Committee on Oversight and Government Reform

Testimony of Melody M. Heaps
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Mr. Chairman, members of the committee, thank you for the opportunity to testify before you today. My name is Melody Heaps, and I'm the President Emeritus of TASC, Inc., headquartered in Chicago, Illinois. For almost 40 years, I've worked with local, state and national policymakers seeking practical answers to the complex challenges of drug use and its impact on public safety and our criminal justice system.

More than any other time in the history of American justice, we know what works and what doesn't in criminal justice and drug policy. We've moved beyond the platitudes of "tough on crime" and "just say no" and now have decades of research, science and practice to underlay a shift that *needs* to take place in the way we think about justice and rehabilitation. We incarcerate 1 out of 100 Americans, a rate far higher than Russia, China and Iran. Our states spend 44 billion dollars every year on corrections - one out of every 15 public dollars spent in state budgets. It's time for a change. It's time to stop searching for a silver bullet program and put in place what we know works.

I'd like to discuss a concept called "No Entry". It's not a new program per se, but a new way of thinking about the administration of justice. It's an idea we've been discussing in Illinois and with our members of Congress. The core premise of No Entry is halting the penetration of offenders *into* or *further into* the justice system. Every phase of justice involvement, from arrest to jail to pretrial to sentencing to release, is an opportunity for intervention…an opportunity for applying the best of what we know in science, practice, sanctions and supervision, all with the explicit goal of preventing further or more severe justice involvement. Forty years of direct service has shown us the devastating cumulative effect of justice involvement. The further you go into the system, the more difficult it is restore your life to health and stability, and subsequently the more likely you are to find yourself back in front of a judge or in prison.

But No Entry is not an automatic or a one-size-fits-all approach. Rather it's all about levying the *appropriate* response for the *appropriate* individual in the *appropriate* circumstances. So to be successful, No Entry requires the justice system and the treatment system working in partnership to *assess* the needs of individual offenders and *place* them in a treatment plan appropriate for their clinical need and level of supervision.

The TASC Model

TASC is but one element of a No Entry approach. The TASC model emerged in the early 70s out of the Law Enforcement Assistance Administration as part of a funding stream dedicated to addressing what was then the *emerging* link between drug use and crime. TASC was a precursor to the modern drug court movement. The phrase used at the time was "treatment alternatives to incarceration" and here we are 40 years later again talking about alternatives to incarceration.

The TASC model involves the use of an independent case management entity to serve as a bridge between the criminal justice system and the community substance abuse treatment system. A clinical expert works with the court to identify defendants whose criminal behavior is linked to their drug use. That expert then conducts a comprehensive assessment to determine the nature and scope of the defendant's addiction, and makes a recommendation to the court as to an appropriate course of treatment. The judge balances the likelihood of success in treatment with the nature of the crime and the defendant's criminal history and decides on an appropriate sentence.

If the judge determines that the circumstances warrant treatment, the defendant is sentenced to probation, with intensive supervision by a clinical case manager. This case manager works with the offender to access the necessary type of treatment, along with other services that circumstances may dictate, such as mental health treatment, employment services, family counseling, and so forth. The case manager also reports to and works with the probation officer and the judge to ensure that the offender is

complying with the terms of their sentence, and whether or not an increase or decrease in the level of supervision may be warranted.

The independence of the case manager is central to the TASC model, as it brings an objective clinical perspective, balancing the mandates and priorities of both the treatment process and the criminal justice system.

Originally, the TASC model was employed as a demonstration project in Cook County, which includes Chicago. Based on the success of that demonstration, the Illinois General Assembly passed legislation and licensure regulations to institutionalize the model statewide, and agreed to assume the funding for the independent case management service, which led to the creation of TASC, Inc. in its current form.

Currently TASC serves every court in Illinois with a standard array of assessment, linkage and case management services. By law, every drug-involved offender who comes through the court system is de facto eligible for treatment as an alternative to incarceration, however the state has wisely placed limits on eligibility based on the nature of the crime and the defendant's criminal history.

Central to our operations is our accountability to our partners through reporting and constant communication. We're accountable to our justice partners for ensuring that offenders comply with their justice mandates. We're accountable to state treatment oversight for providing accessed to proven, licensed services in the community. And we're accountable to the people we serve, helping them navigate the array of social services and agencies to get them back on the path to health and stability.

Last year, TASC was responsible for conducting almost 6,700 clinical assessments statewide in its adult court-related programs, and was responsible for placing 3,800 individuals into treatment across Illinois.

Over the years we've worked to expand the TASC model from its original court and probation role into other components of the Illinois justice system. We worked with the Cook County Jail to address jail crowding by developing a Day Reporting model that significantly improved participation and court appearance rates. We worked with the Cook County State's Attorney's Office to develop a prosecutorial diversion program for first time offenders that provides drug education to over 3,000 individuals every year. We worked with the Illinois Association of Drug Court Professionals when they first drafted legislation empowering the creation of drug courts in Illinois. And we worked with the Illinois Department of Corrections to establish one of its prisons as a dedicated treatment and reentry-planning facility.

For your reference, I think it is important to distinguish the TASC model from other models you may know. There are some similarities between TASC and Proposition 36 in California, but the most significant *difference* is that TASC in Illinois is not mandated. Rather the decision to sentence someone to TASC supervision comes only after careful consideration of the defendant's clinical need and the judge's discretion in considering all of the circumstances.

There are also similarities between TASC and drug courts, and in fact Illinois operates a number of local drug courts in which TASC has a role. However, there are two points of distinction between TASC and drug courts. First is the independent case manager making clinical determinations and recommendations. Second is the statewide, *systemwide* scope of TASC, which effectively renders every court a drug court, but with centralized record keeping and access to a broader array of services.

In addition to our direct service, we've worked extensively with federal agencies like the Substance Abuse and Mental Health Services Administration, the Department of Justice, the Drug Enforcement Administration, the National Institutes on Drug Abuse, and the Office of National Drug Control Policy to pursue criminal justice strategies and policies that are both *just* and *effective* in reducing recidivism and improving public safety. We've

also provided consultation to states like Hawaii, Ohio, North Carolina, Arizona and California as they have wrestled with the growing burden of drug use and crime.

We Know What Works

Our basic philosophy hasn't changed in 40 years, what *has* changed is how much we know about what works. Decades of research have changed the way drug treatment is applied to the criminal justice population. We understand the brain chemistry and the chronicity of addiction like never before. We understand the overlap between substance abuse and mental health. We understand that acute, episodic care must be matched with long-term recovery management. We understand that medication-assisted treatment holds tremendous promise for opiate-involved populations. We know what cognitive and behavioral therapies and case management strategies are most effective.

We know these things because of the continual work by agencies like the Substance Abuse and Mental Health Services Administration and the National Institutes on Drug Abuse to emphasize data collection and accountability. We're accountable to agencies that fund us, our justice partners, and the public we serve to *make our communities more safe*. In 2009, we looked at our outcomes compared to outcomes for other criminal justice and treatment clients as reported by the Department of Health and Human Services. What we found is that two thirds (64%) of TASC clients complete treatment successfully, compared to only one third (33%) of all criminal justice-referred clients in Illinois, and only a quarter (27%) of non-criminal justice participants in treatment. Completion of treatment is one of the key determining factors in the reduction of drug use and criminal behavior. Compared to before they came to TASC, client arrests for drug and property crimes were reduced by 71%.

Accountability also includes efficiency. In Illinois the cost of one year of treatment and TASC supervision is roughly $5,000. The cost of one year of incarceration is $24,000.

I'll say it again: we know what works. We know how to improve community safety while improving recovery prospects for individuals and while prudently using public resources. Let's move forward.

Challenges Remain

Many states have made the connection between drug use, crime and treatment on a practical level, and have engaged programs ranging from TASC to specialty courts to Breaking the Cycle to reentry. And yet we still find ourselves caught in a logic gap at the highest levels of state policymaking.

I mentioned a moment ago the $19,000 cost difference between TASC supervision and incarceration. Coupled with the dramatic difference in long-term prospects for drug use and recidivism, this seems to be a financial no-brainer, and yet this year saw near double-digit cuts in TASC's state contract and in overall funding for treatment while the Governor sought to cut corrections spending through the early release of prisoners. Sadly, this represents a *good* year for treatment in Illinois.

Recommendations

And so the question is "What can Congress do to finally break through this barrier and encourage states to put in place everything we know about effective drug and justice policy?" I have several recommendations I'd like to present for the Committee's consideration:

First, we need to **treat this as a systems-level issue** that will require the development of diversion programs or treatment alternatives at every juncture of the justice system, thereby requiring a multiplicity of partners and programs. *There is no silver bullet.* The responses should be as nuanced as the jurisdictions in which they're applied. We have an array of proven initiatives, evidence-based practices, and promising practices at our disposal, including drug courts and other specialty courts, intensive case management like TASC, medication-assisted treatment, and dozens of others. These tools need to be

applied as appropriate for each jurisdiction, their needs, and what programs may already exist.

I spoke about the notion of every court being a drug court. That's the mentality we need to have if we want to break the self-perpetuating cycle of drugs and crime and truly begin to realize cost savings and improved public safety. Decades of program-level responses have contributed to disparities in access to alternatives, which in turn have led to disparities in justice involvement by minorities. These disparities are cumulative in nature, devastating minority communities by normalizing justice involvement within a community and across generations.

Addressing alternatives to incarceration on a systems level means we need to bring the response to scale. We need to invest enough resources to have a significant impact on the numbers of offenders coming through our justice systems. TASC in Illinois is statutorily available to tens of thousands of offenders each year. However, because TASC and the treatment services to which it refers are tied to limited state contracts, we can only provide a limited number of services. The judges know this. The prosecuting attorneys know this. And so we only see a referral stream that is a fraction of the total possible population we could serve. For example, in Cook County, TASC received only 2,773 referrals in all of 2009 from our court programs, despite a county jail with an average *daily* population over 9,000 that turns over many times over the course of a year. There is no doubt in my mind that if we had twice as many case managers, we would have twice the number of clients. The need is that great.

We need to get past the situation we experience yearly in Illinois, where treatment is cut under the guise of "cost savings", despite consistent evidence that money invested in treatment reduces the cost of line items like criminal justice and healthcare several times over. Justice practitioners need to know that individuals mandated to treatment alternatives will get access to timely, quality treatment. Without it, the justice system simply won't trust treatment as a viable response.

My second recommendation is that Congress consider mechanisms to **fund demonstration programs that apply a systemic approach** to justice policy. These demonstration programs would be charged with developing the infrastructure and service capacity to intervene with as many justice-involved individuals as effectively and efficiently as possible. They would leverage, expand and improve *existing* programs and partnerships, such as drug courts, TASC programs, and similar offender management programs where they exist. They would require the justice systems to analyze the nature of the offenders coming into the system, the treatment and other resources available in the community, and gaps in justice alternatives. They would also be rigorously evaluated for effectiveness over time.

Congress can also use the existing Justice Block Grant to incentivize states to develop programs that specifically reduce jail and prison crowding. Those states demonstrating reduction in populations and cost offsets applied to expanding community treatment would be eligible for a different formula for calculating and expanding future years block grant funding. The Council of State Government's Justice Reinvestment strategy has paved the way for a cost offset approach, using data and economics to inform the effective application of resources.

My third recommendation is that we **require the National Institutes on Drug Abuse to continue to prioritize research in the discovery of effective interventions** for persons with substance use disorders in the justice system, and further ensure that NIDA support efforts to translate that research into practice by supporting initiatives like the Addiction Technology Transfer Centers and blended conferences, bringing researches and clinicians together.

Fourth, we need to **prepare for the impact that national health care will have on making treatment services available to persons with substance use disorders under criminal justice supervision**. The advent of universal eligibility represents a fundamental shift in treatment funding, likely resulting in new partners and new types or modes of treatment. It will *definitely* result in new levels of planning, coordination,

communication, and information exchange between justice and treatment systems. Now is the time to consider specialty managed care functions specific to drug-involved justice populations and to equip states to build the infrastructure that will allow them to fully leverage this new source of funding.

Finally, I want to commend the Office of National Drug Control Policy for organizing interagency working groups with SAMHSA, the Department of Justice, and others, to review their ongoing programs and initiatives. Congress should encourage the continuance of this activity and **require demonstrations of blended funding programs dedicated to expanding alternatives and treatment interventions**.

Ladies and Gentlemen of this Subcommittee, the time is now. We need to move aggressively to take advantage of all of the factors working in our favor. I commend the Subcommittee for its work, and appreciate the opportunity to testify today.