



Women Offender Case Management Model

U.S. Department of Justice
National Institute of Corrections
320 First Street, NW
Washington, DC 20534

Morris L. Thigpen
Director

Thomas J. Beauclair
Deputy Director

Maureen Buell
Project Manager

National Institute of Corrections
www.nicic.gov



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WOMEN OFFENDER CASE MANAGEMENT MODEL

Prepared for the:

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**By Orbis Partners, Inc.
111 Colonnade Road North, Suite 207
Ottawa, Ontario
K2E 7M3**

613-236-0773

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CHAPTER

1 INTRODUCTION

Guide to Contents:

1. Overview
 2. History of the Project
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1. OVERVIEW

This paper introduces a conceptual model that will be used to guide the delivery of gender-responsive case management services to criminal justice involved women. The Women Offender Case Management Model (WOCMM) evolved from gender-informed, evidence-based practices and is designed to reduce recidivism, increase the availability of services, and enhance the lives of women.

2. HISTORY OF THE PROJECT

The need for a gender-responsive case management model emerged from two major initiatives undertaken by the National Institute of Corrections (NIC) over the last 20 years. First, NIC has focused on creating a seamless, system-wide model for offenders transitioning from prison. The Transition from Prison to Community Initiative (TPCI) provides a framework for agencies to implement best practices in an effort to improve re-entry outcomes for offenders. A fundamental principle of TPCI is to achieve continuity across agencies and over time as offenders move through various phases – sentencing, the institutional phase, release phase, community phase and discharge and aftercare phase. Until recently, state agencies involved with the TPCI pilot have focused attention primarily on building a collaborative network and establishing policy reform. They are now ready to implement evidence-based case management practices.

The second initiative that has been instrumental in shaping this project concerns the needs of women entering the criminal justice system. Influenced by growing demands from the field and an emerging body of literature, the National Institute of Corrections has been instrumental in

establishing the rationale for a gender-responsive approach. Bloom, Owen & Covington (2004) have formulated six guiding principles to facilitate the implementation of correctional interventions with women. The principles provide a framework for effective practice when working with women however, the development and evaluation of specific gender-responsive services and supervision practices such as assessment, classification, and case planning has not been undertaken.

In September of 2005, Orbis Partners, Inc. submitted a proposal to the National Institute of Corrections (NIC) to design a case management model for women who are incarcerated or under probation/parole supervision. The overarching goal of this project is to create a comprehensive gender-specific case management model that can be implemented and evaluated within two pilot sites and then replicated in institutional and community settings.

CHAPTER

2

PHILOSOPHY & CORE PRACTICES

Guide to Contents:

- A. Overview
 - B. Philosophy of WOCMM
 - C. Core Practices
-

A. OVERVIEW

In this section we begin to define the theory and philosophy underlying the Case Management Model and to elaborate on the core practices that will guide implementation.

B. PHILOSOPHY(DEFINING THE CASE MANAGEMENT MODEL)

The project is defined by two overlapping philosophical tenets:

First, the case management model should be gender-responsive suggesting that the design and delivery of services are based on theory and research concerned with women.¹ Bloom, Owen & Covington (2004) have formulated six guiding principles to facilitate the development and implementation of a gender-responsive approach. These principles will serve as a framework to implement the WOCMM model.

The second philosophical tenet is based on the belief that case management services should have the goal not only of reducing criminal behavior but increasing the health and well being of women, their families and community.

¹ We have adopted the definition of gender responsive services provided by Maniglia (2000)... "services which intentionally allow gender identity and development to affect and guide [all aspects of] program design and service delivery."

Defining Case Management:

We believe that CASE MANAGEMENT should be a dynamic, seamless process that commences at the time of sentencing and continues beyond discharge from prison and/or community supervision *until the woman is stabilized in her community*. In order to be successful the process must be dynamic and collaborative. This means that:

“The professional team should work collaboratively with the woman offender in an effort to define individual needs and strengths in order to establish mutually agreed upon outcomes. Given that personal needs, situational, and contextual factors are likely to change as the woman offender transitions through the criminal justice system it is critical that the professional team use a common framework to monitor progress and update outcomes from sentencing to discharge.”

C. CORE PRACTICES

Nine core practices guide the implementation of the Women Offender Case Management Model.

#1: Provide a comprehensive Case Management Model that addresses the complex and multiple needs of women in conflict with the law.

WOCMM is a comprehensive service that was developed exclusively for women in conflict with the criminal justice system. The model recognizes that women often present with complex needs and face multiple challenges. Therefore, a critical element of the WOCMM model is to work closely with women to build social capital² through the renewal, identification and maintenance of mutually supportive services.

This principle is realized through the provision of services that may include, information, advice, treatment, assessment, brokerage and referral across four primary areas - vocational, family/social, personal, and life needs.

#2: Recognize that all women have strengths that can be mobilized.

WOCMM is based on the underlying premise that all women entering the criminal justice system have strengths and resources that can be mobilized

² Social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them. In that sense social capital is closely related to what some have called “civic virtue.” The difference is that “social capital” calls attention to the fact that civic virtue is most powerful when embedded in a sense network of reciprocal social relations.

to address challenges and mediate the impact of risk. This belief may run counter to traditional approaches which focus exclusively on risk factors. WOCMM recognizes the need to focus on risk factors linked to criminal behavior however this model also encourages staff and women to identify protective factors and to work with women to build upon existing strengths.

#3: Ensure the collaborative involvement of women to establish desired outcomes.

Most experts would agree that intrinsic motivation is essential to enhance long-term outcomes. This means that desired outcomes of the case management process must be meaningful to the individual woman being served. WOCMM believes that by conducting a comprehensive gender-responsive assessment, women and case managers can actively explore and identify challenges and strengths that require attention to circumvent future criminal justice involvement. This process can assist women to increase awareness of individual risk and protective factors, to prioritize need areas and to make informed decisions with respect to critical services.

#4: Promote services that are “limitless”.

Often the supports and resources made available to women while involved with the criminal justice system are removed once court-ordered obligations have been met. This can contribute to de-stabilization and a recurrence of problematic and criminal behavior. WOCMM was designed to ensure that services begin when women enter the criminal justice system and continue beyond prison and/or community supervision until the woman indicates that she no longer requires services. The provision of “limitless” services is an essential and promising strategy designed to decrease the probability of recidivism and/or the recurrence of problem behavior.

#5: Match services in accordance with risk level and need.

The risk principle is one of three empirically validated characteristics of effective intervention (Andrews, Bonta & Hoge). The risk principle assumes that criminal behavior can be predicted and that offenders at greatest risk require the most intensive supervision and service. Considerable evidence has been offered in support of the risk principle (Andrews & Bonta, 2005; Lipsey, 2005, etc.) however, the preponderance of research focuses on male offenders.

Several researchers have raised concerns regarding the applicability of this principle for women (Blanchette & Brown, 2006). For example, recent evidence suggests that women have specific or unique needs that are not assessed by existing risk measures (Hardyman & Van Voorhis, 2004). This

has contributed to the misclassification of women as well as the failure to identify and target important criminogenic and non-criminogenic needs. To ensure the appropriate application of this principle, WOCMM will promote the use of a gender-responsive risk assessment that includes predictors of relevance to women offenders.

#6: Build links with the community.

Many women transitioning from prison or who are supervised in the community reside in neighborhoods that elevate risk to their personal safety as well as expose them to situations that may contribute to future criminal justice involvement. Often communities lack basic resources or women offenders no longer qualify for services. To address these challenges WOCMM must serve not only to request services but to help communities build the capacity to work with women offenders.

#7: Facilitate WOCMM through the establishment of a multi-disciplinary "Case Management Team".

The "team" approach to case management is essential to the delivery of this model. Team members consist of the "woman" who works in conjunction with representatives from a variety of disciplines including correctional, health professionals, teachers, Clergy, and other supports.

Similar to traditional case management models, referral and brokerage are an important part of the WOCMM model. Unlike traditional case management models team members are encouraged to offer direct services, including assessment, treatment and mentoring when appropriate or needed.

Formation of the case management team is a critical first step in the implementation process. The team will focus on developing a mission statement and operating procedures including a policy outlining the limits to confidentiality and information sharing. To promote a safe and respectful atmosphere, all policies are reviewed with the woman prior to involvement in the case management process. In addition, as a member of the team, each woman is given access to the risk assessment results and other information used to develop the case plan.

Principle #8: Monitor progress and evaluate outcomes.

Evaluation is critical to the implementation of this model. This means that a number of measurement and case management tools will be used to identify needs and to monitor the woman's progress throughout her involvement in the case management process. The "team" will develop a feedback

mechanism to ensure that the case plan serves to address needs in a timely fashion and that the plan contributes to positive outcomes.

In addition to process information WOCMM was designed to contribute to the outcome literature and to increase knowledge about promising practices.

Principle #9: Implement procedures to ensure program integrity.

The safe and effective delivery of services to women requires attention to program integrity and quality assurance. Team members will be provided with training, cross-training, ongoing supervision and the resources necessary to ensure adherence to the model.

CHAPTER

3 THE PROCESS

Guide to Contents:

- A. Overview
- B. What Does the Process Look Like?
- C. The Four Core Elements:
 - a. Engage and Assess
 - b. Enhance Motivation
 - c. Implement the Case Plan
 - d. Review Progress
- D. Delivering WOCMM

A OVERVIEW

In this section we begin to explore the case management process and how it is delivered across all phases of supervising women offenders sentenced to probation or in transition from prison to the community. We also look more closely at the core elements of WOCMM. Essentially we see 4 distinct but overlapping stages that are consistently revisited as goals are achieved and/or modified to accommodate the needs of women. Practitioner expectations and participant outcomes are summarized for each of the core elements in Table 3.1 below. A more detailed description of each element is provided in section C.

Table 3.1: THE FOUR CORE ELEMENTS

ELEMENT	CASE MANAGEMENT TEAM RESPONSIBILITIES	ANTICIPATED OUTCOMES
#1: Engage and Assess	<ul style="list-style-type: none"> ▪ Create a safe environment ▪ Focus on building rapport and establishing a respectful relationship ▪ Pre-Assessment Preparation ▪ Orientation ▪ Assessment ▪ Case Analysis <p><i>Intervention Tools: Gender-responsive assessment battery, Case Analysis Worksheet, Looking</i></p>	<ul style="list-style-type: none"> ▪ Increased awareness of the personal, situational and contextual factors that contribute to criminal justice involvement and that impact on life satisfaction. ▪ Increased awareness of strengths that can be mobilized to mediate the impact of risk.

	<i>Back Worksheet)</i>	
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ELEMENT	CASE MANAGEMENT TEAM RESPONSIBILITIES	ANTICIPATED OUTCOMES
#2: Enhance Motivation	<ul style="list-style-type: none"> ▪ Use a gender-responsive approach to enhance motivation ▪ Provide feedback by summarizing the assessment results ▪ Explore the priority targets ▪ Woman is asked to identify personal goals ▪ Review incentives and disincentives <p><i>Intervention Tools: Feedback Worksheet, Decisional Balance Worksheet...</i></p>	<ul style="list-style-type: none"> ▪ Priority targets are identified and defined ▪ Woman expresses the commitment to focus on one or more of the priority targets
#3: Implement the Case Plan	<ul style="list-style-type: none"> ▪ Work collaboratively to develop the case plan. ▪ Develop SMART goals action steps. ▪ Identify personal and social resources that will augment the case plan. ▪ Provide opportunity to explore service and treatment options across four dimensions: Personal, Vocational, Life Needs, and Family Community. ▪ Promote healthy informal relationships that will support change efforts. <p><i>Intervention Tools: Eco-Map; Menu of Gender-Responsive Services; Generic Case Plan</i></p>	<ul style="list-style-type: none"> ▪ Action steps are formalized. ▪ Woman can identify personal and social supports necessary to achieve personal goals.
#4: Review Progress	<ul style="list-style-type: none"> ▪ Review and update progress. ▪ Reinforce successes. ▪ Introduce problem-solving strategies when obstacles arise. ▪ Begin to develop maintenance 	<ul style="list-style-type: none"> ▪ Women are able to self-reinforce when successful and to problem-solve when faced with challenges.

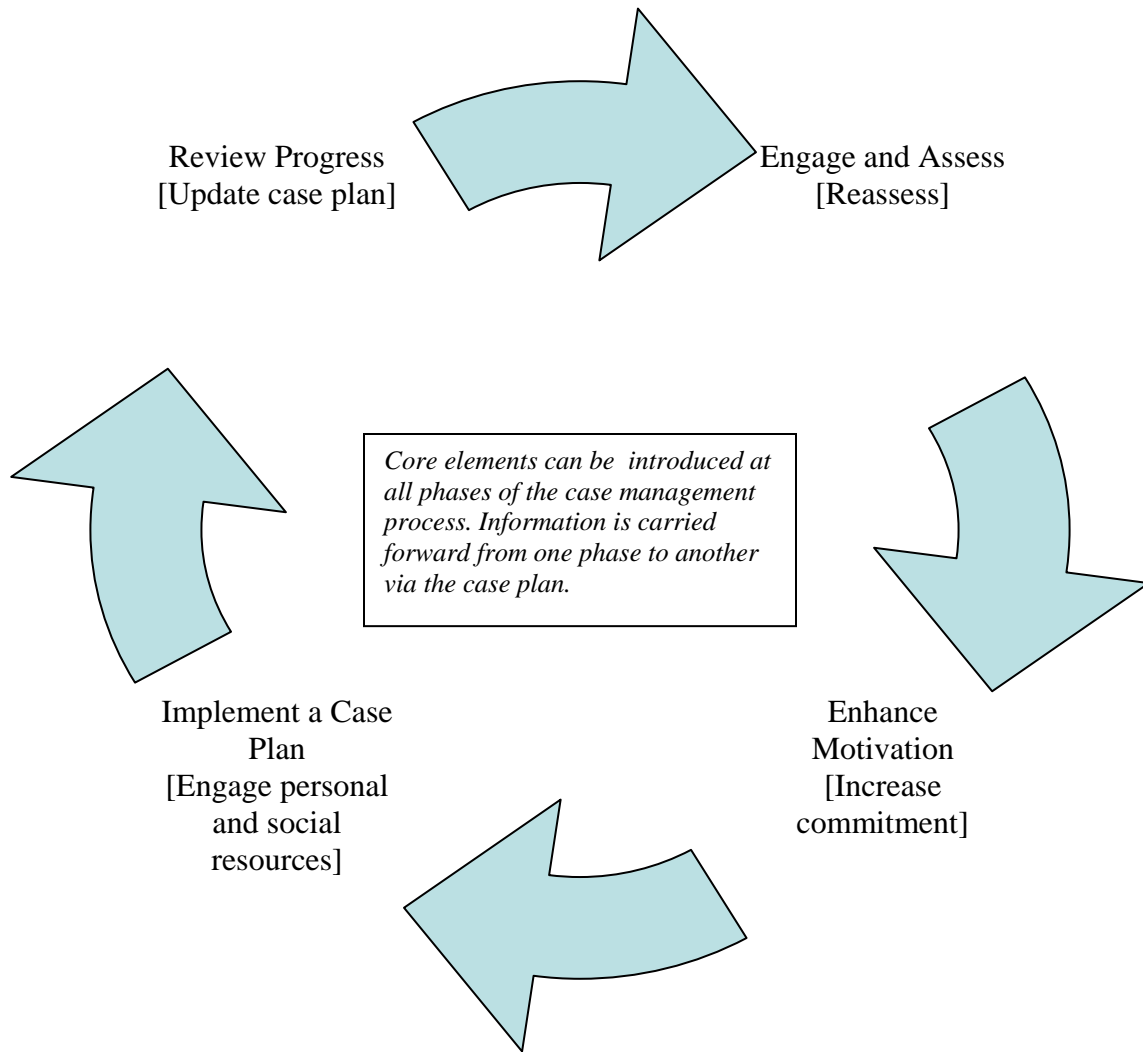
	<p>strategies.</p> <p><i>Intervention Tools: Updated Case Plan, Guidelines for progress review, problem-solving worksheet; maintenance worksheets.</i></p>	<ul style="list-style-type: none"> ▪ Women have developed maintenance strategies to ensure a proactive response to high-risk situations.
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B WHAT DOES THE PROCESS LOOK LIKE?

As indicated above the case management process consists of four distinct but overlapping core elements that are consistently reviewed as new priority targets are incorporated into the case plan. A schematic of the case management process is presented in Figure 3.1.

Ideally goals are achieved by moving through the core elements in a sequential fashion. However, it is anticipated that as women transition through the system or face alternate life circumstances – priority targets will change and/or shift necessitating movement forward or backward.

Figure 3.1: The Case Management Process



C THE CORE ELEMENTS

CORE ELEMENT #1: ENGAGE and ASSESS

A comprehensive assessment is a critical first step in the case management process. The goal of the assessment is to provide women and members of the Case Management Team with a complete picture of personal, situational and contextual factors that contribute to criminal justice involvement and interfere with life satisfaction. The assessment will also provide the opportunity to explore and identify protective factors and strengths. See Table 3.2 for a list of proposed instruments.

Table 3.2: ASSESSMENT INSTRUMENTS

ASSESSMENT	PRIMARY TARGET AND DESCRIPTION
Comprehensive Information (Mandatory)	
Risk/Need Assessment	Assess criminogenic needs and strengths across 10 domains.
Social Support Questionnaire/ Eco - Map	Assess availability and satisfaction with formal and informal supports.
Supplemental Scales (Optional)	
Coping Behavior Inventory	Two versions- the first assesses confidence to mobilize existing resources (personal and social) to deal with addictions and the other is a generic form designed to focus on difficult situations.
Rosenberg Self-Esteem Scale	Assess self-perception and others views of self.
Symptom Checklist SCL-90	Self-reporting clinical rating scale across a range of mental health issues.
INTERVENTION TOOLS	
Case Analysis Worksheet	Integrative summary of criminal behavior.
Looking Back Worksheet	Inventory of social and personal resources and high risk situations.

COMPREHENSIVE INFORMATION

(1) Risk/Need Assessment

The primary instrument proposed for this project is a comprehensive gender-responsive risk/need assessment. The risk/need assessment will provide a general indication of risk for re-offending to assist with classification and to guide decisions regarding the intensity of intervention. The instrument will also provide a complete picture of criminogenic needs (dynamic risk factors) and strengths that impact on current functioning and behavior.

In conjunction with the National Institute of Corrections, Patricia Hardyman and Patricia Van Voorhis (2004) have identified a number of concerns related to the use of risk/need assessments with women offenders. First, most risk/need assessments in current use with women were developed for and validated with male offenders. Research conducted by Hardyman and Van Voorhis (2004) suggest that women are often under or over-classified when these measures are used. Second, the same assessments fail to examine factors that can escalate risk for women in the criminal justice system and/or that have direct impact on case management.

Consistent with the principles and overarching goal of this project it is critical that the risk/need assessment be: (1) gender responsive and, (2) that the results inform and guide the case management process. It is anticipated that the pilot sites will adopt any number of different assessment instruments. To ensure that they meet the criteria for this project we will encourage sites to choose or adapt measures to meet the following criteria:³

- The instrument has been validated for women offenders.
- The instrument provides a comprehensive picture of personal and contextual factors. This means that the instrument must include gender-responsive items such as – child-care, stability factors, history of abuse and trauma, mental and medical health and survival/coping strategies, etc.
- The instrument is dynamic⁴ allowing the team to monitor progress in the short-term and to ensure that women are responsive to the case management process.

³ To ensure consistency in the information that is collected across sites, a summary of the major risk and protective factors will be provided as well as training in eliciting and using the information.

⁴ Some risk need assessment instruments focus primarily on static or chronic factors to guide decisions related to classification and case management. This is problematic – particularly for women because many women experience trauma and abuse as children but do not come to the attention of the courts or mental health professionals until much later in life. An emphasis on static factors will give an incomplete picture of the woman's life experiences, the onset of problems, and the survival strategies used by women to cope with abuse.

- The instrument should help to identify “strength” or “protective factors” within the assessment formula. Protective factors such as personal or social resources that are likely to help reduce or “cushion” the negative impact of risk factors should be assessed.
- Assessment results should guide the development of an integrated case plan approach by providing a summary of risk and needs factors.
- Reassessment results should assist the case management team to monitor progress and outcomes.

Innovations in Risk/Need Assessment:

Until recently there have been few efforts to develop or modify assessments to be gender-responsive. However, there are some recent developments that hold promise.

The National Institute of Corrections, in conjunction with Pat Van Voorhis at the University of Cincinnati, is developing two gender responsive risk assessments:

1. The first is a gender-responsive tool designed to serve as an addendum to existing dynamic risk assessments such as the LSI-R and the Northpointe Compas. The trailer identifies domains pertinent to self-esteem, self-efficacy, parental stress, childhood and adult abuse, relationships dysfunction and relationship and family support. This tool is intended to serve the needs of jurisdictions which have already invested in the implementation of a dynamic risk/needs assessment such as the LSI-R or the COMPAS.
2. The second is a stand-alone instrument designed for women offenders. This instrument taps the following domains: current and prior offense history; mental health; substance abuse; relationship dysfunction; antisocial associates; personal safety; family and relationship support; education; employment; financial situation; access to social services; child and adult abuse; parental stress; child custody issues; self esteem and self efficacy.

Validation research on the instruments is slated for a November, 2006 completion date. Both instruments are dynamic, intending to show change over time, and both identify program issues (risk factors) as well as strengths. Both are public domain instruments, however, staff training is strongly recommended.

Other innovative assessments: Orbis Partners of Ottawa, Canada [www.orbispartners.com] are currently piloting a gender-responsive assessment instrument called the Service Planning Inventory for Women

(SPIn-W). The SPIn-W was designed to guide case management and to explore risk and protective factors across 10 Domains. The domains are listed in Table 3.3.

Table 3.3: A SNAP-SHOT OF THE SPIN.

DOMAIN	INTAKE (STATIC- CHRONIC)	
	INSTITUTIONAL (DYNAMIC)	COMMUNITY (DYNAMIC)
Legal History		
Family and Parenting		
Social Relationships and Community Support	<ul style="list-style-type: none"> ▪ Risk factors ▪ Protective factors ▪ Motivation ▪ Client perception/ knowledge of system support ▪ System responsiveness 	<ul style="list-style-type: none"> ▪ Risk factors ▪ Protective factors ▪ Motivation ▪ Client perception/ knowledge of system support ▪ System responsiveness
Mental Health		
Substance Use		
Medical Care		
Education and Employment		
Living Skills & Stability Factors (Housing and Financial)		
Social/Cognitive Skills/Emotional Expression		
Attitudes		

(2) Social Network

In addition to the Risk/Need assessment, the Case Management Team will be asked to administer the Social Support Questionnaire (SSQ) and to complete an Eco-Map with each woman.

Social Support Questionnaire (SSQ)

The Social Support Questionnaire (SSQ) was developed by Sarason, Sarason, Shearin, and Pierce (1987) to provide a close look at people who are available to provide support and the level of satisfaction with the overall support provided. A copy of the SSQ is presented in Appendix 3.1.

Eco-Map

One of the first attempts to provide a graphic representation of the client’s ecosystem was made by Hartman (1978). Hartman developed the maps for child welfare workers to examine the needs of families and diagram the complex data of such families in pictorial form. According to Longress (1990), the ECO-MAP is a simple paper-and-pencil stimulation that can be used as an assessment, planning, intervention, and evaluation tool.

This tool was designed to organize complex data to portray the woman's systems of interaction. It maps, in a dynamic way, the woman's ecological system, the boundaries of which encompass her life space.

Included in the map are the major systems that are (or ought to be) part of the woman's life and the nature of her relation with those various systems. The map clearly portrays an overview of the woman in context; it pictures the important nutrient or conflict-laden connections between the woman and her world. It demonstrates the flow of resources or the lacks and deprivations. This mapping procedure highlights the nature of the interfaces and points to conflicts to be mediated, bridges to be built, and resources to be sought and mobilized. The process demands an equal level of active and mutual reciprocity between the case manager and the woman that is very empowering because she is given ultimate responsibility for the amelioration and/or resolution of problems.

A copy of the Eco-Map is presented in Appendix 3.1.

INTERVENTION TOOLS

Case Analysis Worksheet

The case analysis worksheet provides an integrative summary of the woman's experiences with the criminal justice system, major criminogenic needs, protective factors and her response to past criminal justice interventions. The team will be encouraged to use the worksheet in an effort to analyze the assessment results and to assist women to identify the priority targets for change.

Looking Back Worksheet

The Looking Back Worksheet is a modified life line that will be used to develop a detailed overview of the significant events in a woman's life. When complete it will provide a picture of how women have responded to major events in their life. From this information an inventory of personal and social resources will be developed. In addition, a record of high risk situations, cues, triggers and beliefs that signal the recurrence of problems will be available.

It is anticipated that most women either reside in or will return to the communities where their problems began. The Looking Back Worksheet will be used by the "team" to assist women to develop and/or use existing strategies when faced with high-risk or difficult situations.

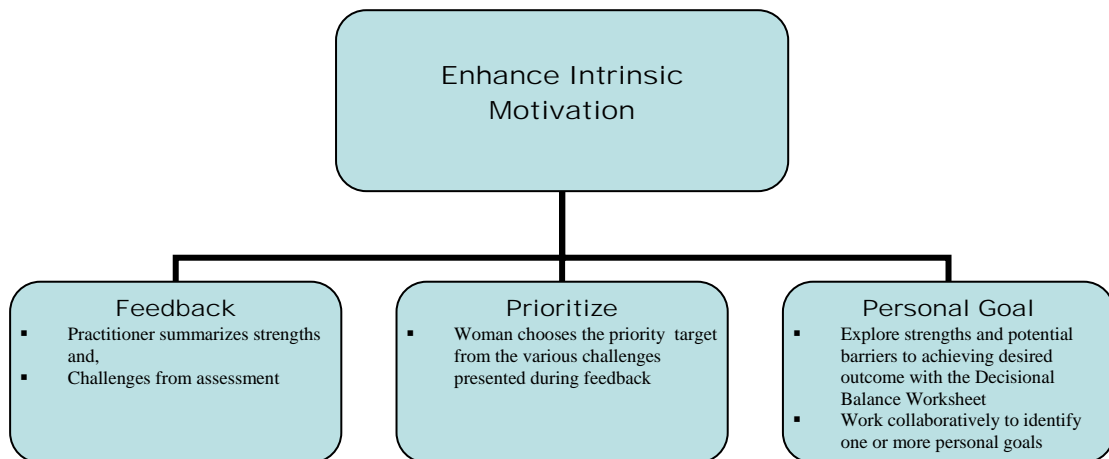
CORE ELEMENT #2: ENHANCE MOTIVATION

Consistent with the second principle of WOCMM it is critical that the case management team work collaboratively with each woman to identify priorities and personal goals.

The need for a collaborative approach has been repeatedly underscored in studies with women. For example, research clearly suggests that intrinsic motivation is a necessary catalyst for change. That is, individuals who value change and are optimistic regarding their success are more likely to report positive outcomes (Miller & Rollnick, 2002).

Many women in the criminal justice system report low levels of efficacy and hopelessness with regard to the future. The prevailing attitude is either – “*I am undeserving*” or “*nothing ever works out for me*”. To enhance motivation we feel it is imperative that the case management team be trained in methods designed specifically to increase commitment and self-efficacy. One modality that captures the “spirit” of a women-centered approach while intentionally working to increase motivation, is Motivational Interviewing (MI). Motivational Interviewing was developed by Miller and Rollnick (1991; 2002) and is defined as a “person-centered, directive method for enhancing intrinsic motivation to change (p. 25).” Research suggests that women with a history of substance abuse are more likely to complete treatment and to remain abstinent when an MI approach is used.

Three very simple strategies that can be used by the case manager to enhance motivation are depicted in the illustration below.



The first strategy requires the practitioner to provide general feedback from the assessment. After reviewing the strengths and major challenges the woman is asked to identify the priority target. The target is redefined as a personal goal and the pros and cons of change are explored using a decisional balance. At the end of this stage, the woman and case management team will have a clear understanding of the woman's personal goals, incentives to change, and potential obstacles to goal achievement.

INTERVENTION TOOLS

Feedback Wheel

A Feedback Wheel will be developed to provide the woman with a visual map of the major strengths and challenges reported during the assessment.

Decisional Balance Worksheet

The Decisional Balance is a tool frequently used by practitioners to explore the pros and cons of change. It will be used by practitioners after the woman has identified a personal goal to assist her to identify incentives and obstacles to change.

CORE ELEMENT #3: IMPLEMENT THE CASE PLAN

In order to address the goals identified in the Case Plan the team must be prepared to deliver and/or broker an array of services. Women offenders present with needs across a number of critical life domains including: family, social network, education and employment, housing, finances, medical, mental health, and others. To mobilize and expand existing resources it is critical that women be presented with a variety of service options and opportunities in four primary areas: vocational, personal, social and life needs. See Table 3.4 for a list of options and opportunities that could be made available to women.

Table 3.4: OPTIONS AND OPPORTUNITIES

VOCATIONAL	PERSONAL	FAMILY/SOCIAL	LIFE NEEDS
Job counseling and training	Trauma	Custody & Access	Hygiene
Education	Substance Abuse	Parent Counseling	Financial
Employment	Emotional Expression	Informal Supports	Housing
Literacy training	Interpersonal Skills	Formal Supports	Transportation
	Cognitive Skills	Visitation Programs	Food/Clothing
	Life Skills	Contact-letters, etc.	Medical Care
	Spirituality	Family Re-unification counseling	Medication compliance
	Eating disorders, self-injury	Child Welfare Liaison	Legal assistance
	Reproductive health	Family Therapy	
	Exercise	Parenting Skills	
	Nutrition	Bereavement	
	Leisure and	Healthy Relationships	

INTERVENTION TOOLS

Eco-Map

Many women live or return to communities that lack basic resources. To address these challenges members of the case management team will be provided with tools such as the Eco-Map to assess strengths, gaps and needs with respect to the woman's existing support network. The team will then work together to identify and build formal and informal supports.

Generic Case Plan

The primary tool introduced during this stage of the model is the *Case Plan*. The Case Plan is a dynamic document that serves a variety of functions. First it provides a summary of the major strengths and challenges faced by the woman.

Second, the Case Plan provides a record of the priority targets chosen by the woman, the long-term goals (outcomes anticipated when in the community) and the short-term goals and action steps (intermediate outcomes).

Third the Case Plan is updated by the Case Manager and reviewed by the Case Management Team at prescribed intervals and therefore it provides a testimonial for the achievements made by each woman.

Fourth the Case Plan serves a critical communication link between all team members.

Finally, the Case Plan provides a record of personal strategies and resources that function to support progress and change. A generic Case Plan is presented in Appendix 3.2.

Menu of Gender Responsive Services

Each Case Management Team will be encouraged to conduct an institution and/or community assessment in order to develop a menu of gender responsive services.

CORE ELEMENT #4: REVIEW PROGRESS

This stage is the core of the WOCMM model because it ensures that the Case Plan is constantly monitored and updated. Essentially the Case Management Team uses the Case Plan to review progress and to make one of three decisions:

- If goals have been achieved then the team works collaboratively to develop new short-term goals or action steps that will assist in the achievement of a long-term goal.
- If the goals and action steps have not been achieved then the viability of the plan is evaluated using a Problem-Solving approach. Barriers to success are explored and solutions are generated to assist in developing alternative action steps or goals.
- Finally, if a long-term goal has been realized then the focus of the Case Plan may switch to a new priority area. It is at this time that women are introduced to Maintenance Strategies.

INTERVENTION TOOLS

Problem-Solving Worksheets

A problem-solving worksheet will be designed to provide women with a tool that can assist them to: (1) anticipate or identify problem situations before they become too big, (2) increase awareness of thoughts and feelings that arise when problems occur, (3) generate solutions to problems, (4) evaluate the outcome, and (5) when successful learn to self-reinforce and when unsuccessful to apply an alternative strategy.

Maintenance Worksheets

A maintenance worksheet will be developed to assist women to anticipate and prepare for high risk situations including relationships and events that can threaten emotional and/or physical safety and life satisfaction.

D DELIVERING WOCMM

WOCMM is a “limitless” and “seamless” program that can begin at sentencing and continue beyond community supervision. It is facilitated by a case manager who meets with a multi-disciplinary team that can include medical personnel, treatment specialists, institutional staff, parole/probation officers, community providers, family members, “mentors” and the woman. The “team” is formed when the woman is referred for case management and is required to meet on an intermittent basis to monitor progress with the case plan. It is anticipated that “team” membership will change over time and/or if the woman transitions from one setting to another.

The four core elements of the WOCMM model operate independently of the setting in which the woman is engaged. However, the primary objectives and priority targets may vary depending on the phase in which women receive case management services.

- **Sentencing and Institution:** At the time of sentencing or entry in the institution the immediate objective is to ensure that women are safe and that they are provided with medical and other support services. Once stabilized women are encouraged to develop resources that will assist them to cope effectively with institutional life as well as, prepare them to return to the community.

It is also during this phase that an emphasis is placed on “mentoring”. That is, a “mentor” would be identified by the “Case Management Team” prior to release or early in the supervision process and begin to take on a more prominent role in working with the woman offender in the community.

Although there is no significant evidence that mentoring can reduce re-offending, it has been reported to improve parenting, reduce symptoms in women with mental health problems and encourage career and education skills. It is therefore likely that a mentoring program for female offenders would prove a useful tool in supporting the women generally and helping them to address the obstacles and challenges associated with community living.

There is excellent information from existing programs to aid in the delivery and identification of mentors. For example, research has helped to specify the qualities and characteristics of the mentor and also the conditions of service. That is, mentoring seems to work best when volunteers are women and when they act intentionally to offer advice and support.

- **Release Phase:** Many women exiting jail or prison have unrealistic expectations regarding their return to the community. As women begin to face the realities of daily living initial optimism can turn to despair. This necessitates the development of an immediate protection plan as well as a release plan. The emphasis of this phase is stabilization in the community, coping with expectations while under community supervision, and the implementation of maintenance strategies.
- **Community Phase:** During this phase women are challenged to apply knowledge and skills and encouraged to continue to build resources and supports across vocational, personal, social and life needs.
- **After-Care:** During this phase, it is anticipated that the frequency of contact will lessen and that the composition of the “case management team” will consist primarily of collaterals in the community. The “team” will continue to review the Case Plan and to reinforce progress. The eventual termination of services will be determined by the woman.

The importance of an aftercare component following discharge has been consistently documented in the treatment outcome literature. Experts agree that sustaining change is extremely challenging over time particularly as the offender loses supervision support. One of the most compelling arguments for an aftercare component has been presented by Shad Maruna in his book, “Making Good” (2002). Maruna conducted interviews with male and female offenders who had extensive criminal histories but were able- eventually to “desist” from a life a crime. Those who were able to “desist” from a life of crime identified support received after discharge as the primary reason for change.

Despite empirical evidence in support of aftercare services, few attempts have been made by private and public agencies to develop this component. This is largely related to the costs associated with continued service and the belief that offenders are no longer clients subsequent to discharge. It is our belief that this component, will not only lead to reductions in recidivism, but will permit us to promote WOCMM as a low-cost alternative to re-incarceration.

Appendix 3.1: Mandatory Assessments

Social Support Questionnaire (SSQ)

I.G. Sarason, B.R. Sarason, E.N. Shearin, & G.R. Pierce (1987)

INSTRUCTIONS:

The following questions ask about people in your environment who provide you with help or support. Each question has two parts. For the first part, list all the people you know, excluding yourself, whom you can count on for help or support in the manner described. Give the persons' initials, their relationship to you (see example). Do not list more than one person next to each of the numbers beneath the questions.

For the second part, circle how satisfied you are with the overall support you have.

If you have had no support for a question, check the words "No one," but still rate your level of satisfaction. Do not list more than nine persons per question.

Please answer all the questions as best you can. All your responses will be kept confidential.

EXAMPLE:

Who do you know whom you can trust with information that could get you in trouble?

No one 1) T.N. (brother) 4) T.N. (father) 7) _____
 2) L.M. (friend) 5) L.M. (employer) 8) _____
 3) R.S. (friend) 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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1. Whom can you really count on to listen to you when you need to talk?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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2. Whom could you really count on to help you if a person whom you thought was a good friend insulted you and told you that he/she didn't want to see you again?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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3. Whose lives do you feel that you are an important part of?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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4. Whom do you feel would help you if you were married and had just separated from your spouse?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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5. Whom could you really count on to help you out in a crisis situation, even though they would have to go out of their way to do so?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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6. Whom can you talk with frankly, without having to watch what you say?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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7. Who helps you feel that you truly have something positive to contribute to others?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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8. Whom can you really count on to distract you from your worries when you feel under stress?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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9. Whom can you really count on to be dependable when you need help?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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10. Whom could you really count on to help you out if you had just been fired from your job or expelled from school?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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11. With whom can you totally be yourself?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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12. Whom do you feel really appreciates you as a person?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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13. Whom can you really count on to give you useful suggestion that help you to avoid making mistakes?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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14. Whom can you count on to listen openly and uncritically to your innermost feelings?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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15. Who will comfort you when you need it by holding you in their arms?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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16. Whom do you feel would help you if a good friend of yours had been in a car accident and was hospitalized in serious condition?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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17. Whom could you really count on to help you out feel more relaxed when you are under pressure or tense?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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18. Whom do you feel would help if a family member very close to you died?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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19. Who accepts you totally, including both your worst and your best points?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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20. Whom can you really count on to care about you, regardless of what is happening to you?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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21. Whom can you really count on to listen to you when you are very angry at someone else?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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22. Whom can you really count on to tell you, in a thoughtful manner, when you need to improve in some way?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
--------------------	----------------------	------------------------	---------------------------	-------------------------	-----------------------

23. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
--------------------	----------------------	------------------------	---------------------------	-------------------------	-----------------------

24. Whom do you feel truly loves you deeply?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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25. Whom can you count on to console you when you are very upset?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
--------------------	----------------------	------------------------	---------------------------	-------------------------	-----------------------

26. Whom can you really count on to support you in major decisions you make?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
--------------------	----------------------	------------------------	---------------------------	-------------------------	-----------------------

27. Whom can you really count on to help you feel better when you are very irritable, ready to get angry at almost anything?

No one 1) _____ 4) _____ 7) _____
 2) _____ 5) _____ 8) _____
 3) _____ 6) _____ 9) _____

How satisfied?

6 - very satisfied	5 - fairly satisfied	4 - a little satisfied	3 - a little dissatisfied	2 - fairly dissatisfied	1 - very dissatisfied
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Sarason, I.G., Sarason, B.R., Shearin, E.N., & Pierce, G.R. (1987)
A brief measure of social support: Practical and theoretical implications,
Journal of Social and Personal Relationships, 4, 497-510.

TO SCORE SSQSR:

1. Count the total number of people for each of the odd-numbered items. Add the totals together (Max. = 54).

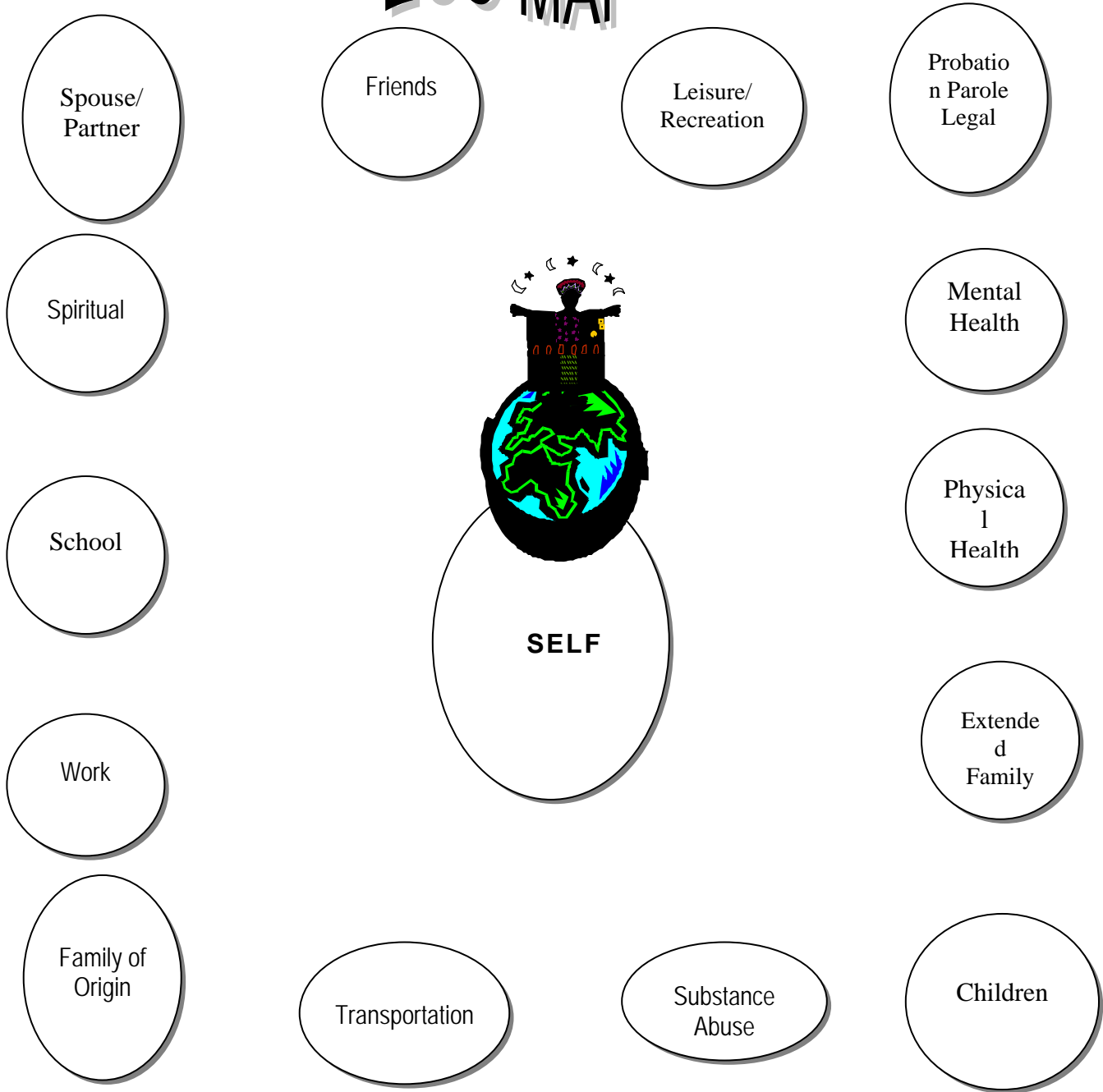
Divide by 6 for per item SSQ Number Score, or SSQN.

2. Add the total Satisfaction scores for the 6 even-numbered items (Max. = 36). Divide by 6 for per item SSQ Satisfaction score or SSQS
3. You can also compute a Family score and a Non-Family score by using the method in #1 for all people described as family members, or not described as family members respectively.

Reference for reliability and validity of SSQ in addition to the Sarason, Levine, Basham, and Sarason (1983) article:

Heitzmann, C.A. and Kaplan, R.M. (1988). Assessment of methods for measuring social support. Health Psychology, 1 (1), 75-109.

ECO-MAP



Legend: _____: *Indicates strong, positive or important relationship*
 ++++++: *Indicates stressful relationship, causes tension or conflict*
 -----: *Indicates no relationship but needs or would like one*

Arrows at both ends mean both initiate contact; Arrows at one end mean only one person initiates contact.

Appendix 3.2: Generic Case Plan

GOAL WORKSHEET (1 of 2 pages)

Name: _____

Date: _____

Problem Description: _____

Incentives (Pluses for making the change)

Disincentives (Obstacles to making the change)

Problem Statement: (*How to...*)

Long-Term Goal: (*What will be different? If successful, what will I be doing instead? How will I know when I have achieved the goal?*)

GOAL WORKSHEET (2 of 2 pages)

Short-Term Goal: (What can I do this week?)			
Action Steps Specific and measurable steps to goal improvement	Responsibility 1=Resident 2=Other	Target Date	Status ⁵

⁵ LEGEND for Status: 1=Achieved, 2=Partially Achieved, 3=Not Achieved, 4=Satisfactory Progress, 5=Unsatisfactory Progress

CHAPTER

4

PREPARING FOR IMPLEMENTATION

Guide to Contents:

- A. Overview
 - B. Creating the Case Management Team
 - C. Preparing the Case Management Team
 - D. Training
-

A. OVERVIEW

In this chapter we begin to outline the key elements associated with implementation. The chapter begins with the development of the Case Management Team and then focuses on the various tasks and challenges that must be completed before WOCMM is implemented.

B. CREATING THE CASE MANAGEMENT TEAM (CMT)

When designing WOCMM we were strongly influenced by the “team” approach that is advocated in the Assertive Community Treatment Model (ACT). ACT is an evidence-based approach designed to provide services to persons with severe and persistent mental illness. Consistent with the ACT model we believe that the “team” should consist of professionals from diverse backgrounds (e.g., advocates, corrections, mental health, nursing, etc). The team will also include the woman, family members when appropriate and other supports who have a pro-social influence.

It is anticipated that one team member will be assigned to oversee the case however, the Case Management Team (CMT) will share responsibility for all individuals who are referred to the program. In addition the CMT will be characterized by the following:

- Team Approach: Work together to combine professional and experiential knowledge and skills.

- Provide Access to Gender-Responsive Services: When appropriate one or more members of the team will be responsible for delivering the actual services identified in the Case Plan. If using another provider cannot be avoided (e.g., medical care), the team is responsible for ensuring that the woman receives gender-responsive services.
- Provide a Dynamic Service: Ensure that the intensity and type of service can be modified easily in accordance with the needs of the women.
- Time Unlimited Service: Women are provided with services as long as needed, not on the basis of predetermined timelines.
- Seamless Services: Women are provided with fluid, uninterrupted services. If the assigned case manager or the composition of the team changes through attrition, or movement from one setting to the next then other team members known to the woman will take over.
- Case Plans: Case Plans are developed collaboratively with input from the team, the assigned case manager and the woman. The Case Plan is then used as the primary tool to monitor progress and to discuss implementation strategies.

C PREPARING THE CASE MANAGEMENT TEAM

Implications for the Case Management Team (CMT)

- **ORIENTATION TRAINING:** The CMT is critical to the implementation of this Case Management model. Given the different demands and expectations faced by team members in the various sites it is imperative that the team have input into the policies and procedures guiding the implementation of WOCMM. We can also expect that members of the team will encounter a number of professional and possibly personal challenges as they begin the implementation process. For example, the philosophy and principles of the model may not be fully shared by members of the team or individuals whom they work with. This can contribute to resistance and ultimately serve to sabotage efforts to use the model as intended. To address these concerns an orientation training will be designed to build motivation and to give form and shape to the CMT. A standardized orientation training will also help to ensure that new team members are able to join the team with minimal difficulty.

Overarching goal: Begin to build the “Case Management Team” and enhance commitment to the model.

- Familiarize CMT with the case management model.
- Provide a clear definition of a gender-responsive approach and introduce the six guiding principles (Bloom, Owen & Covington, 2004). Discuss how the principles will be implemented by the team. For example, creating a “child-friendly” waiting room for women who bring their kids to supervision; providing staff with training in trauma, etc.
- Examine how WOCMM will change the way services are delivered and the benefits of implementing this model for members of the case management team, the woman, her family and community supports.
- Develop a team mission statement.
- Review WOCMM expectations - team approach, caseload size, shared caseload, fixed point of responsibility, in vivo services, time unlimited services, dynamic feedback.
- Prepare scheduling guidelines and recommendations (when to review cases, how often, how long, etc.).
- Clarify the relationship of CMT with other services.
- Clarify the target population.
- Provide clear guidelines for communication and the sharing of information across systems, workers and team members.

D. TRAINING

Implications for the Case Management Team (CMT)

- **CROSS TRAINING ACTIVITIES:** The varied composition of the CMT ensure a wide range of knowledge and expertise that can be shared during cross-training activities. The CMT is jointly responsible for monitoring the case plan during regular meetings and this will help to ensure the transfer of information, knowledge, and skills. An integral component of working across disciplines and “team” building is providing a consistent theoretical model and set of skills to deliver WOCMM.

Overarching goal: Begin to provide the “CMT” with skills and resources necessary to implement WOCMM effectively.

Core Element #1: Engage and Assess:

- Provide training in gender-responsive assessment and in the scoring and administration of specific assessments.
- Prepare guidelines to ensure the emotional and physical safety of women and team members.
- Provide training in engagement and interviewing skills.
- Implement the Case Analysis and Looking Back Worksheets.

Core Element #2: Enhance Intrinsic Motivation

- Provide training in Motivational Interviewing – enhanced to include gender-responsive principles.
- Develop guidelines for feedback, prioritizing, and goal setting.

Core Element #3: Implement the Case Plan

- Provide training in the use of the Case Plan and develop the following tools:
 - Guidelines for writing goals and action steps
 - Eco-Map
 - Generic Case Management Plan
- The Case Management Team will build a list of options and services so that women can begin to establish formal supports.
- The team will also assist women to identify or develop healthy supports with family and friends.

Core Element #4: Review Progress

- Provide training in effective reinforcement.
- Train the team in using cognitive-behavioral methods such as problem-solving and maintenance planning.

CHAPTER

5 Evaluation Framework

Guide to Contents:

- A. Overview
 - B. Process Evaluation
 - C. Outcome Evaluation
-

A. OVERVIEW

In this chapter we outline a plan for conducting an evaluation of the implementation of WOCMM. It is the intention to use the evaluation framework to study the impact of WOCMM as it is implemented in pilot sites at the end of the model development phase. The framework specifies the methodology that will be used to measure the various “inputs” and “outputs”. As such the scope of the evaluation being proposed includes both “process” and “outcome” components.

Process Evaluation

The process evaluation component examines the extent to which the program (e.g., a pilot implementation) demonstrates fidelity to the principles and practices of WOCMM. The primary evaluation task involves an assessment of the various techniques and practices that operationalize the model. In other words, the process evaluation determines the level of fidelity to the overall model. A variety of measurement techniques are used during the process evaluation that provide a detailed description of how the program was implemented. It includes questions about the “who” (e.g., client characteristics), “what” (e.g., procedures and techniques) and “how” of the model delivery (style of staff, quality of procedures, etc.).

The results of the process evaluation are important for interpreting the outcomes of the program (i.e., impact on the behavior of participants and ability to increase public safety). If the program has not been implemented as planned, there are obvious implications for interpreting the outcome evaluation results. In addition, the results of the process evaluation furnish important information about the steps the program must take to achieve greater fidelity to the model. Overall, this component of the evaluation is very important for informing how the model can be successfully replicated in

other settings. The process evaluation can identify the potential challenges to implementation and the steps that could be taken to address such problems that might threaten the achievement of positive outcomes. The tools developed to conduct the process evaluation can be used in other settings where a less formal evaluation is being conducted to assess program integrity.

Outcome Evaluation

The outcome evaluation component is concerned with demonstrating whether WOCMM achieves its intended impact. There are two categories of outcome criteria that are relevant:

- “intermediate outcomes”
- “ultimate outcomes”

The “intermediate” outcomes assess progress in working toward the personal goals identified by the Case Management Team. “Ultimate” outcomes relate to assessing whether the program reduces criminal behavior and re-involvement with the criminal justice system as well as, increasing overall health and well-being. There is an assumption that achievement of “intermediate” outcomes are critical conditions for affecting the “ultimate” outcomes. In the simplest rendering of the relationship between the WOCMM implementation and the outcome evaluation components, the following diagram shows the intended linkages:

WOCMM →	Intermediate Outcomes →	Ultimate Outcomes →
(Implementation of all related case management practices and procedures)	<ul style="list-style-type: none"> ▪ Progress with personal goals identified on the Case Plan. ▪ Demonstrated increase in personal and social resources. 	<ul style="list-style-type: none"> ▪ Reduced parole violations and recidivism. ▪ Improvements in overall health & well-being as indicated in reductions in dynamic needs across comprehensive measures. ▪ Improvements in overall health & well-being as indicated by increases in dynamic protective factors on comprehensive measures. ▪ Increase in available supports. ▪ Family stabilization and reintegration.

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Implementation of the Evaluation Framework

The evaluation framework being proposed would include both process and outcome components. It is anticipated that the evaluation of a pilot program would extend for a period of 18-24 months following implementation.

B Process Evaluation Component

The process evaluation component will involve the use of several evaluators who will observe a CMT meeting and review written documentation such as the case plan, and other intervention tools. In addition, the evaluation plan will include interviews and self-report measures completed with women in order to assess satisfaction with the model and the extent to which they have received services that are consistent with the case plan.

The process evaluation data collected during the pilot implementation will address the major components of WOCMM in order to document the degree of fidelity to the model achieved by the pilot implementation site. A data collection instrument will be used by evaluators to rate various components of the model with respect to quality of implementation. The measurement process will include documentation of problems and challenges encountered by the site in their efforts to implement WOCMM.

Assuming a period of 12 months for collection of process data, it is proposed that the evaluation team would collect process data during the early stages of implementation (e.g., after 2 months). The program would be reexamined at two additional time points (e.g., after seven months and at twelve months). The data collection protocol would allow for the identification of the challenges to be addressed by the site at the early stages of implementation. In addition, implementation progress over the first 12 months could be documented, providing useful information for other sites interested in implementing WOCMM.

Nine critical areas that will be assessed as part of the process evaluation have been identified and are briefly described below.

- A. Program Philosophy and Guiding Principles
- B. Gender Responsive Assessment
- C. Individualized Case Plan
- D. Individualized Services and Intervention Options and Opportunities
- E. Training and Supervision of Case Management Team
- F. Communication Between Team Members
- G. Quality Assurance

H. Organizational Support

I. Process and Outcome Monitoring

A. Program Philosophy and Guiding Principles

- Knowledge of the six guiding principles for a gender-responsive approach and the philosophy and core practices of WOCMM should be demonstrated across the following sources:
 - Facility Manager
 - Senior Staff
 - Practitioners delivering WOCMM
 - Correctional Officers/Prison Staff/Parole Officers/Service Providers
 - Women and/or families receiving WOCMM
 - Written materials (e.g., brochures regarding WOCMM available for distribution)

B. Gender Responsive Assessment

- Assessment is the first step in the case management process and should serve to engage women and to discover challenges and strengths.
 - Assessment is used to determine the intensity of service.
 - Assessment is used to aid in the identification of needs (strengths and primary challenges)
 - Training provided is provided to enhance interviewing skills.
 - Adequate inter-rater reliability is demonstrated.
 - Staff are certified in the use of assessment instruments.
 - Staff demonstrate competence when completing the Case Analysis and Looking Forward worksheets.

C. Individualized Case Plan

- One of the most important tools to ensure the integrity of the model is the Case Plan:
 - An individualized Case Plan.
 - Women identify personal goals and these are reflected in the Case Plan.
 - The Case Plan is reviewed and updated on a regular basis.
 - The Case Plan is monitored by the case management team.

D. Individualized Service and Treatment Options

- This category assesses the availability of services and the responsiveness of the system to meet the individual needs of the women.
 - Identification of major needs and services

- Variety of gender-responsive resources across four dimensions (vocational, personal, social, life need areas)

E. Training and Supervision of Case Management Team

- This area pertains to the training and supervision provided to staff implementing the WOCMM model. Measures to ensure that staff feel comfortable with their achieved level of skill vis a vis WOCMM is essential to the success of the project. In addition, the area assesses the extent to which staff receive the support they need to effectively implement WOCMM and associated practices that support the model. Programs with good performance in this area hold meetings with staff after the training, make use of a post-training self-assessment questionnaire, plan on-going training, and assess training needs.
 - Training in gender-responsive strategies
 - Training in assessment and interviewing skills
 - Training in motivational interviewing
 - Group de-briefing
 - Use of self-assessment questionnaire to assess training needs and build competence
 - Cross training and supervision provided to Case Management Team
 - Select staff are trained to train new staff and to monitor adherence to the model.

F. Communication

- This component assesses the frequency of contact among members of the case management team as well as attempts to link with community providers.
 - Case Management Team meets twice per month to review case plans, identify resources, etc.
 - All members of the Case Management Team participate in the development of the case plan.

G. Quality Assurance

- This component is concerned with assessing a number of indicators that the program has attended to issues of quality assurance by putting specific measures in place to monitor or increase the level of implementation integrity. The quality assurance domain includes implementation plans, supervision practices, use of software for data quality review, and access to technical assistance.
 - Quality assurance plan
 - Access to technical support

H. Organizational Support

- This component is concerned with the support provided by the institution and community to encourage the effective implementation of WOCMM.
 - Stability of funding
 - Staff have resources (time, tools, training, etc.) necessary to implement WOCMM
 - Staff incentives (e.g., performance measures based on delivery of WOCMM, etc.)

I. Process and Outcome Monitoring

- This component measures the extent to which the agency has been successful in accessing and using the WOCMM aggregate statistical reporting function and dissemination of other WOCMM data products (e.g., reports, data workshop results, etc.).
 - Policy for reassessment
 - Collect aggregate statistics
 - Dissemination of data
 - Use of WOCMM data to increase knowledge of women's needs
 - Use of WOCMM data for planning purposes

C Outcome Evaluation Component

The outcome evaluation component will involve the measurement of both intermediate and ultimate outcomes.

Intermediate Outcomes

The model specifies four main areas of impact (core intervention areas) that relate to the intermediate outcomes of the WOCMM:

- Vocational (School and employment)
- Personal Resources (Intervention for substance use, trauma, etc.)
- Social (Family and community supports)
- Life Skills and Stability Factors (Housing, transportation, finances, etc.)

Within each of these areas, a number of targets for positive change can be identified. A key strategy for the implementation of WOCMM involves the measurement of these core intervention areas at several time points over the case management process. The introduction of a gender-responsive assessment instrument has been proposed as an integral component of the introduction of WOCMM. A comprehensive gender-responsive assessment would need to measure the multiple constituents of the four areas described above as a baseline at the beginning of each transition phase or at specific times (i.e., every three months and case closure). As a routine practice for initial assessment and ongoing reassessments, the Case Management Team would collect and enter the various pieces of information needed to complete the comprehensive assessment tool.

Given that the comprehensive assessment should reflect all of the major areas that WOCMM targets for change, it is proposed that the dynamic components of the comprehensive assessment be used as the primary intermediate outcome measure. The assessments would be re-administered after each 3-month period in which the offenders are exposed to WOCMM. A number of self-report assessment devices will also be identified to supplement the comprehensive assessment.

Ultimate Outcome Measures

It is proposed that the pilot implementation site track a number of indices of recidivism and overall health and well-being. The ultimate outcomes would include the woman offender's compliance with the legal obligations of the reintegration supervision period. It is proposed the recidivism data be collected at six-month and twelve-month intervals. In addition to official recidivistic behavior that would be reflected in new charges for reoffense, the outcome measures would include performance while under supervision.

The number and scope of recidivism measures to be used will be dependent on the pilot sites ability to track and provide the information. In some settings more detailed supervision performance measures might be collected (e.g., urinalysis results, reporting compliance, etc.). However, it is anticipated that most sites could report the following ultimate outcome measures:

- Violations of supervision (e.g., during conditional release or applicable reintegration service period)
- New charges
- New convictions
- Reincarceration
- Absconding

Measures to assess overall health and well-being will be identified later in the project.

Comparison Group

With respect to ultimate outcomes, a comparison group of women who were not exposed to the case management model for women will be employed as part of the evaluation design. The comparison group might involve retrospective samples of women who had been released prior to the implementation of the new model. An alternative approach might be the identification of a sample of women from another location or jurisdiction who were not exposed to the model, but were similar on a variety of relevant characteristics. Matching procedures would be used to ensure that members of the comparison group were similar to the women exposed to the case management model. The development of a suitable comparison group will be critical to the success of the outcome evaluation. The comparison group will be necessary for assessing the extent to which the implementation of the case management model for women helps reduce recidivism.

CHAPTER

6

REFERENCES &
RELATED
LITERATURE

Guide to Contents:

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Reintegration Studies...

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