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Zoe F. Agoos

Alison W. Frizell


David Y. Harari

Michael Ma

Jigar M. Patel

See next page for additional authors

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Authors

Zoe F. Agoos, Alison W. Frizell, David Y. Harari, Michael Ma, Jigar M. Patel, Jordan E. Perlman, Michael Ursiny, Herb Sinkinson, and Jill K. Jemison

Addressing Health Needs of Burlington Probation and Parole Clients

Agoos ZF¹, Frizell AW¹, Harari DY¹, Ma M¹, Patel JM¹, Perlman JE¹, Ursiny M¹, Sinkinson H², Jemison JK¹
University of Vermont College of Medicine¹, State of Vermont Department of Corrections²



INTRODUCTION

Vermont currently has a 50-70% recidivism rate for offenders. Higher rates of recidivism have been noted in individuals with specific health risks, especially mental health and substance abuse issues. Studies have found that offenders often experience difficulty accessing healthcare, but that successfully linking individuals to healthcare reduces recidivism. Criminal justice literature notes that probation/parole is an ideal time to implement health interventions, but substantial barriers (expense, time, logistics) exist.

The 2011 UVM Public Health Project with Burlington Probation and Parole (BPP) identified key areas of health concern among Chittenden County probationers and parolees: mental illness/depression, smoking, alcohol/ substance use, nutrition/fitness, and health/dental insurance status.

OBJECTIVES

Part I: Analyze strategies for disseminating information about health resources addressing these self-identified areas of concern.

Part II: Explore the self-perceived roles of BPP staff in connecting parolees with health resources, and their recommendations for effectively doing so within the Probation and Parole system.

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MATERIALS & METHODS: PART I

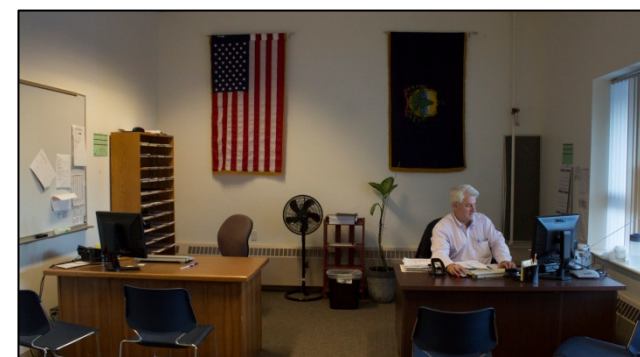
Materials. Developed for the study:

- Health resource sheet with contact information for organizations offering assistance in the five health areas identified by the 2011 UVM survey (see Introduction).
- Nine-item questionnaire regarding the utility of the health resource sheet.

Study design. Adult subjects required to register at the BPP office were chosen to participate. These included probationers and low-risk offenders on parole (individuals released from prison in the past 6 months, non-institutionalized at the time of study and living in the community) who were assigned to a Probation & Parole Officer for further supervision. The goal was to assess the utilization of a health resource sheet based on the manner in which it was given to a BPP client.

- **Control group:** handed resource sheet with the standard packet of intake forms.
- **Intervention group:** given resource sheet by a medical student after the BPP intake process, who delivered a brief script detailing its purpose and describing the follow-up questionnaire.

Following BPP protocol, all clients return after 10 days for a follow-up appointment, at which time the questionnaire was given to both groups by BPP staff to be completed and submitted securely and anonymously on site. The follow-up questionnaire hoped to assess the degree to which the health resource sheet was used by BPP clients.

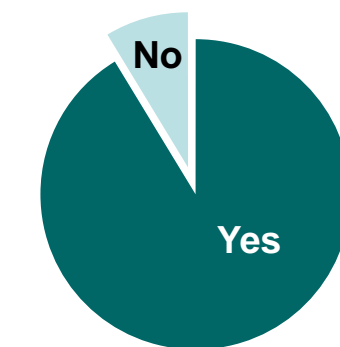
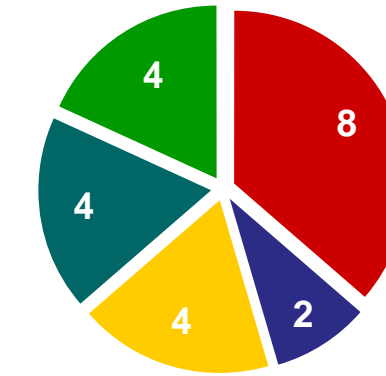


RESULTS

We received no valid data. This occurred for two reasons: (1) five questionnaires from the control group and zero questionnaires from the intervention group were collected; (2) the five questionnaires collected were distributed incorrectly, and thus all results had to be discarded.

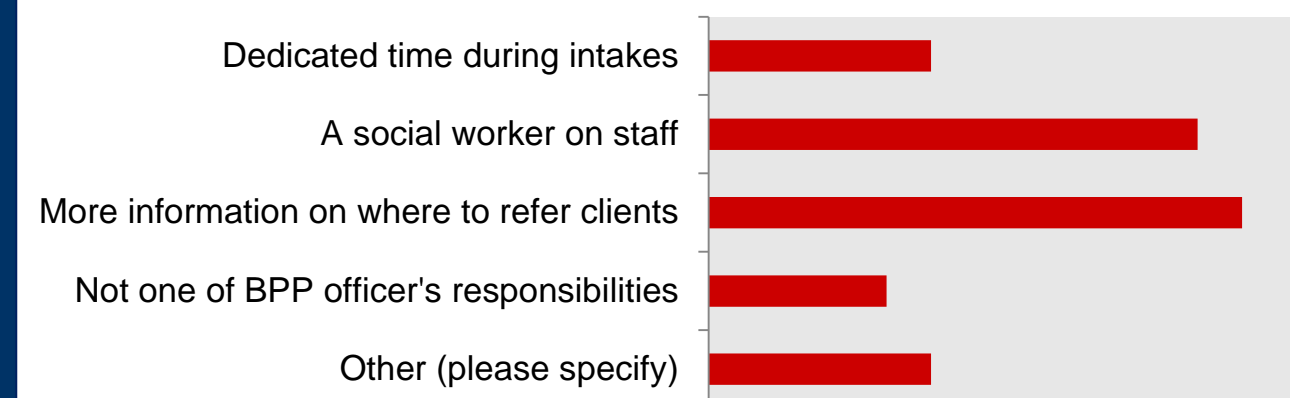
Respondents

- P&P Officer
- Community Correctional Officer
- Manager / Supervisor
- Treatment Provider
- Prefer not to answer



Do Probation & Parole Officers have a role in helping clients with their personal health and lifestyle concerns?

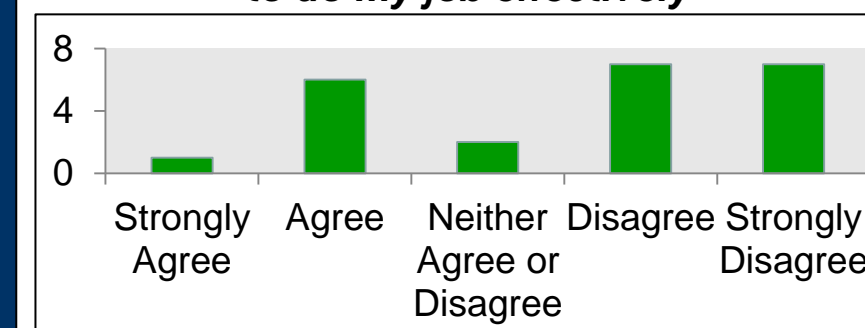
What do you think would best help clients address their concerns about health issues? (Check all that apply).



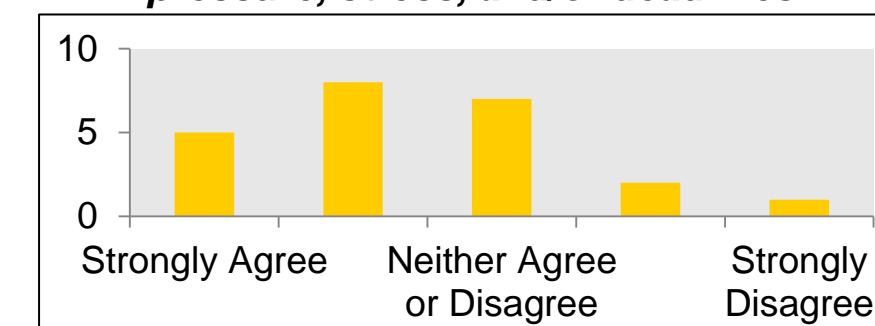
"It would especially be helpful to have a social worker, mental health professional, and/or medical professional ... to support our efforts with particularly difficult offenders."

"...I would like to [be able to] say something to the effect of 'there is a weekly health orientation on X day/time at Y location. Those people can help you navigate the system.'"

I have sufficient time and resources to do my job effectively



My work is characterized by intense pressure, stress, and/or deadlines



MATERIALS & METHODS: PART II

In light of inadequate data from Part I, a second study was created.

Materials. A 12-item survey was created and administered to the BPP staff pertaining to their own health, job responsibilities, and burn-out.

Study design. The goal was to evaluate whether the parole officers believe it is their responsibility to address health and wellness needs of their clientele. Secondly, validated burnout questions were also included.

RESULTS

The survey had an 44% response rate (23 out of a possible 61). Responses indicated that BPP staff strongly feel that they have a role in helping clients with their personal health and lifestyle concerns. However, they do not feel that they have the time or knowledge to do so effectively, and also stated feeling overwhelmed, stressed, and underappreciated. BPP employees indicated that implementing supports such as social workers and better information about where to refer clients would help them to improve the health of their clients.

RECOMMENDATIONS

The literature shows that models placing social workers on-site in medical homes improve health outcomes. Community Health Centers of Burlington is developing a medical home model, but currently those services are neither comprehensive nor adequate to address the needs of BPP clients. Without a local medical home resource or in-house capacity to assist BPP clients with their health issues, a different solution is needed. We propose a pilot program to (1) place a social worker on-site at BPP to meet with all clients after intakes, and (2) investigate this intervention's effects on recidivism and health outcomes. The UVM Department of Social Work may be able to provide MSW students completing required practicums.