

Appendix G: The North Carolina TASC Criminal Justice Management (CJM) Resource Guide, Version 1.0, December 2003

The State of North Carolina Division of Mental Health/Developmental Disabilities and Substance Abuse (MH/DD/SAS) and the Institute for Community-Based Research of the National Development and Research Institutes (NDRI) have implemented the North Carolina Treatment Alternatives to Street Crime Criminal Justice Management system (TASC CJM). TASC CJM will gather information from TASC clients at intake to the program, updated at 6-months during treatment and at discharge. The data gathering system utilizes both paper form and electronic collection. This resource guide addresses how to complete the paper forms and addresses definitions of items that appear both in paper and electronic versions.

I. PURPOSE

The State TASC office currently collects monthly statistics on clients in every county on a monthly basis. This data only describes clients as a group within each county. TASC CJM will replace this statistical report with individual client level data at three points in time: Intake, 6-months during treatment, and at discharge. This data will allow for more sophisticated descriptions of client and TASC process measures, and a method for obtaining longitudinal outcome data. Data will be used for reporting and recidivism studies. All clients referred to a TASC program will be reported on. Those not eligible for service will only be assessed at Intake.

II. ETHICS AND CONFIDENTIALITY

Ethics can be broadly defined as a set of moral values or principles of conduct governing an individual or group. Just as ethics are important to individuals, organizations must also have and project to their clients, employees, and the public, a sense of integrity, honesty, and responsibility in all aspects of their work. Strong professional ethics are as necessary in outcome collection as they are in clinical practice.

A. Confidentiality Rules

Federal regulations contained in 42 CFR Part 2, and now HIPAA, explicitly govern access and electronic transmission of NC-TASC information for evaluation purposes.

The identity of clients participating in this initiative, as well as the information collected from them, is confidential and must not be divulged to anyone other than authorized program staff. **When the Intake, Update and Discharge Forms are completed, a photocopy of the Forms should be placed in the client's record and afforded all protections of 42 CFR Part 2.** All program staff that has direct contact with clients should emphasize confidentiality. Staff must use extreme care to protect the identity of clients participating in this initiative. Completed forms should not be given to anyone who is not involved in this initiative nor sent to NDRI electronically unless specific procedures safeguarding client confidentiality are in place (such as encryption technology).

B. Consent Issues

Clients are normally requested to sign consent forms as a part of their participation in

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TASC and told what will happen with their personally identifying information including how and to whom it may be released. It is important that NDRI – Institute for Community-Based Research be listed on this consent form.

C. Difference between Anonymity and Confidentiality

Anonymity and confidentiality are commonly used interchangeably, but they have significantly different meanings and implications for evaluation activities. An “anonymous” client is one whose identity is not disclosed to anyone, not even the data collector. Names and SSN’s are considered identifying information. NDRI, as a research organization, is bound to maintain this information in a “confidential” manner and safeguard the identity of the individuals’ data. The primary purpose of collecting the SSN and client number is to link Intake Form data with Update and Discharge data and with other relevant criminal justice data systems for evaluation purposes only. We are bound by 42 CFR, part 2, to keep this information confidential, and to only use it for evaluation purposes. Feedback and other reports provide total anonymity to participants since no names or identifying information is released in such reports.

III. FEEDBACK REPORTS

To enable quality improvement, standardized feedback reports will be developed to assist TASC managers in assessing their clients’ outcomes and programs’ performance. In addition to these standardized reports, programs will be assisted in developing ad-hoc reporting to accommodate special needs of programs. These reports are available by special requests made to NDRI staff or on periodic basis to the State office.

IV. TRAINING

NDRI will train regional directors who will be responsible for training the TASC care managers in their counties. In addition, NDRI will provide training as requested by the TASC regional directors.

V. ADVISORY COMMITTEE

The Advisory Committee consists of the TASC regional directors, Sonya Brown, from the State office and Karen Chapple of the Training Institute. The members of the Advisory Committee play a key role in the development of the data collection instruments and feedback reports utilized in this TASC CJM system.

VI. CONTACT INFORMATION

The State of North Carolina Division of Mental Health/Developmental Disabilities and Substance Abuse (MH/DD/SAS) with the assistance of the Institute for Community-Based Research of National Development and Research Institutes, Inc. – NDRI’S **co-project management is assigned to Dr. Marge Cawley and Ms. Gail Craddock.** Doris Leaston scans the forms and sends them to you.

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Address:

Institute for Community-Based
Research
National Development and Research
Institutes, Inc.
940 Main Campus Drive, Suite 140
Raleigh, NC 27606
Phone: 919.863.4600
Fax: 919.863.4601

E-mails

cawley@ndri-nc.org
craddock@ndri-nc.org
Leaston@ndri-nc.org

Phone

919.863.4600 Ext 223
919.863.4600 Ext. 226
919.863.4600 Ext. 0

VII. OVERVIEW OF FORMS

This resource guide is addressed to care managers and other program staff who are participating in the TASC CJM system. The resource guide describes the data collection operations and procedures, and can be used as a training tool during training or as a reference source while paper data collection is in progress. Every effort has been made to make this resource guide as comprehensive as possible and to cover all of the routine aspects of the tasks that care managers will complete. Careful study of the resource guide will prepare care managers for their role in this initiative. **Specific questions on implementation use within your region should be addressed to your regional director.**

A. FIRST LOOK AT THE FORMS

When looking over the forms, note the following:

- Each page has a two-column format.
- Items are numbered consecutively.
- Information for completing each item can come from two sources: the client record and the client.
- Key instructions for completing the forms are included on the form and are in italics (e.g., *mark all that apply, mark only one, skip patterns*).
- Responses to an item can be recorded in a box one of two ways: by placing an "X" or by entering a number.

B. COLLECTION OF INFORMATION

The Intake, 6-Month Update and Discharge Forms are structured data collection tools designed by the Advisory Committee. These Forms include a common set of items all care managers generally collect on their clients. The Forms themselves provide a mechanism for recording this information and making it available to other staff involved in treatment planning and implementation for the client, as well as the research needs of the counties, regional entities and State.

The forms are processed using TELEform, developed by Cardiff Software™. The TELEform system software is an automated data entry system using optical scan technology that eliminates the need for manual data entry. It is expected that

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completion of each form should take no more than 6 to 10 minutes per client.

C. DOMAINS OF INTEREST BEING COLLECTED

The Intake has less than 30 items, the 6-Month Update has about 10 items and the Discharge has approximately 15 items that collect data about each client. The items are used for client tracking, classification, outcome assessment, recidivism studies, management information, and quality improvement. Domains for which data are collected include client demographics, legal, work, educational status, and substance abuse history. See Section IX for a complete list of items used in each of the forms, definitions of key terms, and notes of intent for each item.

D. COLLECTING UPDATES AND DISCHARGES FROM CLIENT

To measure the progress of treatment, it is necessary to re-evaluate the client periodically during their treatment episode. This initiative will evaluate active clients at 6-months and at discharge.

E. COMPLETING PAPER FORMS

Basic suggestions for completing the paper forms are as follows:

- The Intake, 6-Month Update and Discharge Forms are to be completed by the care manager.
- While many of the items on the Intake, 6-Month Update and Discharge Forms can be obtained and completed prior to a face-to-face client contact, several items are best obtained directly from the client, including educational level, work status, and frequency of use of primary and secondary substances.
- Care managers, new to the system, also need to complete a Care Manager ID Form (see Attachment for the form) and mail to Doris Leaston at NDRI, see page 7 for address. A care manager needs to complete the Care Manager ID Form only once unless care manager changes organization or county affiliation.
- A Transmittal Form needs to be completed as a cover sheet when mailing completed Intake, 6-Month Update and Discharge Forms to NDRI.

VIII. FILLING OUT THE PAPER FORM

The paper forms used for the data collection for TASC CJM have been created for use with an optical scanner. While this technology allows for fast and reliable data entry, to obtain the best results, it is crucial that the form is marked accurately and legibly. If not, the form may not be processed or information collected from the form may have significant data misinterpretations that could greatly distort results. In order to ensure all data received through this project is accurate and reliable, please take the following precautions.

A. MAIN RULES WHEN FILLING OUT PAPER FORMS

The optical scanner software identifies the form type from the bar code box in the lower right corner of the form. The four black boxes on the form help the scanner align the page and determine where to look for data on the page. It is important not to write on, tear, or staple the form. Also, it is important not to fold or wrinkle the forms; folds and

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creases often result in jamming the automatic document feeder of the scanner.

- For items needing a number recorded, handwriting is very important and numbers should be filled out using the example at the top of each instrument.
- Do not enter letters in numeric fields.
- **The ONLY field that accepts letters (A-Z) is the Client Identifier “Unique ID”. Please use capital letters if this is a part of the client’s TASC ID.**
- For items where an “X” is being used to mark the response, please fill up the entire box with the “X.”
- Instructions to the care manager to either “mark all that apply” or “skip to...” are printed in italics.

1. Filling in Numeric Responses

Open-ended response options are common in the forms. When recording numeric entries, the following rules apply:

- DO NOT allow numbers to overlap the edges of the target box.
- If a client has been arrested three times, recording the entry in any of the following formats is acceptable.

Example:

0	3
---	---

3	
---	--

	3
--	---

 ← Best

- A leading zero is not necessary and often, if present, results in the value being interpreted incorrectly.

Numbers should be written legibly inside the target box. For best results, write numbers as legibly as possible. Use the example below as a template for drawing numbers that will have the best results.



2. Why Does the Care Manager Need to Be Careful?

During the automated data entry process, optical recognition occurs inside the target box only. If the care manager is not careful, data can be misinterpreted or lost completely because the number is unrecognizable. The following are examples of illegible numbers and incorrect interpretation of the data if marked outside the target box.

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	Recorded As	Intended As	Interpreted As
Numbers Written Poorly	<input type="checkbox"/> 4	4	<input type="checkbox"/> 9
	<input type="checkbox"/> 6	0	<input type="checkbox"/> 6

Outside Target Box	<input type="checkbox"/> 2	2	<input type="checkbox"/> 7
	<input type="checkbox"/> 3	3	<input type="checkbox"/> 2

3. Marking the Boxes

Most questions have two or more preprinted response options, each of which has a box placed to the left of the response option. Mark the box that best represents that client's response with an "X". Place the mark inside the target box and cover as much of the box as possible. Do not mark the target box with a slash (/), dot (.), dash (-), or check mark (✓).

4. What Kind of Pen Should the Care Manager Use?

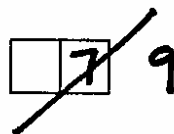
Using a legible pen is just as important as good handwriting. Use the following advice when choosing a pen for filling out the forms:

- A felt tip pen with a fine point is strongly suggested.
- Use black or dark blue ink that does not bleed through paper.
- Ballpoint pens that produce solid, continuous lines are acceptable.
- Do not use pencils and ballpoint pens with ink that skips.
- Do not use highlighter pens or markers.

5. Mistakes Made by Care Manager

If a mistake is made by marking a wrong response or writing a wrong numeric response, please use the following advice:

- Mark through the incorrect response with a bold slash and mark the appropriate box or print the correct value in the margin, close to the original response.
- Do not use white-out to correct the mistake
- If there are more than five mistakes on the form, please redo on new, clean form.



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6. What Does the Care Manager Do After Completing a Form?

After asking all of the questions on the form, quickly glance over the completed form to be certain that all of the necessary information from the client has been obtained. Please review the form to check for the following:

- Illegible handwriting
- Key identifiers must be correct: SSN, Care Manager id, and county of residence
- Client SSN on the top of **each** page of the form
- Insufficient marks or marks outside the target area

B. WHEN AND WHERE TO SEND COMPLETED FORMS

- Please follow instructions provided by your Regional TASC Director for your agency with regard to mailing forms to NDRI. In some cases the Care Manager will mail the forms directly from their location to NDRI. In other agencies, forms may be sent to the Regional Director's office before being forwarded to NDRI. Some agencies may require that photocopies of the form be placed in the client's case folder.
- Forms should be mailed to NDRI at least once per month, with a transmittal form as the cover page, in an envelope no smaller than 8 ½ by 11. However, if an agency collects more than 100 forms per month, forms should be mailed when 30-50 forms are collected.
- Completed Intake, 6-Month Update and Discharge Forms should always be mailed immediately after the last working day of each month. Remember to include a Transmittal Form as a cover sheet when mailing completed forms.

Send forms to:
Attn: Doris Leaston
NDRI Institute for Community-Based Research
940 Main Campus Drive, Suite 140
Raleigh, NC 27606

C. WHERE TO GET FORMS

Forms may be requested from leaston@ndri-nc.org

D. SUMMARY

- Use your best print and keep your data within the box.
- Use a legible pen.
- Do not make photocopies of forms for submission. Do not send photocopies of forms to NDRI. Only send original forms.
- Do not use a check mark or other stray marks to fill in the box, only use "X."
- Do not fold or bend the forms.
- Do not tamper with the code in the lower right corner of each page of the form.
- Do not staple or hole-punch the form.

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IX. ITEM DESCRIPTION, DEFINITIONS, AND ENTRY INSTRUCTIONS

This section provides a description of each item asked on the Intake, 6-Month Update and Discharge Forms. Each care manager is responsible for understanding each item on the forms. This will help reduce the time it takes gather better data. The intent of this data collection method is based on the TASC SOP. For those items not specifically defined, care managers should refer to other sections of the SOP. If a care manager still has questions about the content in the forms, they should contact their Regional TASC Director or NDRI before using the form.

Please look in the Attachment for these forms:

- Intake Form
- 6-Month Update Form Discharge Form
- Transmittal Form
- Care Manager Enrollment Form

Item Description, Definitions, and Entry Instructions

INTAKE

	Client Social Security Number (Record on both pages on top of form) <ul style="list-style-type: none"> Required. Please double-check for veracity. 																																																																																																																																																																																																								
1	Date Client Referred to TASC Month, day, and year of the client's referral to the TASC program.																																																																																																																																																																																																								
2	County of Residence Record the appropriate 2-digit code <table border="1"> <tr><td>01</td><td>Alamance</td><td>26</td><td>Cumberland</td><td>51</td><td>Johnston</td><td>76</td><td>Randolph</td></tr> <tr><td>02</td><td>Alexander</td><td>27</td><td>Currituck</td><td>52</td><td>Jones</td><td>77</td><td>Richmond</td></tr> <tr><td>03</td><td>Alleghany</td><td>28</td><td>Dare</td><td>53</td><td>Lee</td><td>78</td><td>Robeson</td></tr> <tr><td>04</td><td>Anson</td><td>29</td><td>Davidson</td><td>54</td><td>Lenoir</td><td>79</td><td>Rockingham</td></tr> <tr><td>05</td><td>Ashe</td><td>30</td><td>Davie</td><td>55</td><td>Lincoln</td><td>80</td><td>Rowan</td></tr> <tr><td>06</td><td>Avery</td><td>31</td><td>Duplin</td><td>56</td><td>Macon</td><td>81</td><td>Rutherford</td></tr> <tr><td>07</td><td>Beaufort</td><td>32</td><td>Durham</td><td>57</td><td>Madison</td><td>82</td><td>Sampson</td></tr> <tr><td>08</td><td>Bertie</td><td>33</td><td>Edgecombe</td><td>58</td><td>Martin</td><td>83</td><td>Scotland</td></tr> <tr><td>09</td><td>Bladen</td><td>34</td><td>Forsyth</td><td>59</td><td>McDowell</td><td>84</td><td>Stanly</td></tr> <tr><td>10</td><td>Brunswick</td><td>35</td><td>Franklin</td><td>60</td><td>Mecklenburg</td><td>85</td><td>Stokes</td></tr> <tr><td>11</td><td>Buncombe</td><td>36</td><td>Gaston</td><td>61</td><td>Mitchell</td><td>86</td><td>Surry</td></tr> <tr><td>12</td><td>Burke</td><td>37</td><td>Gates</td><td>62</td><td>Montgomery</td><td>87</td><td>Swain</td></tr> <tr><td>13</td><td>Cabarrus</td><td>38</td><td>Graham</td><td>63</td><td>Moore</td><td>88</td><td>Transylvania</td></tr> <tr><td>14</td><td>Caldwell</td><td>39</td><td>Granville</td><td>64</td><td>Nash</td><td>89</td><td>Tyrrell</td></tr> <tr><td>15</td><td>Camden</td><td>40</td><td>Greene</td><td>65</td><td>New Hanover</td><td>90</td><td>Union</td></tr> <tr><td>16</td><td>Carteret</td><td>41</td><td>Guilford</td><td>66</td><td>Northampton</td><td>91</td><td>Vance</td></tr> <tr><td>17</td><td>Caswell</td><td>42</td><td>Halifax</td><td>67</td><td>Onslow</td><td>92</td><td>Wake</td></tr> <tr><td>18</td><td>Catawba</td><td>43</td><td>Harnett</td><td>68</td><td>Orange</td><td>93</td><td>Warren</td></tr> <tr><td>19</td><td>Chatham</td><td>44</td><td>Haywood</td><td>69</td><td>Pamlico</td><td>94</td><td>Washington</td></tr> <tr><td>20</td><td>Cherokee</td><td>45</td><td>Henderson</td><td>70</td><td>Pasquotank</td><td>95</td><td>Watauga</td></tr> <tr><td>21</td><td>Chowan</td><td>46</td><td>Hertford</td><td>71</td><td>Pender</td><td>96</td><td>Wayne</td></tr> <tr><td>22</td><td>Clay</td><td>47</td><td>Hoke</td><td>72</td><td>Perquimas</td><td>97</td><td>Wilkes</td></tr> <tr><td>23</td><td>Cleveland</td><td>48</td><td>Hyde</td><td>73</td><td>Person</td><td>98</td><td>Wilson</td></tr> <tr><td>24</td><td>Columbus</td><td>49</td><td>Iredell</td><td>74</td><td>Pitt</td><td>99</td><td>Yadkin</td></tr> <tr><td>25</td><td>Craven</td><td>50</td><td>Jackson</td><td>75</td><td>Polk</td><td>00</td><td>Yancey</td></tr> </table>	01	Alamance	26	Cumberland	51	Johnston	76	Randolph	02	Alexander	27	Currituck	52	Jones	77	Richmond	03	Alleghany	28	Dare	53	Lee	78	Robeson	04	Anson	29	Davidson	54	Lenoir	79	Rockingham	05	Ashe	30	Davie	55	Lincoln	80	Rowan	06	Avery	31	Duplin	56	Macon	81	Rutherford	07	Beaufort	32	Durham	57	Madison	82	Sampson	08	Bertie	33	Edgecombe	58	Martin	83	Scotland	09	Bladen	34	Forsyth	59	McDowell	84	Stanly	10	Brunswick	35	Franklin	60	Mecklenburg	85	Stokes	11	Buncombe	36	Gaston	61	Mitchell	86	Surry	12	Burke	37	Gates	62	Montgomery	87	Swain	13	Cabarrus	38	Graham	63	Moore	88	Transylvania	14	Caldwell	39	Granville	64	Nash	89	Tyrrell	15	Camden	40	Greene	65	New Hanover	90	Union	16	Carteret	41	Guilford	66	Northampton	91	Vance	17	Caswell	42	Halifax	67	Onslow	92	Wake	18	Catawba	43	Harnett	68	Orange	93	Warren	19	Chatham	44	Haywood	69	Pamlico	94	Washington	20	Cherokee	45	Henderson	70	Pasquotank	95	Watauga	21	Chowan	46	Hertford	71	Pender	96	Wayne	22	Clay	47	Hoke	72	Perquimas	97	Wilkes	23	Cleveland	48	Hyde	73	Person	98	Wilson	24	Columbus	49	Iredell	74	Pitt	99	Yadkin	25	Craven	50	Jackson	75	Polk	00	Yancey
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4	Client Eligibility for TASC Services Yes or No For each client who is referred, indicate whether he/she is eligible for services																																																																																																																																																																																																								
4b	Reason Not Eligible Answer only if client is NOT eligible. <table border="1"> <tr> <td>No indication of need</td> <td>No services offered by TASC are appropriate for this client.</td> </tr> <tr> <td>Unwilling to participate in TASC services</td> <td>Client does not want or is not willing to participate in TASC.</td> </tr> <tr> <td>Other</td> <td>Any other reason</td> </tr> </table> If client is not eligible for TASC, stop here and do not complete the rest of the form.	No indication of need	No services offered by TASC are appropriate for this client.	Unwilling to participate in TASC services	Client does not want or is not willing to participate in TASC.	Other	Any other reason																																																																																																																																																																																																		
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5	Docket Number Enter the one docket number most related to this client's TASC admission. If more than one docket number, provide the one most serious or most relevant to TASC admission. The format of the docket number has three sections: (1) 2-digit year, (2) the letters CR or CRS, and (3) 6 digits. For readability, the 3 sections are separated by a space. Out-of-state docket numbers are not useful and should not be entered.																																																																																																																																																																																																								

Item Description, Definitions, and Entry Instructions

INTAKE

6	County of Conviction 2-digit county code (see code list for question 2) of county of recent conviction or conviction leading to referral to the TASC program. If conviction was not in North Carolina, leave this entry blank.
7	Client Date of Birth Month, day, and year of client's birth. Please double-check for veracity.
8	Client Age Client's age at admission to the TASC program. Cross check on date of birth.
9	Client Gender Male or Female Record client's gender at birth.
10	TASC Screening Date Month, day and year the client was screened for the TASC program.
11	Is TASC assessment appropriate for this client?
	Yes Client has received or will receive an assessment.
	No Client was screened to other services such as Drug Education School or Dealers Group and will not receive a TASC Assessment. <i>(Skip to question 13 and continue answering questions.)</i>
12	TASC Assessment Date The date a client assessment was done. May be the same as #6 above.
13	Client Identifier (Unique ID) Consists of the first 3 letters of client's last name (MAIDEN name, if female) and first initial of first name.
14	Hispanic Origin Yes or No Ethnicity is different from race. Do not assume any ethnicity (e.g., if the client is white, do not assume they are not of Hispanic origin). Hispanic ethnic background is defined as having Spanish-speaking parents/ancestors or from a Spanish-speaking country, including the countries of Portugal and Brazil.
15	Client Race <i>Mark only one.</i>
	White/Anglo/ Caucasian Origins in any of the people of Europe, North Africa, or the Middle East.
	African American/ Black Origins in any of the black racial groups of Africa.
	American Indian/ Native American Origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition.
	Asian/Pacific Islander Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, or of the Pacific Islands This group also includes Orientals.
	Other Use only if the client insists they identify with more than one racial group or another un-named group
16	Client Marital Status
	Married Legal marriage, including common law marriage
	Never married Includes client who has never been married or marriage was annulled.
	Separated Includes those separated legally or otherwise absent from spouse because of marital discord and not because of separations due to requirements of employment, education or family.
	Divorced If client has not remarried.
	Widowed If client has not remarried.
17	Employment Status <i>Mark only one.</i>

Item Description, Definitions, and Entry Instructions

INTAKE

	Employed full-time	Includes working 35 hours or more each week at a legitimate job (work for taxable income), including members of the uniformed services. May be a temporary job.
	Employed part-time	Includes working less than 35 hours each week at a legitimate job (work for taxable income). May be a temporary job.
	Unemployed	Seeking work during the past 30 days or on layoff from a job.
	Not in labor force	Not seeking work during the past 30 days or a homemaker, student, retired, disabled, or an inmate of an institution.
17b	If not in labor force, what best describes the client's situation? Indicate which activity/situation <u>best describes</u> the current reason for not seeking work or being in the labor force. <i>Mark only one.</i>	
	Homemaker	Keeping own household full-time with no outside paid work.
	Student	Enrolled in public or private school, college, or trade school. Includes full-time or part-time.
	Retired	Not looking for work and permanently left the labor force after working 20+ years. Worked full-time or part-time prior to retirement.
	Disabled	Meets the criteria for physical or mental health disability that keeps the client from permanently participating in the work force.
	Other	Client has other reason(s) for not seeking work.
18	Client's Educational Level NOTE: Client must have completed grade or received actual diploma or certificate. If the client has begun the grade/course and has not yet completed, record lower grade or lesser category.	
	Less than 9 th grade	Completed less than 9 grades.
	Less than 12 th grade	Completed at least 9 grades and may have completed some courses in high school, but did not graduate.
	GED	Received General Equivalency Degree.
	HS diploma	Received HS diploma
	Some college	Some college or technical training, no degree. Includes technical school certificates from a vocational or trade school or licenses to practice a trade.
	College degree or more	Includes BA, BS, master's degree, law degree, or doctoral degree
19	Current Educational Enrollment <i>Mark the category that mostly closely matches the type of educational institution or program in which the client is currently enrolled. If not enrolled, mark none.</i>	
	None	
	High School	
	GED	
	College	
	Technical/Community College	
	Other	
20	Referral Source (<i>Mark primary referral</i>)	
21	Primary Substance Abuse Problem Care manager's evaluation, based on client interview, of which substance of abuse that causes the <u>most serious</u> problems or adverse consequences for the client in terms of functioning and/or health related issues. If no substances are abused, indicate none.	
	None	No abuse of substances
	Alcohol	Includes beer, wine, and liquor
	Marijuana	Includes hashish, THC or any other cannabis sativa preparations
	Cocaine	Cocaine in any form including crack.

Item Description, Definitions, and Entry Instructions

INTAKE

	Heroin	Includes the use of heroin alone or in combination with other drugs.
	Other opiate	Includes codeine, Dialaudid, morphine, Demerol, opium, oxycodone, and any other drug with morphine-like effects.
	Hallucinogen	Includes Ecstasy (MDMA), LSD, DMT, STP, Mescaline, Psilocybin, Peyote, and PCP (Phencylidine)
	Amphetamine	Includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs
	Tranquilizer	Includes both benzodiazepine (diazepam, flurazepam, etc) and non-benzodiazepine tranquilizers
	Inhalant	Includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner
	Over-the-counter non-prescription medication	Includes aspirin, cough syrup, Sominex, and any other legally obtained
21b	How often was primary substance used in the past year? Use the following frequency codes to tell how often the client used the substances named as the Primary substance problem. Care managers should query the client specifically on this item during a client interview. If used at different rates during the year, determine use based on "average" use per month.	
	No use	
	Less than once a month	
	1-3 times monthly	
	1-2 times weekly	
	3-6 times weekly	
	Daily	
22	Secondary Substance Abuse Problem Care managers evaluation, based on client interview, of which substance of abuse that causes the <u>second most serious</u> problems or adverse consequences for the client in terms of functioning and/or health related issues. If no substance or only one substance is abused, indicate none for secondary abuse problem.	
	None	No secondary abuse problem
	Alcohol	Includes beer, wine, and liquor
	Marijuana	Includes hashish, THC or any other cannabis sativa preparations
	Cocaine	Cocaine in any form, including crack
	Heroin	Includes the use of heroin alone or in combination with other drugs.
	Other opiate	Includes codeine, Dialaudid, morphine, Demerol, opium, ooycodone or any other drug with morphine-like effects.
	Hallucinogen	Includes Ecstasy (MDMA), LSD, DMT, STP, Mescaline, Psilocybin, Peyote, and PCP (Phencylidine)
	Amphetamine	Includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs
	Tranquilizer	Includes both benzodiazepine (diazepam, flurazepam, etc) and non-benzodiazepine tranquilizers
	Inhalant	Includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner
	Over-the-counter	Includes aspirin, cough syrup, Sominex, and any other legally obtained non-prescription medication
22b	How often was secondary substance used in the past year? Describe how often the client used the secondary substance. Care managers should query the client specifically on this item during a client interview. If used at different rates during the year, determine use based on "average" use per month.	
	No use	
	Less than once a month	
	1-3 times monthly	
	1-2 times weekly	
	3-6 times weekly	

Item Description, Definitions, and Entry Instructions

INTAKE

	Daily
23	Substance(s) Related to Arrest <i>Mark all that apply</i> (see item 21 definitions above)
	None
	Alcohol
	Marijuana
	Cocaine
	Heroin
	Other opiate
	Hallucinogen
	Amphetamine
	Tranquilizer
	Inhalant
	Over-the-counter
24	TASC Priority Population
	Intermediate punishment offender
	Offender who completed a DOC program
	Community punishment violator
	Other DCC referral
	Other CJS/Judicial referral
25	Crime Type <i>Mark ONLY one crime type—the most serious crime related to the TASC referral. The crimes categories are listed in order of seriousness.</i>
	Violent felony
	Property felony
	Drug felony
	Violent misdemeanor
	Property misdemeanor
	Drug misdemeanor
	Other misdemeanor
26	SA Target Populations <i>Mark all that apply</i> Mark each of following substance abuse target population for which the client qualifies.
	Substance Users involved with CJS Client who is receiving services because of involvement in the criminal justice or juvenile justice system, including arrest, delinquency petition, incarceration, probation, or parole OR someone who has been arrested or incarcerated in the last 90 days.
	Injection drug user Adult clients who are currently (within the past 30 days) injecting a drug for non-medically sanctioned use.
	Communicable disease Adult clients who are infected with HIV, tuberculosis, or hepatitis B, C, or D.
	Opioid Dependence Adults who meet criteria for dependence to an opioid drug, are addicted at least one year before admission, are 18 years or older.
	Substance Abusing women with children Women who meet criteria for SA related disorder and are currently pregnant or who have dependent children under 18 or who are seeking custody of a child under 18 or adolescent women who are currently pregnant or have dependent children under 18.
	DSS (CPS) Involved Parent DSS (CPS) involved adult parents who have legal custody of a child or children under 18 years of age and who are under active investigation or supervision by Child Protective Services for suspected or substantiated child abuse or neglect.

Item Description, Definitions, and Entry Instructions

INTAKE

	High Management Adult	Adult clients who meet DSM criteria for a substance-related disorder and (1) are involuntarily committed to substance abuse treatment (legally determined to be dangerous to self or others and may have co- occurring mental illness) or (2) have a substance use pattern of recurring episodes of habitual use with multiple documented unsuccessful treatment episodes which may include assisted detoxification, and who are advanced in their disease, and who have no social or environmental supports, and who have few coping skills, and who may be highly resistive to treatment, and who have co-occurring disorders (excluding the Severe and Persistent Mental Illness (SPMI) and the Serious Mental Illness (SMI) populations), and who may have moderate biomedical conditions.
	DWI	Driving While Impaired – Client is participating due to a DWI conviction
	Deaf/hard of hearing	Client who communicates by using sign language or who requires assistive listening devices in order to communicate.
	Child/ Adolescent With Primary SA disorder	Client is younger than 18 with a primary substance-related disorder
	Child SA Selected Prevention	Child or adolescent under 18 years of age determined to be at elevated risk for substance abuse. (and meet one of four other criteria).
	Child SA Indicated Prevention	Child or adolescent under 18 years of age who is using alcohol or other drugs at pre-clinical level (and meet one of four other criteria).
27	Primary/Initial Service(s) Recommended <i>Mark all that apply</i>	
	TASC Assessment Only	
	Care management	Includes the arrangement, linkage, or integration of multiple services as they are needed or being received by the individual within the area program, or from other agencies with those services being received through the area program. It may include advocacy on behalf of the individual, supportive counseling, and monitoring the provision of services to the individual. It may also include training or retraining activities required for successful maintenance or re-entry into the client's vocational or community living situation.
	DES	Drug Education School
	Dealers group	
	CBI	
	Mental Health Services	
	Pre-treatment education	
	Outpatient	The goal of this program is to complete re-socialization of the client in order to enable him/her to live a drug-free life in the community or to reduce the client's need for drugs as a means of coping with societal pressures. Typically, clients attend this program once a week for one to two hour sessions.
	Intensive outpatient	The goal of this program is to complete re-socialization of the client in order to enable him/her to live a drug-free life in the community or to reduce the client's need for alcohol and other drugs as a means of coping with societal pressures. Typically, clients attend this program three or more hours per day, three or more times per week.
	Day treatment	Service available for number of hours defined by licensure rules.

Item Description, Definitions, and Entry Instructions

INTAKE

	Residential	The goal of these programs is to aid the client into attaining a drug-free state and to develop practical skills and tools to enable clients to sustain them in society.
	Therapeutic community	The goal of the traditional residential/TC programs are to achieve changes in the client's value system and lifestyle, develop self-control, and return the individual to the community to live as a self-sufficient, effectively functioning member of society.
	Young Adult Offender Initiative	Males aged 16 to 24 with felony conviction
	Pre-trial services	
	Jail program	
	Drug treatment court	
	Juvenile Care Management	
	CJPP Services	

Item Description, Definitions, and Entry Instructions **6-MONTH UPDATE**

	Client Social Security Number (Record on top of form) <ul style="list-style-type: none"> Required. Please double-check for veracity. 	
1	Today's Date Record month, day, and year the form is completed. Please double-check for veracity.	
2	Care Manager ID Use the number that identifies you within your agency. Use numbers only. Letters of the alphabet are not accepted.	
3	Client Date of Birth Month, day, and year of client's birth. Please double-check for veracity.	
4	Client Identifier (Unique ID) Consists of the first 3 letters of client's last name (MAIDEN name, if female) and first initial of first name.	
5	Was GED or other degree(s) completed during the past six months? Yes or No	
6	Has Client currently enrolled in GED or other educational program Yes or No	
7	Employment Status <i>Mark only one.</i>	
	Employed full-time	Includes working 35 hours or more each week at a legitimate job (work for taxable income), including members of the uniformed services. May be a temporary job.
	Employed part-time	Includes working less than 35 hours each week at a legitimate job (work for taxable income). May be a temporary job.
	Unemployed	Seeking work during the past 30 days or on layoff from a job.
	Not in labor force	Not seeking work during the past 30 days or a homemaker, student, retired, disabled, or an inmate of an institution. Includes those doing illegal activity.
7b	If not in labor force, what best describes the client's situation? Indicate which activity/situation <u>best describes</u> the current reason for not seeking work or being in the labor force. <i>Mark only one.</i>	
	Homemaker	Keeping own household full-time with no outside paid work.
	Student	Enrolled in public or private school, college, or trade school. Includes full-time or part-time.
	Retired	Not looking for work and permanently left the labor force after working 20+ years. Worked full-time or part-time prior to retirement.
	Disabled	Meets the criteria for physical or mental health disability that keeps the client from permanently participating in the work force.
	Other	Client has other reason(s) for not seeking work. Includes those doing illegal activity.
8a	Drug Tests results from all sources in the past 90 days. Provide the number conducted.	
8b	Drug Tests results from all sources in the past 90 days. Provide the number of tests with a positive for substance use.	
8c	Indicate the number of times each substance appeared positive for all tests conducted.	
9	Since admission, has client been arrested for any offense as a result of drug or alcohol problems? Yes or No	
10	Number of face-to-face Care Manager contacts with client during the first six months of TASC Record number of face-to-face contacts scheduled and number the client attended.	

Item Description, Definitions, and Entry Instructions **6-MONTH UPDATE**

11	Services(s) Progress <i>(Mark all that apply)</i> Please indicate in the appropriate columns if TASC client is currently enrolled or has completed the service.	
	TASC Assessment Only	
	Care management	Includes the arrangement, linkage, or integration of multiple services as they are needed or being received by the individual within the area program, or from other agencies with those services being received through the area program. It may include advocacy on behalf of the individual, supportive counseling, and monitoring the community living situation.
	DES	Drug Education School
	Dealers group	
	CBI	
	Mental Health Services	
	Pre-treatment education	
	Outpatient	The goal of this program is to complete re-socialization of the client in order to enable him/her to live a drug-free life in the community or to reduce the client's need for drugs as a means of coping with societal pressures. Typically, clients attend this program once a week for one to two hour sessions.
	Intensive outpatient	The goal of this program is to complete re-socialization of the client in order to enable him/her to live a drug-free life in the community or to reduce the client's need for alcohol and other drugs as a means of coping with societal pressures. Typically, clients attend this program three or more hours per day, three or more times per week.
	Day treatment	Service available for number of hours defined by licensure rules.
	Residential	The goal of these programs is to aid the client into attaining a drug-free state and to develop practical skills and tools to enable clients to sustain them in society.
	Therapeutic community	The goal of the traditional residential/TC programs are to achieve changes in the client's value system and lifestyle, develop self-control, and return the individual to the community to live as a self-sufficient, effectively functioning member of society.
	Young Adult Offender Initiative	Males aged 16 to 24 with felony conviction
	Pre-trial services	
	Jail program	
	Drug treatment court	
	Juvenile Care Management	
	CJPP Services	

Item Description, Definitions, and Entry Instructions

DISCHARGE

	Client Social Security Number (Record on top of form) • Required. Please double-check for veracity.							
1	Date Client Discharged from TASC Month, day, and year of the client's referral to the TASC program.							
2	County of Residence Record the appropriate 2-digit code							
	01	Alamance	26	Cumberland	51	Johnston	76	Randolph
	02	Alexander	27	Currituck	52	Jones	77	Richmond
	03	Alleghany	28	Dare	53	Lee	78	Robeson
	04	Anson	29	Davidson	54	Lenoir	79	Rockingham
	05	Ashe	30	Davie	55	Lincoln	80	Rowan
	06	Avery	31	Duplin	56	Macon	81	Rutherford
	07	Beaufort	32	Durham	57	Madison	82	Sampson
	08	Bertie	33	Edgecombe	58	Martin	83	Scotland
	09	Bladen	34	Forsyth	59	McDowell	84	Stanly
	10	Brunswick	35	Franklin	60	Mecklenburg	85	Stokes
	11	Buncombe	36	Gaston	61	Mitchell	86	Surry
	12	Burke	37	Gates	62	Montgomery	87	Swain
	13	Cabarrus	38	Graham	63	Moore	88	Transylvania
	14	Caldwell	39	Granville	64	Nash	89	Tyrrell
	15	Camden	40	Greene	65	New Hanover	90	Union
	16	Carteret	41	Guilford	66	Northampton	91	Vance
	17	Caswell	42	Halifax	67	Onslow	92	Wake
	18	Catawba	43	Harnett	68	Orange	93	Warren
	19	Chatham	44	Haywood	69	Pamlico	94	Washington
	20	Cherokee	45	Henderson	70	Pasquotank	95	Watauga
	21	Chowan	46	Hertford	71	Pender	96	Wayne
	22	Clay	47	Hoke	72	Perquimas	97	Wilkes
	23	Cleveland	48	Hyde	73	Person	98	Wilson
	24	Columbus	49	Iredell	74	Pitt	99	Yadkin
	25	Craven	50	Jackson	75	Polk	00	Yancey
	3	Care Manager ID Use the number that identifies you within your agency. Use numbers only. Letters of the alphabet are not accepted.						
4	Client Date of Birth Month, day, and year of client's birth. Please double-check for veracity.							
5	Client Identifier (Unique ID) Consists of the first 3 letters of client's last name (MAIDEN name, if female) and first initial of first name.							
6	Reason for Discharge							
	TASC Services Complete							
	Probation Non-Compliance							
	Client deceased							
	Client moved/relocated							
TASC non-compliance/no show								
7	Number of face-to-face contacts during TASC Record number of face-to-face contacts scheduled and number client attended during the entire TASC care management period.							

Item Description, Definitions, and Entry Instructions

DISCHARGE

8	Client's Educational Level	
	<i>NOTE:</i> Client must have completed grade or received actual diploma or certificate. If the client has begun the grade/course and has not yet completed, record lower grade or lesser category.	
	Less than 9 th grade	Completed less than 9 grades.
	Less than 12 th grade	Completed at least 9 grades and may have completed some courses in high school, but did not graduate.
	GED	Received General Equivalency Degree.
	HS diploma	Received HS diploma
	Some college	Some college or technical training, no degree. Includes technical certificates from a vocational or trade school or licenses to practice a trade.
	College degree or more	Includes BA, BS, master's degree, law degree, or doctoral or more degree.
9	Was GED or other degree(s) completed during TASC?	
	Yes or No	
10	Is Client currently enrolled in GED or other educational program	
	Yes or No	
11	Employment Status at Discharge	
	<i>Mark only one.</i>	
	Employed full-time	Includes working 35 hours or more each week at a legitimate job (work for taxable income), including members of the uniformed services. May be a temporary job.
	Employed part-time	Includes working less than 35 hours each week at a legitimate job (work for taxable income). May be a temporary job.
	Unemployed	Seeking work during the past 30 days or on layoff from a job.
	Not in labor force	Not seeking work during the past 30 days or a homemaker, student, retired, disabled, or an inmate of an institution. Includes those doing illegal activity.
11b	If not in labor force, what best describes the client's situation?	
	Indicate which activity/situation <u>best describes</u> the current reason for not seeking work or being in the labor force. <i>Mark only one.</i>	
	Homemaker	Keeping own household full-time with no outside paid work.
	Student	Enrolled in public or private school, college, or trade school. Includes full-time or part-time.
	Retired	Not looking for work and permanently left the labor force after working 20+ years. Worked full-time or part-time prior to retirement.
	Disabled	Meets the criteria for physical or mental health disability that keeps the client from permanently participating in the work force.
	Other	Client has other reason(s) for not seeking work. Includes those doing illegal activity.
12	Services(s) Completed (<i>Mark all that apply</i>)	
	TASC Assessment Only	
	Care management	Includes the arrangement, linkage, or integration of multiple services as they are needed or being received by the individual within the area program, or from other agencies with those services being received through the area program. It may include advocacy on behalf of the individual, supportive counseling, and monitoring the community living situation.
	DES	Drug Education School
	Dealers group	
	CBI	
	Mental Health Services	
	Pre-treatment education	

Item Description, Definitions, and Entry Instructions

DISCHARGE

	Outpatient	The goal of this program is to complete re-socialization of the client in order to enable him/her to live a drug-free life in the community or to reduce the client's need for drugs as a means of coping with societal pressures. Typically, clients attend this program once a week for one to two hour sessions.
	Intensive outpatient	The goal of this program is to complete re-socialization of the client in order to enable him/her to live a drug-free life in the community or to reduce the client's need for alcohol and other drugs as a means of coping with societal pressures. Typically, clients attend this program three or more hours per day, three or more times per week.
	Day treatment	Service available for number of hours defined by licensure rules.
	Residential	The goal of these programs is to aid the client into attaining a drug-free state and to develop practical skills and tools to enable clients to sustain them in society.
	Therapeutic community	The goal of the traditional residential/TC programs are to achieve changes in the client's value system and lifestyle, develop self-control, and return the individual to the community to live as a self-sufficient, effectively functioning member of society.
	Young Adult Offender Initiative	Males aged 16 to 24 with felony conviction
	Pre-trial services	
	Jail program	
	Drug treatment court	
	Juvenile Care Management	
	CJPP Services	
	None completed	
13a	Drug Tests results from all sources in the past 90 days (or since in TASC if less than 90 days). Provide the number conducted.	
13b	Drug Tests results from all sources in the past 90 days (or since in TASC if less than 90 days). Provide the number of tests with a positive for substance use.	
13c	Indicate the number of times each substance appeared positive for all tests conducted.	

ATTACHMENT

TASC CJM FORMS

Intake Form

6-Month Update Form

Discharge Form

Care Manager Enrollment Form*

Transmittal Form**

*Each participating TASC Care Manager should complete a Care Manager Enrollment Form and mail to NDRI, see page 7 for address. TASC Care Managers need to complete this form only once unless they change organization of county.

**A Transmittal Form should be completed as a cover sheet when mailing in completed Intake, 6-Month Update and Discharge Forms.

SAMPLE Form Only / Do Not Use for Form Submission Purposes

Client Social Security Number

- -

Always record SSN on front & back and verify accuracy

TASC CJM Intake

(1/1/2004 version)

1

Alert!!! This is a machine-scanned form interpreted by a computer. Please follow these simple instructions:
 (1) Print numbers and letters clearly. (2) Stay within the boxes. (3) Use X in box (not check mark).

1	2	3	4	5	6	7	8	9	0	X
---	---	---	---	---	---	---	---	---	---	---

<p>1. Date Client Referred to TASC <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. County of Residence <i>(2-digit county code)</i> <input type="text"/> <input type="text"/></p> <p>3. Care Manager ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>4. Is client eligible for TASC services? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(skip to 5) (answer 4b)</i></p> <p>4b. Reason not eligible: <input type="checkbox"/> No indication of need <input type="checkbox"/> Unwilling to participate in TASC services <input type="checkbox"/> Other</p> <p align="center"><i>If client is not eligible for TASC, stop here</i></p> <p>5. Docket Number <input type="text"/> <input type="text"/> C R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>6. County of Conviction <i>(2-digit county code)</i> <input type="text"/> <input type="text"/></p> <p>7. Client Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8. Client Age 9. Client Gender <input type="text"/> <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>10. TASC Screening Date <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>11. Is TASC Assessment appropriate for this client? <input type="checkbox"/> Yes <input type="checkbox"/> No → <i>(skip to 13)</i></p> <p>12. TASC Assessment Date <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>13. Client Identifier ("Unique ID") First 3 Letters of last name <input type="text"/> <input type="text"/> <input type="text"/> First initial <input type="text"/></p>	<p>14. Is client of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Client Race <input type="checkbox"/> White/Anglo/Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Other <input type="checkbox"/> Native American/American Indian</p> <p>16. Client Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated</p> <p>17. Employment Status <input type="checkbox"/> Employed full-time (35 or more hours per week) → <i>(skip to 17)</i> <input type="checkbox"/> Employed part-time (less than 35 hours per week) → <i>(skip to 17)</i> <input type="checkbox"/> Unemployed (seeking work or on layoff from job) → <i>(skip to 17)</i> <input type="checkbox"/> Not in labor force (not seeking work)</p> <p>17b. If not in labor force, what best describes the client's situation? <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/> Disabled</p> <p>18. Client's Educational Level <input type="checkbox"/> Less than 9th grade <input type="checkbox"/> Less than 12th grade <input type="checkbox"/> GED <input type="checkbox"/> HS diploma <input type="checkbox"/> Some college <input type="checkbox"/> College degree or more</p> <p>19. Current Educational Enrollment <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Technical/Community College <input type="checkbox"/> Other</p> <p>20. Referral Source <i>(Mark primary referral)</i> <input type="checkbox"/> Judge / Court <input type="checkbox"/> Attorney/Self-Referral <input type="checkbox"/> DCC (probation, CJP, post-release) <input type="checkbox"/> Other <input type="checkbox"/> LME</p>
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Confidentiality of SA misidentifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. Client-identifying information may be disclosed without client consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of client-identifying information without client consent is explicitly prohibited. Form is to be returned to the TASC CJM National Development & Research Institutes, Inc. (NDRI) at 940 Main Campus Drive, Suite 140, Raleigh, NC 27806. Sponsored by the NC DMH/DD/SAS.

22777



SAMPLE Form Only / Do Not Use for Form Submission Purposes

Client Social Security Number
 - -

TASC CJM Six-Month Update 1
(1/1/2004 Version)

For optimum accuracy, please print numbers clearly as shown. Stay within the box.

1	2	3	4	5	6	7	8	9	0	X
---	---	---	---	---	---	---	---	---	---	---

1. Today's Date
 / /

2. Care Manager ID

3. Client Date of Birth
 / /

4. Client Identifier ("Unique ID")
 -
Last name (or Maiden) First initial

5. Was a GED or other degree(s) completed during the past six months?
 Yes No

6. Has client currently enrolled in a GED or other educational program?
 Yes No

7. Employment Status
 Employed full-time (35 or more hours per week)
 Employed part-time (less than 35 hours per week)
 Unemployed (seeking work or on layoff from job)
 Not in labor force (not seeking work)

b. If not in labor force, what best describes the client's situation?

Homemaker Disabled
 Student Other
 Retired

8. Drug tests results from all sources in the past 90 days.

a. Number Conducted: b. Number Positive:

c. How often did each substance appear for all tests conducted:

Alcohol	THC	Opiates	Benzo.	Cocaine	Amphetamines	Barbiturates
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

9. Since admission, has the client been arrested for any offense as a result of a drug or alcohol problem?
 Yes No

10. Number of face-to-face Care Manager contacts with client during first six months of TASC?

<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<i>Scheduled</i>	<i>Attended</i>

11. Service(s) Progress: *(Mark all that apply)* For the following services choose whether the client is currently receiving (enrolled in the service) or has completed the service.

	<i>Currently Enrolled</i>	<i>Completed</i>
TASC Assessment.....	<input type="checkbox"/>	<input type="checkbox"/>
Care Management.....	<input type="checkbox"/>	<input type="checkbox"/>
DES.....	<input type="checkbox"/>	<input type="checkbox"/>
Dealers Group.....	<input type="checkbox"/>	<input type="checkbox"/>
CBI.....	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services.....	<input type="checkbox"/>	<input type="checkbox"/>
Pre-treatment Education.....	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient.....	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Outpatient (IOP).....	<input type="checkbox"/>	<input type="checkbox"/>
Day treatment.....	<input type="checkbox"/>	<input type="checkbox"/>
Residential.....	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Community.....	<input type="checkbox"/>	<input type="checkbox"/>
Young Adult Offender Initiative.....	<input type="checkbox"/>	<input type="checkbox"/>
Pre-trial services.....	<input type="checkbox"/>	<input type="checkbox"/>
Jail program.....	<input type="checkbox"/>	<input type="checkbox"/>
Drug treatment Court.....	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile Care Management.....	<input type="checkbox"/>	<input type="checkbox"/>
CJPP Services.....	<input type="checkbox"/>	<input type="checkbox"/>

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SAMPLE Form Only / Do Not Use for Form Submission Purposes

Client Social Security Number
 - -

TASC CJM Discharge
 (1/1/2004 version)

1

For optimum accuracy, please print numbers clearly as shown. Stay within the box.

1 2 3 4 5 6 7 8 9 0 X

1. Date Client Discharged from TASC

/ / 2 0

2. County of Residence
 (2-digit county code)

3. Care Manager ID

4. Client Date of Birth

/ / 1 9

5. Client Identifier ("Unique ID")

First 3 Letters of last name First initial

6. Reason for Discharge

- TASC Services Complete
- Probation non-compliance/revocation
- Client deceased
- Client moved/relocated
- TASC Non-compliance/no-show

7. Number of face-to-face Care Manager contacts with client during TASC?

Scheduled Attended

8. Client's Educational Level

- Less than 9th grade
- Less than 12th grade
- GED
- HS diploma
- Some college
- College degree or more

9. Was a GED or other degree(s) completed during TASC?

Yes No

10. Is client currently enrolled in a GED or other educational program?

Yes No

11. Employment Status at Discharge

- Employed full-time (35 or more hours per week) → (skip to 12)
- Employed part-time (less than 35 hours per week) → (skip to 12)
- Unemployed (seeking work or on layoff from job) → (skip to 12)
- Not in labor force (not seeking work)

b. If not in labor force, what best describes the client's situation?

- Homemaker Retired Other
- Student Disabled

12. Service(s) Completed: (Mark all that apply)

- TASC Assessment Only Residential
- Care Management Therapeutic community
- DES Young Adult Offender Initiative
- Dealers Group Pre-trial services
- CBI Jail program
- Mental Health Services Drug Treatment Court
- Pre-treatment Education Juvenile Care Management Services
- Outpatient CJPP Services
- Intensive Outpatient (IOP) None completed
- Day Treatment

13. Drug tests results from all sources in the past 90 days (or since admission if client was not in TASC for 90 days):

a. Number Conducted: b. Number Positive:

c. How often did each substance appear for all tests conducted:

Alcohol	THC	Opiates	Berzo.	Cocaine	Amphetamines	Barbiturates
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Confidentiality of SA misidentifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. Client-identifying information may be disclosed without client consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of client-identifying information without client consent is explicitly prohibited. Form is to be returned to the TASC CJM, National Development & Research Institutes, Inc. (NDRI) at 940 Main Campus Drive, Suite 140, Raleigh, NC 27606. Sponsored by the NC DMH/DD/SAS.

23679



NC-TASC Care Manager Identification Form

TODAY'S DATE

□□ / □□ / □□□□

CARE MANAGER IDENTIFICATION NUMBER

□□□□□□□□

Enter County Code(s) for which you use the Care Manager ID number above:

COUNTY CODE #1 COUNTY CODE #2 COUNTY CODE #3 COUNTY CODE #4

□□ □□ □□ □□

COUNTY CODE #5 COUNTY CODE #6 COUNTY CODE #7

□□ □□ □□

FIRST NAME

MI

LAST NAME

PHONENUMBER

() - _____

GENDER

Male Female

ADDRESS

_____, N C _____

EMAIL ADDRESS

Instructions: This form provides contact information on each Care Manager who is completing NC-TASC forms. The Care Manager ID can then be linked to the person completing these forms. If you have more than one Care Manager ID, then please complete one form for each ID. Please enclose this form with the first batch of NC-TASC Intake forms mailed from your location. Mail to:
Ms. Doris Leaston, NDRI, 940 Main Campus Drive, Ste. 140, Raleigh, NC 27606.

64706



NC-TASC Transmittal Form

Intake, 6-Month Update and Discharge Assessments

Complete this form and mail with completed assessments. Keep a copy for your records and send a copy to NDRI. Below indicate number of assessments sent and list the counties where TASC Assessments were conducted.

Sender's Name _____

Date _____

Sender's contact information:

Email address _____

Phone _____

Total Intakes _____

Total 6-Month Updates _____

Total Discharges _____

County Names

Mail original forms in 8-1/2 * 11 envelope (or larger). Do not fold forms.

Mail to:

Attn: Doris Leaston
NDRI Institute for Community-Based Research
940 Main Campus Drive, Suite 140
Raleigh, NC 27606