



Brief Report Series

Transitional Case Management for Parolees: Update

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Rationale. A major obstacle to the effectiveness of community treatment for substance-abusing parolees is low treatment engagement; that is, parolees often fail to show up for scheduled treatment and, even if they do, they tend to drop out early. This is particularly a problem where participation in community treatment is voluntary. There is thus a need to improve the transition between prison treatment and community treatment in order to increase the likelihood that offenders in correctional treatment programs enter community treatment and remain there long enough to maximize the chance that treatment will be effective (usually 90 days).

In an effort to address problems involved in parole re-entry, the Transitional Case Management (TCM)

intervention tested a model of strengths-based case management consisting of (1) completion by the inmate of a strengths and goals assessment as part of discharge planning, (2) a telephone conference call that included the inmate and people central to the inmate's aftercare plan (including the parole officer), and (3) strengths case management for 12 weeks in the community to promote treatment participation and increase the client's access to needed services. (For a more detailed description, see Prendergast & Cartier, 2008.)

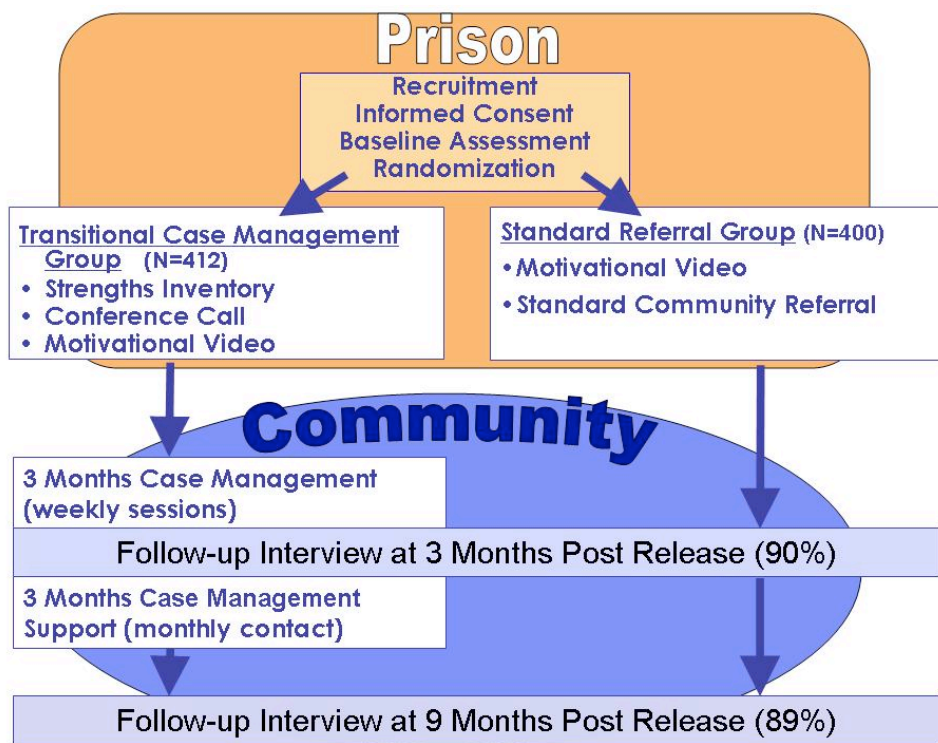
Specific Aims. The TCM study was designed to:

1. Increase the likelihood that offenders with substance abuse problems leaving prison with a referral to community treatment will enroll in treatment.
2. Increase the amount of time that offenders participate in community treatment.
3. Assist clients to obtain needed services during the first 12 weeks of parole.
4. Reduce relapse and reoffending during and following treatment.
5. Achieve results at a favorable cost-effectiveness ratio.
6. Encourage greater collaboration between the treatment and criminal justice systems.

Procedures. Study participants in four states were inmates who had a referral to community substance abuse treatment and were recruited in prison or other confined correctional setting. After informed consent and a baseline interview, they were randomly assigned to one of two conditions: (1) the Transitional Case

Management (TCM) condition and (2) the Standard Referral (SR) condition (see study design diagram below). Detailed assessments occurred at baseline and at three and nine months following release to parole. Data from treatment and criminal justice records, including costs, were also collected. Treatment and criminal justice staff completed surveys on agency collaboration and cooperation.

TCM Study Design



Recruitment and Follow-up. Recruitment of 812 participants was completed in March 2007, with 411 randomly assigned to the TCM group and 401 to the SR group (one SR participant inadvertently received TCM services). Twenty-five percent of the participants were women, allowing for analysis of gender differences. Case management services were provided from January 2005 through December 2007. Of the recruited sample, 47 participants (25 TCM; 22 SR) were either not released from prison in time to participate in community services or paroled to a

county or state where TCM services were not available. Follow-up interviews were not conducted with these participants, but their criminal justice records were obtained. The follow-up interview rate was 90% at three months and 89% at nine months. The TCM and the SR groups were comparable at baseline and follow-up on demographic, drug use, and crime variables.

Case Management Implementation. Participants in both groups received the standard planning, referral, and post-release supervision services that were available to offenders within each state’s correctional system, and participants in both groups received a referral to community-based substance abuse treatment funded at least in part by state or local dollars. In addition, the TCM group received case management services. Case managers helped inmates complete a Strengths Inventory and Goals Plan two months prior to release, coordinated a Case Conference Call one month prior to release, and after release provided three months of case management services in weekly office or telephone sessions with clients.

Among TCM clients, 96.6% completed the Strengths Assessment, 71.5% participated in the Case Conference Call, and 69.2% attended four or more community case management sessions, with 13% attending no sessions. TCM clients attended an average of 5.7 of the 12 schedule community sessions. The two main reasons that clients did not attend at least four sessions were incarceration (24%) and failure of clients to respond to repeated attempts by the case manager to engage them in services (46%).

Services logs kept by the case managers documented the delivery of case management services (see Coen et al., Under review). They indicate that case managers provided an average of 2.7 different types of services in each community session with clients. Also, the re-entry needs that received the most attention by clients and case managers were accessing substance abuse treatment, finding housing, locating employment or job training, and assuring finances/income. Clients reported that the most common barriers to obtaining needed services were systems issues (e.g., wait list to enter a treatment program), financial issues (e.g., no money to pay for substance abuse treatment), having a criminal record, missing documentation (e.g., birth certificate), and not having transportation.

Outcomes. With few exceptions, the TCM model of case management did not improve outcomes of parolees with a history of substance abuse; at the three- and nine-months follow-up assessments, the outcomes of clients in the TCM group and the SR group were similar.

<p>Principles of Strengths Case Management</p> <ul style="list-style-type: none">➤ Focus on strengths, not on pathology or deficits.➤ Strong bond between case manager and client.➤ Needs and goals determined by the client.➤ Aggressive outreach by case manager.➤ Case manager assists client's ability to learn, grow, and change.➤ Community regarded as a source for formal and informal resources and services. <p>Rapp & Wintersteen, 1989</p>
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Treatment Services. On the main intended outcome of encouraging treatment participation, the groups did not show a statistically significance difference, with 59.7% of clients in the TCM group reporting having received any type of drug treatment service in the three months since release compared with 62.7% in the SR group. But for those who received residential treatment (n=62), TCM clients did report attending significantly more sessions than the SR group, an average of 83 days compared with 62 days (p < .05).

Other Services. Of 11 other community services assessed, the TCM group and the SR group showed statistically significant differences on two of them. Of those who received occupational and/or educational assistance (n=95), TCM clients reported an average of 20 visits compared with 10 for Standard Referral clients (p < .05). Of those who received financial services (e.g., assistance with welfare, Social Security) (n=202), TCM clients reported an average of 1.8 visits compared with 1.5 for SR clients (p < .05).

Drug Use. Self-reported drug use in the past 30 days did not differ significantly between the two groups, for any use or for use of specific types of drugs. For example, any drug use over the past 30 days was reported by 31.9% of the TCM group and 32.1% of the SR group.

Criminal Justice Involvement. The percentage of participants reporting an arrest in the past three months was nearly the same in the two groups, 21.0% for the TCM group and 20.4% for the SR group. A lower percentage of clients in the TCM group (18.7%) than in the SR group (21.6%) reported any arrest in the past three months, but the difference was not significant. (Criminal justice outcomes based on records are still being collected.)

Employment. Three months following release, 59.3% of TCM clients reported being employed (full or part time) in the past 30 days compared with 61.8% of SR clients (n.s.).

Discussion and Implications. The present study tested strengths case management with parolees. Although strengths CM has been found effective with other populations (mentally ill, substance abusers generally) (Hesse et al., 2008; Siegal, Li, & Rapp, 2002; Vaughan-Sarrazin, Hall, & Rick, 2000), this study found that strengths case management had limited impact on treatment and service participation and on longer-term outcomes of offenders released from prison.

Case management is focused on identifying the needs of clients and referring clients to services intended to address those needs. In strengths case management, the case manager also advocates on behalf of the client and encourages the client to seek formal and informal sources of support. Although a case manager can help to identify and coordinate services, whether client needs are met—and outcomes improved—may depend largely on the availability and quality of services provided in a particular community.

The actual dosage received (about six community sessions) was similar to that reported in other case management studies (Prendergast et al., Under review), although for this population, a greater intensity of case management services may be needed. Outcomes with this model might be improved if the case manager were located within a parole agency or a service agency where closer collaboration with service systems would be possible. In addition, participation in case management services might be improved through greater cooperation with parole officers or through incentives for session attendance.

Further work on the TCM study will analyze three- and nine-month outcomes using treatment and criminal justice records, examine types of clients for which case management appears to be most effective, assess outcomes by services needed and received, and examine cost issues.

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For information on TCM and other CJ-DATS studies, go to www.cjdats.org.