____

_____

Followed as Prescribed? _____

Prior Hospitalizations not recorded elsewhere (where, when, condition) _____

_____

_____

_____

Date of Last Physical Exam _____ Physician _____

Address _____

==========

HEALTH ISSUES (Check All that Apply)

_____ ulcers/stomach problems
_____ liver problems
_____ physical impairment
_____ high blood pressure
_____ diabetes
_____ venereal disease

_____ hepatitis
_____ pregnancy
_____ TB
_____ epilepsy
_____ other convulsions

AIDS
_____ sero positive
_____ converted ARC
_____ converted AIDS
_____ not tested, but symptomatic
_____ at risk (specify)

COMMENTS/IMPLICATIONS FOR TREATMENT: _____

_____

_____

_____

_____

CLIENT # /__/__/__/__/__/__/-/__/__/-/__/__/__/__/

PSYCHO-SOCIAL

FAMILY RELATIONSHIPS

Former: Describe client background, then identify significant factors, unusual circumstances (separation, divorce, death, violence, parental substance abuse) which affected development or are related to the onset of substance abuse and other behavior problems.
(____ adult child of alcoholics; ____ adult child of drug addicts)

Current: Where living, with whom, how long, etc.

Explore current living situation (stressful or unusual circumstances, substance abuse or recent crises)

PEER RELATIONSHIPS

Current: _____

Former: _____

CLIENT # /__/__/__/__/__/__/-/__/-/__/__/__/__/

HISTORY OF VIOLENCE

From Others:(note if substance abuse related) _____

_____

_____

Against Others: (note if substance related) _____

_____

_____

_____

Self-Destructive Behavior, thoughts (note if substance related)_____

_____

_____

_____

INTERVIEWER'S ASSESSMENT OF PERSONS READINESS FOR TREATMENT REHABILITATION

(Check ALL that apply)

/__/ The person can discuss his/her problems in a non-defensive manner (at least to some degree)_____

/__/ The person can share feelings with some amount of openness_____

_____

/__/ The person can identify at least one specific loss (feels there is too much at stake) if his/her substance abuse continues_____

_____

/__/ The person can identify at least one specific realistic and positive goal_____

_____

/__/ The person convinced you during the interview that he/she has some degree of recognition of his/her need for rehabilitation treatment _____

_____

/__/ The person feels that he/she has hit a personal bottom _____

_____

/__/ The person accepts, and did not attempt to negotiate, TASC's treatment recommendation _____

CLIENT # /__/__/__/__/__/__/-/__/__/-/__/__/__/__/

INTERVIEWER'S ASSESSMENT

Summary of Acceptability Decision /__/__/__/

Did the client demonstrate any insight into his/her substance abuse problem? How?

_____

_____

Did the client comprehend the treatment system as a means to a drug free status? How?

_____

_____

Is the client a good treatment candidate? Why? _____

_____

_____

_____

_____

==========

Psychological Evaluation Needed No____ Yes____

Why? _____

Outcome _____

==========

CURRENT NEEDS FOR REHABILITATION AND AUXILIARY SERVICES (Check All that Apply)

/__/ Residential Alcoholism Treatment
/__/ Outpatient Alcoholism Treatment
/__/ Intensive Outpatient Alcoholism Rx
/__/ Alcoholism Halfway House
/__/ Alcohol Detoxification
/__/ Long-Term Residential Drug Treatment
/__/ 6 months or less Residential Drug Rx
/__/ Intensive Outpatient Drug Treatment
/__/ Outpatient Drug Treatment
/__/ Opiate Detoxification
/__/ Non-opiate Detoxification
/__/ Preventative Drug Intervention
/__/ Self Help Group (AA, NA, etc.)
/__/ Driver's Remedial Education
/__/ Outpatient Psychotherapy
/__/ Family Counseling
/__/ Non-Violence Counseling
/__/ Training for GED
/__/ Vocational Training
/__/ Job Placement
/__/ Child Care Services
/__/ Parenting Child-Development Education
/__/ Pre-Natal Care
/__/ Other Medical Services (Describe)
/__/ Housing
/__/ Public Assistance/SSI
/__/ Emergency Needs (Describe)
/__/ Other (Describe)

Description: _____

_____

TREATMENT RECOMMENDATION _____

Recommendations to Treatment Provider: _____

_____

_____

_____

_____

_____ _____ /__/__/__/

DATE SIGNATURE #

CLIENT # /__/__/__/__/__/-/__/-/__/__/__/__/

SUPERVISOR'S COMMENTS AND INSTRUCTIONS:

/__/__/-/__/__/-/__/__/

This interview satisfies all Supervisory Review and Approval Requirements.

SUPERVISOR'S SIGNATURE _____ DATE _____

"This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

QUESTIONNAIRE: DATE: _____

NAME: _____
Last First Middle Maiden

Other Names Used: _____

Address: _____
Number & Street City State Zip Code

How long at this address: _____ Emergency Contact: _____
Name

_____
Telephone Number

Telephone: _____ Ethnic Background:

DOB: ___/___/___ Age: ___ White ___

Sex: Male ___ Female ___ Black ___

Social Security Number: ___/___/___ American Indian ___

Height: ___ft. ___in. Other _____
Specify

Hair Color: _____ Eye Color: _____

Weight: _____lbs.

Drivers Licene: _____ _____
Number State

License Currently Suspended: _____ _____
Yes No

Referred By: _____ Agency: _____

LEGAL HISTORY:

Current Charges: _____ Felony: _____ Misdemeanor: _____

_____ Felony: _____ Misdemeanor: _____

_____ Felony: _____ Misdemeanor: _____

Prior Arrests:	Convicted		Sentence
	Yes	No	
Charge: _____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____

Number of Felony Convictions: _____ Number of Probations: _____

Number of Misdemeanor Convictions: _____ Number of D.U.I.I. Arrests: _____

LEGAL STATUS:

Have you been sentenced on current charge(s)? _____ _____
Yes No

Up-coming Court Dates: (please list) _____

Attorney(s) _____
Name Telephone Number

Probation/Parole Officer: _____
Name Telephone Number

Type of Parole/Probation: _____
County State Federal

How long have you been on Parole/Probation?" _____

ALCOHOL AND DRUG HISTORY:

1. Do you have an alcohol or drug problem? _____ Yes _____ No Please explain: _____

2. What type of drugs have you used?

TYPE	AGE AT FIRST USE	AGE AT REGULAR USE	METHOD USED
Alcohol:			
Cocaine:			
Marijuana:			
Opiates:			
Psychedelics:			
Sedatives:			
Stimulants:			

****

COMMENTS

****

3. Have you ever been addicted? _____ Yes _____ No

4. At what age did your drinking/drug use become excessive? _____
Please explain: _____

5. Do you sometimes drink/use drugs heavily for days at a time? _____ Yes _____ No

6. When you drink/use drugs, how many days of the week do you drink/use drugs? _____ Number

7. How much and what do you usually drink or use? _____

8. Mark with an "X" all the effects alcohol or your drug use has had on you:

_____ Do not remember actions during certain periods of time
_____ Being hurt in falls or other accidents
_____ Illness related to drinking/or drug use (Specify) _____
_____ Traffic accidents, whether driving or not
_____ Losing interest in activities that do not involve drinking/or drug use
_____ Complaints from spouse/friends about drinking or drug use
_____ Separation, divorce, or threat of divorce
_____ Trouble concentrating, even when not drinking/or drug use
_____ Physician recommends cutting down
_____ Becoming unreasonably angry
_____ Being verbally abusive
_____ Getting into physical fights
_____ Physically hurting others
_____
_____ Physically hurting self
_____ Inappropriate sexual behavior
_____ Arrests
_____ Reprimands from employment
_____ Missing work
_____ Losing job(s)
_____ Feeling of "losing one's mind" or "going crazy"
_____ Financial difficulties
_____ Losing friends
_____ Avoiding people
_____ Emotions become out of control
_____ Unreasonable resentment or jealousy
_____ Depressed or sad
_____ Trouble with children
_____ Thoughts of suicide
_____ Suicide attempt(s)
_____ Hospitalization related to alcohol/ or drug use

9. Mark with an "X" all the effects you have experienced during the few days after stopping heavy drinking and/or drug usage:

_____ Persistent craving for alcohol/or drugs	_____ Hallucinations
_____ Shakes	_____ Convulsions
_____ Cramps	_____ DT's
_____ Sweats	_____ Cannot sleep
_____ Minor anxiety or nervousness	_____ Confusion
_____ Severe anxiety or nervousness	_____ Nightmares
_____ Minor depression	
_____ Severe depression	

10. Are you able to use alcohol and/or drugs in small amounts without losing control? For example: Can you have just one drink/hit? _____ Yes _____ No

11. Do you ever drink/or use drugs in the morning? _____ Yes _____ No

12. Do you ever drink/or use drugs on the job? _____ Yes _____ No

13. Do you ever attempt to hide your alcohol/or drugs? _____ Yes _____ No

14. Have you ever lived on skid row? _____ Yes _____ No

15. Mark with an "X" if you use alcohol/or drugs to relieve the following emotional or physical conditions:

_____ Anger	_____ Depression	_____ Boredom	_____ Pain
_____ Cannot Sleep	_____ Shyness	_____ Nervousness	
_____ Tiredness	_____ Loneliness		

16. Mark with an "X" if you have used any combination of the following:

_____ Alcohol	_____ Marijuana	_____ Cocaine
_____ Opiates	_____ Sedatives	_____ Anti-psychotics
_____ Stimulants	_____ Other (Specify)	_____
_____ None		

17. How many times have you attempted to stop drinking/or using drugs? _____

18. Have you ever been able to live alcohol and drug-free? _____ Yes _____ No

If yes, for how long of period of time and when? _____

_____

_____

_____

19. When did you last use alcohol or drugs? _____ Day _____ Hour

20. List all prior alcohol, drug, and emotional treatments:

Type of Treatment	Where	Date	Completed

FINANCIAL STATUS, JOB, AND MEDICAL HISTORY:

1. Employment:

_____ Full Time (35 hrs. or more per week)	_____ Unemployed but seeking
_____ Part Time (18 to 35 hrs. per week)	_____ Unemployed but not seeking
_____ Sporadic (17 hrs. or less)	_____ Retired
_____ Houseperson	_____ Other

2. What hours and days do you work? _____

Length of employment _____ Salary _____ Hourly _____ Monthly _____ Yearly

If not employed what is your current source of income? _____

If Public Assistance do you have a Medical Card? _____ Yes _____ No _____ Med. card Number

3. Total number dependent upon your income (include only immediate family, spouse, children, self) _____

4. What is your job title? _____

Where are you employed? _____

5. If employed, do you have medical insurance? _____ Yes _____ No

If yes, _____ Name of Insurance Company _____ Insurance Identification Number

6. Do you have any significant medical problems, if so please explain? _____

7. Are you currently taking any medication, if so what type(s)? _____

8. Have you ever been employed by the same employer for over one year? _____ Yes _____ No

9. List your last four jobs starting with your most recent.

Employer	Job Title	From	To	Reason for Leaving

10. Are you a Veteran? _____ Yes _____ No Branch of Service _____

Date and type of discharge: _____

11. Marital Status:

_____ Never married
_____ Married
_____ Widowed
_____ Divorced
_____ Separated
_____ Living as married
_____ How long

11 (a) Living Arrangements:

_____ Alone
_____ Spouse
_____ Parents or relatives
_____ Foster parents
_____ Group home
_____ Institution
_____ Friends or others
_____ How long

EDUCATION:

1. Last grade completed: _____ High School _____ G.E.D. _____ College _____ Degrees

2. If you did not complete high school please explain why: _____

3. Please check any of the following which apply to you while attending school:

_____ Detention
_____ Suspension
_____ Expulsion
_____ Were you considered hyperactive
_____ Truancy
_____ Required to repeat a grade
_____ Getting into physical fights
_____ Substance Abuse
_____ Arrests
_____ Vandalism
_____ learning difficulties

4. Do you have any specialized training? _____ Yes _____ No

If yes, what type and was a certificate obtained? _____

5. Are you currently enrolled in an educational or skill development program? _____ Yes _____ No

If yes, _____ Name of Program _____ Date of Completion

FAMILY AND SOCIAL HISTORY:

1. Were you raised by your natural parents? _____ Yes _____ No

If not, who raised you? _____

2. How many of each do you have? _____ Brothers _____ Sisters
3. What number child were you? _____
4. Describe what kind of conditions you were raised up in as a child (emotionally and financially): _____

5. If any of the following has happened to you please indicate at what age?

_____ Mental illness of any of your family resulting in hospitalization
_____ Brothers or sisters alcohol/or drug abusers
_____ Long term physical illness of any of your family members
_____ Death of mother _____ Death of father _____ Death of sister
_____ Death of brother _____ Sexual abuse _____ Physical abuse
_____ Desertion by mother _____ Desertion by father
_____ Separation of parents _____ Divorce of parents
_____ Parents alcohol/or drug abusers

6. With which of your family members do you have regular contact? _____

7. Which of the following best describes your relationship with your family members?
_____ No contact _____ Estranged _____ Poor _____ Fair
_____ Positive and emotionally supportive _____ Other(Specify) _____

LIFE HISTORY:

Please check any of the following that apply to you:

1. Before the age of five (5) years:
_____ Parentless _____ Adoption _____ Parental neglect
_____ Separation from parents

2. Before the age of fifteen (15) years:
_____ Learning didfficulties in school _____ Expulsion/or suspension from school
_____ Low social skills and minimal interactions with others
_____ Hyperactivity _____ Sexually abused _____ Physically abused
_____ Medications for hyperactivity _____ Delinquency, juvenile arrests
_____ Absent father _____ Absent mother _____Both parents absent
_____ Head injury _____ Dangerous behaviors _____Substance abuse
_____ Early sexual development _____ Low self-esteem _____ Death of an important family member

3. After the age of sixteen (16) years:
_____ Unemployment for more than six (6) months
_____ Traveling from place to place _____ Frequent employment changes
_____ Traffic violations _____ Auto accidents _____ Chronic substance abuse
_____ Suicidal thoughts _____ Suicide attempts _____ Impulsive sexual behavior
_____ Low self-esteem _____ Spouse physically abusive _____ Homicide attempt
_____ In physically abusive relationship _____ History of being physically abused
—>in relationships _____Committed sexual assaults/sexual molestations
_____ Persistent lying _____ Illegal occupation (prostitution, pimping, selling
—>drugs) _____ Have been sexually assaulted/raped _____ Verbally/mentally abusive
_____ Repeated defaulting on financial responsibilities
_____ Serious absenteeism from work _____ Repeated physical fights or assaults

4. How many times have you been married? _____

5. What year was your marriage? _____ _____ _____
1st 2nd 3rd

6. How old were you at the time of your first marriage? _____ _____
You Spouse

7. If divorced, what year did your divorce occur? _____
Reason for divorce: _____
Reason for divorce: _____
Reason for divorce: _____

8. How many children do you have? ____
9. How many of your children live with you? _____
10. How would you raise your children differently than you were raised? _____

11. Do you have regular contact with your children who are not living with you? ____ ____
Yes No

12. If you were accepted into counseling, would your spouse be willing to accompany you?
_____ _____
Yes No

13. Do you live with person(s) who drink or use drugs? _____ _____
Yes No
If yes, do they drink or use drugs excessively? _____ _____
Yes No

14. By first name only please list your best friend(s), number of years known and activities that you enjoy doing together. _____

15. How many times have you moved in the last five(5) years? _____

16. What are your interests or hobbies? _____

17. Please list social organizations that you participate in:

Organization	From	TO

18. List any personal goals or achievement you have achieved:

19. What do you consider are your personal strengths?

GOALS:

1. What changes do you want to make in your life or in yourself? _____

2. If treatment is recommended for you, what type of treatment would be most beneficial to address your needs? _____

Revised 2/87
Treatment Staff of TASC/lc

EAC

T.A.S.C.
(Treatment Alternatives
To Street Crime)

Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
288 Old Country Road • Mineola, N.Y. 11501 • (516) 747-5020

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STATEN ISLAND — T.A.S.C.
25 Hyatt Street • Staten Island, N.Y. 10301 • (718) 727-9722

CONFIDENTIAL CLIENT INFORMATION
Any unauthorized disclosure is a
Federal Criminal Offense.

DIAGNOSTIC EVALUATION

T.A.S.C. is a program of the Education Assistance Center of Long Island Inc.
Executive Offices: 382 Main St., Port Washington, N.Y. 11050 • (516) 883-3008
Diana Freed, Executive Director • Rene' Fiechter, Esq., Deputy Director/Counsel

NASSAU TASC

NEEDS ASSESSMENT BY_____

TREATMENT ALTERNATIVES TO STREET CRIME

LOCATION_____

DATE_____

NAME_____ TASC#_____

ADDRESS_____ HOW LONG THERE_____

AGE_____ D.O.B._____ PHONE_____

IN CASE OF EMERGENCY NOTIFY:

NAME_____ ADDRESS_____

PHONE_____ RELATIONSHIP_____

I. CRIMINAL HISTORY

A. D.O.A._____ COURT DATE_____

B. Present charge:_____

_____

C. Prior charges/dates:_____

Comments: (Drug & Alcohol Related; Violence Involved)_____

_____

_____

II. SOCIAL HISTORY

A. Ethnic: (circle) White Black Hispanic Other:_____

B. Marital Status: single married widowed divorced separated common-law

C. Living arrangements: With Family___ Self___ Others___

Others: Name_____ Age_____

D. Family Constellation:

Name	Relationship	Age

E. Developmental/Family History: _____

III. EDUCATION

A. Academic School Year

1. Post Graduate _____

2. College _____

3. H.S./G.E.D. _____

4. 10-11 yrs. H.S. _____

5. H.S. Drop out _____

Comments _____

_____

_____

B. Vocational

Training Program _____

Address _____

Skill _____ Dates attended _____ Completed _____

C. Career Goals _____

IV. EMPLOYMENT

A. Full time _____ Part time _____ Unemployed _____ Retired _____

Type of work _____ Hours _____

Time held _____ Salary _____ Verified: Yes ____ No ____

Employer _____ Address _____ Phone _____

B. Past Jobs Held (most recent first)

Employer	Dates Worked	Position	Reason for Leaving

C. Longest Job Held: _____ Date _____

D. MILITARY HISTORY: Veteran Yes_____ No_____ Branch_____

Discharge: Hon._____ Undes._____ Gen._____ Dishon._____ Med._____

Date entered_____ Date discharged_____ Rank_____

E. FINANCES: Good_____ Fair_____ Poor_____

Comments_____

_____

V. MEDICAL HISTORY:

A. Health: Good_____ Fair_____ Poor_____

B. Last Physical: Date_____

C. Current Doctor's Name_____

Address_____

_____

D. Medications:_____

E. Hx of Medical Problems/Conditions/Disabilities:_____

_____

F. Recent Hospitalizations: (Dates/Reasons)

1._____

2._____

G. Medical Insurance Coverage:_____

H. Eating/Sleeping Problems: (Explain)_____

_____

VI PSYCHIATRIC HISTORY:

A. Hx of Suicidal Gestures/Ideation: (Explain)_____

_____

B. Hx of Arson/Firesetting: (Explain)_____

_____

C. Hx of Hallucinations: (Explain)_____

_____

D. PSI Hospitalization: (Dates/Reason)

1._____

2._____

E. Prior PSI Treatment (Dates/Place/Reason)

1._____

2._____

VI. SUBSTANCE ABUSE HISTORY

Frequency Code: 0-never; 1-less than once a month; 2- less than once a week; 3- once a week; 4- several times a week; 5- once a day; 6 several times a day.

A. Drugs	Use	Age Tried	Age Regular Use	Age Quit
Heroin				
Methadone				
Angel Dust				
Alcohol				
Barbiturates				
Quaaludes				
Amphetamines				
Cocaine				
Marijuana/Hashish				
Hallucinogens				
Inhalents				
Tranquilizers				
Other:				

B. Primary Drug _____ Secondary _____

C. Have you ever been in a hospital or program for drug or alcohol treatment? _____

Hospital/Program	Counselor	Treatment	Outcome	Dates

D. How long did you remain drug or alcohol free after leaving program? _____

Explain: _____

_____

_____

VII. ALCOHOL HISTORY

A. What is your usual alcoholic drink?_____ Amount_____

B. When did you have your last drink? Date_____ Time_____

C. What is your most frequent drinking place? Own place_____ Bar_____

No one place_____ Friend's place_____ Street_____ Other

D. Do you usually drink: Alone_____ With others_____

E. Have you ever had: Blackouts_____ Convulsions_____ DT's_____

F. Describe your behavior while drinking:_____

_____

G. Are you presently a member of A.A.? Yes_____ No_____

VIII. Drug History

1) What drugs have you used since your arrest_____

_____

2) When did you last use drugs_____

3) Where did you last use drugs_____ Own place_____ Bar_____

Friend's place_____ Street_____ Other(specify)_____

_____

4) Do you usually use drugs alone_____ with others_____

5) Describe your behavior while under the influence of drugs_____

6) Describe your behavior when not under the influence of drugs_____

_____

IX. A. AVAILABILITY:

1) Hours available for treatment Days_____ Hours_____

2) Are family members available? Yes_____ No_____

B. TRANSPORTATION:_____

X. DIAGNOSTIC IMPRESSIONS

A. What is client's motivation toward treatment?

Highly Motivated_____ Slightly Motivated_____ Unmotivated_____

B. Did client seem high during interview? Yes_____ No_____

C. What impressions did client give?_____

_____

D. Affect:_____

E. Orientation:_____

F. Cognition:_____

G. Appearance:_____

H. Behavior:_____

I. Suggested Services:_____

_____

J. Referral to Vocational Rehabilitation Counselor: Yes_____ No_____

K. Length of Time for Diagnostic Interview:_____

ADDITIONAL COMMENTS:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

TASC PROGRAM REQUIREMENTS

TASC involvement is for approximately one year. During that time a TASC case manager will be in contact with the client's counselor at least twice each month.

TASC requires:

1. Regular attendance at a TASC-assigned program for one year.
2. Random urinalysis, as required.
3. Compliance with treatment agency regulations.
4. To notify TASC within 24 hours if you:

    A. Change your address
    B. Change your phone number
    C. Change your lawyer
    D. Are rearrested or receive a court date from your lawyer, the Criminal Justice System, or any other reliable source.

Failure to comply with TASC regulations may result in notification to the Court and/or termination from TASC.

The following information will be reported immediately to the judges, prosecutors, and your lawyer:

1. More than 50 % dirty urines in the first three months,
   More that 25 % dirty urines in the next three months
   Any dirty urines in the last six months.
2. Two consecutive unexcused absences or three unexcused absences in a 14 day period.
3. If you are arrested for any new violations.

NOTE: Formal acceptance into the TASC Program is subject to the approval of the District Attorney. While you are awaiting this formal approval, you should remain in the Treatment Program we have referred you to.

TASC

DIAGNOSTIC UNIT DISPOSITION

NAME _____

ADDRESS _____

_____

DATE OF BIRTH _____

TASC NO. _____

DISPOSITION:

Referred to Ed/Voc Services _____ Urinalysis Required _____

Name and address of treatment program

_____

_____

_____

Date and Time of Appointment _____

Therapist: _____

CRIMINAL JUSTICE INFORMATION:

Parole/Probation Approved _____ Date _____

P.O. Name _____

Client Incarcerated: _____

Court Date: _____ Part: _____

Escort Needed: _____

CASE MANAGER: _____ Supervisor Informed: _____

SOCIAL WORKER _____ DATE _____

DIAGNOSTIC EVALUATION OUTLINE

D.O.B:_____ TASC#_____ FEL#_____ CR#_____ COURT DATE_____Pt_____

1. _____is a_____year old (man/woman) who was screened on_____ and seen by the TASC Diagnostic Unit on_____. S/he has been found eligible for TASC.

2. PRESENT OFFENSE

3. PRIOR LEGAL HISTORY

4. DRUG AND ALCOHOL HISTORY

5. SOCIAL HISTORY

6. DIAGNOSTIC IMPRESSIONS

7. TREATMENT RECOMMENDATIONS (NASSAU TASC FORMAT)

We have referred_____to_____for_____ treatment.

a) S/he will be seen at least once a week for outpatient therapy.

b) S/he will be seen for a full day, five days a week, for individual and group therapy.

c) S/he will receive a full program of education and treatment on an inpatient (or residential) basis.

7a. SENTENCE ALTERNATIVE TREATMENT PLAN: (Intensive Component Format)

8. The TASC case manager will be in contact bi-monthly with_____ and monthly with his/her counselors. The case manager will be making periodic reports back to the Court concerning his/her progress.

In view of the above, we recommend that_____be formally accepted into TASC by the Court.

cc: Presiding Judge
Probation/Mental Health (if applicable)
Treatment Agency
SCLU
TASC

EAC
T.A.S.C.
(Treatment Alternatives To Street Crime)
Rosemary Kelly, Division Director

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STATEN ISLAND — T.A.S.C.
25 Hyatt Street • Staten Island, N.Y. 10301 • (718) 727-9722

CLIENT APPLICATION

I,_____do hereby request and authorize the TASC Program to recommend me for referral to Treatment as an alternative sentencing plan, or as a condition of my release from incarceration

I shall immediately inform TASC if I am on Probation or Parole. I understand I shall be terminated from TASC if I fail to provide such information. I agree that my acceptance and continuance in TASC is conditioned on the approval of my supervising parole or probation officer. P.O. Name_____ Phone_____.

If accepted into TASC, I understand that my successful participation in the program (as determined by TASC and the appropriate criminal justice official) may be for a period of at least twelve (12) months from the date of formal acceptance and/or sentencing and requires that I have consulted an attorney. If I am a DWI offender, any consideration to receive a conditional license or partake in the Department of Motor Vehicle's Drinking Driver Program may be prohibited by the Court.

I understand that my treatment progress will be monitored by TASC and reported periodically to the appropriate criminal justice official as specified in my Consent to Release Confidential Information and that my continued participation in TASC will be contingent upon the following:

1. The Court's determination to approve participation in Nassau TASC as a pre-release or sentencing plan.
2. Adhering to TASC Treatment Plan, immediately following referral.
3. If attending outpatient treatment, I will within 90 days after Formal Acceptance, and/or sentencing, be either gainfully employed full time, attending an education program full time, or receiving vocational rehabilitation services.
4. Remaining in TASC continuously for at least twelve (12) months.
5. Maintenance of satisfactory progress as determined by:
   a. Attendance at all scheduled treatment. Violations would be
      1. Two consecutive unexcused absences or three unexcused absences in any 14 day period.
   b. Random urinalysis results if applicable, Violations would be:
      1. More than 50% dirty urines in the first 3 months
      2. More than 25% dirty urines in the next 3 months
      3. Any dirty urines in the last 6 months
   c. Remaining drug/alcohol free
6. Observance of all rules and regulations of the treatment program facility to which I am assigned.
7. Observance of all Federal, state and local criminal statutes.

Any violation of the above conditions may result in my dismissal from the program. If I am dismissed from the program prior to satisfactory completion, my case will revert to normal criminal processing

I also agree to notify TASC immediately if 1) I change my address or phone number or lawyer, 2) If I am re-arrested or receive a court date from my lawyer, the Criminal Justice System or any other reliable sources.

I fully understand the contents of this agreement and hereby execute it of my own free will. No threat or promise of any kind has been made to me by any employee or representative of TASC in connection with this agreement except as stated herein.

Client_____ Parent/Guardian_____

Witness_____ Date_____

Rev 9/1/86

M.A.S.T.

	YES	NO
1. Do you feel you are a normal drinker?	_____	_____
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of that evening?	_____	_____
3. Does your spouse (or parents) ever worry or complain about your drinking?	_____	_____
4. Can you stop drinking without a struggle after one or two drinks?	_____	_____
5. Do you ever feel bad about your drinking?	_____	_____
6. Do friends or relatives think you are a normal drinker?	_____	_____
7. Do you ever try to limit your drinking to certain times of the day or to certain places?	_____	_____
8. Are you always able to stop drinking when you want to?	_____	_____
9. Have you ever attended a meeting of Alcoholics Anonymous (A.A.)?	_____	_____
10. Have you gotten into fights when drinking?	_____	_____
11. Has drinking ever created problems with you and your spouse (or parents)?	_____	_____
12. Has your spouse (or other family member) ever gone to anyone for help about your drinking?	_____	_____
13. Have you ever lost friends or girlfriends or boyfriends because of your drinking?	_____	_____
14. Have you ever gotten into trouble at work because of your drinking?	_____	_____
15. Have your ever lost your job because of drinking?	_____	_____
16. Have you ever neglected your obligations, your family or your work for two or more days in a row because of your drinking?	_____	_____

		YES	NO
17.	Do you drink before noon?	_____	_____
18.	Have you ever been told you have liver problem?	_____	_____
19.	Have you ever had delirium tremens (D.T's), severe shaking, heard voices or seen things that were not there after heavy drinking?	_____	_____
20.	Have you gone to anyone for help about your drinking?	_____	_____
21.	Have you ever been in a hospital because of your drinking?	_____	_____
22.	Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem?	_____	_____
23.	Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking played a part?	_____	_____
24.	Have you ever been arrested, even for a few hours, because of drunk behavior?	_____	_____
25.	Have you ever been arrested for drunk driving or driving after drinking?	_____	_____

Scoring the M.A.S.T.

Total possible score--54 (Most alcoholics score above 10 points)

0-3 points = probably not alcoholic
5 points = 81% diagnostic of alcoholism

10 points
or more = virtually 100% diagnostic of alcoholism

Scoring:

	YES	NO
1.		2
2.	2	
3.	1	
4		2
5.	1	
6.		2
7.	0	0
8.		2
9.	5	
10.	1	

	YES	NO
11.	2	
12.	2	
13.	2	
14.	2	
15.	2	
16.	2	
17.	1	
18.	2	
19.	5	
20.	5	

	YES	NO
21.	5	
22.	2	
23.	2	
24.	2	
25.	2	

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

NASSAU TASC

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I,_____, understand that I am under consideration for release from custody on my own recognizance or conditional release and/or eligibility for participation in Treatment Alternatives to Street Crime (TASC) and referral to treatment for drug and/or alcohol abuse. My legal status at the time of signing this release is _____.

(Arrested, Charged, On trial, Sentenced)

I hereby consent to release of the information specified below by/to _____ by/to Treatment Alternatives to Street Crime (TASC), and by TASC to the Nassau County District Court, County Court, my defense attorney, the prosecuting attorney, probation and/or parole departments for the purpose of substantiating my need for treatment and selecting an appropriate treatment program and modality.

The extent and nature of information to be disclosed are: criminal history, dates of previous drug and/or alcohol abuse treatment, diagnostic information, progress during treatment, and reasons for termination of treatment, notification of rearrest.

This consent is given voluntarily for the above stated purposes and will expire sixty (60) days after the date signed, or upon a change in my criminal justice status, whichever is later. This consent may be revoked by me in writing at any time except to the extent that action has been taken in reliance hereon.

_____ _____

Date Client

_____ _____

Witness Parent or Guardian

Send Information To: TASC Diagnostic Unit
286 Old Country Road
Mineola, N.Y. 11501

T.A.S.C. (Treatment Alternatives To Street Crime)

Rosemary Kelly
Director

NASSAU – T.A.S.C.
286 Old Country Road
Mineola, N.Y. 11501
(516) 747-5020

SHOCK – T.A.S.C.
210 Old Country Road
Mineola, N.Y 11501
(516) 741-5580

SUFFOLK - T.A.S.C.
Building 158
Veterans Memorial Highway
Hauppauge, N.Y 11787
(516) 360-5777

NASSAU TASC
CONSENT TO RELEASE
CONFIDENTIAL INFROMATION

I, _____, do hereby request and authorize the Nassau County District Attorney's Office or the Nassau County Clerk's Office to release any and all information pertaining to my criminal history to the Nassau County Treatment Alternatives To Street Crime.

_____ _____
Defendant Date

_____ _____
Parent/Guardian Witness

cc: District Attorney
Clerk's Office

R 10/84

CONFIDENTIAL PATIENT INFORMATION: Any unauthorized disclosure is a Federal Criminal Offense

Nassau TASC
286 Old Country Road
Mineola, NY 11501
747-5020

Intensive Component ☐

INDIVIDUALIZED CASE PLAN

FOR RELEASE PRIOR TO SENTENCING

We recommend that _____ TASC# _____ be assigned to TASC. This client meets the eligibility criteria estabilised for admission to TASC. He/she has agreed to participate in a treatment program that includes TASC monitoring and urinalysis when appropriate. His/her intake appointment is scheduled for:

_____ Date | _____ Treatment Program | _____ Time

Treatment plan requirements: _____

Upon release from incarceration Date _____

DEFENSE ATTORNEY: _____ DATE: _____

DISTRICT ATTORNEY: _____ DATE: _____

JUDGE: _____ DATE: _____

****

CHARGE(S)	PLEA	DATE	SENTENCE DATE

ADDITIONAL COMMENTS: _____

Nassau TASC
286 Old Country Road
Mineola, NY 11501
747-5020

Intensive Component

FORMAL COURT ACCEPTANCE

We recommend that _____ TASC# _____ be assigned to TASC. This client meets the eligibility criteria established for admission to TASC. He/she has agreed to participate in a treatment program that includes TASC monitoring and urinalysis when appropriate. His/her intake appointment is scheduled for:

_____ Date _____ Treatment Program _____ Time

Treatment plan requirements: _____

DEFENSE ATTORNEY: _____ DATE: _____

DISTRICT ATTORNEY: _____ DATE: _____

JUDGE: _____ DATE: _____

****

CHARGE(S)	PLEA	DATE	SENTENCE

ALTERNATIVE TO INCARCERATION _____

ADDITIONAL COMMENTS: _____

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

CONSENT TO RELEASE CONFIDENTIAL INFORMATION TO THE NASSAU COUNTY DISTRICT ATTORNEY, DEFENSE COUNSEL, NASSAU COUNTY COURTS AND SAID TREATMENT PROGRAM

I,_____, understand that I have been released from confinement or released on my own recognizance or _____ conditioned upon my participation in a treatment program designated by TASC, and that my treatment records are confidential and can not be disclosed except as authorized by this or any other release signed by me or as provided by law.

I hereby consent to release of information specified below by and to _____
(Treatment Program)
by and to TASC, and by either the named program or TASC to the Nassau County District Attorney's Office, my attorney of record, Nassau County Courts, Probation/Parole department, for the purposes of substantiating my participation and progress with specified Treatment Program.

The extent and nature of information to be disclosed are: unrestricted communication with the organization named above as authorized to receive information.

My legal status at the time of signing this release is _____
(Arrested, Charged, On Trial, Sentenced)

This consent to release information will expire sixty (60) days after the date signed, or upon a change in my criminal justice status, whichever is later. This consent may not be revoked by me unless there is a formal and effective termination of my conditional release, probation or parole, but may thereafter be revoked by me in writing at any time.

_____ _____
Date Client's Signature

_____ _____
TASC Staff Parent or Guardian

_____
Defense Attorney

EAC

T.A.S.C.
(Treatment Alternatives
To Street Crime)

NASSAU/SHOCK — T.A.S.C. • Helen Altman • Project Director
250 Fulton Avenue • Hempstead, N.Y. 11550 • (516) 486-8944

SUFFOLK — T.A.S.C. • Susan Timler • Project Director
Building 16 Veterans Memorial Highway • Hauppauge, N.Y. 11788 • (516) 360-5777

STATEN ISLAND — T.A.S.C. • George Donovan • Project Director
25 Hyatt Street Staten Island, N.Y. 10301 • (718) 727-9722

QUEENS — T.A.S.C. • Robyn Schneider • Project Director
91-31 Queens Blvd. • Suite 218 • Elmhurst, N.Y. 11373 • (718) 779-0100

TO:

FROM:

RE:

COURT DATE:

Please be advised that the above named defendant has been found acceptable as a Nassau TASC client. A diagnostic evaluation is scheduled for _____.

It is our intention to submit an alternative sentencing plan for this client on the next court date.

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

NASSAU TASC

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I,_____, understand that I am under consideration for release from custody on my own recognizance or conditional release and/or eligibility for participation in Treatment Alternatives to Street Crime (TASC) and referral to treatment for drug and/or alcohol abuse. My legal status at the time of signing this release is _____.

(Arrested, Charged, On trial, Sentenced)

I hereby consent to release of the information specified below by/to _____ by/to Treatment Alternatives to Street Crime (TASC), and by TASC to the Nassau County District Court, County Court, my defense attorney, the prosecuting attorney, probation and/or parole departments for the purpose of substantiating my need for treatment and selecting an appropriate treatment program and modality.

The extent and nature of information to be disclosed are: criminal history, dates of previous drug and/or alcohol abuse treatment, diagnostic information, progress during treatment, and reasons for termination of treatment, notification of rearrest.

This consent is given voluntarily for the above stated purposes and will expire sixty (60) days after the date signed, or upon a change in my criminal justice status, whichever is later. This consent may be revoked by me in writing at any time except to the extent that action has been taken in reliance hereon.

_____ _____

Date Client

_____ _____

Witness Parent or Guardian

Send Information To: TASC Diagnostic Unit
286 Old Country Road
Mineola, N.Y. 11501

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

WAIVER OF SPEEDY TRIAL
TREATMENT ALTERNATIVES TO STREET CRIME

It has been determined that the interests of the State of New York, the County of Nassau and my own interests may be best served at this time by deferred judicial action to permit me to enter an approved narcotic and/or alcohol treatment program.

I understand that the adjournment that I may be receiving will be granted with condition that I successfully participate in and complete the TASC program.

In signing this agreement, I fully understand and accept the fact that I am waiving my right to a speedy trial to participate voluntarily for a minimum of twelve (12) months within the Treatment Alternatives to Street Crime Program (TASC).

Witnessed this_____day of_____19___

_____ _____
Defendant Date

_____ _____
Defense Counsel Date

_____ _____
Parent of Guardian Date

_____
TASC Staff

CONFIDENTIAL PATIENT INFORMATION: Any unauthorized disclosure is a Federal Criminal Offense

Nassau TASC
286 Old Country Road
Mineola, NY 11501
747-5020

Intensive Component ☐

FORMAL COURT ACCEPTANCE

We recommend that _____ TASC# _____ be assigned to TASC. This client meets the eligibility criteria establised for admission to TASC. He/she has agreed to participate in a treatment program that includes TASC monitoring and urinalysis when appropriate. His/her intake appointment is scheduled for:

Date	Treatment Program	Time
_____	_____	_____

Treatment plan requirements: _____

DEFENSE ATTORNEY: _____ DATE: _____

DISTRICT ATTORNEY: _____ DATE: _____

JUDGE: _____ DATE: _____

****

CHARGE(S)	PLEA	DATE	SENTENCE

ALTERNATIVE TO INCARCERATION _____

ADDITIONAL COMMENTS: _____

BIRMINGHAM TASC

TASC INTERVIEW FORM

PERSONAL:

Name: _____ *Date:* _____ *Scr:* _____
Last First Middle *Mo. Day Yr.*

Address: _____ *Apt.* ____ *Zip:* _____ *Ph:* _____

DOB: ___/___/___ *Age:* _____ *Race:* _____ *Sex:* ____ *Marital Status:* _____ *Dependents:* _____

Contacts:

Spouse: _____ *Add:* _____ *Ph:* _____

Family: _____ *Add:* _____ *Ph:* _____

Other: _____ *Add:* _____ *Ph:* _____

Employment & Educational Data:

Current Status: _____ *Where:* _____ *Length:* _____

Usual Trade or Profession: _____ *Highest Grade Completed:* _____ *GED: Y*____ *N*____

*Insurance: Y*____*N*____ *Type:* _____ *Veteran: Y*____*N*____*Eligible for Benefits:* _____

SOURCE OF REFERRAL & LEGAL STATUS INFORMATION:

Source of Referral: _____

Charges/Status: _____

_____

_____

Attorney: _____

Complete if on Probation or Parole: Began: ___/___ *Length:* _____ *TASC: Y*____ *N*____
Mo Yr

P. O.: _____/_____ *Judge:* _____
Name Type

Fel. Arrests in lat 2 yrs: _____ *Fel. Convictions in last 2 yrs:* _____ *Other Arrests and/or convictions:* _____

_____

GENERAL COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

Birmingham TASC Program:
IF-10-78 *Copies: 1) TASC (white) 2) Treatment (canary) 3) CIU (pink)*

TASC DRUG ABUSE INTERVIEW

A-DRUG TYPE(S):

Indicate in the following order:
-- Drug Problems For Which The Client Is Being Admitted For Treatment
-- Other Drugs Used During The Month Prior To Admission
If 00 for None is entered, leave the other items blank.

00 = None
01 = Heroin
02 = Non-Rx Methadone
03 = Other Opiates & Synthetics
04 = Alcohol
05 = Barbiturates
6 = Other Sedatives or Hypnotics
7 = Amphetamines
8 = Cocaine
9 = Marijuana/Hashish
10 = Hallucinogens
11 = Inhalants
12 = Over-The Counter
13 = Tranquilizers
14 = Talwin
15 = Other _____

B-SEVERITY OF DRUG PROBLEM(S) AT TIME OF ADMISSION:

0 = Not A Problem At Time Of Admission
1 = Primary
2 = Secondary
3 = Tertiary

C-FREQUENCY OF USE DURING MONTH PRIOR TO ADMISSION:

0 = No Use During Month Prior To Admission
1 = Once Per Month
2 = Once Per Week
3 = Two To Three Times Per Week
4 = More Than Three Times Per Week
5 = Once Daily
6 = Two To Three Times Daily
7 = More Than Three Times Daily

D-MOST RECENT USUAL ROUTE OF ADMINISTRATION:

1 = Oral 2 = Smoking 3 = Inhalation 4 = Intramuscular 5 = Intravenous

DRUG PATTERNS AT ADMISSION

A-Drug Type#								
B-Severity								
C-Frequency								
D-Administration								
Year of First Use								
Year of 1st Cont'd Use ***								

*** Yr. 1st Used 1x per Wk. or More - if Not Applicable enter "97".

Is The Client Physically Drug Dependent: Yes No Is He/She Psychologically Dependent: Yes No

Has he/she ever been in drug abuse treatment before: Yes No If "yes" when and where: _____

What type of treatment did he/she have: _____

Comments: _____

WAIVER STATEMENT: I understand that I have provided this information (Interview Form & Drug Abuse Interview) for the sole purpose of aiding my admission to and participation in a treatment program and understand that in no way will this information be used against me in the prosecution of any prior offense which I am now or may be alleged to have committed.

Signed: _____ Date: _____

Birminghan TASC Program:
DAI - 8-78 Copies: 1) TASC (white) 2) Treatment (canary) 3) CIU (pink)

CONSENT FOR TASC REPORTING

I, _____, the undersigned, have discussed the Birmingham TASC Program with one of its duly authorized agents.

I understand that it will be TASC's responsibility to make regular and accurate reports on my progress or lack of progress as a Program participant to any or all of the following agents:

1) Any Judge involved in the disposition of my offense.
2) Any Probation/Parole Supervisor involved in the investigation of/ supervision of my probation/parole.
3) Any Attorney whom I retain to represent me in the proceedings relative to my offense.
4) Other: _____.

It was explained to me that: 1) "Monthly Reports"; 2) Copies of any correspondence regarding me/or to me; 3) "Urinalysis Reports"; and a 4) "Drop Report upon my termination from the TASC Program, will be sent.

I understand that I am giving the TASC Program permission to have open and honest conversation/correspondence with any of the above Agents concerning my participation in the TASC Program. I understand that any information, including the Reports mentioned above, which is released about me will accurately reflect my behavior as a participant in TASC. The information to be released may include, but is not limited to the following:

1) Attendance in treatment and effectiveness of therapy.
2) Urine testing results.
3) Type and dosage of any medication.
4) Testing results (psychological, vocational, etc.)
5) Employment/vocational training status.
6) Date of, and reason for, withdrawal from TASC Program and Prognosis for future treatment needs.

I , being in full knowledge that this information to be released may be either positive or negative, depending upon my behavior, authorize the TASC Program and its Affiliates to release any of this confidential information which is/ or will come to be in their possession, either written or verbal, for the purpose of coordinating treatment efforts with those of the Criminal Justice System. I am aware that I will be unable to revoke this Consent if sentenced to participation in treatment through TASC by the Criminal Justice System.

Signed: _____
(Client)

Witnessed: _____

Date: _____

B'ham TASC Program
Copies: 1) TASC (white) 2) Treatment (Canary) 3) Diagnostic (Pink)

TREATMENT CONTRACT

I am applying for admission to substance abuse treatment through the Birmingham Treatment Alternatives To Street Crime (TASC) Program. I have spoken with a TASC referral counselor and the program's requirements have been explained to me. I have been told and do understand the following points and am willing to abide by them:

1. I have or have had a substance abuse problem and want help in overcoming it or preventing its recurrance.

2. That as proof of my sincerity I am willing to have the courts, Probation office, or other referring agency made aware of my participation and progress in treatment.

3. I understand that TASC does not guarantee that I will be granted probation when I apply, or any other legal disposition.

4. That if I am participating actively in treatment when I go to court, a TASC counselor will go with me and speak to the Judge about what I have accomplished. If I am not participating, the court will also be informed.

5. That if I am released to TASC, my probation officer, parole officer, or Judge will be kept informed of my participation in treatment.

6. That if I am released to TASC as a condition, failure to comply will be a violation of probation, parole, court order, etc.

7. That such a violation may be grounds for my arrest and subsequent incarceration.

8. That there will be a charge for my treatment.

Signed: _____ Date: _____
Client's Name

Witnessed: _____
TASC AGENT

cc: _____
Client's Name (I have received my copy of this agreement.)

BIRMINGHAM TASC PROGRAM

Copies: 1) File (white) 2) Treatment Counselor (canary)
3) Client (pink)

FEE STATEMENT

I, _____, understand that the fee for my treatment is hereby set as follows:

Assessment Fee	_____
Intake Visit	_____
Pre-Therapy (per session)	_____
Individual/Group Therapy (per session)	_____
Urines (per test)	_____

The above fees are due on the date such service is received.

_____ _____

Client Screener

DATE: _____

Color Code: _____Yes _____No

Color: _____

Type Test Requested: _____

PATIENT REGISTRATION INFORMATION

UAB SUBSTANCE ABUSE PROGRAM

ADMIT DATE __/__/__ (mo day yr)

(assigned by Billing Office)

RECORD NUMBER __/__/__/__/__/__/__ - __

PATIENT NAME _____ (last) (first) (middle)

ADDRESS _____ (street)

_____ (city) (state) (zip)

COUNTY _____ PHONE NUMBER _____

DATE OF BIRTH __/__/__ (mo day yr) RACE/SEX _____

1 = caucasian male
2 = black male
3 = other male
4 = caucasian female
5 = black female
6 = other female

MARITAL STATUS _____

0 = unknown
1 = married
2 = seperated
3 = never married
4 = widowed
5 = divorced

RESPONSIBLE PARTY _____

ADDRESS _____

_____

PRIMARY INSURANCE

COMPANY NAME: _____

POLICY # _____ GROUP # _____

TYPE POLICY ☐ MEDICARE

☐ MEDICAID

☐ PRIVATE INSURANCE

SECONDARY INSURANCE

COMPANY NAME: _____

POLICY # _____ GROUP # _____

TYPE POLICY ☐ MEDICARE

☐ MEDICAID

☐ PRIVATE INSURANCE

☒ BILL CODE 69 - NO MONTHLY STATEMENT TO PATIENT

☐ BILL CODE 99 - PATIENT RECEIVES STATEMENT

LEGAL HISTORY

Age at first arrest:_____ Number of arrests:_____

Number of felony convictions:_____ What was conviction for:_____

Number of cases pending:_____ Total time served in prison:_____

Total time served in County/City Jail:_____

Present legal status: (Probation, parole, outstanding warrant, legally clear)

Additional information concerning legal history:_____

_____

_____

****

MILITARY HISTORY

Branch of service:_____ Length of service:_____

Discharge status:_____ Highest rank achieved:_____

Vietnam Veteran: Yes_____ No_____
(IF YES COMPLETE VA FORM)

Did you use drugs while in military service: Yes_____ No_____

(If yes - list and explain)_____

_____

_____

****

EMPLOYMENT

(circle one)

Unemployed, Employed, Laid-off Part-time, Training school, Other_____

Primary source of income or means of support_____

Review of employment history over last 5 years:_____

_____

_____

_____

_____

_____

PLEASE DO PUBLIC QUESTIONS NUMBER 2 THROUGH 11 ONLY. (NUMBERS 9 and 10 HAVE
I have completed questions number 1 and 7 for you. BEEN DELETED.)

MEDICAL CENTER REGISTRATION
PSYCHIATRY

THE UNIVERSITY OF ALABAMA IN BIF
THE UNIVERSITY OF ALABA
HEALTH SERVICES FOUNDAT

1 [1] TYPE ADMISSION CODE

1 - New Admission
2 - Re-Admission

2 [ ] REFERRAL SOURCE CODE

3 [ ] MILITARY STATUS CODE

0 - Unknown
1 - Veteran
2 - Non-Veteran
3 - In-Service
4 - Military Dependent
5 - NA/Other

4 [ ] LAST GRADE COMPLETED CODE

0 - Unknown
1 - No Formal Schooling
2 - Kindergarten - 6th Grade
3 - 7th - 9th Grade
4 - 10th - 11th Grade
5 - High School Graduation/GED
6 - Business Technical School
7 - College
8 - College Graduate
9 - Advance Degree

5 [ ][ ] AVERAGE FAMILY INCOME IN THOUSANDS

6 [ ][ ] USUAL LIVING SITUATION

00 - Unknown
01 - Self
02 - Spouse
03 - Children
04 - Sibling
05 - Both Natural Parents
06 - Other Relatives
07 - Foster/Adoptive Parents
08 - Institution Agency
09 - Group Living Situation
10 - Father
11 - Mother
12 - Nursing Home
13 - Other

Leave Items 7-12 Blank For MR

7 [3] ADMISSION PROGRAM MODALITY C

1 - Inpatient
2 - Day Treatment
3 - Outpatient
4 - Residential
5 - Diagnosis and Evaluation
6 - Methadone Maintenance
7 - Referred To
8 - No Further Service

8 [ ][ ][ ].[ ][ ] AXIS I DSM III

9 [X][X][X].[X][X] AXIS II DSM III

10 [X][X][X].[X][X] AXIS III DSM III

11 [ ] PREVIOUS CARE PAST YEAR CODE (Add Appropriate Codes)

0 - Unknown
1 - State Institution
2 - Other Hospital Inpatient
4 - Community Residential / Ambulatory
8 - None

12 CHRONICALLY MENTALLY ILL (SEE DEFINI OF TARGET POPULATION FOR COMMUNIT SUPPORT SYSTEM)
(Leave Blank For Substance Abuse)

I SEVERE DISABILITY RESULTING FROM MI:

A Undergone intensive psychiatric treatment more t in a lifetime.

B Non-hospital structured supportive living situation least two months.

C Followed with medication only for at least the las

D Non-complaint and/or unsuccessful recipient of at two other agencies services.

E High Risk.

[ ] TOTAL FOR SECTION I

II IMPAIRED ROLE FUNCTIONING

A Unemployed, employed in a sheltered setting, or n limited skills and a poor work record.

B Requires public financial assistance for out-of-hos maintenance and is unable to procure such assistac without help.

C Shows severe inability to establish or maintain per social support systems.

D Requires help in basic living skills (including havin physical problems).

E Exhibits inappropriate social behavior which result demand for intervention by the mental health and, enforcement judicial system.

[ ] TOTAL FOR SECTION II

ASSESSMENT FORM

Referred To: _____

DATE: _____ TIME: _____

PSYCHO SOCIAL ASSESSMENT

IDENTIFICATION: (client must show a form of official identification)

NAME: _____ DATE OF BIRTH: _____ AGE: _____

CURRENT ADDRESS: _____ PHONE: _____

PERMANENT ADDRESS: _____ PHONE: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____ SEX: _____

RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

****

EVENTS LEADING TO TREATMENT: (stated in client's own words) _____

_____

_____

_____

_____

_____

_____

****

MARITAL HISTORY: (number of children, their ages, and who supports them)

Circle one: Never Married, Married, Divorced, Separated, Widowed, Common Law

Number of marriages: _____ Length of each marriage: 1st _____ 2nd _____

3rd _____ 4th _____ 5th _____ 6th _____

(space for history) _____

_____

_____

_____

_____

PAST PSYCHIATRIC AND DRUG TREATMENT:

Names and addresses of treatment facilities and dates treated: _____

_____

_____

_____

_____

_____

_____

Which was the most successful treatment: _____

_____

_____

****

DIAGNOSIS:

_____

DSM III #: _____

_____ _____

INTAKE COUNSELOR'S SIGNATURE DATE

REVIEW OF EDUCATION HISTORY: (last grade attended, failed any grades, what caused client to drop out of school) _____

****

FAMILY HISTORY: (obtain information on supportive and/or maladaptive roles)

Mother: _____

Father: _____

Sibling(s): _____

FAMILY MEDICAL, PSYCHIATRIC, DRUG AND ALCOHOL HISTORY: _____

DRUG HISTORY:

Primary drug of abuse:_____ Frequency of use:_____

Usual dosage:_____ Last use:_____

Secondary drug of abuse:_____ Frequency of use:_____

Usual dosage:_____ Last use:_____

Tertiary drug of abuse:_____ Frequency of use:_____

Usual dosage:_____ Last use:_____

NARRATIVE: (to include onset of use, patterns of use, and perceived life problems associated with drug use)

CLIENT DEMOGRAPHIC FORM

LAST NAME

FIRST NAME

INITIAL

AGE

RACE

SEX

CRIME

PRIOR TX

REFERED TO

REFERRAL SOURCE

EDUCATION

EMPLOYED

PRIOR ARREST

RESIDENCE

SCREENER

ASSESSOR

PRIMARY DRUG

Element 9: Policies, Procedures and Technology For Monitoring TASC Clients' Drug Use/Abuse Status – Through Urinalysis or Other Physical Evidence

Performance Standards:

1. Documented procedures for conducting urinalysis or other appropriate physical tests for the presence of specified drugs on each TASC client, including instructions for collecting, processing, analyzing and recording findings from the specimens.

2. Specification of specimen collection and/or testing frequency for each phase of TASC participation according to client's progress level. Clients referred to outpatient treatment must comply with random requests for specimen submissions during at least the first six months of TASC participation.

3. Formal contract(s) with certified or licensed aboratories/professionals to conduct urinalysis and other tests of physical specimens that specify all quality control procedures and standards and how a chain of custody will be established that is legally acceptable evidence. This will also include the certification of any on-site equipment and licensing of on-site personnel.

Policy: Use of urinalysis and other physical evidence and technologies for monitoring TASC client's abstinence from drugs.

Purpose: To reliably monitor each client's use/abuse or abstinence from specified drugs to support the process of drug rehabilitation.

At long last we come to that element of TASC that is not subjective, is not a maybe, is not based on self-report, cannot be covered up, minimized or denied. This singular objective element, the truth, the real thing, the definitive urinalysis.

Those of you who have worked in TASC know that urine is one of the more frustrating elements in the TASC program. You've probably been through the "spilled specimen in the bottom of the fridge" routine and the client statements of mixing up urine samples.

As an initial, mandatory element in TASC's inception in 1972, one might suspect that an incredible number of clients' rights were violated by shoddy urinalysis collection and testing techniques. Some early programs may have relied upon less than pure chain of custody procedures or failed to confirm positive urines with more sophisticated tests.

Fortunately, to the best of our knowledge, there has not been a TASC program litigated for failure to document chain of custody or confirm positive tests. Yet, as the technology becomes more advanced and urinalysis is more widespread in both the public and private sectors, litigation will certainly occur unless all programs adhere to the highest medical, legal and ethical standards in their use of urinalysis.

Effective monitoring of TASC client participation in treatment (or lack thereof) is essential to the overall success of any TASC program. While client reporting and subjective observation of behavior by TASC staff may serve a key role in client management, it is also necessary to have available objective evidence of progress, such as results of urinalysis testing, blood tests and/or hair analysis. Blood tests are rarely used due to cost and legal issues, and hair analysis is currently in the "test" stage limited primarily to research projects. Therefore, urinalysis will continue to be the primary focus of the element.

Urinalysis has to be considered as a system with the following components:

- Collection (overseeing the "voiding" process);
- Analysis (check color, temperature, etc.);
- Confirmation (it's positive for THC; now let's be sure); and
- Reporting (advise the judge of the result).

Collection makes use of consistently applied step-by-step procedures in collecting urine specimens from TASC clients. Historically, the job of urine collecting in a TASC program might have been assigned to the staff members with the least seniority. Our suggestion is that specific staff be assigned and thoroughly trained in urine collection to assure chain of custody.

Below is the collection, analysis, confirmation and dissemination procedure used by Portland's TASC program. We believe it is an excellent example of chain of custody procedures.

1. Client appears in office following receipt of telephone instruction to appear for urinalysis.

2. Client fee card file is checked by receptionist to see if client is current with fees.

3. Client report is taken by case manager to lab where urinalysis log is checked for client name and number. Client number, date sample is taken and drugs to be tested are written very carefully on a gummed label, which is then affixed to plastic sample bottle and initialed by both the client and case manager.

4. With case manager in possession of sample bottle, client is accompanied to restroom where he/she is very carefully surveilled while urinating into sample bottle. For females, a paper cup is used for the catch, with the case manager holding the bottle. Urine is then transferred to bottle by client with case manager observing. After lid is put back onto sample bottle, case manager again takes it to the lab where all the information from the label is entered into urinalysis log.

5. Sample bottle is then placed into locked refrigerator until it can be tested by urinalysis technician. Refrigerator will be locked at all times when technician is not present. Samples are removed from refrigerator and tested as soon as possible to avoid dissipation of the drug metabolite; this happens fairly rapidly with some drugs, especially cannaboids (marijuana).

6. After testing, the results of the test are entered in a master log and the computer archive tape.

7. Specimens testing positive for specific prohibited substances are retained for forwarding to contract vendor for GC/MS confirmation.

8. Following testing, results are forwarded by lab technician to case managers for further action.

9. Clients will not be allowed inside the lab at any time.

10. Clients will not be allowed to leave unscheduled urines.

Such detailed procedures are likely to assure proper chain of custody.

Following is some background information on urinalysis to assist you in determining how to set up your urinalysis testing program.

In developing a urinalysis system, several issues present themselves including whether to test in-house or contract with an outside laboratory, how to protect the program from legal challenges, the credibility of urinalysis testing and the past effective utilization or results.

Methodology/Technology: There are many options to consider regarding available methods of urinalysis testing. Some of the most common are:

- Radioimmunoassay (RIA)
- Enzyme - Immunoassay (EMIT)
- Thin Layer Chromotography (TLC)
- Therapeutic Drug Monitoring System (TDX)
- Gas Chromatography (GC)
- Gas Chromatography/Mass Spectrometry (GC/MS)
- High Pressure Liquid Chromatography (HPLC)

RIA, EMIT and TDX are used in drug screening as an initial testing method. Other methods may be used both for initial screening and confirmation. Some form of confirmation testing must be available, particularly tests that may result in a negative consequence to a client and could be contested in the courts.

Consider the following factors before choosing to operate an in-house testing program as opposed to contracting with an outside laboratory:

- Cost -- Generally, in-house systems are cost-effective only with a large volume of tests.

- Response time - To have an effective urinalysis testing system, you must have a reasonable response time for results. In-house testing may provide the quickest turnaround, but if you

choose an outside vendor, you must demand a reasonable turnaround, preferably no more than two working days.

- Staffing -- For in-house systems it is absolutely necessary to have well-trained staff with specific responsibilities relating to the collection, recording and testing of specimens. Staff must not only be trained but be committed to the entire system of testing and fully understand the potential consequences of failure to assure chain of custody.

Legal challenges: Although urinalysis testing of criminal justice clients has been upheld historically as reliable and admissible evidence, it is only legal when TASC employees follow consistent chain of custody procedures.

Credibility of Urinalysis Results: For urinalysis results to be considered credible, a TASC program must have a combination of the following:

- a proven-effective technology;
- trained staff;
- a method of collection that ensures a high rate of detection of drug abuse by clientele;
- a clearly defined, consistently used chain of custody; and
- a clear and reasonable policy describing the agreed upon uses of the results by TASC, treatment and criminal justice staff.

ELEMENT 9

SAMPLE PROCEDURES AND FORMS

Suggested Operational Procedures

1. Staff training in urinalysis collection and chain of custody

2. Urinalysis collection

3. Urinalysis chain of custody

4. Urinalysis confirmation testing

5. Reporting of urine results to the appropriate criminal justice and treatment personnel

Sample Operational Procedure

A sample chain of custody procedure was documented earlier in the chapter.

The following pages include additional information on the urinalysis component of TASC's work.

QUESTIONS AND ANSWERS

Q. Who should set up a drug screening program? How does one develop a policy?

A. The first priority should be to determine if there is a need for a screening program. Is drug use present and significant? Can a drug use deterrent be established by means other than urine screening? The decision of whether to establish a drug-testing program will also depend to a large extent on the work setting. The initial question that management should consider is, "What is the purpose of testing?" The key concerns must be for the health and safety of all employees (i.e., early identification and referral for treatment) and to assure that any drug detection or screening procedure would be carried out with reasonable regard for the personal privacy and dignity of the worker.

The second critical question to consider is, "What will you do when employees are identified as drug users?" Once these issues are clarified, drafting a policy should be relatively easy.

Q. What level of drug in the urine indicates an individual is impaired?

A. Although urine screening technology is extremely effective in determining previous drug use, the positive results of a urine screen cannot be used to prove intoxication or impaired performance. Inert drug metabolites may appear in urine for several days, even weeks (depending upon the drug), without related impairment. However, positive urine screens do provide evidence of prior drug use.

Q. How reliable are urinalysis methods?

A. A variety of methods are available to laboratories for drug screening through urinalysis. Most of these are suitable for determining the presence or absence of a drug in a urine sample, but accuracy and reliability of these methods must be assessed in the context of the total laboratory system. If the laboratory uses well-trained and certified personnel who follow acceptable procedures, the accuracy of the result should be very high. Laboratories should maintain good quality control procedures, follow manufacturers' protocols, and perform a confirmation assay on all positives by a different chemical method from that used for the initial screening.

Equally important are the procedures that are followed to document how and by whom the sample is handled from the time it is taken from the individual, through the laboratory, until the final assay result is tabulated. This record is referred to as the "chain of custody" for the sample.

Q. What does laboratory quality assurance mean?

A. Quality assurance procedures are documented programs that the laboratory follows to ensure the highest possible reliability by controlling the way samples for analysis are handled, by checking instruments to be sure they are functioning correctly, and by minimizing human error. It involves the analysis of standard samples and blank samples along with the unknown samples to ensure that the total laboratory system is producing the expected results. These known samples are referred to as quality control samples.

Q. Many reports have appeared in the news media about legal cases in which experts have questioned the validity of a urine assay result. Does this indicate that the assay methods are not sufficiently reliable for broad application?

A. There is little controversy among experts in those cases where appropriate methods were used, good laboratory procedures were followed in the context of a good quality assurance program, and adequately trained personnel carried out the analysis and interpretation.

Q. What are "confirmation assays"?

A. If an initial screening assay indicates a sample to be positive, a second assay should be employed to confirm the initial result. Two different assays operating on different chemical principles having both given a positive result greatly decreases the possibility that a "cross reacting" substance or a methodological problem could have created the positive.

A confirmation assay usually is made by a method that is more specific (or selective) than a screening assay. Examples of commonly used confirmation methods include gas chromatography (GC), gas chromatography/mass spectrometry (GC/MS), and high performance liquid chromatography (HPLC). These are sophisticated instrumental methods requiring highly trained technicians to operate them and are capable of providing highly selective assays for a variety of drugs. Although such assays cost more than the screening methods, they provide a greater margin of certainty when used in concert with the screening assay.

Q. What is the preferred method for confirmation of presumptive positives from initial urine screens?

A. Gas chromatography coupled with mass spectrometry (GC/MS) is the preferred method for confirmation of a positive urine screening test, although other methods such as GC or HPLC can provide acceptable results.

Q. What do assay "sensitivity" and assay "cutoff" mean?

A. The ability of any assay to detect low levels of drugs in an inherent limit. The concentration of drug in the urine sample below which the assay can no longer be considered reliable is the "sensitivity" limit. The "cutoff" point is the concentration limit that will actually be used to assay samples. Any sample that assays below this level is considered a negative. Manufacturers of commercial urine screening systems set cutoff limits to their assays well above the sensitivity limits of the assay to minimize the possibility of a sample that is truly negative giving a (false) positive result.

For example, although the immunoassay screens such as the EMIT and ABUSCREEN for detection of marijuana use are sufficiently sensitive to detect drug metabolites at levels below 20 ng/ml, the assays are usually used at cutoff levels of 50 or 100 ng/ml. This not only decreases the possibility of a false positive resulting from operating the assay too close to its level of sensitivity, but also significantly decreases the possibility of a positive test resulting from passive inhalation.

Q. How can false positive results occur?

A. It is theoretically possible for substances other than the drug in question to give a positive result in a screening assay. This is sometimes referred to as "cross reactivity." However, most substances that could possibly cause such cross reaction have been evaluated by the companies that developed the tests and found not to interfere. These companies can supply brochures for all their drug screens detailing the extent to which other drugs or substances cross react with the assay. Generally, the screening assays available today are highly selective if they are properly used.

False positive results can also occur due to human error. This is directly dependent on the experience of the laboratory personnel conducting the test and on the laboratory quality control procedures and confirmation procedures any good laboratory imposes to catch such errors.

Q. How can false positives be eliminated?

A. Probably the two most important reasons for the occurrence of false positives are poor quality assurance (QA) procedures in the laboratory and the absence of an appropriate confirmation assay to confirm presumptive positives arising from an initial screening procedure.

A good laboratory will impose a stringent and well-documented QA system and will also use a well-validated confirmation assay for all samples that test positive in a first screen.

Q. How frequently do false positives occur?

A. While there have been some reports of the occurrence of false positives, these can usually be traced to poor quality control procedures at the laboratory site or to the fact that appropriate confirmation procedures were not used to verify the "presumptive positive." Typically, the samples that were the subject of these reports were ones that tested positive by an initial screen but could not be confirmed by the confirmation assay. Such "unconfirmed positives" should always be reported as negatives.

Q. Are rigorous and costly laboratory procedures always necessary?

A. The need to use assay systems based on state-of-the art methods and rigorously controlled procedures is inherent in situations where the consequences of a positive result to the individual are great. Where reputation, livelihood, incarceration, or the right to employment is an issue, maximum accuracy and reliability of the entire detection or deterrent system is indicated. In a case where the consequences are less severe, such as a counseling situation, it might be acceptable to use less rigorous systems. For instance, pediatricians sometimes use portable screening systems in their practices to assist in the diagnosis and treatment of drug problems in adolescents. Deterrence screening programs might employ screening assays alone when warnings are the only consequence and use more rigorous procedures when other actions are to be taken.

Q. Can passive inhalation of marijuana smoke lead to a positive urine even if the person did not smoke a joint?

A. Inadvertent exposure to marijuana is frequently claimed as the basis for a positive urine. Passive inhalation of marijuana smoke does occur and can result in a detectable body fluid level of THC (tetrahydrocannabinol, the primary pharmacological component of marijuana) in blood and of its metabolites in urine. Clinical studies have shown, however, that it is highly unlikely that a nonsmoking individual could inhale sufficient smoke by passive inhalation to result in a high enough drug concentration in urine for detection at the cutoff of currently used urinalysis methods.

Q. Can time of previous drug use be determined from analysis of urine?

A. Not specifically. Urine specimens positive for cannabinoids, for instance, signify that a person has consumed marijuana or marijuana derivatives from within 1 hour to as much as 3 weeks or more before the specimen was collected. Generally, a single smoking session by a casual user of marijuana will result in subsequently collected urine sample being positive for 2 to 5 days, depending on the screening method employed and on physiological factors that cause drug concentration to vary. Detection times increase significantly following a period of chronic use. Determination of a particular time of use is thus difficult. The same issues would hold for other drugs, although the time after use during which a positive analysis would be expected might be reduced to a few days rather than a week or more.

Q. Can the level of "intoxication" of an individual due to marijuana use be gauged by urinalysis? Can his or her "use patterns" be determined?

A. Impairment, intoxication, or time of last use cannot be predicted from a single urine test. A true-positive urine test indicates only that the person used marijuana in the recent past, which could be hours, days, or weeks depending on the specific use pattern. Repeated analyses over time will, however, allow a better understanding of the past and current use patterns. An infrequent user should be completely negative in a few days. Repeated positive analyses over a period of more than 2 weeks probably indicate either continuing use or previously heavy chronic use.

Q. How long after use can cocaine/heroin/phencyclidine be detected by urinalysis?

A. Detection times are dependent on the sensitivity of the assay. The more sensitive the assay, the longer the drug can be detected. Drug concentrations are initially highest hours after drug use and decrease to undetectable levels over time. The time it takes to reach the point of nondetectability depends on the particular drug and other factors, such as an individual's metabolism. The sensitivity of urine assay methods generally available today allows detection of cocaine use for a period of 1-3 days and heroin or phencyclidine (PCP) use for 2-4 days. These detection times would be somewhat lengthened in cases of previous chronic drug use, but probably to no more than double these times.

Q. How long after marijuana is used can such use be detected?

A. Metabolites of the active ingredients of marijuana may be detectable in urine for up to 10 days after a single smoking session. However, most individuals cease to excrete detectable drug concentrations in 2-5 days. Metabolites can sometimes be detected several weeks after a heavy chronic smoker (several cigarettes a day) has ceased smoking.

Q. If a urine sample is negative a day after a positive sample, does this mean the first result was wrong?

A. Not necessarily. The actual concentration of drug in urine can change considerably depending on the individual's liquid intake. The more an individual drinks, the more the drug is diluted in the urine. A negative result of a sample taken a few hours after drinking significant amounts of liquid is quite possible, even though a clearly positive sample might have been evident before the liquid intake.

For this reason, a negative result does not mean that the person has not used the drug recently. As the excretion of marijuana metabolites reaches the approximate limit of detection by a given assay, repeated samples collected over several days may alternate between positive and negative before becoming all negative.

Q. How are the results of a urine drug assay expressed?

A. Frequently the results of an assay are reported by the laboratory simply as positive or negative. If a sample is reported as positive, this means that the laboratory detected the drug in an amount exceeding the cutoff level it has set for that drug. Different laboratories using different procedures and methods may have different cutoff levels. For this reason, one laboratory could determine a sample to be positive and another determine the same sample to be negative if the actual amount of drug in the sample fell between the cutoff levels used by the two laboratories.

Analyses may also be reported quantitatively. The actual concentration of the drug is expressed as a certain amount per volume of urine. Depending on the drug or the drug metabolite that is being analyzed, urine concentrations may be expressed either as nanograms per milliliter or as micrograms per milliliter. (There are 28,000,000 micrograms in an ounce, and 1,000 nanograms in a microgram.) Cocaine metabolites may be detected in amounts as high as several micrograms in a heavy user, but the levels of metabolites from marijuana use rarely reach one microgram per milliliter and are usually expressed in nanograms per milliliter.

Q. What adverse health effects can be correlated with the presence of marijuana metabolites in urine?

A. No studies have attempted to correlate metabolites in urine with specific adverse health effects. The presence of metabolites in urine indicates previous use of marijuana, and use of marijuana, at least on a chronic basis, is likely to lead to adverse health effects. Specific effects, however, cannot be correlated with a single urine concentration of metabolite.

TERMS OF SUBSTANCE

Drug urinalysis is an expanding science with a variety of sophisticated methods and instrumentation. This highly technical field has now entered the white collar world of business and industry. Drugs in the workplace cost U.S. businesses approximately $26 billion a year, according to a conservative estimate made in 1983 by the Research Triangle Institute, and employers are turning to drug screening programs as a means of controlling losses and reducing liability. While business executives consider the pros and cons of implementing such programs, the high tech jargon of substance abuse testing can now be heard echoing through the boardrooms across the country.

Chain of Custody The procedure by which analytical results remain secure is called the chain of custody. Chain of custody begins with urine collection, sometimes directly observed by medical or security personnel, and continues through the reporting of test results to clients. Sealing of samples containers, transport and control of samples, receipt of samples by the laboratory, and supervision of lab tests remain under strict discipline throughout the chain of custody. Authorized signatures are required at each step. Laboratory results can be effectively challenged in court if there are weak links in the chain.

Confirmation (of results) All urine samples reported positive should be analyzed by at least two different methods. Both tests must give a positive result before a positive report is made. This process is called confirmation.

Detection Period The length of time a drug or metabolite (see below) can be found in bodily fluids is known as the detection period. Detection periods vary widely according to the inherent physical/chemical properties of the drug iteslf, use history of the person being tested, and user characteristics such as age, sex, body weight, and health. Cocaine's detection period is very short (12 to 48 hours) while marijuana has a wide-ranging detection period depending primarily on drug use history. Casual use can be detected from two to seven days while chronic use detection may extend to a month or longer.

Drug Urinalysis Urine drug screening is a analytical tool for determining the presence of drugs and their metabolites in urine. The technilogy for performing drug urinalysis varies and can be designed to meet the specific needs of individual clients. Several methodologies are defined below.

False Positive/False Negative False positive means that a drug-free sample is reported positive for drugs due to testing or administrative error. A false negative means that such errors cause a positive sample to be reported as drug free. Recent studies indicate less than a one percent chance of reporting false positives. This figure includes clerical and laboratory errors that could be made anywhere in the process from collection and identification of the sample to reporting the results.

Gas-Liquid Chromatography (GLC) GLC is an excellent method for detecting a wide range of drugs in biological fluids. Drugs extracted from urine are injected into a machine called a gas chromatograph. The gas chromatograph contains a special column through which a gas flows, causing the sample to separate into its individual components. These are detected as they emerge from the column. Each drug has a characteristic retention time--the time required for that drug to pass through the column. GLC is more expensive than some other methods of drug urinalysis, but it can be more sensitive and more specific in most cases. This makes it ideal for confirming positive test results.

Gas Chromatography/Mass Spectrometry (GC/MS) One of the most sophisticated tests for drugs is Gas Chromatography/Mass Spectrometry (GC/MS). This method utilizes a special gas chromotograph (described above) that has a mass spectrometer as its detector. The mass spectrometer allows the analyst to determine the molecular weight of unknown compounds as well as to confirm the compounds by comparing their unique fragmentation spectra to that of analytical standards. Although this is one of the methods used to test Olympic athletes, GC/MS is not used for routing analyses because of the high cost.

Immunoassay (EMIT) Syva Company's Enzyme Multiplied Immunoassay Technique (EMIT) kits are among the most common immunoassays used to detect drugs and their metabolites in bodily fluids. Drug-specific antibodies are developed from laboratory animals to distinguish between positive and negative samples. The use of immunoassays has become commonplace, emerging as the major method for screening for marijuana (THC).

Metabolite Metabolism After a drug is swallowed, smoked, injected, or snorted it is soon distributed throughout the bloodstream. As the blood repeatedly passes through the liver and other parts of the body, the drug encounters numerous enzyme systems that convert most of the drug into one or more end products called metabolites (see "Detection Period" above).

Pre-Employment Screens Many employers require job applicants to submit to drug urinalysis prior to employment. Job applicants who test positive for drug use may be refused employment, or the employer might use test results to assist in job placement where safety and security are at stake.

Rehabilitation Act of 1983 This Federal Act prohibits employment discrimination against handicapped persons, including drug abusers, who are able to perform their jobs. Those protected under the Act include Federal employees and workers whose employers receive Federal grants, contracts, or revenue sharing funds. It is unclear how the Rehabilitation Act can be applied to the private sector.

Sensitivity/Specificity Test sensitivity is a measure of the minimum amount of drug that can be detected in a urine sample. Specificity is the ability to distinguish one drug from another.

Thin Layer Chromatography (TLC) TLC is a routine analytical tool for high-volume drug screening programs. It has been used for many years by chemists requiring a reliable yet inexpensive method for isolating and identifying the components of a mixture.

INSTRUCTIONS FOR COLOR CODE, RANDOM URINALYSIS

YOUR COLOR IS: _____

Listed below are the instructions you will follow in TASC's Color Code Urinalysis System. Through cooperating with this program, you can help yourself by proving to the Criminal Justice System that you are drug-free.

(1) You will be assigned a color by your TASC Counselor.

(2) You will call the following number at the Federal Parole Office every day including Saturday and Sunday (you may call any time day or night): 731-0900

(3) A recording will give you the color of the day. If your color comes up, you will report to the TASC office the next day to leave a urine specimen. (for example: You call 731-0900 on a Monday. Your color is given on the recording. Then you will come in on Tuesday to leave a urine).

NOTE: Be sure to call the number every day to get the correct color for the next day.

(4) Urine Specimens are collected by a nurse from 6:00 a.m. to 11:00 a.m. and 1:00 p.m. to 6:00 p.m. on weekdays, and Saturday and Sunday from 9:00 a.m. to 12:00 noon. We provide for observed and verified collections to support our testimony in court.

(5) When you come in for urinalysis, you will be required to pay for the cost of processing the urine sample.

The Color Code System is designed to help you by:

—Giving you a daily reminder of your decision to stay away from drugs.

—Making it necessary to give up your habit entirely since this system is random, and you will never know when your color is coming up.

—Helping your TASC counselor feel confident in providing a positive, good report of your progress to the courts.

IT'S ALL UP TO YOU.

Signed: _____

Witnessed: _____

Date: _____

TASC Treatment Alternatives to Street Crime

3015 - 7th Avenue South • Birmingham, AL 35233 • (205) 934-7430 • L. Foster Cook, Director

URINE ONLY TREATMENT CONTRACT

DRUG SCHOOL

I am applying for admission to TASC Urine Monitoring/Drug School. I have spoken with a TASC Referral Counselor and understand that the following minimum conditions must be met for completion of the program. I have been told and understand the following conditions and am willing to abide by them.

1. I have been assigned the following color_____
   I have signed the color code/urinalysis form.

2. That I will pay _____ for each urine on the day it is taken.

3. I will attend Drug Ed on _____ date at _____ p.m. 718 South 30th Street at a cost of _____. I will pay this fee only the night of the school.

4. I understand that not abiding by the above will be grounds for dropping me from the program as a failure.

5. I understand that any unexcused absence from a urine will be reported as positive.

6. That I will be on this program for a minimum of 90 days with clean urines.

7. I understand that the court will be made aware of my participation and progress in the program. I understand that a report of my attendance and urine results will be made to the court.

_____ _____

CLIENT TASC

_____

DATE

Element 10: Monitoring Procedures For Ascertaining Clients' Compliance With Established TASC and Treatment Criteria and Regularly Reporting Their Progress to Referring Justice System Components

Performance Standards:

1. Documented criteria for successful and unsuccessful TASC termination that are agreed to be cooperating justice system components and treatment agencies and, at minimum, include:

    - o Success for:
        - -- completion of a master case management plan that is documented and approved within 30 days of treatment admission by TASC, the treatment program and the client; and
        - -- compliance with other court/legal orders.
    - o Failure for:
        - -- a specified number of unexpected absences from scheduled treatment or TASC appointments;
        - -- a specified number of positive urinalysis tests or other physical evidence of continuing drug use or abuse; and
        - -- lack of cooperation/participation in the treatment program evidenced by the treatment counselor's consistent and formal complaints or documented rulebreaking.

2. Individual client treatment and TASC case management plans that are periodically revised/reviewed with the client and specify, at minimum, the treatment services to be delivered, the frequency and justification for contacts with TASC and treatment counselors and the content/frequency of progress reports to TASC and the referring justice system component.

3. Documented procedures for reporting clients' treatment progress to referring justice system components must include:

    - o notification of each client's TASC acceptance, treatment placement and service plan within a specified time after justice system referral;
    - o specified intervals for (a) TASC receipt of progress reports from the treatment agency, at least monthly, and (b) dissemination of these progress reports to justice on a regular basis, at least monthly, through the orientation phase and initial treatment phase of each specific treatment modality; and
    - o immediate notification within 24 hours of any client's TASC termination.

4. Documentation in a separate file folder for each TASC client of his/her progress through the system -- from TASC admission to discharge -- including written notation by the assigned TASC counselor of the date and content for decision-making purposes of all face-to-face and telephone contacts with the client or (on his/her behalf) representatives of the referring justice system component and receiving treatment agency(s).

Policy: Monitoring activities will be conducted to ascertain TASC clients' compliance with established TASC and treatment success/failure criteria. Compliance or lack of compliance with TASC and treatment criteria shall be reported regularly to justice system components.

Purpose: To ensure effective and efficient case management and tracking of all clients' progress through the treatment system, including accurate and timely reporting of their status to referring justice system components.

Rationale: Reflecting on that statement of purpose, one recognizes that two of the tasks are relatively simple -- tracking clients' progress through the system and making accurate and timely reporting to

the referring justice system components. But the third task, ensuring effective and efficient case management, certainly constitutes one of the most difficult tasks in the human service field.
Case management. The words look good, sound good together. But if you think of "case" as "client" and then think about "managing" a client who suffers from addiction, personality disorder, psychosis, chronic health problems, poverty and low self-esteem, you start to think that maybe the words have no meaningful relationship to each other.

Case management. We know those folks out there who are good "case managers." Their files are legible, with all required information completed and placed in chronological or alphabetical order. All required signatures are found on all of the appropriate signature lines. All releases of information are current. All contract documents are current and properly witnessed. Now, there is a well-managed case or case folder. But again, for all the beauty of that "case," it may still document a trail of human loss, failure and defeat. To be truly effective in case management we must also apply the TASC success/failure criteria to the client's behavior and be capable of intervening when it appears that the client is moving backward instead of forward, not just noting the occurrence in the file.

Case management. It is essential that TASC workers recognize they are really providing case management and client management services. The client is in need of our best strategies in managing his/her rehabilitation. TASC case managers have to understand this role of managing in terms of assessing, planning, linking, monitoring and advocating. The case, which we'll define as the record of the client's relationship with TASC, also demands our best skills insofar as the case manager is an observer and recorder of human behavior. Documentation of the client's actions, attitudes, progress in treatment, test results, court hearings, etc. is of absolute importance to the client and to the criminal justice system.

Probably the number one topic that social service types complain about when they're out playing canasta or riding unicycles is the "p" word. "If it weren't for paperwork, I could eliminate mental illness from the world." "If it weren't for paperwork, I could drink nine more cups of coffee each week." Thank God that Twain, Dickens, Jefferson and Einstein didn't share that aversion to documenting their ideas and activities (e.g., E=MC2. Oh, I'll just remember that -- be a good formula to drop at parties).

Case management. The world will never beat down the doors or pay $15.95 for a TASC case file. A TASC case manager will never become independently wealthy from writing good case notes, but well-documented cases work to the advantage of clients who are seriously attempting to bring about change in their lives. Judges, probation officers or other criminal justice officials get nothing out of reading other reports that say, "John has shown good progress this period." It's not that they want a treatise, but they do want something concrete to grapple with. Think about yourself. Can you really say that you've shown "good progress" over the past month? Maybe on some days, maybe not on others. Case managers must take the time to report objectively on the client's progress when reporting to criminal justice and then give a brief assessment of the client's current situation and a plan for the near future. For example:

> "In this writer's judgment, John has increased his commitment to developing and maintaining a drug-free lifestyle. He exceeded minimum requirements for NA attendance by 8 meetings over the past month. He did have one positive urine for THC and admitted using THC on 7-8. This is his second positive urine submission since entering TASC on 2-15. He has secured a sponsor in NA. He missed work on 7-9, but otherwise employed 40 hours per week."

This type of information gives TASC real credibility with the criminal justice system. Limited information, or information that is consistently glowing, is generally looked upon with distrust by criminal justice. The justice system senses that TASC is just reporting what officials would like to hear as a means of justifying the program's existence. TASC's credibility comes from reporting complete information and making clients accountable for their behavior.

The willingness by TASC to fully monitor and report on client progress also benefits treatment. By the time you get to reading this document you will already have discovered that treatment providers don't exactly roll out the red carpet for TASC clients; they usually don't have insurance or other resources to pay for treatment, have bad attitudes and are

frequently more interested in manipulating the system than they are in getting help for their problems. For a treatment provider the situation is frequently like having the neighborhood bully dropped on the doorstep late at night with a note pinned to the bully saying, "Please fix him."

We know that treatment programs don't fix people. We also know, or will soon know, that treatment programs don't want to get involved in their clients' legal problems. TASC case managers must be available to treatment providers whenever needed to intervene in the client's behalf. (Unfortunately, that "whenever" is sometimes inconvenient -- 5:00 on a Friday evening, for example). It may be that a program makes a determination to discharge a client immediately due to a rule infraction. TASC must be there, both to support the decision of the treatment program and to ensure that the client doesn't compound his bad day by making a decision to go directly from the program to the nearest bar or to a friend who regularly uses drugs.

The key words in case monitoring are availability, intervention and documentation. Case managers must be available when needed, whether they are needed by criminal justice to provide information, treatment to assist in client management or by the client to assist in rehabilitation. Case managers also intervene with each of their three constituencies by communicating expectations clearly and effectively. Documentation is the written aspect that provides continuing credibility to the interventions that the case manager implements.

This brings us to another topic that social service types complain about while playing croquet or twirling hoola-hoops: "I spend all my time writing the same damn thing over and over, just in different words each time." Well, wait a minute. If you get to the point where you've written the perfect statement to describe a certain event or phenomenon, then stop. Write it that way every time. If you feel the need to embellish a little, do so at the beginning or the end. Computer types would tell you to add it to your "menu" of stock phrases. When you can use it, simply "order" it from your menu. By the way, you don't need a computer to do this. Just organize a list of stock responses, and then use the responses consistently.

We have our policy on monitoring, reporting and success/failure laid out here. However, it is up to you to develop procedures that will actualize (Mr. Maslow, forgive us) the policy.

ELEMENT 10

SAMPLE PROCEDURES AND FORMS

RECOMMENDED OPERATIONAL PROCEDURES

1. Case staffing and review at treatment program A (and B,C,D,E,F, etc.)
2. Transfer of client from one treatment modality to another
3. Progress reports to criminal justice
4. Emergency contact with judges (i.e., client violates a court order at 11:30 on Friday night)
5. Transportation of clients in staff vehicles
6. Format of face-to-face tracking/monitoring contacts with clients
7. Verification of client employment
8. Verification of client enrollment, participation in school or vocational training
9. Contact with family members/significant other of client
10. Obtaining bus passes for clients
11. Notification to criminal justice system of client elopement from treatment
12. Notification to criminal justice system of client drug use
13. Notification to client of potential for termination from TASC (Alert Notice)
14. Summary of client progress to criminal justice prior to court hearings
15. Application and appeal process for social security disability
16. Periodic review of client records by supervisor
17. Updating of client releases and other required signature documents
18. Defining success in treatment
19. Defining failure in treatment
20. Notifying criminal justice system of client discharge from TASC
21. Documentation of client related phone calls
22. Review of progress toward goals with client
23. Urinalysis monitoring, testing, and verification

SAMPLE PROCEDURE

POLICY AREA: MONITORING AND PROGRESS REPORTING

OPERATIONAL PROCEDURES: EMERGENCY CONTACT WITH CIRCUIT COURT JUDGE

1. This procedure is to be used only in a case where a client is under direct TASC supervision on a predisposition basis where jail release was conditioned upon client participation in treatment. The procedure may also be used when a judge has requested immediate notification of any change in client status.

2. Upon notification from a treatment provider of a client's elopement from treatment or of the need for a client to be removed from treatment immediately, the case manager or program director shall:

   a. Verify that the request from treatment is accurate

   b. Gather as much data as possible about the incident, either over the phone or by going to the treatment site.

   c. Contact the booking officer at the county correctional facility and advise him/her of the need to advise a judge of the situation and determine if there is a need to issue an order or take other action.

3. The booking officer shall take the TASC worker's name and phone number and contact the on-call judge. The TASC worker shall then await a return call from the judge.

4. Upon receiving a call from the judge the TASC worker shall summarize the client's legal status and describe the incident.

5. Based upon the judge's orders and direction, the case manager shall either remain with the client until personnel arrive to return the client to custody or begin making arrangements to modify the client's treatment plan to meet the needs of the situation.

6. A written summary of the incident shall be provided to the TASC program director and appropriate criminal justice officials within one (1) working day of the incident.

SAMPLE PROCEDURE

POLICY AREA: Monitoring and Progress Reporting

OPERATIONAL PROCEDURE: Notification of Client Treatment Termination

1. This procedure is to be used only in cases where a client has violated one or more of the TASC monitoring criteria resulting in an unsuccessful termination status with TASC.

2. Upon notification of client discharge, the TASC case manager shall immediately inform the appropriate judicial personnel, via telephone, of the client's unsuccessful termination from treatment and discuss options available (e.g., court date, re-referral, office monitoring, etc.).

3. The TASC case manager shall prepare a written report within 72 hours that includes:

   a. a chronological, objective summary of events that led to the TASC client's termination;

   b. any TASC intervention methods that may have been used throughout the client's treatment experience;

   c. documentation of judicial telephone notification, including decisions reached at that time.

SAMPLE POLICY

CASE MANAGEMENT RESPONSIBILITIES

The case manager is responsible for:

1. The ongoing dissemination of information of the treatment program's policies, procedures, and criteria to the justice system and TASC.

2. The ongoing dissemination of information of TASC's policies, procedures and criteria to the justice system and to treatment community.

3. Tracking the TASC client through the treatment system: where the client is; what his/her mandate is; general knowledge of how he or she is doing in treatment.

4. Monitoring the TASC client through the treatment system: apply the TASC criteria to the client's progress or lack of progress in treatment.

5. Objectively reporting client progress to the appropriate criminal justice personnel.

6. Providing objective testimony to the courts to reach a final disposition.

SAMPLE POLICY

CRITERIA FOR SUCCESSFUL COMPLETION OF REHABILITATION WITH TASC

The client has satisfactorily completed the requirements of residential treatment when the following conditions are met:

-- The treatment facility reports that the client has satisfactorily completed all phases of residential treatment.

-- The client has secured a stable place to live upon discharge from residential treatment.

-- The client has secured a legitimate, stable source of income or is enrolled in educational/vocational classes.

NOTE: Legitimate sources of income include employment, government assistance, and family support.

-- Clients who successfully complete residential treatment will enter outpatient treatment. Outpatient/aftercare treatment is viewed as a separate treatment experience.

The client has satisfactorily completed the requirements of outpatient treatment when the following conditions are met:

-- The treatment facility reports that the client has satisfactorily completed urine monitoring and counseling requirements.

-- The client has maintained a drug-free status for a minimum of four (4) months.

-- The client has established a stable living situation.

-- The client has secured a legitimate, stable source of income or is enrolled in educational/vocational classes.

In any instance, residential or outpatient treatment, when there is a termination of criminal justice requirements, the client will be considered to have successfully completed the rehabilitation process with TASC.

CRITERIA FOR UNSUCCESSFUL COMPLETION OF REHABILITATION WITH TASC

A client violating any one of the following criteria will be determined to be in a Unsuccessful Termination Status with TASC:

-- Rearrest for a violent or drug charge.

-- Reaching Third Jeopardy/Alert Status.

-- Bringing illegal or illicit drugs into a treatment facility.

-- Using violence against staff and/or another client in the treatment facility.

A client who has been mandated by the court to enter and complete residential treatment will be determined to be in an Unsuccessful Termination Status with TASC in any one of the following instances:

-- Leaving residential treatment without clinical or medical consent and failing to return within twenty-four (24) hours.

-- Failing to comply with the residential facility's rules and regulations or treatment requirements on such a consistent basis that the result is unsuccessful termination from the treatment facility.

-- Bringing illegal or illicit drugs into the treatment facility.

-- Use of, or threats of violence against, staff and/or another client in the treatment facility.

NASSAU TASC
TRACKING UNIT
MONTHLY TREATMENT REPORT

CONFIDENTIAL INFORMATION
Any unauthorized disclosure
is a Federal Criminal offense

Client:_____ TASC#:_____ Date of Report:__/__/__

Treatment Program:_____ Period of Report:__/__/__ to __/__/__

Counselor:_____ TASC Case Manager:_____

ATTENDANCE

Scheduled Contacts:_____ Cancellation Dates:_____

Cancellations:_____ Reasons:_____

"No-Shows"_____

Actual Contacts:_____

OUTSIDE REFERRALS

Has client been referred to any outside agencies? ( )Yes ( )No

Name of Agency:_____ Date:__/__/__

Purpose:_____

SUBSTANCE ABUSE

Is client presently substance free? ( )Yes ( )No For how long?_____

Describe any change in client's substance taking pattern to include "slips" and recovery:

_____

_____

_____

urinalysis scheduled:_____ # negative urinalysis:_____

urinalysis completed:_____ # positive urinalysis:_____

Specify urine results for each positive analysis:

Date of analysis:__/__/__ Drugs:_____

Date of analysis:__/__/__ Drugs:_____

Date of analysis:__/__/__ Drugs:_____

Date of analysis:__/__/__ Drugs:_____

NASSAU COUNTY TASC
TRACKING UNIT TREATMENT PLAN

Client ______________________ TASC # ______________

Treatment Agency ______________________ Phone # ______________

Counselor ______________________ Tracker ______________

Date of Intake ______________ Treatment Schedule ______________

Treatment Plan

Individual ( ) Group ( ) Family ( )

Urinalysis Required ( ) Yes ( ) No

Residential ( ) Detox ( ) Rehab ( )

Out-Patient: drug ( ) alcohol ( ) Meth ( ) Naltrexone ( )

* *

Transfer

Treatment Agency ______________________ Phone # ______________

Counselor ______________________ Tracker ______________

Date of Intake ______________ Treatment Schedule ______________

Treatment Plan

Individual ( ) Group ( ) Family ( )

Urinalysis Required ( ) Yes ( ) No

Residential ( ) Detox ( ) Rehab ( )

Out-Patient: drug ( ) alcohol ( ) Meth ( ) Naltrexone ( )

Revised 10/80

EMPLOYMENT / EDUCATION / TRAINING

Present Employment Status: ( )unemployed ( )part-time ( ) full-time

Employer & Address: _____

Describe change in employment if applicable: _____

Name of Vocational Program: _____ Date: ___/___/___

Name of school attending: _____ Date: ___/___/___

PROGRESS EVALUATION

Describe counseling: I G C F frequency / wk: _____

Describe any changes in counseling and/or frequency: _____

_____

Describe clients level of cooperation, attitude toward treatment and motivation toward positive changes in lifestyle: _____

_____

_____

_____

_____

Describe any changes in family relationships: _____

_____

_____

Describe client's overall health: _____

_____

Briefly state client's treatment progress over the last month: _____

_____

_____

_____

_____

_____ ___/___/___ _____

Counselor Date Case Manager

EAC
T.A.S.C.
(Treatment Alternatives
To Street Crime)
Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
286 Old Country Road • Mineola, N.Y. 11501 • (516) 747-5020
SHOCK — T.A.S.C.
210 Old Country Road • Mineola, N.Y. 11501 • (516) 741-5580
SUFFOLK — T.A.S.C.
Building 158 Veterans Memorial Highway • Hauppauge, N.Y. 11787 • (516) 360-5777

Date: _____

TASC REARREST FORM

Client: _____ TASC # _____

Date of Arrest: _____ County of Arrest _____

Charge(s): Fel#/CR#:

_____ _____

_____ _____

_____ _____

Attorney: _____ Tel.# _____

Bail Status: ROC_____ CRP_____ INCARCERATED_____ BAIL $_____

Next Court Date: _____ Part: _____

Date in Red Book: _____

How above information received: _____

_____

TASC Status:

Screening_____ Diagnostic_____ Tracking_____

Case Manager_____ Treatment Agency_____

cc: TASC File
SCLU
MIS

_____
TASC

EAC
T.A.S.C.
(Treatment Alternatives
To Street Crime)
Rosemary Kelly, Division Director

268 Old Country Road • Mineola N Y 11501 • (516) 747-5020
SHOCK — T.A.S.C.
210 Old Country Road • Mineola N Y 11501 • (516) 741-5580
SUFFOLK — T.A.S.C.
Building 158 Veterans Memorial Highway • Hauppauge, N Y 11787 • (516) 360-5777

CLIENT NAME _____ TASC # _____

DOCKET # _____ TASC UNIT _____

DATE _____ ATTORNEY _____

EXPLANATION FOR TERMINATION

Date

_____1. Client failed TASC requirements by:

____Not reporting for TASC Diagnostic
____Not reporting for Program Intake
____Poor attendance in Treatment Programs
____Urine samples not substance free
____Rearrest on new charge
____Incarceration
____Leaving Treatment Program
____Not remaining alcohol free

_____2. TASC condition revoked by Criminal Justice System.

_____3. Successfully completed program with TASC.

_____4. Other_____

COMMENTS_____

_____

_____

_____

_____

_____

_____

_____

cc: Presiding Judge
Defense Attorney
District Attorney
Treatment Program
Probation/Mental Health
SCLU/TASC/MIS

_____

_____

TASC READMITTANCE FORM

OLD TASC#_____

NEW TASC#_____

NAME: _____ TASC UNIT: _____

ADDRESS: _____ DATE READMITTED_____

_____

DATE OF TERMINATION:_____

REASON FOR TERMINATION:_____

_____

_____

EXPLANATION FOR READMITTANCE:_____

_____

_____

REARREST:

If so, NEW CHARGE(S):_____

FEL. or CR #: _____

NEXT CT DATE:_____

AMMENDMENT OF PRESENT CHARGE:_____

_____

OTHER: (PLEASE EXPLAIN):_____

_____

_____

_____

cc: Presiding Judge
TASC
SCLU
District Attorney
Attorney

DATE	PROGRESS NOTES	Client:	TASC#

WEEKLY ACTIVITIES REPORT

Report by: _____ Unit: _____

Week Beginning: _____ Supervisor: _____

1. # Present Caseload _____ 4. Caseload at end of wk. _____

2. # New Cases _____ 5. # Terminations _____

3. # Transfers _____ 6. # Clients in jeopardy _____

Terminations: _____

Transfers: _____

New Cases: _____

Clients in jeopardy: _____

Weeks Evaluation (positive & negative) _____

Speaking Engagements _____

TASC

Treatment Alternatives to Street Crime

UNITS OF SERVICE

TASC Program_____ For month of _____

Submitted by:_____ Date:_____

Personal Contacts	Client	Outreach

Sub Total _____

Telephone Contacts	Client	Outreach

Sub Total_____

TOTAL _____

NOTICE OF CLIENT TRANSFER

Date of Notice: _____

Client: _____ TASC # _____

Present Agency: _____

Present Case Manager _____

New Agency: _____

New Counselor: _____

New Case Manager _____

Intake Date at New Agency: _____

cc: Tracking Unit Supervisor
New Case Manager
Screening Unit
TASC Office
M.I.S.

EAC
T.A.S.C.
(Treatment Alternatives
To Street Crime)
Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
286 Old Country Road • Mineola, N.Y. 11501 • (516) 747-3020

SHOCK — T.A.S.C.
100 East Old Country Road • Mineola, N.Y. 11501 • (516) 741-5580

SUFFOLK — T.A.S.C.
Building 18 Veterans Memorial Highway • Hauppauge, N.Y. 11788 • (516) 360-5777

STATEN ISLAND — T.A.S.C.
25 Hyatt Street • Staten Island, N.Y. 10301 • (718) 727-3722

The staff at Nassau TASC sincerely congratulates you upon completing the Nassau TASC Program. We consider your many achievements during this period of time to be quite significant. It takes a great deal of effort and concentration to meet the demands and requirements of our program. You have made much progress and demonstrated significant strength of character and courage in successfully complying with these plan requirements.

You are a role model for so many others who, at times may lose faith in themselves and begin to believe there is no alternative to their self-defeating behavior. You have proven otherwise. We wish you continued success in all of your endeavors. It gives us great pleasure to have been part of your accomplishments.

Our best regards,

T.A.S.C. is a program of the Education Assistance Center of Long Island Inc.
Executive Offices: 382 Main St., Port Washington, N.Y. 11050 •(516) 883-3006
Diana Freed, Executive Director •Rene' Fiechter, Esq., Deputy Director/Counsel

Form Approved
OMB NO. 2900-0260

FOR VA USE ONLY

IMPRINT WITH PATIENT DATA CARD

NOTE: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. and will authorize release of information you specify. Your disclosure of the information requested on this form is voluntary. However, if the information is not furnished, the VA will be unable to comply with the request.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED

TO: VETERANS ADMINISTRATION *(print or type name and address of health care facility)*

Medical Center
Alcoholism Rehabilitation and Aftercare
Programs
Building 65A
Northport, N.Y. 11768

PATIENT NAME *(Last, First, Middle Initial)*

SOCIAL SECURITY NO.

NAME OF TITLE AND ADDRESS OF ORGANIZATION, AGENCY OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

TASC
286 Old Country Rd., Mineola, N.Y. 11501

VETERANS' REQUEST - I request and authorize the Veterans Administration to release the information specified below to the organization, agency, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

☐ DRUG ABUSE ☒ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

INFORMATION REQUESTED *(Check applicable box and state the extent or nature of the information disclosed, giving the dates or approximate dates covered by each)*

☐ COPY OF HOSPITAL SUMMARY(S)

☐ COPY OF OUTPATIENT TREATMENT NOTE(S)

☒ OTHER *(Specify)*

Diagnosis
Dates of Admission/Discharge
Type of Discharge
Progress
Aftercare Treatment Recommendations

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED

Check One:

___ Coordinate Treatment Services Requested by Patient

___Other: _____

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE REVERSE SIDE OF THIS FORM

AUTHORIZATION–I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Redisclosure of my medical records by those receiving the above authorized information may not be accomplished without my further written consent. Without my express revocation, this consent will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); or (3) under the following condition(s):

DATE	SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT

FOR VA USE ONLY

TYPE AND EXTENT OF MATERIAL RELEASED	DATE RELEASED	RELEASED BY

VA FORM 10-5345

REQUEST FOR AND CONSENT TO RELEASE OF DRUG ABUSE, ALCOHOLISM OR ALCOHOL ABUSE OR SICKLE CELL ANEMIA INFORMATION FROM MEDICAL RECORDS

* U.S. GOVERNMENT PRINTING OFFICE 1982-381-488/2568

PROBATION CLIENTS IN TASC

Case Manager:

Client	P.O.	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

TREATMENT ALTERNATIVES TO STREET CRIME

T.A.S.C.

Rosemary Kelly, Division Director

NASSAU OFFICES
280 Old Country Road Mineola New York 11501 • (516) 747-5020

SUFFOLK OFFICES
Building 158 Veterans Memorial Highway Hauppauge N Y 11787 • (516) 360 5727

Rene Fiechter Esq - Deputy Director - Counsel
EAC, 382 Main Street Port Washington, N Y 11050 • (516) 883-3006

Date:

Dear

You missed your appointment with me on_____

at_____.

Unless you call this office by_____

to make another appointment, you will not be able to participate in the TASC Program. Call the Diagnostic Unit at 747-5020.

Very truly yours,

_____

Diagnostic Unit

EAC

EDUCATION ASSISTANCE CENTER

United Way

EAC
T.A.S.C.
(Treatment Alternatives
To Street Crime)
Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
286 Old Country Road • Mineola, N Y 11501 • (516) 747-5020

SHOCK — T A S.C.
100 East Old Country Road • Mineola, N Y 11501 • (516) 741-5580

SUFFOLK — T A.S.C.
Building 16 Veterans Memorial Highway • Hauppauge N Y 11788 • (516) 360-4[illegible]

STATEN ISLAND -- T.A.S.C.
25 Hyatt Street • Staten Island, N Y 10301 • (718) 727-2722

MEMORANDUM TO THE NASSAU COUNTY DEPARTMENT OF PROBATION

TO: Probation Officer: DATE:

FROM: Case Manager:

RE: Client:

D.O.B:

TASC#:

Status:

As agreed, the following is submitted as an update on the treatment progress and the treatment attendance of the above named defendant.

AGENCY:

COUNSELOR:

ATTENDANCE:

FREQUENCY/TYPE THERAPY:

APPOINTMENTS FAILED:

URINALYSIS:

TREATMENT PROGRESS: (per counselor)

If further data is required or any change in probation status has occurred, please contact the undersigned at 747-5020.

CASE MANAGER

cc: Probation Mental Health Unit
TASC

UNIT SUPERVISOR

EAC
T.A.S.C.
(Treatment Alternatives To Street Crime)
Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
266 Old Country Road • Mineola, N.Y. 11501 • (516) 747-5020

SHOCK — T.A.S.C.
100 East Old Country Road • Mineola, N.Y. 11501 • (516) 741-5580

SUFFOLK — T.A.S.C.
Building 16 Veterans Memorial Highway • Hauppauge, N.Y. 11788 • (516) 360-5777

STATEN ISLAND — T.A.S.C.
25 Hyatt Street • Staten Island, N.Y. 10301 • (718) 727-9722

MEMORANDUM TO THE NEW YORK STATE DIVISION OF PAROLE

TO: Parole Officer:

FROM: Case Manager:

RE: Client:

D.O.B:

TASC#:

Status:

As agreed, the following is submitted as an update on the treatment progress and the treatment attendance of the above named defendant.

AGENCY:

COUNSELOR:

ATTENDANCE:

FREQUENCY/TYPE THERAPY:

APPOINTMENTS FAILED:

URINALYSIS:

TREATMENT PROGRESS: (per counselor)

If further data is required or any change in probation status has occurred, please contact the undersigned at 747-5020

CASE MANAGER

cc: Parole Officer
TASC

UNIT SUPERVISOR

[illegible] REPORT FORM

NAME ____________________

UNIT ____________ MONTH ____________

Mileage claims will be submitted on a monthly basis. Claims must be submitted no later than the fifth working day of the month following the month being claimed. If making a round trip, designate (R.T.) next to mileage. Addresses must be included, receipts and tapes attached.

DATE	FROM Agency/Address	TO Agency/Address	MILEAGE

Total Miles	
/mile =	$.
Tolls	$.
TOTAL	$.

SIGNATURE ____________________

DATE ____________________

EAC
T.A.S.C.
(Treatment Alternatives
To Street Crime)
Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
266 Old Country Road • Mineola, N.Y. 11501 • (516) 747-5020
SHOCK — T.A.S.C.
210 Old Country Road • Mineola, N.Y. 11501 • (516) 741-5580
SUFFOLK — T.A.S.C.
Building 158 Veterans Memorial Highway • Hauppauge, N.Y. 11787 • (516) 360-5777

Date:

Dear

Please be advised that you are now in JEOPARDY STATUS in the Nassau TASC program. This status change has occurred by reason of

Please contact the undersigned at 747-5020 to discuss this matter no later than _____.

Sincerely,

_____
Nassau TASC Case Manager

_____
Unit Supervisor

cc: Defense Attorney
Treatment Agency
District Attorney
Probation
SCLU
TASC

EAC
T.A.S.C.
(Treatment Alternatives
To Street Crime)
Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
286 Old Country Road • Mineola, N.Y. 11501 • (516) 747-5020

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STATEN ISLAND — T.A.S.C.
25 Hyatt Street • Staten Island, N.Y. 10301 • (718) 727-9722

Dear

Please contact me at (516) 747-5020 if you are still interested in the TASC Program. In order to process your application, you must be seen by our social worker.

Failure to contact the undersigned may result in your termination from the TASC Program.

Thanks for your cooperation.

Sincerely,

_____

cc: Defense Attorney
TASC

EAC
T.A.S.C.
(Treatment Alternatives To Street Crime)
Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
286 Old Country Road • Mineola, N.Y. 11501 • (516) 747-5020

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100 East Old Country Road • Mineola, N.Y. 11501 • (516) 741-5580

SUFFOLK — T.A.S.C.
Building 16 Veterans Memorial Highway • Hauppauge, N.Y. 11788 • (516) 360-5777

STATEN ISLAND — T.A.S.C.
25 Hyatt Street • Staten Island, N.Y. 10301 • (718) 727-9722

Dear

Please contact me at the TASC office located at 286 Old Country Road in Mineola, telephone 747-5020. I would like to schedule an appointment to meet with you to review your TASC participation and treatment progress.

It is important to maintain regular contact with you in the performance of my monitoring duties toward you regarding your present TASC involvement.

I look forward to meeting with you in the near future. Thank you for your cooperation.

_____
TASC Case Manager

T.A.S.C. is a program of the Education Assistance Center of Long Island Inc.
Executive Offices: 382 Main St., Port Washington, N.Y. 11050 • (516) 883-3006
Diana Freed, Executive Director • Rene' Fiechter, Esq., Deputy Director/Counsel

AGENCY: _____

C E	CLIENT	Intake Date	Counselor	Probation Officer	Date Terminated

BIRMINGHAM TASC

EXAMPLE MONTHLY PROGRESS REPORT

Facility: _____ Date: _____ For Month: _____

Client's Name: _____ Counselor: _____
last first m.

P.O.: _____ Office: _____

Purpose of Appointment	# Appts. Schled.	# Appts. Kept	# Phone Contacts	Excused Absences	Unexcused Absences
Individual Counseling					
Group Counseling					
Medication					
Urinalysis					
Other (specify)					

Has client moved? _____ Yes _____ No

Has client changed jobs? _____ Yes _____ No

Client employment status during this reporting period:

_____ Employed full time
_____ Employed part time
_____ School or job training fl.tm.
_____ School or job training pt.tm.
_____ Housewife
_____ Illness or injury
_____ Unemployed
_____ Other (specify)

COMMENTS:

TRANSFER REPORT: (To be completed only if applicable)

Referred to Agency: _____ Counselor: _____

Date: _____ (In addition -- complete regular transfer report.)

BIRMINGHAM TASC PROJECT
MPR-REV-0577

Copies: 1)TASC T & M (white)
2)TASC T & M (canary)
3)Originating Facility (pink)

TRANSFER & NEW ADMISSION REPORT

Client's Name: _____ (Last, First M.) Is transferred to: _____ (Agency) On: _____ (Date)

From: _____ (Originating Agency) Counselor: _____

His/her new counselor will be: _____ and his first appt. will be: _____ (Date) _____ (Time)

Comments and Reason for Transfer: _____

_____

_____

_____

_____

_____

_____

_____

Above section to be completed and sent to receiving facility within 48 hours of transfer. Retain pink copy for your records, and send last copy to TASC T & M.

NEW ADMISSION: (To be completed by receiving facility when patient makes first appointment. Report should then be mailed to TASC T & M within 48 hours.)

_____ (Client's Name) made his/her first appt. _____ (Date)

Comments: _____

_____

Admitting Facility: NOTE: Retain yellow copy for your records and send white copy to TASC T & M.

BIRMINGHAM TASC PROJECT
TR-REV-0577

Copies: 1) TASC T & M (white)
2) Admitting Facility (yellow)
3) Transferring Facility (pink)
4) TASC T & M (gold/green)

TASC TERMINATION REPORT

FACILITY NAME_____ DATE OF REPORT:_____
DATE OF ADMISSION TO TASC:_____
DATE OF TERMINATION FROM TASC:_____
DATE OF LAST FACE TO FACE CONTACT:_____

CLIENT NAME_____

REASONS FOR TERMINATION:

Successful Completion:

_____A. Met all TASC Program requirements: Stable living situation, employment or school, and no longer drug dependent.

Unsuccessful Completion:

_____B. Unexcused Absences
_____C. Drug Abuse
_____D. Uncooperative, Abusive Behavior
_____E. Re-arrest (new charges)
_____F. Death (drug related)
_____G. Other

Neutral Termination:

_____H. No Legal Hold (charges dropped, probation or parole terminated)
_____I. Client Allowed to Change Jurisdiction
_____J. Incarceration at time of his sentencing for present offense
_____K. Medical/Psychiatric Problems
_____L. Death
_____M. Met minimum requirements to be dropped with no real progress noted.
_____N. Other

_____O. Transferred to another facility.

Full Explanation of Reason for Termination:_____

_____

_____

_____

If Re-arrest, Name Charge:_____

Prognosis:_____

_____

_____

_____

Counselor's Signature_____

cc: Probation Officer:_____
Date Sent:_____

MONTHLY REPORT ON RESIDENTIAL TREATMENT PROGRESS OF TASC CLIENT

Month:_____ Residential Facility:_____ EXAMPLE

Client:_____ DASA#:_____

Client Rx Plan for Current Month:

_____# of individual

_____# of group

_____# of family

_____# of urine specimens

_____# of breathalyzers

LABORATORY RESULTS

Program Wk	Neg	Pos (Drug Indicated)	Re-cneck Request Date

Recheck: Program Week_____ Results_____

Medication: Antabuse_____ Methadone Maintenance_____ Methadone Detox_____ FDA_____ Abstinent_____

Other Medications: Name _____Prescribed: Yes_____ No_____

Date & Length of Prescription:_____

Treatment Issues: Client Progress (Check):

_____Seeking Job _____Working Part-Time _____Working Full-time
_____Verified _____Verified

_____Enrolled in GED _____Enrolled in Vocational/Industrial _____Enrolled in College
_____Verified _____Verified _____Verified

_____Completed GED _____Completed Vocational/Industrial _____Completed College

Auxilliary Support Services Attended: (AA, NA, PA, psychological/medical, family counseling)

_____

_____

Job/Title in Unit:_____

Jeopardy Indicators

_____Non-Compliance w/House Policies _____AWOL during month _____Lack of support to staff

Evaluate Client's Progress during this month (Discuss client's involvement in groups, support to the staff, confrontation of other residents, and special treatment plans):

_____

_____

_____

_____

_____

Issues to be addressed by TASC Case Manager:_____

_____

_____

Counselor Signature_____ Date_____

CONFIDENTIAL CLIENT INFORMATION - Any unauthorized disclosure is an Illinois & Federal Offense.

White Copy-TASC
Yellow Copy-Treatment Facility

T.A.S.C. INC
TREATMENT ALTERNATIVES TO STREET CRIMES
Administrative Offices:
1500 North Halsted • Chicago, Illinois 60622 • (312) 787-0208
Please Reply To:
Offices in:
Belleville, Chicago, Edwardsville, Geneva, Joliet, Murphysboro, Peoria, Rock Island, Rockford, Skokie, Springfield, Urbana, and Waukegan

Dear

This is a WARNING. You have placed yourself in Jeopardy Status with TASC for the following reason(s):

_____ Unexcused absences from the clinic
Dates:

_____ Positive urinalysis reports
Dates:

_____ Other (specify)

According to your signed TASC Client Agreement you must immediately demonstrate progress in treatment. Your Jeopardy Status has been reported to all appropriate Criminal Justice authorities.

A Jeopardy Meeting with you is scheduled for _____,

at _____ at _____.

Your attendance is COMPULSORY.

If there are any questions concerning your present status, please contact your clinic counselor and/or your TASC Case Manager.

Sincerely,

TASC Case Manager

cc:

T.A.S.C. INC.
TREATMENT ALTERNATIVES TO STREET CRIMES
Administrative Offices:
1500 North Halsted • Chicago, Illinois 60622 • (312) 787-0208
Please Reply To:
Offices in:
Belleville, Chicago, Edwardsville, Geneva, Joliet, Murphysboro, Peoria, Rock Island, Rockford, Skokie, Springfield, Urbana, and Waukegan

Dear

This is to inform you of a successful completion of _____ rehabilitative treatment and a fulfillment of the requirements of the TASC program effective_____.

Client's Name:

Date of Birth:

Case Number(s):

Legal Status:

Attached hereto is TASC's Official Treatment Summary Record for the above named client. This summary sets forth the measures taken by TASC and describes the circumstances which lead to the discharge.

Sincerely,

T.A.S.C. INC.
TREATMENT ALTERNATIVES TO STREET CRIMES
Offices in:
Belleville, Chicago, Edwardsville, Geneva, Joliet, Murphysboro, Peoria, Rock Island, Rockford, Skokie, Springfield, Urbana, and Waukegan

Administrative Offices:
1500 North Halsted • Chicago, Illinois 60622 • (312) 787-0208
Please Reply To:

Dear

This is to inform you of a defendant's failure to satisfy the requirements of the TASC program effective _____.

Defendant's Name:

Date of Birth:

Case Number(s):

Next Court Date:

TASC understands that the defendant's failure to complete drug treatment under the supervision of the TASC program indicates that the defendant is not currently demonstrating the likelihood to be rehabilitated through drug treatment in accordance with the provisions set forth in Section 22 of the Alcoholism and Substance Abuse Act (Supp. to Ill. Rev. Stats., 1983, ch. 111½, par. 6322) ((formerly Section 9 of the Dangerous Drug Abuse Act (Ill. Rev. Stats., 1983, ch. 91½, par. 120.9) repealed by P.A. 83-969, effective July 1, 1984)).

Attached hereto is TASC's Official Treatment Summary Record for the above named defendant. This summary sets forth the measures taken by TASC and describes the circumstances which lead to the expulsion.

Sincerely,

T.A.S.C. INC.
TREATMENT ALTERNATIVES TO STREET CRIMES
Administrative Offices:
1500 North Halsted • Chicago, Illinois 60622 • (312) 787-0208
Please Reply To:
Offices in:
Belleville, Chicago, Edwardsville, Geneva, Joliet, Murphysboro, Peoria, Rock Island, Rockford, Skokie, Springfield, Urbana, and Waukegan

Dear

This is to inform you of a probationer's failure to satisfy the requirements of the TASC program effective _____.

Probationer's Name:

Date of Birth:

Case Number(s):

Probation and Jurisdiction and Conditions:

TASC understands that the probationer's unsuccessful completion of _____ treatment under the supervision of the TASC program constitutes a failure to comply with the orders and conditions of the probation. TASC further understands that the Probation Department, upon receipt of this notification, may initiate the violation of probation.

Attached hereto is TASC's Official Treatment Summary Record for the above named probationer. This summary sets forth the measures taken by TASC and describes the circumstances which lead to the expulsion.

Sincerely,

DISCHARGE OF TASC CLIENT

Outpatient	/__/
Residential	/__/

TO: TASC, Inc.

FROM: _____

_____

RE: (Client) _____

DASA # ____ ____ ____ ____ ____

DATE: _____

The following discharge decision has been reached regarding the above-named client:

____ SUCCESSFUL completion of treatment - Discharge Date /__/__/-/__/__/-/__/__/

____ NEUTRAL completion of treatment - Discharge Date /__/__/-/__/__/-/__/__/

____ UNSUCCESSFUL completion of treatment - Discharge Date /__/__/-/__/__/-/__/__/

If UNSUCCESSFUL, please check below the reason(s) for discharge:

____ Act of violence in the Unit

____ Possession of a weapon in the Unit

____ Possession and/or sales of illegal or controlled substance in Unit

____ Possession or Use of controlled substance(s)

____ Possession or Use of Alcohol

____ Possession of outfit in Unit

____ Repeated unexcused absences from counseling sessions

____ Repeated use of Alcohol

____ Repeated use of illegal or controlled substance(s)

____ No-show in the Unit

____ A.W.O.L. from the Unit ____ Left treatment (splitee)

____ Other violation of Unit discharge policies (Explain below)

____ Transferred to another treatment modality (Explain below)

COMMENTS: _____

_____

_____

_____ _____

Counselor's Signature Supervisor's Signature

Appendix I

Confidentiality

federal register

Tuesday
June 9, 1987

Part II

Department of Health and Human Services

Public Health Service

42 CFR Part 2

Confidentiality of Alcohol and Drug Abuse Patient Records; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

42 CFR Part 2

Confidentiality of Alcohol and Drug Abuse Patient Records

AGENCY: Alcohol. Drug Abuse. and Mental Health Administration. PHS. HHS.

ACTION: Final rule.

SUMMARY: This rule makes editorial and substantive changes in the "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations. These changes are an outgrowth of the Department's commitment to make its regulations more understandable and less burdensome. The Final Rule clarifies and shortens the regulations and eases the burden of compliance.

EFFECTIVE DATE: August 10. 1987.

FOR FURTHER INFORMATION CONTACT: Judith T. Galloway (301) 443-3200.

SUPPLEMENTARY INFORMATION: The "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations. 42 CFR Part 2. implement two Federal statutory provisions applicable to alcohol abuse patient records (42 U.S.C. 290dd-3) and drug abuse patient records (42 U.S.C. 290ee-3).

The regulations were originally promulgated in 1975 (40 FR 27802). In 1980 the Department invited public comment on 15 substantive issues arising out of its experience interpreting and implementing the regulations (45 FR 53). More than 450 public responses to that invitation were received and taken into consideration in the preparation of a 1983 Notice of Proposed Rulemaking (48 FR 38758). Approximately 150 comments were received in response to the Notice of Proposed Rulemaking and were taken into consideration in the preparation of this Final Rule.

The proposed rule made both editorial and substantive changes in the regulations and shortened them by half. This Final Rule adopts most of those changes. with some significant substantive modifications and relatively few editorial and clarifying alterations.

Synopsis of Substantive Provisions

The Confidentiality of Alcohol and Drug Abuse Patient Record regulations (42 CFR Part 2) cover any program that is specialized to the extent that it holds itself out as providing and provides alcohol or drug abuse diagnosis. treatment. or referral for treatment and which is federally assisted. directly or indirectly (§ 2.12 (a) and (b)).

The regulations prohibit disclosure or use of patient records ("records" meaning any information whether recorded or not) unless permitted by the regulations (§ 2.13). They do not prohibit giving a patient access to his or her own records (§ 2.23). However. the regulations alone do not compel disclosure in any case (§ 2.3(b)).

The prohibition on disclosure applies to information obtained by the program which would identify a patient as an alcohol or drug abuser (§ 2.12(a)(1)). The restriction on use of information to investigate or to bring criminal charges against a patient applies to any alcohol or drug abuse information obtained by the program (§ 2.12(a)(2)).

Any disclosure premitted under the regulations must be limited to that information which is necessary to carry out the purpose of the disclosure (§ 2.13).

The regulations permit disclosure of information if the patient consents in writing in accordance with § 2.31. Any information disclosed with the patient's consent must be accompanied by a statement which prohibits further disclosure unless the consent expressly permits further disclosures or the redisclosure is otherwise permitted by the regulations (§ 2.32). Special rules govern disclosures with the patient's consent for the purpose of preventing multiple enrollments (§ 2.34) and for criminal justice referrals (§ 2.35).

The regulations permit disclosure without patient consent if the disclosure is to medical personnel to meet any individual's bona fide medical emergency (§ 2.51) or to qualified personnel for research (§ 2.52). audit. or program evaluation (§ 2.53). Qualified personnel may not inlcude patient identifying information in any report or otherwise disclose patient identities except back to the program which was the source of the information (§§ 2.52(b) and 2.53(d)).

The regulations permit disclosure pursuant to a court order after the court has made a finding that "good cause" exists. A court order may authorize disclosure for noncriminal purposes (§ 2.64); for the purpose of investigating or prosecuting a patient if the crime involved is extremely serious (§ 2.65); for the purpose of investigating or prosecuting a program or a person holding the records (§ 2.66); and for the purpose of placing an undercover agent or informant to criminally investigate empolvees or agents of the program (§ 2.67).

A court order may not authorize disclosure of confidential communications unless disclosure is necessary to protect against an existing threat to life or serious bodily injury of another person: to investigate or prosecute an extremely serious crime: or if the patient brings the matter up in any legal proceedings (§ 2.63).

A court order may not authorize qualified personnel who received information without patient consent for the purpose of conducting research. audit. or program evaluation. to disclose that information or to use it to conduct any criminal investigation or prosecution of a patient (§ 2.62). Information obtained under a court order to investigate or prosecute a program or other person holding the records or to place an undercover agent or informant may not be used to conduct any investigation or prosecution of a patient or as the basis for a court order to criminally investigate or prosecute a patient (§ 2.66(d)(2) and § 2.67(e)).

These regulations do not apply to the Veteran's Administration. to exchanges within the Armed Forces or between the Armed Forces and the Veterans' Administration: to the reporting under State law of incidents of suspected child abuse and neglect to appropriate State or local authorities: to communications within a program or between a program and an entity having direct administrative control over the program: to communications between a program and a qualified service organization: and to disclosures to law enforcement officers concerning a patient's commission of (or threat to commit) a crime at the program or against personnel of the program (§ 2.12(c)).

If a person is not now and never has been a patient. there is no patient record and the regulations do not apply (§ 2.13(c)(2)).

Any answer to a request for a disclosure of patient records which is not permitted must not affirmatively reveal that an identified individual has been or is an alcohol or drug patient. One way to make such an answer is to give a copy of the confidentiality regulations to the person who asked for the information along with general advice that the regulations restrict the disclosure of alcohol or drug abuse patient records and without identifying any person as an alcohol or drug abuse patient (§ 2.13(c)).

Each patient must be told about these confidentiality provisions and furnished a summary in writing (§ 2.22).

There is a criminal penalty for violating the regulations: not more than $500 for a first offense and not more than $5.000 for each subsequent offense (§ 2.4).

COMPARISON WITH PROPOSED RULE

Subpart A—Introduction

Reports of Violations

Both the existing and proposed rules provide for the reporting of any violations of the regulations to the United States Attorney for the judicial district in which the violations occur. for reporting of violations on the part of methadone programs to the Regional Offices of the Food and Drug Administration. and for reporting violations by a Federal grantee or contractor to the Federal agency monitoring the grant or contract. (See §§ 2.7 and 2.5. respectively.)

Inasmuch as it is the Department of Justice which has ultimate and sole responsibility for prosecuting violations of these regulations. the Final Rule continues to provide for the reference of reports of any violations to the United States Attorney for the judicial district in which the violations occur.

It also continues to provide for the reference to the Regional Offices of the Food and Drug Administration of any reports of violations by a methadone program. As a regulatory agency. the Food and Drug Administration has both the organization and authority to respond to alleged violations.

The Final Rule no longer directs reports of violations by a Federal grantee or contractor to the Federal agency monitoring the grant or contract or. as in the proposed revision of the rules. violations by a Federal agency to the Federal agency responsible for the program. This change is made in recognition of the lack of investigative tools available to granting and contracting agencies and of the ultimate referral which must be made to the Department of Justice. Of course. if alleged violations come to the attention of the Department of Health and Human Services. they will be forwarded to an appropriate representative of the Department of Justice.

Subpart B—General Provisions

Specialized Programs

Like the proposed rule at § 2.12. the Final Rule is applicable to any alcohol and drug abuse information obtained by a federally assisted alcohol or drug abuse program. "Program" is defined in § 2.11 as a person which says it provides and which actually provides alcohol or drug abuse diagnosis. treatment. or referral for treatment. A program may provide other services in addition to alcohol and drug abuse services. for example mental health or psychiatric services. and nevertheless be an alcohol or drug abuse program within the meaning of these regulations so long as the entity is specialized by holding itself out to the community as providing diagnosis. treatment. or referral for treatment for alcohol and/or drug abuse.

If a facility is a provider of general medical care. it will not be viewed in whole or in part as a program unless it has either (1) an identified unit. i.e.. a location that is set aside for the provision of alcohol or drug abuse diagnosis. treatment. or referral for treatment. or (2) it has personnel who are identified as providers of diagnosis. treatment. or referral for treatment *and* whose primary function is the provision of those alcohol or drug abuse services.

Regardless of whether an entire legal entity is a program or if a part of the entity is a program. the confidentiality protections cover alcohol or drug abuse patient records within any federally assisted program. as "program" is defined in these regulations.

Those comments opposed to limiting applicability of the regulations to "specialized" programs focused on the desirability of full and uniform applicability of confidentiality standards to any alcohol or drug abuse patient record irrespective of the type of facility delivering the services.

The Department takes the position that limiting applicability to specialized programs. i.e.. to those programs that hold themselves out as providing and which actually provide alcohol or drug abuse diagnosis. treatment. and referral for treatment. will simplify administration of the regulations without significantly affecting the incentive to seek treatment provided by the confidentiality protections. Applicability to specialized programs will lessen the adverse economic impact of the current regulations on a substantial number of facilities which provide alcohol and drug abuse care only as an incident to the provision of general medical care. We do not foresee that elimination of hospital emergency rooms and general medical or surgical wards from coverage will act as a significant deterrent to patients seeking assistance for alcohol and drug abuse.

While some commenters suggested that there will be an increased administrative burden for organizations operating both a specialized alcohol and/or drug abuse program and providing other health services. we view this as the same burden facing all general medical care facilities under the existing rule.

In many instances it is questionable whether applicability to general medical care facilities addresses the intent of Congress to enhance treatment incentives for alcohol and drug abuse inasmuch as many alcohol and/or drug abuse patients are treated in a general medical care facility not because they have made a decision to seek alcohol and drug abuse treatment but because they have suffered a trauma or have an acute condition with a primary diagnosis of other than alcohol or drug abuse.

In sum. we are not persuaded that the existing burden on general medical care facilities is warranted by the benefit to patients in that setting. Therefore. the Final Rule retains the language of the proposed rule at § 2.11 defining "program" and making the regulations applicable at § 2.12 to any information about alcohol and/or drug abuse patients which is obtained by a federally assisted alcohol or drug abuse program for the purpose of treating. making a diagnosis for treatment. or making a referral for treatment of alcohol or drug abuse.

Communications between a Program and an Entity Having Direct Administrative Control

The existing regulations at § 2.11(p)(1) and the proposed rule at § 2.12(c)(3) exempt from the restrictions on disclosure communications of information within a program between or among personnel in connection with their duties or in connection with provision of patient care. respectively. The Department has previously interpreted the existing provision to mean that communications within a program may include communications to an administrative entity having direct control over the program.

The Final Rule has incorporated that legal opinion into the text by amending § 2.12(C)(3) to exempt from restrictions on disclosure "communications of information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis treatment. or referral for treatment of alcohol or drug abuse" if the communications are within a program or between a program and an entity that has direct administrative control over the program. Paragraph (d) of that same section is accordingly amended to restrict any further disclosure by an administrative entity which receives information under § 2.12(c)(3).

Explanation of Applicability

The existing regulations are applicable to patient records maintained in connection with the performance of

any alcohol abuse or drug abuse prevention function which is federally assisted. Applicability is determined by the nature and purpose of the records, not the status or primary functional capacity of the recordkeeper. The definition of "alcohol abuse or drug abuse prevention function" includes specified activities "even when performed by an organization whose primary mission is in the field of law enforcement or is unrelated to alcohol or drugs."

The proposed regulations and the Final Rule at § 2.12 make the regulations applicable to any information about alcohol and drug abuse patients which is obtained by a federally assisted alcohol or drug abuse program. A program is defined to be those persons or legal entities which hold themselves out as providing and which actually provide diagnosis, treatment, or referral for treatment for alcohol and/or drug abuse. Thus, there is a fundamental shift toward determining applicability on the basis of the function of the recordkeeper and away from making that decision based solely on the nature and purpose of the records.

No alcohol and drug abuse patient records, whether identified by the nature and purpose of the records or the function of the recordkeeper, are covered by these regulations unless the diagnosis, treatment, or referral for treatment with which the records are connected is federally assisted.

Several commenters pointed out that while the regulatory language of the proposed rule on its face applies the rule to information about alcohol and drug abuse patients in federally assisted programs, the explanation of the applicability provision at § 2.12(e)(2) obscures the otherwise forthright statement by an additional standard based on the type of Federal assistance going to the program, i.e., some patient records in a federally assisted program would be covered and others would not. Those who commented on this section urged that coverage distinctions under the explanation in § 2.12(e)(2) be omitted because they result in disparate treatment of patient records within an alcohol and/or drug abuse program based on the type of Federal assistance going to the program. Other commenters asserted that basing coverage on the type of assistance is inconsistent with the clear meaning of the applicability provision in the proposed and Final Rule.

The Final Rule revises the proposed explanatory material at § 2.12(e)(2) to show that all alcohol and drug abuse patient records within a covered program are protected by the confidentiality provisions and that the record of an individual patient in an uncovered program, whose care is federally supported in some way which does not constitute Federal assistance to the program under § 2.12(b), is not afforded confidentiality protections. Thus, where a Federal payment is made to a program on behalf of an individual patient and that program is not otherwise federally assisted under § 2.12(b), the record of that individual will not be covered by the regulations. Although the Department expects them to be rare, it would be possible for such instances to occur. For example, if a Federal court places an individual in a for-profit program that is not certified under the Medicare program, that is not authorized to conduct methadone treatment, and is not otherwise federally assisted in any manner provided in § 2.12(b), the patient record of that individual would not be covered by the regulations even though the Federal court paid for the individual's treatment.

Comments to the proposed rule were persuasive that the type of assistance should not affect the scope of records covered within a covered program. When the determination of covered records was based on the purpose and nature of each record, it was consistent to view Federal assistance from the perspective of each individual record. However, when the determination of which records are covered is based on who is keeping the records, as in the proposed and Final Rule, it is consistent with the approach to view Federal assistance from the program level as applying to all alcohol and drug abuse patient records within the program.

Determining coverage based on Federal assistance to the program rather than to an individual represents a change in policy from the current regulations under which the Department views a Federal payment made on behalf of an individual as sufficient to cover that individual's record. However, any disadvantage in not covering individual records in those rare cases which may occur is outweighed by the advantages of consistency and efficiency in management of the program as a result of all alcohol and drug abuse patient records in the program being subject to the same confidentiality provisions.

The Final Rule includes new material at § 2.12(e)(3) which briefly explains the types of information to which the restrictions are applicable, depending on whether a restriction is on disclosure or on use. A restriction on disclosure applies to any information which would identify a patient as an alcohol or drug abuser. The restriction on use of information to bring criminal charges or investigate a patient for a crime applies to any information obtained by the program for the purpose of diagnosis, treatment, or referral for treatment of alcohol or drug abuse.

Several commenters strongly urged the explicit inclusion of school-based education and prevention programs in the applicability of the regulations. School-based education and prevention activities may fall within the definition of a program if they provide alcohol or drug abuse diagnosis, treatment, or referral for treatment and if they hold themselves out as so doing. That is reflected in the Final Rule at § 2.12(e)(1) with the inclusion of "school-based programs" in the list of entities which may come under the regulations.

An example of how diagnosis affects coverage has been omitted at § 2.12(e)(3)(ii). It is omitted not because the example could never occur under the Final Rule, but because it is very unlikely that a "specialized" program, as program is defined under these regulations, would be treating a patient for a condition which is not related to alcohol or drug abuse such that the reference to a patient's alcohol or drug abuse history would not be related to the condition for which treatment is rendered. Inasmuch as the regulations only apply to programs, this example is more likely to confuse than provide guidance and for that reason has been taken out.

Notifying a Parent or Guardian of a Minor's Application for Treatment

The proposed rule at § 2.14 reorganized and revised but did not substantively amend the existing § 2.15 dealing with the subject of minor patients. Under both the existing and proposed rules, a minor patient's consent is generally required prior to notifying the minor's parent or guardian of his or her application for treatment. This is true even though without notification it is impossible to obtain parental consent in those cases where State law requires a parent, guardian, or other person to consent to alcohol or drug abuse treatment of a minor.

While this issue was not raised in the proposed rule, the Department has received several inquiries on it from the public since the proposed rule was published suggesting that in those States, where the parent's or guardian's consent is needed for the minor's treatment, the program should be free to notify the parent or guardian of the minor's application for treatment without constraint. The Department has considered this issue and decided to

make no substantive changes in the existing section dealing with minor patients.

Although both the current rule and the proposed rule generally prohibit parental notification without the minor's consent, they also provide for an exception. Under this exception such notification would be permitted when, in the program director's judgment, the minor lacks the capacity to make a rational decision on the issue of notification, the situation poses a substantial threat to the physical well-being of the minor or any other person, and this threat may be alleviated by notifying the parent or guardian. Under this provision, the program director is vested with the authority to determine when the circumstances permitting parental notification arise. In discussing the Department's philosophy behind this provision, § 2.15–1(e) of the existing rule states: "It [this provision] is based upon the theory that where a person is actually as well as legally incapable of acting in his own interest, disclosures to a person who is legally responsible for him may be made to the extent that the best interests of the patient clearly so require."

While this exception would not permit parental notification without constraint whenever the program director feels it is appropriate, the Department believes it does provide the program director with significant discretion and does permit parental notification in the most egregious cases where the "best interests of the patient clearly so require." Accordingly, the Department has determined not to make any substantive changes in the manner in which the existing rule handles the issue of parental notification. However, proposed § 2.14 has been revised to clarify that no change in meaning is intended from the current rule.

Finally, it should be noted that this rule in no way compels a program to provide services to a minor without parental consent.

Separation of Clinical from Financial/Administrative Records

The current rules governing research, audit, or evaluation functions by a governmental agency at § 2.53 state that "programs should organize their records so that financial and administrative matters can be reviewed without disclosing clinical information and without disclosing patient identifying information except where necessary for audit verification." The proposed rule transformed this hortatory provision for maintenance of financial/administrative records apart from clinical records into a requirement in § 2.16 dealing with security for written records.

Several commenters predicted that such a requirement will pose an extremely cumbersome burden on programs, perhaps tantamount to requiring maintenance of two systems of files. The Final Rule has adopted the recommendation of those commenters to drop this requirement, primarily on the basis of the potential administrative and recordkeeping problems it poses in the varied treatment settings to which these regulations are applicable.

While it is desirable to withhold clinical information from any research, audit, or program evaluation function for which that clinical information is not absolutely essential, the Final Rule does not require recordkeeping practices designed to guarantee that outcome. The Final Rule does, of course, implement the statutory provisions which prohibits those who receive patient identifying information for the purpose of research, audits, or program evaluation from identifying, directly or indirectly, any individual patient in any report of such research, audit, or evaluation or otherwise disclosing patient identities in any manner (see §§ 2.52(b) and 2.53(d)).

Subpart C—Disclosures with Patient's Consent

Notice to Patients

Like the proposed rule, the Final Rule at § 2.22 requires that notice be given to patients that Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records. The response to this provision in the proposed rule reflects strong support for notifying patients of confidentiality protections, although many stressed that the notice should be simplified in order to be useful rather than confusing to the patient. Some of those who recommended against adoption of a notice provision did so on grounds that the notice as proposed is too complex. Therefore, in response to many who supported the notice provision and those who opposed it on grounds that it is too complex, the Final Rule substantially revises the elements which must be included in the written notice to each patient and accordingly rewrites the sample notice which a program may adopt at its option in fulfillment of the notice requirement.

Form of Written Consent

The proposed rule retains the requirements in § 2.31 of the existing regulations for written consent to disclosure of information which would identify an individual as an alcohol or drug abuser. There was a great deal of support among those who commented on this provision for the retention of the existing elements of written consent on grounds that the present system is working well and that the elements which go to make up written consent are sufficiently detailed to assure an opportunity for a patient to make an informed consent to disclose patient identifying information. Others recommended a more generalized consent form.

The Final Rule retains all elements previously required for written consent, though in one instance it will permit a more general description of the required information. The first of the required elements of written consent in both the existing and proposed rule (§ 2.31 (a)(1)) asks for the name of the program which is to make the disclosure. The Final Rule will amend that element by calling for "(1) The specific name or general designation of the program or person permitted to make the disclosure." This change will permit a patient to consent to disclosure from a category of facilities or from a single specified program. For example, a patient who chooses to authorize disclosure of all his or her records without the necessity of completing multiple consent forms or individually designating each program on a single consent form would consent to disclosure from all programs in which the patient has been enrolled as an alcohol or drug abuse patient. Or, a patient might narrow the scope of his or her consent to disclosure by permitting disclosure from all programs located in a specified city, from all programs operated by a named organization, or as now, the patient might limit consent to disclosure from a single named facility. (In this connection, the Department interprets the existing written consent requirements to permit consent to disclosure of information from many programs in one consent form by listing specifically each of those programs on the form.)

This change generalizes the consent form with respect to only one element without diminishing the potential for a patient's making an informed consent to disclose patient identifying information. The patient is in position to be informed of any programs in which he or she was previously enrolled and from which he or she is willing to have information disclosed.

With regard to deficient written consents, the Final Rule at § 2.31(c) reverts to language from the existing regulations rather than using the language of the proposed rule to express the idea that a disclosure may not be made on the basis of a written consent

which does not contain all required elements in compliance with paragraph (a) of § 2.31. There was no intention in drafting the proposed rule to establish a different or more stringent standard than currently exists prohibiting disclosures without a conforming written consent. Because that was misunderstood by some, the Final Rule will not permit disclosures on the basis of a written consent which, "On its face substantially fails to conform to any of the requirements set forth in paragraph (a) of this section . . ."

Express Consent to Redisclosure Permitted

Both the existing and proposed rules at § 2.32 prohibit redisclosure by a person who receives information from patient records pursuant to the written consent of the patient and who has been notified that the information is protected by Federal rules precluding redisclosure except as permitted by those Federal rules. However, the statement of the prohibition on redisclosure at § 2.32 does not make evident the Department's interpretation that it is possible for a patient, at the same time consent to disclosure is given, to consent to redisclosure in accordance with the Federal rules. The Final Rule rewords the statement of prohibition on redisclosure and adds the phrase shown in quotes below to the second sentence as follows:

> The Federal rules prohibit you from making any further disclosure of this information "unless further disclosure is expressly permitted by the" written consent of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2.

The purpose of the added phrase is to acknowledge that redisclosure of information may be expressly permitted in the patient's written consent to disclosure. For example, a patient may consent to disclose pertinent information to an employment agency and at the same time permit the employment agency to redisclose this information to potential employers, thus making unnecessary additional consent forms for redisclosures to individual employers. Similarly, a patient may consent to disclose pertient information to an insurance company for the purpose of claiming benefits, and at the same time consent to redisclosure by that insurance company to another organization or company for the purpose of administering the contract under which benefits are claimed by or on behalf of the patient.

Patient Consent to Unrestricted Communications for the Purpose of Criminal Justice System Referrals

Most of those who commented on the revision of § 2.35 generally supported the proposed changes. However, two State commenters encouraged retention of language in the existing regulations which explicitly permits a patient to consent to "unrestricted communications." Otherwise, those commenters say, the revision will act as a deterrent to criminal justice system referrals.

Both the proposed and Final Rule omit most limitations on disclosures to which a patient may consent. The criteria for permitting release of information with patient consent under the Final Rule are: (1) A valid consent under § 2.31 and (2) a determination that the information disclosed is necessary to carry out the purpose for which the consent was given (§ 2.13(a)). Although special rules for disclosures in connection with criminal justice system referrals were retained, they do not restrict "how much and what kind of information" a patient may consent to have disclosed under § 2.31. Section 2.31(a)(5) places no restrictions on how much or what kind of information a patient may consent to have disclosed. That section simply requires that each written consent describe how much and what kind of information the patient consents to have disclosed. A patient may consent to disclosure of any information concerning his or her participation in a program. In the case of a consent for the purpose of a criminal justice system referral, consent to disclose "any information concerning my participation in the program" pursuant to § 2.31(a)(5) would permit "unrestricted communications" from the program to appropriate persons within the criminal justice system to the same extent permitted by the existing rule. Therefore, the Final Rule does not substantively alter § 2.35 as proposed. (Paragraph (c) has been reworded for clarity.)

Subpart D—Disclosures Without Patient's Consent

Elimination of the Requirement to Verify Medical Personnel Status

The proposed regulations at § 2.51 implement the statutory provision which permits a disclosure "to medical personnel to the extent necessary to meet a bona fide medical emergency." The proposed rule added a requirement not contained in the existing § 2.51 that the program make a reasonable effort to verify that the recipient of the information is indeed medical personnel.

The Final Rule deletes the proposed verification requirement in response to comments from several sources that such a requirement is unnecessary, will cause delay, and could possibly impede emergency treatment. In view of those comments and our interest in easing the burden of compliance where possible, the Final Rule does not require verification of the "medical personnel" status of the recipient of information in the face of a medical emergency.

However, the statute permits disclosures only to medical personnel to meet a medical emergency and elimination of the verification requirement does not in any way expand upon the category of persons to whom a disclosure may be made to meet a medical emergency. Neither does elimination of the verification requirement affect the provision in the Final Rule at § 2.51(c) that a program document in the patient's records any disclosure which is made in the face of a medical emergency.

Assessment of Research Risks

The proposed regulations at § 2.52 modified and streamlined existing provisions in §§ 2.52 and 2.53 governing disclosures for scientific research. The proposal clarified that the determination of whether an individual is qualified to conduct scientific research would be left to the program director, and required that such qualified personnel have a research protocol which includes safeguards for storing patient identifying information and prohibits redisclosures except as allowed by these regulations.

The Final Rule adds an additional condition: The program director must ensure that a written statement is furnished by the researcher that the research protocol has been reviewed by an independent group of three or more individuals who found that the rights of patients would be adequately protected and that the potential benefits of the research outweigh any potential risks to patient confidentiality posed by the disclosure of records.

This revision was prompted by comment from both the public and private sectors that review of the research protocol for the purpose of ensuring the protection of human subjects participating in the research (in this case, the patients whose records are proposed for use in research) is imperative prior to permitting disclosure of patient identifying information for the conduct of scientific research. The requirement that researchers state in writing that the protocol has been reviewed for the protection of human subjects will provide an additional point

of reference for the program director in determining whether to release patient identifying information for research purposes.

Researchers who receive support from the Department and many other Federal agencies are required under regulations for the protection of human subjects to obtain review of their protocol from an "institutional review board (IRB)." Such boards generally are set up by the institution employing the researcher. Regulations require that IRBs be composed of persons with professional competence to review research, as well as persons who can judge sensitivity to community attitudes and ethical concerns. Documentation of review and approval by an IRB or by another group of at least three individuals, appropriately constituted to make judgements on issues concerning the protection of human subjects, would meet the new requirement in § 2.52(a)(3).

Audit and Evaluation Activities by Nongovernmental Entities

The proposed regulations at § 2.53 simplify and shorten the provisions on audit and evaluation activities and divide them into two categories: (1) Those activities that do not require copying or removal of patient records, and (2) those that require copying or removal of patient records. The proposed rule permits governmental agencies to conduct audit and evaluation activities in both categories. In addition, if no copying or removal of the records is involved, the program director may determine that other persons are "qualified personnel" for the purpose of conducting audit and evaluation activities. There is no provision for nongovernmental entities to perform any audit or evaluation activity if copying or removal of records is involved.

In response to the proposed rule the Department received comment that third party payers should be permitted to copy or remove records containing patient identifying information as is permitted by governmental agencies that finance or regulate alcohol or drug abuse programs.

Recognizing that private organizations, like governmental agencies, have a stake in the financial and programmatic integrity of treatment programs arising out of their financing of alcohol and drug abuse programs directly, out of peer review responsibilities, and as third party payers, the Final Rule permits access to patient identifying information for audit and evaluation activities by private organizations in circumstances identical to the access afforded governmental agencies. Specifically, if a private organization provides financial assistance to a program, is a third party payer covering patients in the program, or is a peer review organization performing a utilization or quality control review, the Final Rule permits the private organization to have access to patient identifying information for the purpose of participating in audit and evaluation activities to the same extent and under the same conditions as a governmental agency.

Audit and Evaluation of Medicare or Medicaid Programs

In response to specific questions which have come to the Department's attention and in recognition of the continued importance of the integrity of the Medicare and Medicaid programs to the delivery of alcohol and drug abuse services, the Final Rule includes a new paragraph (c) in § 2.53 which clarifies the audit and evaluation provisions as they pertain to Medicare or Medicaid.

Specifically, the new paragraph clarifies that the audit and evaluation function includes investigation for the purpose of administrative enforcement of any remedy imposed by law by any Federal, State, or local agency which has responsibility for oversight of the Medicare or Medicaid programs. The new paragraph makes explicit that the term "program" includes employees of or providers of medical services under an alcohol or drug abuse program. Finally, it clarifies that a peer review organization may communicate patient identifying information for the purpose of a Medicare or Medicaid audit or evaluation to the agency responsible for oversight of the Medicare or Medicaid program being evaluated or audited.

Subpart E—Court Orders Authorizing Disclosure and Use

Court-Ordered Disclosure of Confidential Communications

The existing regulations at § 2.63 limit a court order to "objective" data and prohibit court-ordered disclosure of "communications by a patient to personnel of the program." The proposed regulations delete the provision restricting a court order to objective data and precluding an order from reaching "communications by a patient to personnel of the program." Deletion of that provision provoked considerable discussion and concern on the part of a large number of persons, 85% of whom opposed allowing court-ordered disclosure of nonobjective data.

The Final Rule at § 2.63 restores protection for many "communications by a patient to personnel of the program" and information which is of a nonobjective nature, but it does not protect that information from court order in the face of an existing threat to a third party or in connection with an investigation or prosecution of an extremely serious crime.

Because the existing regulations seem to be dealing uniformly with two related but not necessarily identical types of information, i.e., "objective" data and "communications by a patient to personnel of the program," the Final Rule drops these terms in favor of the term "confidential communications," a term in use since 1975 in existing § 2.63–1. "Confidential communications" are the essence of those matters to be afforded protection and are as readily identified as "objective" data. Furthermore, protection of "confidential communications" is more relevant to maintaining patient trust in a program than is protection of "communications by a patient to personnel of the program," a term which does not distinguish between the innocuous and the highly sensitive communication.

Most comments in opposition to relaxing the court order limitations on confidential communications said that the potential for court-ordered disclosure of confidential communications will compromise the therapeutic environment, may deter some alcohol and drug abusers from entering treatment, and will yield information which may be readily misinterpreted or abused.

While freedom to be absolutely candid in communicating with an alcohol or drug abuse program may have therapeutic benefits and may be an incentive to treatment, it is the position of the Department that those therapeutic benefits cannot take precedence over two circumstances which merit court-ordered disclosure of confidential communications.

The first of these is a circumstance in which the patient poses a threat to any third party. Existing rules do not permit a court to authorize disclosure of any communication by a patient to a program; for example, that the patient is abusing a child or has expressed an intention to kill or seriously harm another person. The balance between patient confidentiality and an existing threat posed by the patient to life or of serious bodily injury to another person must be weighted in favor of permitting a court to order disclosure of confidential communications which are necessary to protect against such an existing threat.

The second of these circumstance is one in which a patient's confidential

communications to a program are necessary in connection with investigation or prosecution of an extremely serious crime, such as a crime which directly threatens loss of life or serious bodily injury. The Department takes the position that it is consistent with the intent of Congress and in the best interest of the Nation to permit the exercise of discretion by a court, within the context of the confidentiality law and regulations, to determine whether to authorize disclosure or use of confidential communications from a patient's treatment record in connection with such an investigation or prosecution.

Our aim is to strike a balance between absolute confidentiality for "confidential communications" on one side and on the other, to protect against any existing threat to life or serious bodily harm to others and to bring to justice those being investigated or prosecuted for an extremely serious crime who may have inflicted such harm in the past. While many confidential communications will remain beyond the reach of a court order, revised § 2.63 of the Final Rule will permit a court to authorize disclosure of confidential communications if the disclosure is necessary to protect against an existing threat to life or serious bodily injury, if disclosure is necessary in connection with investigation or prosecution of an extremely serious crime, or, as in the existing rule, if disclosure is in connection with a legal proceeding in which the patient himself/herself offers testimony or evidence concerning the confidential communications.

Open Hearing on Patient Request in Connection with a Court Order

Courts authorizing disclosure for noncriminal purposes are required at § 2.64(c) of the Final Rule to conduct any oral argument, review of evidence, or hearing in the judge's chambers or in some manner that ensures patient identifying information is not disclosed to anyone who is not a party to the proceeding, to a party holding the record, or to the patient. The existing rules provide that a patient may request an open hearing. The proposed rule did not provide for the patient to request an open hearing.

The existing and proposed rule provides that a patient may consent to use of his or her name rather than a fictitious name in any application for an order authorizing disclosure for noncriminal purposes. The existing rule requires "voluntary and intelligent" consent. The proposed rule ensures the quality of the consent by requiring that it be in writing and in compliance with § 2.31.

Upon reconsideration, the Department has reinstated the provision permitting a patient to consent to an open hearing in a noncriminal proceeding but with the same formality as is required by the proposed rule for a consent by the patient to use his or her name in an application for an order. Therefore, the Final Rule at § 2.64(c) requires that any hearing be held in such a way as to maintain the patient's confidentiality "unless the patient requests an open hearing in a manner which meets the written consent requirements of these regulations."

Content of Court Order—Sealing of Record as an Example

The content of a court order authorizing disclosure for noncriminal purposes and any order for disclosure and use to investigate or prosecute a program or the person holding the records is limited at § 2.64(e) to essential information and limits disclosure to those persons who have a need for the information. In addition, the court is required to take such other measures as are necessary to limit disclosure to protect the patient, the physician-patient relationship, and the treatment services. We have included at § 2.64(e)(3) an example of one such measure which may be necessary: sealing the record of any proceeding for which disclosure of a patient's records has been ordered. It is the Department's experience that heightened awareness of this possibility by members of the treatment community and legal profession can limit dissemination of patient identifying information to those for whom the court determined "good cause" exists without turning all or a part of a patient's treatment record into public information. The Final Rule adds as an example of a measure which the court might take to protect the patient, the physician-patient relationship and the treatment service "sealing from public scrutiny the record of any proceeding for which disclosure of a patient's record has been ordered." A similar change has also been made in § 2.67(d)(4).

Extremely Serious Crime as a Criterion for a Court Order to Investigate or Prosecute a Patient

The proposed rule at § 2.64 purported to retain the existing standard with regard to court orders which may be issued for the purpose of investigating or prosecuting a patient; i.e., the standard that no court order may authorize disclosure and use of patient records for investigation or prosecution of nonserious crimes. In an effort to clarify the nature of those crimes for which a court may order disclosure and use of patient records to investigate or prosecute the patient, the proposed rule dropped the term "extremely serious" crime in favor of a more specific functional definition of a crime which "causes or directly threatens loss of life or serious bodily injury." While the proposed rule purported to retain the existing standard, comments received from law enforcement agencies have contested that outcome, asserting that the criterion as proposed would be significantly narrowed. Arguing in favor of a broader standard, law enforcement interests advocated a more flexible criterion which would permit courts to weigh relevant factors on a case-by-case basis.

Inasmuch as the change in the proposed rule was intended to clarify—not to further limit—those crimes for which a court may authorize use of a patient's record to investigate or prosecute the patient, the Final Rule reinstates the existing language, "extremely serious." This broader criterion will permit more flexibility and discretion by the courts in deciding whether a crime is of a caliber which merits use of a patient's treatment record to investigate or prosecute the patient.

The Final Rule names as examples of "extremely serious" crimes homicide, rape, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect. Deleted from the list of proposed examples is "sale of illicit drugs."

Based on the view that most patients in drug abuse treatment are vulnerable to a charge of sale of illicit drugs, many commenters asked that "sale of illicit drugs" not be categorically named as an extremely serious crime. To do so, they asserted, would make almost all patients in drug rehabilitation or treatment programs vulnerable to investigation or prosecution by means of court-ordered use of their own treatment records.

While the Final Rule eliminates "sale of illicit drugs" as an example of an extremely serious crime, it does not alter the authority of a court to find that under appropriate circumstances sale of an illicit drug is, in fact, an extremely serious crime, and it reflects a decision to leave any such determination up to a court of competent jurisdiction which is called upon to order the use of a patient's treatment records to prosecute the patient in view of any circumstances known to the court.

New Law To Permit Reporting of Child Abuse and Neglect

Section 108 of Pub. L. 98-401, the Children's Justice and Assistance Act of 1988, amends sections 523(e) and 527(e) of the Public Health Service Act (42 U.S.C. 290dd-3(e) and 42 U.S.C. 290ee-3(e)) to permit the reporting of suspected child abuse and neglect to appropriate State or local authorities in accordance with State law. The amended sections of the Public Health Service Act provide:

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

This newly enacted statutory exception to the restrictions on disclosure of information which would identify an alcohol or drug abuse patient provides a straightforward avenue for making reports of incidents of suspected child abuse and neglect in accordance with State law without resort to devices explained in the preamble to the proposed rule, i.e., obtaining a court order, reporting without identifying the patient as an alcohol or drug abuser, getting the patient's written consent, entering into a qualified service organization agreement, or reporting a medical emergency to medical personnel. While the potential still exists for using the devices described in the proposed rule, there is no foreseeable reason to use them to report suspected child abuse and neglect in view of the amendment.

Although the new law excepts reports of suspected child abuse and neglect from the statutory restrictions on disclosure and use, it does not affect the applicability of the restrictions to the original alcohol and drug abuse patient record maintained by the program. Accordingly, if, following a report of suspected child abuse or neglect, the appropriate State authorities wish to subpoena patient records (or program personnel to testify about patient records) for civil or criminal proceedings relating to the child abuse or neglect, appropriate authorization would be required under the statutes and regulations. While written patient consent would suffice for a civil proceeding, it would be necessary to obtain an authorizing court order under paragraph (b)(2)(C) of the confidentiality statutes and § 2.65 of the regulations for use of the record to criminally investigate or prosecute a patient.

Editorial Changes

The Final Rule makes very few editorial or clarifying changes to the regulations as proposed.

Number, tense, punctuation, and sequential numbering are changed where appropriate. Definitions applicable only to prevention of multiple enrollments in detoxification and maintenance treatment programs are moved from the definitions section to § 2.34. Section 2.35(c) has been rewritten for clarity. A clarifying phrase or word is added to the definition of "patient identifying information" at § 2.11, to § 2.19 (a)(1) and (b)(1) and to § 2.31(a)(8). The phrase "or other" has been added to § 2.53(c) because a court order under § 2.66 may be issued to investigate a program for criminal or administrative purposes. At § 2.65(d)(3) alternative language is adopted consistent with language used elsewhere to express a similar thought. At § 2.65 (d)(4) the term "program" is used in lieu of "person holding the records" inasmuch as none but a program will be providing services to patients.

Regulatory Procedures

Executive Order 12291

This is not a major rule under Executive Order 12291. Overall costs to general medical care facilities will be reduced as a result of the decision to apply the regulations only to specialized alcohol and drug abuse treatment programs. Cost to covered programs will be reduced somewhat by simplification of the rules. The amendments do not have an annual effect on the economy of $100 million or more or otherwise meet the criteria for a major rule under the Executive Order. Thus, no regulatory analysis is required.

Regulatory Flexibility Act

As a result of the decision to apply the regulations only to specialized alcohol and drug abuse treatment programs, the Final Rule will not have a significant economic impact on a substantial number of small entities. The regulations will no longer apply to general medical care providers which render alcohol or drug abuse services incident to their general medical care functions; thus, the number of small entities affected will be less than substantial. The economic impact will be less than significant because much of that impact arises from the cost of determining that the records of a general medical care patient are subject to the regulations and thereafter treating those records differently than all others in the general medical care facility. It is anticipated that programs covered by these rules will realize a small savings as a result of the simplification of the rules.

Information Collection Requirements

Information collection requirements in this Final Rule are:

(1) Obtaining written patient consent (§ 2.31(a)),

(2) Notifying each patient of confidentiality provisions (§ 2.22), and

(3) Documenting any disclosure to meet a medical emergency (§ 2.51).

The information collection requirements contained in these final regulations have been approved by the Office of Management and Budget under section 3504(h) of the Paperwork Reduction Act of 1980 and have been assigned control number 0930-0099, approved for use through April 30, 1989.

List of Subjects in 42 CFR Part 2

Alcohol abuse, Alcoholism, Confidentiality, Drug abuse, Health records, Privacy.

Dated: July 3, 1986.

Robert E. Windom,

Assistant Secretary for Health.

Approved: April 9, 1987.

Otis R. Bowen,

Secretary.

The amendments to 42 CFR Part 2 are hereby adopted as revised and set forth below:

PART 2—CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

Subpart A—Introduction

Sec.

Subpart B—General Provisions

Subpart C—Disclosures With Patient's Consent

Subpart D—Disclosures Without Patient Consent

Subpart E—Court Orders Authorizing Disclosures and Use

Authority: Sec. 408 of Pub. L. 92–255, 86 Stat. 79, as amended by sec. 303 (a), (b) of Pub. L. 93–282, 83 Stat. 137, 138; sec. 4(c)(5)(A) of Pub. L. 94–237, 90 Stat. 244; sec. 111(c)(3) of Pub. L. 94–581, 90 Stat. 2852; sec. 509 of Pub. L. 96–88, 93 Stat. 695; sec. 973(d) of Pub. L. 97–35, 95 Stat. 598; and transferred to sec. 527 of the Public Health Service Act by sec. 2(b)(16)(B) of Pub. L. 98–24, 97 Stat. 182 and as amended by sec. 106 of Pub. L. 99–401, 100 Stat. 907 (42 U.S.C. 290ee–3), and sec. 333 of Pub. L. 91–616, 84 Stat. 1853, as amended by sec. 122(a) of Pub. L. 93–282, 88 Stat. 131; and sec. 111(c)(4) of Pub. L. 94–581, 90 Stat. 2852 and transferred to sec. 523 of the Public Health Service Act by sec. 2(b)(13) of Pub. L. 98–24, 97 Stat. 181 and as amended by sec. 106 of Pub. L. 99–401, 100 Stat. 907 (42 U.S.C. 290dd–3).

Subpart A—Introduction

§ 2.1 Statutory authority for confidentiality of drug abuse patient records.

The restrictions of these regulations upon the disclosure and use of drug abuse patient records were initially authorized by section 408 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act (21 U.S.C. 1175). That section as amended was transferred by Pub. L. 98–24 to section 527 of the Public Health Service Act which is codified at 42 U.S.C. 290ee–3. The amended statutory authority is set forth below:

Section 290ee–3. Confidentiality of patient records.

(a) Disclosure authorization

Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b) Purposes and circumstances of disclosure affecting consenting patient and patient regardless of consent

(1) The content of any record referred to in subsection (a) of this section may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained, but only to such extent, under such circumstances, and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g) of this section.

(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Prohibition against use of record in making criminal charges or investigation of patient

Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) Continuing prohibition against disclosure irrespective of status as patient

The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(e) Armed Forces and Veterans' Administration; interchange of records; report of suspected child abuse and neglect to State or local authorities

The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

(f) Penalty for first and subsequent offenses

Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than $500 in the case of a first offense, and not more than $5,000 in the case of each subsequent offense.

(g) Regulations; interagency consultations; definitions, safeguards, and procedures, including procedures and criteria for issuance and scope of orders

Except as provided in subsection (h) of this section, the Secretary, after consultation with the Administrator of Veterans' Affairs and the heads of other Federal departments and agencies substantially affected thereby, shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards and procedures, including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C) of this section, as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(Subsection (h) was superseded by section 111(c)(3) of Pub. L. 94–581. The responsibility of the Administrator of Veterans' Affairs to write regulations to provide for confidentiality of drug abuse patient records under Title 38 was moved from 21 U.S.C. 1175 to 38 U.S.C. 4134.)

§ 2.2 Statutory authority for confidentiality of alcohol abuse patient records.

The restrictions of these regulations upon the disclosure and use of alcohol abuse patient records were initially authorized by section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (42 U.S.C. 4582). The section as amended was transferred by Pub. L. 98–24 to section 523 of the Public Health Service Act

which is codified at 42 U.S.C. 290dd–3. The amended statutory authority is set forth below:

Section 290dd–3. Confidentiality of patient records

(a) Disclosure authorization

Records of the identity. diagnosis. prognosis. or treatment of any patient which are maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education. training. treatment. rehabilitation. or research. which is conducted. regulated. or directly or indirectly assisted by any department or agency of the United States shall. except as provided in subsection (e) of this section. be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b) Purposes and circumstances of disclosure affecting consenting patient and patient regardless of consent

(1) The content of any record referred to in subsection (a) of this section may be disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained. but only to such extent. under such circumstances. and for such purposes as may be allowed under regulations prescribed pursuant to subsection (g) of this section.

(2) Whether or not the patient. with respect to whom any given record referred to in subsection (a) of this section is maintained. gives his written consent. the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research. management audits. financial audits. or program evaluation. but such personnel may not identify. directly or indirectly. any individual patient in any report of such research. audit. or evaluation. or otherwise disclose patient identities in any manner.

(C) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the patient. to the physician-patient relationship. and to the treatment services. Upon the granting of such order. the court. in determining the extent to which any disclosure of all or any part of any record is necessary. shall impose appropriate safeguards against unauthorized disclosure.

(c) Prohibition against use of record in making criminal charges or investigation of patient

Except as authorized by a court order granted under subsection (b)(2)(C) of this section. no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) Continuing prohibition against disclosure irrespective of status as patient

The prohibitions of this section continue to apply to records concerning any individual who has been a patient. irrespective of whether or when he ceases to be a patient.

(e) Armed Forces and Veterans' Administration; interchange of record of suspected child abuse and neglect to State or local authorities

The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans. or

(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

(f) Penalty for first and subsequent offenses

Any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than $500 in the case of a first offense. and not more than $5.000 in the case of each subsequent offense.

(g) Regulations of Secretary; definitions. safeguards. and procedures. including procedures and criteria for issuance and scope of orders

Except as provided in subsection (h) of this section. the Secretary shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions. and may provide for such safeguards and procedures. including procedures and criteria for the issuance and scope of orders under subsection (b)(2)(C) of this section. as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section. to prevent circumvention or evasion thereof. or to facilitate compliance therewith.

(Subsection (h) was superseded by section 111(c)(4) of Pub. L. 94–581. The responsibility of the Administrator of Veterans' Affairs to write regulations to provide for confidentiality of alcohol abuse patient records under Title 38 was moved from 42 U.S.C. 4582 to 38 U.S.C. 4134.)

§ 2.3 Purpose and effect.

(a) *Purpose.* Under the statutory provisions quoted in §§ 2.1 and 2.2. these regulations impose restrictions upon the disclosure and use of alcohol and drug abuse patient records which are maintained in connection with the performance of any federally assisted alcohol and drug abuse program. The regulations specify:

(1) Definitions. applicability. and general restrictions in Subpart B. (definitions applicable to § 2.34 only appear in that section);

(2) Disclosures which may be made with written patient consent and the form of the written consent in Subpart C;

(3) Disclosures which may be made without written patient consent or an authorizing court order in Subpart D; and

(4) Disclosures and uses of patient records which may be made with an authorizing court order and the procedures and criteria for the entry and scope of those orders in Subpart E.

(b) *Effect.* (1) These regulations prohibit the disclosure and use of patient records unless certain circumstances exist. If any circumstances exists under which disclosure is permitted. that circumstance acts to remove the prohibition on disclosure but it does not compel disclosure. Thus. the regulations do not require disclosure under any circumstances.

(2) These regulations are not intended to direct the manner in which substantive functions such as research. treatment. and evaluation are carried out. They are intended to insure that an alcohol or drug abuse patient in a federally assisted alcohol or drug abuse program is not made more vulnerable by reason of the availability of his or her patient record than an individual who has an alcohol or drug problem and who does not seek treatment.

(3) Because there is a criminal penalty (a fine—see 42 U.S.C. 290ee–3(f). 42 U.S.C. 290dd–3(f) and 42 CFR § 2.4) for violating the regulations. they are to be construed strictly in favor of the potential violator in the same manner as a criminal statute (see *M. Kraus & Brothers v. United States.* 327 U.S. 614. 621–22. 66 S. Ct. 705. 707–08 (1946)).

§ 2.4 Criminal penalty for violation.

Under 42 U.S.C. 290ee–3(f) and 42 U.S.C. 290dd–3(f). any person who violates any provision of these statutes or these regulations shall be fined not more than $500 in the case of a first offense. and not more than $5.000 in the case of each subsequent offense.

§ 2.5 Reports of violations.

(a) The report of any violation of these regulations may be directed to the United States Attorney for the judicial district in which the violation occurs.

(b) The report of any violation of these regulations by a methadone program may be directed to the Regional Offices of the Food and Drug Administration.

Subpart B—General Provisions

§ 2.11 Definitions.

For purposes of these regulations:

Alcohol abuse means the use of an alcoholic beverage which impairs the

physical. mental. emotional. or social well-being of the user.

Drug abuse means the use of a psychoactive substance for other than medicinal purposes which impairs the physical. mental. emotional. or social well-being of the user.

Diagnosis means any reference to an individual's alcohol or drug abuse or to a condition which is identified as having been caused by that abuse which is made for the purpose of treatment or referral for treatment.

Disclose or disclosure means a communication of patient indentifying information. the affirmative verification of another person's communication of patient identifying information. or the communication of any information from the record of a patient who has been identified.

Informant means an individual:

(a) Who is a patient or employee of a program or who becomes a patient or employee of a program at the request of a law enforcement agency or official: and

(b) Who at the request of a law enforcement agency or official observes one or more patients or employees of the program for the purpose of reporting the information obtained to the law enforcement agency or official.

Patient means any individual who has applied for or been given diagnosis or treatment for alcohol or drug abuse at a federally assisted program and includes any individual who. after arrest on a criminal charge. is identified as an alcohol or drug abuser in order to determine that individual's eligibility to participate in a program.

Patient identifying information means the name. address. social security number. fingerprints. photograph. or similar information by which the identity of a patient can be determined with reasonable accuracy and speed either directly or by reference to other publicly available information. The term does not include a number assigned to a patient by a program. if that number does not consist of. or contain numbers (such as a social security. or driver's license number) which could be used to identify a patient with reasonable accuracy and speed from sources external to the program.

Person means an individual. partnership. corporation. Federal. State or local government agency. or any other legal entity.

Program means a person which in whole or in part holds itself out as providing. and provides. alcohol or drug abuse diagnosis. treatment. or referral for treatment. For a general medical care facility or any part thereof to be a program. it must have:

(a) An identified unit which provides alcohol or drug abuse diagnosis. treatment. or referral for treatment or

(b) Medical personnel or other staff whose primary function is the provision of alcohol or drug abuse diagnosis. treatment. or referral for treatment and who are identified as such providers.

Program director means:

(a) In the case of a program which is an individual. that individual:

(b) In the case of a program which is an organization. the individual designated as director. managing director. or otherwise vested with authority to act as chief executive of the organization.

Qualified service organization means a person which:

(a) Provides services to a program. such as data processing. bill collecting. dosage preparation. laboratory analyses. or legal. medical. accounting. or other professional services. or services to prevent or treat child abuse or neglect. including training on nutrition and child care and individual and group therapy. and

(b) Has entered into a written agreement with a program under which that person:

(1) Acknowledges that in receiving. storing. processing or otherwise dealing with any patient records from the programs. it is fully bound by these regulations: and

(2) If necessary. will resist in judicial proceedings any efforts to obtain access to patient records except as permitted by these regulations.

Records means any information. whether recorded or not. relating to a patient received or acquired by a federally assisted alcohol or drug program.

Third party payer means a person who pays. or agrees to pay. for diagnosis or treatment furnished to a patient on the basis of a contractual relationship with the patient or a member of his family or on the basis of the patient's eligibility for Federal. State. or local governmental benefits.

Treatment means the management and care of a patient suffering from alcohol or drug abuse. a condition which is identified as having been caused by that abuse. or both. in order to reduce or eliminate the adverse effects upon the patient.

Undercover agent means an officer of any Federal. State. or local law. enforcement agency who enrolls in or becomes an employee of a program for the purpose of investigating a suspected violation of law or who pursues that purpose after enrolling or becoming employed for other purposes.

§ 2.12 Applicability.

(a) *General*—(1) *Restrictions on disclosure.* The restrictions on disclosure in these regulations apply to any information. whether or not recorded. which:

(i) Would identify a patient as an alcohol or drug abuser either directly. by reference to other publicly available information. or through verification of such an identification by another person: and

(ii) Is drug abuse information obtained by a federally assisted drug abuse program after March 20. 1972. or is alcohol abuse information obtained by a federally assisted alcohol abuse program after May 13. 1974 (or if obtained before the pertinent date. is maintained by a federally assisted alcohol or drug abuse program after that date as part of an ongoing treatment episode which extends past that date) for the purpose of treating alcohol or drug abuse. making a diagnosis for that treatment. or making a referral for that treatment.

(2) *Restriction on use.* The restriction on use of information to initiate or substantiate any criminal charges against a patient or to conduct any criminal investigation of a patient (42 U.S.C. 290ee–3(c). 42 U.S.C. 290dd–3(c)) applies to any information. whether or not recorded which is drug abuse information obtained by a federally assisted drug abuse program after March 20. 1972. or is alcohol abuse information obtained by a federally assisted alcohol abuse program after May 13. 1974 (or if obtained before the pertinent date. is maintained by a federally assisted alcohol or drug abuse program after that date as part of an ongoing treatment episode which extends past that date). for the purpose of treating alcohol or drug abuse. making a diagnosis for the treatment. or making a referral for the treatment.

(b) *Federal assistance.* An alcohol abuse or drug abuse program is considered to be federally assisted if:

(1) It is conducted in whole or in part. whether directly or by contract or otherwise by any department or agency of the United States (but see paragraphs (c)(1) and (c)(2) of this section relating to the Veterans' Administration and the Armed Forces):

(2) It is being carried out under a license. certification. registration. or other authorization granted by any department or agency of the United States including but not limited to:

(i) Certification of provider status under the Medicare program:

(ii) Authorization to conduct methadone maintenance treatment (see 21 CFR 291.505); or

(iii) Registration to dispense a substance under the Controlled Substances Act to the extent the controlled substance is used in the treatment of alcohol or drug abuse;

(3) It is supported by funds provided by any department or agency of the United States by being:

(i) A recipient of Federal financial assistance in any form, including financial assistance which does not directly pay for the alcohol or drug abuse diagnosis, treatment, or referral activities; or

(ii) Conducted by a State or local government unit which, through general or special revenue sharing or other forms of assistance, receives Federal funds which could be (but are not necessarily) spent for the alcohol or drug abuse program; or

(4) It is assisted by the Internal Revenue Service of the Department of the Treasury through the allowance of income tax deductions for contributions to the program or through the granting of tax exempt status to the program.

(c) *Exceptions*—(1) *Veterans' Administration.* These regulations do not apply to information on alcohol and drug abuse patients maintained in connection with the Veterans' Administraton provisions of hospital care, nursing home care, domiciliary care, and medical services under Title 38, United States Code. Those records are governed by 38 U.S.C. 4132 and regulations issued under that authority by the Administrator of Veterans' Affairs.

(2) *Armed Forces.* These regulations apply to any information described in paragraph (a) of this section which was obtained by any component of the Armed Forces during a period when the patient was subject to the Uniform Code of Military Justice except:

(i) Any interchange of that information within the Armed Forces; and

(ii) Any interchange of that information between the Armed Forces and those components of the Veterans Administration furnishing health care to veterans.

(3) *Communication within a program or between a program and an entity having direct administrative control over that program.* The restrictions on disclosure in these regulations do not apply to communications of information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of alcohol or drug abuse if the communications are

(i) within a program or

(ii) between a program and an entity that has direct administrative control over the program.

(4) *Qualified Service Organizations.* The restrictions on disclosure in these regulations do not apply to communications between a program and a qualified service organization of information needed by the organization to provide services to the program.

(5) *Crimes on program premises or against program personnel.* The restrictions on disclosure and use in these regulations do not apply to communications from program personnel to law enforcement officers which—

(i) Are directly related to a patient's commission of a crime on the premises of the program or against program personnel or to a threat to commit such a crime; and

(ii) Are limited to the circumstances of the incident, including the patient status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

(6) *Reports of suspected child abuse and neglect.* The restrictions on disclosure and use in these regulations do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities. However, the restrictions continue to apply to the original alcohol or drug abuse patient records maintained by the program including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

(d) *Applicability to recipients of information*—(1) *Restriction on use of information.* The restriction on the use of any information subject to these regulations to initiate or substantiate any criminal charges against a patient or to conduct any criminal investigation of a patient applies to any person who obtains that information from a federally assisted alcohol or drug abuse program, regardless of the status of the person obtaining the information or of whether the information was obtained in accordance with these regulations. This restriction on use bars, among other things, the introduction of that information as evidence in a criminal proceeding and any other use of the information to investigate or prosecute a patient with respect to a suspected crime. Information obtained by undercover agents or informants (see § 2.17) or through patient access (see § 2.23) is subject to the restriction on use.

(2) *Restrictions on disclosures—Third party payers, administrative entities, and others.* The restrictions on disclosure in these regulations apply to:

(i) Third party payers with regard to records disclosed to them by federally assisted alcohol or drug abuse programs;

(ii) Entities having direct administrative control over programs with regard to information communicated to them by the program under § 2.12(c)(3); and

(iii) Persons who receive patient records directly from a federally assisted alcohol or drug abuse program and who are notified of the restrictions on redisclosure of the records in accordance with § 2.32 of these regulations.

(e) *Explanation of applicability*—(1) *Coverage.* These regulations cover any information (including information on referral and intake) about alcohol and drug abuse patients obtained by a program (as the terms "patient" and "program" are defined in § 2.11) if the program is federally assisted in any manner described in § 2.12(b). Coverage includes, but is not limited to, those treatment or rehabilitation programs, employee assistance programs, programs within general hospitals, school-based programs, and private practitioners who hold themselves out as providing, and provide alcohol or drug abuse diagnosis, treatment, or referral for treatment.

(2) *Federal assistance to program required.* If a patient's alcohol or drug abuse diagnosis, treatment, or referral for treatment is not provided by a program which is federally conducted, regulated or supported in a manner which constitutes Federal assistance under § 2.12(b), that patient's record is not covered by these regulations. Thus, it is possible for an individual patient to benefit from Federal support and not be covered by the confidentiality regulations because the program in which the patient is enrolled is not federally assisted as defined in § 2.12(b). For example, if a Federal court placed an individual in a private for-profit program and made a payment to the program on behalf of that individual, that patient's record would not be covered by these regulations unless the program itself received Federal assistance as defined by § 2.12(b).

(3) *Information to which restrictions are applicable.* Whether a restriction is on use or disclosure affects the type of information which may be available. The restrictions on disclosure apply to any information which would identify a

patient as an alcohol or drug abuser. The restriction on use of information to bring criminal charges against a patient for a crime applies to any information obtained by the program for the purpose of diagnosis. treatment. or referral for treatment of alcohol or drug abuse. (Note that restrictions on use and disclosure apply to recipients of information under § 2.12(d).)

(4) *How type of diagnosis affects coverage.* These regulations cover any record of a diagnosis identifying a patient as an alcohol or drug abuser which is prepared in connection with the treatment or referral for treatment of alcohol or drug abuse. A diagnosis prepared for the purpose of treatment or referral for treatment but which is not so used is covered by these regulations. The following are not covered by these regulations:

(i) A diagnosis which is made solely for the purpose of providing evidence for use by law enforcement authorities; or

(ii) A diagnosis of drug overdose or alcohol intoxication which clearly shows that the individual involved is not an alcohol or drug abuser (e.g., involuntary ingestion of alcohol or drugs or reaction to a prescribed dosage of one or more drugs).

§ 2.13 Confidentiality restrictions.

(a) *General.* The patient records to which these regulations apply may be disclosed or used only as permitted by these regulations and may not otherwise be disclosed or used in any civil, criminal, administrative, or legislative proceedings conducted by any Federal, State, or local authority. Any disclosure made under these regulations must be limited to that information which is necessary to carry out the purpose of the disclosure.

(b) *Unconditional compliance required.* The restrictions on disclosure and use in these regulations apply whether the holder of the information believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other official, has obtained a subpoena, or asserts any other justification for a disclosure or use which is not permitted by these regulations.

(c) *Acknowledging the presence of patients: Responding to requests.* (1) The presence of an identified patient in a facility or component of a facility which is publicly identified as a place where only alcohol or drug abuse diagnosis, treatment, or referral is provided may be acknowledged only if the patient's written consent is obtained in accordance with subpart C of these regulations or if an authorizing court order is entered in accordance with Subpart E of these regulations. The regulations permit acknowledgement of the presence of an identified patient in a facility or part of a facility if the facility is not publicly identified as only an alcohol or drug abuse diagnosis, treatment or referral facility, and if the acknowledgement does not reveal that the patient is an alcohol or drug abuser.

(2) Any answer to a request for a disclosure of patient records which is not permissible under these regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being diagnosed or treated for alcohol or drug abuse. An inquiring party may be given a copy of these regulations and advised that they restrict the disclosure of alcohol or drug abuse patient records, but may not be told affirmatively that the regulations restrict the disclosure of the records of an identified patient. The regulations do not restrict a disclosure that an identified individual is not and never has been a patient.

§ 2.14 Minor patients.

(a) *Definition of minor.* As used in these regulations the term "minor" means a person who has not attained the age of majority specified in the applicable State law, or if no age of majority is specified in the applicable State law, the age of eighteen years.

(b) *State law not requiring parental consent to treatment.* If a minor patient acting alone has the legal capacity under the applicable State law to apply for and obtain alcohol or drug abuse treatment, any written consent for disclosure authorized under Subpart C of these regulations may be given only by the minor patient. This restriction includes, but is not limited to, any disclosure of patient identifying information to the parent or guardian of a minor patient for the purpose of obtaining financial reimbursement. These regulations do not prohibit a program from refusing to provide treatment until the minor patient consents to the disclosure necessary to obtain reimbursement, but refusal to provide treatment may be prohibited under a State or local law requiring the program to furnish the service irrespective of ability to pay.

(c) *State law requiring parental consent to treatment.* (1) Where State law requires consent of a parent, guardian, or other person for a minor to obtain alcohol or drug abuse treatment, any written consent for disclosure authorized under Subpart C of these regulations must be given by both the minor and his or her parent, guardian, or other person authorized under State law to act in the minor's behalf.

(2) Where State law requires parental consent to treatment the fact of a minor's application for treatment may be communicated to the minor's parent, guardian, or other person authorized under State law to act in the minor's behalf only if:

(i) The minor has given written consent to the disclosure in accordance with Subpart C of these regulations or

(ii) The minor lacks the capacity to make a rational choice regarding such consent as judged by the program director under paragraph (d) of this section.

(d) *Minor applicant for services lacks capacity for rational choice.* Facts relevant to reducing a threat to the life or physical well being of the applicant or any other individual may be disclosed to the parent, guardian, or other person authorized under State law to act in the minor's behalf if the program director judges that:

(1) A minor applicant for services lacks capacity because of extreme youth or mental or physical condition to make a rational decision on whether to consent to a disclosure under Subpart C of these regulations to his or her parent, guardian, or other person authorized under State law to act in the minor's behalf, and

(2) The applicant's situation poses a substantial threat to the life or physical well being of the applicant or any other individual which may be reduced by communicating relevant facts to the minor's parent, guardian, or other person authorized under State law to act in the minor's behalf.

§ 2.15 Incompetent and deceased patients.

(a) *Incompetent patients other than minors—(1) Adjudication of incompetence.* In the case of a patient who has been adjudicated as lacking the capacity, for any reason other than insufficient age, to manage his or her own affairs, any consent which is required under these regulations may be given by the guardian or other person authorized under State law to act in the patient's behalf.

(2) *No adjudication of incompetency.* For any period for which the program director determines that a patient, other than a minor or one who has been adjudicated incompetent, suffers from a medical condition that prevents knowing or effective action on his or her own behalf, the program director may exercise the right of the patient to consent to a disclosure under Subpart C of these regulations for the sole purpose

of obtaining payment for services from a third party payer.

(b) *Deceased patients*—(1) *Vital statistics.* These regulations do not restrict the disclosure of patient identifying information relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

(2) *Consent by personal representative.* Any other disclosure of information identifying a deceased patient as an alcohol or drug abuser is subject to these regulations. If a written consent to the disclosure is required, that consent may be given by an executor, administrator, or other personal representative appointed under applicable State law. If there is no such appointment the consent may be given by the patient's spouse or, if none, by any responsible member of the patient's family.

§ 2.16 Security for written records.

(a) Written records which are subject to these regulations must be maintained in a secure room, locked file cabinet, safe or other similar container when not in use; and

(b) Each program shall adopt in writing procedures which regulate and control access to and use of written records which are subject to these regulations.

§ 2.17 Undercover agents and informants.

(a) *Restrictions on placement.* Except as specifically authorized by a court order granted under § 2.6 of these regulations, no program may knowingly employ, or enroll as a patient, any undercover agent or informant.

(b) *Restriction on use of information.* No information obtained by an undercover agent or informant, whether or not that undercover agent or informant is place in a program pursuant to an authorizing court order, may be used to criminally investigate or prosecute any patient.

§ 2.18 Restrictions on the use of identification cards.

No person may require any patient to carry on his or her person while away from the program premises any card or other object which would identify the patient as an alcohol or drug abuser. This section does not prohibit a person from requiring patients to use or carry cards or other identification objects on the premises of a program.

§ 2.19 Disposition of records by discontinued programs.

(a) *General.* If a program discontinues operations or is taken over or acquired by another program, it must purge patient identifying information from its records or destroy the records unless—

(1) The patient who is the subject of the records gives written consent (meeting the requirements of § 2.31) to a transfer of the records to the acquiring program or to any other program designated in the consent (the manner of obtaining this consent must minimize the likelihood of a disclosure of patient identifying information to a third party); or

(2) There is a legal requirement that the records be kept for a period specified by law which does not expire until after the discontinuation or acquisition of the program.

(b) *Procedure where retention period required by law.* If paragraph (a)(2) of this section applies, the records must be:

(1) Sealed in envelopes or other containers labeled as follows: "Records of [insert name of program] required to be maintained under [insert citation to statute, regulation, court order or other legal authority requiring that records be kept] until a date not later than [insert appropriate date]"; and

(2) Held under the restrictions of these regulations by a responsible person who must, as soon as practicable after the end of the retention period specified on the label, destroy the records.

§ 2.20 Relationship to State laws.

The statutes authorizing these regulations (42 U.S.C. 290ee–3 and 42 U.S.C. 290dd–3) do not preempt the field of law which they cover to the exclusion of all State laws in that field. If a disclosure permitted under these regulations is prohibited under State law, neither these regulations nor the authorizing statutes may be construed to authorize any violation of that State law. However, no State law may either authorize or compel any disclosure prohibited by these regulations.

§ 2.21 Relationship to Federal statutes protecting research subjects against compulsory disclosure of their identity.

(a) *Research privilege description.* There may be concurrent coverage of patient identifying information by these regulations and by administrative action taken under: Section 303(a) of the Public Health Service Act (42 U.S.C. 242a(a)) and the implementing regulations at 42 CFR Part 2a); or section 502(c) of the Controlled Substances Act (21 U.S.C. 872(c) and the implementing regulations at 21 CFR 1316.21). These "research privilege" statutes confer on the Secretary of Health and Human Services and on the Attorney General, respectively, the power to authorize researchers conducting certain types of research to withhold from all persons not connected with the research the names and other identifying information concerning individuals who are the subjects of the research.

(b) *Effect of concurrent coverage.* These regulations restrict the disclosure and use of information about patients, while administrative action taken under the research privilege statutes and implementing regulations protects a person engaged in applicable research from being compelled to disclose any identifying characteristics of the individuals who are the subjects of that research. The issuance under Subpart E of these regulations of a court order authorizing a disclosure of information about a patient does not affect an exercise of authority under these research privilege statutes. However, the research privilege granted under 21 CFR 291.505(g) to treatment programs using methadone for maintenance treatment does not protect from compulsory disclosure any information which is permitted to be disclosed under these regulations. Thus, if a court order entered in accordance with Subpart E of these regulations authorizes a methadone maintenance treatment program to disclose certain information about its patients, that program may not invoke the research privilege under 21 CFR 291.505(g) as a defense to a subpoena for that information.

§ 2.22 Notice to patients of Federal confidentiality requirements.

(a) *Notice required.* At the time of admission or as soon thereafter as the patient is capable of rational communication, each program shall:

(1) Communicate to the patient that Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records; and

(2) Give to the patient a summary in writing of the Federal law and regulations.

(b) *Required elements of written summary.* The written summary of the Federal law and regulations must include:

(1) A general description of the limited circumstances under which a program may acknowledge that an individual is present at a facility or disclose outside the program information identifying a patient as an alcohol or drug abuser.

(2) A statement that violation of the Federal law and regulations by a program is a crime and that suspected violations may be reported to appropriate authorities in accordance with these regulations.

(3) A statement that information related to a patient's commission of a crime on the premises of the program or

against personnel of the program is not protected.

(4) A statement that reports of suspected child abuse and neglect made under State law to appropriate State or local authorities are not protected.

(5) A citation to the Federal law and regulations.

(c) *Program options.* The program may devise its own notice or may use the sample notice in paragraph (d) to comply with the requirement to provide the patient with a summary in writing of the Federal law and regulations. In addition, the program may include in the written summary information concerning State law and any program policy not inconsistent with State and Federal law on the subject of confidentiality of alcohol and drug abuse patient records.

(d) *Sample notice.*

Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser *Unless:*

(1) The patient consents in writing;

(2) The disclosure is allowed by a court order; or

(3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd–3 and 42 U.S.C. 290ee–3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

(Approved by the Office of Management and Budget under Control No. 0930–0099.)

§ 2.23 Patient access and restrictions on use.

(a) *Patient access not prohibited.* These regulations do not prohibit a program from giving a patient access to his or her own records, including the opportunity to inspect and copy any records that the program maintains about the patient. The program is not required to obtain a patient's written consent or other authorization under these regulations in order to provide such access to the patient.

(b) *Restriction on use of information.* Information obtained by patient access to his or her patient record is subject to the restriction on use of his information to initiate or substantiate any criminal charges against the patient or to conduct any criminal investigation of the patient as provided for under § 2.12(d)(1).

Subpart C—Disclosures With Patient's Consent

§ 2.31 Form of written consent.

(a) *Required elements.* A written consent to a disclosure under these regulations must include:

(1) The specific name or general designation of the program or person permitted to make the disclosure.

(2) The name or title of the individual or the name of the organization to which disclosure is to be made.

(3) The name of the patient.

(4) The purpose of the disclosure.

(5) How much and what kind of information is to be disclosed.

(6) The signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent under § 2.14; or, when required for a patient who is incompetent or deceased, the signature of a person authorized to sign under § 2.15 in lieu of the patient.

(7) The date on which the consent is signed.

(8) A statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer.

(9) The date, event, or condition upon which the consent will expire if not revoked before. This date, event, or condition must insure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.

(b) *Sample consent form.* The following form complies with paragraph (a) of this section, but other elements may be added.

1. I (name of patient) ☐ Request ☐ Authorize:

2. (name or general designation of program which is to make the disclosure)

3. To disclose: (kind and amount of information to be disclosed)

4. To: (name or title of the person or organization to which disclosure is to be made)

5. For (purpose of the disclosure)

6. Date (on which this consent is signed)

7. Signature of patient

8. Signature of parent or guardian (where required)

9. Signature of person authorized to sign in lieu of the patient (where required)

10. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon: (specific date, event, or condition)

(c) *Expired, deficient, or false consent.* A disclosure may not be made on the basis of a consent which:

(1) Has expired;

(2) On its face substantially fails to conform to any of the requirements set forth in paragraph (a) of this section;

(3) Is known to have been revoked; or

(4) Is known, or through a reasonable effort could be known, by the person holding the records to be materially false.

(Approved by the Office of Management and Budget under Control No. 0930–0099.)

§ 2.32 Prohibition on redisclosure.

(a) *Notice to accompany disclosure.* Each disclosure made with the patient's written consent must be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

§ 2.33 Disclosures permitted with written consent.

If a patient consents to a disclosure of his or her records under § 2.31, a program may disclose those records in accordance with that consent to any individual or organization named in the consent, except that disclosures to central registries and in connection with criminal justice referrals must meet the requirements of § 2.34 and 2.35, respectively.

§ 2.34 Disclosures to prevent multiple enrollments in detoxification and maintenance treatment programs.

(a) *Definitions.* For purposes of this section:

Central registry means an organization which obtains from two or more member progams patient identifying information about individuals applying for maintenance treatment or detoxification treatment for the purpose of avoiding an individual's concurrent enrollment in more than one program.

Detoxification treatment means the dispensing of a narcotic drug in decreasing doses to an individual in order to reduce or eliminate adverse physiological or psychological effects incident to withdrawal from the sustained use of a narcotic drug.

Maintenance treatment means the dispensing of a narcotic drug in the treatment of an individual for dependence upon heroin or other morphine-like drugs.

Member program means a detoxification treatment or maintenance treatment program which reports patient identifying information to a central registry and which is in the same State as that central registry or is not more than 125 miles from any border of the State in which the central registry is located.

(b) *Restrictions on disclosure.* A program may disclose patient records to a central registry or to any detoxification or maintenance treatment program not more than 200 miles away for the purpose of preventing the multiple enrollment of a patient only if:

(1) The disclosure is made when:

(i) The patient is accepted for treatment;

(ii) The type or dosage of the drug is changed; or

(iii) The treatment is interrupted, resumed or terminated.

(2) The disclosure is limited to:

(i) Patient identifying information;

(ii) Type and dosage of the drug; and

(iii) Relevant dates.

(3) The disclosure is made with the patient's written consent meeting the requirements of § 2.31, except that:

(i) The consent must list the name and address of each central registry and each known detoxification or maintenance treatment program to which a disclosure will be made; and

(ii) The consent may authorize a disclosure to any detoxification or maintenance treatment program established within 200 miles of the program after the consent is given without naming any such program.

(c) *Use of information limited to prevention of multiple enrollments.* A central registry and any detoxification or maintenance treatment program to which information is disclosed to prevent multiple enrollments may not redisclose or use patient identifying information for any purpose other than the prevention of multiple enrollments unless authorized by a court order under Subpart E of these regulations.

(d) *Permitted disclosure by a central registry to prevent a multiple enrollment.* When a member program asks a central registry if an identified patient is enrolled in another member program and the registry determines that the patient is so enrolled, the registry may disclose—

(1) The name, address, and telephone number of the member program(s) in which the patient is already enrolled to the inquiring member program; and

(2) The name, address, and telephone number of the inquiring member program to the member program(s) in which the patient is already enrolled. The member programs may communicate as necessary to verify that no error has been made and to prevent or eliminate any multiple enrollment.

(e) *Permitted disclosure by a detoxification or maintenance treatment program to prevent a multiple enrollment.* A detoxification or maintenance treatment program which has received a disclosure under this section and has determined that the patient is already enrolled may communicate as necessary with the program making the disclosure to verify that no error has been made and to prevent or eliminate any multiple enrollment.

§ 2.35 Disclosures to elements of the criminal justice system which have referred patients.

(a) A program may disclose information about a patient to those persons within the criminal justice system which have made participation in the program a condition of the disposition of any criminal proceedings against the patient or of the patient's parole or other release from custody if:

(1) The disclosure is made only to those individuals within the criminal justice system who have a need for the information in connection with their duty to monitor the patient's progress (e.g., a prosecuting attorney who is withholding charges against the patient, a court granting pretrial or posttrial release, probation or parole officers responsible for supervision of the patient); and

(2) The patient has signed a written consent meeting the requirements of § 2.31 (except paragraph (a)(8) which is inconsistent with the revocation provisions of paragraph (c) of this section) and the requirements of paragraphs (b) and (c) of this section.

(b) *Duration of consent.* The written consent must state the period during which it remains in effect. This period must be reasonable, taking into account:

(1) The anticipated length of the treatment;

(2) The type of criminal proceeding involved, the need for the information in connection with the final disposition of that proceeding, and when the final disposition will occur; and

(3) Such other factors as the program, the patient, and the person(s) who will receive the disclosure consider pertinent.

(c) *Revocation of consent.* The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which consent was given.

(d) *Restrictions on redisclosure and use.* A person who receives patient information under this section may redisclose and use it only to carry out that person's official duties with regard to the patient's conditional release or other action in connection with which the consent was given.

Subpart D—Disclosures Without Patient Consent

§ 2.51 Medical emergencies.

(a) *General Rule.* Under the procedures required by paragraph (c) of this section, patient identifying information may be disclosed to medical personnel who have a need for information about a patient for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention.

(b) *Special Rule.* Patient identifying information may be disclosed to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

(c) *Procedures.* Immediately following disclosure, the program shall document the disclosure in the patient's records, setting forth in writing:

(1) The name of the medical personnel to whom disclosure was made and their affiliation with any health care facility;

(2) The name of the individual making the disclosure;

(3) The date and time of the disclosure; and

(4) The nature of the emergency (or error, if the report was to FDA).

(Approved by the Office of Management and Budget under Control No. 0930–0099.)

§ 2.52 Research activities.

(a) Patient identifying information may be disclosed for the purpose of conducting scientific research if the program director makes a determination that the recipient of the patient identifying information:

(1) Is qualified to conduct the research; and

(2) Has a research protocol under which the patient identifying information:

(i) Will be maintained in accordance with the security requirements of § 2.16 of these regulations (or more stringent requirements); and

(ii) Will not be redisclosed except as permitted under paragraph (b) of this section.

(b) A person conducting research may disclose patient identifying information obtained under paragraph (a) of this section only back to the program from which that information was obtained and may not identify any individual patient in any report of that research or otherwise disclose patient identities.

§ 2.53 Audit and evaluation activities.

(a) *Records not copied or removed.* If patient records are not copied or removed, patient identifying information may be disclosed in the course of a review of records on program premises to any person who agrees in writing to comply with the limitations on redisclosure and use in paragraph (d) of this section and who:

(1) Performs the audit or evaluation activity on behalf of:

(i) Any Federal, State, or local governmental agency which provides financial assistance to the program or is authorized by law to regulate its activities; or

(ii) Any private person which provides financial assistance to the program, which is a third party payer covering patients in the program, or which is a peer review organization performing a utilization or quality control review; or

(2) Is determined by the program director to be qualified to conduct the audit or evaluation activities.

(b) *Copying or removal of records.* Records containing patient identifying information may be copied or removed from program premises by any person who:

(1) Agrees in writing to:

(i) Maintain the patient identifying information in accordance with the security requirements provided in § 2.16 of these regulations (or more stringent requirements);

(ii) Destroy all the patient identifying information upon completion of the audit or evaluation; and

(iii) Comply with the limitations on disclosure and use in paragraph (d) of this section; and

(2) Performs the audit or evaluation activity on behalf of:

(i) Any Federal, State, or local governmental agency which provides financial assistance to the program or is authorized by law to regulate its activities; or

(ii) Any private person which provides financial assistance to the program, which is a third part payer covering patients in the program, or which is a peer review organization performing a utilization or quality control review.

(c) *Medicare or Medicaid audit or evaluation.* (1) For purposes of Medicare or Medicaid audit or evaluation under this section, audit or evaluation includes a civil or administrative investigation of the program by any Federal, State, or local agency responsible for oversight of the Medicare or Medicaid program and includes administrative enforcement, against the program by the agency, of any remedy authorized by law to be imposed as a result of the findings of the investigation.

(2) Consistent with the definition of program in § 2.11, program includes an employee of, or provider of medical services under, the program when the employee or provider is the subject of a civil investigation or administrative remedy, as those terms are used in paragraph (c)(1) of this section.

(3) If a disclosure to a person is authorized under this section for a Medicare or Medicaid audit or evaluation, including a civil investigation or administrative remedy, as those terms are used in paragraph (c)(1) of this section, then a peer review organization which obtains the information under paragraph (a) or (b) may disclose the information to that person but only for purposes of Medicare or Medicaid audit or evaluation.

(4) The provisions of this paragraph do not authorize the agency, the program, or any other person to disclose or use patient identifying information obtained during the audit or evaluation for any purposes other than those necessary to complete the Medicare or Medicaid audit or evaluation activity as specified in this paragraph.

(d) *Limitations on disclosure and use.* Except as provided in paragraph (c) of this section, patient identifying information disclosed under this section may be disclosed only back to the program from which it was obtained and used only to carry out an audit or evaluation purpose or to investigate or prosecute criminal or other activities, as authorized by a court order entered under § 2.66 of these regulations.

Subpart E—Court Orders Authorizing Disclosure And Use

§ 2.61 Legal effect of order.

(a) *Effect.* An order of a court of competent jurisdiction entered under this subpart is a unique kind of court order. Its only purpose is to authorize a disclosure or use of patient information which would otherwise be prohibited by 42 U.S.C. 290ee–3, 42 U.S.C. 290dd–3 and these regulations. Such an order does not compel disclosure. A subpoena or a similar legal mandate must be issued in order to compel disclosure. This mandate may be entered at the same time as and accompany an authorizing court order entered under these regulations.

(b) *Examples.* (1) A person holding records subject to these regulations receives a subpoena for those records: a response to the subpoena is not permitted under the regulations unless an authorizing court order is entered. The person may not disclose the records in response to the subpoena unless a court of competent jurisdiction enters an authorizing order under these regulations.

(2) An authorizing court order is entered under these regulations, but the person authorized does not want to make the disclosure. If there is no subpoena or other compulsory process or a subpoena for the records has expired or been quashed, that person may refuse to make the disclosure. Upon the entry of a valid subpoena or other compulsory process the person authorized to disclose must disclose, unless there is a valid legal defense to the process other than the confidentiality restricitons of these regulations.

§ 2.62 Order not applicable to records disclosed without consent to researchers, auditors and evaluators.

A court order under these regulations may not authorize qualified personnel, who have received patient identifying information without consent for the purpose of conducting research, audit or evaluation, to disclose that information

or use it to conduct any criminal investigation or prosecution of a patient. However, a court order under § 2.66 may authorize disclosure and use of records to investigate or prosecute qualified personnel holding the records.

§ 2.63 Confidential communications.

(a) A court order under these regulations may authorize disclosure of confidential communications made by a patient to a program in the course of diagnosis, treatment, or referral for treatment only if:

(1) The disclosure is necessary to protect against an existing threat to life or of serious bodily injury, including circumstances which constitute suspected child abuse and neglect and verbal threats against third parties;

(2) The disclosure is necessary in connection with investigation or prosecution of an extremely serious crime, such as one which directly threatens loss of life or serious bodily injury, including homicide, rape, kidnapping, armed robbery, assault with a deadly weapon, or child abuse and neglect; or

(3) The disclosure is in connection with litigation or an administrative proceeding in which the patient offers testimony or other evidence pertaining to the content of the confidential communications.

§ 2.64 Procedures and criteria for orders authorizing disclosures for noncriminal purposes.

(a) *Application.* An order authorizing the disclosure of patient records for purposes other than criminal investigation or prosecution may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed separately or as part of a pending civil action in which it appears that the patient records are needed to provide evidence. An application must use a fictitious name, such as John Doe, to refer to any patient and may not contain or otherwise disclose any patient identifying information unless the patient is the applicant or has given a written consent (meeting the requirements of these regulations) to disclosure or the court has ordered the record of the proceeding sealed from public scrunity.

(b) *Notice.* The patient and the person holding the records from whom disclosure is sought must be given:

(1) Adequate notice in a manner which will not disclose patient identifying information to other persons; and

(2) An opportunity to file a written response to the application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.

(c) *Review of evidence: Conduct of hearing.* Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that patient identifying information is not disclosed to anyone other than a party to the proceeding, the patient, or the person holding the record, unless the patient requests an open hearing in a manner which meets the written consent requirements of these regulations. The proceeding may include an examination by the judge of the patient records referred to in the application.

(d) *Criteria for entry of order.* An order under this section may be entered only if the court determines that good cause exists. To make this determination the court must find that:

(1) Other ways of obtaining the information are not available or would not be effective; and

(2) The public interest and need for the disclosure outweigh the potential injury to the patient, the physician-patient relationship and the treatment services.

(e) *Content of order.* An order authorizing a disclosure must:

(1) Limit disclosure to those parts of the patient's record which are essential to fulfill the objective of the order.

(2) Limit disclosure to those persons whose need for information is the basis for the order; and

(3) Include such other measures as are necessary to limit disclosure for the protection of the patient, the physician-patient relationship and the treatment services; for example, sealing from public scrutiny the record of any proceeding for which disclosure of a patient's record has been ordered.

§ 2.65 Procedures and criteria for orders authorizing disclosure and use of records to criminally investigate or prosecute patients.

(a) *Application.* An order authorizing the disclosure or use of patient records to criminally investigate or prosecute a patient may be applied for by the person holding the records or by any person conducting investigative or prosecutorial activities with respect to the enforcement of criminal laws. The application may be filed separately, as part of an application for a subpoena or other compulsory process, or in a pending criminal action. An application must use a fictitious name such as John Doe, to refer to any patient and may not contain or otherwise disclose patient identifying information unless the court has ordered the record of the proceeding sealed from public scrutiny.

(b) *Notice and hearing.* Unless an order under § 2.66 is sought with an order under this section, the person holding the records must be given:

(1) Adequate notice (in a manner which will not disclose patient identifying information to third parties) of an application by a person performing a law enforcement function;

(2) An opportunity to appear and be heard for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order; and

(3) An opportunity to be represented by counsel independent of counsel for an applicant who is a person performing a law enforcement function.

(c) *Review of evidence: Conduct of hearings.* Any oral argument, review of evidence, or hearing on the application shall be held in the judge's chambers or in some other manner which ensures that patient identifying information is not disclosed to anyone other than a party to the proceedings, the patient, or the person holding the records. The proceeding may include an examination by the judge of the patient records referred to in the application.

(d) *Criteria.* A court may authorize the disclosure and use of patient records for the purpose of conducting a criminal investigation or prosecution of a patient only if the court finds that all of the following criteria are met:

(1) The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury including homicide, rape, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.

(2) There is a reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.

(3) Other ways of obtaining the information are not available or would not be effective.

(4) The potential injury to the patient, to the physician-patient relationship and to the ability of the program to provide services to other patients is outweighed by the public interest and the need for the disclosure.

(5) If the applicant is a person performing a law enforcement function that:

(i) The person holding the records has been afforded the opportunity to be represented by independent counsel; and

(ii) Any person holding the records which is an entity within Federal, State, or local government has in fact been

represented by counsel independent of the applicant.

(e) *Content of order.* Any order authorizing a disclosure or use of patient records under this section must:

(1) Limit disclosure and use to those parts of the patient's record which are essential to fulfill the objective of the order;

(2) Limit disclosure to those law enforcement and prosecutorial officials who are responsible for, or are conducting, the investigation or prosecution, and limit their use of the records to investigation and prosecution of extremely serious crime or suspected crime specified in the application; and

(3) Include such other measures as are necessary to limit disclosure and use to the fulfillment on only that public interest and need found by the court.

§ 2.66 Procedures and criteria for orders authorizing disclosure and use of records to investigate or prosecute a program or the person holding the records.

(a) *Application.* (1) An order authorizing the disclosure or use of patient records to criminally or administratively investigate or prosecute a program or the person holding the records (or employees or agents of that program or person) may be applied for by any administrative, regulatory, supervisory, investigative, law enforcement, or prosecutorial agency having jurisdiction over the program's or person's activities.

(2) The application may be filed separately or as part of a pending civil or criminal action against a program or the person holding the records (or agents or employees of the program or person) in which it appears that the patient records are needed to provide material evidence. The application must use a fictitious name, such as John Doe, to refer to any patient and may not contain or otherwise disclose any patient identifying information unless the court has ordered the record of the proceeding sealed from public scrutiny or the patient has given a written consent (meeting the requirements of § 2.31 of these regulations) to that disclosure.

(b) *Notice not required.* An application under this section may, in the discretion of the court, be granted without notice. Although no express notice is required to the program, to the person holding the records, or to any patient whose records are to be disclosed, upon implementation of an order so granted any of the above persons must be afforded an opportunity to seek revocation or amendment of that order, limited to the presentation of evidence on the statutory and regulatory criteria for the issuance of the court order.

(c) *Requirements for order.* An order under this section must be entered in accordance with, and comply with the requirements of, paragraphs (d) and (e) of § 2.64 of these regulations.

(d) *Limitations on disclosure and use of patient identifying information:* (1) An order entered under this section must require the deletion of patient identifying information from any documents made available to the public.

(2) No information obtained under this section may be used to conduct any investigation or prosecution of a patient, or be used as the basis for an application for an order under § 2.65 of these regulations.

§ 2.67 Orders authorizing the use of undercover agents and informants to criminally investigate employees or agents of a program.

(a) *Application.* A court order authorizing the placement of an undercover agent or informant in a program as an employee or patient may be applied for by any law enforcement or prosecutorial agency which has reason to believe that employees or agents of the program are engaged in criminal misconduct.

(b) *Notice.* The program director must be given adequate notice of the application and an opportunity to appear and be heard (for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order), unless the application asserts a belief that:

(1) The program director is involved in the criminal activities to be investigated by the undercover agent or informant; or

(2) The program director will intentionally or unintentionally disclose the proposed placement of an undercover agent or informant to the employees or agents who are suspected of criminal activities.

(c) *Criteria.* An order under this section may be entered only if the court determines that good cause exists. To make this determination the court must find:

(1) There is reason to believe that an employee or agent of the program is engaged in criminal activity;

(2) Other ways of obtaining evidence of this criminal activity are not available or would not be effective; and

(3) The public interest and need for the placement of an undercover agent or informant in the program outweigh the potential injury to patients of the program, physician-patient relationships and the treatment services.

(d) *Content of order.* An order authorizing the placement of an undercover agent or informant in a program must:

(1) Specifically authorize the placement of an undercover agent or an informant;

(2) Limit the total period of the placement to six months;

(3) Prohibit the undercover agent or informant from disclosing any patient identifying information obtained from the placement except as necessary to criminally investigate or prosecute employees or agents of the program; and

(4) Include any other measures which are appropriate to limit any potential disruption of the program by the placement and any potential for a real or apparent breach of patient confidentiality; for example, sealing from public scrutiny the record of any proceeding for which disclosure of a patient's record has been ordered.

(e) *Limitation on use of information.* No information obtained by an undercover agent or informant placed under this section may be used to criminally investigate or prosecute any patient or as the basis for an application for an order under § 2.65 of these regulations.

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New Confidentiality Regulations Are Issued

The United States Department of Health and Human Services (HHS) has issued new Regulations on Confidentiality of Alcohol and Drug Abuse Patient Records. The new regulations were published in the Federal Register on June 9, 1987 at page 21796 and became effective on August 10, 1987. They will continue to be codified in 42 C.F.R. (Code of Federal Regulations) Part 2.

The new regulations retain most of the requirements of the original regulations, which were issued in 1975. They continue to provide that under most circumstances disclosures may be made only if the patient first signs a consent form containing the specific elements set forth in §2.31. The regulations continue to prohibit disclosures where the patient signs only a general consent form that does not contain those specific elements. As before, disclosures without patient consent may be made in a medical emergency, if a crime is committed at the program or against staff, or where authorized by a proper court order. (See "The Confidentiality Regulations: An Overview" in the Summer 1982 issue of Of Substance.)

The new regulations do contain some significant changes and clarify and simplify many requirements. This article will outline what appear to be the major changes and clarifications contained in the new regulations.

Major changes and clarifications in the new regulations

Applicability

1. The regulations now apply only to specialized alcohol and drug programs. Thus, records of patients being treated for alcoholism or drug abuse in the general population of a hospital or medical center will not be covered unless those patients receive treatment from staff who specialize in alcohol or drug abuse. The authors of the new regulations comment that this change will (a) simplify administration of the regulations without affecting the incentive to seek treatment, and (b) save money for a "number of facilities which provide alcohol and drug abuse care only as an incident to the provision of general medical care." (See definition of "program" in §2.11 of the new regulations.)

2. At the request of the Legal Action Center and others in the field, the new regulations explicitly state that "school-based programs" are covered by the regulations. §2.12(e)(1).

Patient Notice

The new regulations require programs to give patients a written summary of the confidentiality law and regulations and contain a sample form programs can use to fulfill this requirement. §2.22.

Patient Access to Records

The new regulations specify that they neither prohibit nor require programs to give patients access to their own records. Thus, programs have the discretion to decide when to permit patients to view or obtain copies of their records, unless they are governed by a state law that establishes circumstances in which patients have a right to such access. §2.23.

General Disclosure Rules

1. The new regulations add a definition of "disclosure" to clarify the circumstances in which authorization is required before a program may communicate information about a patient. "Disclose or disclosure" is defined as "communication of patient identifying information, the affirmative verification of another person's communication of patient identifying information, or the communication of any information from the record of a patient who has been identified." §2.11.

2. Programs are now authorized by the regulations to disclose that a particular individual is not and never has been a patient. Programs are also allowed to give inquiring parties copies of the regulations and to explain that the regulations restrict disclosure of alcohol and drug abuse patient records, as long as the program does not affirmatively identify a specific individual as a patient whose records are confidential. §2.13(c)(2).

3. The new regulations emphasize that information cannot be used in a criminal investigation or prosecution of a patient unless a court issues an appropriate order. §2.12(a)(2), (d)(1) and (e)(3). The regulations also state that information obtained by informants or by patients who gain access to their own records cannot be used for such purposes (§§2.17(b) and 2.23 (b)), and that not even a court can issue an order authorizing those who obtained information for research, audit or evaluation purposes to disclose or use it in the course of a criminal investigation or prosecution of the patient. §2.62.

4. The new regulations make it clear that program staff may disclose information without patient consent to other staff within the program—or to an "entity having direct administrative control over that program"—but only if the recipient needs the information in connection with duties that arise out of the provision of alcohol or drug abuse diagnosis, treatment or referral. §2.12(c)(3).

Consented Disclosures

1. The requirement that programs determine if a consented disclosure is in the patient's best interest has been eliminated, as have the special requirements for consented disclosures to employers and patients' families and legal counsel.

2. The regulations contain a sample consent form that meets all the rigorous requirements for consented disclosures. §2.31(b). The only change in the consent form is that a patient who wishes to consent to disclosures by more than one treatment program need no longer list all the programs by name, but can instead describe them generically (for example, "all treatment programs in ABC County") §2.31(a)(1).

3. The rules for consented disclosures to criminal justice agencies that have made treatment a condition of the disposition of criminal proceedings have been clarified and made more flexible. There's greater leeway about which agencies in the criminal justice system can receive information with the patient's consent and the duration of such a consent. §2.35. (A future issue of Of Substance will explain the new provisions regarding criminal justice referral in greater detail.)

4. A new provision explicitly states that the prohibition on unauthorized redisclosure applies to third party payers, entities having direct administrative control over a program, and anyone having notice of the restrictions on redisclosure. §2.12(d)(2). The new regulations continue the old requirement that a program enclose such a notice when making disclosures with the patient's written consent. The new version of the notice, however, makes clear that a patient may sign a consent form authorizing a redisclosure. §2.32.

Disclosures Without Consent

1. A person's status as a patient can be disclosed to law enforcement officials when the patient commits a crime on program premises or against program personnel. However, such a disclosure must be limited to the facts about the incident. §2.12(c)(5).

2. The new regulations broaden the definition of "medical emergency," when disclosures can be made without consent, to include situations involving an immediate threat to the health of any individual, not just the patient. However, unconsented disclosures in medical emergencies can only be made to medical personnel; a program can no longer notify a patient's family without written consent. The program also has to make more detailed documentation in the patient's records of disclosures made in these circumstances, including the name and affiliation of the recipient of the information, the name of the individual making the disclosure, the date and time of the disclosure, and the nature of the emergency. §2.51.

3. The rules concerning unconsented disclosures for research have been revamped. The program director now has the responsibility of determining whether researchers are qualified. Furthermore, researchers must have a protocol that ensures that information will be securely stored and not redisclosed except as allowed by the regulations, and the protocol's confidentiality safeguards must be approved by an independent group of three or more individuals. §2.52.

4. The rules for disclosures to auditors and evaluators, another source of much confusion under the old regulations, have also been modified and streamlined. Any person or organization determined by the program director to be qualified may have access to program records without patient consent in order to conduct an audit or evaluation. Information may only be redisclosed (a) back to the program, or (b) pursuant to a court order to investigate or prosecute a program (not a patient), or (c) to a government agency that is overseeing a Medicare or Medicaid audit or evaluation.

Furthermore, patient records may only be copied or removed during an audit or evaluation by a government agency that funds or regulates a program, or by a non-governmental agency that funds a program or is a third party payer or peer review organization. Before such an agency may copy or remove records, it must promise in writing to follow the regulations in safeguarding and redisclosing information and to destroy all patient identifying information when its task is completed. §2.53.

4. Programs are allowed to disclose information relating to the cause of death of a patient to anyone, such as a coroner, who is required by state law to seek such information, without obtaining consent from the personal representative of the deceased patient. §2.15(b).

5. To fill another gap in the old regulations, in situations where the program determines that a patient's medical condition prevents "knowing or effective action on his or her own behalf," but there has been no official adjudication of incompetence, the program director may authorize disclosures for the sole purpose of obtaining payment for services from a third party payer. §2.15(a)(2).

Court Orders

1. The procedure for obtaining court orders is clarified to require that the hearing be held in a confidential setting (although the patient may request an open hearing by signing a consent form), and to permit the judge to examine the records before issuing a ruling. §2.64(c).

2. The court may now order disclosure of "confidential communications" by a patient to the program but only if the disclosure (a) is necessary to protect against a threat to life or of serious bodily injury, or (b) is necessary to investigate or prosecute an extremely serious crime, or (c) is in connection with a court or administrative proceeding at which the patient already presented evidence concerning confidential communications. Under the old regulations, a court could order disclosure of confidential communications only in the situation described in "c." §2.63.

3. The illustrative list of "serious crimes" for which a court may order disclosures for the purpose of investigating or prosecuting a patient is expanded to include child abuse and neglect. It does not include possession or sale of illegal drugs. §2.65(d)(1).

Child Abuse and Neglect

As a result of the amendment to the confidentiality laws enacted in 1986, the new regulations eliminate any restriction on compliance with state laws mandating the reporting of suspected child abuse or neglect. The regulations continue to apply, however, to any subsequent request for information, even if it arises out of the child abuse or neglect report. Thus, only a court order issued under to §2.65 of the regulations can authorize a program to release records to State authorities pursuing a criminal investigation or prosecution of the patient for child abuse or neglect. A subpoena is not sufficient. The patient's written consent can be obtained to disclose records to a civil investigation. §2.12(c)(6); Federal Register page 21803.

Enforcement

NIDA, NIAAA and other Federal oversight agencies will no longer investigate or prosecute complaints alleging violation of the regulations. Only the Justice Department will retain jurisdiction over such complaints (except for methadone programs, which will also be monitored by the Food and Drug Administration). §2.5.

September/October 1987

Appendix II

Examples of Release Forms

EAC
T.A.S.C.
(Treatment Alternatives To Street Crime)
Rosemary Kelly, Division Director

NASSAU — T.A.S.C.
266 Old Country Road • Mineola, N.Y. 11501 • (516) 747-5020

SHOCK — T.A.S.C.
100 East Old Country Road • Mineola, N.Y. 11501 • (516) 741-5580

SUFFOLK — T.A.S.C.
Building 16 Veterans Memorial Highway • Hauppauge, N.Y. 11788 • (516) 360-5777

STATEN ISLAND — T.A.S.C.
25 Hyatt Street • Staten Island, N.Y. 10301 • (718) 727-9722

CLIENT APPLICATION

I,_____do hereby request and authorize the TASC Program to recommend me for referral to Treatment as an alternative sentencing plan, or as a condition of my release from incarceration

I shall immediately inform TASC if I am on Probation or Parole. I understand I shall be terminated from TASC if I fail to provide such information. I agree that my acceptance and continuance in TASC is conditioned on the approval of my supervising parole or probation officer. P.O. Name_____ Phone_____.
If accepted into TASC, I understand that my successful participation in the program (as determined by TASC and the appropriate criminal justice official) may be for a period of at least twelve (12) months from the date of formal acceptance and/or sentencing and requires that I have consulted an attorney. If I am a DWI offender, any consideration to receive a conditional license or partake in the Department of Motor Vehicle's Drinking Driver Program may be prohibited by the Court.

I understand that my treatment progress will be monitored by TASC and reported periodically to the appropriate criminal justice official as specified in my Consent to Release Confidential Information and that my continued participation in TASC will be contingent upon the following:

1. The Court's determination to approve participation in Nassau TASC as a pre-release or sentencing plan.
2. Adhering to TASC Treatment Plan, immediately following referral.
3. If attending outpatient treatment, I will within 90 days after Formal Acceptance, and/or sentencing, be either gainfully employed full time, attending an education program full time, or receiving vocational rehabilitation services.
4. Remaining in TASC continuously for at least twelve (12) months.
5. Maintenance of satisfactory progress as determined by:
   a. Attendance at all scheduled treatment. Violations would be
      1. Two consecutive unexcused absences or three unexcused absences in any 14 day period.
   b. Random urinalysis results if applicable, Violations would be:
      1. More than 50% dirty urines in the first 3 months
      2. More than 25% dirty urines in the next 3 months
      3. Any dirty urines in the last 6 months
   c. Remaining drug/alcohol free
6. Observance of all rules and regulations of the treatment program facility to which I am assigned.
7. Observance of all Federal, state and local criminal statutes.

Any violation of the above conditions may result in my dismissal from the program. If I am dismissed from the program prior to satisfactory completion, my case will revert to normal criminal processing

I also agree to notify TASC immediately if 1) I change my address or phone number or lawyer, 2) If I am re-arrested or receive a court date from my lawyer, the Criminal Justice System or any other reliable sources.

I fully understand the contents of this agreement and hereby execute it of my own free will. No threat or promise of any kind has been made to me by any employee or representative of TASC in connection with this agreement except as stated herein.

Client_____Parent/Guardian_____

Witness_____ Date_____

Rev 9/1/86

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

NASSAU TASC

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I,_____, understand that I am under consideration for release from custody on my own recognizance or conditional release and/or eligibility for participation in Treatment Alternatives to Street Crime (TASC) and referral to treatment for drug and/or alcohol abuse. My legal status at the time of signing this release is _____.

(Arrested, Charged, On trial, Sentenced)

I hereby consent to release of the information specified below by/to _____ by/to Treatment Alternatives to Street Crime (TASC), and by TASC to the Nassau County District Court, County Court, my defense attorney, the prosecuting attorney, probation and/or parole departments for the purpose of substantiating my need for treatment and selecting an appropriate treatment program and modality.

The extent and nature of information to be disclosed are: criminal history, dates of previous drug and/or alcohol abuse treatment, diagnostic information, progress during treatment, and reasons for termination of treatment, notification of rearrest.

This consent is given voluntarily for the above stated purposes and will expire sixty (60) days after the date signed, or upon a change in my criminal justice status, whichever is later. This consent may be revoked by me in writing at any time except to the extent that action has been taken in reliance hereon.

_____ _____

Date Client

_____ _____

Witness Parent or Guardian

Send Information To: TASC Diagnostic Unit
286 Old Country Road
Mineola, N.Y. 11501

T.A.S.C. (Treatment Alternatives To Street Crime)

Rosemary Kelly
Director

NASSAU – T.A.S.C.
286 Old Country Road
Mineola, N.Y. 11501
(516) 747-5020

SHOCK – T.A.S.C.
210 Old Country Road
Mineola, N.Y. 11501
(516) 741-5580

SUFFOLK - T.A.S.C.
Building 158
Veterans Memorial Highway
Hauppauge, N.Y. 11787
(516) 360-5777

NASSAU TASC
CONSENT TO RELEASE
CONFIDENTIAL INFROMATION

I, _____, do hereby request and authorize the Nassau County District Attorney's Office or the Nassau County Clerk's Office to release any and all information pertaining to my criminal history to the Nassau County Treatment Alternatives To Street Crime.

_____ _____
Defendant Date

_____ _____
Parent/Guardian Witness

cc: District Attorney
Clerk's Office

R 10/84

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

CONSENT TO RELEASE CONFIDENTIAL INFORMATION
TO THE NASSAU COUNTY DISTRICT ATTORNEY,
DEFENSE COUNSEL, NASSAU COUNTY COURTS AND
SAID TREATMENT PROGRAM

I,_____, understand that I have been released from confinement or released on my own recognizance or _____ conditioned upon my participation in a treatment program designated by TASC, and that my treatment records are confidential and can not be disclosed except as authorized by this or any other release signed by me or as provided by law.

I hereby consent to release of information specified below by and to _____ (Treatment Program) by and to TASC, and by either the named program or TASC to the Nassau County District Attorney's Office, my attorney of record, Nassau County Courts, Probation/Parole department, for the purposes of substantiating my participation and progress with specified Treatment Program.

The extent and nature of information to be disclosed are: unrestricted communication with the organization named above as authorized to receive information.

My legal status at the time of signing this release is_____
(Arrested,

_____
Charged, On Trial, Sentenced)

This consent to release information will expire sixty (60) days after the date signed, or upon a change in my criminal justice status, whichever is later. This consent may not be revoked by me unless there is a formal and effective termination of my conditional release, probation or parole, but may thereafter be revoked by me in writing at any time.

_____ _____
Date Client's Signature

_____ _____
TASC Staff Parent or Guardian

_____
Defense Attorney

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

NASSAU TASC

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I,_____, understand that I am under consideration for release from custody on my own recognizance or conditional release and/or eligibility for participation in Treatment Alternatives to Street Crime (TASC) and referral to treatment for drug and/or alcohol abuse. My legal status at the time of signing this release is _____.

(Arrested, Charged, On trial, Sentenced)

I hereby consent to release of the information specified below by/to _____ by/to Treatment Alternatives to Street Crime (TASC), and by TASC to the Nassau County District Court, County Court, my defense attorney, the prosecuting attorney, probation and/or parole departments for the purpose of substantiating my need for treatment and selecting an appropriate treatment program and modality.

The extent and nature of information to be disclosed are: criminal history, dates of previous drug and/or alcohol abuse treatment, diagnostic information, progress during treatment, and reasons for termination of treatment, notification of rearrest.

This consent is given voluntarily for the above stated purposes and will expire sixty (60) days after the date signed, or upon a change in my criminal justice status, whichever is later. This consent may be revoked by me in writing at any time except to the extent that action has been taken in reliance hereon.

_____ _____

Date Client

_____ _____

Witness Parent or Guardian

Send Information To: TASC Diagnostic Unit
286 Old Country Road
Mineola, N.Y. 11501

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

WAIVER OF SPEEDY TRIAL
TREATMENT ALTERNATIVES TO STREET CRIME

It has been determined that the interests of the State of New York, the County of Nassau and my own interests may be best served at this time by deferred judicial action to permit me to enter an approved narcotic and/or alcohol treatment program.

I understand that the adjournment that I may be receiving will be granted with condition that I successfully participate in and complete the TASC program.

In signing this agreement, I fully understand and accept the fact that I am waiving my right to a speedy trial to participate voluntarily for a minimum of twelve (12) months within the Treatment Alternatives to Street Crime Program (TASC).

Witnessed this_____day
of_____19___

_____ _____
Defendant Date

_____ _____
Defense Counsel Date

_____ _____
Parent of Guardian Date

_____
TASC Staff

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose".

NASSAU TASC
CONSENT TO RELEASE
CONFIDENTIAL INFORMATION

I, _____, understand that I am under consideration for release from custody on my own recognizance or conditional release and/or eligibility for participation in Treatment Alternatives to Street Crime and referral to treatment for drug and/or alcohol abuse. My legal status at the time of signing this release is_____
(Arrested, Charged,

_____:
On Trial, Sentenced)

I hereby consent to release of the information specified below (by/to)_____
_____(by/to) Treatment Alternatives to Street Crime (TASC), and by TASC to the Nassau County District Court, County Court, my defense attorney, the prosecuting attorney probation and/or parole departments for the purpose of _____
_____
_____
_____
_____

The extent and nature of information to be disclosed are:_____
_____
_____
_____
_____

This consent is given voluntarily for the above stated purposes and will expire sixty (60) da after the date signed, or upon a change in my criminal justice status, whichever is later. This consent may be revoked by me in writing at any time except to the extent that action has been taken in reliance hereon.

_____ _____
Date Client

_____ _____
Witness Parent or Guardian

SEND INFORMATION TO:

TASC Diagnostic Unit
286 Old Country Road
Mineola, New York 11501

NASSAU COUNTY DEPARTMENT OF DRUG AND ALCOHOL ADDICTION

EMPLOYEE STATEMENT RE CLIENT CONFIDENTIALITY

By the nature of their duties, certain employees have access to highly confidential information about agency clientele. Federal regulations covering disclosure of patient records are contained in Title 42, Confidentiality of Alcohol and Drug Abuse Patient Records. (Public Health Law - Federal Register 40-20522. Effective 8/1/75).

The Regulations allow disclosure under quite specific, narrow circumstances. Unauthorized disclosure "covers all information about patients, including their attendance or absence, physical whereabouts or status as patients whether or not recorded..." (Sec. 213). The Regulations provide that persons violating the law "shall be fined not more than $500" for a first offense, and up to $5,000 for each subsequent offense (Sec. 214). In addition, such employees face agency disciplinary procedures including possible dismissal.

All verbal or written requests for patient information must be referred to your unit or agency supervisor for appropriate disposition.

I have read and understand the above statement. My signature below signifies my intention to abide by the Federal Regulations cited.

Signed_____ Date_____

Name_____ Title_____
Type or Print

Agency or Unit_____

CONSENT FOR TASC REPORTING

I, _____, the undersigned, have discussed the Birmingham TASC Program with one of its duly authorized agents.

I understand that it will be TASC's responsibility to make regular and accurate reports on my progress or lack of progress as a Program participant to any or all of the following agents:

1) Any Judge involved in the disposition of my offense.
2) Any Probation/Parole Supervisor involved in the investigation of/ supervision of my probation/parole.
3) Any Attorney whom I retain to represent me in the proceedings relative to my offense.
4) Other: _____.

It was explained to me that: 1) "Monthly Reports"; 2) Copies of any correspondence regarding me/or to me; 3) "Urinalysis Reports"; and a 4) "Drop Report upon my termination from the TASC Program, will be sent.

I understand that I am giving the TASC Program permission to have open and honest conversation/correspondence with any of the above Agents concerning my participation in the TASC Program. I understand that any information, including the Reports mentioned above, which is released about me will accurately reflect my behavior as a participant in TASC. The information to be released may include, but is not limited to the following:

1) Attendance in treatment and effectiveness of therapy.
2) Urine testing results.
3) Type and dosage of any medication.
4) Testing results (psychological, vocational, etc.)
5) Employment/vocational training status.
6) Date of, and reason for, withdrawal from TASC Program and Prognosis for future treatment needs.

I , being in full knowledge that this information to be released may be either positive or negative, depending upon my behavior, authorize the TASC Program and its Affiliates to release any of this confidential information which is/ or will come to be in their possession, either written or verbal, for the purpose of coordinating treatment efforts with those of the Criminal Justice System. I am aware that I will be unable to revoke this Consent if sentenced to participation in treatment through TASC by the Criminal Justice System.

Signed: _____
(Client)

Witnessed: _____

Date: _____

B'ham TASC Program
Copies: 1) TASC (white) 2) Treatment (Canary) 3) Diagnostic (Pink)

TREATMENT CONTRACT

I am applying for admission to substance abuse treatment through the Birmingham Treatment Alternatives To Street Crime (TASC) Program. I have spoken with a TASC referral counselor and the program's requirements have been explained to me. I have been told and do understand the following points and am willing to abide by them:

1. I have or have had a substance abuse problem and want help in overcoming it or preventing its recurrance.

2. That as proof of my sincerity I am willing to have the courts, Probation office, or other referring agency made aware of my participation and progress in treatment.

3. I understand that TASC does not guarantee that I will be granted probation when I apply, or any other legal disposition.

4. That if I am participating actively in treatment when I go to court, a TASC counselor will go with me and speak to the Judge about what I have accomplished. If I am not participating, the court will also be informed.

5. That if I am released to TASC, my probation officer, parole officer, or Judge will be kept informed of my participation in treatment.

6. That if I am released to TASC as a condition, failure to comply will be a violation of probation, parole, court order, etc.

7. That such a violation may be grounds for my arrest and subsequent incarceration.

8. That there will be a charge for my treatment.

Signed: _____ Date: _____
Client's Name

Witnessed: _____
TASC AGENT

cc: _____
Client's Name (I have received my copy of this agreement.)

BIRMINGHAM TASC PROGRAM

Copies: 1) File (white) 2) Treatment Counselor (canary)
3) Client (pink)

I, _____, authorize the disclosure of my confidential patient records (including criminal, medical, or clinical records collected or received by TASC, INC.) by the identified agency, TASC, INC., in accordance with the terms and conditions specified below:

1. Such disclosure shall be limited to the following persons or organizations:

☐ _____ Judicial Circuit of Illinois: Judge _____

☐ _____ Judicial Circuit of Illinois: Officer _____
Adult Probation Department

☐ _____ Judicial Circuit of Illinois: Attorney _____
State's Attorney's Office

☐ _____ Judicial Circuit of Illinois: Attorney _____
Public Defender's Office

☐ Private Attorney (SPECIFY NAME) _____

☐ Other (SPECIFY NAME) _____

_____

2. The need for such disclosure shall be limited to the following specified purpose(s):

☐ Report of my Eligibility or Acceptability for TASC services in accordance with the Illinois Revised Statutes, Chapter 111½, Section 6322.

☐ Report of my Eligibility and Acceptability for TASC services in accordance with licensure by the Department of Alcoholism and Substance Abuse.

☐ Report my treatment progress in accordance with TASC monitoring criteria

☐ Other (SPECIFIED): _____

3. All disclosures shall be limited to such information that is deemed necessary for and pertinent to hearings or reports that my indictment/charge for or conviction of:

_____

_____

4. I understand that this consent for disclosure shall expire when my Judicial status, indicated below, has changed. Further, if voluntarily seeking or receiving TASC services, I may terminate, in writing, this consent prior to change in Judicial status.

☐ Pre-Arraignment ☐ Pre-Trial ☐ Pre-Sentencing ☐ Post Sentencing

5. I understand that my records are protected and that any information released pursuant to this consent remains subject to the restrictions stated in Title 42 of the Code of Federal Regulations, Part 2, governing the protection of confidential client information. Any further disclosures or any disclosure used for any purpose other than indicated above, without my written consent, will be in violation of my confidential rights.

Executed this date: _____ By: _____

or Per: _____
Signature of Guardian/Legal Representative

Witnessed by: _____ Date: _____

TASC CONSENT FORM #1, Rev.2/15/85.

T.A.S.C. Inc.
TREATMENT ALTERNATIVES TO STREET CRIMES
Offices in:
Belleville, Chicago, Edwardsville, Geneva, Joliet, Murphysboro, Peoria, Rock Island, Rockford, Skokie, Springfield, Urbana, and Waukegan

Administrative Offices:
1500 North Halsted • Chicago, Illinois 60622 • (312) 787-0208
Please Reply To:

NON-FALSIFICATION FORM AND CONSENT FOR DISCLOSURE

I, _____, hereby promise that any and all information I will voluntarily provide to TASC, Inc. will be true and factual to the best of my knowledge and ability.

I understand that any and all information that I provide to TASC, Inc. that has been knowingly falsified or deliberately omitted will, upon discovery of falsification, be grounds for immediate termination from TASC, Inc. I also understand that such action of my termination will be reported to the appropriate Criminal Justice authority(s) according to my consent for disclosure.

Furthermore, I hereby authorize the disclosure of my name, address, date of birth, and Social Security Number by TASC, Inc. to the Illinois Dangerous Drugs Commission for the purpose of verifying information I have provided during my evaluation for TASC services.

In addition, I hereby authorize the Illinois Dangerous Drugs Commission to disclose to TASC, Inc. any information regarding my past history of attendance in drug abuse treatment for the purpose of verifying my prior history in drug abuse treatment.

I understand that all disclosures shall be limited to such information that is deemed necessary for and pertinent to hearings or reports that regard my indictment/charge for or conviction of the following:

_____

_____

_____

I understand that this consent for disclosure shall expire upon the condition of a change in my Judicial status with regard to the indictment(s), charge(s), or any conviction(s) indicated above. Further, if voluntarily seeking or receiving TASC services, I may terminate, in writing, this consent prior to change in Judicial status.

I understand that my records are protected and that any information released pursuant to this consent remains subject to the restrictions stated in Title 42 of the Code of Federal Regulations, Part 2, governing the protection of confidential client information. Any further disclosures or any disclosures used for any purpose other than indicated above, without my written consent, will be in violation of my confidential rights.

Executed this date: _____ By: _____
Signature of Client

or Per: _____
Signature of guardian/legal representative

Witnessed by: _____ Date: _____

CONFIDENTIAL CLIENT INFORMATION - Any unauthorized disclosure is an Illinois & Federal Offense.

TASC CONSENT FORM #2, Revised 04/01/80

T.A.S.C. Inc.
TREATMENT ALTERNATIVES TO STREET CRIMES
Administrative Offices:
1500 North Halsted • Chicago, Illinois 60622 • (312) 787-0208
Please Reply To:
Offices in:
Belleville, Chicago, Edwardsville, Geneva, Joliet, Murphysboro, Peoria, Rock Island, Rockford, Skokie, Springfield, Urbana, and Waukegan

CONFIDENTIAL CLIENT INFORMATION - Any unauthorized disclosure is an Illinois & Federal Offense.

CONSENT FOR DISCLOSURE OF CONFIDENTIAL CRIMINAL ARREST AND CONVICTION RECORDS

I, _____, fully understand that in order to verify the information I voluntarily disclose to TASC, Inc. for the purpose of determining my Eligibility and Acceptability for TASC services, a complete check will be conducted of my criminal and/or arrest records.

I hereby authorize TASC, Inc. to disclose any and all necessary information which will include my name, sex, race, address, date of birth, and Social Security Number to: _____ for the purpose of obtaining my arrest and conviction records.

Further, I hereby authorize the release of my arrest and/or conviction records by (named above) to TASC, Inc. for the purpose of determining my Eligibility and Acceptability for TASC services.

IN CONSENTING TO THE RELEASE OF MY ARREST AND/OR CIMINAL RECORD TO TASC, INC., I FULLY UNDERSTAND THAT ANY OUTSTANDING WANTS OR WARRANTS APPEARING ON MY ARREST RECORD MAY RESULT IN MY ARREST AND FURTHER PROSECUTION.

I understand that all disclosures shall be limited to such information that is deemed necessary for and pertinent to hearings or reports that regard my indictment/charge for or conviction of the following:

_____

_____

_____

I understand that this consent for disclosure shall expire upon the condition of a change in my Judicial status with regard to the indictment(s), charge(s), or any conviction(s) indicated above. Further, if voluntarily seeking or receiving TASC services, I may terminated, in writing, this consent prior to change in TASC status.

I understand that my records are protected and that any information released pursuant to this consent remains subject to the restrictions stated in Title 42 of the Code of Federal Regulations, Part 2 governing the protection of confidential client information. Any further disclosures or any disclosures used for any purpose other than indicated above, without my written consent, will be in violation of my confidential rights.

Executed this date: _____ By: _____
Signature of Client

or Per: _____
Signature of guardian/legal representative

Witnessed by: _____ Date: _____

TASC CONSENT FORM #3, Revised 04/01/80

T.A.S.C. Inc.
TREATMENT ALTERNATIVES TO STREET CRIMES
Administrative Offices:
1500 North Halsted • Chicago, Illinois 60622 • (312) 787-0208
Please Reply To:
Offices in:
Belleville, Chicago, Edwardsville, Geneva, Joliet, Murphysboro, Peoria, Rock Island, Rockford, Skokie, Springfield, Urbana, and Waukegan

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

_____

_____

_____

RE: Our Client, _____

Your Patient (when): _____

Date of Birth:

Address:

I, _____, hereby request and authorize you (named above) to disclose the information indicated below to TASC, Inc. for the purpose(s) that are specified.

Disclosure by (named above) shall be limited to the following information:

_____

_____

_____

Disclosure of the above information to TASC, Inc. shall be limited to the purpose(s) of:

_____

_____

I understand that this consent for disclosure shall expire upon the condition of a change in my Judicial status. Further, if voluntarily seeking or receiving TASC services, I may terminate, in writing, this consent prior to change in Judicial status.

I understand that my records are protected and that any information released pursuant to this consent remains subject to the restrictions stated in Title 42 of the Code of Federal Regulations, Part 2, governing the protection of confidential client information. Any further disclosures or any disclosures used for any purpose other than indicated above, without my written consent, will be in violation of my confidential rights.

Executed this date: _____ By: _____
Signature of Client

or Per: _____
Signature of guardian/legal representative

Witnessed by: _____ Date: _____

CONFIDENTIAL CLIENT INFORMATION - Any unauthorized disclosure is an Illinois & Federal Offense.

TASC CONSENT FORM #4, Revised 04/01/80

T.A.S.C. Inc.
TREATMENT ALTERNATIVES TO STREET CRIMES
Offices in:
Belleville, Chicago, Edwardsville, Geneva, Joliet, Murphysboro, Peoria, Rock Island, Rockford, Skokie, Springfield, Urbana, and Waukegan

Administrative Offices:
1500 North Halsted • Chicago, Illinois 60622 • (312) 787-0208
Please Reply To:

CONSENT FOR DISCLOSURE OF CLINICAL AND MEDICAL RECORDS

I, _____, hereby authorize disclosure of my confidential patient records by TASC, Inc. to the following treatment facility: _____.
Such disclosures shall include my clinical and medical records received and collected by TASC, Inc. and deemed necessary for determining my treatment rehabilitation program.

In addition, I hereby authorize disclosure of my confidential patient records to TASC, Inc. by (named above) for the purpose of monitoring my progress in treatment. Such disclosures shall include records of my attendance in counseling sessions, urinalysis reports, my attendance for other scheduled activities in the above-named facility, and other information deemed to be representative of my progress in treatment.

Such disclosure shall also include the return, in total, of my clinical and medical records to TASC, Inc. by the above-named facility, in the event of my termination from that above-named facility.

I understand that all disclosures shall be limited to such information that is deemed necessary for and pertinent to hearings or reports that regard my indictment/charge for or conviction of the following:

_____

_____

_____

I understand that this consent for disclosure shall expire upon the condition of a change in my Judicial status with regard to the indictment(s), charge(s), or any conviction(s) indicated above. Further, if voluntarily seeking or receiving TASC services, I may terminate, in writing, this consent prior to change in Judicial status.

I understand that my records are protected and that any information released pursuant to this consent remains subject to the restrictions stated in Title 42 of the Code of Federal Regulations, Part 2, governing the protection of confidential client information Any further disclosures or any disclosures used for any purpose other than indicated above, without my written consent, will be in violation of my confidential rights.

Executed this date: _____ By: _____
Signature of Client

or Per: _____
Signature of guardian/legal representative

Witnessed by: _____ Date: _____

TASC CONSENT FORM #5, Revised 04/01/80

CLIENT AGREEMENT
to
COOPERATE in COURT PROCEEDINGS with TASC

I, _____ agree to fully cooperate with the TASC Court Representative whenever I am required to appear in Court. I agree to demonstrate positive motivation towards my rehabilitation by honoring all my commitments to the Criminal Justice System.

I also agree to contact TASC within 72 hours following the conditions below:

A. A Court Disposition requiring further TASC services.
B. My release from incarceration.

I understand that if I am in treatment with TASC at the time of my scheduled Court Appearance I will be placed in a Jeopardy Status with TASC for any of the following reasons:

A. Appearing in Court under the influence of an illegal or illicit drug.
B. Appearing in Court under the influence of alcohol.
C. Exhibiting hostile or uncooperative behavior towards TASC or Judicial personnel during Court proceedings.
D. Arriving one (1) hour late for a scheduled Court Appearance resulting in a BFW/JAW.

Finally, I understand that if any of the above conditions occur during my scheduled Court Appearance, TASC is not bound by any obligation to represent to the Court any or all of the following:

A. My Eligibility for TASC services in accordance with the Illinois Revised Statutes, Chapter 111½, the Alcoholism and Substance Abuse Act.
B. My Acceptability for TASC services.
C. My treatment status with TASC.
D. Guarantee of my presence for the next scheduled Court date.

_____ _____
Client's Signature Date

_____ _____
TASC Witness Date

White Copy - TASC
Yellow Copy - Treatment Facility
Pink Copy - Client

CONFIDENTIAL CLIENT INFORMATION - Any unauthorized disclosure is an Illinois & Federal Offense

CLIENT AGREEMENT
TO
PARTICIPATE IN TREATMENT WITH TASC

I, _____ agree to volunteer for substance abuse treatment with TASC, Inc. In so volunteering, I agree to demonstrate positive motivation toward treatment by cooperating with TASC to complete treatment. I understand that when I volunteer to participate in treatment with TASC, Inc. my treatment needs will be carefully evaluated. Upon accepting me as a client, TASC agrees to refer me to a treatment program which offers the services which have been determined by TASC as most appropriate to teach me how to help myself toward my own substance abuse rehabilitation.

I agree to abide by the rules and regulations of TASC specified below and that any violation of those rules and regulations will result in my termination from TASC and violate my probation or supervision ordered by the Court.

Once TASC has referred me to a treatment program I understand and agree that TASC will conduct regularly scheduled monitoring visits to monitor my continued enrollment in the program assigned by TASC as well as my progress in the rehabilitative process. If I leave the program for any reason, I agree to contact the TASC office either in person, or by telephone within one working day. The address is _____ telephone number _____. I further agree that if I leave treatment I will provide TASC Coordinator or Supervisor of this TASC office (above address) with a signed written statement of my reason(s) for leaving treatment.

I agree to abide by the rules and regulations of the treatment program to which I am referred by TASC. I further agree to fully participate in all scheduled activities and counseling which the treatment program determines necessary for my rehabilitation.

I have read the criteria for being in Jeopardy Status with TASC (on the back of the Client Agreement). I understand that if I do not demonstrate my serious and continued effort to stop using illegal or illicit substances or alcohol, or if I do not fully participate in the rehabilitation program designed for me by the treatment program, I will place myself in Jeopardy with TASC. I further understand that should TASC determine that I have reached third Jeopardy Status, I will be unsuccessfully discharged from TASC.

I further understand that I shall be immediately, without any reservation, unsuccessfully discharged from TASC for any of the following reasons:

A. An inpatient client leaves treatment facility against staff advice.
B. An inpatient client fails to return from an approved pass within 24 hours.
C. An outpatient client fails to attend the clinic for 30 days.
D. Client fails to complete treatment transfer having missed 2 scheduled appointments.
E. Client is unsuccessfully discharged from treatment program for repeated violations of facility rules and regulations.
F. Client reaches third and final Jeopardy Status.
G. An act or threat of violence against TASC or the treatment staff and/or member.
H. Possession of a weapon in TASC or the treatment program.
I. Possession of an illegal or illicit substance or alcohol in TASC or the treatment program.
J. Arrest for a drug, DUI, or violent charge.
K. Conviction on any subsequent felony charge.
L. Two re-arrests while a TASC client.
M. Incarceration exceeds 30 days.

I understand that TASC will fully and truthfully report to appropriate Criminal Justice Authorities all my treatment activities including my progress, my Jeopardy Status, and my successful/unsuccessful completion of the rehabilitation program.

Finally, I understand that should I fail to successfully complete my rehabilitation, I may place myself in violation of my Criminal Justice Mandate to enter and complete treatment.

_____	_____	_____
Client's Signature	TASC Witness	Date

Glossary of TASC Terms

Ancillary Services: auxiliary or supplemental assistance provided to the TASC client in addition to primary treatment for drug and/or alcohol problems (e.g., employment training, medical services unrelated to the dependency, financial counseling).

Assessment: the evaluation or appraisal of a TASC candidate's suitability for substance abuse treatment and placement in a specific treatment modality/setting, including information on current and past use/abuse of drugs, justice system involvement and medical, family, social, education, military, employment and treatment histories.

Case Management Plan: an individualized scheme for securing, coordinating and monitoring the appropriate treatment interventions and ancillary services for each TASC client's successful TASC, treatment and justice system outcomes.

Chain of Custody: necessary safeguards for ensuring the "purity" and intactness of specific materials collected for later use as legal evidence in court, most usually applied in TASC projects to clients' urine specimens that are forwarded for laboratory analysis.

Court Liaison: communications between TASC and justice system personnel for establishing and maintaining a mutual understanding during the transaction of judicial business, most frequently referring to court visibility and testimony about specific clients by TASC staff.

Criteria: rules, standards, principles or tests by which the TASC client is measured, judged or assessed (e.g., success/failure in treatment, eligibility for TASC participation).

Drug-dependent: a loss of self control with reference to the use of licit or illicit substances, including alcohol, to the extent that physical, psychological or social problems and/or harm result.

Eligibility: meeting the requisite criteria qualifying one to be chosen.

Identification: the act of establishing whether an offender is a TASC candidate potentially eligible for acceptance into the project.

Justice System Components: any functioning part of the legal administration continuum from police through parole.

Monitoring: supervising or overseeing clients through the application of specific criteria in efforts to determine their "progress" and success/failure.

Office Monitoring: temporary supervision by TASC staff of a client who is waiting for available space in a treatment program after assessment/acceptance by the TASC project, generally including orientation to TASC and the specific treatment facility, urine monitoring and some social skills counseling.

Referral: assignment of a TASC client to the most appropriate and available treatment facility and/or other ancillary service.

Reporting: officially accounting to TASC and/or the referring justice system component for the client's cooperation with an approved treatment plan using prescribed and objective facts and observations.

Screening: a systematic examination of all accused or convicted offenders at particular point(s) in justice system processing to determine their potential suitability or eligibility for TASC.

Tracking: maintaining contact with and keeping informed about the whereabouts of each TASC client.

Treatment Modality: specific types of therapeutic processes or interventions that may be used for treatment of substance abuse and can be conducted in residential or outpatient settings (e.g., methadone maintenance, drug-free counseling, detoxification, psychotherapy, other forms of chemotherapy).

Urinalysis: examination of urine samples by various technical methods to determine the presence or absence of specified drugs or their metabolized traces.

Voluntary Informed Consent: agreement by the TASC candidate to participate in the project after a thorough and completely comprehensible explanation of its advantages and disadvantages, including potential benefits and sanctions by the justice system, TASC and treatment program rules and requirements, confidentiality effects and known consequences of successful or unsuccessful termination.

*U.S.GOVERNMENT PRINTING OFFICE:1990-262-221:25903