TASC in North Carolina

A National Model for Cost and Care Management for Offender Behavioral Health Services

- Statewide collaboration, standardized service delivery and information integration form the foundation of an offender management system designed to:
  - Assist policymakers in predicting and controlling public expenditures
  - Ensure offender compliance
  - Establish accountability for positive outcomes

The North Carolina model for managing the delivery of services to drug-involved offenders is the first of its kind in the country. With a complex array of needs and circumstances, and an aggregate size in the tens of thousands, the costs associated with treating this population are significant. However, the financial and human costs of not treating this population, or treating them ineffectively, are overwhelming. Numerous national studies have documented the cost benefit of substance abuse treatment[1], and many more have documented treatment's effectiveness in reducing drug use, recidivism and the attendant social harm.[2]

Even as many states are just beginning to consider legislative initiatives to mandate access to services and systemic approaches to the treatment needs of offenders, North Carolina has built a statewide infrastructure designed to predict costs and guide care decisions toward positive outcomes for the greatest possible number of offender-clients. This infrastructure is based on meaningful partnerships within the state. The Division of Mental Health's partnership with the Division of Community Corrections ensures offender accountability through the coordination of criminal justice system requirements and treatment services. Through the TASC service delivery model, a specialized system of person-centered planning and clinical care management delivers a seamless continuum of services to offenders, to carefully manage the expenditure of resources for treating the target population, and to reduce the rate of recidivism and improve individual outcomes.

TASC Services in North Carolina - A Historical Perspective

The TASC community-based service network provides assessment, referral and care management services to offenders across North Carolina. Like most states, North Carolina has seen a dramatic increase in its supervised probation population over the last two decades, driven in large part by drug use and drug laws. Under the Structured Sentencing Act of 1994, community-level sentences included expanded access to community-based treatment, including TASC, as well as additional sanctions. Prompted by a desire to maximize the use of resources in delivering these services, DHHS partnered with the Department of Correction to develop the North Carolina Offender Management Model, which balances substance abuse intervention opportunities with controlled supervision.

(cont'd on reverse)

[1] See Koenig, L, et. al. "The Costs and Benefits of Substance Abuse Treatment: Findings from the National Treatment Improvement Evaluation Study (NTIES)". National Evaluation Data Services (1999). See also Langenbucher J, "Cost Offsets of Addictions Treatment," Physician Leadership on National Drug Policy (1998).

[2] See Hubbard, R.L., Craddock, S.G., Flynn R.M., Anderson J. and Etheridge R.M. "Overview of 1-Year Follow-up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors*, 11(4): 261-278, 1997. See also "Health, Addiction Treatment and the Criminal Justice System," Physician Leadership on National Drug Policy (1998). See also Martin, Steve S., Clifford A. Butzin, Chirstine A. Saum, and James A. Inciardi, "Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware: From Prison to Work Release to Aftercare," The Prison Journal, September 1999, 79(3): 294-320.

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As the population grew, the State recognized the need to manage offender care by employing standardized clinical guidelines and developing an administrative infrastructure to oversee TASC service delivery statewide.

Regional Management Structure

TASC services are available in every judicial district in the state, and four TASC Regional Coordinating Entities (RCEs) oversee the administration and effectiveness of TASC services in roughly one-quarter of the state each. The RCEs are responsible for the overall delivery of TASC services in their region, including:

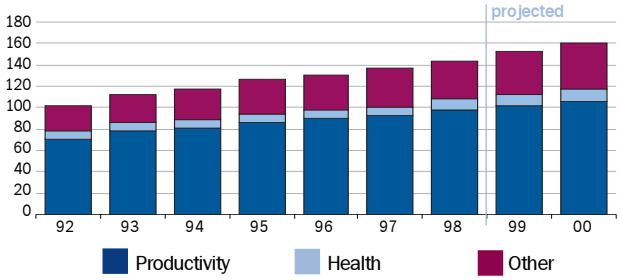
- Ensuring that all TASC providers employ standardized clinical protocols, deliver services uniformly throughout the state, and are accountable for client outcomes.
- Managing individual and program outcome information through a centralized, integrated system.
- Ensuring that the resources necessary for treating this population are used effectively and efficiently.
- Coordinating with the Division of Community Corrections, Department of Correction to ensure offender accountability.

The TASC RCEs serve as specialty case and service managers on behalf of the Local Managing Entities (LMEs) under the Division of Mental Health, Developmental Disabilities and Substance Abuse Services' mental health reform, *State Plan 2003: Blueprint for Change*. The RCEs add invaluable expertise with this population and these services, informing care decisions and providing access to a qualified network of providers experienced in serving offenders.

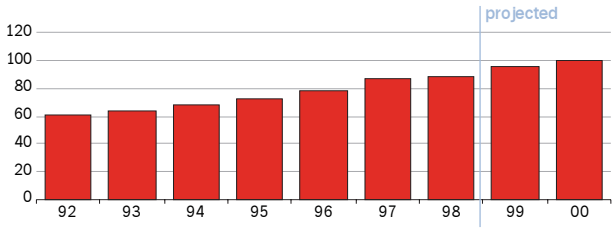
An integral component of the statewide TASC structure is a dedicated TASC Training Institute, which works with the RCEs to identify knowledge gaps in areas of clinical practice or administrative oversight, develops training strategies to address those gaps, and enlists local and national experts to deliver the necessary training and technical assistance.

Objective treatment service oversight, standardization of services, integrated information systems, and coordination with the criminal justice system combine to create a specialty care management structure where costs are predictable, performance is measurable, and resources are leveraged to achieve the maximum outcome for each individual, thereby achieving the greatest public safety result for the community.

Overall Cost of Drug Abuse in America, 1992-2000
(in billions of dollars)

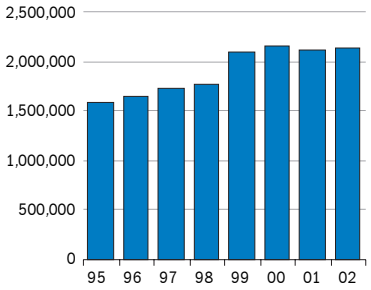


Crime-Related Costs of Drug Abuse in America, 1992-2000
(in billions of dollars)

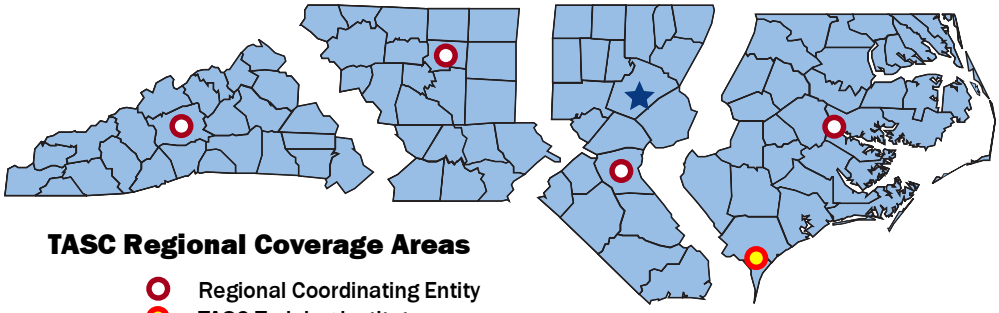


*includes lost productivity due to incarceration

NEW Entries to Probation in America, 1995-2002



Total on Probation in United States	3,995,000
On Probation in North Carolina	112,900
State Rank	13th highest
On Probation in NC per 100,000 residents	1,790
State Rank	18th highest



TASC Regional Coverage Areas

Regional Coordinating Entity
TASC Training Institute