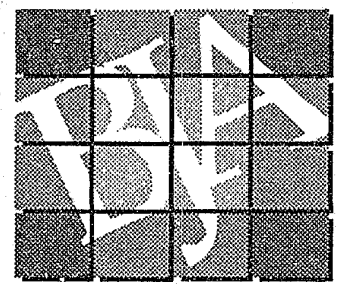
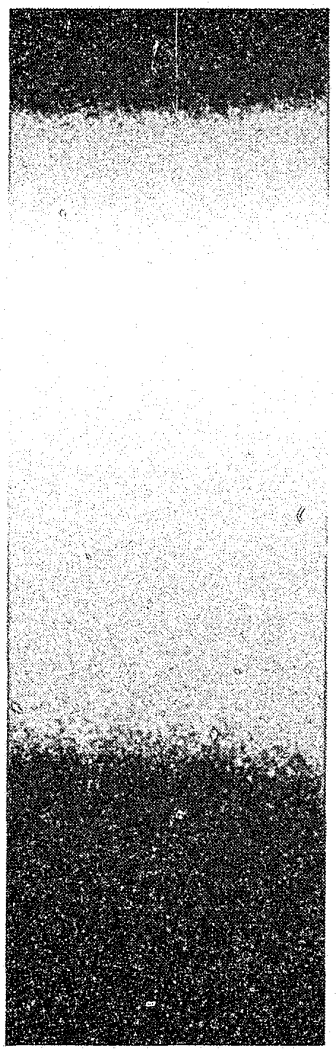
U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance



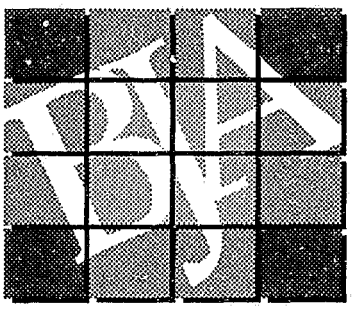


Bureau of Justice Assistance

Treatment Alternatives to Street Crime: Trainer's Manual

Second Edition

TRAINING MANUAL



Bureau of Justice Assistance

Treatment Alternatives to Street Crime: Trainer's Manual

Second Edition

TRAINING MANUAL

January 1993
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633 Indiana Avenue NW., Washington, DC 20531
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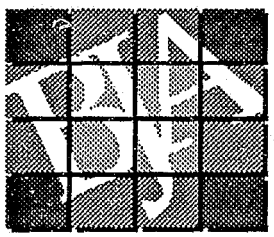
The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.



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PREFACE

The Treatment Alternatives to Street Crime (TASC) concept was developed in 1972 in response to the tremendous burden the drug-involved offender placed on the criminal justice system. TASC has expanded to more than 168 TASC programs at 130 sites in 22 States and 1 territory (some States have both juvenile and adult programs).

The program was built on the premise that a more productive method could be developed to manage the drug-involved offender population rather than to incarcerate them and impose other previously used criminal justice sanctions. To further this end, TASC employs thorough assessment, appropriate treatment referral, and a structured course of monitoring combined with drug treatment. Through effective intervention, TASC works to break the cycle of drug use, crime, arrest, prosecution, incarceration, release, and persistent drug use. The TASC concept of drug offender identification, assessment, referral to treatment, and overall drug offender management has proven to be an effective means of intervening in the cycle of drug use and criminal behavior.

The development of the TASC critical elements in 1986 structured and defined the TASC concept. The critical elements comprise support of justice, support of treatment, TASC administrative unit, staff training, data collection and evaluation, eligibility criteria, client[1] identification, assessment and referral, urinalysis, and case management. These 10 elements have proven effective for the successful implementation and operation of TASC.

The TASC critical element training course teaches the fundamentals of the TASC concept for each element as well as other relevant concepts such as confidentiality. The goal of the course is to furnish each jurisdiction with well-informed participants who understand the philosophy, purpose, and operation of the TASC model. Participation in this course should provide a common understanding and language and enhance the continued development of the TASC model throughout the country.

This revised *Trainer's Manual* will help the user improve the training process. The suggestions and observations in this updated version distill comments and issues that emerged during the first 10 trainings in the original curriculum.

[1] The noun "client" is a neutral term used throughout this document to identify the criminal justice offender/treatment patient. This neutral term was chosen by the original TASC program developers to bridge the gap between criminal justice and treatment system terminology. Since that time, using this term has become universal in TASC.

Trainer Guidelines

Course Format

This manual contains material on all 12 original modules. The introduction to each module identifies the material to be taught, the training materials needed, and the anticipated time for delivery. The TASC *Participant's Manual* also contains 12 modules that correspond to the *Trainer's Manual.* Each module in the *Participant's Manual* begins with a summary of its objectives, followed by worksheets, factsheets, or relevant articles.

Suggestions for Delivering the Training

This course is designed to be taught by those with experience in TASC programming. The course is enhanced when trainers can cite examples from their personal experiences in areas such as systems communication, client assessment, and eligibility criteria determination.

Many of the trainers teaching the original curriculum were not comfortable with the manual's content. They taught the course verbatim from the book, which resulted in stiff deliveries instead of ones that flowed from their experiences. Trainers are therefore encouraged to view this updated *Trainer's Manual* as a guide for content delivery.

When preparing for delivery:

- ***Be flexible.*** The exercises presented in each module and the flow from Module I to Module XII should guide you. Be careful to seize opportunities to increase the benefits of the training; if an extra 15 minutes are necessary to finish a heated debate, spend the time. Stay in tune with the participants and try to gauge what methods will increase learning. Also remember that the times and content flow presented in the *Trainer's Manual* are only guidelines, not rigid limitations.
- ***Be fluid.*** Before you teach the course, take a moment to reflect on your delivery of past trainings. How fluid were the presentations? In this context, fluidity means the flow from one content area to another; the ease with which the material is presented; and whether the trainer is free to move around the room during delivery or is locked into notes, a flipchart, or the overhead projector. Being fluid gives participants assurance that you are in control and know where you are leading them. It shows that you are prepared and are comfortable with the content.
- ***Work on your delivery.*** The two key dynamics of every training event are the content of the material presented and the delivery of the material. Delivery is as important as content. Make sure you provide participants with a comfortable environment, deliver clear instructions, and vary your presentation to keep participants interested. If the material is not delivered effectively or if you are unaware of the dynamics taking place among participants, you may miss opportunities to improve the training. Be careful not to devote so much attention to the prescribed design that you miss the chance to provide a genuine learning experience.
- ***Use your own examples.*** Real-life examples enhance any training and emphasize the point being made. The trainer makes a description of screening in jail seem more real when he or she can describe the feeling of actually being in the jail and trying to conduct a therapeutic interview.

When preparing for the training, take time to reflect on your experience and pick out real-life examples that emphasize the points presented. Participants learn from trainers' reflections on what has or has not worked for them. When using personal examples, try not to be too local or regional. Do not start every example by saying "At my TASC program..." Instead, say "One TASC program..." or "A TASC program..." to help make the TASC experience universal.

- ***Use a variety of methods and media.*** Use a variety of training methods and media to deliver the message. Continuous lectures or small-group activities become repetitious. If the trainer depends on the overhead for every piece of information presented, the presentation becomes boring. As you prepare, think about how you can deliver the information clearly and offer variety. As you study the *Trainer's Manual*, you can see that many methods and media are used. Be creative by looking for additional or different ways to deliver the message. But be careful not to use a method just for the sake of being different. Every approach used in training should be deliberate and should enhance the learning objectives.

This updated TASC *Trainer's Manual* and the TASC *Participant's Manual* offer a systematic approach to content. The trainer is encouraged to look for varied ways to reach the learning objectives outlined in each module.

Participant Configuration

The size of the training group and the mix of participants in a training session are important factors in delivery. Activities that work well with an audience of 20 will not work with a larger group. For example, a flipchart is difficult to read if the training room is too large. You might want to add a different twist to the delivery if your class includes both TASC and probation personnel. It is important to know how many participants are expected and what the makeup of the group will be so you can adjust the training to fit the needs of the group:

- ***Small groups.*** A small group is likely to consist entirely or predominantly of TASC staff. For this group, the entire training package is appropriate. If presentation time is limited, however, trainers should emphasize Modules VI–XI, which stress the skills required of TASC staff.
- ***Large groups.*** A large group is likely to include a significant proportion of individuals who seek only an overview of the TASC model. If a site proposes training for a large group, the trainer should clarify the relationship of the audience to TASC and determine which participants should attend only an overview segment and which should participate in the full training. Modules I–V are generic in that they can be presented to anyone as a general orientation to TASC. Modules VI–X are designed to train TASC staff in specific skills.
- ***Heterogeneous groups (criminal justice, treatment, and TASC).*** For this type of group, training should be rearranged so that representatives of criminal justice and treatment attend the modules of greatest benefit to them—Modules I–V, IX, and XI. The remaining modules should be presented only to TASC staff, unless representatives from other agencies specifically request to participate in the entire training.

TRAINER GUIDELINES

The following is one example of a training schedule that meets the needs of the local site and the design of the critical elements training:

Day 1	8:30–9 a.m	Registration
	9–9:15 a.m.	Speech—State Attorney General
	9:15–9:30 a.m.	Speech—Director, State Department of Substance-Abuse Services
	9:30–9:45 a.m.	Speech—Director of Community Corrections
	9:45–10 a.m.	Break
	10 a.m.–Noon	Modules II and III
	Noon–1:30 p.m.	Luncheon
	1:30–3:30 p.m.	Module IV
	3:30–5 p.m.	Module V

In this example, the morning session was for a large group and presented leaders from criminal justice, treatment, and State government sharing their perspectives on the issues of drugs and crime. As part of the program, conference presenters provided an overview of TASC. After lunch, most of the group left and training continued for the remainder on the modules specific to TASC program operations.

Needs Assessment

The needs assessment, conducted by the lead trainer with the local site agency, is the best way to determine the time necessary and available to fulfill the local training needs. It is important to find out who the participants will be and what disciplines they represent. Ask questions about the participants' present skill levels and experience working with drug-involved offenders. Keep in mind that some participants may have knowledge or experience in a specific area, such as case management, but little or no experience providing this service to offender populations.

It is also important for the trainer to gather State and local information that will affect the training delivery. In particular, the trainer should know:

- How the local criminal justice system is organized.
- Where TASC does, or will, intervene in the system.
- What treatment is available.
- Local confidentiality regulations that may differ from Federal regulations.
- Specific State conditions that might affect juvenile populations.

Trainer Guidelines

The trainer should thoroughly assess the needs of and gather information about the site before teaching the course to help ensure smooth delivery and fit within the staff and time requirements. The needs assessment will also guarantee that the course is specific to both region and site. Once needs have been established, accommodate them in the course outline. You will then be able to determine which modules should be fully taught and which modules may need only to be reviewed.

Time Considerations

The ideal amount of time needed to present the content in the original *Trainer's Manual* was 3 days. Although the course introduction outlines a typical 3-day delivery schedule, experience has shown that this amount of time is not always available for the training.

After you have conducted a complete needs assessment, you can develop a customized training plan. Make certain the modules presented follow logically, as designed in the original *Trainer's Manual.* If you present modules independently, however, you must develop transitions that flow from one content area to the next.

Portions of the course can be delivered in an abbreviated 1- or 2-day format. The following content outlines have been used for such presentations; the trainer may use this guide to select content when fewer than 3 days are available:

- 1-day design:
  - Modules I, II, VI, VII, VIII, IX, and XI.
- 2-day design:
  - Day 1: Modules I, II, III, IV, and V.
  - Day 2: Modules VI, VII, VIII, IX, and XI.

The goal is to present the best training possible. If only 1 day is available, determine what can best be presented in that time. Do not try to present the entire course in fewer than 3 days. A common training problem is trying to deliver more material than can be properly presented or understood in the time available. Use your time deliberately and carefully to present your redesigned materials.

Participant's Manual

The TASC *Participant's Manual* was designed for those attending the training and includes the major points outlined in each module. Trainers must become familiar with the material included in the *Participant's Manual.* It is most useful when the trainer can refer participants to the actual page numbers of the material being presented, thus allowing them to work with the trainer. Trainers should also encourage participants to record notes and observations in their manuals.

Module I: Introduction

Total Time: **1 hour 35 minutes to 1 hour 45 minutes;**
1 hour 55 minutes with the needs assessment

Purpose

This module is designed to familiarize the participants with each other and with the content of the course. Expectations for their involvement in the training will be presented along with the logistics of the training event.

Objectives

By the end of this session participants will be able to:

- List at least five topic areas that will be covered in the course.
- State the scheduled beginning and ending times of the training days.

Materials/Documents Needed

Overhead projector

Overheads

Markers

Pretest

Name tags

Flipchart stand/paper

Module I: Introduction

Time/Media & Materials	Outline of Training Activities

5 Minutes

1. Introduction to Training: Greeting

Module I is designed to familiarize the participants with each other and with the content of the course. The module begins with a pretest that provides participants with some immediate answers about course content and sparks initial thinking about the participants' expectations of the material to be presented. The participants then verbalize these expectations in a needs assessment activity.

This module provides a forum for introducing the training, the trainer(s), and the participants. Introductions may be formal or informal, detailed or brief, depending on the composition and needs of the group. Special guests, participating only in the introduction to the training, frequently are given an opportunity to make welcoming and summary comments during this time.

Trainer's note: You may want to have the local or State sponsoring agency introduce you to the participants. If no host is present, you should greet the participants and welcome them to the training.

After the welcoming remarks and introductions, this module is devoted to an outline of the course and discussion of ground rules and housekeeping issues necessary to ensure maximum participation.

The first order of business is to prepare the group to begin training. Get participants settled into their seats and quieted down to begin work. Start by introducing yourself and the other trainers. Trainers should highlight their experience and training with TASC and the criminal justice and/or treatment systems.

15 Minutes

2. Pretest

The pretest is an effective introduction to the training because it does not force the participants to begin sharing information or engage in other "threatening" activities. Participants are usually a little overwhelmed by the pretest questions. Statements such as "Are you kidding?" and "Give me a break!" will be heard. This is valuable because it makes the participants realize they are all starting from the same point—they do not know a great deal about the subject in which they are to be trained. Additionally, the pretest lets them know which topics will be presented.

The pretest is not as effective if the training is modified and some topics are not presented. In this situation, trainers must decide if they should use the

Time/Media & Materials	Outline of Training Activities

packaged pretest or develop a modified substitute. It can be confusing to present participants with a pretest that covers material that will not be addressed in their training.

As participants enter the training, greet them and ask them to fill out the pretest found on pages 4–6 of the *Participant's Manual*. Encourage them to complete it to the best of their ability, emphasizing that the pretests and posttests are simply mechanisms to evaluate the level of knowledge gained. Although the test itself will be anonymous, a code is needed to match both tests. Suggest they use the first four numbers of their birth month and day (such as 1024 for October 24). If they choose, another code can be used, but stress the importance of using the same code on both tests. Allow them approximately 15 minutes to complete the pretest. After collecting the completed test, proceed to the following activities.

Whether the trainer uses the packaged pretest or designs a new one, it is important that both a pretest and posttest be administered because they provide an excellent evaluation measure of the effectiveness of the training.

20 Minutes

3. Introduction of Trainers and Participants

Very briefly sum up the purpose of the training: "We are here to teach the concept of TASC and its essential elements, and to practice skills in carrying them out." Let them know that you will review the material to be covered over the next 3 days, but first you want to find out about the participants themselves.

To help the participants become better acquainted with each other during this session, use the following exercise. Do not hesitate to substitute another exercise if desired.

You should ask each participant to take 1 minute to answer the following questions:

- What is your job? How is it related to TASC?
- What is your experience with criminal justice and/or treatment?
- What is your experience with TASC?
- What do you do for fun?

Time/Media & Materials	Outline of Training Activities

Trainer's note: Experience teaches that trainers must exercise control over the process of group introductions. Participants need direction on how much biographical material they should present and how long they have to make their introductions.

The trainer should limit introductions to 30 seconds per participant for groups of 10 or less, and 15 seconds per participant for groups of 11 or more. Focus the group on the specific information you would like them to provide, then model a response for them by going first. Remember, if you tell your life story, so will they; if you are succinct, the participants will follow your lead.

In very large groups, personalized introductions may not be appropriate. In this situation, a show of hands from participants to a variety of questions—such as experience with offenders and length of time spent working with addicts—will give the group a sense of who is participating in the training.

20 Minutes

4. Needs Assessment

Trainers should address the assessment of training needs before they arrive onsite to begin the training. It is, however, important for the trainer to acknowledge interest in specific issues participants bring to the training. Experience has shown that most issues raised by participants are covered somewhere in the 12 modules.

By now the trainees are more comfortable with the trainer and with each other. Ask participants to take out a piece of paper and jot down at least two pieces of knowledge they hope to gain or two skills they hope to acquire during this workshop. Give them a few minutes to complete this task.

Ask the participants to move into groups of three. Then have them discuss their expectations for the course, reminding them to allow time for all members to express their expectations. Ask them to look for similar needs and wants. Allow approximately 6 minutes for this task.

Now you want to ask for feedback on needs and expectations. Solicit specific topics and issues that participants want to discuss during the training. As these issues are raised, record them on a flipchart or overhead. Continue soliciting topics until everyone seems to have contributed.

After you have listed the participants' needs on a flipchart, emphasize your commitment to addressing these issues by hanging the flipchart on the wall in

Time/Media & Materials	Outline of Training Activities

the training room. As each issue is addressed, mark it off or review it as part of the conclusion of the training, making sure all issues have been addressed.

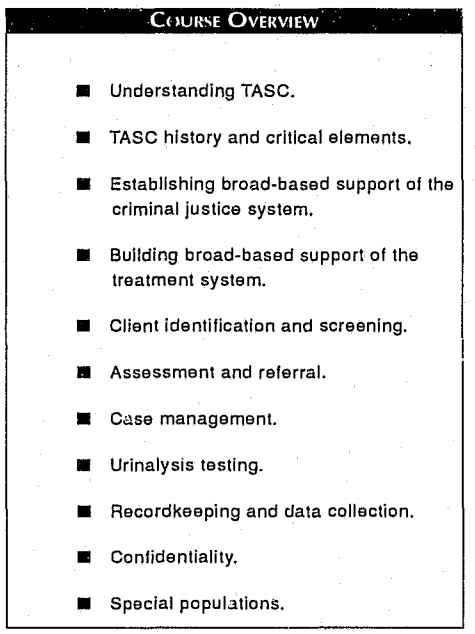
15 Minutes

5. Course Overview

Overhead 1

A proverb associated with quality training says: "Tell them what you are going to tell them, tell them, and then tell them what you told them." The course overview covers the first part of the proverb. Display Overhead 1 (found on page 7 of the *Participant's Manual*), briefly review the topics of the training, and direct participants to their manuals so they can follow along and record information.

If all topics on the overhead are not going to be covered, be sure to redesign it to reflect only those topics that will be reviewed.



Spend 1 minute on each topic to discuss what will be presented in that module. Be sure to cover the following:

- Understanding TASC—A presentation on what TASC is and how it acts as a bridge between the criminal justice and treatment systems.
- TASC history and critical elements—A history of TASC and the essential elements of a TASC project.
- Establishing broad-based support of the criminal justice system—How the criminal justice system works and where and how TASC links with this system.
- Building broad-based support of the treatment system—What treatment is and how TASC works with the treatment system.
- Client identification and screening—The need for eligibility criteria, procedures, and techniques for screening potentially eligible clients.

Time/Media & Materials | Outline of Training Activities

- Assessment and referral—Skills in conducting a TASC assessment and the essential ingredients for a referral.
- Case management—Skills in monitoring TASC clients and review of success and failure criteria.
- Urinalysis testing—The role of urinalysis in TASC, how it works, and how to maintain a chain of custody.
- Recordkeeping and data collection—The need for keeping good records and how these help manage TASC clients.
- Confidentiality—The alcohol- and drug-abuse confidentiality regulations and the restrictions they place on TASC work.
- Special populations—Special TASC considerations when working with adolescents, driving under the influence (DUI) cases, mental health cases, domestic violence offenders, and HIV-positive or AIDS-infected offenders.

Once you complete this discussion, reflect on how the needs expressed by the trainees will be covered in the proposed content. Be sure to indicate those issues that will not be covered in the session and offer to meet with those people during breaks to offer suggestions on where to obtain the information and material they seek.

10 Minutes

6. Logistics of the Training

Housekeeping and logistical issues may seem minor, but it is important that ground rules be established on such items as training hours, timing of breaks, and smoking areas.

If you are flexible on such issues, this is the time to discuss them. Work toward group consensus if there are any undecided issues. Be sure to cover at least the following items:

- Number of days in training program.
- Starting and finishing times each day.
- Breaks: how often and how long.
- Lunch: how long and the available facilities.

Time/Media & Materials	Outline of Training Activities

- Smoking policy.
- Restrooms.
- *Participant's Manual.*
- Continuing education credits (if applicable).
- Other relevant issues.

Time is extremely valuable in training. There is a tendency to run off schedule by allowing breaks to extend beyond their allotted time, by starting late, and by finishing early. The net effect of such behavior is to devalue the content of the training and to give the impression that the training is not interesting. To prevent these perceptions, start and end training at the designated times.

Smoking is a distraction. It is recommended that smoking not be allowed in the training room. Provide breaks at frequent intervals to meet the needs of smokers. If this rule is not clearly and consistently enforced, the training will be disrupted as smokers move in and out of the room.

Ask participants if there are any questions or unresolved issues at this point.

At the end of this module, you have accomplished a high level of group comfort and established the training ground rules. Rather than taking a break, this is a good time to plunge right into Module II.

MODULE II: UNDERSTANDING TASC

Total Time: **1 hour 35 minutes to 1 hour 45 minutes; longer if additional material recommended is included**

PURPOSE

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.

OBJECTIVES

By the end of this session participants will be able to:

- Describe the TASC model through the use of a bridge analogy.
- List the three primary client eligibility criteria necessary to receive TASC services.
- Define the four basic TASC services.

MATERIALS/DOCUMENTS NEEDED

Overhead projector

Overheads

Markers

Masking tape

Flipchart stand/paper

MODULE II: UNDERSTANDING TASC

Time/Media & Materials	Outline of Training Activities

5 Minutes

1. Introduction

This module presents the big picture—an overview of the TASC model. The module defines the client and describes the environment in which the TASC model operates. The entire training moves from the general to the specific.

Excellent exercises accompany this module. As a result, it is one of the most trainer-friendly in the manual. For those unfamiliar with the TASC model, the module is effective in providing a conceptual base from which additional knowledge can develop. For those with significant training or experience in TASC or similar programs, Module II provides an opportunity to reflect on the needs and characteristics of the clients served and the complexity of the systems involved in providing those services.

In this module, you will explain the TASC concept and its operation as a link between two very different systems. You will also review basic TASC services and discuss the TASC client.

The introduction offers the trainer the opportunity to improvise because there are few guideline constraints. One method used to introduce the module is the presentation of some factual information on the relationship between substance abuse and crime. There are sufficient data to support this relationship, and the trainer can usually draw from national, State, and local data to frame a brief presentation. Data from the National Institute on Drug Abuse's (NIDA's) household surveys, the Federal Bureau of Investigation (FBI) *Uniform Crime Reports*, Drug Use Forecasting (DUF), *Bureau of Justice Statistics Reports*, local newspaper clippings, or similar sources can be used to illustrate that substance abuse and crime are related issues, ranking high on the public's list of concerns.

If the trainer is from outside the local area, the use of local data reinforces a perception that the trainer is knowledgeable, has an interest in local issues, and has done his or her homework. List facts in bullet form on an overhead or flipchart. The information provided helps participants realize the value of the TASC model in addressing drug and crime issues.

Begin by giving the rationale for including a module on the TASC concept. Point out the importance of having a general understanding of the concept and its origins before learning how to perform the functions that the concept demands.

Time/Media & Materials	Outline of Training Activities

15 Minutes

2. The TASC Client: Exercise

It is important that the group develops cohesiveness early in the training and that group members have the opportunity to interact and learn from each other. This exercise is effective because it initiates group problem-solving and provides valuable feedback to participants about their own biases regarding the "typical" TASC client.

The trainer must ensure that all group members become involved in the exercise and that the activity provides an opportunity for group development. Prior to beginning the exercise, separate individuals who already know each other. Have participants count off to create working groups, and ask them to take their manuals and personal materials with them as they move to the new group. In this way the exercise facilitates group development and breaks down barriers to group involvement.

TASC programming was developed initially to identify the drug-involved offender for the criminal justice system and to provide the appropriate case management services to that individual or TASC client.

Now discuss the TASC client. Divide participants into groups of four. Provide each group with a piece of flipchart paper and ask the group to create a visual picture of the anticipated TASC client by drawing the features and illustrating the behaviors of the typical client. Give them 10 minutes to develop their portraits.

During the small-group exercises, the trainer should move around the room to ensure that each group understands the product to be developed, that all group members are participating, and that groups are using symbols rather than words.

Have each group select a spokesperson to describe the TASC client profile. Do this quickly. The point of the exercise is to elicit the conclusion that there is no typical client—TASC services a wide variety of individuals. The drawings should emphasize this point.

Frequently the drawings emphasize the negative characteristics of the typical TASC client. Make sure that the group focuses on this issue by asking summary questions, such as, "What are the common trends running through each of these drawings?" and "What conclusions could be drawn about our attitudes and perceptions of TASC clients from viewing these drawings?"

Time/Media & Materials	Outline of Training Activities

Trainer's note: Besides discussion regarding the TASC client, this exercise is designed to facilitate group bonding and cohesiveness.

20 Minutes

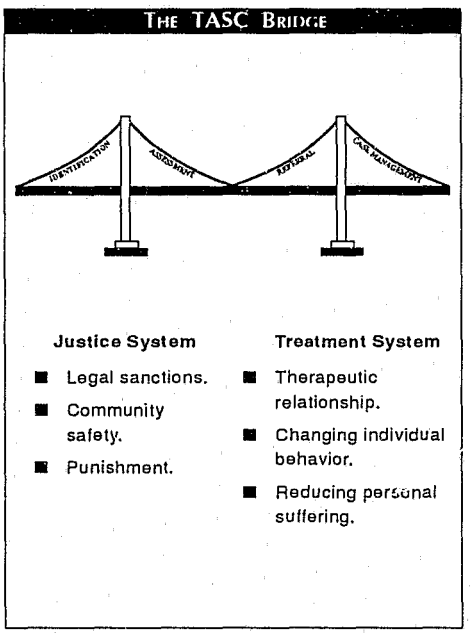
3. The TASC Bridge: Lecture

Overhead 2, the bridge overhead, provides a summary of the systems TASC works within and the services TASC uses to meet the needs of these systems.

The trainer should begin by discussing the goals of the criminal justice system versus the goals of the treatment system as revealed in Overhead 2.

Overhead 2

Present an overview of the core TASC services. Highlight how each of these is a separate entity, and that when these functions are combined, the composite service is greater than the parts. The composite service is what bridges the gap between the criminal justice and treatment systems because it identifies the drug-involved individual and monitors him or her throughout treatment and criminal justice involvement. Describe each of the TASC services, highlighting the following:



- Identification—The development of a specific methodology used to identify arrestees and offenders eligible for TASC services.
- Assessment—The evaluation or appraisal of a TASC candidate's suitability for drug treatment and recommendation for a specific treatment modality or setting, giving full consideration to current and past use of drugs; criminal justice system involvement; and medical, family, social, educational, military, employment, and treatment histories.

Time/Media & Materials	Outline of Training Activities

- Referral—The networking and communicating with available treatment providers, which allows for an understanding of TASC's assessment protocol and ensures acceptance of the TASC client into treatment upon TASC referral.
- Case management—The provision of an individualized scheme for securing, coordinating, and monitoring the appropriate treatment interventions and ancillary services for each TASC client's successful TASC, treatment, and criminal justice system outcomes. Case management includes the application of TASC measures of client progress, success and failure criteria, full case documentation, treatment communication, and a regular reporting schedule to the criminal justice system.

Summarize how the TASC concept is a link between the criminal justice and treatment systems. Restate TASC's proven effectiveness as a means to link the individual efforts of the two systems in dealing successfully with the drug-involved individual.

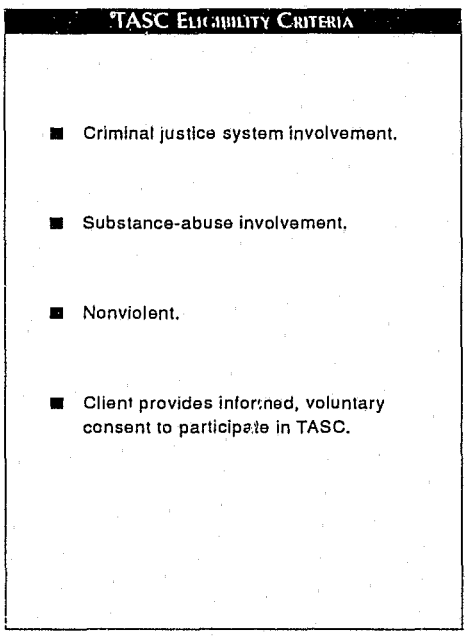
10 Minutes

4. The TASC Client: Lecture

Overhead 3

This section and the one that follows are brief but important. An understanding of TASC eligibility criteria establishes the boundaries of the model. These boundaries are broad, but they form the foundation for the bridge analogy. The two foundations of the bridge are the treatment system and the criminal justice system. These foundations are reinforced by the eligibility criteria.

Take a few moments to summarize issues regarding the TASC client. The preceding exercise should have convinced the participants that there is no typical TASC client; he or she



Time/Media & Materials	Outline of Training Activities

can be from any race, have any level of involvement in the criminal justice system, be charged with a variety of crimes, and have varied experiences with treatment. The program's eligibility criteria (discussed in a later module) do in fact define who the TASC client is. There are, however, four criteria that all TASC clients will have in common. Display Overhead 3.

Discuss these four criteria by highlighting the following points:

- Criminal justice system involvement as evidenced by formal charge, sentence, or diversion agreement.
- Current or previous drug involvement as carefully defined and evidenced by the offender's own testimony, medical and/or social histories from other agencies, physical examination, urinalysis, and/or other laboratory tests.
- Nonviolence can be determined by both criminal record or history and personality assessment.
- Informed voluntary consent as evidenced by a signed agreement to participate in the TASC program and to comply with the TASC, criminal justice, and treatment requirements detailed in a written statement that is read to or by the offender before acceptance.

As you summarize these generic eligibility criteria, emphasize that they encompass both the criminal justice and treatment systems.

5 Minutes

5. TASC Role

In performing these services, TASC staff work in both the criminal justice and treatment worlds; each is different, and each affects TASC programming. It is necessary for TASC staff to recognize the differences in orientation and case flow between the two systems. TASC staff link the services of the criminal justice and treatment systems and help provide stronger communication and cooperation.

Coordination of efforts between the two systems is crucial to the success of the TASC model. This next exercise allows participants to observe why cooperation is so difficult to achieve.

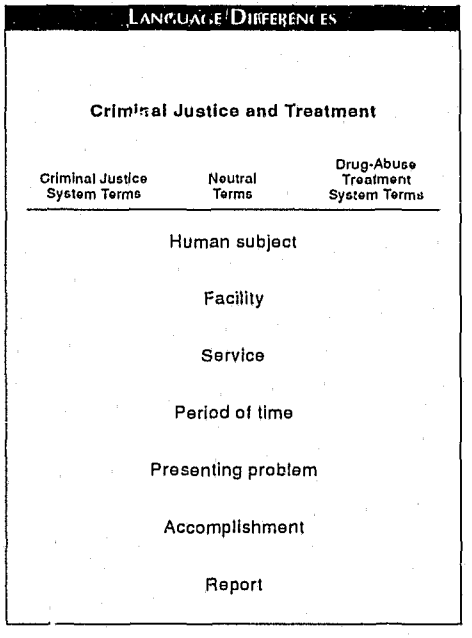
Time/Media & Materials

Outline of Training Activities

15 Minutes

6. Criminal Justice and Treatment Terms: Exercise

Overhead 4



Ask the participants to turn to page 13 in their manuals. Give them 4 minutes to fill out the worksheet. Ask them to indicate common words that are used by each system to describe the terms listed in the neutral column. To further group development, allow small groups to spend several minutes identifying terms, then process these with the entire group using either an overhead or a flipchart. Now display Overhead 4.

Using the overhead, go down each column and ask the group for words that describe the neutral term. List the words on the overhead. Typical answers for each category appear below. Be sure the list generated includes these terms:

Table 1

Criminal Justice System Terms	Neutral (abstract) Terms	Drug-Abuse Treatment System Terms
Offender, Defendent	Human Subject	Client, Patient
Court, Jail	Facility	Treatment Program Therapeutic Community
Probation, Parole	Service	Counseling
Sentence	Period of Time	Treatment Phases
Arrest, Criminality	Presenting Problem	Addiction
Completion of Sentence	Accomplishment	Recovery, Abstinence
Presentence Investigation	Report	Treatment Notes

Discuss with the group how the language used by each system is distinct and unique to that system. Emphasize the point that very different terms are used by the treatment and criminal justice systems.

Time/Media & Materials	Outline of Training Activities

Point out the following:

- The two systems operate independently, although many individuals are involved in the criminal justice system as a result of their need of treatment.
- Potential TASC clients are moving through these two systems simultaneously, usually without any link between them.

Summarize the section by pointing out that the criminal justice and treatment systems have different orientations, languages, players, and mechanisms for dealing with their offenders/clients. It is important to be familiar with these differences as one tries to define the role and purpose of TASC and how TASC fits within these two systems.

5 Minutes

7. Conclusion

Summarize this module by using Overhead 5, reviewing the following points (page 14 in the *Participant's Manual*).

Overhead 5

Ask for any questions or unresolved issues. This is a good time for a break.

UNDERSTANDING TASC: A SUMMARY

- Justice and treatment have different orientations, goals, and methods of operation.
- TASC facilitates communication and coordination between the justice and treatment systems.
- TASC can be seen as a bridge that links these two systems.
- TASC services that link these systems are identification, assessment, referral, and case management.
- There is no typical client, but all clients should be legally involved, nonviolent substance abusers, and willing to participate in TASC voluntarily.

Module III: TASC History and Critical Elements

Total Time: **1 hour 35 minutes to 1 hour 40 minutes; longer if additional recommended material is included**

Purpose

This module is designed to review the history of the TASC concept and the critical program elements that make up TASC. It will provide participants with a framework for understanding how TASC developed, why the concept has proven effective, and what essential elements are necessary to call a program a TASC program.

Objectives

By the end of this session participants will be able to:

- List four key steps in the development of the TASC concept.
- List at least five TASC critical program elements.
- Take three TASC critical program elements and list two performance standards used to measure compliance with each element.

Materials/Documents Needed

Overhead projector

Overheads

Module III: TASC History and Critical Elements

Time/Media & Materials	Outline of Training Activities

5 Minutes

1. Introduction: Why TASC?

This module presents a history of the TASC model and reviews the critical elements that have been established as "yardsticks" of appropriate activity within TASC programs. A critical element is defined as a component that any TASC program must have to succeed in its mission.

This module also presents a challenge to the trainer: like most history lessons, there is the danger that the material is dry and perhaps better left to be read and understood individually rather than presented orally in a group setting.

One of the technical problems in teaching Module III is that most of the information the trainer is presenting is also in the *Participant's Manual*. To communicate this information effectively, therefore, it is necessary to supplement the presentation with additional information not contained in the manual.

The introductory piece can be supplemented in the same way as the introduction to Module II. Set the stage to illustrate the need for TASC programming by reviewing current national and State data on drug arrests, rates of incarceration, public attitudes toward crime, and the demographics and characteristics of drug-dependent offenders.

Researchers have documented the existence of a relationship between substance abuse and crime—a relationship that has long been evident to those working in the criminal justice system. A high percentage of all crimes are either directly or indirectly linked to drug or alcohol abuse. The following examples show the need for a program like TASC:

- The magnitude of the substance-abuse problem.
- The high incidence of drug-related crimes.
- The sheer volume of drug users processed through the criminal justice system.
- The crowded conditions in most prisons and jails.

Ask the group for other examples that demonstrate the need for a program like TASC. Also, solicit the following percentages from their own jurisdiction(s):

- Arrests for specific drug charges.
- Drug-related arrests.
- Prisoners in the State correctional system admitting to substance-abuse problems.

Time/Media & Materials	Outline of Training Activities

National statistics demonstrate that 50 to 60 percent of crimes are committed under the influence of drugs or alcohol and about four-fifths of prison inmates report use of an illegal drug in the past.[2]

All of this information makes clear the need for an alternative means for processing the nonviolent drug-abusing offender. TASC serves the person with a drug problem who often has a history of criminal activity and is in one of the highest risk categories of unsuccessful rehabilitation.

30 Minutes

2. History of the TASC Concept

The challenge is to provide information—without duplicating material—that participants can easily read and understand.

Several points merit emphasis, including:

- TASC has its basis in law at the national level.[3]
- TASC was developed through the cooperative efforts of criminal justice and treatment agencies—the Law Enforcement Assistance Administration (LEAA), Bureau of Justice Assistance (BJA), and the National Institute on Drug Abuse (NIDA).
- TASC has proven to be an effective model through outcome evaluation studies.[4]

The trainer is encouraged to become familiar with background information on these topics so that elaboration is possible.

Trainer's note: Ask participants to turn to page 16 of their manuals and to make notes as you review the development of the TASC program.

[2] "Profile of State Prison Inmates, 1986," *Bureau of Justice Statistics Special Report*, BJS, 1988.

[3] *Robinson v. California*, 370 U.S. 660 (1962); *Narcotic Addict Rehabilitation Act (NARA)*, 28 USC 2901–2903; *Comprehensive Drug Abuse Prevention and Control Act of 1970*; *Justice Assistance Act of 1984.*

[4] *TASC Projects: National Evaluation Program*, National Institute of Law Enforcement and Criminal Justice, 1976; *Treatment Outcome Prospective Study (TOPS)*, National Institute on Drug Abuse, 1979–1981; *Evaluations of Denver, Philadelphia, and Cleveland TASC, 1973, 1974*, System Sciences, Inc., 1974; *1976 Study of 22 TASC Sites*, Lazar Institute, Law Enforcement Assistance Administration (LEAA), 1976; *Evaluation of 12 TASC Sites*, System Sciences, Inc., LEAA, 1978.

Time/Media & Materials	Outline of Training Activities

Use the following chronology to discuss the evolution of TASC from a narrowly defined program model to the recognition of TASC as a concept that can be used in a variety of environments.

- 1962—The 1962 Supreme Court decision, *Robinson v. California,* defined chemical addiction as an illness rather than a crime. It held that the State could force an addict to submit to treatment and could impose criminal sanctions for failure to comply with the treatment program. At that time, alternatives to routine criminal justice system processing for drug-dependent offenders seemed worthy of serious consideration.
- Early 1970's—A study by Ball, Rosen, Flueck, and Nurco entitled *Lifetime Criminality of Heroin Addicts in the United States* found that a number of addicts were responsible for a large percentage of crimes. The full study was published in the *Journal of Drug Issues*, 1982.
- 1971—The Special Action Office for Drug-Abuse Prevention developed the initial TASC program model, which focused on linking criminal justice and treatment systems and interrupting the relationship between drugs and property crime.
- 1972—LEAA funded the first TASC program in Wilmington, Delaware. The program provided pretrial diversion for adult opiate addicts with nonviolent criminal charges. Clients were identified in jail through the use of urine tests and interviews. Successful completion usually resulted in dismissed charges, but few clients met these stringent eligibility criteria.
- 1973—NIDA funded eight TASC projects, and LEAA funded an additional five. LEAA program guidelines focused on pretrial diversion and sentencing alternatives. The program model was broadened to include polydrug abusers.
- 1974—All TASC funding was consolidated under LEAA. System Sciences completed the first evaluation study. The study found that:
  - TASC programs had a high proportion of repeat offenders with long histories of addiction.
  - More than 55 percent of clients were receiving drug treatment for the first time.
  - Criminal recidivism of TASC clients was lower than non-TASC clients.

Time/Media & Materials	Outline of Training Activities

- 1975—A total of 29 TASC sites were operational in 24 States.
- 1976—Federal program guidelines were broadened to permit the admission of offenders whose sole drug of abuse was alcohol.
- 1978—A national evaluation was completed.[5] This study found that:
  - TASC had the support of both the criminal justice and treatment systems.
  - TASC monitoring improved clients' treatment performance.
  - TASC involvement seemed to reduce rearrest rates.
  - TASC was a cost-effective alternative to incarceration.
  - Staff quality was critical to a program's success.
- 1979—LEAA provided additional TASC funding through the incentive program. This program:
  - Offered States grants to implement effective and proven criminal justice programs. TASC was one of those programs.
  - Moved away from a pattern of direct Federal funding to community funding and gave the States management and control.
  - Emphasized statewide implementation.
  - Developed networks of TASC programs in seven States: Arizona, Florida, Illinois, Michigan, New Jersey, Oklahoma, and Pennsylvania.
- 1980—Congress abolished LEAA as an agency.
- 1980 to 1984—Federal funding for new TASC programs ceased. State and local criminal justice and treatment agencies attempted to provide continuation funding for TASC.
- 1984—Congress passed the Justice Assistance Act of 1984,[6] which amended the Omnibus Crime Control and Safe Streets Act of 1968 to provide funding for programs to improve and expedite criminal justice processing. The legislation specified 18 funding purposes, including "Purpose 8" programs that "identify and meet the needs of

[5] *National Evaluation of TASC Sites, Phase II*, System Sciences, Inc., LEAA, 1978.

[6] The Act created BJA as a division of the Office of Justice Programs. Title I, the Omnibus Crime Control and Safe Streets Act of 1968 as amended (42 U.S.C. Sec. 3711, *et seq.*).

Time/Media & Materials	Outline of Training Activities

drug-dependent offenders." TASC was one of only 11 models cited in the legislation as immediately eligible for funding, due to its proven, successful track record.

- 1985—BJA began making block grants to States and local governments to create new TASC programs or enhance existing ones.
- 1986—The Anti-Drug Abuse Act of 1986 (Public Law 99–570) was signed into law on October 27, 1986. Subtitle K provided assistance to the States and local units of government through the State and Local Law Enforcement Assistance Act. TASC is a program model that met three of the seven legislative purpose areas for which funds could be allocated.
- 1986—The TASC critical elements and performance standards were developed.
- 1986 to 1989—BJA made funds available for training and technical assistance services to TASC and other case management programs.

Summarize this section on the history of TASC by pointing out that:

- TASC programs have been established and organized in a wide variety of rural and urban areas, regional conglomerations, and statewide networks.
- Original narrow-eligibility criteria have been expanded to include polydrug and alcohol abusers, juveniles, and, in some areas, the mentally ill and domestic violence offenders.

Time/Media & Materials	Outline of Training Activities

30 Minutes

3. Critical Elements of TASC

In this section the trainer must avoid reciting the same information the participants have in front of them in their manuals. Concentrate on the use of Overhead 6, and use Overheads 7–16 only if a particular issue needs clarification. Ask the participants to turn to pages 17–20 in their manuals while using Overhead 6 to summarize each of the critical elements.

Overhead 6

Let the participants know that the critical elements were developed through field surveys and through attempts to articulate the activities that are common to all programs, no matter how dissimilar the programs may appear at first.

Certain elements have proven to be critical to the success of a TASC program. Cases where TASC has failed can usually be traced to the neglect of a certain key step. Experience has shown that the TASC model is highly transferable to other programs if all of the elements are incorporated.

Overhead 7

Trainer's note: Familiarize yourself with all critical elements and performance standards. Use prepared overheads to guide this session. Start by displaying Overhead 6—the diagram of the critical elements. Refer trainees to page 15 of the* Participant's Manual *for a copy of Overhead 6.

CRITICAL ELEMENT OVERVIEW

Organizational Elements	Operational Elements
1. Support of justice.	6. Eligibility criteria.
2. Support of treatment.	7. Client identification.
3. TASC administrative unit.	8. Assessment and referral.
4. Staff training.	9. Urinalysis.
5. Data collection and evaluation.	10. Case management.

TASC CRITICAL ELEMENTS

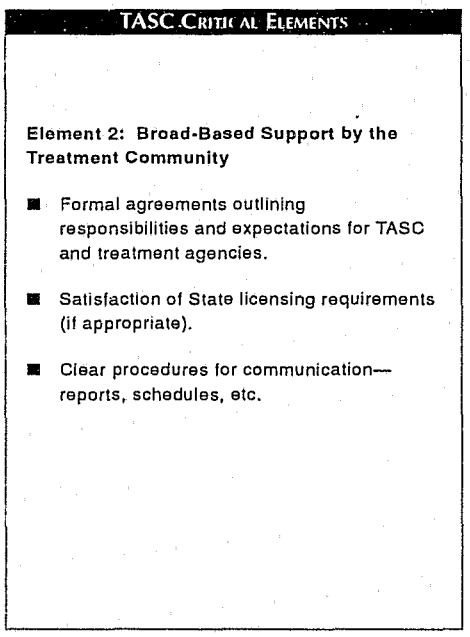
Element 1: Broad-Based Support by the Criminal Justice System

- Formal agreements outlining responsibilities and expectations for TASC and criminal justice agencies.
- Clear procedures for communication—reports, schedules, etc.

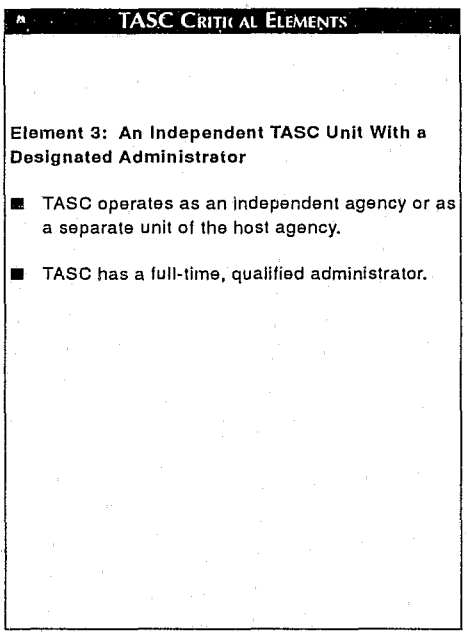
Time/Media & Materials	Outline of Training Activities

Emphasize that the elements can conceptually be broken into organizational and operational elements. The first five are organizational elements: those administrative systems and services that must be in place for the client services to work. The second five are operational elements: the actual services to the TASC client, and thus to the treatment and criminal justice systems.

After reviewing the 10 elements, go back and discuss each one separately, emphasizing performance standards. These standards were established to guide implementation and provide a means of completing the element. Overheads 7–16 summarize the elements. Refer participants to pages 17–20 in their manuals.



Overhead 8



Overhead 9

TASC CRITICAL ELEMENTS

Element 4: Policies and Procedures for Regular Staff Training

- A plan that assures 32 hours yearly of relevant training for all TASC staff.
- Agency policies and procedures are made available to all staff.

Overhead 10

TASC CRITICAL ELEMENTS

Element 5: A Management Information and Program Evaluation System

- Define standardized reports for data collection.
- Collection of data on:
  - Number of clients identified, referred, and accepted from different justice agencies.
  - Client profile information.
  - Amount and type of client termination outcomes.
  - Services provided by TASC staff.
- Analysis of data and its use in evaluation and reporting to administration and staff.
- Reporting of data to appropriate personnel for program evaluation and management.

Overhead 11

TASC CRITICAL ELEMENTS

Element 6: Clearly Defined Client Eligibility Criteria

- Client eligibility criteria that must include at a minimum:
  - Justice involvement.
  - Current and/or previous drug dependence.
  - Nonviolence.
  - Voluntary, informed consent.
  - Clarification of criteria with justice and treatment personnel.
- Regular review of program compliance with the criteria.

Overhead 12

TASC CRITICAL ELEMENTS

Element 7: Screening Procedures for Early Identification of TASC Candidates Within the Justice System

- Methodology for client identification.
- Screening procedures that emphasize:
  - Early intervention.
  - Early release into treatment.

Overhead 13

TASC CRITICAL ELEMENTS

Element 8: Documented Procedures for Assessment and Referral

- Documented face-to-face interview.
- Adherence to eligibility criteria.
- Referral to and acceptance by treatment within 48 hours of TASC assessment.
- Development of contingency procedures for monitoring clients if treatment is not immediately available (office monitoring, jail groups, etc.).

Overhead 14

TASC CRITICAL ELEMENTS

Element 9: Policies, Procedures, and Technology for Monitoring TASC Clients' Drug-Use and Drug-Abuse Status Through Urinalysis or Other Physical Evidence

- Urinalysis procedures that maintain chain of custody.
- Specified testing frequency for each level of participation.
- Formal contracts with certified or licensed laboratories.

Overhead 15

TASC CRITICAL ELEMENTS

Element 10: Monitoring Procedures for Ascertaining Clients' Compliance With Established TASC and Treatment Criteria and Regular Progress Reporting to Referring Criminal Justice System Component

- Clear success and failure criteria.
- Individual client treatment and TASC case management plans.
- Reporting procedures.
- Freestanding TASC client files that document progress in the program.

Overhead 16

Time/Media & Materials	Outline of Training Activities

5 Minutes

4. Summary

A common frame of reference enhances orthodoxy (communication and shared understanding among program staff); transferability (ease in replicating the program model); and permanency (long-term stability), which have been the overriding goals of all the training and technical development occurring in the TASC field since 1986. Use of these terms, which can be written on the flipchart and described, provides an excellent module summary.

The trainer should close this session by reflecting on the commonality of the critical elements to all TASC programs and mention that the rest of the training is based on these elements.

The trainer also should briefly speak about the rationale for basing the national training and technical assistance program on these elements.

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

Total Time: **2 hours 15 minutes to 2 hours 45 minutes; without exercise, 1 hour 45 minutes**

Purpose

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

Objectives

By the end of this session participants will be abie to:

- List eight stages of criminal justice processing.
- Describe the process by which TASC can intervene in at least three of those stages.
- Identify four TASC benefits to the criminal justice system.
- List five techniques for effective jail work.
- List five strategies for complying with court protocol.

Materials/Documents Needed

Overhead projector

Overheads

Markers

Handouts

15 2- by 3-foot poster boards

15 5-inch cardboard stars

Masking tape

Flipchart stand/paper

Copies for role play scripts for the activity in section 2

Time/Media & Materials	Outline of Training Activities

Trainer's note: Before presenting this module, obtain an outline of the common steps in criminal justice processing in the local area and the State where the training is to be presented. This background is essential to accurately present the materials in sections 2, 3, and 4 of this module. In addition, you will probably find that several trainees are knowledgeable about the criminal justice process in their area. Use this knowledge to clarify questions that may be beyond your own knowledge.

5 Minutes

1. Module Overview

This module focuses on TASC's relationship with criminal justice and is designed to teach or reinforce the chain of events in processing defendants through the criminal justice system. After this foundation is established, the module pursues how TASC personnel assume their roles as a bridge between the criminal justice and treatment systems—roles that require adjustment and acceptance by correctional and judicial personnel.

To clearly understand the role of TASC in this process, it is important to understand how the criminal justice system works and how TASC interacts with that system.

Trainers have found that some of the segments in this module are better suited to program managers than to direct service staff—specifically the exercise that simulates the development of formal agreements between TASC and the criminal justice system.

10 Minutes

2. The Criminal Justice System: Exercise

To accomplish this activity successfully, the trainer must fully understand and be able to articulate the processing of drug-dependent offenders in the State and locale where the training is being held. The trainer must assess the knowledge level and needs of the participants to determine whether there is a need to present this exercise.

The exercise is designed to provide training in the processing of criminal offenders, discuss the roles of criminal justice professionals, and identify likely targets of TASC intervention. The exercise, described below, is most

Time/Media & Materials

Outline of Training Activities

effective with new program staff who are uncertain about how to make an impact on the criminal justice system.

The exercise should be modified for more established programs. One recommendation is to review the steps in criminal justice processing, identify where TASC currently intervenes and which roles are critical to the process, and then ask participants to assess the effectiveness of TASC intervention in that setting and the quality of relationships with critical players. (A blank worksheet for this exercise is included on page 22 of the *Participant's Manual.*) Ask what can be done to improve services.

Another option is to divide participants into small groups and instruct them to develop and present their own training on criminal justice processing as if they were presenting it to a group of law enforcement officials from another country. Then take the information they have presented and discuss where and how TASC fits into criminal justice processing.

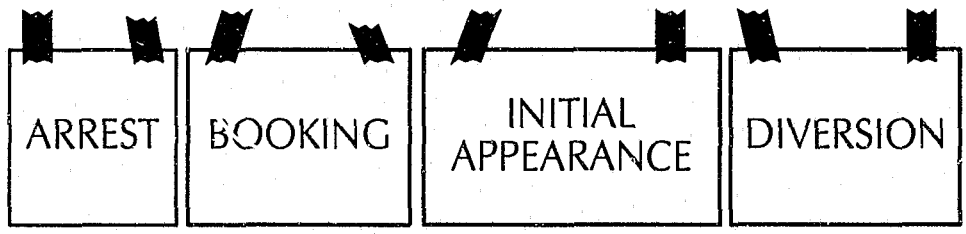
A third exercise begins as follows: write out the following stages of the criminal justice system, with each stage on a separate sheet of 2- by 3-foot poster board. (As noted above, be sure to obtain an accurate list of stages in the local criminal justice system.) Generally, the progression will show the following order:

- Arrest.
- Booking.
- Initial appearance.
- Diversion.
- Arraignment.
- Pretrial conference.
- Trial.
- Presentencing investigation.
- Sentencing.
- Probation.
- Incarceration.
- Parole.

Time/Media & Materials | Outline of Training Activities

Ask for a group of volunteers equal to the number of steps you have developed. Have each volunteer take a piece of the poster board and tape. Ask each one to hang the pieces in the order of logical flow (arrest through parole) used by the criminal justice system. Thank the volunteers and invite them to sit down. The charts should be displayed in sequence of processing as demonstrated below.

Chart 1



15 Minutes

3. The Criminal Justice System: Discussion

Review each component of the criminal justice system. Describe what happens at each point and how it happens. Because you want to know what the trainees have experienced in their own cities and towns, be sure to seek their comments to ensure that those comments reflect the process of their local systems. Also reflect on any discussion or indecision group members had while trying to order their systems. Point out that this whole discussion will focus on a felony processing model; misdemeanor and juvenile systems are different.

Provide an overview of what happens in each of these stages. Using the following order and points, go to each poster board and explain the essential components of that stage of criminal justice processing.

- Arrest—Holding in legal custody, made either at the scene of the crime or as a result of investigations. Could also be a result of a complaint filed by a third party, an outstanding warrant, or revocation of probation or parole.
- Booking—Process of being admitted into detention.
- Initial appearance—Appearance in court before a magistrate where bond is set or determination is made to retain in jail or release.
- Diversion—A process whereby a defendant is not adjudicated if certain conditions are met.
- Arraignment—Appearance in court when the accused is formally charged with a crime.

Time/Media & Materials	Outline of Training Activities

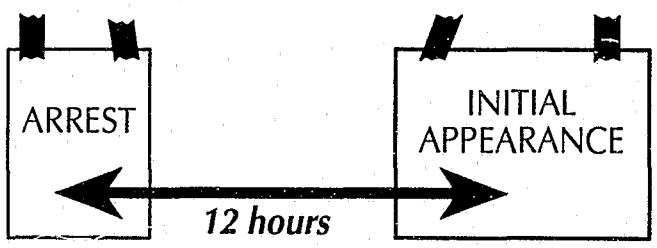
- Pretrial conference—Prosecutor, defense attorney, and judge meet prior to trial to establish parameters for the trial. Often a plea is negotiated at this point.
- Trial—Court hearing where the prosecutor presents the case against the defendant to show that he or she is guilty of the accused crime. Judge or jury decides verdict.
- Presentence investigation—A comprehensive report including social, criminal, and other histories if the client has been found guilty. The report will usually include a recommendation for sentencing.
- Sentencing—Disposition of a case where penalties are imposed.
- Probation—Sentence of community-based supervision. Includes stipulations and prohibitions of certain activities, and often includes fines.
- Incarceration—Sentence of imprisonment, either in State prison or local jail.
- Parole—Process of being released from prison before maximum completion of sentence. Parole involves stipulations and prohibitions on certain activities.

5 Minutes

4. Criminal Justice System Timeframes

Discuss the time it takes to move through the criminal justice system. Go to the poster boards and ask for group feedback on how long it takes to move from arrest to initial appearance. Look for group clarification. This process will enable all participants to think in the same timeframes. Indicate the time between components with different colored lines on the poster board. For example, the participants may state that within 12 hours of arrest, the arrestee makes an initial appearance. Show the process on the poster board as follows.

Chart 2



Time/Media & Materials	Outline of Training Activities

20 Minutes

5. Criminal Justice System: Terminology

This section examines terminology to make the participants aware of the definitions of terms commonly used by the criminal justice system. Have them turn to page 23 in the *Participant's Manual*, and write a brief definition of the terms listed. Give them 10 minutes to complete the list.

Trainer's note: In addition to defining each of these terms, the trainer must relate each term to TASC programming. For example, a "court order" is defined as a decision of the court, often mandating certain behaviors. Proceed from there to a discussion of the role of court orders in TASC programming. Can TASC write court orders? How must TASC respond to court orders? This will help link the terminology presented with the TASC concept.

Once the group has completed the assignment, review each term and ask a participant for a definition. If anyone has another definition, work to create a consensus. Record the definition on an overhead or flipchart. The following definitions will help you in this process:

- Rap sheet—A record that contains all arrest information on the offender.
- Docket—Order of cases to come before the judge.
- Felony—Major criminal offense.
- Misdemeanor—Minor criminal offense.
- Speedy trial—Right to trial within 180 days.
- Court order—Decision of the court, often mandating certain behaviors.
- Diversion—A process whereby a defendant is not adjudicated if certain conditions are met.
- ROR—Release on own recognizance.
- Bail—An amount of money set by the judge to ensure an appearance at court.
- Bond—Percent of bail actually paid.
- Plea Bargain—A negotiated deal on penalty for alleged crimes.
- Capias/warrant—The judge's order to rearrest individual.
- Nolo contendere—Plea, neither admitting nor denying guilt.

Time/Media & Materials	Outline of Training Activities

20 Minutes

6. The Criminal Justice System Players: Exercise

Now it is time to look at the players in the criminal justice system. Assign the following titles to volunteers:

- Police officer or sheriff.
- Judge.
- Probation officer.
- Parole officer.
- Bail bondsperson (if applicable).
- Arrestee.
- Court clerk.
- Prosecuting attorney.
- Defense attorney.

After assigning roles, have each of the volunteers go to the poster board one at a time and print the title of his or her role below each of the stages of the criminal justice system where that role is involved.

After the volunteers have completed this task, ask the trainees if they have any questions or concerns regarding the actors listed at each stage of processing. Make adjustments as necessary to achieve accuracy and consensus. Be sure to discuss each of the players and his or her roles in criminal justice processing.

20 Minutes

7. The Criminal Justice System: TASC Intervention

Trainer's note: Before beginning this section, prepare 15 red cardboard stars.

TASC programming can be implemented at a series of locations in the criminal justice system. Place a red star on each component of the criminal justice system where TASC can be implemented.

Facilitate a group discussion on how TASC can be involved at each location that has been starred. Be sure the discussion includes:

- How TASC works at this stage.
- Some issues to be considered regarding TASC involvement at this stage.

Time/Media & Materials

Outline of Training Activities

The following points are examples:

- Booking—Can identify potential clients, assist in obtaining early release.
- Initial appearance—Can identify potential clients, facilitate release.
- Arraignment—Can identify potential clients, facilitate release.
- Pretrial conference—Can provide an alternative to further criminal justice processing, make recommendation.
- Presentence investigation—Can make recommendation for appropriate case disposition, provide data on evaluation or client's participation in program up to that point.
- Sentencing—Can make recommendation for appropriate case disposition, provide evaluation data or information on client's participation in program.
- Probation or Parole—Can provide monitoring of client progress in treatment and feedback to supervising agency.

Overhead 17

RATIONALE FOR EARLY TASC INTERVENTION

- Reaches client at the point of greatest need and highest motivation level.
- Provides maximum information to the court before disposition.
- Saves money, time, and resources for both corrections and the courts.
- Increases the likelihood of successful TASC and treatment participation.
- Strengthens client motivation for treatment.
- Provides data to court at time of sentencing.

Finish the discussion with an emphasis on the early intervention of the TASC program in the criminal justice system. Take two additional stars and place them at the booking stage. Be sure to point out that TASC should be considered as early as possible for the reasons listed in Overhead 17 (refer participants to page 24 in their manuals).

10 Minutes

8. The Criminal Justice System: TASC Benefits Presentation

TASC provides an objective and effective bridge between two separate and sometimes opposing institutions: the criminal justice system, whose legal sanctions reflect community concerns for public safety and punishment; and

Time/Media & Materials

Outline of Training Activities

the treatment community, whose emphasis is on creating therapeutic relationships as a means for changing individual behavior and reducing the personal suffering associated with substance abuse.

Under TASC auspices, community-based treatment is made available to nonviolent, drug-dependent individuals who would otherwise burden the criminal justice system with their persistent criminality. TASC therefore offers specific benefits to the criminal justice system.

Display Overhead 18 and explain the benefits of TASC to the criminal justice system, including specifics on why these are beneficial. Refer participants to page 25 in their manuals.

Cover the following points and then ask the group for comments or additional issues that ought to be discussed:

Overhead 18

- TASC benefits the jail by relieving jail tensions, discipline problems, general overcrowding, and the associated drain on custodial resources.
- TASC benefits the court by providing additional dispositional alternatives for dealing with drug-abusing offenders.
- TASC allows the court to focus its resources on those types of cases where deterrence-oriented criminal prosecution can better achieve results.
- TASC reduces the costs incurred by the system in full criminal processing.
- TASC provides probation with additional supportive services needed for effective supervision of its caseload and links the TASC client to relevant treatment services.
- TASC provides parole agencies with treatment options that ensure continuity of care as the inmate returns to the community.

TASC BENEFITS TO CRIMINAL JUSTICE SYSTEM

Jail—Reduces tension, discipline problems, and crowding.

Court—Provides additional information on defendants, focuses resources, and reduces costs.

Probation—Provides additional supervision and assistance in linking clients with treatment.

Parole—Assures continuity of care after release.

Community—Reduces cost, increases public safety, reduces criminal activity, and reduces drug use.

Time/Media & Materials	Outline of Training Activities

- TASC benefits the community by increasing public safety through the provision of the structured and supervised release of substance-abusing offenders, reducing the criminal activity related directly or indirectly to drug abuse, and providing community-based treatment on a selective basis in lieu of incarceration.

10 Minutes

10. Formal Agreement/Protocols

Trainer's note: As noted earlier, this exercise can be troublesome when used with direct service staff. Unless there is a large complement of administrators in the training group, this segment should be deleted.

It is important that every training group be exposed to the formal agreement concepts outlined in the preceding section. The success of TASC is rooted in establishing clear communication between criminal justice and treatment agencies so that both systems work in partnership to best meet the needs of the individual as well as ensure the safety of the community. Relationships between TASC and the various criminal justice agencies (including States' attorney's offices, public defender's offices, probation, parole, and jail) should be negotiated and summarized in written letters of agreement. The process of developing these agreements helps define and clarify roles and expectations.

Note particularly the need for multiple agreements—one with the jail, one with the court, one with the State's attorney, one with probation—and point out that each operates independently of the others. To ensure understanding of this concept, ask the group to list the various elements of the criminal justice system that require formal agreements and the types of information that should be included in such agreements.

Examples of what information formal agreements between TASC and criminal justice agencies should include are summarized in Overhead 19. In addition, the trainer may want to bring examples of formal agreements and other reports, such as a program warning or a termination letter, which are referred to in the agreement. Samples can come from the TASC program where the trainer got his or her experience or out of the TASC *Implementation Manual.*

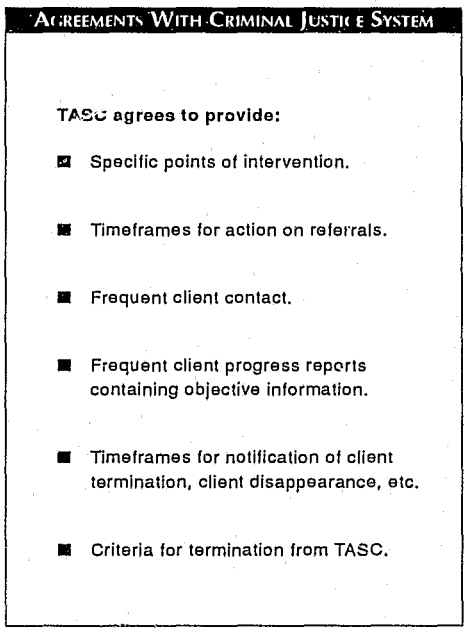
Advise participants that these examples are included in their manuals on page 26. After reviewing the examples, solicit additional ideas from the group regarding other conditions that could be required of TASC or criminal justice agencies.

Time/Media & Materials | Outline of Training Activities

35 Minutes

11. Formal Agreements: Exercise

Overhead 19



Divide trainees into groups of three. Assign to trainees in each group the roles of TASC director, corrections administrator, and chief judge. Provide each with a copy of the appropriate role instructions.

Trainer's note: The three scripts are printed at the end of this module. Use this master to photocopy the required number of scripts for the group you are training.

Advise them not to divulge their information to the other two members in the group.

Inform each of the groups that today the TASC director, corrections administrator, and chief judge are meeting to reach an agreement on services TASC will provide to the local criminal justice system. They are to determine:

- Client eligibility criteria.
- Protocols for TASC screening in the jail.
- Progress reporting procedures.
- Treatment referral procedures.

Allow 20 minutes for discussion and work toward an agreement on the four issues to be discussed. Have each group report what it agreed to, using the elements of cooperative agreements found on page 26 in the *Participant's Manual.* Once the exercise is completed, process it by asking the following questions:

- Who had to compromise what in the negotiations?
- Were there any insurmountable issues?
- Have you learned any lessons or reached any conclusions about developing letters of agreement as a result of performing this exercise?

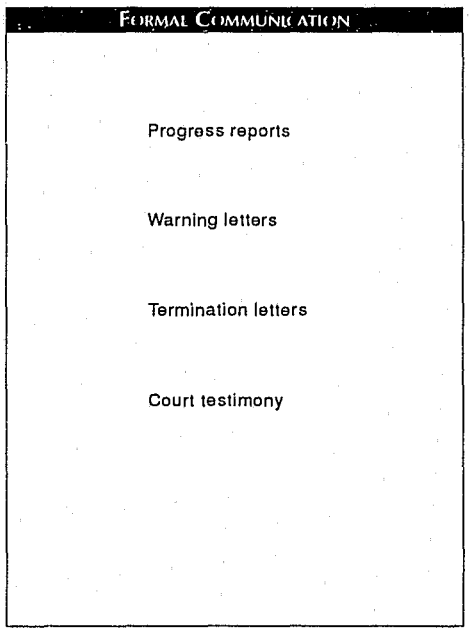
Time/Media & Materials | Outline of Training Activities

5 Minutes

12. Formal Communication Mechanisms

The existence of an agreement does not constitute communication. Once agreements have been developed, formal and informal communication mechanisms can be used to meet objectives. Formal communication mechanisms can include those listed in Overhead 20.

Overhead 20



Inform participants that this material is highlighted on page 27 in their manuals. Explain the information on the overhead by covering the following points:

- Progress reports—An accounting of client progress on specific objective criteria. Progress reports are submitted on a regular basis, such as weekly, monthly, or other agreed-upon times.
- Warning letters—Notifications to court, probation or parole, and client that the client's TASC status is in jeopardy. They should include citing of objective data that verifies the problem.
- Termination letters—Timely notification to court, probation or parole, and client that the client has been successful or has failed to meet outlined criteria. Objective data to back up termination and date of termination should be available.
- Court testimony—Provision of oral or written information on the client's progress.

As with all systems, the criminal justice system relies heavily on informal information exchange. It is important for TASC staff to become participants in this informal network while at the same time respecting client confidentiality. By understanding and using the informal communication channels, TASC staff can enhance their credibility with the criminal justice system and better serve the TASC client.

Time/Media & Materials | Outline of Training Activities

5 Minutes

13. Jail and Courtroom Do's and Don'ts

Overhead 21

TASC staff working in the jail should be aware of their surroundings and the effect they have on both offenders and correctional staff. Physical conditions, jail rules and procedures, and staff attitudes all will have an effect on TASC operations.

TASC staff often have their first contact with an arrestee soon after booking. This point can be one of the most stressful times for the offender, and trying to conduct an interview under these circumstances can be difficult.

JAIL AND COURT—DO'S AND DON'TS

DO:

- Learn and respect all jail and court policies, procedures, and schedules.
- Maintain a professional demeanor with both clients and staff (correctional officers, judges, attorneys) at all times.
- Dress appropriately at all times—especially in court.
- Use stipulations and draft orders to obtain court action.
- Advise the bailiff of your business upon entering the courtroom.

DON'T:

- Be drawn into discussions with clients about complaints of unfair treatment, or give advice to clients about problems outside those that are directly TASC-related.
- Joke about drugs or crime with prisoners, or make comments about criminal justice staff or other inmates (whether good or bad).
- Violate confidentiality of clients.
- Speak in court unless requested to do so by the judge.

In general, TASC staff should bear in mind the points listed in Overhead 21 (refer participants to page 28 in their manuals).

5 Minutes

14. Module Summary

Summarize the module. To be effective with criminal justice agencies, TASC must:

- Be knowledgeable about the criminal justice process.
- Develop formal agreements with the criminal justice agencies that legitimize TASC's role in the system.
- Maintain formal communication links with the criminal justice system.
- Act professionally at all times when interacting with criminal justice agencies.

Ask for any unresolved questions or issues at this point. A break is in order.

Time/Media & Materials

Outline of Training Activities

TASC Director

Wants to obtain an agreement that will:

- Allow TASC screeners to travel freely throughout the jail.
- Authorize TASC as the sole agency to conduct drug-abuse assessments as a part of presentencing investigations.
- Provide that all arrestees will be screened for drug use via urinalysis, with those testing positive referred to TASC for screening.

You are willing to negotiate the second and third issues but are very firm about the first issue.

Time/Media & Materials

Outline of Training Activities

Chief Judge

Wants to obtain an agreement that will:

- Allow misdemeanor court judges to refer defendants to TASC for probation supervision.
- Require immediate notification of any positive urinalysis to judge, prosecutor, and/or probation officer.
- Allow the court to refer defendants to specific treatment programs, then require TASC to monitor progress in treatment and conduct urinalysis.

You are willing to negotiate on the second and third issues but are very firm about the first issue.

Time/Media & Materials

Outline of Training Activities

Corrections Administrator

Wants to obtain an agreement that will:

- Limit TASC staff working hours in jail to the hours of 4 to 10 p.m.
- Require TASC staff to be accompanied by corrections officers whenever they are in the jail, with contraband searches conducted upon entrance.
- Require TASC to file copies of all screening and assessment work with the jail's case management supervisor.

You are willing to negotiate on the second and third issues but are very firm about the first issue.

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

Total Time: **1 hour 30 minutes to 2 hours 15 minutes**

Purpose

This session is designed to provide trainees with an overview of substance-abuse treatment. The purpose is to explore and identify those means by which TASC can work effectively with the treatment system.

Objectives

Upon completion of this module, participants will be able to:

- Provide a definition of substance-abuse treatment and list at least four substance-abuse treatment modalities.
- Describe three strategies that TASC can use to develop and maintain good relationships and effective communication with treatment providers.
- Identify three potential barriers to good relationships and effective communication between TASC and treatment providers.
- List five issues that must be clarified in letters of agreement between TASC and treatment providers.

Materials/Documents Needed

Overhead projector

Overheads

Markers

Flipchart stand/paper

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

Time/Media & Materials	Outline of Training Activities

5 Minutes

1. Introduction

Module IV detailed TASC's relationship with the criminal justice system. This module is dedicated to describing TASC's relationship with the treatment system.

This module includes an extensive review of substance-abuse treatment modalities, based on the assumption that TASC staff either are likely to have come from a criminal justice background or have very little treatment field experience. There is also a discussion of the potential barriers that exist to receiving treatment. The module assists participants in receiving the availability of specific treatment modalities in their own communities and examines the content of formal agreements between TASC and treatment providers. Module V provides insight regarding how family, criminal justice, and human service systems can be used to bring about the intervention that leads an addicted person to seek treatment.

Building support within the treatment system is often more challenging to TASC than building support within the criminal justice system. Treatment programs generally have waiting lists and prefer motivated patients who have family and friends who will support treatment. Clients with criminal justice involvement are given low priority.

These circumstances challenge TASC staff to develop a base of treatment programs willing to accept TASC referrals. This module assists in designing strategies to meet this challenge.

The goals of this module are:

- To become knowledgeable about treatment—including modalities of substance-abuse treatment, availability of these modalities in the local community, and identification of the most effective treatment modalities for treating different degrees of abuse and addiction.
- To identify the means by which TASC and treatment providers can work effectively to serve mutual clients—including establishing policies and procedures that ensure good communication between TASC and treatment providers and limiting the opportunity for clients to manipulate the system.

Time/Media & Materials	Outline of Training Activities

- To identify the treatment modalities that may exist in the community to ensure the viability of the TASC model. For instance, a community with a significant number of opiate addicts may have detoxification facilities and methadone and residential programs to adequately address the needs of this addict population.

Trainer's note: Presume that some participants have worked in the treatment system. You should therefore draw upon and use their knowledge as you present this module.

Building and maintaining support for the treatment system is an essential component in making the TASC model operational. New projects must identify their potential clients prior to locating the treatment modalities and programs they wish to link with to provide services.

With new projects, the trainer can begin the discussion by asking participants to identify the needs of the clients they anticipate serving. For existing projects, have participants review the match between their "typical" client and the treatment services at their disposal.

Trainer's note: This material is discussed here although eligibility criteria and target populations have not been discussed in detail at this point in the training. That material is covered in Module VI.

25 Minutes

2. Definition of Treatment and Description of Substance-Abuse Treatment Modalities

Begin by defining treatment as reflected on Overhead 22.

Overhead 22

TREATMENT

Any intervening factor having the potential effect of changing behavior that has been previously judged as needing to be changed.

Trainers have noted that a review of the definitions of treatment modalities may be inappropriate for experienced practitioners. For such groups, the trainer should modify the presentation so that participants identify providers using the modalities listed and explain the services offered. In this way, the more experienced participants are

Time/Media & Materials	Outline of Training Activities

stimulated to link concepts with programs, and inexperienced participants are able to tie in the information presented with local programs.

Specifically, treatment for substance abuse involves planned therapeutic intervention. Discontinuing the substance use is the ultimate goal. Although traditional counseling and psychotherapy interventions are most commonly the core of treatment, treatment may also consist of various auxiliary services that will assist in the client's rehabilitation.

Overhead 23

TREATMENT MODALITIES

Different specific types of substance-abuse treatment designed to meet a client's need for structure, ranging from very restrictive (hospitalization, inpatient) to nonrestrictive (self-help groups, drop-in counseling centers).

Substance-abuse treatment generally consists of specific modalities designed to meet a particular client's needs for degree of structure.

Individual circumstances will dictate the placement of a client into a program or modality that can be viewed on a continuum from a less restricted environment to one of highest restriction. The most common modalities for substance-abuse treatment are listed in Overhead 24.

Overhead 24

MODALITIES OF TREATMENT

- Detoxification
- Methadone treatment
- Long-term residential
- Short-term residential
- Halfway house
- Day treatment
- Drug-free outpatient
- Support groups
- Self-help groups
- Drop-in counseling centers
- Education groups
- Family education groups
- Auxiliary services

Define each modality on the treatment continuum. Solicit input from the participants as you expand or clarify the definitions and use their experience regarding the treatment modalities in their community.

Explain each modality, making sure to highlight at least the following points (page 30 in the *Participant's Manual*).

Time/Media & Materials	Outline of Training Activities

- Detoxification—Structured medical or social milieu in which the individual is monitored while undergoing withdrawal from the acute physical and psychological effects of addiction.
- Methadone treatment—An outpatient mode of treatment for opiate-dependent persons. It involves counseling, urinalysis, and the supervised dispensing of daily oral doses of methadone. Methadone is a long-acting narcotic. Methadone maintenance involves dispensing to a client a stable dose of methadone but not enough to make the client "high." Methadone detoxification is the process of reducing the dose of methadone over a given time to "wean" the client from opiates. Benefits include the termination of intravenous drug use and its physical complications, no highs or sickness, and no need to steal to support an expensive habit.
- Long-term residential—Inpatient, usually 6 to 24 months in duration, with gradually increasing levels of responsibility and privilege. Often in three major phases: inpatient, live-in/work-out, and aftercare. Also known as a "therapeutic community," which is run on the principle that each client is a member of the family.
- Short-term residential—Twenty-eight-day inpatient treatment (may be as long as 90 days), that may include detoxification as the first stage.
- Halfway house—Transitional facility where client is involved in school, work, and/or training. Client lives onsite while either stabilizing or reentering society drug free. Client is usually involved in some individual counseling as well as group, family, or marital therapy.
- Day treatment—Client resides at home while attending counseling and treatment 4 to 8 hours per day, 5 to 6 days per week.
- Drug-free outpatient—Client lives away from treatment center; may be working or in school; and sees therapist one to five times weekly for counseling that may include individual, group, or family therapy. This option can be the primary modality of choice, or may be part of the transition process from a more restrictive to a less restrictive therapeutic environment.
- Support groups—Self-help peer groups for mutual support such as Alcoholics Anonymous, Narcotics Anonymous, and Adult Children of Alcoholics. Meetings are either open or closed and occur at various times daily or weekly.

Time/Media & Materials	Outline of Training Activities

- Education groups—Seminars, workshops, and specific interest meetings designed for increased awareness about a particular topic.
- Family education groups—Structured education sessions to inform family members about issues of chemical dependency.
- Auxiliary services—Supplemental services provided outside the treatment facility, such as job placement, training, food stamps, and vocational rehabilitation.

Regardless of the modality where the client begins treatment, it is important to maintain a continuum of care throughout the treatment process to ensure the best results possible.

20 Minutes

3. Treatment Availability and Strengths

Using a flipchart, have the participants identify the various treatment modalities in their community by name and type. List each one on the flipchart in order of most restrictive to least restrictive. Ask the group to identify gaps in the service delivery continuum.

Trainer's note: If working with several TASC sites, be sure to break the participants into small groups, with those from the same community or agency in the same group. Have a participant in each group write on a flipchart page using the input of the group members.

Facilitate a discussion with the complete group concerning these following issues as they relate to each treatment resource listed:

- Number of treatment slots available locally.
- Local demand for the modality.
- Degree of difficulty in obtaining service.
- Cost of modality.
- Length of modality.
- Eligibility criteria for modality.
- Potential for use as a treatment resource by TASC.

This list of issues can be put on a flipchart or an overhead for easy reference as you facilitate the above discussion.

Time/Media & Materials | Outline of Training Activities

Trainer's note: This activity has been troublesome for trainers because of the significant number of providers that exist in larger communities. In these situations, the activity loses its effectiveness and becomes tedious for the trainer and participants. Trainers should use their own judgment in modifying or eliminating this activity.

An effective alternative is to combine sections 2 and 3 (pages 52–55). List programs in terms of the modality of treatment they represent, then review the list to identify where there are deficiencies or gaps in service delivery. With the group, assess the impact that deficiencies and gaps in service have on TASC. Which are the most crucial? How can they be addressed in an environment of scarce resources and heavy demand? These methods will allow participants to anticipate problems in and develop solutions for current treatment delivery.

10 Minutes

4. Anticipating Barriers Between TASC and Treatment

Overhead 25

Although many TASC workers may have treatment backgrounds, it is necessary to help them develop an understanding that TASC may be viewed suspiciously by treatment personnel. This suspicion is created by a belief that TASC is aligned too closely with either the client or the criminal justice system. This section is designed to assist TASC workers in recognizing these barriers so that they can understand and eliminate them.

POTENTIAL BARRIERS

- Misunderstanding respective roles.
- Language and jargon within the program.
- Conflicting goals for the client.
- Conflict over who the program serves.
- Confidentiality.
- Control over the client.
- Stereotyping of professional orientation.

To maintain a clear TASC role and identity, barriers between systems need more than identification—they need to be understood and broken down.

One way to avoid hitting a barrier is to clarify responsibilities. TASC workers are not counselors. They are responsible only for the client's successful movement through the system.

Time/Media & Materials	Outline of Training Activities

TASC staff are ultimately responsible to the criminal justice system for intervening in the cycle of addiction and incarceration and for providing assurances for community safety. TASC is then responsible to the treatment system for providing a bridge to the criminal justice system in an objective manner. TASC is also responsible to the clients to make sure that their treatment needs are met.

Never argue with treatment counselors over therapeutics. The TASC role is an informational and supportive one. If problems continue to develop with one treatment site, it might be best to search for another program to serve TASC clients.

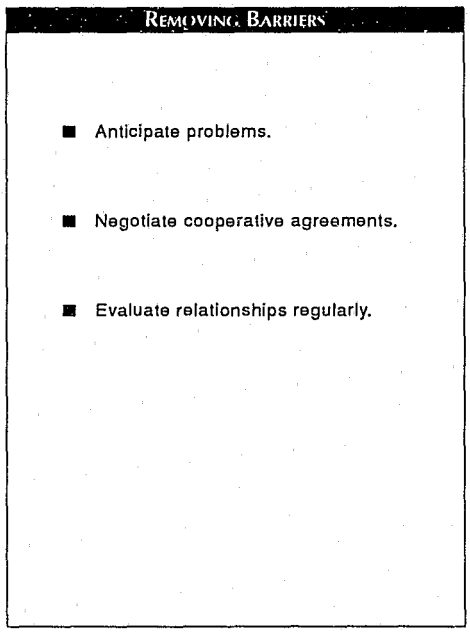
10 Minutes

5. Removing Barriers Between TASC and Treatment

Overhead 26

Reflecting on the list of barriers that the group has developed, have the trainees discuss means by which these potential barriers to good relationships between TASC and treatment may be removed. Refer participants to Overhead 26 and discuss.

Ask the group how to go about removing the identified barriers. Be sure that each of the three barriers listed in Overhead 26 is discussed.



15 Minutes

6. Development of Cooperative Agreements With Treatment

Included in the *Participant's Manual* is a sample cooperative agreement between TASC and treatment (pages 31–32). Allow participants time to review the agreement and then proceed.

To be useful in removing barriers between TASC and treatment, cooperative agreements must address the issues we have identified. The example in the

Time/Media & Materials

Outline of Training Activities

Overhead 27

manual is representative of agreements used by TASC programs to formalize their relationships with treatment. You are encouraged to develop your local agreements in the form you view as most effective. This example is presented to provide participants with some ideas.

Be sure, however, that agreements with treatment include references to the items on Overhead 27 (refer participants to page 33 in their manuals).

TASC AND TREATMENT PROVISIONS

TASC agrees to provide:

- Intervention support.
- Assessment information.
- Case management services for the client.
- Reports to criminal justice authorities on client progress.

Treatment agrees to provide:

- Treatment slots for TASC clients.
- Intakes in a timely manner.
- Client progress reports.
- Notification to TASC of unresponsive participation.
- Immediate notification to TASC if client leaves residential program.

Ask the participants to look at the elements contained in the sample agreement. Facilitate a discussion around the fact that each element set forth helps them to perform their jobs by establishing the boundaries within which they must work and by defining their relationship with the treatment provider. See that each element is discussed. Allow them to add elements that they believe would be useful.

Solicit feedback from participants on the above list. Reemphasize that greater specificity in cooperative agreements will eliminate barriers about the goals of TASC and treatment in working with the client.

5 Minutes

7. Module Summary

Use this period to review the elements of this session, briefly discussing each of the following questions:

- What are the types of treatment modalities available in your community and where are the gaps in service?
- What issues do treatment providers face in attempting to initiate treatment with their clients?
- What are some potential problem areas that might become barriers to effective relationships between TASC and treatment providers?

Time/Media & Materials	Outline of Training Activities

- What are some ways to remove those potential barriers?
- How does an interagency cooperative agreement help to ensure good working relationships between TASC and treatment providers?

Close the session by stating that to accomplish its mission, TASC must develop good working relationships with treatment providers. The more work done with treatment ahead of time on an ongoing basis, the greater the effectiveness of the TASC worker and the easier the job.

This is an ideal time to take a break.

Module VI: Client Identification and Screening

Total Time: **1 hour 45 minutes to 2 hours 20 minutes**

Purpose

This module is designed to provide a rationale for the development of clear client identification and screening protocols and to allow the practice of skills in eligibility determination and screening.

Objectives

By the end of this session participants will be able to:

- Identify the three minimum eligibility criteria for use in any TASC program.
- List four variables that must be addressed in developing eligibility criteria.
- List six elements of a TASC screening interview.
- Identify two issues that must be addressed in developing the screening interview document and format.

Materials/Documents Needed

Overhead projector

Overheads

Flipchart stand/paper

Markers

Prepared scripts for exercise

Module VI: Client Identification and Screening

Time/Media & Materials	Outline of Training Activities

5 Minutes

Introduction

Module VI, the first in a series that teaches the technical skills of TASC program operation, begins with a detailed review of the process involved in developing eligibility criteria. This process must be completed before client identification and screening activities begin.

The module then defines the purpose of the screening interview and reviews its technical components. The final activity in the module is a simulated screening interview conducted by trainers and/or participants, with the remainder of the group observing and reporting on the process.

5 Minutes

1. Client Eligibility

There are a number of issues that must be reviewed in planning this portion of the training. Foremost is identification of the degree to which the program receiving the training has established eligibility criteria. Sections 1, 2, and 3 cover this topic.

New programs will likely be struggling with this issue. If so, this segment will be valuable to the program in defining the boundaries of its target population. Section 3 (pages 64–67) is important in assisting new programs to decide whose input is needed in the process of determining eligibility criteria and in describing their eligibility in measurable terms. The discussion on outside input is an ideal opportunity for trainers to reinforce the value of a program advisory board, noting the assistance such a board can provide in addressing this program issue.

Established programs may have clearly defined eligibility criteria. If so, these segments should focus on a review of the criteria and an analysis of whether or not the criteria are consistently applied to the current client population. Ask if the eligibility criteria used by the program need to be changed for any reason.

Client identification and screening constitute the basic building blocks of effective TASC intervention. In this module it is the trainer's obligation to:

- Help participants see the importance of maintaining client eligibility criteria as a mechanism for ensuring objectivity in determining who is and who is not appropriate for TASC services.
- Give participants the opportunity to practice determining client eligibility in a screening interview.

Time/Media & Materials	Outline of Training Activities

Trainer's note: In presenting this segment, focus on the fact that the model portrayed throughout Module VI is biased toward a TASC program that operates on a pretrial basis. The experience of recent years is that new TASC programs generally provide services to probationers and parolees. If the program or programs direct their services to a set population, it is important for the trainer to emphasize this fact in this segment and tailor the information provided.

10 Minutes

2. Why Are Eligibility Criteria Necessary?

Ask participants to recall the three minimum eligibility criteria common to all TASC programs:

- Legal involvement.
- Drug involvement.
- Voluntary consent.

Inform participants that these eligibility criteria will become the basis of what to look for in the identification and screening of potential clients. Inform participants that in addition to these requirements, there may also be a need for additional criteria. Ask them why this is so. In the discussion, be sure they cover the following points:

- Limit client population and define target population.
- Ensure that TASC does not duplicate existing services.
- Ensure cooperation from the criminal justice system.
- Ensure cooperation from treatment providers.
- Meet requirements of funding sources.

15 Minutes

3. The Process of Developing Eligibility Criteria

You will need to prepare two flipcharts or overheads for this activity. The first overhead will identify whose input is needed in developing eligibility criteria, and the second will outline the variables that must be discussed in their development. The purpose of this activity is to inform participants that they must seek input in determining eligibility criteria and that they must reach agreement on the types of clients to be served by developing criteria that clearly include or exclude potential clients.

Time/Media & Materials

Outline of Training Activities

Inform participants (or ask them to determine) that there are two critical elements in developing eligibility criteria:

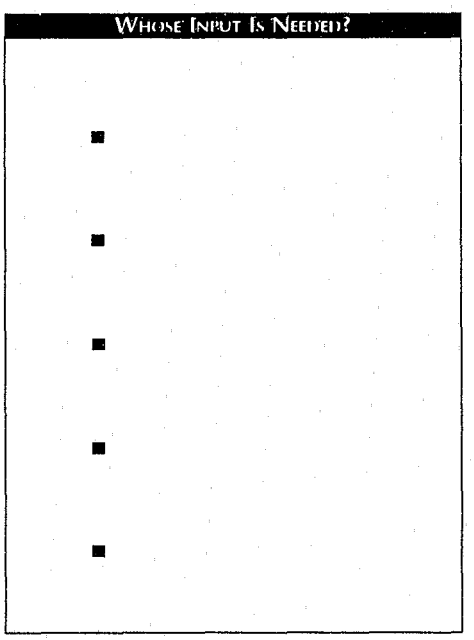
- Determining who will be responsible for developing the criteria.
- Deciding what variables will be included in the criteria.

Proceed to Overhead 28 and record suggestions from the group.

Record responses on the chart. They should include:

- Judiciary—To ensure appropriate referrals, clear understanding, and broad support of the criminal justice system.
- Corrections/jail personnel—For assistance in the identification of and access to potential TASC clients.
- Treatment providers—To ensure appropriate referrals to treatment, shared goals and expectations, and broad support of treatment.
- Community—To provide reassurance for community concerns and safety.
- Police—To assist in early identification, offer early intervention services, and develop support.

Overhead 28

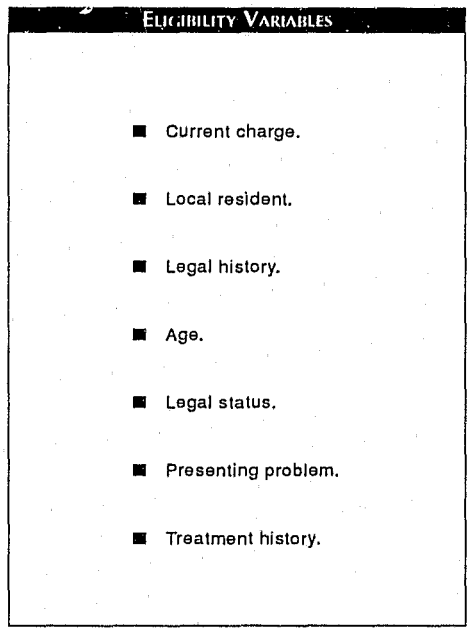


Ask the participants why the input of these groups is needed. The appropriate response will indicate that if TASC is to be effective, there must be prior agreement by all elements of the criminal justice and treatment systems regarding the population to be served. If this agreement is not in place, TASC will suffer as a result of receiving referrals that it cannot service. This could result in a negative view of TASC on the part of the judiciary, treatment, and the community.

Time/Media & Materials	Outline of Training Activities

Overhead 29

Move to the next overhead. Ask the participants to describe the variables that must be considered in establishing eligibility criteria. On Overhead 29, display a list of these variables.



Discuss each of the variables, covering the following points:

- Current charge—Target populations that TASC will work with; violent offenders and misdemeanants are not eligible.
- Local resident—What services are available in the client's area? Will full case management be provided, and will the treatment community accept the arrangement?
- Legal history—Indicates drug use, criminal activity, and the individual's potential for success, and documents violent offenses that may rule out offender for TASC services.
- Age—Will the target population be juvenile or adult? Are all TASC services available for each population?
- Legal status—At what stage in the criminal justice system will target population be serviced, including pretrial arrestee, probationer, or parolee?
- Presenting problem—What is the presenting problem? In dual diagnosis cases, is substance abuse or mental illness the primary problem?
- Treatment history—Consider the number of previous treatment failures that may indicate a candidate's poor prognosis for success. Conversely, consider the possibility that no previous treatment may indicate a good prognosis for success.

If the sites represented in the training have already developed eligibility criteria, compare site eligibility criteria with the variables just completed and discuss the positive points of each.

Time/Media & Materials	Outline of Training Activities

Reiterate that each of these variables is an important factor in determining TASC client eligibility and must be agreed upon and understood by all system participants, as outlined in the previous overhead.

10 Minutes

4. Client Identification

Semantics are a problem when programs use the terms "client identification," "screening," and "assessment." The terms tend to be used interchangeably to describe the process of linking the client with treatment. The challenge for trainers is to clearly define each term and delineate the differences in meaning and action.

Having determined the targeted TASC client population through eligibility criteria, you will now discuss how these eligible individuals are brought to the attention of TASC through client identification.

Explain the concept of identification as a methodology used to bring potential TASC clients to the attention of TASC personnel. For example, building upon the relationships established with the criminal justice system, a procedure may be developed wherein the court clerk will refer offenders to the TASC office after noting a possession charge or previous treatment history.

Refer participants to page 40 of the *Participants Manual* for definitions of commonly used terms:

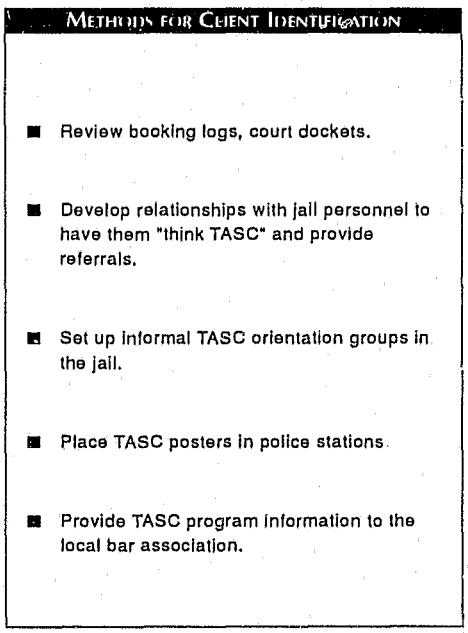
- Client identification—The process by which a program determines the location of a pool of individuals who may potentially meet eligibility criteria for a specific service as well as express interest in obtaining that service.
- Screening—The process by which a client is determined appropriate and eligible for admission to a particular program.
- Assessment—Appraisal of an individual, with a goal of making recommendations for corrective action of problem behaviors.
- Psychosocial history—A collection of historical information, including an individual's social functioning and mental status.
- Motivation—The desire to act or change.
- Diagnosis—The labeling of a set of client attributes or symptoms.
- Referral—Identifying the needs of the client that cannot be met directly by TASC, and helping the client use the support systems and community resources available to address those needs.

Time/Media & Materials	Outline of Training Activities

One way of addressing this issue is to present Overhead 30 (on methods of client identification) and seek the group's assistance in defining the term. Refer participants to page 36 in their manuals.

Overhead 30

Discuss how identification methods tie in with target population and eligibility criteria. For example, if parolees are ineligible, you do not need to develop a method of referral from parole.



50 Minutes

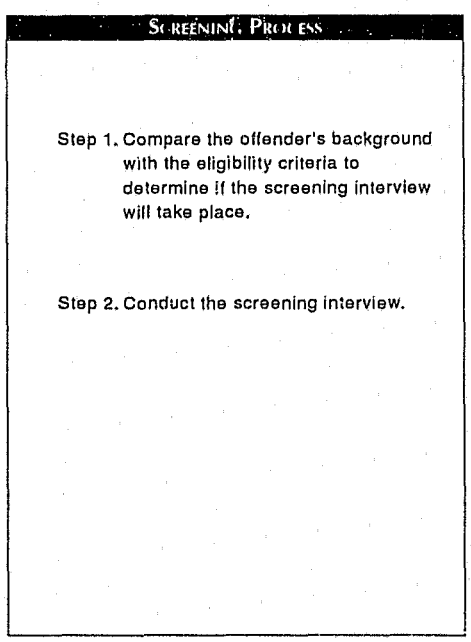
5. Client Screening

Client screening is the method of applying the agreed-upon eligibility criteria to the identified potential client to further establish TASC eligibility. Describe the screening process as a two-step process.

In discussing the issues presented in the above overhead, be sure to cover the following points:

Overhead 31

- A review of the client's current criminal justice involvement, drug use, and interest in TASC will suffice in gathering initial information and comparing it to the eligibility criteria. If you wish to include further site-specific information for enhancement—such as age, income, or motivation—you may do so.
- The screening interview actually determines eligibility.



Time/Media & Materials

Outline of Training Activities

Overhead 32

Overhead 32 highlights what information must be collected in the interview. Refer participants to page 37 in their manuals.

ELEMENTS OF THE SCREENING INTERVIEW

- Demographic information.
- Interview information.
- Arrest data.
- Current legal status.
- Prior arrest data.
- Drug-use history.
- Drug-abuse treatment history.
- Explanation of TASC services.
- Client's consent to TASC services.
- Releases for information.
- Screener's comments and recommendations.
- Screener's signature.

Certain essential information needs to be collected by the screener in the initial interview with a potential client:

- Basic identifying information—Name, aliases, address, telephone number, date of birth, sex, and ethnicity.
- Interview information—Date of interview and where interviewed, such as county detention facility or city jail.
- Present arrest data—Nature of current charge or charges, date of arrest, court dates, name of attorney, and court of jurisdiction.
- Prior arrest data—Any pending cases, dates and charges of previous arrests, disposition of those cases, and warrants pending.
- Probation or parole status—Charges, probation or parole officer's name, and jurisdiction.
- Previous drug or alcohol treatment experience—Dates and names of program or programs, whether the client completed the program, and whether the client's completion was successful or unsuccessful.
- Previous TASC experience—Dates, location of program, and outcome.
- Verification of information—Source and comments, such as whether a person volunteered for TASC.
- Screener's recommendations and comments.
- Screener's signature.

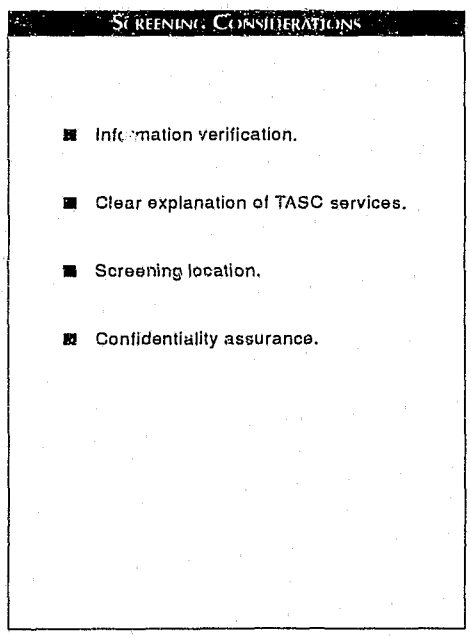
The purpose of screening is to collect enough basic information to determine an individual's eligibility and receptivity to TASC services.

Time/Media & Materials

Outline of Training Activities

Overhead 33

Four considerations must be explored regarding the screening process, which are included in Overhead 33. Refer participants to page 38 in their manuals.



Trainer's note: This overhead can be used to develop a definition for screening. Participants may have difficulty differentiating "screening" from "assessment" because the manual advocates the gathering of a significant amount of psychosocial data in the screening process. Overhead 33 can help participants recognize that the screening process is used to determine if there is a potential match between the candidate and TASC.

Explain these screening considerations by covering the following points:

- Information verification—The trained screener relies both on interview questions and answers (with verification of key points), and observation of the arrestee's appearance and conduct. To verify interview information, the screener may:
  - ❑ Talk with a family member or other significant person.
  - ❑ Talk with a probation or parole officer.
  - ❑ Check prior treatment record, talk with treatment counselor.
  - ❑ Review previous TASC files, if any.
  - ❑ Talk with arresting officer.
  - ❑ Review criminal record.
  - ❑ Review information collected by other pretrial agencies.

Time/Media & Materials

Outline of Training Activities

- Clear explanation of TASC services—This is essential. During screening, TASC staff should explain both the benefits and the requirements of TASC participation, which might include:
  - ❑ Benefits
  - — May facilitate release from jail.
  - — May facilitate entry into a treatment program.
  - — May provide TASC letter or representative at all court appearances.
  - ❑ Requirements
  - — Regular attendance at the assigned treatment program.
  - — Satisfactory urine drug screening results.
  - — Avoidance of criminal behavior.
- Screening location—TASC should take the initiative to find eligible candidates. Screening staff may need to conduct interviews wherever the potential clients are best accessed. Typically, staff will conduct interviews in a jail or detention facility, at court, or in the TASC office. Regardless of where the interview takes place, the style of questioning is the same. However, TASC staff may need to vary procedures to fit the particular environment. Usually the TASC office will be the most comfortable setting for both clients and staff. Courtroom screening may be more confusing and hurried if the judge is waiting for immediate feedback on eligibility. Jail screening can be difficult because of crowding and security issues, although jail is the most common screening setting. Regardless of where screening takes place, screening staff should not let the environment work against their need to make careful, rational decisions regarding client eligibility.

Conducting a screening interview in a correctional setting such as in a jail or a courthouse holding cell has obvious drawbacks: the interview site is not conducive to creating a relaxed atmosphere and there is usually very little privacy. The client is also under emotional stress and is usually distrustful of the interviewer. If at all possible, TASC staff should try to obtain a small office or interview room in which to conduct screening interviews.

Time/Media & Materials	Outline of Training Activities

- Confidentiality assurance—Confidentiality and other legal considerations are essential components of screening. If after the initial interview it appears that an individual who volunteers for the program is eligible, the screener should obtain the volunteer's signature on the appropriate consent form for release of confidential information. Furthermore, because the initial TASC contact with an arrestee may occur shortly after arrest and before an attorney has been consulted or before the arrestee has appeared in court, the screener must take care not to violate the arrestee's rights. Staff should not coerce the arrestee into participating in the interview, should inform the arrestee that he or she need not answer, and should tell the arrestee that the information he or she provides is confidential under Federal law.[7] Therefore, it cannot be disclosed without written consent or other method as required by that law, and it cannot be used for prosecution or criminal investigation purposes.

Summarize this section by reviewing the two stages of screening.

Trainer's note: Remember that throughout the previous discussion, the trainer must be sensitive to the local eligibility criteria while reinforcing the minimal criteria proposed in this course.

40 Minutes

6. A Simulated Screening Interview

Trainer's note: The experience of trainers in conducting this simulation is generally favorable. The simulation has been conducted both by trainers with participants as observers and with participants taking on the roles of the TASC screener and the potential client.

The most valuable lesson of the simulation concerns the information that Max Johnson[8] (the potential TASC client) withholds from the screener rather than the information he provides. This observation allows the trainer to reinforce the idea that screening is designed only to make an initial determination of the potential client's suitability for TASC services. An accurate assessment of treatment needs requires additional information and verification of the information obtained in the screening interview.

[7] 42 USC 290dd–3 and 42 USC 290ee–3; Comprehensive Drug Abuse Prevention and Control Act of 1970; Federal Drug Abuse Office and Treatment Act of 1972, Section 408.

[8] All names used are fictitious.

Time/Media & Materials

Outline of Training Activities

The final activity in this module is an exercise where participants will volunteer to play the roles of a TASC screener and a newly arrested individual held in a county jail. Depending upon the size of the training group, you may decide to have only one role-play group or several. The optimal group size is six to eight. Be sure that no one sees the scripts for the TASC screener or potential client except the people playing those roles.

Trainer's note: For maximum effectiveness, the TASC screener and potential client (Max Johnson[9]) volunteers should be preselected and briefed by you prior to the role play. The scripts for both are at the end of this module. Duplicate the scripts in advance of this exercise.

Once you have set the stage for the role play, have the screener interview Max Johnson. Allow 20 minutes for the interview. Instruct the observers to watch the interview and jot down their observations about the interview process. Call "time" at the end and process the role play by asking questions about the interview.

Ask the group:

- How effective was the screener in obtaining information from Max Johnson?
- Did you believe Max Johnson was always telling the truth?
- Is Max Johnson a good candidate for TASC services?
- Did Max Johnson attempt to manipulate the screener?
- Did the screener establish a rapport?
- Was there any discussion of confidentiality?

To Max Johnson:

- Were you truly motivated to get help for a drug problem?
- How did you perceive the TASC screener?

To the TASC screener:

- Is Max Johnson appropriate for TASC services?
- Do you feel he gave you honest responses?
- How could you tell when you are being lied to?

[9] All names in the role play are fictitious.

Time/Media & Materials	Outline of Training Activities

10 Minutes

7. Module Summary

Summarize the module by asking participants the following questions; be sure to solicit responses from a variety of participants:

- Why are eligibility criteria necessary?
- What information should the interviewer obtain in a screening interview?
- Are all clients motivated to use TASC as a means of dealing with their substance-abuse problems?

Close the session by stating that screening is an imprecise science because of the potential for manipulation by potential clients. The process of verifying information, however, assists in further determining who is ultimately appropriate for services. In the next module we will be reviewing the process of assessing the client's treatment needs and developing a treatment recommendation. This would be an ideal time to take a break.

Time/Media & Materials

Outline of Training Activities

Client Script

You are Max Johnson. You are male, age 24. You have previously been arrested six times for possession of marijuana, burglary, grand theft, petty theft, possession of marijuana, and disorderly conduct.

Your current drug use consists of cocaine (either snorted or smoked one to three times a week) and daily use of alcohol (in excess of four cans of beer), with no history of opiate abuse. You have never been through detoxification and have never been involved in substance-abuse counseling. You perceive yourself as a person who profits from drugs through sales.

You have been unemployed for the past 2 years but have survived reasonably well by selling marijuana and—more recently—crack cocaine. You were arrested inside a local business Friday night when you tripped a silent alarm. The cops found a vial with crack cocaine residue in your pocket. You were a little high when arrested.

If you could get a message to your aunt she would surely put up the $1,500 cash and collateral to get you out of jail, but she does not have a telephone. You figure that TASC will make contact with her. Possibly the TASC screener could drive by her house on his or her way back into town.

You are also angry that the cop threw you down on the floor in the store after you raised your hands and screamed, "Don't shoot." He called you a punk and kicked you twice in the side. You want to get back at that guy somehow.

You left a gun and a wad of cash behind a loose brick in the foundation of your aunt's house, and you would like to get that money before someone else finds it. Maybe if you make yourself seem real interested in drug treatment, TASC will help get you out. Exaggerating your drug use might help, even though you are into drugs for money, not because you are strung out like some of those other drug addicts out on the street.

Time/Media & Materials

Outline of Training Activities

Screener Script

When you told the guard you wanted to see Max Johnson, he said: "Oh man, is he in here again? He's no good at all. Don't trust that man; he'll sell you a bill of goods a mile long."

You represent a TASC program that has a good relationship with the courts in securing the release of pretrial inmates who appear to present a good risk to appear for trial. Your review of Johnson's record indicates that although he has a number of arrests, he has always appeared in court when scheduled. He has lived in the community since birth.

You have decided that because of his local background, no history of crime involving weapons, and the nature of his charges, he is potentially eligible to apply for TASC.

Module VII: Assessment and Referral

Total Time: **1 hour 35 minutes to 1 hour 55 minutes**

Purpose

This module is designed to provide participants with the tools to conduct an assessment of the client's needs and gain an understanding of the mechanics involved in matching treatment needs with available treatment.

Objectives

By the end of this session participants will be able to:

- Define five terms related to assessment and referral.
- List 6 of the 11 critical components of an assessment.
- Conduct a client assessment using at least 6 of the 11 critical components.
- Develop a treatment recommendation based on case scenarios.

Materials/Documents Needed

Overhead projector

Overheads

Markers

Module VII: Assessment and Referral

Time/Media & Materials	Outline of Training Activities

10 Minutes

1. Introduction: Definitions

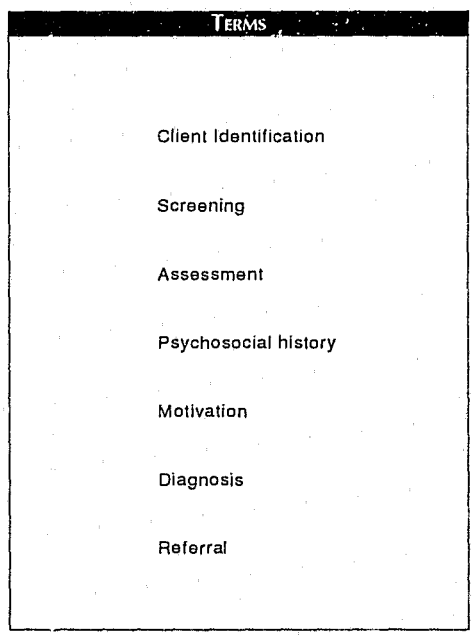
Module VII is a detailed review of the processes of TASC assessment and referral to treatment. It is an excellent introduction to assessment for those with little or no formal training.

This module will identify necessary information TASC staff should gather to determine the client's appropriateness for treatment and recommended treatment modality. In an effort to provide the group with a common language, the following exercise should be completed.

Using Overhead 34, present the list of the five terms and ask the audience to define each one. You should record and discuss each definition provided.

Trainer's note: Consistent with the recommendations in Module VI, the trainer should include "client identification" and "screening" in the list of terms to be defined. The trainer should note that these terms are defined on page 40 of the* Participant's Manual. *In reviewing the definitions, allow the participants to build on them with their own ideas.

Overhead 34



The trainer should discuss the term "diagnosis" and its potential for abuse. In this discussion there will probably be references to DSM III–R and ICDM–9 diagnostic codes. Caution against formal diagnosis in the absence of the clinical supervision of a licensed mental health or health care professional.

Once you have listed these terms, ask the group to reflect on the definitions contained on page 40 in the *Participant's Manual.*

- Assessment—Formal process of collecting client information to make recommendations for behavior change.
- Psychosocial history—A collection of historical information including the client's social functioning and mental health status.
- Motivation—The desire to act or change.

Time/Media & Materials	Outline of Training Activities

- Diagnosis—The labeling of a set of client attributes and symptoms.
- Referral—Identifying the needs of the client that cannot be met directly by TASC, and helping the client use the support systems and community resources available to address those needs.

These terms provide the foundation for the TASC activities of assessment and referral.

15 Minutes

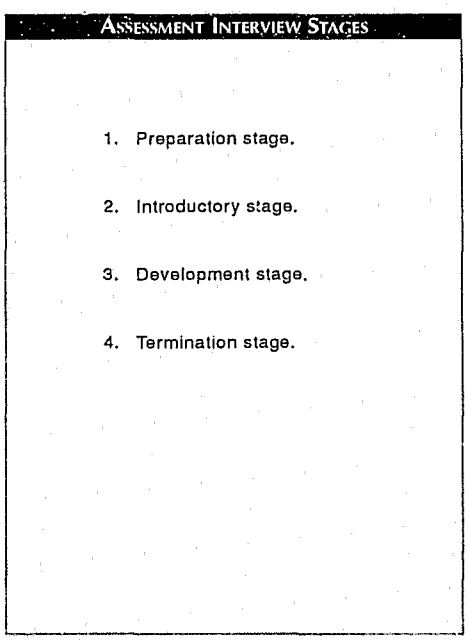
2. Assessment Interview Process

Trainers should provide additional detail in this segment regarding activities conducted prior to the interview. In the preparation stage, trainers should determine which participants will take part in the interview in the roles of family, employer, and significant others. Emphasize the use of the screening document to highlight areas in the assessment that need specific review.

This review can be accomplished by referring participants to the screening interview conducted in Module VI. Based on what they observed in the screening, ask what areas they wish to review thoroughly with the client in an assessment interview.

Display Overhead 35 (page 41 in the *Participant's Manual*), which lists the steps in the assessment interview process.

Overhead 35



Now explain each stage by highlighting the following points:

- Preparation stage—Prepare for the interview by reviewing existing data on the client, including screening data already gathered. Note any areas where you believe validation will be necessary.
- Introductory stage—Begin to establish rapport with the client by explaining the type of information you are seeking, your reasons for conducting the

Time/Media & Materials

Outline of Training Activities

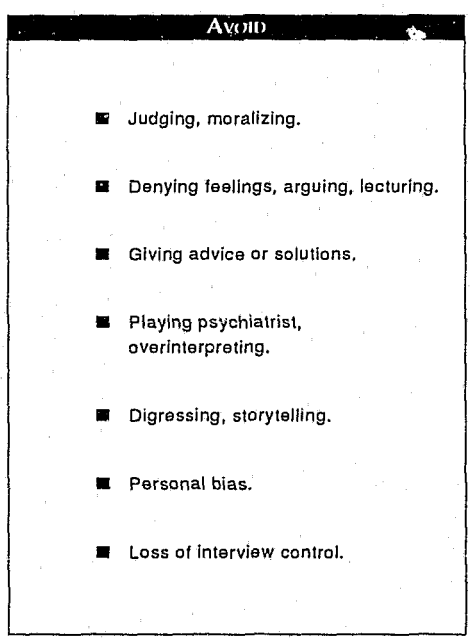
interview, confidentiality issues, and the information that will be presented to the criminal justice system and to treatment. A genuine, courteous, personal introduction should precede these initial steps, and efforts should be made to clarify the role of the interviewer. The interviewer should make expectations of the client's role in the process clear. The interviewer should listen to and observe the client from the first moments of contact.

- Development stage—First try to obtain less threatening or nonsensitive information from the client. Continue developing rapport with the client, gradually testing the limits until you collect all data and formulate your impressions. Questioning techniques may include the following approaches:
  - Closed—Ask questions that evoke a yes or no response.
  - Open—Ask general questions that require more lengthy responses in which the client must formulate and relate as concepts, ideas, and events.
  - Probing—Ask questions that are designed to test defensiveness, evasiveness, and other tactics used to avoid significant self-disclosure to the interviewer.

Overhead 36

The interviewer must pay attention to whether the client's responses are entirely on an emotional level, an objective level (facts devoid of feelings), or a blend of both. The posture the interviewer should take is one that avoids judging, moralizing, denying feelings, arguing, lecturing, giving advice or solutions, playing psychiatrist, overinterpreting, digressing, storytelling, and loss of control in the interview process. Display Overhead 36 to emphasize these issues.

Be sure to explain each of the above terms to the participants. Ask for any questions or clarifications.



Time/Media & Materials	Outline of Training Activities

- Termination stage—Continue to maintain the rapport already developed by closing the interview in a way that leaves the client feeling comfortable about the experience. With the information you have gathered, make sure to clarify events, fill in gaps, reflect on your impressions, and tell the client what to expect next in the process. Discuss any appropriate unanswered questions the client may have.

20 Minutes

3. Elements of a TASC Assessment

New programs may be struggling to develop an assessment instrument. This section offers an opportunity to solve this problem. After reviewing the information in this segment, divide the group into work groups and assign 1 or more of the 11 elements presented in the training to each. Have each group design assessment items from the outline provided in the *Participant's Manual* on pages 42–43. The resulting product can be used as a draft assessment document by the program.

Trainer's note: The trainer must provide the participants with an understanding of the role of the assessment in developing a plan for services that includes measurable objectives and clearly defined activities. Failure to provide this information devalues the purpose of the assessment. Relating the assessment to the development of the case plan provides a clear transition to the material in Module VIII.

Overhead 37

For the purpose of this training, participants will be exposed to an assessment format consisting of 11 areas.

Below is a summary of the information that the trainer should share with participants regarding the 11 elements. This information is included in pages 42–43 of the *Participant's Manual*. Display Overheads 38 and 39 to aid in the discussion.

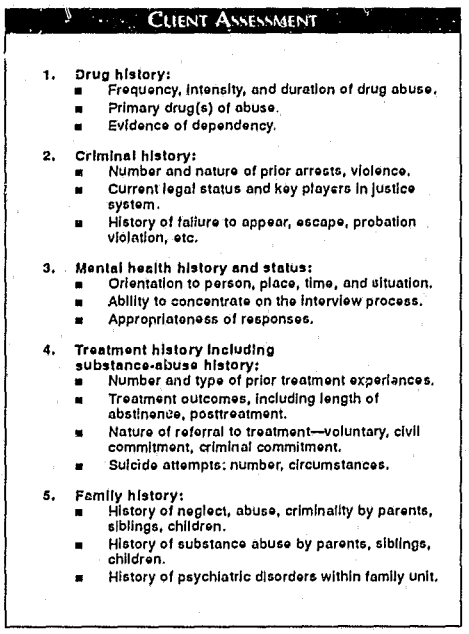
Be sure to include additional ideas under each step as they are provided by participants.

TASC Assessment Components

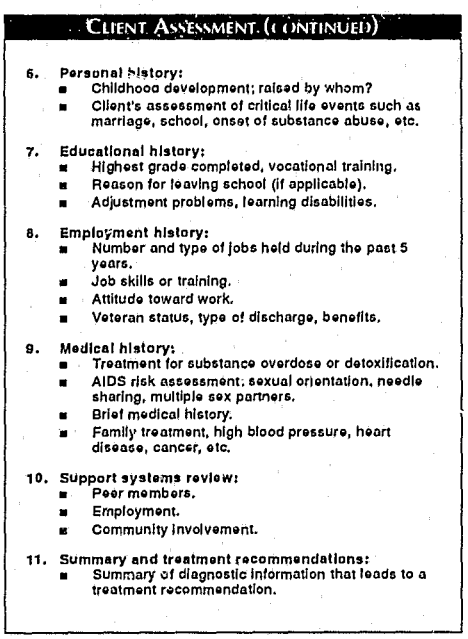
1. Drug history.
2. Criminal history.
3. Mental health history and status.
4. Treatment history including substance-abuse history.
5. Family history.
6. Personal history.
7. Educational history.
8. Employment history.
9. Medical history.
10. Support systems review.
11. Summary and treatment recommendations.

Time/Media & Materials

Outline of Training Activities



Overhead 38



Overhead 39

20 Minutes

4. Developing a Recommendation

The assessment process culminates in a review of the assessment data with the identification of treatment needs and the development of a treatment recommendation. The process involves listing services that a client requires and identifying topics that should be addressed during treatment. This list should not be viewed as a treatment plan that outlines the specific goals and objectives of treatment; that plan is developed by the treatment counselor.

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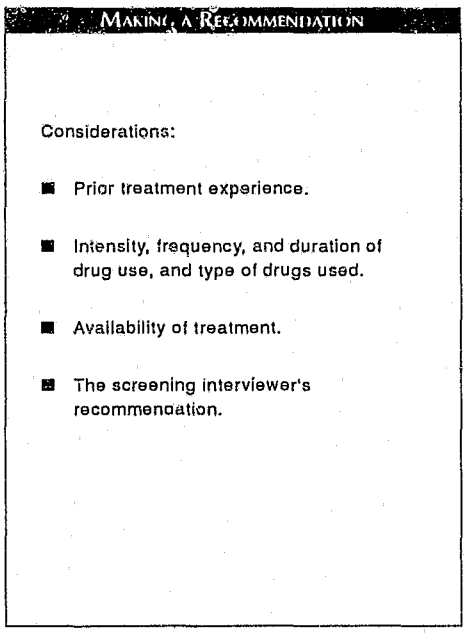
Outline of Training Activities

Overhead 40

Using the overhead projector, the trainer should emphasize each of the four points identified for developing a recommendation. The most prominent factors to be considered when developing a recommendation and selecting a program are listed in Overhead 40.



In referral, TASC staff must remember that they serve the needs of four groups:

- The criminal justice system.
- The treatment system.
- The community.
- The client.

TASC staff should strongly consider the interests of all four groups when developing a recommendation. Case staffing for recommendations is a helpful way to ensure that all interests, factors, and implications are considered and balanced in the process.

Refer participants to the assessment they have just completed. Using the information obtained, ask them to break up into groups of five to develop a treatment recommendation. Allow 10 minutes for the groups to reach consensus on a recommendation. Now provide an opportunity for each group to report its results. Be sure to discuss any issues or discrepancies that surface in the small group reports.

10 Minutes

5. The Referral Process: Discussion

The purpose of referral is to arrange for the client's entry into treatment. Referral staff should distinguish between the client's primary needs and need for ancillary and support services. The primary referrals discussed in this module are to substance-abuse treatment facilities. Secondary referral, however, might be made to meet some other identified needs—such as vocational rehabilitation, food stamps, and housing. Each program should determine whether ancillary referral responsibilities are delegated to TASC (and which staff) or to the treatment facility.

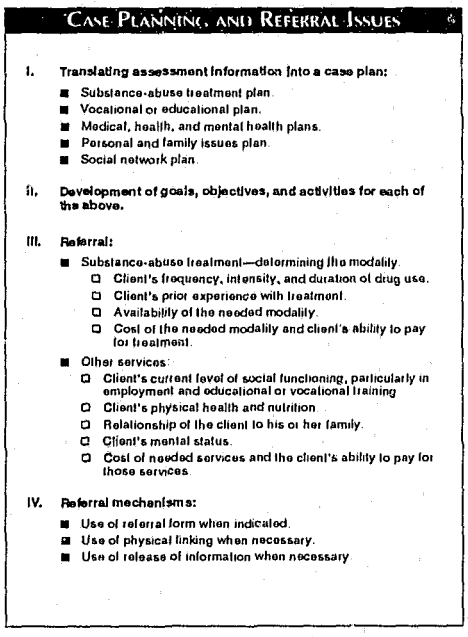
Time/Media & Materials

Outline of Training Activities

Explore with participants how primary and secondary referral is actually delegated in their program. The group should identify the required information and necessary steps in making an appropriate referral.

Overhead 41

Use Overhead 41, also included on page 46 of the *Participant's Manual*, to review referral issues.



Discuss each of the four referral issues, highlighting the following points:

- Knowledge of available treatment resources—How aware are TASC staff of the variety of substance-abuse treatment in their community? What modalities and what services are available: individual, group, and family counseling; substance-abuse education; methadone; and ancillary services such as vocational rehabilitation, medical and dental services, legal assistance, housing, and transportation?
- Admission criteria of treatment programs—What are the restrictions concerning age, sex, residency, drug of abuse, length of addiction, financial status, and legal charges?
- Costs of treatment—What are the cost concerns, such as entrance fees; scaled fees based on ability to pay; and ability to bill insurance, including commercial insurance, Veterans' Administration, CHAMPUS, and Medicaid?
- Contacts at treatment—Whom should staff contact at treatment and how should they make an appointment?
- Description of program activities, rules for the clients—Where is the facility located? Inform the client of the address and telephone number and provide maps or directions. Tell the client what he or she should bring, what the client should expect on arrival, program hours and knowledge of any special intake hours, and whether client will be escorted to the facility.

Time/Media & Materials	Outline of Training Activities

35 Minutes

6. Assessment Exercise

The focus of this exercise is interpreting the gathered data.

Pull several completed, well-written assessments from the records of your own agency. Remove all client-identifying information and have the assessment retyped to ensure that the information is easy to read. Delete all summary information, recommendations, referrals, treatment goals, and objectives.

Divide the participants into groups and provide each group with a case. Instruct the participants to develop a case plan including a summary of the assessment, goals, objectives, and activities. Instruct each group to appoint a spokesperson who will share its work product with all participants.

This activity, or a similar one, allows participants the opportunity for critical thinking and practice in translating the data obtained in an assessment into a plan of treatment for the client.

Trainer's note: Trainers may wish to include additional information and characteristics they believe will assist in creating a realistic case history.

MODULE VII: ASSESSMENT AND REFERRAL

TASC Needs Assessment and Referral Plan

Client name _____ DOB _____ / _____ / _____

Record No. _____ Date of Interview _____ / _____ / _____

Presenting problem _____

Substance Abuse Profile

Drug	Age of First Use	Date of Last Use	Amount/Frequency	Route
ETOH				
Amphetamine				
Barbiturate				
Cocaine				
Marijuana				
Psychedelics				
Tranquilizers				
PCP				
Inhalants				
Opiates				
Other				

Comments: Summarize findings above, note history of overdose, blackout, personality change, etc. _____

_____

_____

Mental Status

Note below anything you notice during the assessment that would indicate that the client may be in need of further assessment for potential mental health problems such as impairment of memory, inappropriate responses to questions, and descriptions of hallucinations. Also note if the client appears depressed, suicidal, excessively anxious, angry, or aggressive. Comments: _____

_____

_____

Criminal Justice Profile

Charges pending: _____

_____

Date and place of arrest: _____ Bond amount: $ _____

Current legal status: _____ Judge: _____

Attorney: _____ Probation/Parole/PSI Officer: _____

State or out-of-county warrants: _____ Date of last hearing: _____

Date of next hearing: _____ Prior arrests/convictions: _____

_____

Prior TASC client (date): _____ Prior TASC interview (date): _____

Length of area residence: _____ Location of interview: _____

Assessment completed by: _____ Date of case staffing: _____

Assessment disposition: _____

_____

Interviewer signature: _____ Director signature: _____

MODULE VII: ASSESSMENT AND REFERRAL

Psychosocial Assessment

1. Physical description of client (include height, weight, hair and eye color, distinguishing marks): _____

2. Previous treatment history:

Program Name	Location	Modality	Contact Person	Admit Date	Discharge Date
_____	_____	_____	_____	__/__/__	__/__/__
_____	_____	_____	_____	__/__/__	__/__/__
_____	_____	_____	_____	__/__/__	__/__/__

Comments: _____

3. Family history (include parents, siblings, spouse, children, history of substance abuse, mental health treatment, history of physical or sexual abuse, critical family incidents): _____

4. Personal history (client's assessment of critical incidents, strengths, and weaknesses and assessment of self as seen by parents, siblings, spouse): _____

5. Current support system (individuals and institutions): _____

6. Educational history: _____

7. Employment history (include number of jobs and number of months employed during past 2 years):

8. Marital history (include number and duration of marriages): _____

9. Military history: _____

10. Medical history (include hospitalizations, major illnesses, allergies, current medications): _____

11. Additional comments/impressions/summary/treatment recommendations: _____

MODULE VIII: CASE MANAGEMENT

Total Time: **1 hour 30 minutes to 2 hours 30 minutes**

PURPOSE

The purpose of this module is to communicate the basic methods of the effective and efficient tracking and the case management of the client's progress through the treatment system, including accurate and timely reporting to the criminal justice referral source.

OBJECTIVES

By the end of this module participants will be able to:

- Identify at least three case management functions.
- Define the terms "case conference" and "alert/jeopardy status."
- Write a client progress report that contains at least 60 percent of the required reporting elements.
- Provide at least three examples of information that will assist the court in case disposition.

MATERIALS/DOCUMENTS NEEDED

Flipchart stand/paper

Case examples

Markers

Overhead projector

Overheads

MODULE VIII: CASE MANAGEMENT

Time/Media & Materials	Outline of Training Activities

5 Minutes

1. Case Management Overview

In the substance-abuse field, the term "case management" is used loosely. It is probably best defined and implemented in social welfare and community mental health settings. In these settings, case management has come to mean that one worker has the ultimate responsibility of seeing that the client receives all necessary services.

The model described in this module defines case management as it is used within TASC programs. The module flows well and is effective in presenting both the theory of case management and the practice of activities such as case conferences, court liaisons, jeopardy notices, and client progress reports.

The trainer should restate the relationship of the assessment activities discussed in Module VII as the basis of the case plan, which is a blueprint for case management activities.

You should review all of the information regarding the role and function of a TASC case manager because once the client is accepted into TASC, the TASC case management function begins. Case management strengthens the linkages previously established with the criminal justice system, and facilitates the treatment partnership.

The case manager is responsible for upholding the TASC program's success and failure criteria, thereby ensuring client progress through the treatment continuum to a satisfactory end. The case manager must be aware of signs of impending client failure. This awareness ensures TASC program credibility to both the criminal justice and treatment systems.

30 Minutes

2. Success and Failure Criteria

The purpose of this section is to help participants understand the need for success and failure criteria and the importance of applying these criteria consistently to all TASC clients. Make the point that the program's success and failure criteria are what will be used to measure the effectiveness of the TASC intervention.

Like eligibility criteria, how well success and failure criteria are documented will vary from program to program. New programs may not have addressed the issue, and established programs may have criteria, but may or may not adhere to them.

Time/Media & Materials	Outline of Training Activities

These parameters determine the approach the trainer should take in discussing success and failure criteria. With new programs, the trainer will be involved in group problem solving on how to develop these criteria. Issues such as "Whose input is needed?" and "What variables must be included?" are central in presenting this material to new programs. With established programs, however, the approach is one of "How well do your established criteria match up with what happens in dealing with clients?"

All programs must address how these success and failure criteria are disseminated to clients and the public. Trainers should have the group focus on this issue and develop strategies for ensuring that clients, criminal justice personnel, treatment providers, and the community understand what constitutes success and failure in the program.

One approach is to discuss the need for and enforcement of success and failure criteria to ensure that the program does not unwittingly enable clients to continue illegal behaviors.

Divide the participants into groups of five. Distribute a piece of flipchart paper and a marker to each group. Ask half the groups to create a list of success criteria for TASC clients, such as, "How will one know if a client has been successful in TASC?" Ask the other group to create a list of failure criteria for TASC, such as, "How will one know if a client has been unsuccessful in the TASC program?" Ask the groups to be very specific in their lists, including questions such as, "How many positive urine tests in what time period can a client have before being terminated unsuccessfully from TASC?" Suggest that group members work toward consensus on a point before they put it on their list. Allow approximately 15 minutes for this task.

Once the lists have been created, ask a spokesperson from each group to report on the group's recommended success or failure criteria. After each individual has reported, ask the entire group if it has any questions or needs clarification. Be sure to question any criteria that are unclear or unspecific. Repeat this process until all of the participants have reported.

Summarize this exercise by making the following points:

- Success and failure criteria allow the program to measure the effectiveness of its interventions.
- Success criteria provide clients with goals they can strive for.
- Failure criteria provide the client with extremely clear parameters of what behavior is unacceptable in the TASC program.

Time/Media & Materials | Outline of Training Activities

- Success criteria should include the length of time in the program, the completion of treatment, the lack of new criminal activity, and the length of time drug free as reflected in negative urinalysis results.
- At a minimum, failure criteria outline behavior that will result in the client's termination from the program. These criteria may include continued drug use as evidenced by positive urine screens; a specific number of unexcused absences from treatment; further criminal justice involvement resulting in a guilty finding; a documented, consistent failure to participate in treatment; and a documented, consistent lack of cooperation with the TASC program.
- Staff must apply the success and failure criteria consistently to all clients. This consistency will ensure the integrity of the TASC process and maintain credibility with the criminal justice and treatment systems.

15 Minutes

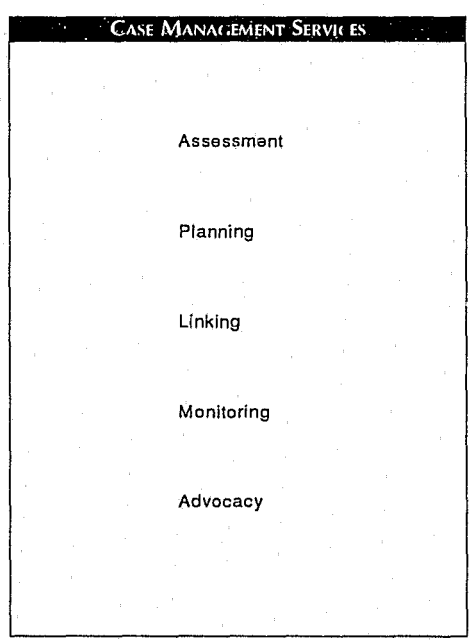
3. Elements of Case Management

The essential elements of case management consist of five key functions: assessment, planning, linking, monitoring, and advocacy. Using Overhead 42, display those five elements and refer the group to page 48 in the *Participant's Manual.*

Trainer's note: Note that the initial assessment is the beginning of case management assessment activities because of its role in the development of the case plan. Subsequent assessment by case managers will document client progress throughout the course of treatment.

Overhead 42

Now, discuss each element in detail, using the overheads provided.



Module VIII: Case Management

Assessment

- Determining the client's strengths, weaknesses, and needs.
- Evaluating the client's ability to remain drug free within the constraints of his or her social and treatment environments.
- Synthesizing information obtained from prior assessments conducted by TASC screeners, as well as other medical records obtained in the intake process.
- Ensuring the development of an overall case plan that addresses the general needs of the client.

Overhead 43

Planning

- The case plan is concerned with the progression of services to be provided over time.
- Treatment issues: the case management plan should highlight the treatment services anticipated and the ancillary services needed.
- Criminal justice issues: ensuring that the client appears for court hearings and/or develops a regular schedule of contacts with the responsible criminal justice official (e.g., probation officer).
- There may be several personalized treatment plans that are used by treatment providers, but there is only one TASC case plan that gives an overview of all services provided to the client.

Overhead 44

Linking

- The process of taking or sending individuals to any required service: treatment, legal, or ancillary.
- Assuring continuity when the client moves from one component to another in any system (i.e., from custody to a treatment provider or from a pretrial status to probation).
- The case manager is the constant link between the client and the numerous systems involved in the rehabilitation process.

Overhead 45

Monitoring

- Continuous observation of the individual's progress in treatment, which leads to continuous reassessment and the development of new plans, linkages, or disposition.
- Application of success and failure criteria to the individual's progress.
- Regular reporting of the client's progress in treatment.

Overhead 46

Time/Media & Materials

Outline of Training Activities

Overhead 47

Operationally, the case manager is responsible for sharing information with all systems regarding the client; knowing the client's whereabouts at all times; monitoring the client's progress according to the established success and failure criteria; regularly reporting the client's progress or lack of progress to the criminal justice referral source; providing ancillary referral services to the client as needed; and objectively assisting the court in reaching a final disposition on the client.

ADVOCACY

- Interceding on behalf of the client to assure equity. There are two forms of advocacy:
  - Case-specific advocacy: influencing treatment and ancillary services to respond to the client's needs.
  - Class-specific advocacy: influencing treatment to change in response to documented deficiencies in the system.

When the client enters the case management phase of TASC, the case manager must make immediate contact to ensure that the client is oriented to TASC's case management process, the treatment facility, and the criminal justice mandate. Also, the case manager is responsible for orienting the treatment staff to the particular client, ancillary linkages, or needed referrals and planned advocacy, as well as for reiterating TASC's treatment expectations for the client.

20 Minutes

Overhead 48

4. Quality Case Management

Facilitate a discussion of specific factors that affect the quality of case management. Overhead 48 lists four such factors.

Ask the group to suggest other possible factors and list these on the overhead. This information is found on page 50 of the *Participant's Manual.*

FACTORS AFFECTING CASE MANAGEMENT QUALITY

- Caseload.
- Office location.
- Decisionmaking power delegated to the case manager.
- Accessibility and availability of treatment services.

Time/Media & Materials

Outline of Training Activities

Once you have developed the list, divide the participants into groups of three and ask them to discuss how each term on the list may affect the quality of case management services. Allow 10 to 15 minutes for this task, depending on how many items are on the list.

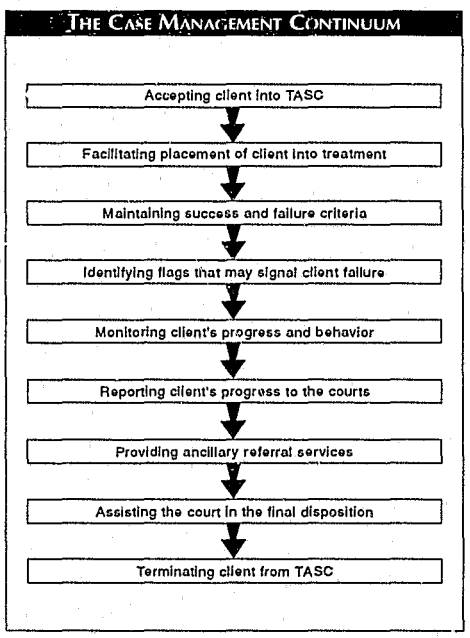
Now facilitate a large group discussion regarding factors that affect the quality of case management. Take each item on the list and ask for comments on why that particular item might affect the quality of services. Summarize how these factors can have a negative affect on the delivery of case management services. Point out why it is necessary to deal with these issues to ensure effective operation of the case management function.

15 Minutes

5. The Case Management Continuum

Present the fact that case management services can be viewed on a continuum that begins with the acceptance of the client into TASC, and ends with the successful or unsuccessful termination of the client from TASC. Present to the participants the case management continuum, as illustrated in Overhead 49 and found on page 51 of the *Participant's Manual.*

Overhead 49



Review each phase of the continuum and discuss the issues that must be considered in each phase. Make sure to cover the following points:

- Accepting client into TASC—Ascertain that the assessment is complete and the client meets the TASC program's eligibility criteria. If the client does not meet these conditions, be sure that the reason that the program accepted the client is documented, such as by special request from the presiding judge.

Time/Media & Materials	Outline of Training Activities

- Facilitating placement of client into treatment—Follow the assessment recommendation for placing the client into treatment. Make sure that the client actually showed up for the initial treatment appointment.
- Maintaining success and failure criteria—Follow the program's established success and failure criteria. Consistently use the criteria with all clients.
- Identifying behavior that may lead to client failure—Look for problems that may develop with the client's participation: missed appointments, positive urinalysis, changes in residence, and new criminal charges. Bring any problem behavior to the attention of the client immediately.
- Monitoring client's progress and behavior—Set up an individual plan of action to track each client's participation in TASC. Monitor treatment appointments, employment, urinalysis, and court appearances.
- Reporting client's progress to the courts—Set up a mechanism to report the status of client to the appropriate criminal justice authority following an agreed-upon timeframe, based on the letters of agreement with criminal justice agencies.
- Providing ancillary referral services—For many clients to be successful, they must have additional help and services. The case manager should develop contacts and a system of referral to assist clients in obtaining housing, veteran's benefits, food stamps, vocational services, education, and similar services.
- Assisting the court in the final disposition—The case manager regularly reports the client's progress to the court. In a termination, violation, or similar hearing, the TASC case manager may have to testify regarding the client's participation in the TASC program.
- Terminating client from TASC—Terminate the client from TASC either successfully or unsuccessfully. It is essential that you document the termination status.

15 Minutes

6. Monitoring Issues

This section will present the issues a case manager should be aware of to make the case management process as effective as possible. Overhead 50 and page 52 of the *Participant's Manual* display the monitoring issues that are key to effective case management services.

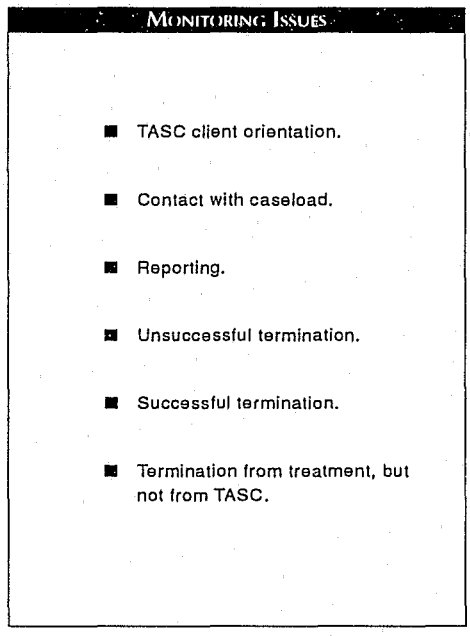
Module VIII: Case Management

Time/Media & Materials | **Outline of Training Activities**

Trainer's note: This section and the one that follows contain a great deal of material. Trainers should therefore include discussions to break up the presentation.

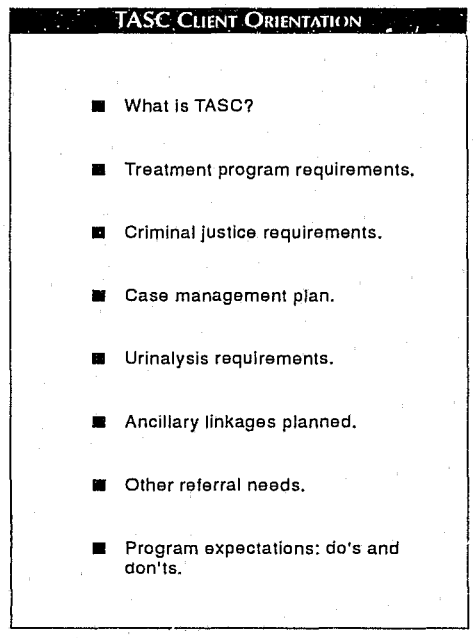
Overhead 50

Discuss each of these issues, highlighting the following points:



- Client orientation—The first step in the monitoring process is to make sure the client clearly understands what is expected of him or her as a TASC client. The case manager needs to provide an orientation to the new client highlighting what TASC is, the program rules, expectations for performance, and criteria for successful participation. Using Overhead 51, discuss some of the key elements necessary during the orientation of the new client to the TASC program.

Overhead 51



- Contact with client caseload—TASC case managers must see each client regularly. Because they are housed within a facility at all times, residential clients are more accessible than are clients in outpatient treatment, but consistent, regular contact for both client types is essential. If a client does fail in TASC, regular monitoring of his or her performance ensures the greatest amount of credibility.

Strong relationships and communication must be ongoing to ensure the court's goal of community safety and

Time/Media & Materials | **Outline of Training Activities**

treatment's goal of rehabilitation. Two intervention strategies that can be used with problem clients are the case conference and alert/jeopardy status. Begin discussing this by displaying Overhead 52, which presents a definition of the case conference.

Overhead 52

As defined, a case conference is held to facilitate a client's positive movement in treatment or movement out of the system. Using Overhead 53, discuss possible events that might signal the need for TASC to call for a case conference.

Now discuss each of these criteria (refer trainees to page 54 of the *Participant's Manual),* highlighting the following points. Be sure to ask for questions or feedback from the participants.

Overhead 53

- Determination of case conference participants—Participation in the case conference will be determined by the nature of the problem and the issues discussed. The TASC manager will select appropriate individuals from TASC, and judicial, treatment, and medical personnel to participate in the case conference with the client.
- Preparation for the case conference—The TASC case manager is responsible for coordinating the scheduling of the case conference with all individuals determined appropriate for participation. In preparation for the case conference, the TASC case manager is responsible for reviewing all

CASE CONFERENCE

Definition: An activity that facilitates a client's movement into treatment or out of the system.

CASE CONFERENCE INDICATORS

- Client difficulty in adhering to treatment requirements.
- Treatment facility difficulty in meeting the client's needs.
- Client's rehabilitation needs require referral to ancillary service.
- Client's treatment needs require reevaluation or re-referral.
- Client nearing successful completion of treatment.

Time/Media & Materials | **Outline of Training Activities**

facts relevant to the nature of the case conference and for briefing participants before the meeting.

- Case conference followup—The TASC case manager is responsible for documenting the case conference in the case management notes. Any decisions reached during the case conference will be evaluated for appropriateness and then monitored for satisfactory followthrough.
- Reporting—The case manager should regularly report the client's progress or lack thereof to the criminal justice referral source. Reports must include:
  - ❑ Client's entry into the treatment process within a specified timeframe.
  - ❑ Client's progress or lack of progress in treatment defined by attendance, urinalysis results, interaction with peers and treatment staff, and further criminal justice involvement.
  - ❑ Immediate notification of client's unsuccessful termination.

The monthly progress report is the main tool for keeping the criminal justice system updated on the client's progress or lack thereof in treatment. A thorough monthly report should include a report on:

- Attendance.
- Urinalysis results.
- Interaction with peers and treatment.
- Further criminal justice involvement.

Discuss each of these items, pointing out why this data is essential. Also note the importance of reporting objective data and how this adds to the credibility of the case management process.

Refer participants to page 53 in their manuals (also reproduced at the end of this module) where an example of a monthly progress report is displayed.

Alert/jeopardy status is another case management technique used to deal with problem clients (refer trainees to page 55 in the *Participant's Manual*). Alert/jeopardy status is defined in Overhead 54.

Refer participants to page 56 in their manuals (also reproduced at the end of this module) where an example of a notice of program violations is depicted.

Time/Media & Materials

Outline of Training Activities

Overhead 54

Alert/jeopardy criteria need to be established and clearly explained to the client, treatment, and criminal justice personnel. Examples of alert/jeopardy criteria are:

ALERT/JEOPARDY STATUS

Definition: A means of warning the TASC client that he or she has taken a step toward unsuccessful termination.

- An outpatient TASC client violating any one of the following criteria will be determined to have an alert/jeopardy status with TASC:
  - ❑ Failure to provide a urine sample for 2 consecutive weeks.
  - ❑ Failure to attend counseling sessions for 2 consecutive weeks.
  - ❑ Failure to attend a scheduled case conference or jeopardy meeting with TASC.
  - ❑ Continued use of drugs as evidenced by urinalysis.
- A residential TASC client violating any one of the following criteria will be determined to be in alert/jeopardy:
  - ❑ Repeated violation of facility rules and regulations.
  - ❑ Failure to return on time from an approved "pass."
  - ❑ Failure to return within 24 hours (termination status).
  - ❑ Continued use of drugs as evidenced by urinalysis.

Remind participants to field test their monthly report documents with criminal justice officials, who will be receiving the reports for relevance and suitability to their needs.

TASC projects should report monthly to criminal justice personnel on client progress, and notify such personnel within 24 hours of unsuccessful termination from TASC.

Time/Media & Materials	Outline of Training Activities

- Unsuccessful termination—A standard unsuccessful termination procedure would be as follows: If a client violates one or more of TASC's monitoring criteria, he or she will be unsuccessfully terminated from TASC. The TASC case manager will immediately notify the judicial personnel by telephone and prepare a report within 72 hours of the determination. The report will briefly summarize in chronological order the objective facts of the client's treatment experience, TASC's monitoring and intervention strategies, and the reason or reasons for discharge.

When a client fails to fulfill a treatment mandate via TASC, the TASC case manager will testify in court at a scheduled violation hearing. TASC's role at such a hearing is to objectively present the facts of the client's behavior leading to the unsuccessful termination, all in accordance with TASC monitoring criteria.

Before the scheduled violation hearing, the TASC case manager will review the client's file and become thoroughly familiar with all the facts of the client's treatment records. Before the scheduled violation hearing begins, the TASC case manager will prepare sufficient copies of the written termination report to enable all judicial personnel to have the TASC documentation available at the time of the violation proceedings.

At all times, testimony provided by the TASC case manager during the violation proceedings must be in keeping with TASC's role to provide only objective data. In chronological order, the TASC case manager should present the facts of the client's treatment record as monitored by TASC, and the facts of TASC's efforts to intervene in the client's failure to make satisfactory treatment progress (when applicable).

- Successful termination—A successful termination procedure would be as follows: When a client has successfully met all requirements for treatment rehabilitation with TASC in fulfillment of a court mandate, the TASC case manager will notify the judge for the purpose of amending the client's jurisdiction conditions before his or her termination from TASC.

Before contacting the judge, the TASC case manager will prepare the appropriate written report. In court, he or she will discuss the client's status with TASC in accordance with TASC criteria for monitoring treatment progress, and explain TASC's determination that the client has satisfactorily met the court's conditions and has successfully completed drug treatment.

Time/Media & Materials	Outline of Training Activities

The TASC case manager is responsible for contacting the judge before the discharge date proposed by the treatment facility.

- Termination from treatment, not from TASC—On occasion, clients may find themselves unsuccessfully terminated from treatment without violating TASC criteria. Some treatment rules are not important to the criminal justice system, so TASC will therefore re-refer the client and notify the court of the termination and change of treatment status.

An example of this circumstance would be when one client was caught embracing another client. Because this act is often against the treatment rules of a residential program, the client would be terminated. Returning the client to the criminal justice system for such a minor infraction is inappropriate if he or she is otherwise participating in treatment and is free from drugs. Although the criminal justice system must be advised of the infraction, the client may remain in TASC.

15 Minutes

7. Intervening With Problem Clients

Often the initial adjustment to treatment is not smooth, or a client may test the limits after several months in treatment. The TASC case manager has several intervention strategies available if a client's behavior signals less than success. Keep in mind, however, that throughout each process the TASC case manager must continue to provide this information to the criminal justice and treatment systems.

The important point for emphasis here is that each TASC program should have some established criteria to deal with clients procedurally when they are not following through or progressing according to agreed-upon expectations. There is no model, but some procedure should be in place.

30 Minutes

8. Case Conference Role Play

The role play can accommodate groups of any size, and each participant can take an active role in the exercise and in developing the revised case plan.

The role play is effective in emphasizing TASC's ability to serve as a catalyst for an interdisciplinary approach to problem solving and in bringing together all concerned parties to ensure that events cannot be manipulated by the client.

Time/Media & Materials	Outline of Training Activities

Trainer's Note: Select four volunteers to play the roles of treatment counselor, client, probation officer, and case manager. The role descriptions are at the end of this module. Prior to this role play, make copies of the role descriptions. Assign each volunteer a role and ask each to take a few moments to prepare to play that role.

Provide this setting for participants: "For the past hour or so we have been examining the mechanics of alerting clients and criminal justice personnel to the potential for failure in treatment or TASC. Let us bring this material to life with a case conference role-playing exercise. Volunteers have agreed to play the roles of a client in residential treatment, the treatment counselor, TASC case manager, and probation officer."

Here is the scenario:

- The client has been threatening to leave the residential facility where he or she has been mandated.
- The client has been disruptive on kitchen duty.
- The client refused to submit to urinalysis 5 days ago.

As a result of the situation described above, the TASC case manager issued an alert notice and requested a case conference to determine the course of further treatment.

This client has been in treatment for 4 months. He or she initially responded well, progressed appropriately, and submitted negative urinalyses.

Tell the players to convene the case conference. Instruct them to:

- Review the events leading up to the conference.
- Try to keep their comments within the confines of their biographical sketches.
- Reach consensus on a new treatment plan for the client.

Allow 15 to 20 minutes for the exercise. Refer observers to pages 57–58 of the *Participant's Manual* for recording their observations. Process group observations and allow players time to share their concerns and attitudes that surfaced in the role play.

Conclude this section by reinforcing the following points:

- There is always significantly more going on than meets the eye.
- There is value in direct communication.

Time/Media & Materials	Outline of Training Activities

- TASC functions again as the bridge that allows the client and treatment and criminal justice personnel to work together.

5 Minutes

9. Summary

Review the essential components of case management. Be sure to emphasize that without effective monitoring and case management, there is little accountability to ensure that the TASC client will follow through with requirements or will receive the full continuum of services necessary for success. The credibility of TASC with the criminal justice system rests heavily upon adequate case management procedures. Ask the participants for questions or issues that need clarification. Once this is completed, you may want to take a break.

Time/Media & Materials	Outline of Training Activities

Client

Two weeks ago, you received a letter from your girlfriend saying that she had decided she could not wait for you to complete treatment. She said she did not trust you anyway because she heard you were "making it" with another resident in the program.

You did not tell your counselor about the letter but were docked by night staff for using the telephone without permission. Two nights later you left through the window to go and see her. When you went to her residence, you found someone else living there.

You then looked up some buddies you knew and spent most of the night smoking marijuana and snorting cocaine. At about 4 a.m. they took you back to the treatment center and you snuck back inside. Word was out on the floor that you had gotten high, but no one took it to the group.

You feel lost without your girlfriend and frustrated that you cannot get high. Your probation officer threatened that he would see to it that you went to prison if you left treatment. The probation officer also told you, "You can run, but you can't hide; and after we catch up with you, we'll send you where those real men upstate will like you just fine."

You are scared and feel as though you have no good alternatives.

Time/Media & Materials | Outline of Training Activities

Counselor

You have just graduated from college with a bachelor's degree and have been on the job for 2 weeks. You always thought that you wanted to help drug addicts, but now you are not so sure. These people are such manipulative, whiny, spoiled brats. They will not follow rules and are lazy. You have already begun applying for other jobs. You have not had a chance to talk with the client since he refused to provide a urine sample last week. You recommended to the director that the client be terminated, but he said to wait for the outcome of the case conference. You have been avoiding the client because you do not like him. You are going to argue that he be terminated.

Time/Media & Materials	Outline of Training Activities

Probation Officer

You have worked in probation for 5 years. You do not have a very high opinion of the client's treatment program. You think that there is dope in the program and that the drug treatment is ineffective. You generally try to "use a big stick" with clients to get them to comply. However, you know that it is unlikely the judge would send this guy to prison if he gets kicked out of treatment. You want to do your best to keep him in the treatment program and out of your office and your hair.

Time/Media & Materials | Outline of Training Activities

TASC Case Manager

You have observed the client for almost 4 months. Your records indicate that he has been highly motivated, optimistic, and plugging into treatment very well until the past 2 weeks. You are unimpressed by the client's new counselor. It seems as if the counselor is both unprepared and unwilling to work with drug abusers. You sense that perhaps you can get the client back on track if you can get a new counselor assigned to the case.

Monthly Report to County Attorney's Office

Date: _____

Quarterly Report No: _____

Client name: _____ Submittal No. (Prefiling): _____

Birthdate: _____ Docket No. (Postfiling): _____

File No.: _____ Financial statement obtained (Y/N): _____

Urinalysis

Number of urinalyses scheduled: _____

Number taken: _____

Number of positives: _____

Positives for (list drugs): Date:

_____ _____

_____ _____

_____ _____

_____ _____

Group Therapy

Number of groups scheduled: _____

Number attended: _____

Group participation: _____

Progress in group: _____

_____

_____

_____

_____

Comments: _____

_____

_____

Self-Help Groups

Number of meetings scheduled: _____

Number attended: _____

Name of self-help group: _____

_____

Individual therapy: _____

_____

_____

_____

Other Groups

Drug education seminar attended on: _____

Lectures attended on: _____

Monthly sessions with case manager on: _____

Psychological evaluation made: _____

Fees

TASC fees paid: _____ Delinquent: _____

Drug Fund
Assessment paid: _____ Delinquent: _____

_____
Case Manager

Note: Monthly report used by the Phoenix (Maricopa County), Arizona, TASC program.

TASC Notice of Program Violations

Date: _____

To: _____

_____

_____

Re: Notice of TASC Program Violations

Dear _____:

Our records indicate that you are not meeting the requirements of certain areas of your TASC program. These areas include the following:

_____ failure to adhere to urine testing schedule.

_____ urine test result positive for _____ date _____.

_____ failure to attend counseling sessions/seminars.

_____ failure to attend self-help groups.

_____ failure to pay drug fund payments (total due _____).

_____ failure to pay TASC fees (total due _____).

_____ failure to make monthly office visits.

_____ other _____

_____.

Please contact me by _____ to discuss these problems. Failure to do so can cause your termination from TASC and your case to be returned for prosecution.

Sincerely,

_____
Name

_____
Title

Note: Developed and used by the Phoenix (Maricopa County), Arizona, TASC program.

Module IX: Urinalysis Testing

Total Time: **1 hour 5 minutes to 1 hour 45 minutes**

Purpose

This module is designed to demonstrate the value of urinalysis in the identification, diagnosis, monitoring, and management of TASC clients. This module also informs participants of the need for detailed policies and procedures regarding urinalysis.

Objectives

Upon completion of this module, participants will be able to:

- List three TASC critical elements where urinalysis is used.
- List two types of technology available for urine testing.
- Differentiate between screening and confirmation tests.
- List four activities involved in the chain of custody process.
- Describe one method for implementing random urinalysis.
- List at least three special problems in urine monitoring and methods for addressing those problems.

Materials/Documents Needed

Overhead projector

Overheads

Flipchart stand/paper

Handout materials

Markers

Urine bottles

Client file (simulated)

Module IX: Urinalysis Testing

Time/Media & Materials	Outline of Training Activities

5 Minutes

1. Introduction

Urinalysis is one of the cornerstones of TASC programming. The only sure way to know that a person is remaining drug free is by obtaining physical evidence, not by accepting verbal assurances.

As a result of the widespread interest in the use of urinalysis, there has been significant improvement in testing methodologies, turnaround time, and chain of custody procedures.

It is not necessary to be a urinalysis expert to teach this module. The emphasis is on developing an awareness of the importance of urinalysis to TASC credibility.

Review each of the objectives in this module. Emphasize that Module IX is not designed to make TASC workers experts in testing; it is designed to assist them in ensuring that data are legally obtained and that TASC clients are randomly sampled.

Trainer's note: Because information on drug testing is constantly evolving, plan to supplement this material by using the wealth of new Drug Use Forecasting (DUF) data available from the National Institute of Justice (NIJ) and BJA.

10 Minutes

2. Linking Urinalysis to TASC Critical Elements

A critical issue that trainers should focus on is that clients will deny and minimize their drug use, both as a symptom of their addiction and in an effort to escape the consequences of their behavior. This denial has serious implications for TASC, and demands that programs institute urinalysis procedures that ensure random sampling and prevent the adulteration of the samples that are obtained.

Inform the group that at least three of the TASC critical elements can use urinalysis as an essential component of the service. Ask the group to identify these critical elements and explain how urinalysis benefits the TASC service provided.

Time/Media & Materials | **Outline of Training Activities**

Answers should include:

- Identification—Urinalysis can be used to verify current reported drug use and to determine eligibility (element 7).
- Assessment—Urinalysis can again be used to verify reported drug use (element 8).
- Case management—Urinalysis can be used to verify the client's compliance with the case management plan (element 10).

Overhead 55, derived from a 1986 study by Wish et al., shows the comparison of reported drug use by arrestees to actual drug use indicated through urinalysis testing results. This study complements other NIJ studies that continue to indicate the credibility and reliability of urinalysis technology.[9]

Overhead 55

Trainer's note: Trainers should supplement Overhead 55 with more recent data obtained from DUF. Some training sites may have local DUF data that describe the drug-use patterns of arrestees.

NEW YORK CITY JAIL URINALYSIS SCREENING RESULTS

	Reported Use by Inmates	Positive Urinalysis
Cocaine	20%	42%
Opiates	14%	21%
Methadone	6%	8%
PCP	3%	12%
	N=4,847	N=4,847

Ask the group what this chart indicates. Is it possible that our clients might not tell us the whole truth about their drug use?

Close with the following comments:
"The nature of the drug abuser is to deny and minimize as a means of continuing use of the drug, while appearing to comply with treatment and criminal justice requirements. Thus, urinalysis must be used with TASC clients to ensure that they remain drug free and succeed in treatment."

[9] *Drug Use Forecasting*, 1988–1992; *Comparison of Urinalysis Technologies for Drug Testing in Criminal Justice*, NIJ–BJA, 1991; *Validation of the Drug Use Forecasting System*, NIJ, 1989; "Drug Testing by Criminal Justice System: Method, Research, and Application," in E. Wish and B. Gropper, *Crime and Justice*, vol. 13, Chicago: University of Chicago Press.

Time/Media & Materials	Outline of Training Activities

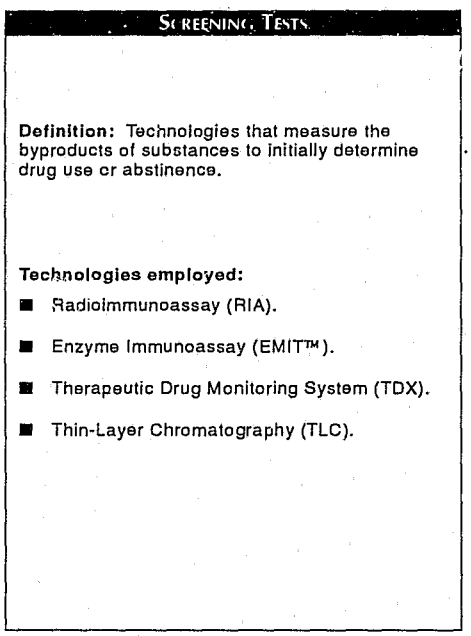
15 Minutes

3. Urinalysis: Technologies and Considerations

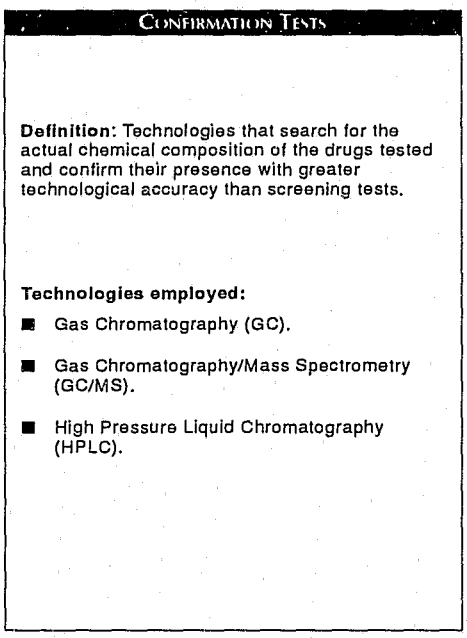
Urinalysis technology is advancing so rapidly that the information on urinalysis presented may soon be outdated. Thus, this section of the training will focus on informing participants about general urinalysis concepts. Urinalysis technology can be divided into two broad categories:

- Screening tests, which provide a highly probable assessment of drugs or drug metabolite in urine.
- Confirmation tests, which conclusively determine the presence of specific substances in urine.

Refer participants to page 60 in their manuals for a list of technologies for both screening and confirmation tests. Now describe these tests using Overheads 56 and 57.



Overhead 56



Overhead 57

Inform participants that both screening and confirmation tests have their place in TASC programs.

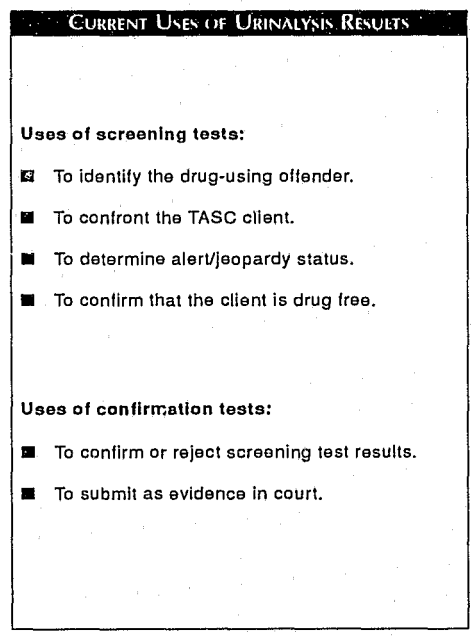
Module IX: Urinalysis Testing

Time/Media & Materials

Outline of Training Activities

Overhead 58

Ask participants to review the uses of screening test results found on page 61 in their manuals. Display Overhead 58. Solicit and record additional responses from the participants on a flipchart or overhead.



Next, ask participants to review the uses of confirmation test results, and again ask the group if they can think of other uses. Summarize by reviewing the value of screening tests and considerations for using confirmation tests.

Emphasize the importance of timely reporting of urinalysis test results. TASC staff must adhere to an established procedure requiring immediate response upon receipt of a client's positive test. It is crucial to the credibility of the TASC program that the client is held accountable for the conditions placed upon him or her by TASC, the courts, probation, or parole. TASC has the responsibility to inform the proper criminal justice agency of the date of the positive urine sample, the substance detected, and the type of confirmation test used. The client's status within the justice system will determine the consequences of his or her positive urinalysis result. In addition, the client's positive test result will affect his or her criminal justice status.

TASC should record and report a client's missed urine sample or failure to produce a sample. Excessive failures by a client to test can be an indication of drug use. Guidelines must be established so that TASC staff can deal with these types of situations consistently and effectively. There must also be a rule establishing the number of positive urinalysis results that will result in the client's unsuccessful termination from the TASC program. Clients who consistently test positive and do not benefit from outpatient counseling should be given the option of entering a 30-day residential treatment program or face unsuccessful termination from TASC.

Time/Media & Materials | **Outline of Training Activities**

TASC staff should also report negative test results in an established manner. For example, when negative tests indicate that a client is remaining drug free, TASC staff should make the appropriate criminal justice representatives aware of the client's progress through a monthly report. Remind participants that TASC serves as a neutral observer; when dealing with professionals in the criminal justice system, TASC staff should keep them informed about the client's progress in treatment and provide suggestions for confronting the client about his or her drug use.

Impress upon the participants that urinalysis can also be used as a therapeutic tool. Drug testing makes clients accountable for their own actions and is helpful in confronting clients who are in a state of denial about their drug use. TASC also helps to keep clients "honest" about their drug use because they are tested for a variety of drugs and not just their drug of choice. When combined with counseling, drug treatment, education, or self-help groups, drug testing can be instrumental in helping clients become and remain substance free.

Advise participants that a majority of clients will show a positive urinalysis sometime during their participation in TASC. When confronting a client with his or her positive sample, TASC staff should employ an understanding approach while firmly explaining the sanctions for continued drug use. The TASC case manager should explore the circumstances of the client's positive test, ask the client what changes he or she plans to make, refer the client to a self-help group, and increase the frequency of the client's urine testing. The case manager should also inform the client's counselor or therapist of the drug or drugs detected in the positive sample to aid therapeutic intervention.

Sometimes a client will "slip" and test positive for a drug after a long period of abstinence. The approach to this situation should be essentially the same as when confronting a client with a first positive urine sample. The case manager should increase the frequency of the client's urine testing, inform the client's counselor or therapist, and refer the client to outside programs and self-help groups. Most importantly, the case manager should discuss with the client why he or she has resumed using a drug after doing so well in the TASC program and staying drug free.

Warn participants that clients who use drugs can be very manipulative. They will often deny positive test results and come up with clever excuses. While the TASC case manager should always allow clients to express themselves, it is important that the case manager does not get "suckered" into clients'

Time/Media & Materials	Outline of Training Activities

stories. TASC case managers must adhere to the established program rules to ensure the credibility of the TASC program. A case manager only deters the client's improvement by letting him or her avoid the consequences.

15 Minutes

4. Chain of Custody

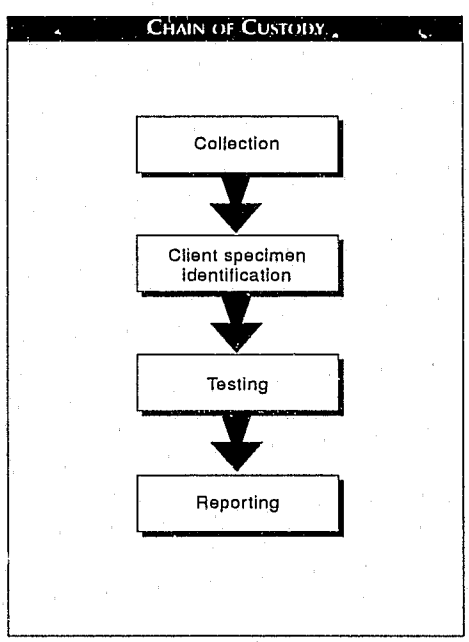
In this segment, participants will review the importance of the concept of a chain of custody and why it is necessary to develop a protocol for it. Define chain of custody as the development of policies, procedures, and protocol for the security of criminal justice system evidence.

Focus on why a chain of custody is necessary. A chain of custody will not ensure credibility with the criminal justice system unless the procedures established for the chain are comprehensive and are strictly followed. As urinalysis technology becomes a more viable means of identifying drug-involved individuals within and outside of the criminal justice system, courts will be looking harder at the chain of custody issue. Display Overhead 59, which highlights the steps in the chain of custody. This information is also found on page 63 of the *Participant's Manual.*

The trainer should review the Phoenix, Arizona, TASC program chain of custody form for collection of urinalysis samples included at the end of this module and on page 62 of the *Participant's Manual.* Have participants turn to this page and review it as the trainer covers the material.

Overhead 59

Emphasize that this chain of custody method has been proven viable for urine collection and meets court testimonial requirements. It is, however, the responsibility of each program to develop procedures that work for it.



Time/Media & Materials

Outline of Training Activities

Discuss each of the following broad categories of the chain of custody, explaining what they encompass and how they may vary depending on the use of inhouse technology versus using an outside laboratory.

- Collection—Includes the identification of the client by picture ID and the client's signature on the chain of custody form, as well as the observer's or monitor's signature. The client is informed as to why an observer is present during sample collection and the amount of urine needed for testing. Discuss potential consequences of catching the client adulterating the sample.
- Specimen identification—Ensures that the client specimen is marked, sealed, and remains the same client's specimen. Discussion should also include the security of the collection container during sealing, labeling, and transportation to the testing site.
- Testing—Issues to consider are on- and offsite testing, transfer responsibility, time between submission and testing, and testing versus confirmation.
- Reporting of results—Turnaround time, what is reported, to whom it is reported, how results are to be used, and determination if confirmation testing is necessary.

Trainer's note: Prior to teaching this module, contact a local laboratory or testing machine vendor and ask that individual to provide a review to the class of the chain of custody process from obtaining the sample through completing confirmation testing. Now would be an appropriate time in this module to invite the vendor to talk to the class.

10 Minutes

5. Problems Associated With Urine Collection

Ask participants what problems are most likely to occur when clients come in for urinalysis. Create a list on a flipchart. Responses should include:

- Tampering with specimen.
- Attempting bribery.
- Inability to void.
- Infection control.

Time/Media & Materials	Outline of Training Activities

Solicit suggestions from the group on how to deal effectively with or prevent these problems. Responses should include:

- Tampering—Have a policy that permits calling in clients for testing at any time. Make sure that participants know common tampering scams, such as adding salt, bleach, vinegar, or Drano to the specimen; diluting the specimen with water; and bringing in samples hidden in pockets and body cavities. Stress the absolute need for either visual monitoring of the specimen collection or a lab setup that ensures against the client sneaking the specimen in or tampering with it while providing it.
- Bribery—Inform the client that he or she is committing an illegal act by offering a bribe. Immediately report the incident to a supervisor.
- Inability to void—Do not succumb to requests to provide privacy. Give reasonable time, then remove the client from the lab, inform the client that the specimen must be provided that day, and have a consequence procedure in place for the client's failure to provide a specimen.
- Infection control—For health care workers who handle body fluids, refer to Centers for Disease Control and Prevention guidelines that reference such issues as rubber gloves and cleanup procedures.

10 Minutes

6. A System of Random Urinalysis

The trainer should review the Birmingham, Alabama, TASC program procedures for random urinalysis on page 64 in the *Participant's Manual* and reproduced at the end of this module for the trainer's reference. Have participants turn to this page and review it as the trainer covers the material.

Emphasize that this approach represents one method of scheduling random urinalysis that has proven viable. It is, however, the responsibility of each program to develop procedures that work for it. Also note that this method allows the program to maintain a schedule while maximizing the therapeutic potential of urinalysis.

Time/Media & Materials	Outline of Training Activities

5 Minutes

7. Summary

Conclude this module by reviewing the covered material and highlighting the steps for maintaining a chain of custody. Emphasize once again the importance of urinalysis as a tool in the TASC operation. Summarize again the benefits of urinalysis to the critical elements of TASC:

- Identification.
- Assessment.
- Monitoring.

This is an ideal time to take a break.

MODULE IX: URINALYSIS TESTING

Please print all information: Account code: _____

Patient Information

Patient name: _____ Date: _____
Last First Middle Initial

Social Security Number: _____

Supervisor: _____ Comments: _____

By signing below, I certify that the above information is correct, and that my sample was properly labeled and sealed in my presence. I further understand and consent to the release of test results by TASC, Inc., to my testing referral source.

_____ _____
Patient signature Date

Collection Facility Data

Date: _____ Time (a.m./p.m.): _____ Location: _____

Comments: _____

Address: _____ ZIP Code: _____ Phone: (___) _____ – _____ ext. _____

Specimen must be temperature checked or visually monitored (check one):

☐ Specimen temperature: _____°F ☐ Visually monitored

By signing below, I certify that I collected the above urine specimen and completed this document as required.

_____ _____
Collector's signature Date/Time

Prescribed Medications and/or Over-the-Counter Drugs

Medications	Verified Yes	Verified No

Released by: _____ _____ _____ (a.m./p.m.)
Signature Date Time

Received by: _____ _____ _____ (a.m./p.m.)
Signature Date Time

Received into lab by: _____ _____ _____ (a.m./p.m.)
Signature Date Time

Accessioned by: _____ _____ _____ (a.m./p.m.)
Signature Date Time

Note: This chain of custody form developed and used by the Phoenix (Maricopa County), Arizona, TASC program.

Module IX: Urinalysis Testing

Color Coded Random Urinalysis

Listed below are the instructions you will follow in TASC's Color Code Urinalysis System. If you cooperate with this program, you can help yourself by proving to the criminal justice system that you are drug free.

1. Your TASC case manager will assign you a color.
2. You will call the following number every day, including Saturday and Sunday. (You may call any time, day or night.)
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 on a Monday. Your color is given on the recording. You will then come in on Tuesday to leave a urine specimen.)
4. Urine specimens are collected by a nurse from 6 to 11 a.m. and from 1 to 6 p.m. on weekdays and from 9 a.m. to 12 noon on Saturdays and Sundays. 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 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 for you to give up your habit entirely; since this system is random, you will never know when your color is coming up.
- Helping TASC feel confident in providing a positive report of your progress to the courts.

MODULE X: RECORDKEEPING AND DATA COLLECTION

Total Time: **1 hour 25 minutes to 1 hour 45 minutes**

PURPOSE

This module is designed to introduce participants to the need for clear and complete recordkeeping and the benefits of their individual performances to TASC credibility.

OBJECTIVES

By the end of the module, participants will be able to:

- List two different kinds of information needed from a client record by a TASC case manager.
- Identify three negative situations that could result from poor or incomplete recordkeeping.

MATERIALS/DOCUMENTS NEEDED

Flipchart stand/paper

Overhead projector

Overheads

Markers

Masking tape

Sample client file

MODULE X: RECORDKEEPING AND DATA COLLECTION

Time/Media & Materials	Outline of Training Activities

5 Minutes

1. Introduction

In this module, you will help participants develop an appreciation for the importance of maintaining records and collecting data in the most efficient manner possible. For example, direct service staff need training to simplify the process of writing a case note. Understanding this process leads to well-documented records and greater time efficiency in producing documentation, and contributes to client processing, staff decisions, and program success.

Paperwork can often be unrewarding or overwhelming. Nevertheless, accurate and up-to-date paperwork is absolutely essential if a TASC program is to run effectively. It is critical to the professional functioning and integrity of all the TASC roles from line staff through management. Without it staff can face both personal embarrassment and professional liability. Without good records, the program can quickly lose credibility.

Emphasize that data collection is a management issue. Inform participants about the new TASC Management Information System (TASC/MIS) that is now available for a nominal fee through the National Consortium of TASC Programs. This user-friendly software package provides an affordable, fully automated system for up-to-the-minute case management information. It substantially decreases the amount of time that staff spend on paperwork, allowing them to focus their energies on the more complex aspects of their jobs. In addition, TASC/MIS has a built-in electronic bulletin board capability and an automated fee-collection tracking system. Available online technical assistance allows TASC programs to customize the software to meet their unique program needs.

Trainer's note: To help train participants in the method, trainers should provide participants with sample case notes to describe and reinforce the training concepts included in this module.

10 Minutes

2. Planned Recordkeeping Strategies

The collection of a client record and the compilation of program data can be easy or difficult, depending upon whether participants proceed with a good plan that focuses on needed information.

Time/Media & Materials

Outline of Training Activities

A definition of a recordkeeping plan (refer trainees to page 66 in the *Participant's Manual*) includes:

- A listing of the form titles to be used.
- The location of each form in the client record.
- Instructions for the appropriate use and completion of each form.
- Timetable describing when each form must be entered into the record and updated.
- Designation of responsibility for completion and insertion of forms into the record.
- A procedure for quality assurance of records.

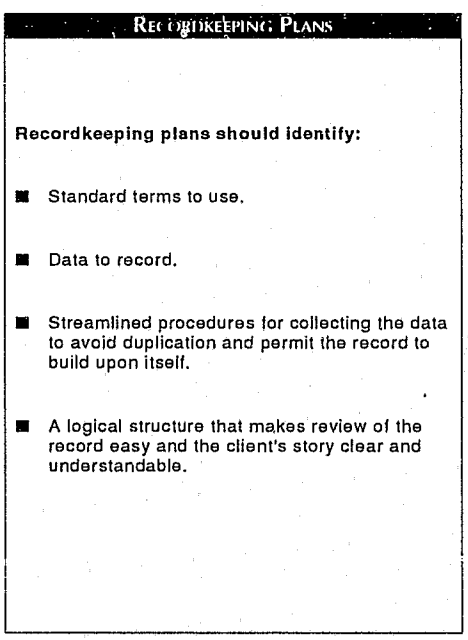
In established programs, training can focus on the procedures used to maintain client records. Ask participants to describe the issues they have encountered in maintaining client records.

Trainers can lead participants in new programs in a discussion of the types of documents they anticipate maintaining in the client record. After this list is completed, the trainer can facilitate a problem-solving activity that addresses the issues listed in the above definition of the recordkeeping plan. This activity will result in direct assistance to the new program by bringing structure to the client records.

Overhead 60

Using Overhead 60, you should introduce key elements of the recordkeeping plan to the group. Provide a few brief examples of each element and then proceed to the next section.

Once you have identified the above elements, you should proceed with a discussion on each of these areas, covering the following points. Add the items identified by the group.



Time/Media & Materials

Outline of Training Activities

- Standard terms to use include:
  - ❑ Intake.
  - ❑ Summary.
  - ❑ Staffing.
  - ❑ Discharge notes.
- Data to record:
  - ❑ Charges.
  - ❑ Screening date.
  - ❑ Court liaison notes.
  - ❑ Intake assessment.
  - ❑ Referral.
- Establish streamlined procedures for collecting the data, making sure to prevent duplication of effort. Make sure that forms gather new information and do not repeat data already collected; the record should build on itself. After reviewing the client file, the case manager should have a comprehensive picture of the client.
- A logical structure, which makes review of the record easy, clear, and understandable, includes:
  - ❑ Functional file folders.
  - ❑ Standardized filing.
  - ❑ Intake.
  - ❑ Progress notes.
  - ❑ Set format for placing specific information in the file.

Overhead 61

Overhead 61 outlines the elements of good case notes and what to avoid in writing case notes. Refer participants to page 67 in their manuals. Discuss each of these points.

TASC Case Notes

Elements of good case notes:

- Objective information.
- Clarity.
- Conciseness.
- Summary of the activity.

Elements to avoid in case notes:

- Subjectivity.
- Personal bias.
- Hearsay and unfounded information.
- Failure to indicate the date, time, and location of interaction with the client or the method of interaction (in person, by telephone, or through correspondence).

Time/Media & Materials	Outline of Training Activities

15 Minutes

3. File Management and Reporting

Overhead 62

Before you begin a discussion on file management, you may want to consult the group that is routinely charged with the entry of data into the client case file. Using Overhead 62, discuss each of the essential elements that should be included in a file. This information is found on page 68 in the *Participant's Manual.* An individual file must be maintained on each client and must include the elements listed on Overhead 62.

ELEMENTS OF A CASE FILE

File to include:

- A copy of the original assessment.
- A copy of the original recommended plan sent to treatment.
- A copy of the justice mandate.
- Signed consents and client agreements.
- Case management notes that relate the client's case history, including:
  - All face-to-face and telephone conversations with the client (date).
  - All face-to-face and telephone conversations with the client's counselor (date, counselor's name).
  - All urinalysis submissions (date, results).
  - Any alert/jeopardy hearings, court appearances, case conferences, etc. (date, who attended, purpose, result).
  - All referral efforts or contacts made for ancillary services (date, names of contacts, services).
  - All other conversations about the client (i.e., with family members) within the confines of confidentiality laws (date, purpose).
  - Any efforts made to contact the client or justice or treatment personnel.
  - Any verification regarding client employment, education, hospitalization, etc. (date, contact).
- All monthly progress reports.
- All client-related correspondence.

Embellish each of these points by emphasizing how the client file is the client's story. If anything is left out, it is similar to reading a book with a chapter missing.

20 Minutes

4. Progress Notes and Data Recording

This section provides an effective model for programs to use in making entries into the client record. The activity at the end of the section allows participants to test their skills in recording their observations of an event.

It is absolutely essential to collect complete and comprehensive data on all TASC clients. Because TASC is the bridge between the treatment and criminal justice systems, data play a significant role. TASC serves as the conduit to transfer information about the client's progress between these two systems. As a result, TASC must keep accurate data on treatment progress, urinalysis status, and criminal justice system status. Without adequate, accurate data, TASC will be unable to speak authoritatively about the client's progress. This type of scenario will create a credibility problem for the TASC program.

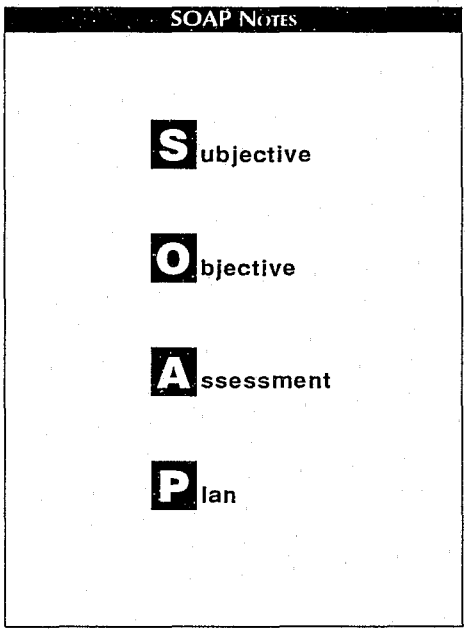
Case management notes are essential to the TASC file. This documentation begins with the reason the client was accepted into TASC. From that point, all contact with the client, or with either the treatment and criminal justice systems about the client, must be recorded succinctly and objectively.

Time/Media & Materials	Outline of Training Activities

Documentation of case notes should reflect the reason for the notations. These notations should appear after the date and prior to the note. Examples are:

- OP—Office personal (client seen in office).
- TP—Telephone personal.
- TC—Telephone collateral.
- LP—Letter personal.
- LC—Letter collateral.
- OC—Office collateral.

Overhead 63



There are several methods for recording case notes. (The above example is used at the Phoenix TASC offices.) It does not matter what method is used, as long as it ensures accurate and complete data. One method advocated is called "SOAP."

Cover the following points on the SOAP method:

- Subjective—This first section contains recorded information and reports that come to the TASC case manager from other sources, such as the client himself, family members, the probation officer, or the treatment counselor.
- Objective—This section contains recorded data and observations the case manager makes directly, such as that the client was disheveled and slurred his or her speech.
- Assessment—This section contains a brief word or phrase that succinctly summarizes and distills all the available information.
- Plan—In this section the case manager notes his or her plans. Typically, the plan may include discussions of the client with the treatment counselor, problems reported to the probation officer, the need for a case conference, a referral to ancillary services, or a recommendation for termination.

Time/Media & Materials	Outline of Training Activities

Again, the emphasis is on a clear, objective, and comprehensive recording of the client's behavior and progress. Whatever method is used to achieve this goal is acceptable.

Now we want to practice writing case notes. Each participant is asked to read the exchange between the client and the TASC case manager presented on page 69 of the *Participant's Manual.* Have participants read the interaction that took place. Now ask them to record the interaction in the space provided for a progress note. The exchange is included at the end of this module on page 136 for the trainer's use.

Trainer's note: As an alternative to the written text of the case management interview in the manual, the trainer can role play a meeting between a client and a case manager and then ask participants to document the meeting using the SOAP format.

Once the participants have recorded their notes, have them break up into groups of three and discuss what they wrote. Ask them if common information appears in their notes. Now facilitate a discussion on common threads among all the groups. Summarize by highlighting the essential points that needed to be included in the progress note.

30 Minutes

5. Case Record Scenario: Exercise

The purpose of this exercise is to demonstrate the necessity of clear, detailed, and thoroughly documented recordkeeping. Good recordkeeping not only improves the effectiveness of the TASC program, but also helps provide the TASC case manager with detailed information needed to answer questions (as in a judicial proceeding).

Ask participants to review Scenarios A and B at the end of this module. Then ask them to compare the objective client data presented in each of the scenarios and to decide which set of case notes they would prefer to bring with them into a court proceeding and why. Discuss the importance of good documentation and the possible ramifications of poor case notes. Summarize this section by again emphasizing the need to collect strong, objective data. Point out that this type of recordkeeping guarantees the case manager the information necessary to substantiate a client's progress in TASC.

Time/Media & Materials	Outline of Training Activities

5 Minutes

6. Summary

Summarize the module by making the points that while verbal information may be misunderstood, written information provides a sequence of actions for one to recall. Writing should be efficient, routine, and timely. Good record-keeping benefits both the staff and the program by:

- Helping staff perform their job better.
- Helping the program to be more effective.
- Maintaining credibility from the courts and treatment.

Finish by pointing out that a recordkeeping plan should identify:

- Standard terms to be used.
- Data that are needed.
- Streamlined procedures for collecting the data so that there is little duplication and the record builds on itself.
- A logical structure that makes the review of the record easy and the client's story clear and understandable.

This is an ideal time for a break.

Time/Media & Materials

Outline of Training Activities

Recording Progress Notes: Exercise

Larry, age 32, has been involved in the TASC program for 3 weeks. The following is the exchange that takes place between Larry and his case manager.

Larry: I've only been in the program for 3 weeks now, and already you are on my back about how many times I have to piss in the damn bottle.

Case Manager: Well, Larry, as I outlined on your treatment plan, you will be required to submit to random urinalysis on a weekly basis.

Larry: I still don't care what the tests say. I haven't had any damn toot since I've been arrested.

Case Manager: Larry, the tests conducted indicate a positive for cocaine. What do you have to say about that?

Larry: Nuthin'.

Case Manager: Larry, I told you that participation in group is also a required part of your treatment program.

Larry: Yeah, tell that to my damn foreman. I lost my job and then I lost my ride.

Case Manager: Larry, you lost your job this week, yet you missed group the first 2 weeks you were in the program, and—as I recall—you had no trouble riding over for urinalysis in your car during the same period of time.

Larry: Yeah, I forgot that I had group on the same day you wanted some piss.

Case Manager: Larry, can you also account for not checking in with the employment agency, as we discussed last week?

Larry: I told you—no ride.

Based on the above information, you are to write a progress note in Larry's record. You may be considering a formal warning in the very near future so documentation is essential.

Time/Media & Materials	Outline of Training Activities

Scenario A

Background and initial plan:

- White male, age 33.
- Entered treatment in July (approximately) for polydrug abuse.
- Treatment assigned: outpatient sessions, random urinalysis, group activities.

Notes:

- July–October: Client attended outpatient and group as assigned.
- Stopped attending. TASC case manager tried to contact. No contact made.
- Client returned to treatment on November 15: first alert/jeopardy.
- Four urine specimens positive for cocaine.
- February 4: second alert/jeopardy.
- February 8: status call.
- Client attends group.
- April 21: threatened another client in group.
- April 22: third alert/jeopardy. Termination.

Time/Media & Materials	Outline of Training Activities

Scenario B

Background and initial plan:

- TASC intake: July 15, 1991.
- White male, age 33, on probation for class 4 felony possession of narcotic drug, cocaine.
- Current drugs of abuse: cocaine, marijuana, alcohol.
- Treatment schedule: Individual counseling twice a week for 2 months, group counseling once a week for 6 months, urine submission—one random test per week for entire length of program, one monthly office visit per month with case manager.

7–15–91	OP	Client entered, signed, and understood all contact rules and regulations.
	TC	Probation officer notified of intake.
	LC	Written verification sent to probation.
7–18–91	OP	Client in. Complained about having to attend counseling—explained reason for and benefits of to him.
7–22–91	OP	Client in. Left urinalysis sample—informed of new address—documented.
	TC	Informed probation of new address.
7–24–91	OC	Urinalysis on 7–22–91 negative for cocaine, marijuana, and alcohol.
7–26–91	OP	Client in. Left urine sample. Reports all going well.
7–29–91	OC	Urinalysis on 7–26–91 negative for cocaine and alcohol.
7–31–91	LC	Received monthly report from counselor. All groups and individual sessions attended. Participation improved. Case manager's report filed in client's record.
8–1–91	LC	Monthly reports on client's participation sent to probation officer. Copy to client's file.
8–5–91	OC	Lab reports urinalysis on 8–1–91 negative for cocaine and alcohol.

Time/Media & Materials		Outline of Training Activities
	8–14–91 OP	Client in. Reports no status changes. Stated all going well.
	OC	Lab reports of urinalysis of 8–12–91 negative for cocaine, marijuana, and alcohol.
	8–20–91 TP	Client called, boss asked him to work overtime, would like to be excused from group, ok'd client's excuse.
	TC	Informed counselor that client would not be in group.
	8–21–91 OC	Lab reports urinalysis test of 8–19–91 negative for cocaine and alcohol
	8–28–91 OC	Lab reports urinalysis test on 8–26–91 negative for cocaine, amphetamine, and alcohol.
	9–3–91 LC	Received counseling report for month of August. Client attended all but one group session (excused). Progress seems to be continuing—participates well with both groups and individuals. Counselor's report placed in client file.
	LC	Monthly progress report on client's participation sent to probation. Copy to file.
	9–9–91 OC	Lab reports urinalysis negative on 9–6–91 for cocaine, alcohol.
	9–15–91 OP	Client in for office visit. No status changes.
	9–17–91 OC	Lab reports urinalysis negative on 9–15–91 for cocaine, methamphetamine, and alcohol.
	9–25–91 OC	Lab reports urinalysis negative on 9–23–91 for cocaine, methamphetamine, marijuana, and alcohol.
	10–2–91 LC	Monthly report received from counselor, all sessions attended. Participation only fair. Report placed in client's file.
	LC	Monthly report on client's participation sent to probation.
	10–4–91 OC	Lab reports urinalysis on 10–2–91 negative for cocaine, methamphetamine, and alcohol.

Time/Media & Materials			Outline of Training Activities
	10–9–91	TC	Case manager informed that client missed group counseling.
		TC	Left message for probation regarding missed group.
		TP	Left message for client at home and work.
	10–14–91	OP	No urinalysis submitted by client.
		LP	Warning letter sent to client re: group and counseling. cc: to probation. Client must respond by 10–21–91.
	10–21–91	OP	Client in. Discussed program failures. Client's attitude negative. Given verbal warning.
		TC	Informed probation of client's visit. Informed counselor of client's visit.
	10–23–91	OC	Lab reports urinalysis of 10–21–91 positive for cocaine.
		TP	Left message for client.
		TC	Spoke with counselor re: drug use. Left message for probation officer.
		LP	Letter of immediate contact sent to client. Response due 10–31–91. Copy to probation and client file.
	11–4–91	LC	Counselor monthly report in. Missed three group sessions. Progress poor. Reports placed in client's file.
		TC	Informed probation of report and client's program failures.
	11–6–91	OP	Client in. Submitted urinalysis. Discussed failures. Client did not appear to care.
		TC	Informed probation of client's visit. Informed counselor of client's visit.
	11–8–91	OC	Lab reports urinalysis positive for cocaine and marijuana.
		TC	Probation informed of positive. Discussed alternatives. Will arrange for probation, TASC, and client to meet.
	11–12–91	OP/OC	Probation, client, TASC present. Client offered residential treatment or probation violation. Client took residential.

Time/Media & Materials		Outline of Training Activities
	11–14–91 OC	Lab reports urinalysis positive for cocaine and alcohol.
	TC	Case manager at detox stated client has entered for 15 days.
	TC	Message left for probation officer.
	12–2–91 OP	Client back. Stated he learned a lot. Ready to start over again. Warned that any more drug use or program violations will result in termination.
	TC	Informed probation of client's visit.
	12–4–91 OC	Lab reports urinalysis for 12–2–91 negative for cocaine, methamphetamine, marijuana, and alcohol.
	12–5–91 LC	Discharge summary from detox counselor in. Placed in client's file.
	12–9–91 TC	Counselor called, client missed group session.
	TP	Left message for client at home.
	LP	Immediate contact letter sent. Response due 12–16–91. Copy to file.
	TC	Probation informed of missed group.
	12–16–91 OP	Client in. Discussed missing group, also missed urinalysis test. Client attitude not very positive. Stated he lost his job—told him to inform probation. Referred to job placement office.
	TC	Told probation of client's problems.
	12–18–91 OC	Lab reports urinalysis 12–16–91 positive for marijuana.
	TC	Probation informed of urinalysis.
	LP	Letter to client sent, response due 12–23–91.
	12–30–91	Termination—No response or contact from client. Termination report on client's participation sent to probation.

MODULE XI: CONFIDENTIALITY

Total Time: **2 hours 30 minutes to 3 hours**

PURPOSE

This module is designed to introduce participants to the concept of the confidentiality of alcohol- and drug-abuse client records, and to explain how to apply the confidentiality regulations when working with TASC clients.[10]

OBJECTIVES

By the end of the module participants will be able to:

- Describe which records are covered by the confidentiality regulations.
- List the nine elements that must be included in a general release.
- Describe the differences between a general consent for release and a criminal justice release.
- Describe the conditions where minors must sign their own releases.
- Describe the seven situations where information may be released without a client's consent.
- Describe the differences between a subpoena and a court order, as they apply to the confidentiality regulations.
- Describe how to respond to a subpoena.

[10] Although the confidentiality regulations themselves refer to the person whose records are protected as the "patient," this manual will continue to refer to this individual as the "client." Because this module discusses how the confidentiality regulations pertain to the person in TASC, the term "client" is more appropriate in this context.

MODULE XI: CONFIDENTIALITY

MATERIALS/DOCUMENTS NEEDED

Overhead projector

Overheads

Flipchart stand/paper

Code of Federal Regulations

MODULE XI: CONFIDENTIALITY

Time/Media & Materials	Outline of Training Activities

5 Minutes

1. Module Overview

This module is well constructed and full of detail on the *Federal Confidentiality Regulations.* Because regulations differ from State to State, however, the trainer should become very familiar with the particular State's confidentiality law. The trainer should also instruct participants to consult the State regulations where their TASC programs are located and seek the legal advice of an attorney specializing in this area of law.

Trainer's note: The module presents a major challenge to the trainer due to the extent of the detail on the confidentiality issue. If the trainer is unfamiliar with the confidentiality regulations, he or she will have to spend significant time preparing before presenting this module. A trainer who is not fully knowledgeable will present an unstimulating, potentially inaccurate review.

An excellent resource and reference document to assist trainers is *A Guide to the New Federal Regulations,* available from:

The Legal Action Center
153 Waverly Place
New York, NY 10014

Because of the length of this module, trainers have found it useful to take a break at some point during the presentation. Trainers should alternate periodically during the presentation to give participants a fresh face and style.

Lastly, the order of the presentation does not exactly follow the order of the regulations themselves, which sometimes makes it difficult for participants to follow along with the material as it is presented. To ease this problem, provided below are subsection citations that indicate the regulation source of the material furnished in the numerous overheads accompanying the module.

Time/Media & Materials	Outline of Training Activities

Overhead 64—2.1, 2.2, and 2.20.

Overheads 65 and 66—Self-explanatory.

Overhead 67
- A. 2.12.
- B. 2.13.
- C. 2.12 and 2.13.
- D. 2.11.
- E. 2.12.

Overhead 68
- F. 2.11 and 2.12.
- G. 2.13.
- H. 2.13.
- I. 2.16.
- J. 2.23.
- K. 2.22.
- L. 2.22.

Overhead 69—2.14.

Overhead 70—2.31, 2.32, and 2.33.

Overhead 71
- 1—2.31(c).
- 2—2.32.

Overhead 72—2.35.

Overhead 73—2.31, 2.32, 2.33, and 2.35.

Overhead 74
- A. 2.12(c)6.
- B. 2.12(c)5.
- C. 2.51.
- D. 2.52.
- E. 2.53.
- F. 2.11 and 2.12(c)(4).
- G. 2.61, 2.62, 2.63, 2.64, 2.65, 2.66, and 2.67.

Overhead 75—2.63 and 2.65(d).

Overhead 76—2.64, 2.65, and 2.66.

Overhead 77—2.61, 2.61(b), and 2.61(2).

MODULE XI: CONFIDENTIALITY

Time/Media & Materials | **Outline of Training Activities**

Briefly present an overview of the module content as well as the rationale for considering confidentiality.

Emphasize that the confidentiality of the drug and alcohol abusers' records have more set procedures and prohibitions than do the records of mental health clients. Indicate that the specific procedures and rules governing the confidentiality of client records is contained in the Federal regulation *Confidentiality of Alcohol and Drug Abuse Client Records* from title 42 of the *Code of Federal Regulations* (CFR),[11] Part 2. This regulation, originally implemented in 1975, was revised in 1987. Specific differences between the original and revised regulations will be discussed.

Trainer's note: To deliver this module most effectively, you will need the answers to two questions from the State where the course will be delivered. The questions are:

- ***Does the State have alcohol- and drug-client confidentiality regulations that are more restrictive than the Federal ones?***
- ***Does a minor need his or her parents' permission to receive alcohol or drug treatment?***

Both of these issues will be addressed in this module. Having the answers will help you facilitate discussion in these areas.

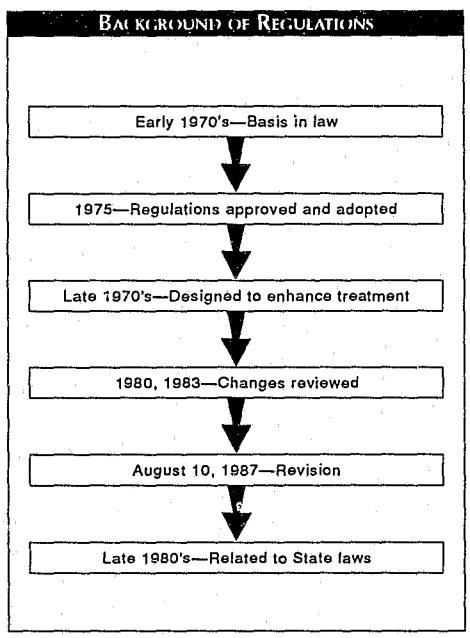
15 Minutes

2. The Regulations: Background

Overhead 64 provides key points related to the background and rationale for the regulations.

Overhead 64

Provide participants with a brief background about the history of the regulations and their basis in law. Report that the authority for all governmental regulations is ultimately derived from law. Federal regulations cannot be imposed unless Federal law permits or mandates that they be written.



[11] CFR stands for *Code of Federal Regulations* and is the document that contains all Federal regulations.

MODULE XI: CONFIDENTIALITY

Time/Media & Materials

Outline of Training Activities

In the early 1970's, the U.S. Congress passed several laws pertaining to alcoholism and drug abuse. Although they were primarily aimed at funding substance-abuse services, they also authorized the U.S. Department of Health, Education, and Welfare (HEW), now the U.S. Department of Health and Human Services, to develop special regulations pertaining to the confidentiality of client records.

In mid-1975, after comments were received from the public, HEW adopted what are known as the *Federal Confidentiality Regulations*, which covered nearly 20 pages in the *Federal Register.*

The regulations, as well as the laws they are based upon, are designed to protect the privacy rights of individuals who obtain treatment for substance-abuse problems and enhance the quality and attractiveness of alcohol- and drug-abuse treatment programs. Lawmakers believed that confidentiality would help prevent discrimination and ensure more involvement in treatment of the drug- or alcohol-involved individual.

After the regulations were implemented in 1975, it became apparent that they needed to be fine-tuned. Congress proposed changes in 1980 and 1983, and solicited public comment. In mid-1987, Congress adopted the long-discussed revised regulations, and published them in the June 9, 1987, *Federal Register* (vol. 52, no. 110), effective August 10, 1987. The regulations are still detailed in Title 42 CFR, Part 2.

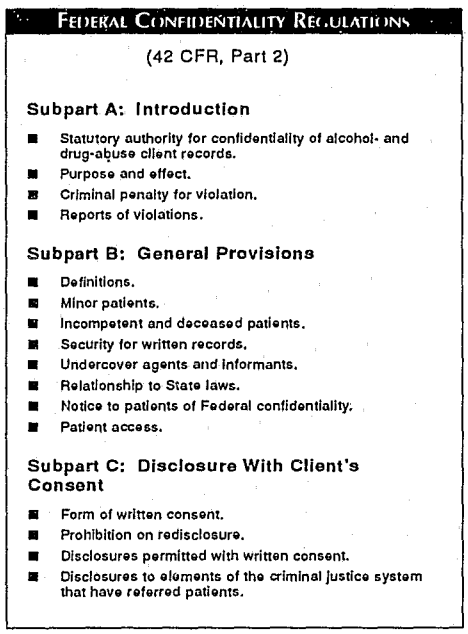
The *Federal Confidentiality Regulations* should work in harmony with existing State and Federal laws and regulations. They should not be used as a shield for individuals to hide behind while breaking or not complying with other laws. In fact, the revised regulations make it much easier for programs to report suspected cases of child abuse and to notify authorities when there is a threat of harm to anyone by a client.

The regulations are not intended to preempt State laws. States may make the regulations more restrictive, but no State law may authorize any disclosure that is prohibited by the regulations.

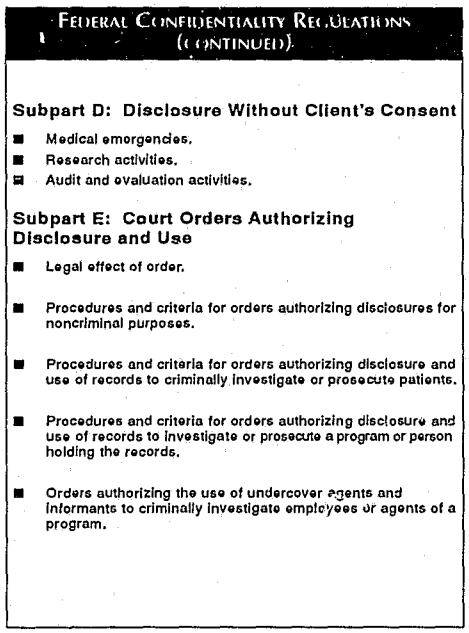
The regulations should be viewed as minimum standards and procedures to be followed by individuals and programs. The emphasis in the rules is on the protection of the client from the unauthorized release of confidential information. Display Overheads 65 and 66 that outline the five subparts of the regulations, and the topics in each subpart that will be discussed in this training.

Time/Media & Materials

Outline of Training Activities



Overhead 65



Overhead 66

Indicate that there is not enough time to discuss all the regulations. Special attention in this module, therefore, will focus on what TASC staff need to know. Then briefly review the contents of this training by mentioning the following points:

- Subpart A: Introduction—The sections in subpart A describe the legal basis for the confidentiality regulations, their purposes, how violations should be reported, and the criminal penalties for violations. The Federal statutes discussing confidentiality are quoted in Section 2.2.
- Subpart B: General Provisions—These selections provide detailed definitions for all key regulation terms, and explanations about to which programs and records the regulations apply, including certain exceptions: a clear explanation of the restrictions imposed by the rules; the applicability of the regulations to minors; issues surrounding incompetent individuals and the records of deceased clients; the security of the records; the limitations on undercover agents and informants in treatment programs; a number of special regulations applicable primarily to methadone programs; required notices to

Time/Media & Materials

Outline of Training Activities

clients when their records are subject to these regulations; and a clarification concerning the clients' access to their own records.

- Subpart C: Disclosure With Client's Consent—This subpart describes the required elements for the consent to a disclosure of confidential information, limitations on the re-release (redisclosure) of protected information, special regulations concerning methadone programs, and clearly defined regulations concerning criminal justice system–related releases.
- Subpart D: Disclosure Without Client's Consent—These sections describe those circumstances where confidential information may be released without a client's consent.
- Subpart E: Court Orders Authorizing Disclosure and Use—This section explains the procedures for obtaining court orders for the release of confidential information, as well as the limitations of such orders. Different procedures and criteria apply with respect to disclosures in criminal and noncriminal instances.

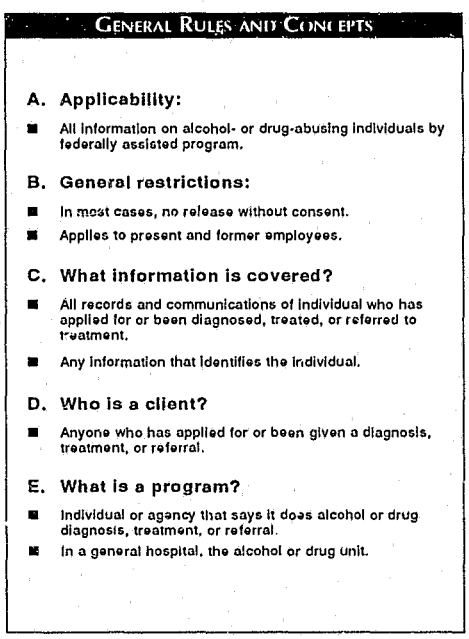
40 Minutes

3. Overview of the General Rules and Concepts

Overhead 67

Point out that the material to be presented next will not always follow the order of the material in the regulations. During this time, introduce the participants to the general rules and concepts that make up the confidentiality regulations. Your goal is to have participants finish this section with a strong, fundamental understanding of who and what are covered by the regulations.

Cover the following concepts by first presenting the concept and then soliciting questions and discussion as you go along. Overhead 67 may help the trainer to make these points.



Time/Media & Materials	Outline of Training Activities

Further explain those five points through presentation of the following material.

- Applicability—The *Federal Confidentiality Regulations* are applicable to all information about alcohol and drug clients obtained by a program that is federally assisted in any manner.
- General restrictions—In most circumstances, no releases may be made without the written consent of the client. Disclosures are not permitted in any civil, legal, administrative, or legislative proceeding conducted by any Federal, State, or local governmental authority. This restriction is unconditional and applies whether or not the person seeking the information is a law enforcement officer or other official, has obtained a subpoena, already has the information, or asserts any other justification not permitted by the regulations. These regulations apply equally to present and former program personnel.
- What information is covered?—All records and communications, whether written or not, about any individual who has applied for or has been diagnosed, treated, or referred for treatment, are covered by the regulations. Information covered includes name, address, photograph, fingerprints, or other similar data that may be used to identify an individual. It does not include any client number assigned by the program, as long as that number is not being used to identify a client.
- Who is a client?—A client is any individual (whether referred to as a patient, client, or some other term) who has applied for or has been given diagnosis or treatment for alcohol or drug abuse at a federally assisted program. This includes any individual who, after arrest on a criminal charge, is identified as an alcohol and drug abuser, to determine that individual's eligibility to participate in a program.
- What is a program?—A program is an individual, corporation, partnership, governmental agency, or other legal entity that provides alcohol- and drug-abuse diagnosis, treatment, and referral for treatment. If the program is in a general medical care facility, there must be an identified alcohol- or drug-abuse unit.

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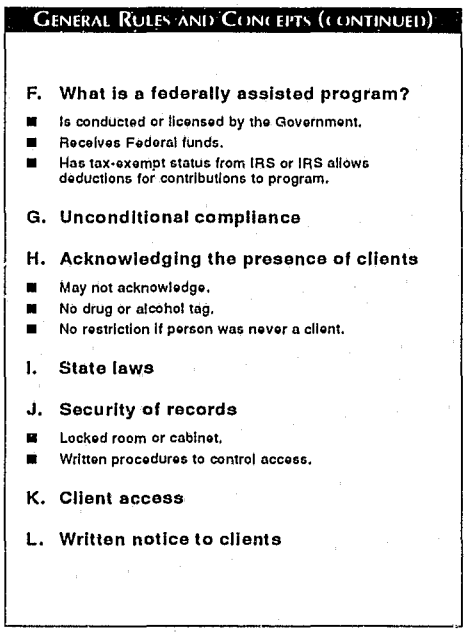
Outline of Training Activities

Overhead 68

Continue the presentation by displaying Overhead 68.

Once again, embellish the points presented by covering the following material.



- What is a federally assisted program?—A federally assisted program is any alcohol or drug program:
  - Conducted in whole or part, whether directly or through contract, by any branch of the U.S. Government with the exception of the Veterans Administration and the Armed Forces.
  - Carried out under license, certificate, registration, or other authorization by any branch of the Federal Government.

In general, any program that accepts Federal funds, either directly or indirectly, is covered by the regulation, including programs accepting Medicare, methadone treatment programs, State or local governments receiving revenue sharing (whether or not the funds support substance-abuse services), tax-exempt nonprofits, programs that can accept tax-deductible contributions, and the like. The Veterans' Administration is exempt, and special conditions are placed on the Armed Forces.

If a client's alcohol- or drug-abuse diagnosis treatment is not provided by a program that is federally conducted, supported, or regulated as noted above, then the records of the individual are not covered by the regulations. Under the new regulations, all records are covered if the program benefits from Federal support.

- Unconditional compliance—The regulations restrict the disclosure of confidential information regardless of whether the holder of the information believes the person seeking it already has it, has other means of obtaining it, is a law enforcement officer or other official, has obtained a subpoena, or asserts any other justification for a disclosure not permitted by the regulations.

Time/Media & Materials	Outline of Training Activities

- Acknowledging the presence of clients—The presence of an identified client in any program or program component may be made only if the client's written consent is first obtained, or if there is an authorizing court order. The following conditions apply:
  - If the facility is not publicly identified as only an alcohol- or drug-abuse treatment or referral facility, the presence of a client may be acknowledged, providing that such acknowledgment does not reveal that the client is an alcohol or drug abuser.
  - Any answer to a request for a disclosure of client records, including the presence of the client, is not permissible, and must be made in such a way that does not reveal whether the client has been or is being diagnosed or treated for alcohol or drug abuse.

The regulations do not restrict a disclosure that an identified individual is not and has never been a client.

- State laws—If there is an applicable State law covering alcohol- and drug-abuse confidentiality, then the more restrictive law applies. Explain that because TASC is covered by the *Federal Confidentiality Regulations*, all TASC client information is thus protected. Even hospital-based programs are covered because almost every hospital in the country directly or indirectly receives assistance from the Federal Government.

Data collected by a jail screener are also covered, if collected to determine the client's eligibility to participate in TASC treatment or to diagnose alcohol or drug abuse. If the questions are solely related to determining eligibility for pretrial release, the information is not covered.

- Security of records—Written records must be maintained securely. The regulations specify they must be kept in a secure room, locked file cabinet, safe, or other similar container when not in use. Furthermore, each program is required to adopt written procedures regulating and controlling the access to and the use of written records.
- Client access to records—The Federal regulations do not prohibit a program from giving a client access to his or her own records. A written release is not necessary.

Time/Media & Materials

Outline of Training Activities

- Written notice to clients—At the time of admission, each program is required to inform clients that their records are confidential and protected by Federal law and regulations. Clients must be given a written summary of the law and regulations, which must include:
  - A statement that the confidentiality of alcohol- and drug-abuse client records maintained by the program is protected by Federal law, and a general description of the limited circumstances under which a program may acknowledge that an individual is present at a facility or disclosure outside the program information identifying a client as an alcohol or drug abuser.
  - A statement that violation of the Federal law and regulations is a crime and that suspected violations may be reported to the appropriate authorities.
  - A statement that information related to a client's commission of a crime on the premises of the program or against program personnel is not protected.
  - A statement that reports of suspected child abuse and neglect made under State law to appropriate State authorities are not protected.
  - A citation to the Federal law and regulations.

Overhead 69

A program may devise its own notice or may use a sample notice that appears in the regulations. A copy of the summary appears in the regulations[12] and is similar to the notice on page 76 of the *Participant's Manual.*

The regulations include several issues regarding minors, which are summed up in Overhead 69.

Cover the issues about minors and confidentiality by making the following points.

RULES AND MINORS

Who is a minor?

- Anyone who has not obtained age of majority or 18.

Is parental consent necessary?

- If a minor may receive treatment without parental consent, only the minor signs the release.
- If treatment is contingent on parental consent, both the minor and the parent or guardian sign the release.

Applicant lacking capacity:

- Because of a minor's extreme youth or lack of capacity to make a rational decision, the program may make a disclosure (if the well-being of the minor or any other individual is threatened).

[12] 42 CFR, Part 2: "Confidentiality of Alcohol and Drug Abuse Patient Records," Final Rule, *Federal Register*, vol. 52, no. 110, Tuesday, June 9, 1987, pp. 21796–21814.

Time/Media & Materials | Outline of Training Activities

- Definition of a minor—A minor is anyone who has not attained the age of majority as determined by applicable State law, or under the age of 18 if State law is not applicable.
- Parental consent—If State law permits a minor acting alone to apply for and obtain alcohol or drug treatment, then only the minor client may give any written consent for the release of confidential information. In such instances, consent is required to disclose any client-identifying information, even to parents. The regulations do not prohibit a program from requiring minors to give such consent, although in some States the law may be different.

In States where parental consent is required for treatment, such consent for disclosure must be given by both the minor and his or her parent or guardian. In these States, if a minor applies for treatment, this information may be communicated to the parent.

- Applicant lacking capacity—In rare instances, because of the minor's extreme youth or because the minor lacks the capacity to make a rational decision and the situation poses a threat to the life or well-being of the minor and/or other individual that may be reduced by communicating relevant facts, the program may make a disclosure without written consent.

In summary, point out that in those States where minors may choose treatment without parental consent, they may also agree to release information without parental consent. In such States, releases should be obtained to discuss the confidential information with the minor's parent. If parental consent is needed for treatment, parental consent is needed for the release.

15 Minutes

4. Disclosures With Client Consent

Begin this section by highlighting the three ways that client information can be released:

- With client's consent.
- Without client's consent.
- By court order.

Indicate that these three ways will be discussed one at a time in order.

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Outline of Training Activities

Point out that changes have recently been made in the regulations. Therefore, some of the material presented here will be different from the present disclosure practices of virtually all programs. Where there have been meaningful revisions in the regulations, those revisions will be noted.

Overhead 70

- Required information for general releases—Unless otherwise specifically exempted by the regulations, written consent by the client is required to release confidential information. The release form must contain certain mandated information, as noted in Overhead 70 and on page 77 of the *Participant's Manual.*

KEY ELEMENTS OF A RELEASE

All releases of information must contain:

- The specific name or general designation of the person permitted to make the disclosure.
- The name or title of the individual, or the name of the organization, to which the disclosure is to be made.
- The name of the client.
- The purpose of the disclosure.
- How much and what kind of information is to be disclosed.
- The signatures of the client, parent, and other authorized person as required under the regulations.
- The date on which the consent is signed.
- A statement that the consent is subject to revocation at any time, except to the extent that the program or person who is to make the disclosure has already acted on it.
- The date, event, or condition upon which the consent will expire if not revoked before. This time period can be no longer than reasonably necessary to serve the purpose for which consent is given.

The earlier regulations placed limitations on programs concerning to whom clients could authorize release of information. These limitations are now removed. Clients may authorize release of their records to any individual or organization and may authorize programs to have unrestricted communication with other programs.

Overhead 71

- Special conditions—There are other points to consider when dealing with the disclosure of confidential information. Display Overhead 71.

SPECIAL CONSIDERATIONS

Deficient forms. Any disclosure form that on its face substantially fails to meet the requirements cannot be honored.

Redisclosure. Each disclosure must be accompanied by a written statement indicating that redisclosure of the information is not permitted unless the original consent authorizes it. This rule is a revision of the earlier regulation.

Point out that the new redisclosure language can be found on page 78 of the *Participant's Manual.* All client material released must have this statement attached to or stamped on the material.

Time/Media & Materials | Outline of Training Activities

"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 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."

20 Minutes

5. Required Information for Criminal Justice Releases

Explain that special provisions for the release of information apply in cases where a client has involvement with elements of the criminal justice system.

Overhead 72

A program may disclose information about a client to those persons within the criminal justice system who have made participation in the program a condition of the disposition of any criminal proceeding against the client. All previously discussed conditions for the written release of information apply unless otherwise noted in Overhead 72. Have participants refer to page 79 in their manuals. The disclosure must meet all of the conditions listed in Overhead 72.

REQUIRED INFORMATION FOR CRIMINAL JUSTICE RELEASES

- **To whom released:**
  - Those persons within the criminal justice system who have a need for information in connection with their duty to monitor client's progress.
- **Duration of consent:**
  - Release must state period in effect.
  - Must be reasonable and take into account the length of treatment and the type of criminal proceeding.
  - No longer subject to 60-day or change in status limitation.
- **Revocation of consent:**
  - Written consent must state that it is revocable on passage of a period of specified time or occurrence of a specified event.
  - State when consent is revocable (i.e., set time or event).
- **Redisclosure:**
  - May redisclose only to carry out official duties.

Embellish the issues raised in the overhead by covering the following points:

- Consent authorized—Release may be made to those persons within the criminal justice system who have a need for the information in connection with their duty to monitor the client's progress in treatment. Those persons may include prosecutors, court officials, and probation and parole officers.

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Outline of Training Activities

- Duration of consent—The written consent must state the period during which it remains in effect. This period must be reasonable, taking into account:
  - ❑ The anticipated length of treatment.
  - ❑ The type of criminal proceeding involved.
  - ❑ The need for the information in connection with the final disposition of the proceeding.
  - ❑ The date of final disposition.
  - ❑ Any other pertinent factors.

Releases no longer are subject to the 60-day time limit or change in legal status provision.

- Revocation of consent—A written consent must state that it is revocable upon the passage of a specified time period or the occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be not later than the final disposition of the conditional release or other action in connection with which the consent was given. Once a consent for release is given, it may not be revoked until the specified time or event has passed.
- Redisclosure—A person who received client information in connection with criminal justice system–involved clients may redisclose and use it only to carry out the person's official duties with respect to the authorized release.

When a client has signed a release of information to someone within the criminal justice system, such as a probation officer, explain that TASC staff may discuss issues including client progress, attendance, and urinalysis results with anyone within the criminal justice system who has a legitimate need to have the information, including prosecuting attorneys. Even if the client leaves treatment, the information may be discussed, providing there was a valid release covering the time period in which the client was involved in treatment or TASC.

The above provision applies, however, only if the client's participation is a condition imposed by the criminal justice system. For example, take the case of a person on probation who voluntarily seeks treatment but is not referred

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by or otherwise required to attend treatment by the criminal justice system. In this case, the client's records are not treated as though the client has criminal justice system involvement.

Overhead 73

Overhead 73 is a look at the differences between the general release form and those points that change with a criminal justice release. This information is found on page 80 of the *Participant's Manual.* Display this overhead and review the differences.

TYPES AND ELEMENTS OF A RELEASE

General release:

- Person or organization to make the disclosure.
- Person or organization to receive the disclosure.
- Name of the client.
- Purpose of the disclosure.
- How much and what kind of information is to be released.
- Signatures of the client, parent, and other authorized persons.
- Date the consent is signed.
- Revocation statement.
- Date or event that will terminate the release.

Criminal justice release:

- Person or organization to make the disclosure.
- Those individuals in the justice system with the need to know.
- Name of the client.
- Purpose of the disclosure.
- How much and what kind of information is to be released.
- Signatures of the client, parent, and other authorized persons.
- Date the consent is signed.
- Revocation statement.
- Stated period in which the release is in effect.

10 Minutes

6. Disclosure Without Client's Consent

Refer trainees to page 81 in the *Participant's Manual.* The regulations permit disclosure without client consent in the following circumstances (go over each exception, emphasizing each point).

Trainer's note: What follows is a change in the regulations.

Overhead 74

- Reports of suspected child abuse and neglect—Reports of suspected child abuse and neglect may be made without violating the regulations. Applicable State law concerning such reporting applies. Disclosures may not be made from client records for use in any civil or criminal proceedings.

DISCLOSURE WITHOUT CLIENT'S CONSENT

- Suspected child abuse or neglect.
- Crimes on program premises or against program personnel.
- Medical emergencies.
- Research activities.
- Audit and evaluation activities.
- Qualified service organizations.
- Court orders.

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Outline of Training Activities

- Crimes on program premises or against program personnel—The restrictions on disclosure do not apply when crimes on program premises or threats against program personnel occur. Only objective information may be released in these instances.
- Medical emergencies—Disclosures may be made when an immediate threat to the health of any individual requires immediate medical intervention.
- Research activities—Qualified researchers may have access to otherwise confidential client information, provided that no redisclosure of confidential information occurs.
- Audit and evaluation activities—Any Federal, State, or local government agency that provides financial assistance to a program, or is otherwise authorized by law to regulate its activities, may have access to client information. Third party or other players conducting reviews—including peer review organizations performing utilization or similar reviews, and Medicare or Medicaid auditors—may also have such access. No redisclosure by auditors is permitted.
- Qualified service organization—Programs may enter into a written agreement with an individual or organization to assist the program in meeting its objectives, such as data processing, bill collecting, and training. Disclosure may be made to the qualified service organization. No redisclosure is permitted by the qualified service organization.
- Court order—Disclosure may be ordered by a court of competent jurisdiction, provided that the procedures outlined in the regulations are followed. These are detailed in the next section.

20 Minutes

7. Court Orders

Point out that court orders may be used to release client information. Separate procedures and requirements apply, depending upon whether the purpose for the release is noncriminally related or related to the investigation or prosecution of clients. Strongly encourage participants to learn the requirements related to court orders and to read the regulations themselves in subpart E, sections 2.61 through 2.67.

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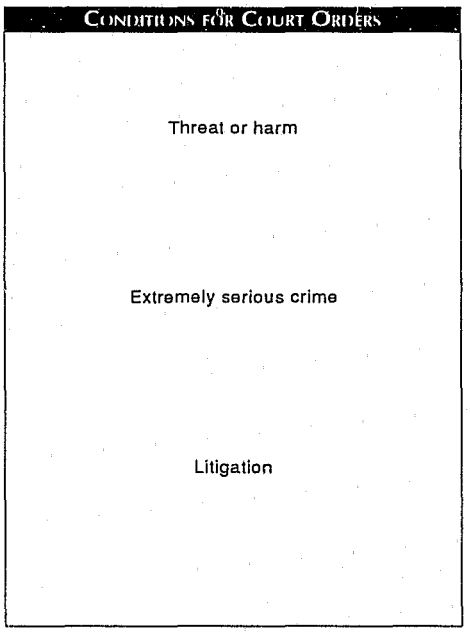
The regulations further discuss the procedures for obtaining court orders related to the investigation or prosecution of programs and program staff, and the placing of undercover agents or informants in programs. Because these rare situations will not be discussed, participants should be referred to the regulations for the specific procedures.

Trainer's note: What follows is a change in the regulations.

Overhead 75



Point out that a court under these procedures may authorize the client's disclosure of confidential communications to a program. This provision is a change from the previous rule that limited disclosure to objective information.

A discussion of the following key facts will help participants understand not only the mechanics of court orders but also the legal principles and issues related to them.

- Required conditions—Any court order issued under the regulations may be made only if one or more of the following conditions are met:

Take a few minutes to elaborate on each condition by emphasizing:

- ❑ Threat or harm—The disclosure is necessary to protect against an existing threat to life or serious bodily injury, including verbal threats against third parties and suspected child abuse or neglect.
- ❑ Extremely serious crime—The disclosure is necessary in connection with an extremely serious crime, such as one that directly threatens loss of life or serious bodily injury, including homicide, rape, kidnaping, armed robbery, assault with a deadly weapon, or child abuse and neglect.

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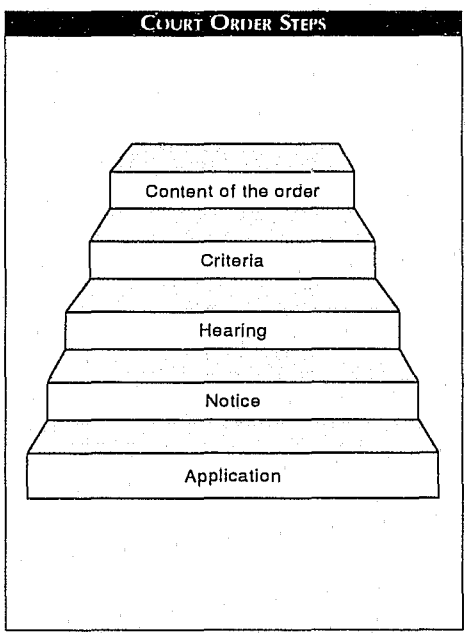
- ❑ Litigation—The disclosure is in connection with litigation or an administrative proceeding or when the client offers testimony or other evidence pertaining to the content of the confidential communication.

Overhead 76

Use Overhead 76 to explain each of the steps by elaborating on procedures and criteria for orders for investigatory or prosecutorial purposes. Point out that these steps are carried out somewhat differently when seeking a court order for investigatory or prosecutorial purposes.



- Application—The court is petitioned by the person holding the records or by the investigatory or prosecutorial agency.
- Notice—The program having the record must be given adequate notice, an opportunity to respond to the application, and the opportunity to be represented by counsel.
- Hearing—The hearing must be held in the judge's chambers or in some other manner that ensures that client-identifying information is not released to third parties. The judge may review the records in question.
- Criteria—For a court to authorize the disclosure of confidential information to conduct a criminal investigation or prosecution of a client, all of the following criteria must be met:
  - ❑ The crime is extremely serious. Examples were cited previously.
  - ❑ There is a reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.
  - ❑ Other ways of obtaining the information are not available or would not be effective.

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- ❑ The potential injury to the relationship between the client and the counselor and the ability of the program to provide services to other clients is outweighed by the public interest and the need for the disclosure.

- Content of the order—The court order must limit disclosure to those parts of the record that are essential to fulfill the objective of the order and to those persons with a need for the information. Limitations are placed on investigators and prosecutors so that the information may be only used with respect to extremely serious crimes.

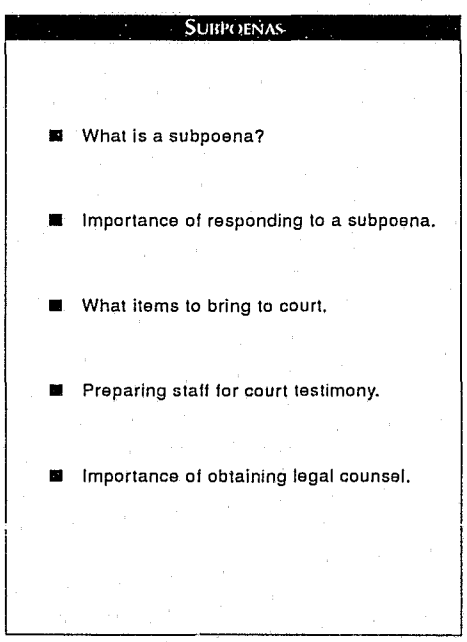
20 Minutes

8. Responding to Subpoenas

Point out that it is best if programs have ready access to legal counsel. In the absence of an attorney, the following comments should be helpful to participants. Inform them that because you are not an attorney, the information you are providing should not be substituted for competent legal counsel.

Because of TASC's connection to the criminal justice system, receiving and responding to subpoenas is unavoidable. Therefore, each program should establish appropriate procedures for responding to subpoenas. The TASC case manager or staff person served with a subpoena should be advised to notify his or her program manager, director, or other designated individual. Programs should provide court testimony training for the staff most likely to receive subpoenas to minimize the chances of unnecessary or unauthorized disclosure of client information. In addition, case managers should receive training in giving court testimony so they will not feel uncomfortable when appearing. Overhead 77 highlights the major points regarding subpoenas.

Overhead 77



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Outline of Training Activities

A subpoena is a written order issued by an officer of the court, such as a clerk of the court, prosecutor, or judge. A subpoena can be issued in connection with administrative, civil, or criminal proceedings. Subpoenas can come from a variety of criminal justice sources such as attorneys, prosecutors, and probation and parole departments.

There are two kinds of subpoenas. One requires a person to appear or give testimony. This is usually called a "witness" or "deposition" subpoena. The other, a "subpoena duces tecum," requires a person to produce records, documents, or other items specified in the subpoena.

It is extremely important that a TASC program does not ignore a subpoena. The regulations found in 42 CFR Part 2, Subpart C, Disclosure with Patients Consent, and Subpart E, Court Orders Authorizing Disclosure and Use sets out the regulations for court-ordered disclosure. TASC staff members should be familiar with this section of the *Code of Federal Regulations* and understand how it will affect their response to the subpoena.

Subpoenaed TASC records and information on a client's program participation may include a client's dates of participation in the TASC program, urinalysis results, counseling progress reports, and program participation. Because this information is so important, TASC programs must ensure that complete records are kept on their clients. A subpoena duces tecum will state the information that TASC is to bring to the hearing. TASC needs to bring only the material requested in a subpoena duces tecum.

A TASC program may receive subpoenas on a daily basis, which will require staff personnel to be out of the office frequently. TASC can work with the system by including requested information as part of the normal TASC report. For example, staff members at one TASC program were often subpoenaed by prosecutors and defense counsel to provide detailed information on the client's unsuccessful termination from TASC. TASC employees met with prosecutors to determine what information could be added to the termination report to satisfy their prosecutorial needs. By agreement, this documentation was also shared with the former TASC clients' attorneys, thus eliminating the need for a subpoena altogether. Clients entering TASC were informed at the time they signed confidentiality release forms that this information would be shared with the criminal justice system in the event of their unsuccessful termination from TASC.

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There are specific sections of the *Federal Confidentiality Regulations* about disclosure that TASC employees need to study and understand. These include the subject matter found in 42 CFR Part 2:

- Form of written consent.
- Disclosures permitted with written consent.
- Disclosure to elements of the criminal justice system that have referred the client.
- Security for written records.
- Notice to clients of Federal confidentiality requirements.

5 Minutes

9. Summary

Presenters should summarize the model by reminding the participants that the confidentiality regulations are a tool to assist them in their work with clients. The regulations provide protection to both the client and the program. It is important, however, to caution the participants not to use the regulations to keep information unreasonably from the criminal justice system. Unless the regulations are followed allowing reporting on client progress, the entire TASC concept will collapse due to a lack of communication.

Presenters should notify participants about the Legal Action Center in New York City, which has a staff of lawyers trained in the *Federal Confidentiality Regulations*. This should suggest that programs might benefit by subscribing to the Center thus having immediate telephone access to a lawyer. The Center also publishes a newsletter, *Of Substance*, six times a year. The newsletter covers drug and alcohol confidentiality and employment issues. For more information, participants can call the Legal Action Center at 1–800–223–4044.

Trainer's note: You may also want to cite some helpful supplementary reading material on confidentiality issues for the participants. Here are just a few:

Beamish, P.M., R.C. Page, and S.M. Smith. "Roles of the Drug Abuse Counselor in a Correctional Facility" (1979). *Journal of Employment Counseling*, 4, 245–251.

Time/Media & Materials	Outline of Training Activities

Guidelines for Responding to Law Enforcement Requests for Alcohol and Drug Abuse Patient Records (1980). Rockville, MD: U.S. Department of Health and Human Services; Alcohol, Drug Abuse, and Mental Health Administration.

Jones, J.F. *Records Confidentiality for Adult Probation Offices—A Guideline, January 1980* (1980). Austin, TX: Texas Adult Probation Commission.

McNamara, R.M., and J.R. Starr. "Confidentiality of Narcotic Addict Treatment Records—A Legal and Statistical Analysis" (1973). *Columbia Law Review*, 73:8, 1579–1612.

Weissman, J.C. "Criminal Justice Practitioner's Guide to the New Federal Alcohol and Drug Abuse Confidentiality Regulations" (1976). *Federal Probation*, 40:2, 11–20.

Weissman, J.C., and B.R. Berns. "Patient Confidentiality and the Criminal Justice System—A Critical Examination of the New Federal Confidentiality Regulations" (1977). *Contemporary Drug Problems*, 5:4, 531–552.

This would be an excellent time for a break.

MODULE XII: SPECIAL POPULATIONS

Total Time: **1 hour to 1 hour 40 minutes;**
1 hour 30 minutes with posttest

PURPOSE

This module is designed to acquaint TASC program staff with issues surrounding the application of the TASC model to the following populations: adolescent offenders, driving under the influence (DUI) offenders, chronically mentally ill offenders, perpetrators of family violence, and HIV-positive offenders and offenders being treated for AIDS.

OBJECTIVES

By the end of this session, participants will be able to:

- Provide written examples of three elements of the TASC model that correspond to the needs of adolescent offenders and the juvenile criminal justice system.
- Provide written examples of three elements of the TASC model that correspond to the needs of DUI offenders.
- Provide written examples of three elements of the TASC model that correspond to the needs of the chronically mentally ill.
- Provide written examples of three elements of the TASC model that correspond to the needs of perpetrators of family violence.
- Provide written examples of three elements of the TASC model that correspond to the needs of HIV-positive offenders and offenders being treated for AIDS.

MODULE XII: SPECIAL POPULATIONS

MATERIALS/DOCUMENTS NEEDED

Overhead projector

Overheads

Markers

Masking tape

Flipchart stand/paper

Module XII: Special Populations

Time/Media & Materials	Outline of Training Activities

5 Minutes

1. Introduction Lecture and Discussion

Trainer's note: Trainers might decide to delete this module because of time constraints or because the participants receiving training are not working with or do not anticipate working with these types of offenders. As an alternative to deleting it entirely, the trainer can modify the module format to address only the special populations in which participants have an interest.

Module XII asks participants to assess how TASC's role must be modified to address the needs of each of the four special populations discussed below.

The TASC program model was originally created to deal with a narrowly defined population—the opiate abusing criminal offender.

A review of TASC's history to participants reveals that the TASC model has moved from specifically addressing opiate addicts on a pretrial basis to serving many types of addiction and other mental disorders in settings ranging from diversion to parole.

Each program's eligibility criteria establish a special population upon which the program bases its relationships with the criminal justice and treatment systems and provides the basis for program policies and procedures.

The TASC program model can also be successfully used to intervene with other populations if the critical elements fundamental to TASC are maintained. TASC can serve the following populations:

- Juvenile offenders.
- DUI offenders.
- Mentally ill offenders.
- Perpetrators of family violence.
- HIV-positive offenders and offenders being treated for AIDS.

This module addresses each special population by providing a sample case that contains common characteristics of the population group. For trainer reference, the five case profiles are included at the end of this module. Following the sample case there is a discussion of specific activities in the delivery of TASC services that must be reassessed or modified as a result of working with the population. For example, the segment on mentally ill offenders notes that special consideration must be given to TASC's relationship

Time/Media & Materials | Outline of Training Activities

with the criminal justice system and treatment system to work effectively with that population. In addition, there must be modifications made in TASC's identification, screening, assessment, referral, and case management procedures to address the special needs of the chronically mentally ill.

Although there is a danger of diluting program resources and focus, most programs serving these select populations have avoided those pitfalls through careful planning and attention to the special needs and issues of the new client group.

However, the module does assist programs in recognizing that there are specific criminal subpopulations traditionally cut off from alternative programs, usually as a result of the complexity of the problems presented by the clients. This is particularly true of the mentally ill and perpetrators of family violence.

Trainer's note: New programs that have not yet implemented their services may have difficulty determining how systems and procedures should be modified because they have not yet experienced how TASC's critical element approach impacts any type of offender.

If the training needs assessment indicates that the participants have not received prior HIV/AIDS training, the trainer should consider presenting such training or bringing in a local HIV/AIDS trainer to provide a knowledge base.

20 Minutes

2. Special Population Considerations

At this time, divide the trainees into five groups and assign one case profile to each. Give each group time to develop a case plan based on the issues provided in the special population profile. In developing their profiles, ask participants to think about the differences between traditional TASC clientele and each of the five special population groups. Instruct the participants to record any special issues or problems TASC staff would have to consider when working with each population. Then have each group use a flipchart to present its case plan to the rest of the participants.

You can use Overheads 83 through 87 to review the key TASC elements related to each special population, contrasting the issues in the overheads with the information developed in the case plans. When going over each case plan with the participants, emphasize the points outlined in sections 3 through 7 that follow. Refer participants to page 84 in their manuals.

Module XII: Special Populations

Time/Media & Materials

Outline of Training Activities

Adolescent Offenders

- Time between arrest and adjudication.
- Infrequent detention.
- No bail system.
- Family considerations more complicated.
- Assessment and treatment must include family.
- Infrequent drug dependence.

Overhead 78

DUI Offenders

- Independent DUI evaluation and treatment network.
- Monitor alcohol use.
- Monitor ingestion of antabuse.
- Offenses handled in traffic court.
- Potential duplication of assessment and referral in DUI system.

Overhead 79

Mentally Ill Offenders

- Greater potential for violence.
- Greater expertise needed in assessment and case management.
- Need for small tracking caseload.
- Use of urinalysis to validate use of prescribed medications.
- Totally different treatment system.
- Need for more extensive linkages with social service agencies.
- Use of civil commitment procedures.

Overhead 80

Family Violence Perpetrators

- Need for specialized treatment program designed to stop violent behavior.
- Frequent denial and minimizing of violent behavior.
- Potentially violent.
- More intensive assessment of family issues warranted.
- Victim involved.

Overhead 81

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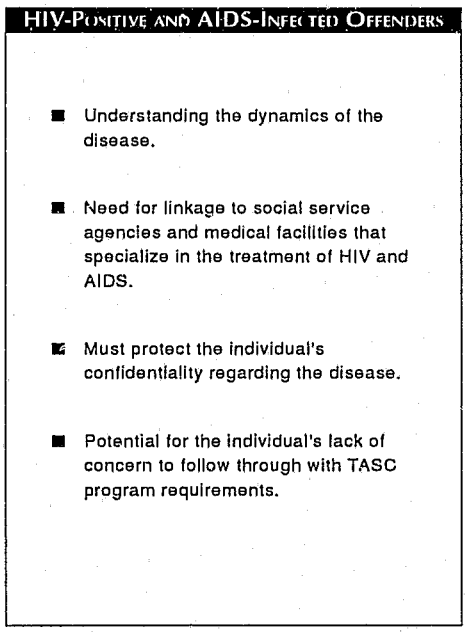
Outline of Training Activities

Overhead 82



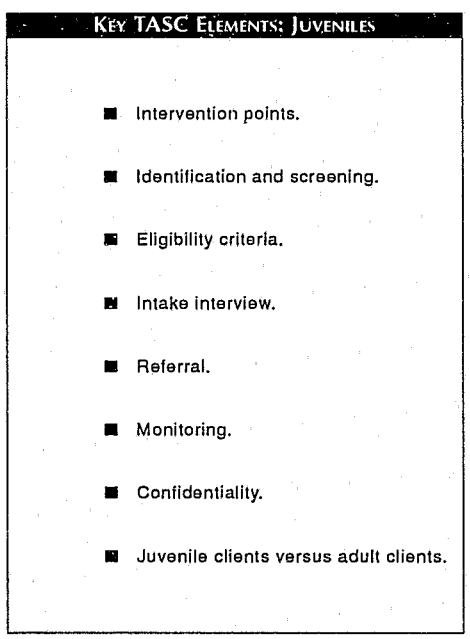
15 Minutes

3. Case Profiles and Special Considerations: Juveniles

Refer participants to page 85 of the *Participant's Manual*. After they read the profile on adolescent offenders and hear the assigned group's presentation, emphasize the following points:

Overhead 83

- Intervention points—Because the juvenile court system differs greatly from the adult court system, TASC staff should recognize some unique possible points of intervention. Possible sources of juvenile referrals include the intake staff at the juvenile detention facility, the juvenile probation staff, and the juvenile court. Additional sources come from the judiciary, the prosecuting attorney, the public defender, and other juvenile service programs.



Time/Media & Materials	Outline of Training Activities

- Identification and screening—In screening potential clients, TASC staff should interview the juvenile before the initial court appearance (if there is to be a formal court proceeding), or as soon after the intake interview as possible. TASC staff should also interview the parents to ascertain their willingness to allow their child to become a TASC client and participate in treatment. During the screening interview, the TASC worker should also learn whether the parents are willing to participate in treatment. Have the child and the parents sign the release of information. TASC staff should also consult with the defense attorney or public defender.
- Eligibility criteria—Eligibility criteria for TASC projects accepting juvenile clients may need to be altered concerning minimum age, pending charges, length and degree of substance abuse, and the types of drugs abused. TASC may wish to assume a role and accept juvenile clients who are in the early stages of substance abuse. Care should be given to discriminate between casual use and full-scale substance abuse. Additionally, programs should avoid "net widening," the tendency to overtax the program by expanding client criteria. Net widening may occur if dependency cases such as juvenile status offenders are allowed into the system. This is best accomplished by determining the client's past history, any treatment outcomes, and other incidents within school or law enforcement purviews.
- Intake interview—TASC staff may choose to alter the structure of the intake interview somewhat, beginning with a brief overview of TASC, the client's obligations, and an explanation of confidentiality, during which both the juvenile and parents should be present. Next, the staff person may conduct an indepth needs assessment interview with the parents while the adolescent is in the waiting room.

The content of the intake interview also may be altered. TASC staff should decide whether parents will accompany their child to the interview and whether parents and adolescents are to be separated throughout the interview process. Assurances should be made that the information revealed will be kept confidential and not revealed to other family members. The interviewer may wish to discuss nonthreatening topics first to help gain the adolescent's confidence and trust. During the interview, care should be taken to examine closely all significant facets of the adolescent's life: school records, social life, self-esteem, and interfamily relationships.

Time/Media & Materials	Outline of Training Activities

- Referral—The range of treatment modalities available to the adolescent is generally wider than that available for adults. In addition to traditional substance-abuse programs, TASC may consider referring the juvenile client to such services as family counseling or Families Anonymous. Although the range of available referral options may be wider, locating treatment programs having expertise in dealing with substance-abusing adolescents involved with the criminal justice system may be more difficult. Consult with local alcohol-abuse, drug-abuse, and mental health case managers to determine availability of programs.
- Monitoring—Monitoring adolescents differs from monitoring adult TASC clients. Adolescent clients are usually more closely monitored than adults, and the TASC trackers usually have more frequent contact with the treatment counselors.
- Confidentiality—TASC staff must be especially well-informed regarding client confidentiality issues unique to juveniles. These issues include—but are not limited to—parents' access to client records, consent to treatment, and the need for parent's consent to release client information.
- Juvenile clients versus adult clients—TASC projects that accept juvenile clients have found some general differences between adolescent and adult clients. Juvenile clients are often more time consuming—for example, the needs assessment interview is more extensive. Family involvement is often essential. Not only must the family see the need for treatment, but it should be encouraged to participate in treatment when possible. TASC staff have found that they often have less clout with the juvenile court system, although that system looks more favorably to diversion.

15 Minutes

4. Case Profile and Special Considerations: DUI

Refer participants to page 86 of the *Participant's Manual*. After they read the profile on DUI offenders and hear the assigned group's presentation, emphasize the following points:

- Intervention points—In most instances, DUI offenders are referred to TASC by the court rather than as a result of earlier TASC intervention. Judges may see TASC as their only resource for a chronic DUI offender.

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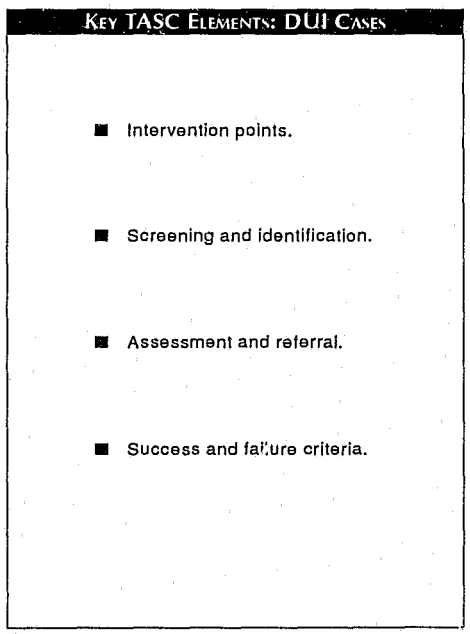
In most States, a mechanism with referral, evaluation, and education components has been developed to deal with the DUI offender. TASC staff should be knowledgeable of that system and its resources. There is a high potential for duplication of effort, which should be addressed in formal written agreements.



- Screening and identification—Some key issues to consider are breaking through denial, and using alcohol screening tests such as the Michigan Alcoholism Screening Test, Johns Hopkins Self-Administered Test, and the Alcadd Test.
- Assessment and referral—Issues to consider are using the family as a resource; key questions to ask the client; detection of problems that manifest in the use of alcohol or drugs; interviewing techniques, including the need to break through denial; and keying in on evident symptoms caused by drinking (physical, psychological, social, and behavioral). The range of available treatment services is often different for this population.
- Success and failure criteria—Issues to consider are difficulties in obtaining objective information (refer back to urinalysis module), use of significant person's report, attendance slips from Alcoholics Anonymous meetings, and the need to monitor antabuse[13] ingestion.

[13] Antabuse is a substance used in the treatment of alcoholics. It causes adverse reactions when mixed with alcohol.

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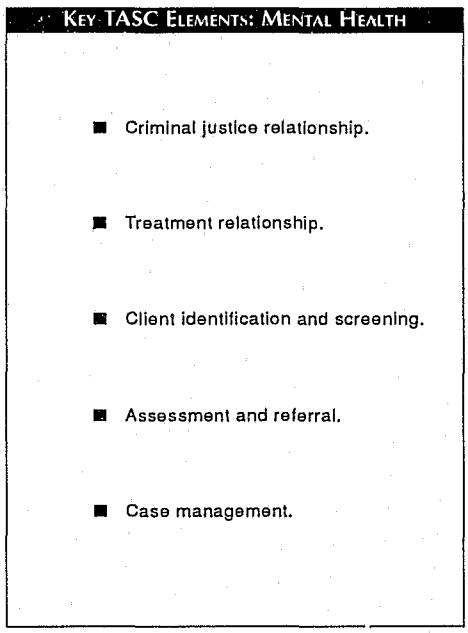
15 Minutes

Overhead 85

5. Case Profile and Special Considerations: Mental Health

Refer participants to page 87 of the *Participant's Manual.* After they read the profile on chronically mentally ill offenders and hear the assigned group's presentation, emphasize the following points:



- Criminal justice relationship—The court system is frequently at a loss in attempting to process chronically mentally ill offenders. TASC staff also shoulder a heavy responsibility in presenting the TASC program to the courts as capable of supervising the chronically mentally ill. There are often very few resources available that will provide services to this population. Thus, once a commitment is made, a program can expect heavy use. One of the unfortunate byproducts of the deinstitutionalization of the mentally ill has been a concomitant rise in the number of mentally ill persons entering, and becoming dependent upon, the criminal justice system.
- Treatment relationship—It is not appropriate to work with mentally ill offenders without documented policies and procedures for securing the full range of mental health treatment services, from crisis stabilization to indefinite domiciliary care. You should examine the available continuum of care in your region.
- Client identification and screening—Normally, TASC programs will screen out the chronically mentally ill. Modifications in eligibility criteria must therefore be made to accommodate this population. These individuals are highly likely to be screened by TASC in the county jail, when their psychotic symptoms are in remission, indicating the need to carefully assess medical history and mental status. Furthermore, it will be rare for a TASC screener to be the first to identify a mentally ill person. Treatment records are likely to exist if a full treatment history can be elicited from the client, the jail, or forensic facility.

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- Assessment and referral—Unless the program has trained staff in social work or psychology, it is appropriate to consult with such experts before assessment so that early development of a plan can occur with all concerned disciplines.
- Case management—Chronically mentally ill clients demand a great deal of time from project tracking staff because of their heavy needs for linking and advocacy with criminal justice, mental health, and social service personnel. Staff responsible for monitoring mentally ill clients should experience a reduction in overall caseload.

You may want explore some additional questions with the group. Pose each question and solicit group discussion around the issue.

- What is the capacity in the region to handle the dually diagnosed mentally ill and substance-abusing client?
- What programs within the region are funded to provide outpatient treatment to forensic clients?
- Is there a forensic facility in the region that provides outreach services?
- Has the court ordered special conditions of treatment?
- Do the court administrator or the probation and parole office have any special interest in this client?

15 Minutes

6. Case Profile and Special Considerations: Family Violence

Overhead 86

Refer participants to page 88 of the *Participant's Manual*. After they read the profile on family violence perpetrators and hear the assigned group's presentation, emphasize the following points:

- Criminal justice relationship—Many jurisdictions attempt to dispose of family violence cases through arbitration or pretrial diversion programs, frequently supervised through

KEY TASC ELEMENTS: FAMILY VIOLENCE

- Criminal justice relationship.
- Treatment relationship.
- Client identification and screening.
- Assessment and referral.
- Case management.

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the State's attorney's office. Special conditions by the court require consultation by TASC program staff.

- Treatment relationship—To intervene in this area, there must be a designated person who possesses the expertise to provide therapy specifically for the treatment of domestic violence.
- Client identification and screening—Clients will frequently be identified at point of arraignment or diversion. Eligibility criteria must allow for this type of client, particularly if there is no evidence of substance abuse.
- Assessment and referral—Intake staff must closely assess the need for substance-abuse counseling. Which issues require decisionmaking and in which order?
- Case management—Similar to other TASC clients, the case management of this client may require developing new linkages with treatment providers and education of the TASC case managers in the goals of family violence treatment.

15 Minutes

7. Case Profile and Special Considerations: HIV/AIDS

Overhead 87

Refer participants to page 89 of the *Participant's Manual*. After they read the profile on HIV-positive and AIDS-infected offenders and hear the assigned group's presentation, emphasize the following points:

- Intervention points—There is always the possibility that a client referred to TASC could be HIV-positive or infected with HIV. In fact, a large majority of the TASC client population may be at risk for having contracted the virus because they are likely to engage in high-risk

KEY TASC ELEMENTS: HIV/AIDS

- Intervention points.
- Screening and identification.
- Assessment and referral.
- Case management.
- Confidentiality.
- Treatment relationship.
- Criminal justice relationship.

Time/Media & Materials	Outline of Training Activities

behaviors—such as using intravenous drugs, having sex with prostitutes, and having multiple sex partners. A program plan for referral, evaluation, and education mechanisms should be developed to deal with a client who may have been exposed to HIV or has been diagnosed with HIV. Such a client should still be held accountable for meeting all TASC program requirements.

- Screening and identification—During the intake stage, the TASC case manager should be able to determine if the client is at high risk for having contracted HIV. The determination can be part of the intake evaluation. The TASC case manager should discuss the possibility of HIV testing with the client. By debating the pros and cons and weighing the client's relative risk for HIV infection, the TASC case manager and the client can determine together whether the client should be tested. If the need for testing is indicated, the program should be prepared to make the proper referral. If the client is unable to pay for the test, the program may need to work with the local health department to obtain funds for HIV testing. The case manager may find it effective to assess the potential impact of the HIV test results on the client's lifestyle. Asking questions regarding clients' expectations about the test, what they believe the results (either positive or negative) will mean for them, and what changes they might implement following disclosure of the test results may elicit helpful information.
- Assessment and referral—A list of outside referrals and counseling agencies should be provided to the client who has AIDS, has tested positive for HIV, or has had a sexual partner who either has AIDS or is HIV-positive. Clients who wish to be tested for HIV should be referred to anonymous testing centers or organizations that provide such tests.
- Case management—The special needs of HIV-positive and AIDS-infected TASC clients require special case management. This does *not* mean, however, that such clients are to be given special treatment. The client still has to deal with issues of drug addiction and criminal justice status. The TASC case manager should ensure that the client follows through with referrals made to AIDS self-help groups and counseling services. In addition, the case manager must stress the importance of regular medical screening to the client for the early detection of opportunistic infection and other related health problems.

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- Confidentiality—Agencies using Federal funds are required to comply with Federal rules of confidentiality regarding alcohol- and drug-abuse records. These rules are found in 42 CFR, Part 2, revised October 1, 1988. Disclosure by anyone other than the client that he or she is AIDS-infected or HIV-positive is protected under these Federal laws. Disclosure can be made only with the client's consent. Agencies are also bound by State confidentiality laws and should be familiar with their respective laws. In States where HIV testing information or identification of infected clients can be included on a presentence investigation report, sharing of that information is regulated by statute; the purpose for its inclusion in a report should be clarified and outlined by departmental policy. It is important for TASC staff to tell clients exactly who will have access to what information and why.
- Treatment relationships—A confidential release form should be filled out for the treatment referral. This release will allow the TASC case manager to inform the therapist that the client is AIDS-infected or HIV-positive so that counselors can help the client deal with the unique problems associated with the virus.
- Criminal justice relationships—The AIDS-infected or HIV-positive client is still required to follow all rules and regulations set forth by the criminal justice system. Disclosure of AIDS or HIV infection is not allowed unless the client gives his or her permission for the information to be released. Some clients believe the system will be more lenient with them if they make their infection known. The TASC case manager should inform such clients that they will receive no special treatment from the criminal justice system or from TASC.

Trainer's note: You should take a moment to point out that there are many juveniles in TASC who are HIV-positive or AIDS-infected. If juveniles present difficult problems for TASC programs, then at-risk, HIV-positive, or AIDS-infected juveniles present even bigger problems. Emphasize that even someone who is an expert on HIV and AIDS legal issues should not assume that what holds true for adults is also true for juveniles. This area of juvenile law is extremely complex and has far-reaching implications for TASC—especially in the areas of screening and confidentiality. Advise that TASC programs seek the special legal advice of an attorney familiar with juvenile issues to deal effectively with these problems. You might also recommend that participants read the overview of these juvenile issues by Michelle Zavos in chapter 6 of

Time/Media & Materials	Outline of Training Activities

the AIDS Benchbook, *edited by Abby Rose Rubenfeld and published by the National Judicial College in Reno, Nevada (1991). It is an excellent resource for any TASC program.*

5 Minutes

8. Summary

As you have moved through this module, you have seen how the TASC elements of criminal justice relationships, treatment relationships, client identification and screening, assessment and referral, and case management are transferable to varying populations within the criminal justice system.

In an effort to maintain its effectiveness and credibility, however, the elements and resources must remain consistent throughout program development. Special client populations bring with them special needs and considerations that we have seen to be different from TASC's traditional clientele. But we have also seen that by keeping within the framework of the TASC critical program elements, in conjunction with a careful determination of the available talent and resources, special populations may be served.

Trainer's note: It is important that participants complete a posttest at the end of the training that is identical to the pretest. A subsequent analysis of both tests' results gives trainers a measure of the effectiveness of the training they have presented.

10 Minutes

9. Course Summary

This is the final section. Summarize the entire course by pointing out that the TASC concept is one that has proven effective in intervening with the drug-involved offender. This course was designed to present an overview of the essential elements of the TASC program and to teach awareness and skills regarding each of these elements. Express hope that the material presented will help the participants in their TASC responsibilities.

Ask if there are any unresolved issues or questions. Inform the participants that you would like one more activity from them—to complete the posttest. Ask them to turn to pages 90–92 in their manuals and complete it. Instruct them to place on the top of each page the same anonymous code they used for the pretest. Once the test is completed, they may leave. Be sure to thank the participants for their involvement in the course and wish them safe travels home.

Time/Media & Materials

Outline of Training Activities

Case Profile: Adolescent Offender

A 15-year-old girl attending a public school in a local suburb has been referred to TASC. Her school performance, usually straight A's, has been deteriorating. She has been thrown off the gymnastics team after showing up for practice obviously under the influence of alcohol. She has missed classes frequently during the past 6 months and is now on academic and social probation. Well liked and previously successful, she had won a civic merit prize for character and academic achievement in the sixth grade. Her physician father and both grandfathers are recovering alcoholics. The girl has no previous treatment experience.

At the time of the TASC evaluation, she was drinking daily, starting with a pint of wine before school. She reports no ability to control her drinking. When she tried to stop, she became anxious and developed a rapid heartbeat. She was defensive and frightened about her drinking. Her arrest on the previous weekend for shoplifting a bottle of wine from a convenience store led to her intake at the local juvenile detention center. The girl has also been charged with resisting arrest when she became belligerent with the arresting officer. He noted on the arrest report that she appeared to be intoxicated at the time of her arrest.

Based upon the information in this profile, develop an initial case plan for this client.

Case Profile: DUI Offender

Karen Martin[14] is a 32-year-old white female referred to TASC by the county traffic court. She is charged with DUI and numerous other charges resulting from a collision with another car in which the second car was totaled and the driver was hospitalized. At the time of arrest, Martin's blood alcohol level was .015, which is above the legal intoxication level in the State. She is married, employed, and has one child. This is her first DUI arrest. She has no criminal history and has never been in treatment. The TASC screener has reviewed this case.

Based upon the information in this profile, develop an initial case plan for this client.

[14] All names in case profiles are fictitious.

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Case Profile: Chronically Mentally Ill Offender

Don Jenkins is a 24-year-old white male carrying a diagnosis of schizophrenia, chronic undifferentiated type, first diagnosed at the age of 17. Jenkins is also known to abuse substances, particularly alcohol and marijuana. He is mildly retarded. Jenkins' parents are divorced. His father's whereabouts are unknown. His mother and stepfather live in the area but are unable to care for him at home due to his bizarre behavior and threats of violence toward his mother.

Jenkins is frequently preoccupied with devils and the occult. He is often demanding and threatening toward others. He has a history of arrests for trespassing, public intoxication, and battery. He has been barred from the community mental health center's residential programs because of substance abuse and aggressive acts toward other residents and staff. He is eligible for Social Security insurance, Medicaid, and other public benefits programs, with benefits totaling $520 per month.

Jenkins is currently prescribed prolyxin, a major tranquilizer used to control his illness. Intravenous injections of the drug are used to ensure adherence to his medication regime. He is currently nearing release from a civil psychiatric hospital after serving nearly 2 years in a State corrections mental health institution, followed by a State hospital for the criminally insane, and finally the civil hospital. He remains under the indefinite jurisdiction of the court as a result of being found not guilty by reason of insanity on a charge of aggravated assault. The judge has asked TASC to coordinate local placement and case management of Jenkins when he returns to the community.

The screener interviewed Jenkins at the psychiatric hospital.

Based upon the information in this profile, develop an initial case plan for this client.

Case Profile: Family Violence Perpetrator

Ronnie Winston, an enlisted Navy man, was arrested for spouse abuse one evening when he became violent during an argument over family finances. He struck his wife, Edna, several times. After the attack she took their two daughters, ages 1 and 4, with her to a local shelter for battered women. She informed staff at the shelter that this was at least the fifth similar episode of her husband's violence. Winston moved out of the house and into the bar-

Time/Media & Materials | Outline of Training Activities

racks on base. Edna had a restraining order placed on Winston, barring him from the house. Two nights after the order was issued, Edna called him. She sounded intoxicated on the phone and claimed that she had taken a number of sleeping pills.

Winston called an ambulance to the house, fearing for his wife's safety and that of the children. Upon arriving at the home, the medics found Edna in no medical danger. When Winston arrived at the home shortly thereafter, Edna called the police and had him arrested for violating the restraining order.

The TASC screener interviewed Winston at the jail and referred him to the program.

Based upon the information in this profile, develop an initial case plan for this client.

Case Profile: HIV-Positive Offender or Offender Being Treated for AIDS

Gail Welch is a 34-year-old white female. She has been arrested and charged with possession of crack cocaine and drug paraphernalia. Her prior arrest record shows more than 52 citations for prostitution and 1 felony conviction for possession of a narcotic drug. She completed her sentence of 2 years' probation 4 years ago. Gail was referred to TASC for evaluation, intake, counseling, and urinalysis testing until her sentencing by the court.

During the TASC evaluation, Welch disclosed that she has recently been diagnosed as having the AIDS virus. She stated that she was smoking crack cocaine on the night of the arrest because she had just gotten the doctor's report. Prior to this current use, Gail reports that she was drug free for a full year. She seemed to be very confused about what her next step should be. She said that she just wants to get high until she dies. She has not told her friends or family about her infection. She said she feels like she is all alone and is very scared.

Based upon the information in this profile, develop an initial case plan for this client.

APPENDIX A:

TASC CRITICAL ELEMENT TRAINING PRETEST

Appendix A: TASC Critical Element Training Pretest

1. Name two types of frequently used urinalysis confirmation tests.

   _____ _____

2. List the three client eligibility criteria generic to most TASC programs.

   _____ _____

   _____

3. The best metaphor to describe TASC's linkage with criminal justice and treatment is a

   _____.

4. List 5 of the 10 TASC critical elements. _____

   _____ _____

   _____ _____

5. Five of the critical elements are described as _____, while the other five are described as _____.

6. List eight common stages in the processing of defendants by the criminal justice system.

   _____ _____

   _____ _____

   _____ _____

   _____ _____

7. Two benefits of TASC intervention to the criminal justice system include _____ and _____.

8. Formal agreements between TASC and justice agencies should include _____ and _____.

9. List three major drug treatment program modalities. _____

   _____ _____

10. List two barriers to good working relationships between TASC and treatment.

    _____ _____

11. List two variables that can affect the development of local eligibility criteria.

    _____ _____

12. List three components of a TASC screening interview. _____

    _____ _____

13. List six components of an assessment interview.

    _____ _____

    _____ _____

    _____ _____

14. List three variables that affect TASC's treatment referral capability. _____

    _____ _____

15. Define the term "case management." _____

    _____

16. Describe the most common TASC strategy for assisting clients in danger of termination from a treatment program. _____

    _____

17. List four documents that must be in the client file.

    _____ _____

    _____ _____

18. Define the term "chain of custody" as it relates to TASC. _____

    _____

19. List two types of technology available for urine testing.

_____ _____

20. List two differences between a general release of confidential information and a criminal justice release. _____ _____

21. List two situations in which information can be released about a client without his or her consent.

_____ _____

22. List five of the nine elements of a general release of information.

_____ _____

_____ _____

_____

23. Where are confidentiality regulations published? _____

_____

24. List three populations, other than adult drug abusers, for which the TASC model has been proven effective.

_____ _____

_____

25. List two problems associated with urine collection.

_____ _____

APPENDIX B:

TASC CRITICAL ELEMENT TRAINING POSTTEST

Appendix B: TASC Critical Element Training Posttest

1. Name two types of frequently used urinalysis confirmation tests.

   _____ _____

2. List the three client eligibility criteria generic to most TASC programs.

   _____ _____

   _____

3. The best metaphor to describe TASC's linkage with criminal justice and treatment is a

   _____.

4. List 5 of the 10 TASC critical elements. _____

   _____ _____

   _____ _____

5. Five of the critical elements are described as _____, while the other five are described as _____.

6. List eight common stages in the processing of defendants by the criminal justice system.

   _____ _____

   _____ _____

   _____ _____

   _____ _____

7. Two benefits of TASC intervention to the criminal justice system include _____ and _____.

8. Formal agreements between TASC and justice agencies should include _____ and _____.

9. List three major drug treatment program modalities. _____

   _____ _____

Appendix B: TASC Critical Element Training Posttest

10. List two barriers to good working relationships between TASC and treatment.

    _____ _____

11. List two variables that can affect the development of local eligibility criteria.

    _____ _____

12. List three components of a TASC screening interview. _____

    _____ _____

13. List six components of an assessment interview.

    _____ _____

    _____ _____

    _____ _____

14. List three variables that affect TASC's treatment referral capability. _____

    _____ _____

15. Define the term "case management." _____

    _____

16. Describe the most common TASC strategy for assisting clients in danger of termination from a treatment program. _____

    _____

17. List four documents that must be in the client file.

    _____ _____

    _____ _____

18. Define the term "chain of custody" as it relates to TASC. _____

    _____

19. List two types of technology available for urine testing.

    _____ _____

20. List two differences between a general release of confidential information and a criminal justice release. _____ _____

21. List two situations in which information can be released about a client without his or her consent.

    _____ _____

22. List five of the nine elements of a general release of information.

    _____ _____

    _____ _____

    _____

23. Where are confidentiality regulations published? _____

    _____

24. List three populations, other than adult drug abusers, for which the TASC model has been proven effective.

    _____ _____

    _____

25. List two problems associated with urine collection.

    _____ _____

APPENDIX C:

CODE OF FEDERAL REGULATIONS

SUBCHAPTER A—GENERAL PROVISIONS

PART 1—[RESERVED]

PART 2—CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

Subpart A—Introduction

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).

SOURCE: 52 FR 21809, June 9, 1987, unless otherwise noted.

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:

§ 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 witrhin 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 nore 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:

§ 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 responsibil-

ity 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 those 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 re-

quest 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 progams, 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 pro-

grams, 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) 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).

[52 FR 21809, June 9, 1987; 52 FR 42061, Nov. 2, 1987]

§ 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 publicy 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 § 2.67 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 placed in a program pursuant to an authorizing court order, may be used to criminally investigate or prosecute any patient.

[52 FR 21809, June 9, 1987; 52 FR 42061, Nov. 2, 1987]

§ 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 privilage granted under 21 CFR 291.505(g) to treatment programs using methadone for maintenance treatment does not protect from compulsory disclosure any imfor-mation which is permitted to be disclosed under those 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 threreafter 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 number 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 number 0930-0099)

§ 2.32 Prohibition on redisclosure.

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.

[52 FR 21809, June 9, 1987; 52 FR 41997, Nov. 2, 1987]

§ 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 post-trial release, probation or parole offi-

cers 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 number 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;

(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; and

(3) Has provided a satisfactory written statement that a group of three or more individuals who are independent of the research project has reviewed the protocol and determined that:

(i) The rights and welfare of patients will be adequately protected; and

(ii) The risks in disclosing patient identifying information are outweighed by the potential benefits of the research.

(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.

[52 FR 21809, June 9, 1987, as amended at 52 FR 41997, Nov. 2, 1987]

§ 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 restrictions of these regulations.

[52 FR 21809, June 9, 1987; 52 FR 42061, Nov. 2, 1987]

§ 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.

(b) [Reserved]

§ 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 ap-

pears that the patient records are needed to provide evidence. An application mst 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 applica-

tion 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 of only that public interest and need found by the court.

[52 FR 21809, June 9, 1987; 52 FR 42061, Nov. 2, 1987]

§ 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.

PART 2a—PROTECTION OF IDENTITY—RESEARCH SUBJECTS

Sec.

Sec.
2a.6 Issuance of Confidentiality Certificates; single project limitation.
2a.7 Effect of Confidentiality Certificate.
2a.8 Termination.

AUTHORITY: Sec. 3(a), Pub. L. 91-513 as amended by sec. 122(b), Pub. L. 93-282; 84 Stat. 1241 (42 U.S.C. 242a(a)), as amended by 88 Stat. 132.

SOURCE: 44 FR 20384, Apr. 4, 1979, unless otherwise noted.

§ 2a.1 Applicability.

(a) Section 303(a) of the Public Health Service Act (42 U.S.C. 242a(a)) provides that "[t]he Secretary [of Health and Human Services] may authorize persons engaged in research on mental health, including research on the use and effect of alcohol and other psychoactive drugs, to protect the privacy of individuals who are the subject of such research by withholding from all persons not connected with the conduct of such research the names or other identifying characteristics of such individuals. Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals." The regulations in this part establish procedures under which any person engaged in research on mental health including research on the use and effect of alcohol and other psychoactive drugs (whether or not the research is federally funded) may, subject to the exceptions set forth in paragraph (b) of this section, apply for such an authorization of confidentiality.

(b) These regulations do not apply to:

(1) Authorizations of confidentiality for research requiring an Investigational New Drug exemption under section 505(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(i)) or to approved new drugs, such as methadone, requiring continuation of long-term studies, records, and reports. Attention is called to 21 CFR 291.505(g) relating to authorizations of confidentiality for patient records maintained by methadone treatment programs.

(2) Authorizations of confidentiality for research which are related to law enforcement activities or otherwise within the purview of the Attorney General's authority to issue authorizations of confidentiality pursuant to section 502(c) of the Controlled Substances Act (21 U.S.C. 872(c)) and 21 CFR 1316.21.

(c) The Secretary's regulations on confidentiality of alcohol and drug abuse patient records (42 CFR part 2) and the regulations of this part may, in some instances, concurrently cover the same transaction. As explained in 42 CFR 2.24 and 2.24-1, 42 CFR part 2 restricts voluntary disclosures of information from applicable patient records while a Confidentiality Certificate issued pursuant to the regulations of this part protects a person engaged in applicable research from being compelled to disclose identifying characteristics of individuals who are the subject of such research.

§ 2a.2 Definitions.

(a) *Secretary* means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

(b) *Person* means any individual, corporation, government, or governmental subdivision or agency, business trust, partnership, association, or other legal entity.

(c) *Research* means systematic study directed toward new or fuller knowledge and understanding of the subject studied. The term includes, but is not limited to, behavioral science studies, surveys, evaluations, and clinical investigations.

(d) *Drug* has the meaning given that term by section 201(g)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(g)(1)).

(e) *Controlled drug* means a drug which is included in schedule I, II, III, IV, or V of part B of the Controlled Substances Act (21 U.S.C. 811-812).

(f) *Administer* refers to the direct application of a drug to the body of a human research subject, whether such application be by injection, inhalation, ingestion, or any other means, by (1) a qualified person engaged in research (or, in his or her presence, by his or her authorized agent), or (2) a re-

search subject in accordance with instructions of a qualified person engaged in research, whether or not in the presence of a qualified person engaged in research.

(g) *Identifying characteristics* refers to the name, address, any identifying number, fingerprints, voiceprints, photographs or any other item or combination of data about a research subject which could reasonably lead directly or indirectly by reference to other information to identification of that research subject.

(h) *Psychoactive drug* means, in addition to alcohol, any drug which has as its principal action an effect on thought, mood, or behavior.

§ 2a.3 Application; coordination.

(a) Any person engaged in (or who intends to engage in) the research to which this part applies, who desires authorization to withhold the names and other identifying characteristics of individuals who are the subject of such research from any person or authority not connected with the conduct of such research may apply to the Office of the Director, National Institute on Drug Abuse, the Office of the Director, National Institute of Mental Health, or the Office of the Director, National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, Maryland 20857 for an authorization of confidentiality.

(b) If there is uncertainty with regard to which Institute is appropriate or if the research project falls within the purview of more than one Institute, an application need be submitted only to one Institute. Persons who are uncertain with regard to the applicability of these regulations to a particular type of research may apply for an authorization of confidentiality under the regulations of this part to one of the Institutes. Requests which are within the scope of the authorities described in § 2a.1(b) will be forwarded to the appropriate agency for consideration and the person will be advised accordingly.

(c) An application may accompany, precede, or follow the sumission of a request for DHHS grant or contract assistance, though it is not necessary to request DHHS grant or contract assistance in order to apply for a Confidentiality Certificate. If a person has previously submitted any information required in this part in connection with a DHHS grant or contract, he or she may substitute a copy of information thus submitted, if the information is current and accurate. If a person requests a Confidentiality Certificate at the same time he or she submits an application for DHHS grant or contract assistance, the application for a Confidentiality Certificate may refer to the pertinent section(s) of the DHHS grant or contract application which provide(s) the information required to be submitted under this part. (See §§ 2a.4 and 2a.5.)

(d) A separate application is required for each research project for which an authorization of confidentiality is requested.

§ 2a.4 Contents of application; in general.

In addition to any other pertinent information which the Secretary may require, each application for an authorization of confidentiality for a research project shall contain:

(a) The name and address of the individual primarily responsible for the conduct of the research and the sponsor or institution with which he or she is affiliated, if any. Any application from a person affiliated with an institution will be considered only if it contains or is accompanied by documentation of institutional approval. This documentation may consist of a written statement signed by a responsible official of the institution or of a copy of or reference to a valid certification submitted in accordance with 45 CFR part 46.

(b) The location of the research project and a description of the facilities available for conducting the research, including the name and address of any hospital, institution, or clinical laboratory facility to be utilized in connection with the research.

(c) The names, addresses, and summaries of the scientific or other appropriate training and experience of all personnel having major responsibilities in the research project and the training and experience requirements for major positions not yet filled.

(d) An outline of the research protocol for the project including a clear and concise statement of the purpose and rationale of the research project and the general research methods to be used.

(e) The date on which research will begin or has begun and the estimated date for completion of the project.

(f) A specific request, signed by the individual primarily responsible for the conduct of the research, for authority to withhold the names and other identifying characteristics of the research subjects and the reasons supporting such request.

(g) An assurance (1) From persons making application for a Confidentiality Certificate for a research project for which DHHS grant or contract support is received or sought that they will comply with all the requirements of 45 CFR part 46, "Protection of Human Subjects," or

(2) From all other persons making application that they will comply with the informed consent requirements of 45 CFR 46.103(c) and document legally effective informed consent in a manner consistent with the principles stated in 45 CFR 46.110, if it is determined by the Secretary, on the basis of information submitted by the person making application, that subjects will be placed at risk. If a modification of paragraphs (a) or (b) of 45 CFR 46.110 is to be used, as permitted under paragraph (c) of that section, the applicant will describe the proposed modification and submit it for approval by the Secretary.

(h) An assurance that if an authorization of confidentiality is given it will not be represented as an endorsement of the research project by the Secretary or used to coerce individuals to participate in the research project.

(i) An assurance that any person who is authorized by the Secretary to protect the privacy of research subjects will use that authority to refuse to disclose identifying characteristics of research subjects in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to compel disclosure of the identifying characteristics of research subjects.

(j) An assurance that all research subjects who participate in the project during the period the Confidentiality Certificate is in effect will be informed that:

(1) A Confidentiality Certificate has been issued;

(2) The persons authorized by the Confidentiality Certificate to protect the identity of research subjects may not be compelled to identify research subjects in any civil, criminal, administrative, legislative, or other proceedings whether Federal, State, or local;

(3) If any of the following conditions exist the Confidentiality Certificate does not authorize any person to which it applies to refuse to reveal identifying information concerning research subjects:

(i) The subject consents in writing to disclosure of identifying information,

(ii) Release is required by the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301) or regulations promulgated thereunder (title 21, Code of Federal Regulations), or

(iii) Authorized personnel of DHHS request identifying information for audit or program evaluation of a research project funded by DHHS or for investigation of DHHS grantees or contractors and their employees or agents carrying out such a project. (See § 2a.7(b));

(4) The Confidentiality Certificate does not govern the voluntary disclosure of identifying characteristics of research subjects;

(5) The Confidentiality Certificate does not represent an endorsement of the research project by the Secretary.

(k) An assurance that all research subjects who enter the project after the termination of the Confidentiality Certificate will be informed that the authorization of confidentiality has ended and that the persons authorized to protect the identity of research subjects by the Confidentiality Certificate may not rely on the Certificate to refuse to disclose identifying characteristics of research subjects who were not participants in the project during the period the Certificate was in effect. (See § 2a.8(c)).

§ 2a.5 Contents of application; research projects in which drugs will be administered.

(a) In addition to the information required by § 2a.4 and any other pertinent information which the Secretary may require, each application for an authorization of confidentiality for a research project which involves the administering of a drug shall contain:

(1) Identification of the drugs to be administered in the research project and a description of the methods for such administration, which shall include a statement of the dosages to be administered to the research subjects;

(2) Evidence that individuals who administer drugs are authorized to do so under applicable Federal and State law; and

(3) In the case of a controlled drug, a copy of the Drug Enforcement Administration Certificate of Registration (BND Form 223) under which the research project will be conducted.

(b) An application for an authorization of confidentiality with respect to a research project which involves the administering of a controlled drug may include a request for exemption of persons engaged in the research from State or Federal prosecution for possession, distribution, and dispensing of controlled drugs as authorized under section 502(d) of the Controlled Substances Act (21 U.S.C. 872(d)) and 21 CFR 1316.22. If the request is in such form, and is supported by such information, as is required by 21 CFR 1316.22, the Secretary will forward it, together with his or her recommendation that such request be approved or disapproved, for the consideration of the Administrator of the Drug Enforcement Administration.

§ 2a.6 Issuance of Confidentiality Certificates; single project limitation.

(a) In reviewing the information provided in the application for a Confidentiality Certificate, the Secretary will take into account:

(1) The scientific or other appropriate training and experience of all personnel having major responsibilities in the research project;

(2) Whether the project constitutes bona fide "research" which is within the scope of the regulations of this part; and

(3) Such other factors as he or she may consider necessary and appropriate. All applications for Confidentiality Certificates shall be evaluated by the Secretary through such officers and employees of the Department and such experts or consultants engaged for this purpose as he or she determines to be appropriate.

(b) After consideration and evaluation of an application for an authorization of confidentiality, the Secretary will either issue a Confidentiality Certificate or a letter denying a Confidentiality Certificate, which will set forth the reasons for such denial, or will request additional information from the person making application. The Confidentiality Certificate will include:

(1) The name and address of the person making application;

(2) The name and address of the individual primarily responsible for conducting the research, if such individual is not the person making application;

(3) The location of the research project;

(4) A brief description of the research project;

(5) A statement that the Certificate does not represent an endorsement of the research project by the Secretary;

(6) The Drug Enforcement Administration registration number for the project, if any; and

(7) The date or event upon which the Confidentiality Certificate becomes effective, which shall not be before the later of either the commencement of the research project or the date of issuance of the Certificate, and the date or event upon which the Certificate will expire.

(c) A Confidentiality Certificate is not transferable and is effective only with respect to the names and other identifying characteristics of those individuals who are the subjects of the single research project specified in the Confidentiality Certificate. The recipient of a Confidentiality Certificate shall, within 15 days of any completion or discontinuance of the research project which occurs prior to the expiration date set forth in the Certificate, provide written notification to the Di-

rector of the Institute to which application was made. If the recipient determines that the research project will not be completed by the expiration date set forth in the Confidentiality Certificate he or she may submit a written request for an extension of the expiration date which shall include a justification for such extension and a revised estimate of the date for completion of the project. Upon approval of such a request, the Secretary will issue an amended Confidentiality Certificate.

(d) The protection afforded by a Confidentiality Certificate does not extend to significant changes in the research project as it is described in the application for such Certificate (e.g., changes in the personnel having major responsibilities in the research project, major changes in the scope or direction of the research protocol, or changes in the drugs to be administered and the persons who will administer them). The recipient of a Confidentiality Certificate shall notify the Director of the Institute to which application was made of any proposal for such a significant change by submitting an amended application for a Confidentiality Certificate in the same form and manner as an original application. On the basis of such application and other pertinent information the Secretary will either:

(1) Approve the amended application and issue an amended Confidentiality Certificate together with a Notice of Cancellation terminating original the Confidentiality Certificate in accordance with § 2a.8; or

(2) Disapprove the amended application and notify the applicant in writing that adoption of the proposed significant changes will result in the issuance of a Notice of Cancellation terminating the original Confidentiality Certificate in accordance with § 2a.8.

§ 2a.7 Effect of Confidentiality Certificate.

(a) A Confidentiality Certificate authorizes the withholding of the names and other identifying characteristics of individuals who participate as subjects in the research project specified in the Certificate while the Certificate is in effect. The authorization applies to all persons who, in the performance of their duties in connection with the research project, have access to information which would identify the subjects of the research. Persons so authorized may not, at any time, be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify the research subjects encompassed by the Certificate, except in those circumstances specified in paragraph (b) of this section.

(b) A Confidentiality Certificate granted under this part does not authorize any person to refuse to reveal the name or other identifying characteristics of any research subject in the following circumstances:

(1) The subject (or, if he or she is legally incompetent, his or her guardian) consents, in writing, to the disclosure of such information,

(2) Authorized personnel of DHHS request such information for audit or program evaluation of a research project funded by DHHS or for investigation of DHHS grantees or contractors and their employees or agents carrying out such a project. (See 45 CFR 5.71 for confidentiality standards imposed on such DHHS personnel), or

(3) Release of such information is required by the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301) or the regulations promulgated thereunder (title 21, Code of Federal Regulations).

(c) Neither a Confidentiality Certificate nor the regulations of this part govern the voluntary disclosure of identifying characteristics of research subjects.

§ 2a.8 Termination.

(a) A Confidentiality Certificate is in effect from the date of its issuance until the effective date of its termination. The effective date of termination shall be the earlier of:

(1) The expiration date set forth in the Confidentiality Certificate; or

(2) Ten days from the date of mailing a Notice of Cancellation to the applicant, pursuant to a determination by the Secretary that the research project has been completed or discontinued or that retention of the Confidentiality Certificate is otherwise no longer necessary or desirable.

(b) A Notice of Cancellation shall include: an identification of the Confidentiality Certificate to which it applies; the effective date of its termination; and the grounds for cancellation. Upon receipt of a Notice of Cancellation the applicant shall return the Confidentiality Certificate to the Secretary.

(c) Any termination of a Confidentiality Certificate pursuant to this section is operative only with respect to the names and other identifying characteristics of individuals who begin their participation as research subjects after the effective date of such termination. (See § 2a.4(k) requiring researchers to notify subjects who enter the project after the termination of the Confidentiality Certificate of termination of the Certificate). The protection afforded by a Confidentiality Certificate is permanent with respect to subjects who participated in research during any time the authorization was in effect.

PART 3—NATIONAL CENTER FOR HEALTH STATISTICS; SPECIAL STATISTICAL SERVICES

Sec.
3.1 Authorization for special statistical services.
3.2 Charges for special statistical services.

AUTHORITY: Sec. 3, 49 Stat. 293, as amended; 15 U.S.C. 192a, Reorg. Plan No. 2 of 1946, 11 FR 7873, 60 Stat. 1095, Reorg. Plan No. 1 of 1953, 18 FR 2053, 63 Stat. 631; 3 CFR 1943-1948 Comp.

§ 3.1 Authorization for special statistical services.

Upon the receipt of a written request by any person, firm or corporation the Director of the National Center for Health Statistics may furnish special statistical services if he determines that: (a) The services requested are within the scope of authorized activities of the center, (b) facilities necessary for the performance of the services are available, (c) the performance of such services will not interfere with the performance of the regular duties of the Center, and (d) the data or statistics requested are not confidential.

[27 FR 3739, Apr. 19, 1962]

§ 3.2 Charges for special statistical services.

The Director of the National Center for Health Statistics will establish a charge for each authorized special statistical service which shall be based on the estimated cost of the service. No services will be undertaken prior to the prepayment of the estimated cost or of such portion of the estimated cost as the Director may require. Adjustments in the prepaid charge resulting in a refund to the requesting party or a further billing by the Center may be made at any time during the progress of the services or upon their completion if necessary to reflect the actual cost of the services.

[27 FR 3739, Apr. 19, 1962]

PART 4—NATIONAL LIBRARY OF MEDICINE

Sec.
4.1 Programs to which these regulations apply.
4.2 Definitions.
4.3 Purpose of the Library.
4.4 Use of Library facilities.
4.5 Use of materials from the collections.
4.6 Reference, bibliographic, reproduction, and consultation services.
4.7 Fees.
4.8 Publication of the Library and information about the Library.

AUTHORITY: 42 U.S.C. 216, 286.

SOURCE: 56 FR 29188, June 26, 1991, unless otherwise noted.

§ 4.1 Programs to which these regulations apply.

(a) The regulations of this part govern access to the National Library of Medicine's facilities and library collections and the availability of its bibliographic, reproduction, reference, and related services. These functions are performed by the Library directly for the benefit of the general public and health-sciences professionals as required by sections 465(b) (3)-(6) of the Act (42 U.S.C. 286(b) (3)-(6)).

(b) The regulations of this part do not apply to:

(1) The Library's internal functions relating to the acquisition and preservation of materials and the organization of these materials as required by

sections 465(b) (1) and (2) of the Act (42 U.S.C. 286(b) (1) and (2)).

(2) The availability of "records" under the Freedom of Information Act or the Privacy Act of 1974 (5 U.S.C. 552, 552a). These matters are covered in 45 CFR parts 5 and 5b.

(3) Federal assistance for medical libraries and other purposes which are authorized by sections 469–477 of the Act (42 U.S.C. 286b to 286b–8). (See parts 59a, 61 and 64 of this chapter.)

(4) The availability of facilities, collections, and related services of Regional Medical Libraries established or maintained under the authority in section 475 of the Act (42 U.S.C. 286b–6). (See part 59a, subpart B of this chapter.)

§ 4.2 Definitions.

As used in this part:

Act means the Public Health Service Act, as amended (42 U.S.C. 201 et seq.).

Collections means all books, periodicals, prints, audiovisual materials, films, videotapes, recordings, manuscripts, and other resource materials of the library. It does not include data processing tapes or programs used solely for internal processing activities to generate reference materials, nor does it include "records" of the Library as defined in 45 CFR 5.5. Records of the Library are available in accordance with the regulations under the Freedom of Information Act and Privacy Act of 1974. (See 45 CFR parts 5 and 5b.)

Director means the Director of the National Library of Medicine or the Director's delegate.

Health-sciences professional means any person engaged in: (1) The administration of health activities; (2) the provision of health services; or (3) research, teaching, or education concerned with the advancement of medicine or other sciences related to health or improvement of the public health.

Historical collection means: (1) Materials in the collections published or printed prior to 1914; (2) manuscripts and prints; (3) the archival film collection; and (4) other materials of the collections which, because of age, or unique or unusual value, require special handling, storage, or protection for their preservation, as determined by the Director.

Library means the National Library of Medicine, established by section 465 of the Act (42 U.S.C. 286).

Regional Medical Library means a medical library established or maintained as a regional medical library under section 475 of the Act (42 U.S.C. 286b–6).

§ 4.3 Purpose of the Library.

The purpose of the Library is to assist the advancement of medical and related sciences and aid the dissemination and exchange of scientific and other information important to the progress of medicine and the public health. The Library acquires and maintains library materials pertinent to medicine, including audiovisual materials; compiles, publishes, and disseminates catalogs, indices, and bibliographies of these materials, as appropriate; makes available materials, through loan or otherwise; provides reference and other assistance to research; and engages in other activities in furtherance of this purpose.

§ 4.4 Use of Library facilities.

(a) *General.* The Library facilities are available to any person seeking to make use of the collections. The Director may prescribe reasonable rules to assure the most effective use of facilities by health-sciences professionals and to protect the collections from misuse or damage. These rules must be consistent with the regulations in this part and applicable Department regulations and policies on nondiscrimination.

(b) *Reading rooms.* Public reading rooms are available for obtaining and reading materials from the collections. The Director may prescribe reasonable rules designed to provide adequate reading space and orderly conditions and procedures.

(c) *Study rooms.* Upon request a limited number of study rooms may be made available to individuals requiring extensive use of Library materials. Requests for study rooms shall be addressed in writing to the Director. The Director shall give priority, in the following order, for study room use to:

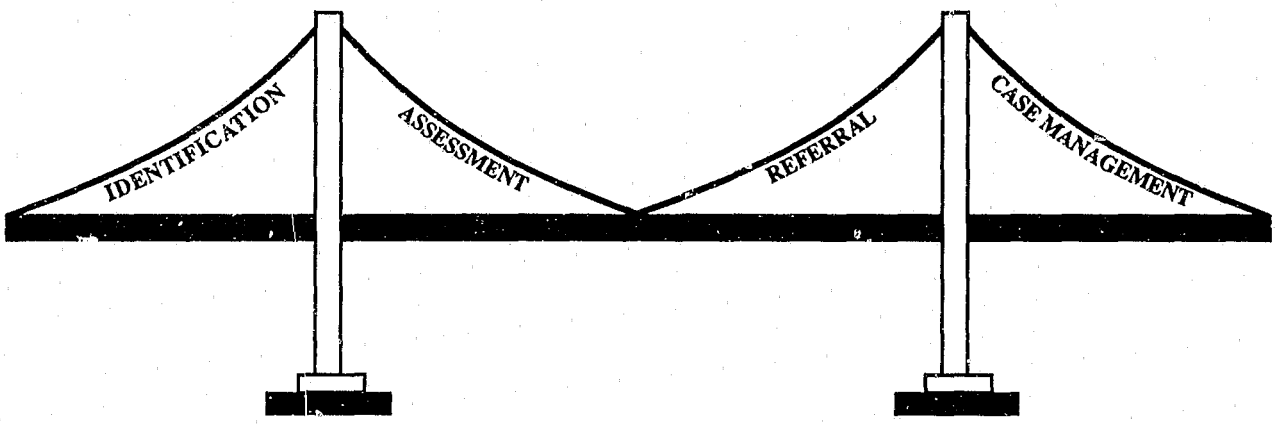
APPENDIX D:

OVERHEADS

Course Overview

- Understanding TASC.
- TASC history and critical elements.
- Establishing broad-based support of the criminal justice system.
- Building broad-based support of the treatment system.
- Client identification and screening.
- Assessment and referral.
- Case management.
- Urinalysis testing.
- Recordkeeping and data collection.
- Confidentiality.
- Special populations.

The TASC Bridge



Justice System

- Legal sanctions.
- Community safety.
- Punishment.

Treatment System

- Therapeutic relationship.
- Changing individual behavior.
- Reducing personal suffering.

TASC Eligibility Criteria

- Criminal justice system involvement.
- Substance-abuse involvement.
- Nonviolent.
- Client provides informed, voluntary consent to participate in TASC.

LANGUAGE DIFFERENCES[1]

Criminal Justice and Treatment

Criminal Justice System Terms	Neutral Terms	Drug-Abuse Treatment System Terms
	Human subject	
	Facility	
	Service	
	Period of time	
	Presenting problem	
	Accomplishment	
	Report	

UNDERSTANDING TASC: A SUMMARY

- Justice and treatment have different orientations, goals, and methods of operation.

- TASC facilitates communication and coordination between the justice and treatment systems.

- TASC can be seen as a bridge that links these two systems.

- TASC services that link these systems are identification, assessment, referral, and case management.

- There is no typical client, but all clients should be legally involved, nonviolent substance abusers, and willing to participate in TASC voluntarily.

Critical Element Overview

Organizational Elements	Operational Elements
1. Support of justice.	6. Eligibility criteria.
2. Support of treatment.	7. Client identification.
3. TASC administrative unit.	8. Assessment and referral.
4. Staff training.	9. Urinalysis.
5. Data collection and evaluation.	10. Case management.

TASC Critical Elements

Element 1: Broad-Based Support by the Criminal Justice System

- Formal agreements outlining responsibilities and expectations for TASC and criminal justice agencies.

- Clear procedures for communication—reports, schedules, etc.

TASC Critical Elements

Element 2: Broad-Based Support by the Treatment Community

- Formal agreements outlining responsibilities and expectations for TASC and treatment agencies.
- Satisfaction of State licensing requirements (if appropriate).
- Clear procedures for communication—reports, schedules, etc.

Element 3: An Independent TASC Unit With a Designated Administrator

- TASC operates as an independent agency or as a separate unit of the host agency.
- TASC has a full-time, qualified administrator.

Element 4: Policies and Procedures for Regular Staff Training

- A plan that assures 32 hours yearly of relevant training for all TASC staff.
- Agency policies and procedures are made available to all staff.

TASC Critical Elements

Element 5: A Management Information and Program Evaluation System

- Define standardized reports for data collection.
- Collection of data on:
  - Number of clients identified, referred, and accepted from different justice agencies.
  - Client profile information.
  - Amount and type of client termination outcomes.
  - Services provided by TASC staff.
- Analysis of data and its use in evaluation and reporting to administration and staff.
- Reporting of data to appropriate personnel for program evaluation and management.

Element 6: Clearly Defined Client Eligibility Criteria

- Client eligibility criteria that must include at a minimum:
  - ❑ Justice involvement.
  - ❑ Current and/or previous drug dependence.
  - ❑ Nonviolence.
  - ❑ Voluntary, informed consent.
  - ❑ Clarification of criteria with justice and treatment personnel.
- Regular review of program compliance with the criteria.

Element 7: Screening Procedures for Early Identification of TASC Candidates Within the Justice System

- Methodology for client identification.
- Screening procedures that emphasize:
  - Early intervention.
  - Early release into treatment.

Element 8: Documented Procedures for Assessment and Referral

- Documented face-to-face interview.
- Adherence to eligibility criteria.
- Referral to and acceptance by treatment within 48 hours of TASC assessment.
- Development of contingency procedures for monitoring clients if treatment is not immediately available (office monitoring, jail groups, etc.).

Element 9: Policies, Procedures, and Technology for Monitoring TASC Clients' Drug-Use and Drug-Abuse Status Through Urinalysis or Other Physical Evidence

- Urinalysis procedures that maintain chain of custody.
- Specified testing frequency for each level of participation.
- Formal contracts with certified or licensed laboratories.

TASC Critical Elements

Element 10: Monitoring Procedures for Ascertaining Clients' Compliance With Established TASC and Treatment Criteria and Regular Progress Reporting to Referring Criminal Justice System Component

- Clear success and failure criteria.
- Individual client treatment and TASC case management plans.
- Reporting procedures.
- Freestanding TASC client files that document progress in the program.

Rationale for Early TASC Intervention

- Reaches client at the point of greatest need and highest motivation level.
- Provides maximum information to the court before disposition.
- Saves money, time, and resources for both corrections and the courts.
- Increases the likelihood of successful TASC and treatment participation.
- Strengthens client motivation for treatment.
- Provides data to court at time of sentencing.

TASC Benefits to Criminal Justice System

Jail—Reduces tension, discipline problems, and crowding.

Court—Provides additional information on defendants, focuses resources, and reduces costs.

Probation—Provides additional supervision and assistance in linking clients with treatment.

Parole—Assures continuity of care after release.

Community—Reduces cost, increases public safety, reduces criminal activity, and reduces drug use.

Agreements With Criminal Justice System

TASC agrees to provide:

- Specific points of intervention.
- Timeframes for action on referrals.
- Frequent client contact.
- Frequent client progress reports containing objective information.
- Timeframes for notification of client termination, client disappearance, etc.
- Criteria for termination from TASC.

Formal Communication

Progress reports

Warning letters

Termination letters

Court testimony

JAIL AND COURT—DO'S AND DON'TS

DO:

- Learn and respect all jail and court policies, procedures, and schedules.
- Maintain a professional demeanor with both clients and staff (correctional officers, judges, attorneys) at all times.
- Dress appropriately at all times—especially in court.
- Use stipulations and draft orders to obtain court action.
- Advise the bailiff of your business upon entering the courtroom.

DON'T:

- Be drawn into discussions with clients about complaints of unfair treatment, or give advice to clients about problems outside those that are directly TASC-related.
- Joke about drugs or crime with prisoners, or make comments about criminal justice staff or other inmates (whether good or bad).
- Violate confidentiality of clients.
- Speak in court unless requested to do so by the judge.

TREATMENT

Any intervening factor having the potential effect of changing behavior that has been previously judged as needing to be changed.

Treatment Modalities

Different specific types of substance-abuse treatment designed to meet a client's need for structure, ranging from very restrictive (hospitalization, inpatient) to nonrestrictive (self-help groups, drop-in counseling centers).

Modalities of Treatment

Detoxification

Methadone treatment

Long-term residential

Short-term residential

Halfway house

Day treatment

Drug-free outpatient

Support groups

Self-help groups

Drop-in counseling centers

Education groups

Family education groups

Auxiliary services

Potential Barriers

- Misunderstanding respective roles.
- Language and jargon within the program.
- Conflicting goals for the client.
- Conflict over who the program serves.
- Confidentiality.
- Control over the client.
- Stereotyping of professional orientation.

Removing Barriers

- Anticipate problems.
- Negotiate cooperative agreements.
- Evaluate relationships regularly.

TASC and Treatment Provisions

TASC agrees to provide:

- Intervention support.
- Assessment information.
- Case management services for the client.
- Reports to criminal justice authorities on client progress.

Treatment agrees to provide:

- Treatment slots for TASC clients.
- Intakes in a timely manner.
- Client progress reports.
- Notification to TASC of unresponsive participation.
- Immediate notification to TASC if client leaves residential program.

Whose Input Is Needed?

Eligibility Variables

- Current charge.
- Local resident.
- Legal history.
- Age.
- Legal status.
- Presenting problem.
- Treatment history.

Methods for Client Identification

- Review booking logs, court dockets.
- Develop relationships with jail personnel to have them "think TASC" and provide referrals.
- Set up informal TASC orientation groups in the jail.
- Place TASC posters in police stations.
- Provide TASC program information to the local bar association.

Screening Process

Step 1. Compare the offender's background with the eligibility criteria to determine if the screening interview will take place.

Step 2. Conduct the screening interview.

Elements of the Screening Interview

- Demographic information.
- Interview information.
- Arrest data.
- Current legal status.
- Prior arrest data.
- Drug-use history.
- Drug-abuse treatment history.
- Explanation of TASC services.
- Client's consent to TASC services.
- Releases for information.
- Screener's comments and recommendations.
- Screener's signature.

Screening Considerations

- Information verification.
- Clear explanation of TASC services.
- Screening location.
- Confidentiality assurance.

Terms

Client Identification

Screening

Assessment

Psychosocial history

Motivation

Diagnosis

Referral

Assessment Interview Stages

1. Preparation stage.

2. Introductory stage.

3. Development stage.

4. Termination stage.

Avoid

- Judging, moralizing.
- Denying feelings, arguing, lecturing.
- Giving advice or solutions.
- Playing psychiatrist, overinterpreting.
- Digressing, storytelling.
- Personal bias.
- Loss of interview control.

TASC Assessment Components

1. Drug history.
2. Criminal history.
3. Mental health history and status.
4. Treatment history including substance-abuse history.
5. Family history.
6. Personal history.
7. Educational history.
8. Employment history.
9. Medical history.
10. Support systems review.
11. Summary and treatment recommendations.

Client Assessment

1. **Drug history:**
   - Frequency, intensity, and duration of drug abuse.
   - Primary drug(s) of abuse.
   - Evidence of dependency.

2. **Criminal history:**
   - Number and nature of prior arrests, violence.
   - Current legal status and key players in justice system.
   - History of failure to appear, escape, probation violation, etc.

3. **Mental health history and status:**
   - Orientation to person, place, time, and situation.
   - Ability to concentrate on the interview process.
   - Appropriateness of responses.

4. **Treatment history including substance-abuse history:**
   - Number and type of prior treatment experiences.
   - Treatment outcomes, including length of abstinence, posttreatment.
   - Nature of referral to treatment—voluntary, civil commitment, criminal commitment.
   - Suicide attempts: number, circumstances.

5. **Family history:**
   - History of neglect, abuse, criminality by parents, siblings, children.
   - History of substance abuse by parents, siblings, children.
   - History of psychiatric disorders within family unit.

CLIENT ASSESSMENT (CONTINUED)

6. **Personal history:**
   - Childhood development; raised by whom?
   - Client's assessment of critical life events such as marriage, school, onset of substance abuse, etc.

7. **Educational history:**
   - Highest grade completed, vocational training.
   - Reason for leaving school (if applicable).
   - Adjustment problems, learning disabilities.

8. **Employment history:**
   - Number and type of jobs held during the past 5 years.
   - Job skills or training.
   - Attitude toward work.
   - Veteran status, type of discharge, benefits.

9. **Medical history:**
   - Treatment for substance overdose or detoxification.
   - AIDS risk assessment: sexual orientation, needle sharing, multiple sex partners.
   - Brief medical history.
   - Family treatment, high blood pressure, heart disease, cancer, etc.

10. **Support systems review:**
    - Peer members.
    - Employment.
    - Community involvement.

11. **Summary and treatment recommendations:**
    - Summary of diagnostic information that leads to a treatment recommendation.

Making a Recommendation

Considerations:

- Prior treatment experience.
- Intensity, frequency, and duration of drug use, and type of drugs used.
- Availability of treatment.
- The screening interviewer's recommendation.

Case Planning and Referral Issues

I. Translating assessment information into a case plan:

- Substance-abuse treatment plan.
- Vocational or educational plan.
- Medical, health, and mental health plans.
- Personal and family issues plan.
- Social network plan.

II. Development of goals, objectives, and activities for each of the above.

III. Referral:

- Substance-abuse treatment—determining the modality:
  - Client's frequency, intensity, and duration of drug use.
  - Client's prior experience with treatment.
  - Availability of the needed modality.
  - Cost of the needed modality and client's ability to pay for treatment.
- Other services:
  - Client's current level of social functioning, particularly in employment and educational or vocational training.
  - Client's physical health and nutrition.
  - Relationship of the client to his or her family.
  - Client's mental status.
  - Cost of needed services and the client's ability to pay for those services.

IV. Referral mechanisms:

- Use of referral form when indicated.
- Use of physical linking when necessary.
- Use of release of information when necessary.

Case Management Services

Assessment

Planning

Linking

Monitoring

Advocacy

Assessment

- Determining the client's strengths, weaknesses, and needs.

- Evaluating the client's ability to remain drug free within the constraints of his or her social and treatment environments.

- Synthesizing information obtained from prior assessments conducted by TASC screeners, as well as other medical records obtained in the intake process.

- Ensuring the development of an overall case plan that addresses the general needs of the client.

PLANNING

- The case plan is concerned with the progression of services to be provided over time.

- Treatment issues: the case management plan should highlight the treatment services anticipated and the ancillary services needed.

- Criminal justice issues: ensuring that the client appears for court hearings and/or develops a regular schedule of contacts with the responsible criminal justice official (e.g., probation officer).

- There may be several personalized treatment plans that are used by treatment providers, but there is only one TASC case plan that gives an overview of all services provided to the client.

LINKING

- The process of taking or sending individuals to any required service: treatment, legal, or ancillary.

- Assuring continuity when the client moves from one component to another in any system (i.e., from custody to a treatment provider or from a pretrial status to probation).

- The case manager is the constant link between the client and the numerous systems involved in the rehabilitation process.

MONITORING

- Continuous observation of the individual's progress in treatment, which leads to continuous reassessment and the development of new plans, linkages, or disposition.

- Application of success and failure criteria to the individual's progress.

- Regular reporting of the client's progress in treatment.

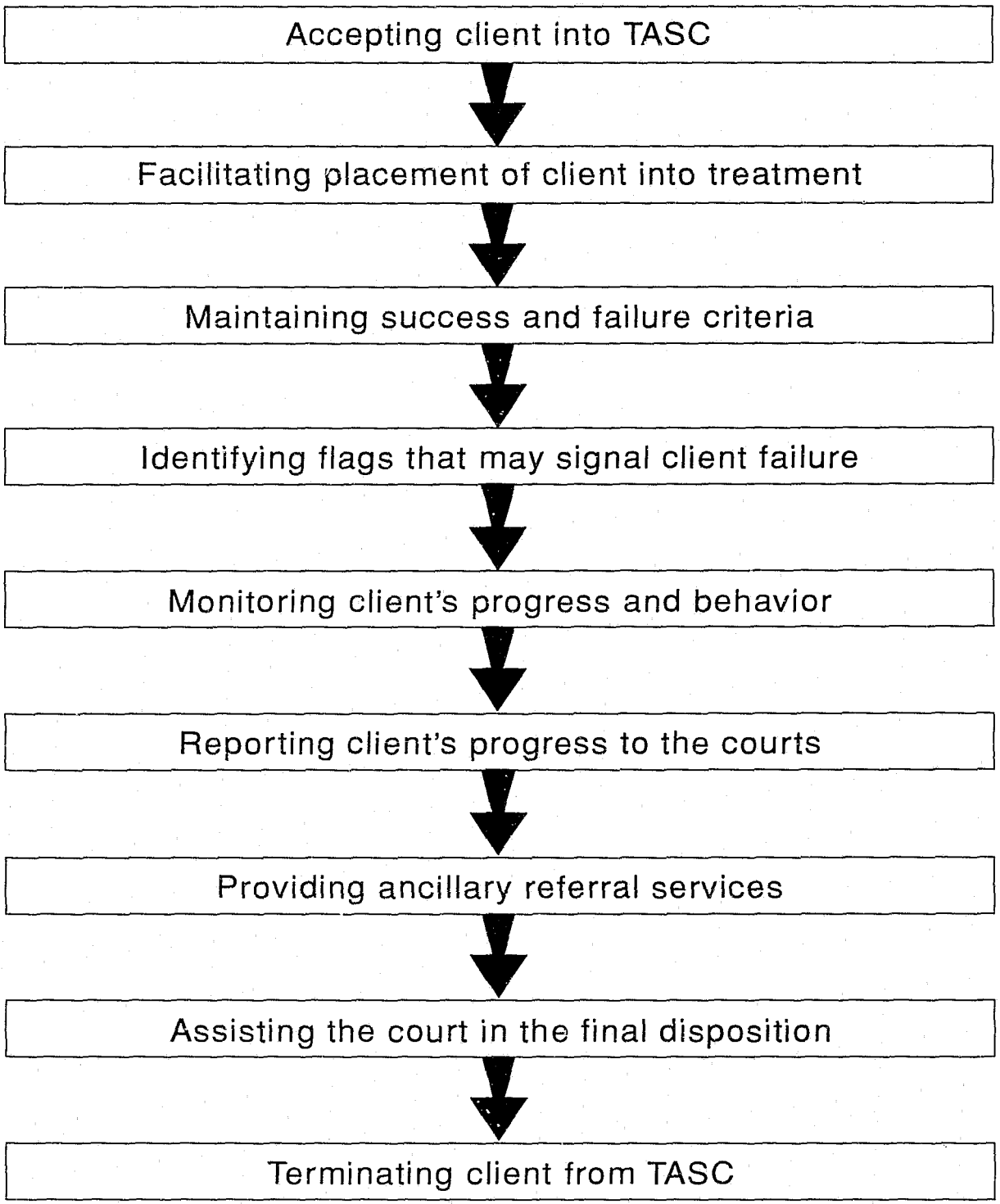
ADVOCACY

- Interceding on behalf of the client to assure equity. There are two forms of advocacy:
  - Case-specific advocacy: influencing treatment and ancillary services to respond to the client's needs.
  - Class-specific advocacy: influencing treatment to change in response to documented deficiencies in the system.

Factors Affecting Case Management Quality

- Caseload.
- Office location.
- Decisionmaking power delegated to the case manager.
- Accessibility and availability of treatment services.

The Case Management Continuum



Monitoring Issues

- TASC client orientation.
- Contact with caseload.
- Reporting.
- Unsuccessful termination.
- Successful termination.
- Termination from treatment, but not from TASC.

TASC Client Orientation

- What is TASC?
- Treatment program requirements.
- Criminal justice requirements.
- Case management plan.
- Urinalysis requirements.
- Ancillary linkages planned.
- Other referral needs.
- Program expectations: do's and don'ts.

Case Conference

Definition: An activity that facilitates a client's movement into treatment or out of the system.

Case Conference Indicators

- Client difficulty in adhering to treatment requirements.
- Treatment facility difficulty in meeting the client's needs.
- Client's rehabilitation needs require referral to ancillary service.
- Client's treatment needs require reevaluation or re-referral.
- Client nearing successful completion of treatment.

Alert/Jeopardy Status

Definition: A means of warning the TASC client that he or she has taken a step toward unsuccessful termination.

New York City Jail Urinalysis Screening Results

	Reported Use by Inmates	Positive Urinalysis
Cocaine	20%	42%
Opiates	14%	21%
Methadone	6%	8%
PCP	3%	12%
	N=4,847	N=4,847

Screening Tests

Definition: Technologies that measure the byproducts of substances to initially determine drug use or abstinence.

Technologies employed:

- Radioimmunoassay (RIA).
- Enzyme Immunoassay (EMIT™).
- Therapeutic Drug Monitoring System (TDX).
- Thin-Layer Chromatography (TLC).

Confirmation Tests

Definition: Technologies that search for the actual chemical composition of the drugs tested and confirm their presence with greater technological accuracy than screening tests.

Technologies employed:

- Gas Chromatography (GC).
- Gas Chromatography/Mass Spectrometry (GC/MS).
- High Pressure Liquid Chromatography (HPLC).

Current Uses of Urinalysis Results

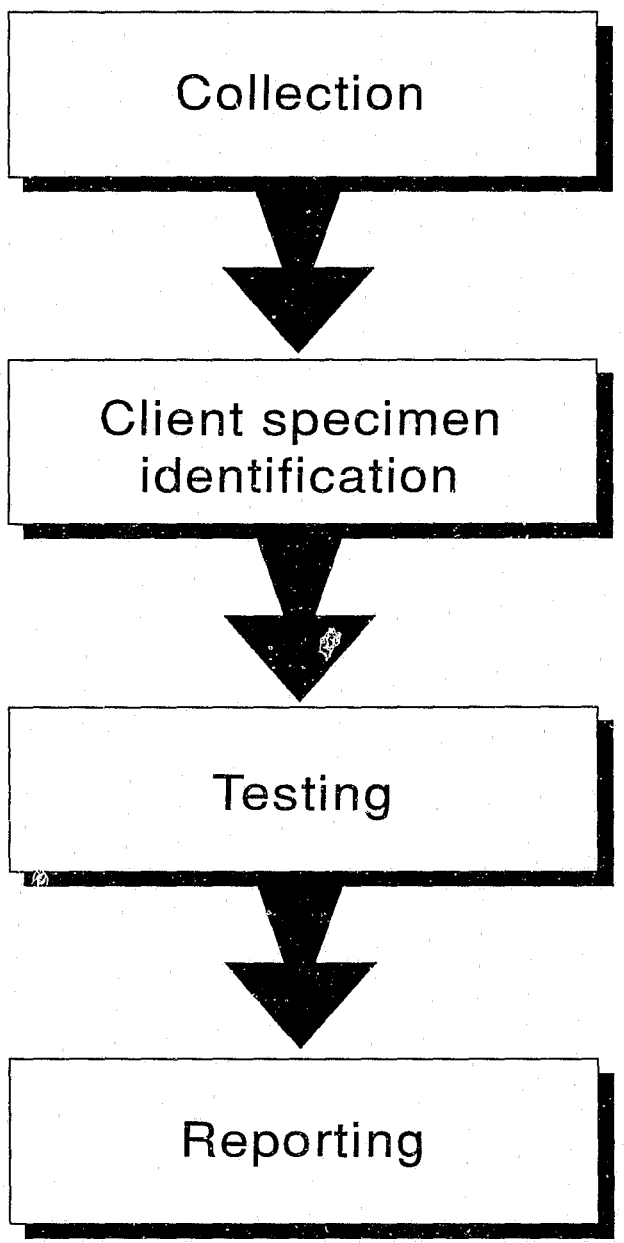
Uses of screening tests:

- To identify the drug-using offender.
- To confront the TASC client.
- To determine alert/jeopardy status.
- To confirm that the client is drug free.

Uses of confirmation tests:

- To confirm or reject screening test results.
- To submit as evidence in court.

Chain of Custody



Recordkeeping Plans

Recordkeeping plans should identify:

- Standard terms to use.
- Data to record.
- Streamlined procedures for collecting the data to avoid duplication and permit the record to build upon itself.
- A logical structure that makes review of the record easy and the client's story clear and understandable.

TASC Case Notes

Elements of good case notes:

- Objective information.
- Clarity.
- Conciseness.
- Summary of the activity.

Elements to avoid in case notes:

- Subjectivity.
- Personal bias.
- Hearsay and unfounded information.
- Failure to indicate the date, time, and location of interaction with the client or the method of interaction (in person, by telephone, or through correspondence).

Elements of a Case File

File to include:

- A copy of the original assessment.
- A copy of the original recommended plan sent to treatment.
- A copy of the justice mandate.
- Signed consents and client agreements.
- Case management notes that relate the client's case history, including:
  - ❑ All face-to-face and telephone conversations with the client (date).
  - ❑ All face-to-face and telephone conversations with the client's counselor (date, counselor's name).
  - ❑ All urinalysis submissions (date, results).
  - ❑ Any alert/jeopardy hearings, court appearances, case conferences, etc. (date, who attended, purpose, result).
  - ❑ All referral efforts or contacts made for ancillary services (date, names of contacts, services).
  - ❑ All other conversations about the client (i.e., with family members) within the confines of confidentiality laws (date, purpose).
  - ❑ Any efforts made to contact the client or justice or treatment personnel.
  - ❑ Any verification regarding client employment, education, hospitalization, etc. (date, contact).
- All monthly progress reports.
- All client-related correspondence.

SOAP Notes

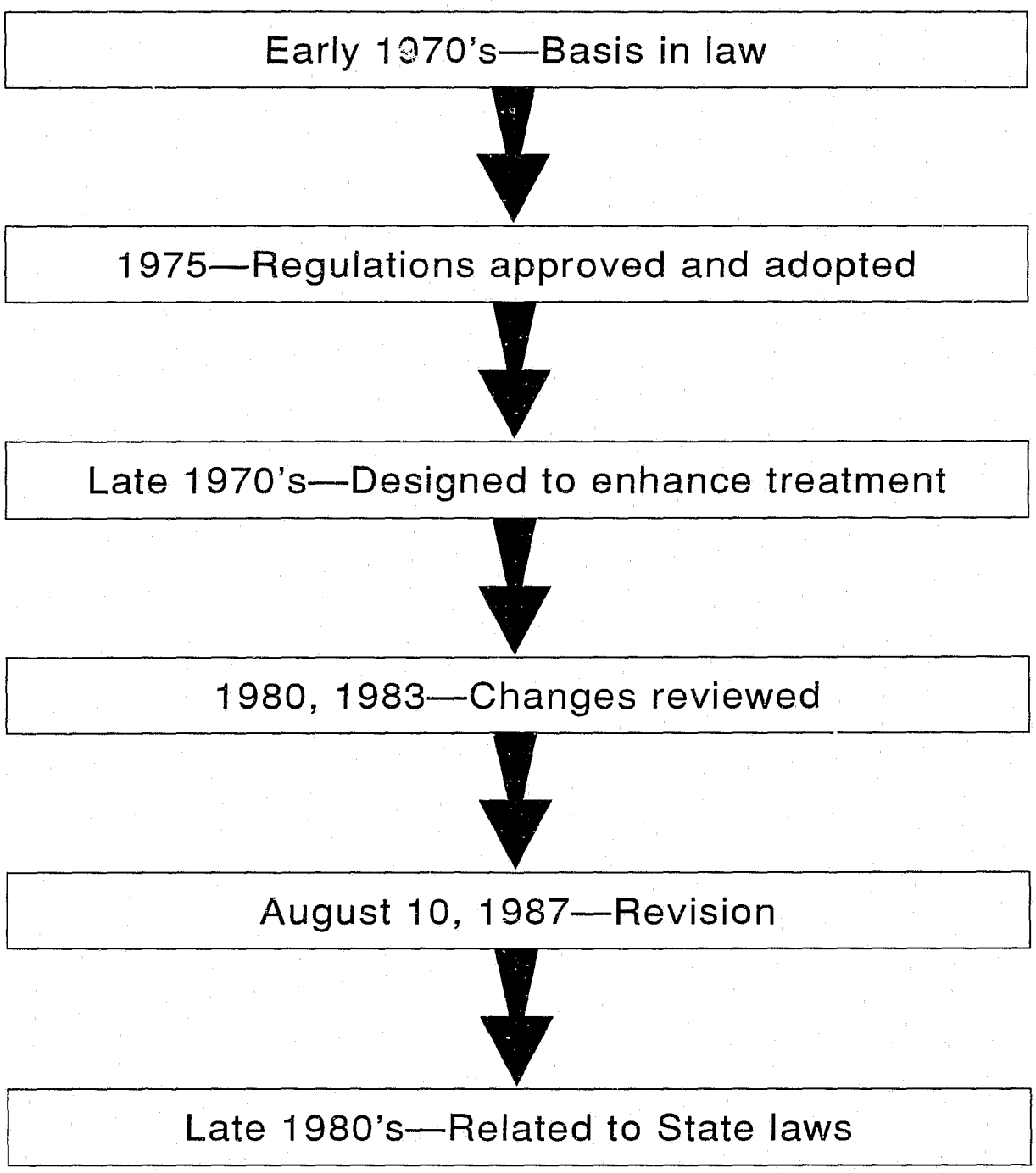
Subjective

Objective

Assessment

Plan

Background of Regulations



Federal Confidentiality Regulations

(42 CFR, Part 2)

Subpart A: Introduction

- Statutory authority for confidentiality of alcohol- and drug-abuse client records.
- Purpose and effect.
- Criminal penalty for violation.
- Reports of violations.

Subpart B: General Provisions

- Definitions.
- Minor patients.
- Incompetent and deceased patients.
- Security for written records.
- Undercover agents and informants.
- Relationship to State laws.
- Notice to patients of Federal confidentiality.
- Patient access.

Subpart C: Disclosure With Client's Consent

- Form of written consent.
- Prohibition on redisclosure.
- Disclosures permitted with written consent.
- Disclosures to elements of the criminal justice system that have referred patients.

Federal Confidentiality Regulations (continued)

Subpart D: Disclosure Without Client's Consent

- Medical emergencies.
- Research activities.
- Audit and evaluation activities.

Subpart E: Court Orders Authorizing Disclosure and Use

- Legal effect of order.
- Procedures and criteria for orders authorizing disclosures for noncriminal purposes.
- Procedures and criteria for orders authorizing disclosure and use of records to criminally investigate or prosecute patients.
- Procedures and criteria for orders authorizing disclosure and use of records to investigate or prosecute a program or person holding the records.
- Orders authorizing the use of undercover agents and informants to criminally investigate employees or agents of a program.

General Rules and Concepts

A. Applicability:

- All information on alcohol- or drug-abusing individuals by federally assisted program.

B. General restrictions:

- In most cases, no release without consent.
- Applies to present and former employees.

C. What information is covered?

- All records and communications of individual who has applied for or been diagnosed, treated, or referred to treatment.
- Any information that identifies the individual.

D. Who is a client?

- Anyone who has applied for or been given a diagnosis, treatment, or referral.

E. What is a program?

- Individual or agency that says it does alcohol or drug diagnosis, treatment, or referral.
- In a general hospital, the alcohol or drug unit.

General Rules and Concepts (continued)

F. What is a federally assisted program?

- Is conducted or licensed by the Government.
- Receives Federal funds.
- Has tax-exempt status from IRS or IRS allows deductions for contributions to program.

G. Unconditional compliance

H. Acknowledging the presence of clients

- May not acknowledge.
- No drug or alcohol tag.
- No restriction if person was never a client.

I. State laws

J. Security of records

- Locked room or cabinet.
- Written procedures to control access.

K. Client access

L. Written notice to clients

Rules and Minors

Who is a minor?

- Anyone who has not obtained age of majority or 18.

Is parental consent necessary?

- If a minor may receive treatment without parental consent, only the minor signs the release.

- If treatment is contingent on parental consent, both the minor and the parent or guardian sign the release.

Applicant lacking capacity:

- Because of a minor's extreme youth or lack of capacity to make a rational decision, the program may make a disclosure (if the well-being of the minor or any other individual is threatened).

KEY ELEMENTS OF A RELEASE

All releases of information must contain:

- The specific name or general designation of the person permitted to make the disclosure.
- The name or title of the individual, or the name of the organization, to which the disclosure is to be made.
- The name of the client.
- The purpose of the disclosure.
- How much and what kind of information is to be disclosed.
- The signatures of the client, parent, and other authorized person as required under the regulations.
- The date on which the consent is signed.
- A statement that the consent is subject to revocation at any time, except to the extent that the program or person who is to make the disclosure has already acted on it.
- The date, event, or condition upon which the consent will expire if not revoked before. This time period can be no longer than reasonably necessary to serve the purpose for which consent is given.

Special Considerations

Deficient forms. Any disclosure form that on its face substantially fails to meet the requirements cannot be honored.

Redisclosure. Each disclosure must be accompanied by a written statement indicating that redisclosure of the information is not permitted unless the original consent authorizes it. This rule is a revision of the earlier regulation.

Required Information for Criminal Justice Releases

■ To whom released:

- ❑ Those persons within the criminal justice system who have a need for information in connection with their duty to monitor client's progress.

■ Duration of consent:

- ❑ Release must state period in effect.
- ❑ Must be reasonable and take into account the length of treatment and the type of criminal proceeding.
- ❑ No longer subject to 60-day or change in status limitation.

■ Revocation of consent:

- ❑ Written consent must state that it is revocable on passage of a period of specified time or occurrence of a specified event.
- ❑ State when consent is revocable (i.e., set time or event).

■ Redisclosure:

- ❑ May redisclose only to carry out official duties.

Types and Elements of a Release

General release:

- Person or organization to make the disclosure.
- Person or organization to receive the disclosure.
- Name of the client.
- Purpose of the disclosure.
- How much and what kind of information is to be released.
- Signatures of the client, parent, and other authorized persons.
- Date the consent is signed.
- Revocation statement.
- Date or event that will terminate the release.

Criminal justice release:

- Person or organization to make the disclosure.
- Those individuals in the justice system with the need to know.
- Name of the client.
- Purpose of the disclosure.
- How much and what kind of information is to be released.
- Signatures of the client, parent, and other authorized persons.
- Date the consent is signed.
- Revocation statement.
- Stated period in which the release is in effect.

Disclosure Without Client's Consent

- Suspected child abuse or neglect.
- Crimes on program premises or against program personnel.
- Medical emergencies.
- Research activities.
- Audit and evaluation activities.
- Qualified service organizations.
- Court orders.

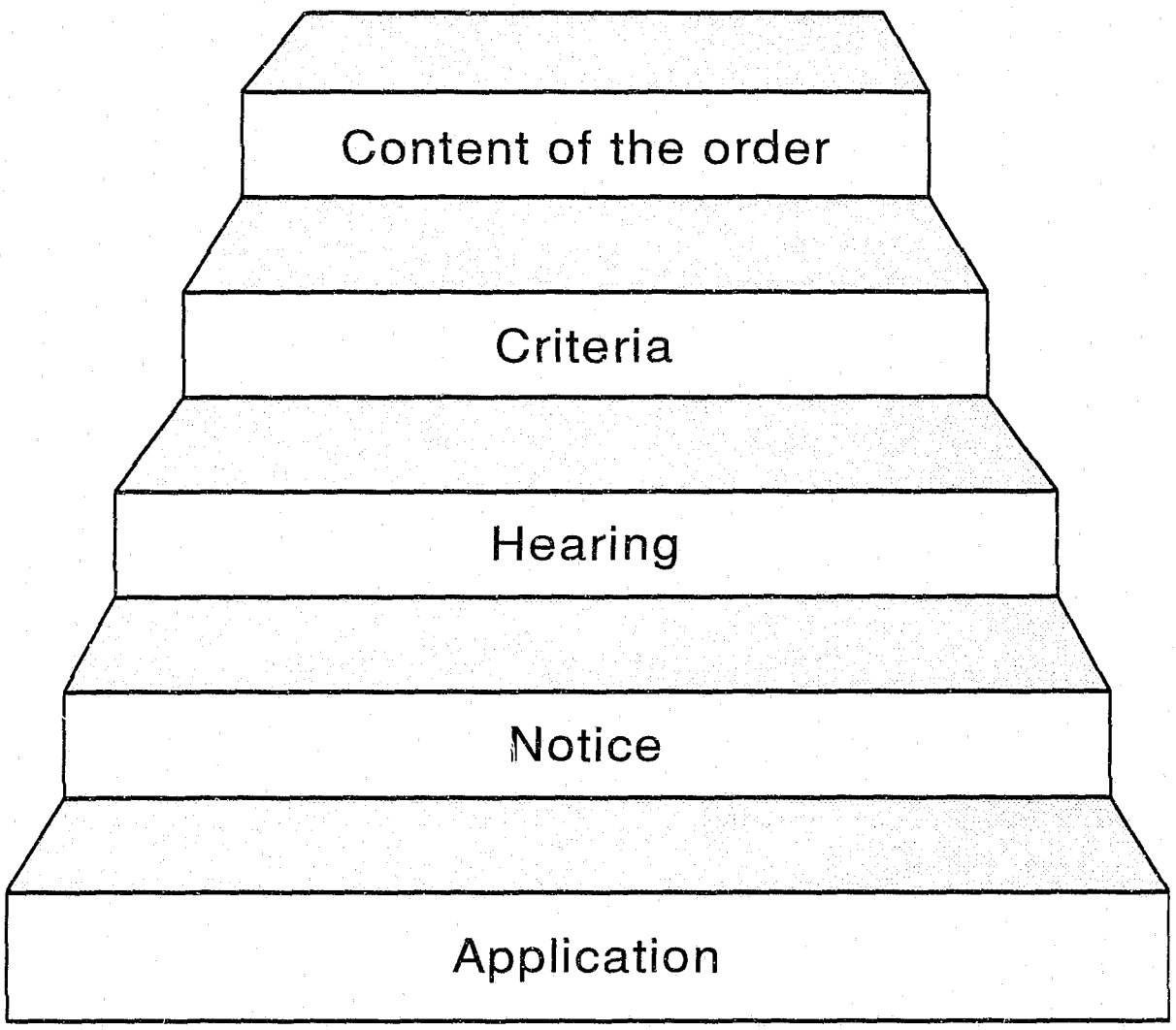
Conditions for Court Orders

Threat or harm

Extremely serious crime

Litigation

Court Order Steps



SUBPOENAS

- What is a subpoena?
- Importance of responding to a subpoena.
- What items to bring to court.
- Preparing staff for court testimony.
- Importance of obtaining legal counsel.

Adolescent Offenders

- Time between arrest and adjudication.
- Infrequent detention.
- No bail system.
- Family considerations more complicated.
- Assessment and treatment must include family.
- Infrequent drug dependence.

DUI Offenders

- Independent DUI evaluation and treatment network.
- Monitor alcohol use.
- Monitor ingestion of antabuse.
- Offenses handled in traffic court.
- Potential duplication of assessment and referral in DUI system.

Mentally Ill Offenders

- Greater potential for violence.
- Greater expertise needed in assessment and case management.
- Need for small tracking caseload.
- Use of urinalysis to validate use of prescribed medications.
- Totally different treatment system.
- Need for more extensive linkages with social service agencies.
- Use of civil commitment procedures.

Family Violence Perpetrators

- Need for specialized treatment program designed to stop violent behavior.
- Frequent denial and minimizing of violent behavior.
- Potentially violent.
- More intensive assessment of family issues warranted.
- Victim involved.

HIV-Positive and AIDS-Infected Offenders

- Understanding the dynamics of the disease.

- Need for linkage to social service agencies and medical facilities that specialize in the treatment of HIV and AIDS.

- Must protect the individual's confidentiality regarding the disease.

- Potential for the individual's lack of concern to follow through with TASC program requirements.

KEY TASC ELEMENTS: JUVENILES

- Intervention points.
- Identification and screening.
- Eligibility criteria.
- Intake interview.
- Referral.
- Monitoring.
- Confidentiality.
- Juvenile clients versus adult clients.

KEY TASC ELEMENTS: DUI CASES

- Intervention points.
- Screening and identification.
- Assessment and referral.
- Success and failure criteria.

KEY TASC ELEMENTS: MENTAL HEALTH

- Criminal justice relationship.
- Treatment relationship.
- Client identification and screening.
- Assessment and referral.
- Case management.

Key TASC Elements: Family Violence

- Criminal justice relationship.
- Treatment relationship.
- Client identification and screening.
- Assessment and referral.
- Case management.

KEY TASC ELEMENTS: HIV/AIDS

- Intervention points.
- Screening and identification.
- Assessment and referral.
- Case management.
- Confidentiality.
- Treatment relationship.
- Criminal justice relationship.