Mainstreaming Service Delivery to Offender Clients Of The Massachusetts Rehabilitation Commission

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Abstract

Until 1979 the Massachusetts Rehabilitation Commission offered services to their offender clients in an atmosphere of specializing in offender cases in an office that dealt only with offender clients. Since 1979 that policy has been partially reversed in favor of mainstreaming. Presently some clients are serviced by generalist counselors in a mixed client setting. This study looked at rehabilitation rates under these two service delivery models and found that servicing clients in a specialist setting was more effective. Effectiveness was measured by rehabilitation rates, salaries earned after rehabilitation and expenditures per client.

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Table of Contents

Title	Page Number
Abstract	1
Acknowledgements	2
Table of Contents	3
Introduction	5
Offender Services in the Massachusetts Rehabilitation Commission	7
Methodology	11
The Sample	
Unavailable Data	
Case Disposition	
Rehabilitation Rates	
Statewide Information	
Method of Analysis	
Findings	16
Number of Clients Served	
Case Disposition Patterns	
Differences in Case Disposition Among Mainstreaming Groups	
Quality of Rehabilitative Efforts	
Cost of Offender Services	
Offenders and Non-Offenders	
Summary and Discussion	27
Table 1. New Referrals to the MRC Boston Region by Area Office and Offender Status, Fiscal Year 1978 and 1979	29
Table 2. Status of 1978 New Referrals by Area Office and Comparative Rehabilitation Rates	30
Table 3. Status of 1979 New Referrals by Area Office and Comparative Rehabilitation Rates	31

Table of Contents

Title		Page Number
Table 4.	Reasons for Closure Before Eligibility, New Referrals in 1978 by Area Office	32
Table 5.	Reasons for Closure Before Eligibility, New Referrals in 1979 by Area Office	33
Table 6.	Status of 1979 New Referrals by Area Office and Rehabilitation Rates, Mainstreaming Groups	34
Table 7.	Reason for Closure Before Eligibility, New Referrals in 1979 by Mainstreaming Model	35
Table 8.	Case Disposition of Counselors Working in Correction Office Before Mainstreaming and Other Office After Mainstreaming	36
Table 9.	Average Expenses Per Client by Closure Status and Office, 1978 and 1979	37
Table 10.	Average Expenses Per Client by Closure Status and Offender Status, Boston Region 1978 to 1980	38
Table 11.	Case Closure Status of All Cases in Massachusetts by Offender Status, 1977 to 1980	39
Table 12.	Rehabilitation as Percent of All Acceptances, Offender and Non-Offender Closures in Massachusetts by Region, 1979	40
Appendix I.	Data Collection Instruments	41

Introduction

Mainstreaming refers to the delivery of human services to a heterogeneous as opposed to a homogeneous client group. It is used in many areas of human service delivery. Housing, education, counseling and rehabilitation are only a few examples. It is a model of service delivery that is not new or innovative. It has, however, experienced a recent growth in popularity and application. In particular, the Massachusetts Rehabilitation Commission has recently implemented a policy of mainstreaming their offender clients. Offender clients who in the past were treated in a special correction office by specialized counselors are now more likely to receive their services in a mainstreamed setting where a variety of clients receive services by generalist counselors.

Debate over the issue of mainstreaming is probably older than the policy itself. Whether clients should be grouped heterogeneously or homogeneously, whether human service staff should be generalists or specialists and whether mainstreaming

can meet its claims to efficient, humane and effective service delivery are all questions that have received attention in the past and will continue to be debated.

Proponents of mainstreaming aver that it is more natural and healthy to have heterogeneous groups rather than homogeneous ones. Regardless of the programming area involved, mainstreaming purports to remove the stigma of being attached to a category and reduce the isolation of being involved only with similar people. Proponents of mainstreaming maintain that this mode of service delivery is likely to be positive, since clients will be treated in a good environment; efficient, since service delivery will offer more flexibility; and effective, since services are being received in an optimum manner.

Critics of mainstreaming assert that mixing people together causes some individuals and groups to lose out. Special needs of particular groups may not be attended to when all are considered together. These groups may seem to have less urgent needs in comparison to others with whom they are now mixed. Similarly, these groups may lose out because their needs are somewhat more difficult, costly or time consuming to meet in comparison with other clients. Service delivery agents are not likely to be as effective in this environment since they may not be aware of the special needs of all groups and they may not be equally effective in dealing with all clients groups. Critics of mainstreaming would expect to find a decrease in the level of services offered as well as a decrease in the effectiveness of those services.

These critics maintain that at least some degree of specialization should be retained in human service delivery.

The Massachusetts Rehabilitation Commission recently changed the way in which it delivered services to its offender clients from one of extreme specialization (all clients serviced in a special correction office by specialist counselors) to a moderately mainstreamed approach where some clients are still treated by specialists and others by generalists in a variety of settings. The questions to be addressed in this report are formulated around the central debate concerning mainstreaming: are there any identifiable differences in the level and the effectiveness of services between the various delivery modes? And is mainstreaming an effective service delivery model for this particular group of offender clients?

Offender Services in the Massachusetts Rehabilitation Commission

The Massachusetts Rehabilitation Commission (MRC) is a public agency supported by state and federal funds whose goal is to help all citizens in the state overcome whatever disabilities they might have in order to maximize the client's own capacity to participate fully in society. The MRC has always recognized offenders as a priority group among its clients by determining that because of their background as public offenders and other disabling conditions this group could be eligible for services.

For all clients, the MRC program provides counseling, therapy, training and placement in an effort to secure clients full-time competitive sector employment. Typically a potential client is referred to MRC and becomes an applicant. The first step in the program is eligibility determination. In some cases an extended evaluation is done before eligibility determination. Clients can be closed from the program before eligibility. Once a client is declared eligible the case may be closed or a plan of services is developed. After the plan is developed services can begin. At any time after the plan, services can be interrupted or the client may be closed from the program. If all services are completed and employment is secured, a client is declared rehabilitated. Rehabilitation is measured by employment; quality of rehabilitation can be determined by the type of employment and salary. Closure of cases can take place before eligibility, after eligibility or after the plan but before rehabilitation.

A 1973 Task Force made three recommendations to MRC about special considerations that should be given to the delivery of services to offender clients, this served as the policy of the MRC for the next five years:

> ....overwhelmingly in favor of correctional involvement by MRC. This involvement, however, would require a full commitment by MRC to provide continuous services of highest quality to the designated institution, court, community program and the client himself. If such a commitment cannot be made, then MRC should not service the public offender....
>
> ....that counselors servicing the public offender be assigned as Specialty counselors....

> The ultimate goal should be a separate, autonomous Correctional Program.[1]

Previously MRC had serviced offender clients but not with a specialized program. The recommendations of the Task Force were implemented so that offenders were now recognized as a special group. They were serviced by specialist counselors and in some cases in a special office within the region.

In 1979, partially because of funding limitations, the establishment of new priority systems for allocating services and a decrease in the support of the concept of specialized and separate offender service delivery, a policy of mainstreaming was implemented. A number of offender counselors were moved to other offices and caseloads were redistributed to other non-correction counselors. A statewide coordinator of offender services was retained but service delivery to offenders was more dispersed or mainstreamed than in the period 1973 to 1978.

The policy of mainstreaming was accomplished in three different ways. Using the Boston Region as a example (MRC divides the state into six regions) in 1978 there were six area offices within the region. One of these area offices, the Correction Office, serviced only offender clients. All of the counselors were specialists. The other five area offices within the region provided only a minimum level of services to offenders. The 1978 model of service delivery to offender clients was one of specialized

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[1] O'Connell, Russell E., Final Report of 1973 Task Force on Corrections, Pp. 3-8.

counselors and separation of client groups.

In 1979 mainstreaming was implemented in the Boston Region. The staff of the Correction Office was substantially reduced but there still remained a small number of specialist counselors servicing offender clients in a separate setting. The other clients were mainstreamed in one of three ways: specialist, ex-specialist and generalist.

Specialist. In this case mainstreaming was accomplished by transferring a counselor from the Correction Office to another office, in this case an office in another region, yet retaining the identity of that counselor as an offender specialist. Under this model the counselor now is supervised by and works in an office where a wide range of cases are seen. The counselor, however, receives only offender cases.

Ex-specialist. In this case counselors were moved from the Correction Office to a generalist office. This model of mainstreaming differs from the specialist model in that the counselor is now assigned offender and non-offender cases. In effect, the counselor used to be an offender specialist and now is a generalist.

Generalist. In the final case of mainstreaming, offender clients who previously might have been serviced at the Correction Office are now serviced in one of the other offices by a generalist counselor. These counselors were never offender specialists and continue to receive a mixed caseload of offender and non-offender cases.

These four modes of service delivery (Correction Office, specialist, ex-specialist and generalist) will be used in later discussions of the effectiveness of mainstreaming. Differences between the three types of mainstreaming will be considered as well as differences between mainstreamed and non-mainstreamed cases.

Methodology

The Sample

All new referrals to the area offices within the Boston Region of the MRC during the federal fiscal years of 1978 and 1979 were the basis of the sample. Each counselor in the MRC keeps a master list of all new referrals and notes the progress that each client makes. These master lists were considered for each counselor in each office within the region. For those clients who were public offenders, usually a referral code "56", or otherwise designated as a public offender, identifying information and case disposition information was taken from the master list. For those clients who were not public offenders, only their referral source code was collected. This information was used to determine the total number of new referrals to the region and the distribution of new referrals by offender status, specific area office and counselor. Case folders for offender cases were then consulted for more descriptive information regarding program participation. Data collection was

done by a team of student interns working for the Massachusetts Halfway Houses, Inc. Copies of the data collection instruments appear in the appendix. Data were collected on a total of 769 offender cases. Data were also collected from the 1979 caseload in the Concord Office of the Metropolitan Region since this caseload was transferred from the Correction Office.

Unavailable Data

Data were not available for two of the offices within the region for fiscal year 1978. These were the Tufts and the Mattapan Offices. In order to estimate the number of new referrals that came into those two offices during that year the information from their 1979 case load was used. In the case of the Tufts Office it is assumed that no changes in the processing of offender and non-offender cases or in the absolute number of new referrals were made between 1978 and 1979.. In the case of the Mattapan Office, some compensation was made for the fact that a correction counselor was assigned to that office in 1979. For this office it was assumed that the offender caseload was less during 1978 and that the non-offender caseload remained constant. No further analysis could be done on these offices for 1978 in terms of case disposition. Very little analysis of changes in the number and proportion of offender and non-offender cases was attempted because of this problem.

Case Disposition

All new referrals were divided into six categories according to the current status of the case in the MRC program: first, a case could still be open and receiving services; second, a case could have been transferred to another MRC office; third, the case could have been rehabilitated and the offender placed in an employment situation; fourth, a case could have been closed before a determination of eligibility; fifth, a case could have been closed after the determination of eligibility; and sixth, a case could have been closed after the determination of eligibility and after the development of a plan of services. Generally interest will be focused on rehabilitation rates but other types of case disposition patterns will be discussed as well.

Rehabilitation Rates

Three different rates of rehabilitation were used in this report: rehabilitations as a percent of all new referrals, rehabilitations as a percent of all closed cases and rehabilitations as a percent of all cases closed after acceptance. For purposes of comparison it is important to note that the MRC regularly considers only the third definition of rehabilitation rates. It is important to consider the other rehabilitation rates in this study since the sample is one of new referrals rather than closed cases and since many new offender cases are

closed before being accepted into the program. The formulas used for calculating rehabilitation rates are as follows:

$$\text{Rehabilitations as a Percent of all new Referrals} = \frac{\text{Status 26}}{\text{open + transfer + status 8 + status 26 + status 28 + status30}}$$

$$\text{Rehabilitations as a Percent of all Closed Cases} = \frac{\text{Status 26}}{\text{status 8 + status 26 + status 28 + status 30}}$$

$$\text{Rehabilitations as a Percent of all Acceptances} = \frac{\text{Status 26}}{\text{Status 26 + Status 28 + Status 30}}$$

where,

Status 26 = Rehabilitations
Status 8 = Closed Before Eligibility
Status 28 = Closed After Plan
Status 30 = Closed After Eligibility

Statewide Information

Some information was provided by the MRC information system regarding case closures by offender status for the entire state of Massachusetts. This information was provided for 1977 through 1980. This information allows some comparison between the rehabilitation rates of offender and non-offender clients. Information about rehabilitation rates by specific region was also available for 1979. This allows some comparison of rates between the Boston Region which is the focus of this study and other regions in the state in their treatment of offender and non-offender clients. This information will be used as contextual data for the main analysis of the study and for purposes of validating some of

the findings from this study. Rehabilitation rates will not exactly match because the state-wide information is based on a sample of all cases closed during the particular year while the sample used in the study is all cases referred during the year. For this reason the two samples are only roughly comparable.

Method of Analysis

The main issue of interest is the current status of the cases referred to the Boston Region during the two year period of the study. The case closure status of most interest is rehabilitation. Rehabilitation rates were calculated in the three ways mentioned previously and compared across the two years as well as between the service delivery modes that the cases were under. Rehabilitations were also evaluated by the salary earned by the client in employment. Other patterns of case disposition were similarly analyzed. For each disposition status considered, some measure of a rate and some descriptive measure was used to make the comparisons. For closed cases the reason for closure was usually considered. For all dispositions the cost per client served will be compared.

Where statistical tests were applied they will usually be for the purpose of comparing the difference found between a number of groups. Generally this involves the calculation of either a Chi-Square, a student's t or an F statistic. In any

case where a test statistic was calculated a statistic that is large enough to be considered statistically significant indicates that the differences noted between the various groups are not likely to have occurred because of chance or sample size. All test statistics were evaluated at the .05 level of significance. Choice between the various statistical tests was made by considerations of the type of data being analyzed.

Findings

Number of Clients Served

In 1978 there was an estimated 396 offender clients referred to the area offices in the Boston Region. In 1979 there were 319 clients referred to these area offices and 51 clients referred to the Concord Office in the Metropolitan Region for a total of 370 new offender referrals. This represents a decrease from 1978 to 1979 of 26 clients, a six percent decrease in new referrals. For the Correction Office in the Boston Region the decrease was more precipitous, from 335 new referrals in 1978 to 192 new referrals in 1979, a reduction of 43 percent. Most of the cases that might have been referred to that office were taken by the Concord Office in the Metropolitan Region and the Roxbury and Mattapan offices in the Boston Region. It appears that the impact of mainstreaming was not felt in the Brookline, Harbor

and Tufts Offices within the Boston Region; rather the effects of mainstreaming were concentrated in a few offices among a few counselor caseloads. In summary, after mainstreaming there was a slight decrease in the number of new referrals. The large decrease in cases coming into the Correction Office was divided primarily among three offices. Table 1 shows the number of new referrals by offender status of all Area Offices in the region.

Case Disposition

Currently 24 percent of the cases referred during 1978 have resulted in rehabilitations; currently 15 percent of the cases referred during 1979 have resulted in rehabilitations. This is a decrease in the proportion of referrals resulting in rehabilitations. In absolute terms there were 93 rehabilitations from the 1978 cohort and 55 rehabilitations from the 1979 cohort. Tables 2 and 3 show these figures. This large difference is partially due to the fact that a larger proportion of the 1979 cases are still open. When considering only closed cases, there was a 27 percent rehabilitation rate in 1978 and a 19 percent rehabilitation rate in 1979. As a percent of all accepted cases, there was a 51 percent rehabilitation rate in 1978 and a 46 percent rehabilitation rate in 1979. All three measures of rehabilitation reflect a decrease in the likelihood of a rehabilitation resulting from new referral clients, regardless of

the manner in which the rehabilitation rates are calculated.

The Correction Office was more successful in having new referrals result in rehabilitations than the other offices in the Boston Region. In 1978, 26 percent of all new referrals to the Correction Office resulted in rehabilitations compared to 10 percent of referrals to other offices. If one looks at rehabilitations as a percent of all closed cases, the Correction Office rehabilitated 36 percent of the closed cases in 1978 compared with 10 percent of the cases referred to other offices. Even if one used the most conservative measure of rehabilitation, that is, rehabilitations as a percent of all accepted cases, the Correction Office had a rehabilitation rate of 52 percent compared with 43 percent for all other offices.

For new referrals in 1979 the same pattern of rehabilitation rates was obtained, even though the percentage of rehabilitations was somewhat lower than the previous year. This is a more important finding given the fact that 1979 was the year in which mainstreaming was begun and a larger group of offender clients were referred away from the Correction Office. Of all new referrals in 1979, the Correction Office has had 22 percent result in rehabilitations compared with 7 percent of the new referrals to all other offices. As a percent of all closed cases, the Correction Office had a rehabilitation rate of 31 percent compared with 8 percent for all other offices. Finally, as a percent of

all accepted cases, the Correction Office had a rehabilitation rate of 49 percent compared with 36 percent for all other offices.

There are several other differences in the case disposition patterns of the Correction Office and the other offices. In each of the two years under consideration the Correction Office has a larger proportion of clients in the statuses of case transferred and case open than the other offices. In 1978 the Correction Office transferred 4 percent of its cases while all other offices transferred only 2 percent. In 1979 the Correction Office transferred 7 percent of all new referrals while the other offices transferred only 2 percent. Of all cases that were referred during 1978 the Correction Office still counts 10 percent open while other offices only count 2 percent of their referrals during this year as open. Of the cases referred in 1979 the Correction Office still has 22 percent open while other offices only have 12 percent open.

The greatest reason why the Correction Office has a relatively high rehabilitation rate in comparison with other Boston Region Offices when looking at rehabilitations as a percentage of all new referrals and of all cases closed but not of all accepted cases is that the Correction Office is much less likely to close a case before it eligible than other offices in the area. In 1978 the Correction Office closed 36 percent of its cases before eligibility, while other offices closed 74

percent of their cases in this way. In 1979 the Correction Office closed 26 percent of their cases before eligibility while other offices closed 68 percent of their cases in this way.

It is possible that when an offender is referred to another office the counselor will compare that client with other clients and perhaps determine that offender clients are less likely to meet the eligibility requirements of the programs. In this case it would be expected that the reason for closure before eligibility would be that the client has no disabling condition or that the handicap is too severe to warrant rehabilitative efforts. In fact only one client had either of these reasons for closure before eligibility from any of the offices in the Boston Region, including the Correction Office, during the two year period of the study. The most common reason for closure before eligibility was that the client could not be located or had moved and that the client was not interested in the services or refused services. Since the client rather than the MRC counselor is making the decision not to participate in the program it would seem that there are several things that the Correction Office is doing that act to retain clients in the program. That is, by having a higher proportion of cases transferred to other offices and cases open and a lower proportion of cases closed before a determination of eligibility, their program would seem to be much better suited to client retention and thus lead to a higher rehabilitation rate for the offender population. Table 4 and 5 show the reasons for

closure before eligibility. It is also possible that counselors who are working in the Correction Office where the number of new referrals is smaller than some other offices may be able to retain cases better.

Differences in Case Disposition Among Mainstreaming Groups

Earlier three types of mainstreaming situations were described: the specialist, the ex-specialist and the generalist. The general question to be addressed in this section is if any of the three models of mainstreaming worked particularly well in comparison with the model of service delivery offered by the Correction Office or in comparison with the other models of mainstreaming. Since mainstreaming was only in effect in 1979 most of this analysis will be conducted on the sample of new referrals from that year. Some comparisons will be made between the performance of the counselors who worked one year in the Correction Office and the next year in a mainstreamed setting.

When considering rehabilitation rates, the Correction Office seems better than any of the three mainstreaming models when looking at the first two rates. Of all new referrals in 1979 the Correction Office has a 22 percent rehabilitation rate compared with 10 percent for the specialist model, 6 percent for the generalist model and 4 percent for the ex-specialist. When considering only closed cases, the Correction Office has a 29 percent rehabilitation rate, the specialist has a 12 percent rate,

the generalist has a 6 percent rate and the ex-specialist has a 5 percent rate. However, when considering rehabilitations only as a percent of all accepted cases the specialist model of mainstreaming seems to work particularly well with a rehabilitation rate of 71 percent in comparison with a 49 percent rate for the Correction Office, a 32 percent rate for the generalist group and a 14 percent rate for the ex-specialist. Table 6 shows these figures. The specialist counselor has a large proportion of clients who are closed before eligibility (69 percent). A large proportion of these clients have the reason for closure that they were not interested in the services of the MRC. It would seem that this careful screening or orientation of clients to the range of services that the MRC offers before a declaration of eligibility can increase the rehabilitation rates. Table 7 shows reason for closure.

In the case of the specialist and ex-specialist counselors comparisons could be made in their case disposition patterns before and after mainstreaming. In both cases rehabilitation rates declined after mainstreaming. Table 8 shows these results.

In summary, the Correction Office has a better rate of rehabilitation except when considering only accepted cases. The specialist model of mainstreaming works best of all mainstreaming models. Part of this success can be attributed to client screening and orientation. The other models of mainstreaming work

less effectively in comparison with the specialized counselor or the Correction office model.

Quality of Rehabilitative Efforts

Having a high rehabilitation rate, regardless of the manner in which that rate is calculated, may not be particularly significant if these rehabilitations are in poorly paid work situations. Comparisons were made of the starting weekly wage of all the rehabilitated clients from the two year study period.

In 1978 the Correction Office rehabilitations earned an average of $179 per week compared with an average of $162 for non-correction cases. This difference is not large enough to be considered statistically significant ($t=-.83$, $p=.41$). In 1979 this difference was reversed. The Correction Office rehabilitated clients earned an average of $187 per week, greater than the previous years earnings but this was not greater than the $202 per week average salary of the non-correction cases. After mainstreaming, the quality of the rehabilitations in the offices outside the Correction Office did not suffer. The 1979 difference is not large enough to be considered statistically significant, however, ($t=.40$, $p=.69$).

The change from 1978 to 1979 is partially due to the efforts of the specialist counselor whose average salary for rehabilitated

cases is higher than any of the other models including the Correction Office. The model of the specialist counselor who has a high rate of rehabilitations after being accepted into the program also achieved excellence in job placements for these individuals. While the differences are not statistically significant ($F=1.68$, $p=.18$) the patterns are interesting. The Correction Office averaged $187, the specialist averaged $275, the ex-specialist $160 and the generalists $136.

According to MRC information, rehabilitated offenders statewide earned $114 in 1978 and $121 in 1979. Rehabilitated offenders in the Boston Region did better at $165 in 1978 and $174 in 1979. These figures are similar to those found in the sample used in this study.

Cost of Offender Services

There is interest in whether the Correction Office can offer services that are more or less costly than other offices within the region. Expenditures per client were compared for the whole group and by specific closure status for the two years of the study.

When considering all closed cases together, the Correction Office spent significantly more per closed case than other offices in both 1978 and 1979. It should be remembered that the Correction Office has proportionately more cases closed at the

stage of rehabilitation or after eligibility than other offices, closure statuses that have higher per client expenses because more services are delivered. After controlling for closure status most of this difference disappears.

In 1978 the Correction Office had a significantly higher per rehabilitation client expense than the non-correction offices. The Correction Office spent an average of $1182 for each rehabilitation from that cohort compared with an average of $398 per rehabilitated client in the other offices. In 1979 the Correction Office spent significantly less on those clients who were closed after eligibility than all other offices. The Correction Office spent an average of $57 for each client closed in this category while other offices spent an average of $187 for clients closed in this category. In all other closure statuses for the two years there were no significant differences in expenditures per client. Table 9 shows these figures.

In considering the expenditures for rehabilitated clients an additional analysis was done because in 1978 the Correction Office had a single case in which an excess of $20,000 was spent on the single rehabilitation. This single case can be considered an outlier in that no other cases received nearly as many financial resources for it in either the Correction Office or any of the other offices. When this single case is deleted from the analysis for 1978, the statistical significance of the difference disappears although the Correction Office still tended to spend

more per rehabilitated client than other offices.

Regional data permit some comparisons between offenders and non-offenders. Cost per rehabilitated offender was 20 percent higher than for non-offenders. Not enough information is available to determine statistical significance of these differences (Table 10).

Offenders and Non-Offenders

MRC information allows some comparison of offenders and non-offenders. The findings presented here will not be directly comparable to those presented earlier because of sampling. Statewide information for 1977 through 1980 show that offender clients consistently have lower rehabilitation rates than non-offender clients whether the rate is percent of all closures or percent of all acceptances. The rehabilitation rate fell for both groups during this time period, from 51 percent to 41 percent for offenders and from 60 percent to 57 percent for non-offenders. Offenders are not over-represented in before eligibility closures in comparison with non-offenders. Table 11 shows these comparisons.

The Boston Region is average in comparison with all regions in the state. In 1979 there were six regions and Boston ranked third in terms of number of offender rehabilitations and fourth in terms of rehabilitation rates. The Malden Region was first in both indicators. Their offender program deserves more study.

In no region were rehabilitation rates for offender clients higher than for non-offenders.

Summary and Discussion

During the time period under study the number of new referrals of offenders and non-offenders in the Boston Region did not significantly decline. The chances of a new referral resulting in a rehabilitation has declined, however.

The Correction Office in both years has maintained the best record of rehabilitation of the offender client in comparison with all other offices and with the three different models of mainstreaming implementation. A model of service delivery that includes specialist counselors in a specialist office should be encouraged. In terms of successful disposition of the largest number and proportion of cases this model works the best with offender clients. The rehabilitations that were achieved were at least equal in quality with those of other offices as measured by wages earned after rehabilitation and the Correction Office was superior in terms of quantity of rehabilitations achieved. The office also delivered its services at a cost that was competitive with other offices at all levels of case disposition. Most of the difference comes from better case retention rather than differences in eligibility criteria.

Short of a specialist office with specialist counselors, the model of mainstreaming that should be supported is that of the specialist counselor in a generalist office. This model has been well adapted by the counselor in question who has achieved a high rehabilitation rate primarily by careful screening of potential clients and who has achieved a high quality of the rehabilitations in terms of salary earned in employment placements.

If the MRC cannot support the model of a Correction Office then it should urge other offices to make some programmatic changes that would model their offender services after those of the Correction Office. This includes an emphasis on client retention, particularly before the declaration of eligibility. It also includes a use of transfers to other offices. This population gives indications of being highly mobile, and making connections with counselors in other parts of the state should help to increase rehabilitations among this population. Orientation to the services offered by the MRC should also be done so that clients do not later refuse services or otherwise become disinterested in the program. It might also be possible to adapt the training and counseling programs to better fit the needs and interests of this client population. Counselors within each area office should be designated as offender specialists. A reduction in their case loads would also serve to enhance their effectiveness. Serving offender clients can be done effectively and does not have to be a costly procedure.

Some limitations of the study should be mentioned as well as suggestions for further study in this area. Perhaps most importantly it should be remembered that clients were not assigned randomly to the various service delivery models, and as such there may be differences in the types of clients assigned to one or another case load that may have affected rehabilitation rates. Similarly the models of mainstreaming that were tested were in some cases only based on the single caseload of a single counselor. These tests should be expanded to include several case loads in a variety of offices. It would be interesting to compare the rehabilitation rates of the non-offender cases of these particular counselors with their offender clients, to determine if both rates were similar. This study is also limited to the job placement program of the MRC but does not compare their efforts with other vocational programs; some of these occupational placement programs could be studied as well. Rehabilitation was measured by job placement in this study; additional vocational indicators such as job retention and non-vocational indicators such as recidivism could be added. This study gives some basic information about the process of mainstreaming offender clients, and points out that initially mainstreaming was not effective with this group of clients. More careful analysis may point out why this is so and how to adapt the policy of mainstreaming to best fit this client group.

Table 1

New Referrals to MRC Boston Region
By Area Office and Offender
Status, FY 1978 And 1979

Area Office	1978 Offenders Number	1978 Offenders Percent	1978 Non-Offenders Number	1978 Non-Offenders Percent	1979 Offenders Number	1979 Offenders Percent	1979 Non-Offenders Number	1979 Non-Offenders Percent
Brookline	9	(2)	409	(20)	12	(4)	372	(18)
Government Center	8	(2)	276	(13)	7	2)	275	(13)
Mattapan	14*	(4)	332*	(16)	30	(9)	316	(15)
Tufts	7*	(2)	625*	(30)	7	(2)	625	(30)
Roxbury	44	(11)	435	(21)	71	(22)	469	(23)
Correction	335	(84)	0	(0)	192	(60)	0	(0)
TOTAL	396	(100)	2077	(100)	319	(100)	2057	(100)
Concord Office Metropolitan Region	NA		NA		51		NA	

* Estimates

Table 2.

Status of 1978 New Referrals
By Area Office And
Rehabilitation Rates

Case Status	Brookline N	Brookline (%)	Harbor N	Harbor (%)	Roxbury N	Roxbury (%)	Corrections N	Corrections (%)	Total Non-Correction N	Total Non-Correction (%)	Total N	Total (%)
Case Transferred	0	(0)	0	(0)	1	(2)	13	(4)	1	(2)	14	(4)
Case Open	0	(0)	0	(0)	1	(2)	33	(10)	1	(2)	34	(9)
Closed Before Eligibility	2	(22)	5	(62)	38	(86)	121	(36)	45	(74)	166	(42)
Closed After Plan	1	(11)	0	(0)	1	(2)	22	(7)	2	(3)	24	(6)
Closed After Eligibility	2	(22)	1	(12)	3	(7)	59	(18)	6	(10)	65	(16)
Rehabilitated	4	(44)	2	(25)	0	(0)	87	(26)	6	(10)	93	(24)
TOTAL	9	(100)	8	(100)	44	(100)	335	(100)	61	(100)	396	(100)
Rehabilitations as Percent of all Closures		(44)		(25)		(0)		(36)		(10)		(27)
Rehabilitations as Percent of all Acceptances		(57)		(67)		(0)		(52)		(43)		(51)

Table 3.

Status of 1979 New Referrals
By Area Office And
Rehabilitation Rates

Case Status	Brookline N	(%)	Harbor N	(%)	Mattapan N	(%)	Tufts N	(%)	Roxbury N	(%)	Concord N	(%)	Corrections N	(%)	Total Non-Corrections N	(%)	Total N	(%)
Case Transferred	1	(8)	0	(0)	0	(0)	0	(0)	0	(0)	2	(4)	13	(7)	3	(2)	16	(4)
Case Open	0	(0)	1	(14)	6	(20)	1	(14)	6	(8)	7	(14)	42	(22)	21	(12)	63	(17)
Closed Before Eligibility	9	(75)	4	(57)	16	(53)	4	(57)	53	(75)	35	(69)	50	(26)	121	(68)	171	(46)
Closed After Plan	0	(0)	0	(0)	2	(7)	0	(0)	3	(4)	2	(4)	8	(4)	9	(4)	15	(4)
Closed After Eligibility	1	(8)	1	(14)	4	(13)	1	(14)	7	(10)	0	(0)	36	(19)	14	(8)	50	(14)
Rehabilitated	1	(8)	1	(14)	2	(7)	1	(14)	2	(3)	5	(10)	43	(22)	12	(7)	55	(15)
TOTAL	12	(100)	7	(100)	30	(100)	7	(100)	71	(100)	51	(100)	192	(100)	178	(100)	370	(100)
Rehabilitations as Percent of all Closures		(9)		(17)		(8)		(17)		(3)		(12)		(31)		(8)		(19)
Rehabilitations as Percent of all Acceptances		(50)		(50)		(25)		(50)		(17)		(71)		(49)		(36)		(46)

Table 4.

Reasons For Closure Before Eligibility
New Referrals in 1978 By
Area Office

Reason For Closure	Brookline N	(%)	Harbor N	(%)	Roxbury N	(%)	Correction N	(%)	Total Non-Correction N	(%)	Total N	(%)
Unable to Locate/ Moved	1	(100)	1	(20)	22	(63)	48	(40)	24	(58)	72	(45)
Handicap too Severe	0	(0)	0	(0)	1	(3)	0	(0)	0	(0)	0	(0)
Refused Services	0	(0)	3	(60)	1	(3)	24	(20)	4	(10)	28	(18)
Death	0	(0)	0	(0)	1	(3)	0	(0)	1	(2)	1	(1)
Reincarcerated	0	(0)	0	(0)	2	(6)	19	(16)	2	(5)	21	(13)
Transfer to Other Agency	0	(0)	0	(0)	0	(0)	1	(1)	0	(0)	1	(1)
Failure to Cooperate	0	(0)	1	(20)	7	(20)	26	(22)	8	(20)	34	(21)
No Disabling Condition	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Other	0	(0)	0	(0)	1	(3)	1	(1)	1	(2)	2	(1)
TOTAL	1	(100)	5	(100)	35	(100)	119	(100)	41	(100)	160	(100)

Table 5.

Reason For Closure Before Eligibility
New Referrals in 1979 By
Area Office

Reason For Closure	Brookline N	(%)	Harbor N	(%)	Mattapan N	(%)	Tufts N	(%)	Roxbury N	(%)	Concord N	(%)	Correction N	(%)	Total Non-Correction N	(%)	Total N	(%)
Unable to Locate/ Moved	3	(38)	0	(0)	1	(8)	1	(25)	29	(56)	0	(0)	23	(46)	34	(30)	57	(35)
Handicap Too Severe	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Refused Services	4	(50)	3	(100)	6	(46)	1	(25)	8	(15)	29	(88)	6	(12)	51	(45)	57	(35)
Death	0	(0)	0	(0)	1	(8)	0	(0)	0	(0)	0	(0)	0	(0)	1	(1)	1	(1)
Reincarcerated	0	(0)	0	(0)	2	(15)	0	(0)	5	(10)	4	(12)	6	(12)	11	(10)	17	(10)
Transfer to Other Agency	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Failure to Cooperate	1	(12)	0	(0)	3	(23)	2	(50)	7	(14)	0	(0)	13	(26)	13	(12)	26	(16)
No Disabling Condition	0	(0)	0	(0)	0	(0)	0	(0)	1	(2)	0	(0)	0	(0)	1	(1)	1	(1)
Other	0	(0)	0	(0)	0	(0)	0	(0)	2	(3)	0	(0)	2	(14)	2	(2)	4	(2)
TOTAL	8	(100)	3	(100)	13	(100)	4	(100)	52	(100)	33	(100)	50	(100)	113	(100)	163	(100)

Table 6.

Status of 1979 New Referrals
By Area Office And
Rehabilitation Rates

Case Status	Specialist Counselor N	(%)	Ex-Specialist Counselor N	(%)	Generalist Counselor N	(%)	Extreme Specialization N	(%)	Total All Mainstreaming N	(%)	Total N	(%)
Case Transferred	2	(4)	0	(0)	1	(1)	13	(7)	3	(2)	16	(4)
Case Open	7	(14)	5	(22)	9	(9)	42	(22)	21	(12)	63	(17)
Closed Before Eligibility	35	(69)	11	(48)	75	(72)	50	(26)	121	(68)	171	(46)
Closed After Plan	2	(4)	2	(9)	3	(3)	8	(4)	7	(4)	15	(4)
Closed After Eligibility	0	(0)	4	(17)	10	(10)	36	(19)	14	(8)	50	(14)
Rehabilitated	5	(10)	1	(4)	6	(6)	43	(22)	12	(7)	55	(15)
TOTAL	51	(100)	23	(100)	104	(100)	192	(100)	178	(100)	370	(100)
Rehabilitations as Percent of all Closures		(12)		(5)		(6)		(29)		(8)		(19)
Rehabilitations as Percent of all Acceptances		(71)		(14)		(32)		(49)		(36)		(46)

Table 7.

Reason For Closure Before Eligibility
New Referrals in 1979 By
Mainstreaming Model

Reason for Closure	Specialist Counselor N	(%)	Ex-Specialist Counselor N	(%)	Generalist Counselor N	(%)	Extreme Specialization N	(%)	Total N	(%)
Unable to Locate/Moved	0	(0)	0	(0)	34	(49)	23	(46)	57	(35)
Handicap too Severe	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Refused Services	29	(88)	4	(40)	18	(26)	6	(12)	57	(35)
Death	0	(0)	1	(10)	0	(0)	0	(0)	1	(1)
Reincarcerated	4	(12)	2	(20)	5	(7)	6	(12)	17	(10)
Transfer to other Agency	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Failure to Cooperate	0	(0)	3	(30)	10	(14)	13	(26)	26	(16)
No Disabling Condition	0	(0)	0	(0)	1	(1)	0	(0)	1	(1)
Other	0	(0)	0	(0)	2	(3)	2	(4)	4	(2)
TOTAL	33	(100)	10	(100)	70	(100)	50	(100)	163	(100)

Missing Observations - 14

Table 8

Case Disposition of Counselors Working
In Correction Office Before Mainstreaming
And Other Office After Mainstreaming

Case Disposition	Specialist				Ex-Specialist			
	Before		After		Before		After	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Case Open	1	(2)	7	(14)	6	(23)	5	(22)
Case Transferred	0	(0)	2	(4)	0	(0)	0	(0)
Closed Before Eligibility	27	(63)	35	(69)	10	(38)	11	(48)
Closed After Plan	4	(9)	2	(4)	2	(8)	2	(9)
Closed After Eligibility	0	(0)	0	(0)	4	(15)	4	(17)
Rehabilitated	11	(26)	5	(10)	4	(15)	1	(4)
TOTAL	43	(100)	51	(100)	26	(100)	23	(100)
Rehabilitation Rate as Percent of All Closures		(26)		(12)		(20)		(6)
Rehabilitation Rate as Percent of All Acceptances		(73)		(71)		(40)		(14)

Table 9.
Average Expenses Per Client By
Closure Status and Office,
1978 and 1979

Case Status	1978 Corrections mean	1978 Corrections N	1978 All Others mean	1978 All Others N	1979 Corrections mean	1979 Corrections N	1979 All Others mean	1979 All Others N
Closed Before Eligibility	$ 45	120	$ 22	44	$ 30	50	$ 24	114
Closed After Plan	$ 718	20	$1861	2	$ 400	8	$ 174	7
Closed After Eligibility	$ 47	58	$ 166	6	* $ 57	35	$ 187	13
Rehabilitated	* $1182	84	$ 398	6	$1069	41	$1586	9
Rehabilitated-Excluding Outlier	$ 950	83	$ 398	6	$1069	41	$1586	9
TOTAL	* $ 431	282	$ 139	58	* $ 377	134	$ 145	143

*$p < .05$

Table 10.
Average Expenses Per Client by Closure Status, Boston Region 1978 to 1980

Year and Offender Status	Closed After Plan	Closed After Eligibility	Rehabilitated
1978			
Offenders	$881	$ 56	$1139
All Clients	$687	$ 61	$ 916
1979			
Offenders	$856	$ 74	$1653
All Clients	$851	$ 90	$1369
1980			
Offenders	$709	$112	$2035
All Clients	$854	$ 98	$1469

Source: Richard Goldberg, Ed.D., Massachusetts Rehabilitation Commission

Table 11

Case Closure Status of All Cases
In Massachusetts By Offender
Status, 1977 To 1980

Fiscal Year	Closed Before Eligibility				Closed After Eligibility Plan				Rehabilitated				Total				Rehabilitations as Percent of Acceptances	
	Offender		Non-Offender		Offender		Non-Offender		Offender		Non-Offender		Offender		Non-Offender		Offender	Non-Offender
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	%	%
1977	586	(31)	5575	(36)	633	(34)	3929	(25)	653	(35)	5935	(38)	1872	(100)	15439	(100)	(51)	(60)
1978	484	(31)	4423	(33)	493	(31)	3745	(28)	601	(38)	5315	(39)	1578	(100)	13483	(100)	(55)	(59)
1979	494	(30)	4191	(34)	638	(39)	3305	(27)	519	(31)	4902	(40)	1651	(100)	12398	(100)	(45)	(60)
1980	511	(34)	5416	(44)	587	(39)	3558	(24)	405	(27)	4675	(32)	1503	(100)	14649	(100)	(41)	(57)

Source: Richard Goldberg, Ed.D., Massachusetts Rehabilitation Commission

Table 12

Rehabilitation As Percent of All Acceptances
Offender and Non-Offender Closures
In Massachusetts, 1979

Region	Offenders		Non-Offenders	
	Number of Rehabilitations	Rehabilitation Rate	Number of Rehabilitations	Rehabilitation Rate
Boston	108	(41)	706	(56)
Lakeville	28	(39)	621	(54)
Malden	178	(60)	1173	(63)
Metropolitan	40	(53)	701	(59)
Springfield	113	(50)	1154	(66)
Worcester	52	(23)	542	(56)
Statewide Total	519	(45)	4902	(60)

Source: Richard Goldberg,Ed.D, Massachusetts Rehabilitation Commission

Appendix I

Data Collection Instruments

MAINSTREAMING STUDY - OFFENDER CLIENTS OF THE MASSACHUSETTS REHABILITATION COMMISSION

Area Office: _____ Fiscal Year: _____ Counselor Name: _____

Data Collector: _____ Date of data collection: _____

Referral Number	Referral Source Code	FOR REFERRAL CODE 56 CASES ONLY NAME	oos	00	02	04	06	08	10	12	14	16	18	20	22	24	26	28	30	dis. 1	dis. 2	Comments

MAINSTREAMING STUDY - OFFENDER CLIENTS OF MRC

Name: _____ I.D.: _____
Area Office: _____ Counselor: _____
Disability: First _____ Second: _____
Priority Rating: _____

___ 00 REFERRAL
Date: _____
Agency: _____

___ 02 APPLICANT
Date: _____

___ 06 EXTENDED EVALUATION
Date: _____
Type: _____

___ 08 CLOSURE FROM 02 and 06
DATE: _____
Reason: _____

___ 10 ELIGIBILITY
Date: _____
Rating: _____

___ 12 PLAN DEVELOPED AND APPROVED
Date: _____
Plan 1: _____ Plan 2: _____
Plan 3: _____ Plan 4: _____

___ 14 COUNSELING AND GUIDANCE
Date: _____
Provider of counseling: _____

___ 16 THERAPY AND RESTORATION
Date: _____
Type or provider: _____

___ 18 TRAINING
Date: _____
Type: _____

___ 20 TRAINING COMPLETED
Date: _____
Job: _____
Weekly Salary: _____

___ 22 EMPLOYMENT BEGINS
Date: _____
Job: _____
Weekly Salary: _____

___ 24 SERVICES INTERRUPTED
Date: _____
Reason: _____

___ 26 REHABILITATED
Date: _____
Job: _____
Weekly Salary: _____

___ 28 CLOSURE APTER PLAN
Date: _____
Reason: _____

___ 30 CLOSURE AFTER ELIGIBILITY
Date: _____
Reason: _____

Total Expenditures : _____

Is case still open? _____

Was case transferred to another office? _____