

Clinical Reentry Management

ISSUE

Over 600,000 individuals exit U.S. prisons every year. Most are ill-equipped for lives of stability, health and self-sufficiency within their families and communities. Many have substance use or mental health issues from before their incarceration. Many will need legitimate employment, stable housing and community support to have any hope of a crime-free lifestyle. For most, successful reintegration requires the careful and deliberate navigation of an array of programs, public systems, and the demands and expectations placed on returning offenders.

The TASC clinical case management model is designed to provide people involved with the criminal justice system with the best possible opportunity for successful rehabilitation.

The TASC model of service delivery helps offenders complete their justice requirements and successfully reintegrate into their communities by helping them navigate the complex transition from supervision to self-sufficiency.

The model is an intensive form of case management – *clinical* case management – that balances the supervisory needs of the justice system, the participation requirements in social support systems, and the needs of the offender, his or her family and community. By acting as an independent entity, TASC can integrate all of these needs into a service delivery plan tailored to the unique needs of each individual, that is also responsive to the need for accountability, public safety, and efficient use of public resources.

Clinical reentry management is the application of the TASC clinical case management model in a corrections, parole and reentry context.

Clinical reentry management integrates supervision, treatment, and various community functions into a seamless system of care, with the client relationship continuing unabated from institutional admission through conclusion of parole and into a self-sufficient life within the community. Clinical reentry management involves intense personal involvement with inmates and ongoing collaboration with the wide range of services delivered both inside the prison and when an individual returns to the community.

The reentry case manager performs a clinical function to complement the supervisory work of the parole officer, helping the releasee negotiate the

various processes and services that need to be brought to bear to promote successful reentry. Core functions of the process include:

- Conducting a *comprehensive assessment* of the clinical, personal, emotional, social and practical needs of the offender.
- Developing an *individualized treatment and service plan* to address each of the needs presented in the assessment with the appropriate type and intensity of services.
- *Linkage* to the necessary types and intensities of services, including all formal agreements and communication considerations with providers.
- *Assisting* individuals in preparing for and accessing the necessary services.
- *Maintaining accountability* for compliance with the service plan through careful monitoring of progress and reporting back to the relevant stakeholders. The releasee's progress and compliance (or lack thereof) are used to drive future involvement in services, whether more intensive or less intensive, more restrictive or less restrictive. Thus the appropriate types and intensity of resources are being targeted to each releasee according to his or her individual needs at any given time.
- TASC *identifies "junctions of vulnerability,"* and employs case management strategies to respond to them. Services concentrate on continuing clinical intervention for substance abuse and relapse prevention, meeting survival needs -- such as legitimate income and housing -- so offenders can stay focused on recovery, and providing access to the wraparound services and support systems necessary for success in their families and communities.

In addition to these client-based case management functions, the clinical reentry manager performs important systemic functions:

- **Collaboration and Communication.** The clinical reentry manager also serves as the key centerpoint of collaboration and communication considerations between the different stakeholders, the expectations of their systems, and the needs of the offender. Through his/her involvement, the clinical reentry manager creates a permanent conduit for communication, information-sharing and decision-making about each offender.
- **Resource Management.** Throughout his or her involvement, the clinical reentry manager attempts to bring the most relevant and appropriate types and levels of services to bear for each individual offender. In doing so, the clinical reentry manager ensures that the maximum positive outcome is being pursued at the least possible expenditure of resources.
- **Cross-training.** As an objective observer of each phase of the reentry process and each point of linkage and communication between stakeholders, the clinical reentry manager can also facilitate the delivery of interdisciplinary cross-training by identifying needs and gaps in knowledge and practice.

Ultimately, the goal of clinical reentry management is complete **restoration of citizenship**. This entails supporting and guiding former offenders as they learn positive ways of thinking, living, and being. Lives formerly characterized by involvement with drugs and the criminal justice system are transformed as individuals become accountable for their decisions and learn the meaning and rewards of genuine self-

care and respect for others. Individuals develop the skills, attitudes, and behaviors that are consistent with good citizenship, including assuming responsibility for self-direction and making positive contributions to their families, workplaces, and communities.

Policy Implications

The TASC model of clinical reentry management enhances prospects for reduction in recidivism and restoration of stability and citizenship in the following ways:

- The model addresses the fundamental needs of ex-offenders reintegrating into their communities, including substance use and mental health treatment, and linkages to employment, housing, community restoration and family services.
- The model integrates the above needs with the requirements of justice supervision, focuses the efforts of the releasee on accountability and self-management, and supports the releasee throughout the reentry process.
- The model integrates the collective knowledge, experience and best practices of corrections, parole, substance use treatment, and other community services.
- The model applies the appropriate type and intensity of services based on individual need, resulting in maximum benefit from public resources.
- The model provides for a clinical response in place of historically punitive sanctions.
- The model ensures that all of the stakeholder systems are aware of and are employing the latest service technology applicable to reintegrating offenders.

TASC, Inc. (Treatment Alternatives for Safe Communities) is a not-for-profit organization that provides recovery management services for individuals with substance use and mental health disorders. Serving more than 30,000 clients in Illinois each year, TASC's statewide infrastructure is designed to intervene when alcohol or other drug use has caused people to become involved with the criminal justice system, juvenile justice system, corrections, child welfare and/or public aid. Pursuant to Illinois statute and administrative rule, TASC is the agency designated to assess offenders with substance abuse issues and make treatment recommendations and referrals for the Illinois criminal justice system.

TASC's comprehensive clinical case management services for individuals and families include screening, clinical assessment, wait list management, treatment placement, and ongoing client advocacy to ensure client access to community-based services that help support and sustain recovery and a crime-free lifestyle. TASC serves courts, corrections, and other referring entities by making objective, third-party clinical recommendations regarding treatment needs, by placing clients into appropriate levels of care, and by monitoring and reporting client progress to the referring body.