

# **The North Carolina TASC Criminal Justice Management (CJM) Resource Guide, Version 3.0, September 2005**

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 for Safe Communities (TASC) 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 eventually 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 TASC CJM 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 to be given to anyone who is not involved in this initiative.

### **B. Consent Issues**

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

### **V. ADVISORY COMMITTEE**

The Advisory Committee consists of the TASC regional directors, Sonya Brown, from the State office and staff from the TASC 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.

#### **Address:**

Institute for Community-Based  
Research  
National Development and Research  
Institutes, Inc.  
940 Main Campus Drive, Suite 140  
Raleigh, NC 27606  
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#### **E-mails**

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#### **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 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 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. Numbers can be misinterpreted or lost completely if the number is unrecognizable to the computer. The following are examples of illegible numbers and incorrect interpretation of the data if marked outside the target box.

	Recorded As	Intended As	Interpreted As				
Numbers Written Poorly	<table border="1" style="display: inline-table;"><tr><td></td><td>4</td></tr></table>		4	4	<table border="1" style="display: inline-table;"><tr><td></td><td>9</td></tr></table>		9
	4						
	9						
	<table border="1" style="display: inline-table;"><tr><td></td><td>6</td></tr></table>		6	0	<table border="1" style="display: inline-table;"><tr><td></td><td>6</td></tr></table>		6
	6						
	6						
Outside Target Box	<table border="1" style="display: inline-table;"><tr><td>2</td></tr></table>	2	2	<table border="1" style="display: inline-table;"><tr><td>7</td></tr></table>	7		
2							
7							
	<table border="1" style="display: inline-table;"><tr><td>3</td></tr></table>	3	3	<table border="1" style="display: inline-table;"><tr><td>2</td></tr></table>	2		
3							
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:

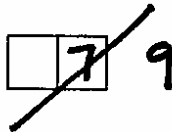
- A felt tip pen with a fine point is strongly suggested.

- 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.



### 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.

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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](mailto: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.

## **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

	<b>Client Social Security Number (Record on both pages on top of form)</b> • Required. Please double-check for veracity.							
<b>1</b>	<b>Date Client Referred to TASC</b> Month, day, and year of the client's referral to the TASC program.							
<b>2</b>	<b>County of TASC Management</b> Record the appropriate 2-digit code of the TASC agency handling the case.							
	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
	<b>3</b>	<b>Care Manager ID</b> Use the number that identifies you within your agency. Use numbers only. Letters of the alphabet are not accepted.						
<b>4</b>	<b>Client Identifier (part of the Unique ID)</b> Consists of the first 3 letters of client's last name (MAIDEN name, if female) and first initial of first name.							
<b>5</b>	<b>Client Date of Birth</b> Month, day, and year of client's birth. Please double-check for veracity.							
<b>6</b>	<b>Client Age</b> Client's age at admission to the TASC program. Cross check on date of birth.							
<b>7</b>	<b>Client Gender</b> Male or Female                      Record client's gender at birth.							
<b>8</b>	<b>TASC Eligibility Status *Required completion</b>							
	Eligible to receive TASC services				Eligible to receive services including TASC Assessment Only and DES			
	Not eligible – no involvement in CJS				not involved in Criminal Justice System			
	Not eligible – refused to participate				not eligible due to refusal			
	Not Eligible – no SA/MH issue				no substance abuse or mental health issue			
<b>If Not Eligible</b>	<b>STOP HERE</b>							

Item Description, Definitions, and Entry Instructions

Intake

<p><b>9</b></p>	<p><b>State of Arrest</b> Enter 2 letter postal code of state where client was arrested for current offense related to referral to the TASC program. <i>If state is NC continue with 9b. If state is not NC then skip to question 10.</i></p>	
<p><b>9b</b></p>	<p><b>NC County of Arrest</b> 2-digit county code (see code list for question 2) of county of recent arrest or conviction leading to referral to the TASC program. If conviction was not in North Carolina, leave this entry blank.</p>	
<p><b>9c</b></p>	<p><b>NC Docket Number</b> 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.</p>	
<p><b>10</b></p>	<p><b>TASC Screening Date</b></p>	
<p><b>11</b></p>	<p><b>TASC Assessment Date</b></p>	
<p><b>12</b></p>	<p>The date a client assessment was done. May be the same as #10 above.</p>	
<p><b>12</b></p>	<p><b>Hispanic Origin</b> 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.</p>	
<p><b>13</b></p>	<p><b>Client Race</b> <i>Mark only one.</i></p>	
	<p>White/Anglo/ Caucasian</p>	<p>Origins in any of the people of Europe, North Africa, or the Middle East.</p>
	<p>African American/ Black</p>	<p>Origins in any of the black racial groups of Africa.</p>
	<p>American Indian/ Native American</p>	<p>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.</p>
	<p>Asian/Pacific Islander</p>	<p>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.</p>
	<p>Other</p>	<p>Use only if the client insists they identify with more than one racial group or another un-named group</p>
<p><b>14</b></p>	<p><b>Client Marital Status</b></p>	
	<p>Married</p>	<p>Legal marriage, including common law marriage</p>
	<p>Never married</p>	<p>Includes client who has never been married or marriage was annulled.</p>
	<p>Separated</p>	<p>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.</p>
	<p>Divorced</p>	<p>If client has not remarried.</p>
	<p>Widowed</p>	<p>If client has not remarried.</p>
<p><b>15</b></p>	<p><b>Employment Status</b> <i>Mark only one.</i></p>	
	<p>Employed</p>	<p>Includes working 35 hours or more each week at a legitimate job (work for full-time taxable income), including members of the uniformed services. May be a temporary job.</p>
	<p>Employed part-time</p>	<p>Includes working less than 35 hours each week at a legitimate job (work for taxable income). May be a temporary job.</p>
	<p>Unemployed</p>	<p>Seeking work during the past 30 days or on layoff from a job.</p>

Item Description, Definitions, and Entry Instructions

Intake

	Not in labor force	Not seeking work during the past 30 days or a homemaker, student, retired, disabled, or an inmate of an institution.
<b>15b</b>	<b>If not in labor force, what best describes the client's situation?</b> 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.
<b>16</b>	<b>Client's Educational Level</b> <b>NOTE:</b> 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 <sup>th</sup> grade	Completed less than 9 grades.
	Less than 12 <sup>th</sup> 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
<b>17</b>	<b>Current Educational Enrollment</b> <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	
<b>18</b>	<b>Referral Source</b> <i>(Mark primary referral)</i>	
	Judge/court	
	DCC (probation, CJP, post-release)	Department of Community Corrections
	LME	Local Management Entity
	Attorney/Self-Referral	
	Other	
<b>19</b>	<b>Primary Substance Abuse Problem</b> 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

	<p>Heroin Includes the use of heroin alone or in combination with other drugs.</p> <p>Other opiate Includes codeine, Dialaudid, morphine, Demerol, opium, oxycodone, and any other drug with morphine-like effects.</p> <p>Hallucinogen Includes Ecstasy (MDMA), LSD, DMT, STP, Mescaline, Psilocybin, Peyote, and PCP (Phencyclidine)</p> <p>Amphetamine Includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs</p> <p>Tranquilizer Includes both benzodiazepine (diazepam, flurazepam, etc) and non-benzodiazepine tranquilizers</p> <p>Inhalant Includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner</p> <p>Over-the-counter non-prescription medication Includes aspirin, cough syrup, Sominex, and any other legally obtained counter non-prescription medication</p>
<b>19b</b>	<p><b>How often was primary substance used in the past year?</b>                  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.</p>
	<p>No use</p> <p>Less than once a month</p> <p>1-3 times monthly</p> <p>1-2 times weekly</p> <p>3-6 times weekly</p> <p>Daily</p>
<b>20</b>	<p><b>Secondary Substance Abuse Problem</b>                  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.</p>
	<p>None No secondary abuse problem</p> <p>Alcohol Includes beer, wine, and liquor</p> <p>Marijuana Includes hashish, THC or any other cannabis sativa preparations</p> <p>Cocaine Cocaine in any form, including crack</p> <p>Heroin Includes the use of heroin alone or in combination with other drugs.</p> <p>Other opiate Includes codeine, Dialaudid, morphine, Demerol, opium, ooycodone or any other drug with morphine-like effects.</p> <p>Hallucinogen Includes Ecstasy (MDMA), LSD, DMT, STP, Mescaline, Psilocybin, Peyote, and PCP (Phencyclidine)</p> <p>Amphetamine Includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs</p> <p>Tranquilizer Includes both benzodiazepine (diazepam, flurazepam, etc) and non-benzodiazepine tranquilizers</p> <p>Inhalant Includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner</p> <p>Over-the-counter non-prescription medication Includes aspirin, cough syrup, Sominex, and any other legally obtained counter non-prescription medication</p>
<b>20b</b>	<p><b>How often was secondary substance used in the past year?</b>                  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.</p>
	<p>No use</p> <p>Less than once a month</p> <p>1-3 times monthly</p> <p>1-2 times weekly</p> <p>3-6 times weekly</p> <p>Daily</p>

Item Description, Definitions, and Entry Instructions

Intake

<b>21</b>	<b>Substance(s) Related to Arrest</b> <i>Mark all that apply (see item 21 definitions above)</i>	
	None	
	Alcohol	
	Marijuana	
	Cocaine	
	Heroin	
	Other opiate	
	Hallucinogen	
	Amphetamine	
	Tranquilizer	
	Inhalant	
	Over-the-counter	
<b>22</b>	<b>TASC Priority Population</b>	
	Intermediate punishment offender	
	Offender who completed a DOC program	
	Community punishment violator	
	Other DCC referral	
	Other CJS/Judicial referral	
<b>23</b>	<b>Crime Type</b> <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	
<b>24</b>	<b>SA Target Populations</b> <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 <b>and</b> are currently pregnant or who have dependent children under 18 or who are seeking custody of a child under 18 <b>or</b> 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 <b>and (1)</b> are involuntarily committed to substance abuse treatment (legally determined to be dangerous to self or others and may have co- occurring mental illness) <b>or (2)</b> have a substance use pattern of recurring episodes of habitual use with multiple documented unsuccessful treatment episodes which may include assisted detoxification, <b>and</b> who are advanced in their disease, <b>and</b> who have no social or environmental supports, <b>and</b> who have few coping skills, <b>and</b> who may be highly resistive to treatment, <b>and</b> who have co-occurring disorders (excluding the Severe and Persistent Mental Illness (SPMI) and the Serious Mental Illness (SMI) populations), <b>and</b> 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).
	None	No SA target population
<b>25a</b>	<b>Is this a TASC Assessment Only case?</b>	
	Yes	<i>No further CJM reporting is required (no 6-month update or discharge)</i>
	No	<i>Continue with 25b</i>
<b>25b</b>	<b>Level of Care Management Recommended</b>	
	Level I	Requires a minimum of 1 contact per month. Relevant for Other CJS Referrals.
	Level II	Requires a minimum of 2 contacts per month-one must be face-to-face. Relevant for other DCC referrals.
	Level III	Requires a minimum of 3 contacts per month and one must be face-to-face. Relevant for intermediate punishment offenders, DOC releasees, community punishment offenders at-risk for revocation, intensive cases, drug treatment court participants.
<b>25c</b>	<b>Primary/Initial Service(s) Recommended</b> <i>Mark all that apply</i>	
	Drug and Other Education Classes	
	DES	Drug Education School
	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.

Item Description, Definitions, and Entry Instructions

Intake

	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.
	Pre-trial services	
	Jail program	
	Drug treatment court	
	CJPP	
	Services	
	DART Cherry	DART Cherry hospital admission

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

	<p><b>Client Social Security Number (Record on top of form)</b></p> <ul style="list-style-type: none"> <li>Required. Please double-check for veracity.</li> </ul>										
<b>1</b>	<p><b>Today's Date</b> Record month, day, and year the form is completed. Please double-check for veracity.</p>										
<b>2</b>	<p><b>Date Client Admitted to TASC (this episode)</b> Record month, day, and year of the current TASC Admission. This is usually the date the TASC assessment was conducted.</p>										
<b>3</b>	<p><b>County of TASC Management</b> Record the appropriate 2-digit code. This is the county of the TASC agency handling the case. This code determines which county agency gets credit for the case. (See codes in #2 of TASC CJM Intake for county code list)</p>										
<b>4</b>	<p><b>Care Manager ID</b> Use the number that identifies you within your agency. Use numbers only. Letters of the alphabet are not accepted.</p>										
<b>5</b>	<p><b>Client Date of Birth</b> Month, day, and year of client's birth. Please double-check for veracity.</p>										
<b>6</b>	<p><b>Client Identifier (part of the Unique ID)</b> Consists of the first 3 letters of client's last name (MAIDEN name, if female) and first initial of first name.</p>										
<b>7</b>	<p><b>Was GED or other degree(s) completed during the past six months?</b> Yes or No</p>										
<b>8</b>	<p><b>Has Client currently enrolled in GED or other educational program</b> Yes or No</p>										
<b>9</b>	<p><b>Employment Status</b> <i>Mark only one.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Employed full-time</td> <td>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.</td> </tr> <tr> <td>Employed part-time</td> <td>Includes working less than 35 hours each week at a legitimate job (work for taxable income). May be a temporary job.</td> </tr> <tr> <td>Unemployed</td> <td>Seeking work during the past 30 days or on layoff from a job.</td> </tr> <tr> <td>Not in labor force</td> <td>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.</td> </tr> </table>	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.		
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<b>9b</b>	<p><b>If not in labor force, what best describes the client's situation?</b> 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></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Homemaker</td> <td>Keeping own household full-time with no outside paid work.</td> </tr> <tr> <td>Student</td> <td>Enrolled in public or private school, college, or trade school. Includes full-time or part-time.</td> </tr> <tr> <td>Retired</td> <td>Not looking for work and permanently left the labor force after working 20+ years. Worked full-time or part-time prior to retirement.</td> </tr> <tr> <td>Disabled</td> <td>Meets the criteria for physical or mental health disability that keeps the client from permanently participating in the work force.</td> </tr> <tr> <td>Other</td> <td>Client has other reason(s) for not seeking work. Includes those doing illegal activity.</td> </tr> </table>	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.
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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.										
<b>10a</b>	<p><b>Drug Tests results from all sources in the past 90 days.</b> Provide the number conducted.</p>										
<b>10b</b>	<p><b>Drug Tests results from all sources in the past 90 days.</b> Provide the number of tests with a positive for substance use.</p>										
<b>10c</b>	<p><b>Indicate the number of times each substance appeared positive for all tests conducted.</b></p>										

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

11	<p><b>Since admission, has client been arrested for any offense as a result of drug or alcohol problems?</b> Yes or No</p>
12	<p><b>Number of face-to-face Care Manager contacts with client during the first six months of TASC</b> Record number of face-to-face contacts scheduled and number the client attended.</p>
13	<p><b>Current Level of Care Management</b></p>
	<p>Level I Requires a minimum of 1 contact per month. Relevant for Other CJS Referrals.</p>
	<p>Level II Requires a minimum of 2 contacts per month-one must be face-to-face. Relevant for other DCC referrals.</p>
	<p>Level III Requires a minimum of 3 contacts per month and one must be face-to-face. Relevant for intermediate punishment offenders, DOC releasees, community punishment offenders at-risk for revocation, intensive cases, drug treatment court participants.</p>
14	<p><b>Services(s) Progress</b> <i>(Mark all that apply)</i> Please indicate in the appropriate columns if TASC client is currently enrolled or has completed the service.</p>
	<p>TASC Assessment</p>
	<p>Drug and other education classes</p>
	<p>DES Drug Education School</p>
	<p>Dealers group</p>
	<p>CBI</p>
	<p>Mental Health Services</p>
	<p>Pre-treatment education</p>
	<p>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.</p>
	<p>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.</p>
	<p>Day treatment Service available for number of hours defined by licensure rules.</p>
	<p>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.</p>
	<p>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.</p>
	<p>Pre-trial services</p>
	<p>Jail program</p>
	<p>Drug treatment court</p>
	<p>CJPP Services</p>
	<p>DART Cherry</p>

**Item Description, Definitions, and Entry Instructions**

**DISCHARGE**

	<b>Client Social Security Number (Record on top of form)</b> <ul style="list-style-type: none"> <li>Required. Please double-check for veracity.</li> </ul>							
<b>1</b>	<b>Date Client Discharged from TASC</b> Month, day, and year of the client's referral to the TASC program.							
<b>2</b>	<b>Date Client Admitted to TASC (this episode)</b> Record month, day, and year of the current TASC Admission. This is usually the date the TASC assessment was conducted.							
<b>3</b>	<b>County of TASC Management</b> Record the appropriate 2-digit code. This code determines which county agency gets credit for the case.							
	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
<b>4</b>	<b>Care Manager ID</b> Use the number that identifies you within your agency. Use numbers only. Letters of the alphabet are not accepted.							
<b>5</b>	<b>Client Date of Birth</b> Month, day, and year of client's birth. Please double-check for veracity.							
<b>6</b>	<b>Client Identifier (part of Unique ID)</b> Consists of the first 3 letters of client's last name (MAIDEN name, if female) and first initial of first name.							
<b>7</b>	<b>Reason for Discharge</b>							
	TASC Services Complete							
	Probation Non-Compliance							
	Client deceased							
	Client moved/relocated							
	TASC non-compliance/no show							

**Item Description, Definitions, and Entry Instructions**

**DISCHARGE**

<p><b>8</b></p>	<p><b>Client's Educational Level</b>  <b>NOTE:</b> 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.</p>												
	<table border="1"> <tr> <td data-bbox="391 327 678 359">Less than 9<sup>th</sup> grade</td> <td data-bbox="678 327 1458 359">Completed less than 9 grades.</td> </tr> <tr> <td data-bbox="391 359 678 411">Less than 12<sup>th</sup> grade</td> <td data-bbox="678 359 1458 411">Completed at least 9 grades and may have completed some courses in high school, but did not graduate.</td> </tr> <tr> <td data-bbox="391 411 678 443">GED</td> <td data-bbox="678 411 1458 443">Received General Equivalency Degree.</td> </tr> <tr> <td data-bbox="391 443 678 474">HS diploma</td> <td data-bbox="678 443 1458 474">Received HS diploma</td> </tr> <tr> <td data-bbox="391 474 678 558">Some college</td> <td data-bbox="678 474 1458 558">Some college or technical training, no degree. Includes technical certificates from a vocational or trade school or licenses to practice a trade.</td> </tr> <tr> <td data-bbox="391 558 678 611">College degree or more</td> <td data-bbox="678 558 1458 611">Includes BA, BS, master's degree, law degree, or doctoral or more degree.</td> </tr> </table>	Less than 9 <sup>th</sup> grade	Completed less than 9 grades.	Less than 12 <sup>th</sup> 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.
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GED	Received General Equivalency Degree.												
HS diploma	Received HS diploma												
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College degree or more	Includes BA, BS, master's degree, law degree, or doctoral or more degree.												
<p><b>9</b></p>	<p><b>Was GED or other degree(s) completed during TASC?</b>                  Yes or No</p>												
<p><b>10</b></p>	<p><b>Is Client currently enrolled in GED or other educational program</b>                  Yes or No</p>												
<p><b>11</b></p>	<p><b>Employment Status at Discharge</b>  <i>Mark only one.</i></p>												
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<p><b>11b</b></p>	<p><b>If not in labor force, what best describes the client's situation?</b>                  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></p>												
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Other	Client has other reason(s) for not seeking work. Includes those doing illegal activity.												
<p><b>12</b></p>	<p><b>Number of face-to-face contacts during TASC</b>                  Record number of face-to-face contacts scheduled and number client attended during the entire TASC care management period.</p>												
<p><b>13</b></p>	<p><b>Level of Care Management prior to Discharge</b></p>												
	<table border="1"> <tr> <td data-bbox="391 1568 488 1629">Level I</td> <td data-bbox="488 1568 1458 1629">Requires a minimum of 1 contact per month. Relevant for Other CJS Referrals.</td> </tr> <tr> <td data-bbox="391 1629 488 1690">Level II</td> <td data-bbox="488 1629 1458 1690">Requires a minimum of 2 contacts per month-one must be face-to-face. Relevant for other DCC referrals.</td> </tr> <tr> <td data-bbox="391 1690 488 1818">Level III</td> <td data-bbox="488 1690 1458 1818">Requires a minimum of 3 contacts per month and one must be face-to-face. Relevant for intermediate punishment offenders, DOC releasees, community punishment offenders at-risk for revocation, intensive cases, and drug treatment court participants.</td> </tr> </table>	Level I	Requires a minimum of 1 contact per month. Relevant for Other CJS Referrals.	Level II	Requires a minimum of 2 contacts per month-one must be face-to-face. Relevant for other DCC referrals.	Level III	Requires a minimum of 3 contacts per month and one must be face-to-face. Relevant for intermediate punishment offenders, DOC releasees, community punishment offenders at-risk for revocation, intensive cases, and drug treatment court participants.						
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**Item Description, Definitions, and Entry Instructions**

**DISCHARGE**

<b>14</b>	<b>Services(s) Completed</b> <i>(Mark all that apply)</i>
	TASC Assessment
	Drug and other education classes
	DES Drug Education School
	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.
	Pre-trial services
	Jail program
	Drug treatment court
	CJPP Services
	DART Cherry
	None completed
<b>15a</b>	<b>Drug Tests results from all sources in the past 90 days (or since in TASC if less than 90 days).</b> Provide the number conducted.
<b>15b</b>	<b>Drug Tests results from all sources in the past 90 days (or since in TASC if less than 90 days).</b> Provide the number of tests with a positive for substance use.
<b>15c</b>	<b>Indicate the number of times each substance appeared positive for all tests conducted.</b>

# 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**

Client Social Security Number  
   -   -

TASC CJM Intake  
 (9/1/2005 Version)

1

*Always record SSN on front & back and verify accuracy*

**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><b>1. Date Client Referred to TASC</b>  <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>2. County of TASC Management</b>  <input type="text"/> <input type="text"/> (2-digit county code)</p> <p><b>3. Care Manager ID</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>4. Client Identifier ("Unique ID")</b>              First 3 Letters of last name <input type="text"/> <input type="text"/> <input type="text"/> First initial <input type="text"/></p> <p><b>5. Client Date of Birth</b>  <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>6. Client Age</b> <input type="text"/> <input type="text"/> <b>7. Client Gender</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>8. TASC Eligibility Status</b>  <input type="checkbox"/> Eligible to receive TASC services  <input type="checkbox"/> Not Eligible - no involvement in CJS  <input type="checkbox"/> Not Eligible - refused to participate  <input type="checkbox"/> Not Eligible - no SA/MH issue</p> <p><b>If client is not eligible for any reason stop here. If eligible for services including TASC Assessment Only continue.</b></p> <p><b>9. State of Arrest</b> <input type="text"/> <input type="text"/> (enter 2-letter postal code)              → (Skip to 10 if state is <u>NOT</u> NC)</p> <p><b>9b. NC County of Arrest</b> <input type="text"/> <input type="text"/> (2-digit county code)</p> <p><b>9c. NC Docket Number (primary)</b>  <input type="text"/> <input type="text"/> <b>C R</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>10. TASC Screening Date</b>  <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>11. TASC Assessment Date</b>  <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>12. Is client of Hispanic, Latino, or Spanish origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>13. Client Race</b>  <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><b>14. Client Marital Status</b>  <input type="checkbox"/> Married <input type="checkbox"/> Divorced  <input type="checkbox"/> Never married <input type="checkbox"/> Widowed  <input type="checkbox"/> Separated</p> <p><b>15. Employment Status</b>  <input type="checkbox"/> Employed full-time (35 or more hours per week) → (skip to 16)  <input type="checkbox"/> Employed part-time (less than 35 hours per week) → (skip to 16)  <input type="checkbox"/> Unemployed (seeking work or on layoff from job) → (skip to 16)  <input type="checkbox"/> Not in labor force (not seeking work)</p> <p><b>15b. If not in labor force, what best describes the client's situation?</b>  <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Other  <input type="checkbox"/> Student <input type="checkbox"/> Disabled</p> <p><b>16. Client's Educational Level</b>  <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><b>17. Current Educational Enrollment</b>  <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><b>18. Referral Source (Mark primary referral)</b>  <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. (NDR) at 940 Main Campus Drive, Suite 140, Raleigh, NC 27606. Sponsored by the NC DMH/DD/SAS.

53993



SAMPLE Form Only / Do Not Use for Form Submission Purposes

Client Social Security Number  
   -   -

TASC CJM Intake  
 (9/12005 Version)

2

<p><b>19. Primary Substance Abuse Problem:</b></p> <p><input type="checkbox"/> None → (skip to 20)</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Other opiate</p> <p><input type="checkbox"/> Hallucinogen</p> <p><input type="checkbox"/> Amphetamine</p> <p><input type="checkbox"/> Tranquilizer</p> <p><input type="checkbox"/> Inhalant</p> <p><input type="checkbox"/> Over-the-counter</p> <p><b>19b. How often was primary substance used in past year?</b></p> <p><input type="checkbox"/> No use</p> <p><input type="checkbox"/> Less than once a month</p> <p><input type="checkbox"/> 1-3 times a month</p> <p><input type="checkbox"/> 1-2 times a week</p> <p><input type="checkbox"/> 3-6 times a week</p> <p><input type="checkbox"/> Daily</p>	<p><b>21. Substance(s) Related to Arrest:</b>                  (Mark all that apply)</p> <p><input type="checkbox"/> None <input type="checkbox"/> Hallucinogen</p> <p><input type="checkbox"/> Alcohol <input type="checkbox"/> Amphetamine</p> <p><input type="checkbox"/> Marijuana <input type="checkbox"/> Tranquilizer</p> <p><input type="checkbox"/> Cocaine <input type="checkbox"/> Inhalant</p> <p><input type="checkbox"/> Heroin <input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> Other opiate</p>	<p><b>22. TASC Priority Population</b></p> <p><input type="checkbox"/> Intermediate punishment offender</p> <p><input type="checkbox"/> Offender who completed a DOC program</p> <p><input type="checkbox"/> Community punishment violator</p> <p><input type="checkbox"/> Other DCC referral</p> <p><input type="checkbox"/> Other CJS/Judicial referral</p>
<p><b>20. Secondary Substance Abuse Problem:</b></p> <p><input type="checkbox"/> None → (skip to 21)</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Other opiate</p> <p><input type="checkbox"/> Hallucinogen</p> <p><input type="checkbox"/> Amphetamine</p> <p><input type="checkbox"/> Tranquilizer</p> <p><input type="checkbox"/> Inhalant</p> <p><input type="checkbox"/> Over-the-counter</p> <p><b>20b. How often was secondary substance used in past year?</b></p> <p><input type="checkbox"/> No use</p> <p><input type="checkbox"/> Less than once a month</p> <p><input type="checkbox"/> 1-3 times a month</p> <p><input type="checkbox"/> 1-2 times a week</p> <p><input type="checkbox"/> 3-6 times a week</p> <p><input type="checkbox"/> Daily</p>	<p><b>23. Crime type</b> (Most serious crime related to TASC referral)</p> <p><input type="checkbox"/> Violent Felony <input type="checkbox"/> Violent Misdemeanor</p> <p><input type="checkbox"/> Property Felony <input type="checkbox"/> Property Misdemeanor</p> <p><input type="checkbox"/> Drug Felony <input type="checkbox"/> Drug Misdemeanor</p> <p><input type="checkbox"/> Other Felony <input type="checkbox"/> Other Misdemeanor</p>	
<p><b>24. SA Target Population(s)</b> Mark all that apply</p> <p><input type="checkbox"/> Substance users involved with CJS <input type="checkbox"/> DWI</p> <p><input type="checkbox"/> Injection drug user <input type="checkbox"/> Deaf or hard of hearing</p> <p><input type="checkbox"/> Communicable disease <input type="checkbox"/> Child or adolescent with primary SA disorder</p> <p><input type="checkbox"/> Opioid dependence <input type="checkbox"/> Child SA selected prevention</p> <p><input type="checkbox"/> Substance abusing women with children <input type="checkbox"/> Child SA Indicated prevention</p> <p><input type="checkbox"/> DSS involved parents <input type="checkbox"/> None</p> <p><input type="checkbox"/> High management adults</p>		
<p><b>25a. Is this a TASC Assessment ONLY case?</b></p> <p><input type="checkbox"/> Yes → (stop here, no further CJM reporting is required for this client)</p> <p><input type="checkbox"/> No</p> <p><b>25b. Level of Care Management Recommended</b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III</p> <p><b>25c. Primary/Initial Service(s) Recommended:</b> (Mark all that apply)</p> <p><input type="checkbox"/> Drug and Other Education Classes <input type="checkbox"/> Residential</p> <p><input type="checkbox"/> DES <input type="checkbox"/> Therapeutic Community</p> <p><input type="checkbox"/> CBI <input type="checkbox"/> Pre-trial Services</p> <p><input type="checkbox"/> Mental Health Services <input type="checkbox"/> Jail Program</p> <p><input type="checkbox"/> Pre-treatment Education <input type="checkbox"/> Drug Treatment Court</p> <p><input type="checkbox"/> Outpatient <input type="checkbox"/> CJPP Services</p> <p><input type="checkbox"/> Intensive Outpatient (IOP) <input type="checkbox"/> DART Cherry</p> <p><input type="checkbox"/> Day Treatment</p>		

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53993



**SAMPLE Form Only / Do Not Use for Form Submission Purposes**

**Client Social Security Number**  
   -   -

**TASC CJM Six-Month Update 1**  
*(9/1/2005 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. Date Client Admitted to TASC (this episode)**  
  /   /

**3. County of TASC Management**  
  (2-digit county code)

**4. Care Manager ID**

**5. Client Date of Birth**  
  /   /

**6. Client Identifier ("Unique ID")**  
   -    
*First 3 letters last or maiden name      First Initial*

**10. 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"/>

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

**12. 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>

**13. Current Level of Care Management**

Level I       Level II       Level III

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

**8. Is client currently enrolled in a GED or other educational program?**  
 Yes       No

**9. Employment Status**

Employed full-time (35 or more hours per week) → *(skip to 10)*

Employed part-time (less than 35 hours per week) → *(skip to 10)*

Unemployed (seeking work or on layoff from job) → *(skip to 10)*

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

**14. Service(s) Progress:** For the following services choose whether the client is currently receiving (enrolled in) the service or has completed the service. If neither, leave blank.

	<i>Currently Enrolled</i>	<i>Completed</i>
TASC Assessment.....	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Other Education Classes.....	<input type="checkbox"/>	<input type="checkbox"/>
DES.....	<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"/>
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"/>
CJPP Services.....	<input type="checkbox"/>	<input type="checkbox"/>
DART Cherry.....	<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**  
 (9/1/2005 Version)

**1**

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

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;">1</td> <td style="width:20px; height:20px;">2</td> <td style="width:20px; height:20px;">3</td> <td style="width:20px; height:20px;">4</td> <td style="width:20px; height:20px;">5</td> <td style="width:20px; height:20px;">6</td> <td style="width:20px; height:20px;">7</td> <td style="width:20px; height:20px;">8</td> <td style="width:20px; height:20px;">9</td> <td style="width:20px; height:20px;">0</td> <td style="width:20px; height:20px;">X</td> </tr> </table>										1	2	3	4	5	6	7	8	9	0	X
1	2	3	4	5	6	7	8	9	0	X										
<p><b>1. Date Client Discharged from TASC</b>  <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>2. Date Client Admitted into TASC (this episode)</b>  <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>3. County of TASC Management</b>  <input type="text"/> <input type="text"/> (2-digit county code)</p> <p><b>4. Care Manager ID</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>11. Employment Status at Discharge</b></p> <p><input type="checkbox"/> Employed full-time (35 or more hours per week) → (skip to 12)</p> <p><input type="checkbox"/> Employed part-time (less than 35 hours per week) → (skip to 12)</p> <p><input type="checkbox"/> Unemployed (seeking work or on layoff from job) → (skip to 12)</p> <p><input type="checkbox"/> Not in labor force (not seeking work)</p> <p><b>b. If not in labor force, what best describes the client's situation?</b></p> <p><input type="checkbox"/> Homemaker      <input type="checkbox"/> Retired      <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Student      <input type="checkbox"/> Disabled</p>																			
<p><b>5. Client Date of Birth</b>  <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/></p> <p><b>6. Client Identifier ("Unique ID")</b>                  First 3 Letters of last name <input type="text"/> <input type="text"/> <input type="text"/>      First initial <input type="text"/></p>	<p><b>12. Number of face-to-face Care Manager contacts with client during TASC?</b>  <table style="display: inline-table; border: 1px solid black;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td align="center">Scheduled</td><td align="center">Attended</td></tr> </table> </p>			Scheduled	Attended															
Scheduled	Attended																			
<p><b>7. Reason for Discharge</b></p> <p><input type="checkbox"/> TASC Services Complete</p> <p><input type="checkbox"/> Probation non-compliance/revocation</p> <p><input type="checkbox"/> Client deceased</p> <p><input type="checkbox"/> Client moved/relocated</p> <p><input type="checkbox"/> TASC Non-compliance/no-show</p>	<p><b>13. Level of Care Management prior to discharge</b></p> <p><input type="checkbox"/> Level I      <input type="checkbox"/> Level II      <input type="checkbox"/> Level III</p>																			
<p><b>8. Client's Educational Level</b></p> <p><input type="checkbox"/> Less than 9th grade</p> <p><input type="checkbox"/> Less than 12th grade</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> HS diploma</p> <p><input type="checkbox"/> Some college</p> <p><input type="checkbox"/> College degree or more</p> <p><b>9. Was a GED or other degree(s) completed during TASC?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>10. Is client currently enrolled in a GED or other educational program?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>14. Service(s) Completed: (Mark all that apply)</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> TASC Assessment</td> <td><input type="checkbox"/> Residential</td> </tr> <tr> <td><input type="checkbox"/> Drug and Other Education Classes</td> <td><input type="checkbox"/> Therapeutic Community</td> </tr> <tr> <td><input type="checkbox"/> DES</td> <td><input type="checkbox"/> Pre-trial Services</td> </tr> <tr> <td><input type="checkbox"/> CBI</td> <td><input type="checkbox"/> Jail Program</td> </tr> <tr> <td><input type="checkbox"/> Mental Health Services</td> <td><input type="checkbox"/> Drug Treatment Court</td> </tr> <tr> <td><input type="checkbox"/> Pre-treatment Education</td> <td><input type="checkbox"/> CJPP Services</td> </tr> <tr> <td><input type="checkbox"/> Outpatient</td> <td><input type="checkbox"/> DART Cherry</td> </tr> <tr> <td><input type="checkbox"/> Intensive Outpatient (IOP)</td> <td><input type="checkbox"/> None Completed</td> </tr> <tr> <td><input type="checkbox"/> Day Treatment</td> <td></td> </tr> </table>	<input type="checkbox"/> TASC Assessment	<input type="checkbox"/> Residential	<input type="checkbox"/> Drug and Other Education Classes	<input type="checkbox"/> Therapeutic Community	<input type="checkbox"/> DES	<input type="checkbox"/> Pre-trial Services	<input type="checkbox"/> CBI	<input type="checkbox"/> Jail Program	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Drug Treatment Court	<input type="checkbox"/> Pre-treatment Education	<input type="checkbox"/> CJPP Services	<input type="checkbox"/> Outpatient	<input type="checkbox"/> DART Cherry	<input type="checkbox"/> Intensive Outpatient (IOP)	<input type="checkbox"/> None Completed	<input type="checkbox"/> Day Treatment		
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<input type="checkbox"/> Outpatient	<input type="checkbox"/> DART Cherry																			
<input type="checkbox"/> Intensive Outpatient (IOP)	<input type="checkbox"/> None Completed																			
<input type="checkbox"/> Day Treatment																				
<p><b>15. Drug tests results from all sources in the past 90 days (or since admission if client was not in TASC for 90 days):</b></p> <p>a. Number Conducted: <input type="text"/> <input type="text"/>      b. Number Positive: <input type="text"/> <input type="text"/></p> <p><b>c. How often did each substance appear for all tests conducted:</b></p> <table style="width:100%; text-align: center;"> <tr> <td>Alcohol</td> <td>THC</td> <td>Opiates</td> <td>Beizo.</td> <td>Cocaine</td> <td>Amphetamines</td> <td>Barbiturates</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> </table>		Alcohol	THC	Opiates	Beizo.	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"/>					
Alcohol	THC	Opiates	Beizo.	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"/>														

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# 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.



# Transmittal Form

## Intake, 6-Month Update and Discharge TASC CJM Forms

*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