



National Institute of Justice

Research Preview

Jeremy Travis, Director

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Case Management With Drug-Involved Arrestees

Research has shown that achieving long-lasting behavior change among drug users—reducing drug use and associated criminality—is unlikely without drug abuse treatment and other supportive services. Drug users at risk for HIV infection often have multiple and immediate unmet needs, yet such drug abusers face unique barriers to receiving services. They have the reputation of being the least desirable group with which to work, the most unstable, and the most uncooperative. Many service agencies establish barriers that discourage access for this population. Because of its focus on leveraging difficult-to-access services, case management is particularly appropriate for persons with both criminal and drug involvement.

A recent study of almost 1,400 arrestees, conducted in two sites between 1991 and 1993 with support from the National Institute of Justice and the National Institute on Drug Abuse, explored effects of intensive case management. The findings revealed that this intervention, delivered for 6 months to drug-involved arrestees released after booking, significantly reduced drug use in one of the two cities and lowered criminal recidivism in both cities in the study.

Case management was no more successful than the other interventions in reducing drug injection-related and risky sexual behaviors implicated in the transmission of HIV, although the investigators do recommend modifications to the case management model that might improve outcomes associated with risk behaviors.

Participation in the study was strictly voluntary. Moderately high levels of participation were sustained without using material rewards or criminal sanctions for noncompliance.

Approach to case management

Agencies in Portland, Oregon, and Washington, D.C., experienced in providing case management to populations similar to the drug- and crime-involved study participants, were contracted to implement and evaluate a case management program for drug-involved arrestees

in the two cities. Certain minimal parameters were stipulated:

- Average caseload size was set at 30 per full-time case manager. An average of two face-to-face contacts and two telephone contacts per month was the recommended minimum level of service for each active client.
- Agencies were required to have formal referral arrangements with specified types of community service providers, including those offering drug treatment programs; HIV prevention programs, counseling, and testing sites; and health and human service agencies.
- Case management and other study staff were prohibited from providing to the criminal justice system information about any project participant.

Comparison interventions. Participants were assigned at random to one of three types of interventions: control, intermediate, or enhanced. All participants viewed a specially prepared motivational/educational videotape and received a referral guide to relevant services in their community. This was the extent of case management for the control group. Participants assigned to intermediate intervention also received one counseling and referral session with a specialist. Those assigned to enhanced intervention were enrolled in the full 6-month program.

Outcomes were evaluated using formal assessment instruments to measure self-reported behavior at the start of the program and again at 3 months and 6 months, and independent data from criminal justice and drug treatment systems were analyzed to gauge the validity of these self-reports.

Outcomes related to drugs and crime

Reductions in drug use and increased drug abuse treatment enrollment were reported by participants in all three interventions. In Washington, D.C., case management participants reduced drug use to a greater extent than participants assigned to the two other interventions, and case management participants were also more likely to report enrollment in drug abuse treatment. While case

management participants in Portland did not differ from participants in the two other interventions with regard to drug use or treatment enrollment, case management clients who received more intensive services were more likely to enroll in treatment.

In both cities, case management participants reported less criminal behavior than other participants. In Washington, the reported reduction was corroborated by criminal justice system data showing that case management participants were less likely to be rearrested than other participants.

Outcomes related to HIV prevention

Because the Washington sample had few needle users, changes in needle-use practices were examined only in Portland, where all participants reported reduced sharing of needles and increased needle cleaning. Case management participants reported safer needle use practices—a trend that did not reach significance. In both cities, significantly fewer participants reported multiple sexual partners between the study's onset and followup interviews. The trend toward increased condom use among sexually active participants reached statistical significance in Washington but not in Portland.

Lessons from this study

Some aspects of the experimental design limit its generalizability. Self-reports may have been exaggerations to please study staff. Although case management engaged and retained clients without compensating them for participation, a stipend (paid to all participants for three interviews) probably accounted for the success of the initial recruitment.

Despite these limitations, case management shows promise in helping to improve behavioral outcomes in a popula-

tion considered resistant to ameliorative interventions. This project suggests the need for continued integration of a public health approach into a criminal justice setting.

Case management in this project had some unique aspects. It incorporated the drug counseling and referral elements of traditional treatment programs but without their supervisory and coercive elements (including periodic urine testing). Although participants were recruited from among arrestees, the interventions were not conducted within the criminal justice system, and this factor contributed to compliance. The absence of coercion appeared to enhance the relationship between case managers and clients. In establishing rapport, case managers crossed boundaries maintained in conventional counseling through limited amounts of self-disclosure and direct expressions of emotional support. The case management strategy was more tolerant of relapse or recidivism.

The investigators suggest that incorporating HIV/AIDS intervention directly into the project may improve behavioral outcomes related to HIV risk reduction. It seems reasonable to project that improved management training and supervision and a more targeted and tailored approach would yield better results.

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