



# National Institute of Justice

P r o g r a m F o c u s



## **The Women's Prison Association:**

**Supporting Women  
Offenders and  
Their Families**

# The Women's Prison Association: Supporting Women Offenders and Their Families

by Catherine Conly

**E**lise walked the winter streets, her hands and face bitterly cold; her mind filled and distracted; her heart brittle.<sup>1</sup> No one had prepared her for the enormity of the challenges she faced—no place to live; no money; her children scattered and angry; no true friends; and that burning desire to get back to (and at the same time avoid) the “people, places, and things” that had landed her in jail in the first place. Just when success was so important, all she could think of was failure.

## Highlights

With the dramatic increase in the number of women offenders under correctional supervision, researchers and advocates are calling for correctional strategies that are gender specific and community based.

This *Program Focus* provides an indepth look at the Women's Prison Association (WPA), an incorporated nonprofit agency in New York City that offers a broad array of institution- and community-based services to women offenders (i.e., women in prisons and jails, women on probation and parole, and ex-offenders). Through a portfolio of four programs, WPA offers peer education, support, and transitional services to female inmates who are HIV+ or at risk for infection; and emergency and transitional housing, individualized case management services, skills-building workshops, child care, counseling, and other supports to released women, their children, and their families.

Although WPA, like most of its counterparts around the Nation, has not been the subject of rigorous, independent evaluation, its programs incorporate many features that correctional

experts consider essential to programming for women, including:

- Program models designed to address the specific needs of women.
- Individualized case management to help women offenders set and achieve goals.
- Skills-development workshops and exercises.
- Family-focused programming.
- Peer support and the development of peer networks.
- Highly skilled staff experienced in working with women and their wide range of concerns.
- Formal recognition of participant achievement.
- Ongoing attention to building community support.

With an annual budget of nearly \$4 million from private donors and a variety of Federal, State, and city health, welfare, and criminal justice agencies, WPA provides individual direct services to hundreds of women each year. The agency has a strong, positive reputation with its funding agencies and clients. WPA also gets high marks from local criminal justice officials,

who report that WPA provides clients with close supervision and individualized services, and the criminal justice system with honest feedback on client progress.

Maintaining sufficient funding is one of the agency's greatest challenges. Cuts in funding and changing governmental priorities, especially regarding welfare reform, are significant threats to the future of WPA's programs. In addition, the categorical nature of most government funding imposes limitations on the kinds of funds that are available, effectively precluding the provision of services to some women offenders.

In response to these challenges, WPA is working to demonstrate program effectiveness by creating new mechanisms for tracking individual clients and measuring their ability to maintain liberty in the community, maintain or improve housing, and maintain or improve their family situations. The agency also continues to disseminate information on women offenders and to actively recruit the community-at-large in responding to the needs of women in the criminal justice system.

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Women offenders like Elise who return to their communities from prison or jail must often simultaneously comply with conditions of probation or parole, achieve financial stability, access health care, locate housing, and commence the process of reuniting with their children. Setting priorities and accomplishing goals can seem overwhelming to someone who is confronted with so many tasks at once. Without strong support in the community to help them negotiate the rules and regulations of myriad public agencies, many women offenders quickly spiral back into a life of substance abuse, prostitution, and related crimes.

Finding effective correctional strategies for women offenders is of growing importance nationwide. Increasingly, women have joined the ranks of those behind bars or under criminal justice supervision in the community. Since 1980, the number of women in custody in State and Federal prisons has risen more than fourfold.<sup>2</sup> During 1997, the number of female prisoners in Federal and State prisons rose 6.2 percent, slightly greater than the increase in males (5.2 percent). At the close of 1997, 79,624 women were incarcerated in State and Federal prisons.<sup>3</sup>

Drug-related sanctions have fueled much of this increase in women's incarceration. Federal Uniform Crime Reporting data show that during the 1980s, the number of women arrested for drug violations more than tripled—a rate of growth approximately double that for men.<sup>4</sup> In the same time period, women held for drug-related offenses accounted for almost half of the increase in the number of jailed females.<sup>5</sup> According to data gathered by the U.S. Department of Justice's Bureau of Justice Statistics, the number of women in State prisons who were serving sentences for

drug-related offenses increased 432 percent between 1986 and 1991.<sup>6</sup> By 1991, one-third of the women in prison were serving terms for drug-related crimes, compared to one-fifth of their male counterparts.<sup>7</sup> (See "Differences Between Men and Women Inmates" for additional comparisons of men and women offenders.)

Those now under criminal justice supervision are typically young, unmarried women of color.<sup>8</sup> They have children, few job skills, little or no work experience, and a significant problem with substance abuse. A survey conducted by the American Correctional Association in 1990 revealed the following details about the life histories of women inmates:<sup>9</sup>

- More than half of the women reported having been victims of physical abuse; 36 percent reported having been victims of sexual abuse, which often occurred when the women were children or adolescents.
- Nearly half used cocaine at least once or twice a month; 56 percent reported using marijuana that frequently.
- Although some had completed their General Equivalency Diploma (GED), most were school dropouts. One-third had dropped out due to pregnancy.
- Nearly 75 percent had some work experience prior to incarceration, but almost two-thirds had earned no more than \$6.50 per hour, considerably less than they required to support themselves and their children.

Concern about the dramatic growth in the number of women in correctional settings during the past decade and their need for gender-specific services has prompted researchers and advocates to call for increased attention to correctional program-

ming for women and increased use of community-based interventions and alternatives.<sup>10</sup> In a recent national survey of programming for women offenders sponsored by the National Institute of Justice (NIJ), corrections administrators recommended that there be more services to address substance abuse, family relationships, vocational education and work, and prior victimization and domestic violence.<sup>11</sup> In addition, State-level administrators and program directors each saw a considerable need for more transitional housing and aftercare services to help women offenders adjust to living independently in the community.<sup>12</sup>

This *Program Focus* describes the Women's Prison Association (WPA), an incorporated nonprofit agency in New York City that offers a broad array of institution- and community-based services to women offenders (i.e., women in prisons and jails, women on probation and parole, and ex-offenders). Like most of its counterparts around the Nation, WPA has not been the subject of rigorous independent evaluation, but its program offerings address many of the critical issues identified above.<sup>13</sup> Through its own services and by linking women with other providers, WPA offers education, support, and transitional services to female inmates who are HIV+ or at risk for infection; and emergency and transitional housing, individualized case management services, skills-building workshops, child care, counseling, and other supports to released women, their children, and their families.

The following sections review WPA's history and its portfolio of interrelated programs, describe promising program features, and discuss challenges for continued operation. Although the program's metropolitan setting necessarily affects its

## Differences Between Men and Women Inmates

In recent years, researchers and policymakers have argued that women offenders not only need more services to put them on a par with men, but in many instances women require different services as well. A 1991 survey by the Bureau of Justice Statistics (BJS), which highlighted the following key gender differences among State prison inmates, clarifies why women may need different services.<sup>a</sup>

- **Women and men inmates differed in their patterns of drug use and drug-related crime.**<sup>b</sup>

Women were somewhat more likely than men to have used drugs in the month before the offense that resulted in their incarceration and to have been under the influence of drugs at the time of the offense.<sup>c</sup> They were also more likely than men to have used crack in the month before the incarceration offense. Women were considerably more likely than men to have committed crimes in order to obtain money to purchase drugs. Women were also more likely than men to be serving sentences for drug offenses.

- **Women inmates had important, and often unique, health-related needs.** At least 2,300 women (6 percent) were pregnant when they entered prison in 1991. Also, a slightly higher proportion of women (3.3 percent) than men (2.1 percent) reported being HIV positive.<sup>d</sup>

- **Female inmates were more than three times as likely as incarcerated men to report having experienced physical or sexual abuse at some time prior to incarceration.** The BJS researchers discovered that 43 percent of the women inmates they surveyed reported having been victims of sexual or physical abuse prior to admission, with most having been victimized before the age of 18.

- **Incarcerated women were more likely than incarcerated men to have children for whom they acted as caretakers until the time of their incarceration.** They were more likely than men to have children under the age of 18 who were being cared for primarily by their grandparents while their mothers were incarcerated. The data further showed that the burden on grandparents is greater when a child's mother is incarcerated than when a father is incarcerated because mothers usually care for the children of incarcerated fathers.

- **Female inmates were less likely than male inmates to have been sentenced in the past.** Of the women surveyed, 72 percent had been sentenced previously. Among inmates with prior records, women inmates were more likely than men to have been sentenced previously for a nonviolent offense.

- **Women were less likely than men to have been incarcerated for violent crimes.** In 1991, women were about as likely to be serving time for a violent offense (32 percent) as for a property (29 percent) or drug offense (33 percent). In contrast, 47 percent of male inmates were incarcerated for a violent offense. From 1986 to 1991 the proportion of women incarcerated for drug crimes nearly tripled, while the proportions of those incarcerated both for violent and property offenses dropped significantly.

- **Men and women incarcerated for violent crimes differed in their patterns of violence.** Women incarcerated for violent crimes were nearly twice as likely as their male counterparts to have committed homicide, more than twice as likely to have victimized a relative or intimate, and more likely to have victimized men.

a. Beck, et al., *Survey of State Prison Inmates, 1991*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, March 1993: 5, NCJ 136949.

b. Christine Rasche notes several significant differences in the drug use patterns of women and men in the general population as well, including: women tend to be introduced to heroin and cocaine use by a man in their lives, but thereafter tend to become more heavily addicted to greater amounts of the drug in a shorter time; women spend twice as much money per week on cocaine as do men; nationally, heroin addiction has increased at a faster rate for women than for men; and twice as many women as men end up in hospital emergency rooms because of drug overdoses. See Rasche, Christine E., *Special Needs of the Female Offender*, Tallahassee, FL: Florida Department of Education, Division of Vocational, Adult, and Community Education Sex Equity, 1990, Handout #17B.

c. These findings parallel those from an earlier BJS survey, which showed that women inmates were more likely than men to have used heroin or cocaine in the month before the incarceration offense, and to have used those drugs on a daily basis; see Greenfield, Larry and Stephanie Minor-Harper, *Women in Prison*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, March 1991, NCJ 127991.

d. Among those tested, women inmates were more likely than their male counterparts to report test results; see Beck, et al., p. 25. Recent studies by the United Nations Development Programme and the Centers for Disease Control and Prevention show that AIDS is growing rapidly among young women in this country and around the world. Although women accounted for just 14 percent of all AIDS cases reported in the United States in 1992, the number of women with AIDS in that year increased four times as fast as the number of men with the disease. See Rensberger, Boyce, "AIDS Spreads Fastest Among Young Women," *Washington Post*, July 29, 1993, A-1.

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operation, the lessons from WPA's 150-year experience will inform anyone seeking to learn more about gender-specific or community-based programs for women offenders.

### A Century and a Half of Advocacy and Programming

The Women's Prison Association characterizes its mission as follows:

“ . . . to create opportunities for change in the lives of women prisoners, ex-prisoners, and their families. WPA provides programs through which women acquire life skills needed to end involvement in the criminal justice system and to make positive, healthy choices for themselves and their families . . . We emphasize:

- Self-reliance through the development of independent living skills.
- Self-empowerment and peer support.
- Client involvement in the community.
- Assistance from dedicated staff, advisers, and volunteers.”

WPA has been working to fulfill this mission and “increase public awareness of and support for effective, community-based responses to crime” since its founding in 1844. Under the leadership of Abigail Hopper Gibbons, WPA established the Isaac T. Hopper Home to provide housing and training to women offenders of the 1800s. In its first 3 years of operation, the Hopper Home sheltered more than 450 women offenders; and it has served more than 37,000 women over the course of 150 years. By the turn of the century, WPA was calling for the creation



*A Hopper Home ATI program participant reads with her son in the playroom at Hopper Home.*

Photo by Meg Handler

of separate prison facilities for women and for a State mandate for female matrons in all facilities with women prisoners. WPA also protested jail crowding and helped introduce a bill to establish a reformatory for women in Bedford, New York. During the 1940s, it developed a resident aftercare program at Bedford Hills and established group therapy programs. In the 1960s, WPA launched a program for pregnant offenders.

Since 1992, WPA has focused considerable attention on the needs of homeless women offenders who have AIDS, are HIV+, or have histories of substance abuse, and those who are striving to reunite with their children. WPA now offers four interrelated programs:

- **The Transitional Services Unit**, which provides HIV and AIDS services, peer group support, prerelease planning, and housing placement to women inmates who are HIV+ or at risk for infection; and transitional and intensive case management services for HIV+ women released from prisons and jails.

- **The Hopper Home Alternative to Incarceration Program**, a transitional residence and an intensive reporting program for women who would otherwise be in jail or prison.

- **The Sarah Powell Huntington House**, a transitional residence for homeless women offenders, including those with HIV or AIDS, who seek to reunite with their children.

- **The Steps to Independence Program**, which provides specialized services (e.g., housing and job placement assistance, independent living skills development, parenting training workshops, and aftercare services) to homeless women in the other three WPA programs.

Depending on their circumstances, WPA clients may participate in some or all of these programs over the course of many months or years. For example, a homeless woman awaiting trial can be contacted in jail by the Transitional Services Unit, receive information on HIV prevention, and be counseled regarding community-based services. Subsequently, she can be

provided with emergency housing at the Hopper Home. Then she can be admitted to the Sarah Powell Huntington House, where she can work with a case manager, participate in community-based services (e.g., drug treatment, individual counseling, and vocational education), and reunite with her children. Before leaving Huntington House, she can be assisted with her transition into the community (e.g., locating housing and employment) by staff of the Steps to Independence Program.

Each year, hundreds of women offenders and their family members participate in WPA's programs. Between July 1, 1996, and June 30, 1997 (FY 1997), the agency provided individual, direct services to 344 women and 286 children (under 18 years of age). During the 1-year period of 1996-97, WPA placed 99 women in permanent housing and 84 women in transitional housing. As many as 3,000 women participated in WPA's jail- and prison-based workshops. In addition, WPA staff assisted an unspecified number of other family members and/or significant others residing in clients' homes. For example, TSU staff estimate that in FY 1997, for every client served in the Community Follow-Up Program, they also served an average of five family members.

### Meeting the Needs of Women Offenders

Following the fivefold expansion of New York's female offender population in late 1990, WPA's staff launched an investigation of the needs of women in the State's criminal justice system. The four interrelated programs previously highlighted are the result of this careful study. Under the leadership of a newly hired executive director, WPA staff interviewed women

offenders, summarized their characteristics, and gathered information on available community-based services.

### Characteristics of women offenders in New York

The interviews revealed that women offenders in New York look very much like their counterparts across the Nation and that the following four issues are of particular concern:

- **Many women offenders are chronically ill.** Prolonged drug and/or alcohol use with little or no treatment, poor access to medical care, and low socioeconomic status place women offenders at considerable risk for a range of infectious diseases, including tuberculosis, hepatitis B and C, syphilis, gonorrhea, and other sexually transmitted diseases. Indeed, the rate of HIV infection among New York's criminal justice population, which is one of the highest in the Nation, is higher for women than for men. In a blind serosurvey of jail inmates conducted by the New York City Department of Health, the rate of HIV infection among women was 26 percent, compared to only 12 percent among men.<sup>14</sup> Although the reason for variation in rates continues to be investigated, part of the answer may lie in the fact that women offenders are more likely than men to be exposed to a combination of HIV-related risk factors, including their own intravenous (IV) drug use, partners who use IV drugs, and the exchange of sex for drugs and income.
- **Women offenders who are HIV+ or have AIDS have considerable need for health care and social support.** Many women in New York's criminal justice system learn that they are HIV+ through voluntary testing in jail or prison. As a

result, their release from incarceration may mark the first time they have had to face the physical and emotional challenges of living on their own with a chronic and terminal illness. Often they have no established network for health care and social support in the community. Moreover, they may return to the community with inadequate information about sources of treatment and about transmission prevention that will prolong their lives and protect the lives of others with whom they come in contact.<sup>15</sup>

- **Many women offenders are homeless, which impairs their ability to live crime free.** Based on self-reports, it is estimated that as many as one-third of all women returning to New York City from prisons or jails are homeless. In reality, the rate of homelessness is probably much higher, since many women are thought to conceal their homelessness for fear that it will affect their chances of early release or parole.

Safe housing is at a premium. Drug use and other criminal activities abound in shelters; and many women who return to their former homes face the substance abuse, sexual abuse, and domestic violence that preceded their incarcerations. In some cases, regulations regarding kinship and foster care, which preclude a woman's living with her children upon release, also keep her from living with the trusted relatives who are her children's caretakers.

- **Reuniting with children is of crucial importance for most women offenders, but it is usually a complex issue.** Eighty percent of the women in New York's prisons and jails are mothers, and many are highly motivated to reunite with their children. But in many cases, incarceration

has followed a period of turmoil for mothers and their children in which family attachments have been severely strained. Although women leave correctional institutions hoping to live with their children, years of separation make women uncertain about how they will be received or whether they will be able to reconnect. Their children often feel anxious, angry, and resentful. Caretakers may resist reunification and feel wary of the mothers' ability to provide adequate support and guidance.

Moreover, in situations involving kinship and foster care, child welfare and housing regulations may make it difficult for women to regain custody of their children. Although permanence and family reunification are important goals, they are not always easily reconciled, especially in situations where there has been abuse and neglect.

Delays in reunification can affect housing decisions as well. In New York City, mothers must provide adequate housing in order to regain custody of their children; yet, to qualify for subsidized housing that can accommodate a family, applicants must be able to show proof that they have custody of their children.

## Availability of services

When assessing services, staff discovered that women offenders and their families were effectively precluded from being well served by agencies mandated to deal with the issues that women offenders present (e.g., homelessness, HIV, and AIDS). Sometimes women offenders were explicitly excluded because of their criminal histories; but, more frequently, some aspect of qualifying for service was unre-

alistic given the women's circumstances (e.g., requiring custody of children to qualify for housing).

WPA carefully studied funding opportunities that would support the creation of programs to address the diverse concerns of women offenders and provide opportunities for women to:

- Learn and adopt independent living skills.
- Obtain more permanent living arrangements.
- Receive appropriate preventive and medical care.
- Gain financial independence or support.
- Achieve and maintain sobriety.
- Develop relationships that support the changes they want to make.
- Reunite with their children and families.

Over the past several years, by assembling an annual budget of almost \$4 million from private donors and a variety of Federal, State, and city health, welfare, and criminal justice agencies (see "WPA Funding") and by initiating formal agreements with more than 44 community-based organizations that serve women and/or criminal justice populations, WPA created its four programs for women offenders. In addition, WPA continues to advocate with State and city social service systems to ensure that those systems' programs and policies include provisions for women offenders.

## Using Knowledge and Innovation to Obtain Funding

To address the multiple needs of women offenders, WPA has combined funding from a variety of sources, including many noncriminal-justice initiatives (e.g., to aid persons who are homeless and who have HIV or AIDS). Each funding stream addresses a specific need or set of needs (e.g., housing, employment services, health care, and family support), and in combination, the different funding streams help to establish a continuum of care for WPA's clients.

By continuously gathering information on women offenders and existing service delivery mechanisms, WPA is able to craft funding proposals that demonstrate a clear understanding of women offenders and that outline gender-specific approaches for meeting clients' service needs. In turn, funders value WPA's insights and innovative approaches. "WPA has a good handle on this population [women offenders]. They've studied what their needs are and they know how to meet them. You can see that in the work they do," observed Samantha Lopez, a representative from Medical and Health Research, Inc., which provides funding for the WPA Transitional Services Unit. Sally Perryman, a former contract monitor at the State of New York's AIDS Institute, concurs. "WPA collects information that makes their programs strong and allows them to be visionary," says Perryman. "It is the only organization I know of that provides a peer education *and* empowerment program. Many organizations provide AIDS education, but WPA provides inmates with operational assignments in the program, so it really is an

## WPA Funding

WPA combines funding from private donors with Federal, State, and city funds to support its four programs. Funding sources and amounts for each program are as follows:

### The Transitional Services Unit

- **\$130,000** from the State of New York AIDS Institute to provide peer education and support in two women's prisons.
- **\$120,000** from Medical and Health Research, Inc., to provide discharge planning and transitional case management at two prisons and at Rikers Island.
- **\$317,465** from Medical and Health Research, Inc., which manages Federal Ryan White Title I funds<sup>a</sup> for the City of New York, for outreach and housing assistance.
- **Up to \$463,000** in Medicaid funds for the Community Follow-Up Program, a fee-for-

service program to provide intensive case management.

### The Hopper Home Alternative to Incarceration Program

- **\$618,000** from the City of New York's Office of Criminal Justice Coordinator.

### The Sarah Powell Huntington House

- **\$1,017,803** from the City of New York's Department of Homeless Services.

### The Steps to Independence Program

- **\$65,000** from the State of New York's Homeless Rehousing Assistance Program for aftercare for previously homeless women.

- **\$230,000** from the U.S. Department of Housing and Urban Development for life skills, job placement, and parenting education.

### Private Donations and Foundation Support

- **\$810,000** in a combination of restricted (e.g., for public education and purchase of computers) and unrestricted (e.g., for staff development, development of a computer tracking system, and infrastructure) donations and awards.

a. Funds are available through the Ryan White Comprehensive AIDS Resource Emergency Act—Title I, which may be used to provide services to men, women, and children who are HIV+ or who are at high risk for infection.

empowerment program. In addition, WPA designs their programs specifically for women. Others offer the same curriculum in male facilities.”

## WPA's Promising Programs and Their Features

WPA targets women who:

- Are age 18 or older.
- Have a past or current involvement with the criminal justice system.
- Have not been diagnosed with severe mental illness.<sup>16</sup>
- Are detoxed and able to attend a day-treatment program (for residential programs).

- Have not been charged with arson (for residential programs).

WPA's approach has many features that correctional experts consider essential to programming for women offenders (see “Features of Innovative and Promising Programs for Women Offenders: National Survey Results”). These include:

- **Program models designed to address women offenders' needs.** WPA's program models are carefully designed to address client concerns regarding housing, health and mental health care, family reunification, and employment. In addition, WPA continues to gather information on women offenders and on the availability of services to assist them. The information is used to enhance WPA services and to educate the public regarding women offenders' issues and the importance of gender-specific programming. WPA's diligence in gathering infor-

mation on their client population also gets high marks from local funders.

Speaking about the Hopper Home Alternative to Incarceration Program, Rhonda Ferdinand, the lead prosecutor in the Manhattan District Attorney's Office of the Special Narcotics Prosecutor, underscored the importance of WPA's approach. “The work they [WPA] are doing is very different from a lot of other residential programs. These women have histories of abuse and don't respond to a lot of programs. The popular ones now operate on the idea that you need to beat the residents down before you can begin to rebuild. That just doesn't work for this population. Often being beaten is all these women have known.”

- **Individualized case management.** Case management services in WPA's programs include the development of



individualized service plans and the provision of individual counseling.

Case management helps clients organize and prioritize their needs for service, receive support while achieving their goals, and learn how to advocate for themselves. Through case management, WPA staff are also able to coordinate the many community-based service providers who offer assistance to women offenders, which may help to reduce duplication of services, thereby making service delivery more cost-effective and efficient. To ensure the accessibility of services, WPA has negotiated formal agreements with more than 44 service providers in the community who are working with women and/or offenders.

In addition, WPA's case managers offer clients one-on-one counseling, individual coaching, and encouragement. Case managers work with clients to help them tackle issues of recovery and relapse, fear, shame, anger, self-doubt, patterns of abusive or negative relationships, and problems of family reunification. In turn, clients are encouraged by the support they receive. "My parole officer tells me what *not* to do; she's aggressive and mistrustful," remarked one client when asked to compare her relationships with her parole officer and her WPA case manager. "It feels more personal with my [WPA] case manager. She's more like a human being. She tells me what I *can* do."

- **Peer support.** WPA's programs help women offenders build healthy relationships through peer support. Reportedly, most WPA clients arrive with very poor self-images and little sense that they can make a positive contribution. Through group workshops, support groups, household work assignments, and recreational

## Features of Innovative and Promising Programs for Women Offenders: National Survey Results

With funding from the National Institute of Justice, researchers at Michigan State University recently completed a nationwide survey of programs for women offenders.<sup>a</sup> Respondents, who included State and local corrections administrators, institution-level directors, and program directors, identified 242 innovative programs for further study. Among the nominated programs, only 18 (7 percent) had been evaluated. In 17 States, the researchers found that "there really is no promising programming for incarcerated women."<sup>b</sup>

Respondents offered a variety of reasons for their program nominations, including the following: (1) participant (e.g., offender) satisfaction with the program; (2) participant involvement in program operation; (3) emphasis on skills development; (4) program focus on a key need; (5) staff skills and dedication; (6) program intensity and duration; (7) staff concern for the welfare and success of women; (8) staff concern for children, families and parenting; (9) community support; (10) use of consistent rules and regulations; and (11) postrelease followup.

Although most of the programs nominated as innovative concentrate on a particular need (e.g., substance abuse treatment and psychological services), they also take a *holistic* approach to women offenders, thereby addressing a variety of related issues. In addition, the researchers observed the following:

"All of the promising programs focus on the diversity of women's needs and personalities, and thus case management—with individualized selection of program

activities and services—is of paramount importance."<sup>c</sup>

Interviews and site visits revealed that innovative programs share the following attributes:

- Well-trained and dedicated staff who care about the welfare of the women and their families and who serve as positive role models for program participants.
- Women-only programming.
- Program materials focused on skills development and meeting women's particular needs.
- Willingness to tailor approaches to meet individual needs.
- Treatment with appropriate controls.
- Use of peer support and development of peer networks.
- Formal recognition of participant achievement.
- Options for women who fail.<sup>d</sup>

a. Morash, Merry and Timothy Bynum, *Findings from the National Study of Innovative and Promising Programs for Women Offenders*, prepared by Michigan State University under grant numbers 92-IJ-CX-K027 and 96-IJ-CX-0021 for the U.S. Department of Justice, National Institute of Justice, Washington, D.C., December 20, 1995, NCJ 171667.

b. *Ibid.*, 74.

c. *Ibid.*, 75.

d. *Ibid.*, 75.

activities, participants support each other in recovery and in accomplishing their goals. This redefinition of their relationships with each other can be very transformative.

- **Strategies for building on client successes.** WPA seeks to build on client experience and strengths (as opposed to merely addressing deficiencies) and to

recognize small successes. Clients are encouraged to assume a variety of responsibilities that contribute to their viewing themselves as capable. Each client is required to define and refine her own case plan and encouraged to assume increased responsibility for accomplishing her specified goals. In addition, clients participate in the development of WPA programs. They also serve as public speakers,

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peer educators, trainers, and assistants in the Child Center at the Sarah Powell Huntington House.

- **Family focus.** WPA's programs assist both women and their families. Helping women offenders reconnect and/or reunite with their children can motivate the women to accomplish other goals. Working to build healthy families may also prevent children who have been exposed to their parents' substance abuse and crime from becoming involved in those behaviors themselves.

- **Skills development.** Each WPA program includes workshops and skills-building exercises to help women improve their abilities to participate productively and healthfully in their roles as parents, students, employees, tenants, and friends. Information presented spans a broad range of topics including health (e.g., substance abuse, HIV prevention and treatment), mental health, vocational training, parenting, and independent living.

- **Caring, competent, and well-trained staff.** WPA's staff have considerable experience working with women. In addition, their knowledge of issues regarding HIV, AIDS, substance abuse, housing, and the criminal justice system make them well equipped to serve a client population with diverse service needs.

WPA provides its staff with the training and consultation skills needed to work effectively with clients and within the organization. Clinical consultation is available on a regular basis to provide guidance on ways to address complex client concerns such as incest and child abuse. In addition, through programs offered inhouse and by sending staff to outside trainings, staff are supported in

expanding their knowledge about the substantive issues confronting WPA clients (e.g., HIV, AIDS, substance abuse, child abuse, and domestic violence) and in developing professional job skills (e.g., using computers and managing meetings). WPA staff are also involved routinely in helping to design and refine WPA programs.

- **Long-term commitment.** WPA's set of interrelated programs can assist women offenders over a period of several years, from the point of their initial incarceration through drug treatment, reunification with their children, and moves to permanent housing. Because it has the capacity to make a long-term commitment, WPA is able to help women offenders address their many serious concerns regarding sobriety, prior abuse, parenting, employment, housing, and health care. Dealing with these issues is thought to improve significantly each woman's ability to make positive choices for herself and her family.

WPA operates four primary programs; two provide residential services and two offer a variety of other services:

- Transitional Services Unit (TSU) offers a variety of services to women offenders who are HIV+ or at risk for infection.
- Hopper Home Alternative to Incarceration offers transitional housing services under close supervision.
- Sarah Powell Huntington House offers transitional housing to women and their children.
- Steps to Independence (STI) targets homeless women and provides help with

parenting skills, independent living skills, and finding housing and employment.

## The Transitional Services Unit

*Susan sat at a table with a group of clients involved in the Transitional Services Unit's Community Follow-Up Program. A self-described "menace to society for 15 years" who is also HIV+, she was still visibly shaken when she recalled her first days on parole: "That first weekend out, I felt every step would be my last. I felt cold and kept thinking, 'Wow, I really need some help.' I was terrified. If I didn't get help, there was a good chance I'd go back."*

*During that first weekend, she had landed in a shelter where she was quickly confronted with drug use and violence. "Thrown in a place like that," she observed, "it's like a setup. I had heard about WPA when I was upstate at Albion, and thank God I did. On Monday, I contacted them."*

*Susan immediately received temporary shelter in the Hopper Home and eventually moved into a halfway house. With assistance from her Community Follow-Up case manager, she is now receiving treatment for HIV and attending school. As she put it, "When reality hits, WPA offers you a chance. I still have a long way to go, but I have hope."*

Susan heard about WPA from staff in the Transitional Services Unit, which offers individual counseling, outreach workshops, and discharge planning to incarcerated women who are HIV+ or at risk for infection.<sup>17</sup> In the community, the TSU's Transitional Case Management and Community Follow-Up Programs (CFPs) provide transitional and intensive case

## Transitional Services Unit (TSU) Outreach Services

TSU outreach services include:

- **HIV education through staff presentations, videos, and peer discussions.**

- **Workshops on issues important to women offenders.** Topics include HIV risk reduction, substance abuse and relapse prevention, parenting, community-based services (e.g., housing, medical care, and financial assistance), stress reduction, and domestic abuse. Conducted in Spanish or English, depending on the needs of the participants, each workshop examines how participants will cope with a particular issue when they return to the community. TSU staff develop and facilitate most of the workshops, but outside experts also make presentations on occasion.

- **Support services, including individual counseling, advocacy, and facilitation of inmate support groups.** Staff assist with crisis intervention; help women resolve concerns related to their children and other issues outside the institution; advocate with correctional officials for the treatment of specific patients with HIV or AIDS; and through support groups, create opportunities for women who are HIV+ to talk openly about their experiences living with the virus.

- **HIV peer training and pre- and posttest counseling.** With funding from the AIDS Institute, one TSU staff person is assigned full time to Bedford Hills, a maximum security facility that also serves as the diagnostic and classification center for all women sentenced to State prison terms in excess of 1 year. Two other TSU staff members are assigned full time to Taconic, a medium security prison where inmates are required to participate in a 6-month substance abuse treatment program. In each facility, TSU staff work with supervision from the Deputy Superintendent of Programs, which ensures continuous communication and feedback between TSU and correctional personnel.

In both institutions, TSU staff provide a full range of HIV services, including prevention education, pre- and posttest counseling to inmates who request HIV testing, training of correctional staff, peer educator training, and facilitation of peer support. At Bedford Hills,

TSU staff assist nine inmate volunteers who are specially trained to provide educational and support services to other inmates as part of ACE (AIDS Counseling and Education), an inmate-initiated HIV and AIDS education and peer support network. At Taconic, TSU staff work with six inmate volunteers in a similar program entitled CARE (Counseling, AIDS Resource, and Education).

In both institutions, inmate volunteers assume an active role in shaping the programs. They have organized AIDS walkathons to raise awareness within the institutions and raise money for related causes in the community-at-large (e.g., a shelter for HIV+ children). At Bedford Hills, volunteers have produced a series of live dramatic performances on living with HIV or AIDS, created squares for the AIDS quilt, and prepared a book entitled *Breaking the Walls of Silence*, which describes their experience with implementing an HIV peer education and support program within a correctional institution.<sup>a</sup>

- **Discharge planning for women who have 6 months or less remaining on their sentences.** Staff help women prepare for their release. This includes reviewing the services that are available in the community, specifying goals and planning how to accomplish them, and discussing parole regulations. All paperwork necessary for a smooth transition is collected, including birth certificates and medical release summaries;<sup>b</sup> appointments for medical care are arranged; and housing options are considered and explored. Upon release, women are linked to TSU's three-person team of housing experts for assistance in locating housing (i.e., emergency, transitional, and permanent).

a. ACE program members, Bedford Hills Correctional Facility, *Breaking the Walls of Silence: AIDS and Women in a Maximum Security New York State Prison*, Woodstock, NY: Overlook Press, 1998.

b. To qualify for Medicaid and other financial assistance that is available to those who are HIV+, an individual must produce medical documentation of illness. Some women leave prison or jail without the documentation, which can result in protracted delays in receiving Medicaid and financial assistance and in receiving appropriate treatment.

management services to HIV+ women who have previously been arrested and who may be on probation or parole when services are rendered. With more than \$1 million in funding from State and Federal sources, TSU has 18 staff members who provide services to women in city and State correctional facilities and in the community.

### Outreach and counseling

Each week, the TSU's Outreach staff visit the city jail at Rikers Island and four State correctional institutions for women.<sup>18</sup> Once a year, for a period of several days, staff also visit the Albion Correctional Facility near Buffalo, which has a large population of inmates from New York City, to offer HIV education workshops and information on transitional services for women returning to the city following their release. (See "Transitional Services Unit Outreach Services" for more information.)

### Transitional case management

WPA provides transitional case management for up to 3 months to HIV+ women who are leaving jail or prison and returning to the community. Typically, at the end of that period, the women are eligible to receive Medicaid and may participate in the Community Follow-Up Program. Case managers work with clients to address primary health and living needs, including housing, financial assistance, medical care, counseling, drug treatment, and other basic supports.

### Community followup

The Community Follow-Up Program (CFP), a component of the Transitional Services Unit, can accommodate up to 90 women offenders and ex-offenders who are HIV+.

CFP began in December 1994 as a fee-for-service program authorized by the State of New York under the Consolidated Omnibus Budget Reconciliation Act (COBRA), which allows for the provision of case management services to nonincarcerated clients who receive Medicaid.

A case management team works with each CFP client and with her children to assess their service needs, develop their individualized service plan, monitor their progress, and advocate with public agencies. Clients may participate in CFP as long as they remain in the community and are eligible to receive Medicaid.<sup>19</sup>

According to Bridget Gladwin, Superintendent of the Taconic Correctional Facility, the services of WPA's Transitional Services Unit fill an important gap for women offenders. "WPA does excellent work, and their focus on women is rare," Gladwin notes. "WPA offers more than treatment and housing. They are providing women with basic life skills, some things they may never have had the opportunity to learn. They do public outreach and education and are genuinely interested in this population. WPA is very responsive to our needs and they do their best to help out."

### **The Hopper Home Alternative to Incarceration Program**

*Ruth studies a piece of dust on the floor as she reflects on the years that preceded her entry into the Alternative to Incarceration (ATI) Program. "Because of drugs, I missed 8 years of my daughter's life," she remarks sadly. "I don't know*

*her likes and dislikes. I don't always know what to talk about with her."*

*After 8 months as a resident in the Hopper Home, Ruth is the Third Floor Captain, a senior manager in the household structure. She reports that she has benefited from the ATI workshops on HIV and self-esteem, and has really enjoyed learning more about cooking and nutrition. In fact, for several months, she has been cooking meals for herself and her peers. Staff recently presented her with a certificate of excellence for her efforts.*

*"Before I got here, I had to get high before doing anything," she continues. "Now, I'm learning about myself and dealing with the world outside. I feel better about myself and I'm starting to talk with my daughter. Sure, you get tired of the routine, but it's good to finally have some place to come to that is safe."*

*Making progress hasn't been easy. Staying clean, learning to listen, and communicating with other women are on the list of challenges that Ruth has conquered. In the process, she has discovered an unexpected benefit to living in a community of women: "In 34 years of living, I never had a friend before. Now I have a girlfriend."*

WPA began the Hopper Home Alternative to Incarceration (ATI) Program in 1993 with \$1.2 million from the Mayor of the City of New York. In 1991, as part of the Mayor's Safe City/Safe Streets Initiative, money was appropriated to support ATI programs citywide. Three of these ATI programs targeted women offenders for whom it was believed that existing services did not adequately address their unique needs for service, especially for substance abuse treatment. Of the three



*A Hopper Home participant sits with her children on the back patio at the Home.*

Photo by Meg Handler

## Core Features of the Hopper Home ATI Program

WPA's ATI program includes several key elements:

- **Discipline.** Infractions and their consequences are discussed with all newcomers to the ATI program. Some violations, such as having "dirty" urine, staying out without an overnight pass, or showing disrespect for fellow residents or staff, are subject to a set of graduated sanctions. These range from a loss of privileges (e.g., loss of passes) and more stringent reporting requirements to termination from the program. Other infractions, including bringing illegal drugs into the Hopper Home, using drugs or alcohol in the Home, possessing contraband, or sexual activity in the Home, result in immediate termination.
- **Case Management.** Each woman is assigned to a case manager who provides intensive case assessment; counseling; educational

and skills-building workshops; family preservation and reunification assistance; family-oriented activities; and referrals to outside agencies (e.g., for substance abuse treatment, family counseling, and medical care). In addition, ATI clients are referred to WPA's Steps to Independence Program (see page 16) for parenting workshops, vocational assessment and placement, and housing assistance. Each ATI case manager is responsible for 15 clients and their families.

- **Daytime Activities and Evening Workshops.** The daytime activities of most ATI clients include participation in community-based drug and alcohol treatment programs such as Alcoholics or Narcotics Anonymous. Relapse prevention, individual counseling, recreational therapy, acupuncture, and GED programs are also offered. As their sobriety stabilizes and with the assistance of their case managers, most

women also tackle issues pertaining to their past experiences of sexual abuse and incest, their children, housing, and employment. A variety of mandatory evening workshops provide useful information and opportunities for personal growth and discussion of such issues as HIV and AIDS, substance abuse, independent living, vocational education, parenting, and women's health. Each workshop includes a series of presentations, discussions, and role plays on various subtopics. Cultural event days are scheduled once a month and involve trips to museums, plays, musical performances, or other cultural events in the community. In addition, residents plan and participate with staff in various recreational activities.

programs that were funded, only WPA's offers residential programming, which is reportedly very appealing to judges who believe there is a greater likelihood of success when all aspects of an offender's life are monitored closely.

### Hopper Home ATI program features

WPA's ATI program includes a transitional residence for 16 women at the Hopper Home and a reporting program for 14 others. Emergency housing (for periods between 1 and 14 days) is also available at the Hopper Home for homeless women offenders seeking transitional or permanent housing. A drug-free environment, the Hopper Home is staffed 24 hours a day, 7 days per week. Staff members include a director, an intake coordinator, two case managers, a house manager for the residential program, and several full- and part-time resident monitors.

Women accepted into the ATI program face revocation of probation or parole, detention, and/or lengthy prison sentences

under New York's mandatory sentencing laws. Those laws target predicate felons (persons with at least one prior felony conviction) for incarceration if they are subsequently found guilty of a felony. Working with the Drug Treatment Alternative-to-Prison (DTAP) programs operated by the Brooklyn District Attorney's Office and Manhattan's Special Narcotics Prosecutor's Office, ATI staff actively recruit predicate felons with drug charges and drug histories.<sup>20</sup> In addition, some candidates for the program refer themselves, having heard about it while detained in jail. Others are referred by their attorneys, by the District Attorney's offices, by judges, or by other ATI programs. All ATI clients are closely monitored in the community by WPA staff.

Women who enter the residential program live at the Hopper Home for approximately 8 months and then move into the community, where they are monitored for up to 6 months. All residents with drug histories are enrolled in day-treatment programs in the community and their progress is assessed by a case manager. In the evenings, residents participate in a regimen of group

counseling, life-skills workshops, and household work assignments.

To ensure public safety, the clients' compliance with house rules and with court-ordered requirements is closely monitored. Women are expected to adhere to a strict curfew. Drug use is tracked through urine screening conducted three times per week. Residents are required to comply with all house rules, sign in and out when leaving or returning to the building, and earn all privileges, such as weekend passes. (See "Core Features of the Hopper Home ATI Program" for additional information.)

Residential clients proceed through four program phases. At the conclusion of each phase, clients must assess their own progress and make formal presentations to the case management team outlining the reasons they are entitled to additional privileges. During the fourth program phase, clients transition to living in the community. Before leaving the Hopper Home, they must show proof of stable housing and other prosocial community ties, including membership in a 12-step

drug/alcohol treatment program in the community where they intend to reside. In addition, they must return to the Hopper Home three times per week for urine screening, meet with their case managers once each week, and attend two group meetings per week. The fourth phase lasts approximately 6 months.

The reporting component of the ATI program serves women who live in their own homes and participate in structured day, evening, and weekend activities at the Hopper Home. Approximately 60 percent of the clients in the reporting component are transfers from the residential program; the remaining 40 percent are directly enrolled into the program. Clients in the reporting component come to the Hopper Home three evenings per week. They meet with their case managers both at the Home and in the community. A special reporting support group is also available to address the concerns of women who live without the support of a residential community. During the day, clients in the reporting program are involved in day-treatment and other related programs.<sup>21</sup>

### **Response to Hopper Home's Services**

Rhonda Ferdinand appreciates the program's scope and its attention to security. "As a prosecutor, my main concern is public safety, and WPA provides the ideal structure. They set up curfews, do urine testing, offer support groups and training in parenting and self-esteem building. The initial period offers a lot of supervision and structure. As women demonstrate they can handle it, they are allowed more independence. They also know they will be held accountable. WPA can say, 'Look, this is what you have to do or these are the

consequences you face from the prosecutor.' And then our office is able to help with the mandate part."

Women complete the ATI program once they have met all requirements set by the court, remained drug free, completed or continued in treatment, and reported to the Hopper Home as required. The accomplishments of graduates are then celebrated in a formal graduation ceremony.

According to Cheryl Welch, who monitored the program for a number of years for the City of New York's Office of the Criminal Justice Coordinator, one of the best parts of her job was attending the WPA graduations. "It's remarkable to know these women going in and then see them on the other side of the program. The scope [of the program] is incredible and lasts for a long time. WPA deals with everything: education, employment, housing, and family reunification."

### **The Sarah Powell Huntington House**

*Five-year-old Anthony is taking his time coloring the leaves on his tree. He wants it to look nice when it is displayed along with those of his classmates on the bulletin board in the Children's Center at Huntington House. The fall hues he is applying so diligently match the colors in his new shirt—a gift from his mother.*

*While Anthony colors, his mother, 24-year-old Charise Walker, is finishing work as a cook in a restaurant several blocks away. The work schedule is rigorous for a woman who spent most of the time between her 16th and 22d birthdays high on crack cocaine or stealing to support her habit. "Once upon a time, I'd do nothing for nobody," she admits.*

*But a year ago, after completing a court-ordered residential drug treatment program, Charise made a vow to change. "I wanted my son back, and I knew that if I didn't stop, next time I'd go away for a long time."*

*Finding shelter was her first priority—sleeping on sofas in the apartments of her "drug friends" wasn't the way out. Having heard about Huntington House while in jail, Charise applied to the program as soon as she finished treatment. For a while, she shared an apartment in Huntington House with another woman who was also trying to reunite with her children. During that time, Charise continued drug treatment and completed her GED. Then, once she and her case manager convinced the skeptical aunt who had been caring for Anthony that Charise was sincere about changing, she moved with her son into one of Huntington House's apartments for families.*

*"Every day on my way to work, I see drugs," she acknowledges. "But I don't have to worry now, because I have a safe place to end up each night and plenty of people who care about me. Besides, I don't want to hurt my baby any more."*

*Anthony looks up from his finished product to see his mother standing in the doorway. "Look, mama, at my pretty tree," he calls proudly.*

*"I see it, baby," she affirms. "I'm just so glad to see it."*

In 1993, WPA opened the Sarah Powell Huntington House, a renovated apartment building in New York City's East Village that serves as a transitional residence with supportive services for homeless women offenders and their children. Inside the

## PROGRAM FOCUS

Photo by Leah Kopperman



*An afternoon of fingerprinting at WPA's Sarah Powell Huntington House Children's Center*

House, away from the drug trafficking and violence in the surrounding community, Huntington House residents work with case managers who help the women assess their service needs and meet the requirements of the shelter, child welfare, drug/alcohol treatment, health care, and criminal justice systems. Case managers also help the women reunite with their families and locate permanent housing.

With funding from the State Homeless Housing Assistance Corporation, WPA began renovation of Huntington House in 1991. The building includes 28 apartments (27 two-bedroom and 1 one-bedroom), a Children's Center, and onsite social services. Nine of the two-bedroom apartments are for women who live two to an apartment pending reunification with their children. The remaining 18 two-bedroom apartments are for mothers and their children. A little more than \$1 million in private and city funding now supports building operation and maintenance as well as a staff of 21 full- and part-time professionals.

### **Program referral and acceptance**

Women are referred to Huntington House in a variety of ways. Some are recommended by WPA's Transitional Services Unit or Alternative to Incarceration program. Others are referred by corrections officials, by child welfare workers, or by other community-based organizations. Still others refer themselves.

The case management supervisor at Huntington House screens each applicant to determine her homeless status, her likelihood of succeeding in the Huntington House community, her ability to abide by the house rules, and the probability of her living successfully with her children. Women who do not have a severe mental illness (i.e., those taking psychotropic medication or considered suicide risks) and who are likely to reunite with their children and provide the children with a safe home are placed on a waiting list for acceptance into the program.<sup>22</sup> Approxi-

mately 85 percent of those referred are accepted for placement.<sup>23</sup> Once admitted, they may stay up to 18 months.

### **Program features**

Huntington House is carefully monitored to ensure that it remains free of drugs and violence. Resident monitors are on duty at all times. Two are on the premises overnight, on weekends, and on holidays. All visitors must report to the front desk, show identification, and agree to leave by curfew. No weapons or drugs are allowed in the building. All resident absences must be preapproved.

Key program features include:

- **Working with case managers.** Most women begin their stay at Huntington House by sharing an apartment with a roommate. During that time, which typically lasts for 6 to 9 months, they work with a case manager who helps them identify their needs for service and who specifies a case service plan. Case managers also assist clients in accessing services and coordinating with a variety of service providers (e.g., parole, housing, foster care, and drug treatment). Often these providers or the courts (family and criminal) specify activities that must be incorporated into the case plan. Although each case plan is individualized, most include drug treatment, counseling, and parenting instruction. Case plans are reviewed with residents and updated biweekly.

Each Huntington House case manager has a caseload of 18 women and their families, which include some children who live at Huntington House and others who are elsewhere in the community.

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- **Family reunification.** Over time, women begin having supervised visits with their children, if that is required to satisfy foster-care regulations, and later, children come to the House for overnight stays. Somewhere between her sixth and ninth month in residence, each woman moves with her children into her own apartment within Huntington House. While in the family units, the women receive assistance in locating and securing permanent housing for themselves and their families.

School-aged children are introduced to Huntington House during an initial orientation and counseling session. Staff separate the children into two groups by age: 6- to 12-year-olds and 13- to 18-year-olds. Meetings are also convened with the mother, her child or children, and the mother's caseworkers (i.e., other counselors, parole or probation officers, drug treatment staff, and child welfare workers) to discuss the family's goals and familiarize the caseworkers with the program.

Most of the children who live at the Huntington House have spent long periods separated from their mothers, experienced frequent, often lengthy, stays in foster or kinship care, and have been exposed to parental drug abuse and, frequently, to other forms of abuse. To help ensure that these children receive optimal counseling and support, Huntington House staff meet regularly with a consulting clinical psychologist who not only helps with assessments and referrals involving children, but also provides training on issues related to abuse and treatment, and participates with staff in weekly case conferences.

- **Activities for children.** Huntington House offers a wide range of onsite activities for children of all ages. For

infants and preschoolers (aged 4 weeks through 5 years), there is a Children's Center, which is staffed by a head teacher trained in early childhood education, a classroom teacher, and two assistant teachers. In addition, mothers are expected to volunteer in the center at least 1 hour per week. Unlike child care in some other shelter settings, the Huntington House preschool facility is set up as a classroom, with age-appropriate educational supplies and set lesson plans.

There is also a comprehensive program for school-aged children, who range in age from 6 to 18. With direction from a recreational therapist, these children are able to participate in a broad array of afterschool and weekend activities, including homework assistance and tutoring, arts and crafts, and recreational and cultural activities in the community. A group of young professionals from the community-at-large organizes monthly special activities for the children, including recreational and cultural outings, as well as inhouse arts and crafts and celebrations.

### Steps to Independence

*There's a celebration going on in the meeting room at Huntington House, where a number of residents have gathered to discuss their efforts to find permanent housing. Amid the laughter and tears, Maria talks excitedly about the apartment she and her family will soon occupy. The move will mark the first time ever that she and all four of her children will live together. Until now her son, William, has remained in foster care, visiting his mother and siblings at the Huntington House only on weekends.*

*Maria's success comes after nearly a year of waiting—first, to be reunited with her children so she could apply for housing; then, to be certified for Section 8 housing; and finally, to be approved for a lease by the Emergency Assistance Rehousing Program. In between, she searched for an apartment and filed paperwork to ensure her rental assistance. She worked hard and is proud of her accomplishments; but she is also grateful to her case manager and WPA's Housing Specialist, who encouraged her and brainstormed with her at every juncture.*

*The other women in the room, a mix of clients from Huntington House and Hopper Home, have encouraged her, too. In turn, they are buoyed by her success because it signals that, with perseverance, they may soon follow.*

The Steps to Independence (STI) program is the most recent addition to WPA's portfolio of services for women offenders. Begun in the winter of 1996, STI targets homeless women offenders who participate in the other three WPA programs. With input from WPA clients and staff, the STI program was designed to help participants improve their parenting skills, develop independent living skills, locate permanent housing, and find employment. Approximately \$300,000 in private donations and funding from the U.S. Department of Housing and Urban Development and the State of New York's Department of Social Services Homeless Rehousing Assistance Program help pay the salaries of an STI Program Director, three Housing Specialists, an Employment and Independent Living Specialist, and a Parenting Specialist. Headquartered at WPA's Sarah Powell Huntington House, STI staff offer an array of skills-development workshops, counseling, and placement services.



# PROGRAM FOCUS

Photo by Leah Kopperman



*Women in WPA's Steps to Independence program learn computer skills to prepare them for the job market.*

Approximately 65 women and their families (most from Hopper Home and Huntington House) participate in the various STI activities and services described below.

## Program features

- **Parenting education and skills building.** STI staff provide several different parenting training, support, and recreational activities for mothers and their children. A 10-week parenting skills training class, offered to 15 to 20 women at a time, addresses topics such as understanding the developmental stages of children and adolescents; using nonphysical discipline techniques; preparing nutritious meals that meet children's dietary requirements; learning interactive play techniques for the mother and her children; assessing needs for professional

support; and identifying triggers for anger and stress and developing coping mechanisms.

- **Peer mentoring, relapse prevention, and women's support groups.** Peer mentoring training is provided so women can become support systems for one another as they develop parenting skills. The STI Parenting Specialist facilitates a parent support group, which meets once a week to discuss parenting topics relevant to the group, such as parenting with HIV or AIDS, substance abuse and its effects on children, and coping as a single parent. Individual and group counseling sessions are also held to help women become responsible as parents. A variety of other activities, such as play therapy, are organized for recently reunited families in an effort to ease some of the stress involved with reunification.

- **Independent living skills and life management.** Because many women who receive STI services have had little experience in effective problem solving and decisionmaking, the STI Independent Living and Employment Specialist conducts 4-week decisionmaking workshops with 15 to 20 women at a time. Workshop participants learn how to manage their time, prepare a household budget, open and maintain a checking account, access community services, and other basic living skills.

- **Vocational preparation and employment assistance.** The STI Independent Living and Employment Specialist provides employment readiness training and job and volunteer placement services. Through a series of trainings and workshops, clients learn the how-to's of finding and keeping a job, such as resume writing, completing job applications, dressing appropriately, interviewing techniques, ways to manage job conflicts, disclosing criminal history, and other related skills. Each participant also receives employment testing, is referred for training when appropriate, is offered individual employment counseling, and is assisted in locating a job. The employment specialists work closely with the participant's case manager to ensure that the employment services rendered are consistent with the participant's case plan. STI staff also engage in outreach with the local business community to identify employment opportunities.

- **Housing assistance and aftercare.** Two Housing Specialists assist women to obtain affordable permanent housing and access housing resources through realtors, landlords, and housing developers. Through housing readiness workshops and individual counseling, clients learn how to inspect

apartments, negotiate leases, obtain furniture, and establish a household. Each Housing Specialist has a caseload of 15 to 20 women and their families.

A third Housing Specialist serves as an aftercare worker and helps clients once they have moved to permanent housing. The aftercare worker helps women maintain housing, negotiate with the landlord for repairs, and access supportive services in the community. Through services provided largely in the community, the aftercare worker monitors each family's progress with independent living for up to 12 months after clients move into permanent housing. With a caseload of approximately 12 families, the aftercare worker makes regular visits to each family's home and to the children's schools and receives progress reports from all institutions the family is known to attend.

- **Emergency services.** Funds from private foundations are earmarked to pay for such emergencies as rent arrears, security deposits, utilities, food, and clothing.

### **WPA's Services Receive Favorable Reviews**

During the past 8 years, the Women's Prison Association has created and expanded services to assist women offenders in New York's criminal justice system. Consistent with its mission, its programs are focused on helping women offenders acquire life skills, end their involvement in crime, and make healthy choices for themselves and their families. Although there has been no formal evaluation of WPA's programs, funders and clients alike give WPA high marks. As one client in the Community Follow-Up Program said ear-

nestly, "A goal can be something you want deep down in your heart, but it seems so overwhelming to reach it. WPA helps you get over that feeling of being overwhelmed—helps you do it." Her enthusiasm is echoed by Marilyn Alexis-Phillippe, a former contract monitor in the New York State Department of Health's AIDS Institute, "Some of this work, especially the discharge planning, simply does not occur outside of WPA. The same is true for their community followup services. Without this type of program, or a supportive family, women don't have a real chance. And very few of these women have supportive families; that's part of the problem. That's how essential WPA's work is."

In addition, the agency has a strong, favorable reputation with local criminal justice officials. Reflecting on the Hopper Home Alternative to Incarceration Program, prosecutor Rhonda Ferdinand commented, "There are no other programs for women like this where housing is provided for a stabilization period. Most are day reporting *or* residential programs that do not provide the same stability. WPA has been more successful because they individualize their treatment plans. Because they are small, they can tailor their programs to meet each woman's needs. Residential programs can't always do that because they rely on group settings and group therapy. WPA is more like a family. They encourage women and help them recognize the importance of community living." Superintendent Bridget Gladwin added, "The WPA is at the forefront in providing peer education services to incarcerated women with HIV and transitional services for women leaving prison. Their halfway house provides residential services that are hard to find elsewhere. Our experience with WPA has been very positive."

### **Challenges for the Future**

Despite making considerable strides in developing gender-specific programming, WPA still faces a number of challenges. Cuts in funding and changing governmental priorities are significant threats to the future of WPA's programs. Increasing restrictions on the expenditure of welfare dollars in New York have affected the availability of housing, drug treatment, HIV and AIDS services, and child care.<sup>24</sup> Federal welfare reform has placed additional constraints on WPA's clients by restricting the level and duration of financial support they may receive.

In addition, although WPA has been successful in piecing together categorical funding streams to construct a continuum of care that is responsive to the many service needs of its clients, there are still unfunded critical needs. Among these are the need for transitional services (i.e., discharge planning and community-based case management) for incarcerated women who are not HIV+, and the need for affordable housing for "singles"—women who do not qualify for subsidized family housing by having custody of their children.

Funding constraints have increased the need for program justification. WPA staff are now working to develop mechanisms for tracking individual clients and for specifying more descriptive, objective scales for measuring client progress. These include measures of a client's personal growth (e.g., achieving goals and improving conflict management) as well as her ability to maintain liberty in the community, maintain or improve housing, and maintain or improve her family situation. WPA is also working with city and State agencies to

develop a system for tracking clients' criminal justice involvement.

## Looking Ahead

WPA believes strongly that helping women offenders requires a broad base of community support. In 1990, WPA formed the Women's Justice Alliance, which is a coalition of more than 300 public and private agencies and individuals that meets regularly to improve programs and public policy for women offenders in New York City. Members gather information and data on women offenders, support training initiatives, conduct educational forums and resource fairs, and exchange information with each other and with policymakers. The Alliance also provides a forum for sharing information on the needs of women offenders and on service opportunities and gaps.

WPA has also launched an initiative entitled "2000 by the Year 2000," a public outreach and information campaign to generate an informed public debate about crime and poverty. Through regularly scheduled prison visits, video and panel presentations, formal and informal events, and collaborations with other organizations, WPA seeks to create greater public interest in criminal justice policies by making 2,000 citizens more aware of the realities of crime, justice, and imprisonment by the year 2000. Members of WPA's Board of Directors support the initiative by inviting friends and professional colleagues to their own homes for presentations on the needs of women offenders. Clients also participate in WPA's speakers bureau through which they describe their life experiences at community meetings.

As WPA looks to the future, it is working to establish a community center that can house a wide range of services responsive to the different needs of women offenders at various stages of their reintegration into the community. For instance, WPA envisions that the center will provide 24-hour emergency assistance for women just released from jail or prison; basic services such as food, shelter, and clothing for those setting up a new household; and intensive education and vocational services for women further along in their adjustment. The organization also aims to enhance its capacity to work with the entire family and to provide longer term support to clients living in the community.

## Notes

1. The individuals depicted in this report were created from information gathered by the author during interviews with eight participants in WPA's programs and observation of group activities and meetings at the Sarah Powell Huntington House and the Hopper Home. All names are fictional; most circumstances and quotes are authentic.
2. In 1980, 12,331 women were incarcerated in State or Federal prisons. By 1997, the number had risen to 79,624. For 1980 figures, see Snell, Tracy, *Correctional Populations in the United States, 1993*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, October 1995: 8, NCJ 156241. Figures for 1997 are included in Gilliard, Darrell K. and Allen Beck, *Prisoners in 1997*, Washington, D.C.:

U.S. Department of Justice, Bureau of Justice Statistics, August 1998: 1, 5, NCJ 170014.

3. Gilliard, Darrell K. and Allen Beck, *Prisoners in 1997*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, August 1998: 1, 5, NCJ 170014.
4. Greenfeld, Larry and Stephanie Minor-Harper, *Women in Prison*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, March 1991: 4, NCJ 127991.
5. Snell, Tracy, *Women in Jail 1989*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, March 1992: 1, NCJ 134732.
6. Beck, Allen, et al., *Survey of State Prison Inmates, 1991*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, March 1993: 5, NCJ 136949.
7. Beck, et al., *Survey of State Prison Inmates, 1991*: 4.
8. American Correctional Association, *The Female Offender: What Does the Future Hold?* Washington, D.C.: St. Mary's Press, 1990; Greenfeld and Minor-Harper, *Women in Prison*; Beck, et al., *Survey of State Prison Inmates, 1991*.
9. American Correctional Association, *The Female Offender: What Does the Future Hold?*

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10. Nesbitt, Charlotte, A., "The Female Offender: Overview of Facility Planning and Design Issues and Considerations," *Corrections Compendium*, 17 (8) (1992); Immarigeon, Russ and Meda Chesney-Lind, *Women's Prisons: Overcrowded and Overused*, San Francisco, CA: National Council on Crime and Delinquency, 1992; Bloom, Barbara and David Steinhart, *Why Punish the Children? A Reappraisal of the Children of Incarcerated Mothers in America*, San Francisco, CA: National Council on Crime and Delinquency, 1993; Morash, Merry and Timothy Bynum, *Findings from the National Study of Innovative and Promising Programs for Women Offenders*, prepared by Michigan State University under grant numbers 92-IJ-CX-K027 and 96-IJ-CX-0021 for the U.S. Department of Justice, National Institute of Justice, Washington, D.C., December 20, 1995, NCJ 171667.
11. Morash, Merry and Timothy Bynum, *Findings from the National Study of Innovative and Promising Programs for Women Offenders*: 43.
12. *Ibid.*, 43.
13. *Ibid.*, 5-6, and 74. Morash and Bynum comment that, in general, there is a dearth of evaluation research on programming for women offenders (pp. 5-6). In addition, few "promising programs" have been evaluated (p. 74).
14. See Women's Prison Association and Home, Inc., *COBRA Community Follow-up Program Summary*, 1, which also shows that the rate of infection for women aged 40 and over was 42 percent; for females under 20, it was 8 percent. The Centers for Disease Control and Prevention report that more than half of the adult female AIDS cases are reported by States in the Northeast; and half of these are in the State of New York. AIDS is also the leading cause of death for women aged 30 to 34 in New York City. See Lawson, W. Travis, Jr., M.D., and Lt. Lena Sue Fawkes, "HIV, AIDS, and the Female Offender," in *Female Offenders: Meeting the Needs of a Neglected Population*, Laurel, MD: American Correctional Association, 1993: 43-48. For information on the incidence of HIV among women inmates in New York State and New York City, see also Hammett, Theodore M., et al., *1994 Update: HIV/AIDS and STDs in Correctional Facilities*, Issues and Practices, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, December 1995: 12-13, NCJ 156832. More than one-third of the AIDS-related deaths among women incarcerated in State prisons in 1993 occurred in the State of New York. See Snell, *Correctional Populations in the United States*, 1993: 111.
15. Researchers have suggested that working with inmates by offering education, counseling, early detection, and treatment is an opportunity to aid both inmates and society in controlling the spread of communicable diseases. See Glaser, Jordan and Robert Greifinger, "Correctional Health Care: A Public Health Opportunity," *Annals of Internal Medicine*, 118(2) (January 15, 1993): 139.
16. Although WPA recognizes that a portion of women offenders have severe mental illness, WPA's current programs do not have the capacity to provide the intensive interventions and services needed to support and sustain women in that subgroup of the offender population.
17. Up to 10 percent of those served are deemed to be at risk for infection due to their histories of substance abuse and/or criminal histories.
18. The four State prisons are Bayview, Bedford Hills, Parkside, and Taconic. These four facilities, along with the city jail, have been targeted because of their proximity to the metropolitan area and the likelihood that the women housed there will return to New York City following release.
19. CFP cases are closed if the client: dies; is rearrested and expected to serve time; is transferred to another CFP provider (i.e., with another sponsoring agency); relocates outside of New York City; is hospitalized for more than 30 days and is not expected to return to the community; cannot be located for more than 30 days; is no

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longer CFP eligible due to loss of Medicaid; declines WPA's CFP case management services; or is noncompliant (e.g., does not follow up with scheduled appointments). When feasible, the case manager or case management technician provides referrals to aid a terminated client in receiving proper care; and with the client's consent, a case summary is prepared for review by a new service provider.

20. The ATI program has agreed to reserve five residential beds for clients from Brooklyn's Drug Treatment Alternatives Program (DTAP). As

part of its contract with the district attorney's office, WPA will retain Brooklyn DTAP clients for a minimum of 12 months in residential care, with another 3 to 6 months in the reporting component.

21. Ninety-eight percent of the ATI clients are women with substance abuse histories.
22. A number of factors are used to assess the mother's ability to provide a safe home for her children, including: child's age; prior incidents of abuse or neglect; mother's intellectual and emotional abilities to parent the child;

family support systems; reasons for separation; quality of relationship prior to separation and at time of application; age of child at time of separation; and length of separation.

23. At one time, WPA had more than 100 women on the waiting list—more than could be admitted in the next 2 years. Policies for managing referrals were changed so that the number on the list more closely matches the number of vacancies likely to occur.
24. Jacobs, Ann L., *Policy Update*, New York: Women's Prison Association and Home, Inc., February 1995.

## Sources for More Information

For further information about the Women's Prison Association, contact:

Ann Jacobs  
Executive Director  
Women's Prison Association  
110 Second Avenue  
New York, New York 10003

The **National Institute of Justice (NIJ)** is one of five principal research, evaluation, and development agencies of the U.S. Department of Justice. For information about NIJ's efforts in corrections, female offenders, children whose parents are in the criminal justice system, and program development, contact:

Marilyn C. Moses  
Program Manager  
National Institute of Justice  
810 Seventh Street N.W.  
Room 7114  
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URL: <http://www.ojp.usdoj.gov/nij>

NIJ established the **National Criminal Justice Reference Service (NCJRS)** in 1972 to serve as a national and international clearinghouse for the exchange of criminal justice information. For information about topical searches, bibliographies, custom searches, and other available services, contact:

NCJRS  
P.O. Box 6000  
Rockville, MD 20849-6000  
Telephone: 800-851-3420 (8:30 a.m. to 7 p.m. Eastern time, Monday-Friday)  
URL: <http://www.ncjrs.org>

For specific criminal justice questions or requests via the Internet, send an e-mail message to [askncjrs@ncjrs.org](mailto:askncjrs@ncjrs.org).

The **Office of Correctional Education (OCE)** within the U.S. Department of Education was created by Congress in 1991 to provide technical assistance, grant funding, and research data to the corrections and correctional education fields. To speak with a program specialist or to be placed on OCE's mailing list to receive grant announcements, OCE's quarterly newsletter, and other publications, contact:

Office of Correctional Education  
Office of Vocational and Adult Education  
U.S. Department of Education  
600 Independence Avenue S.W.  
MES 4529  
Washington, DC 20202-7242  
Telephone: 202-205-5621  
Fax: 202-205-8793  
URL: <http://www.ed.gov/offices/OVAE/OCE>

The **National Institute of Corrections (NIC)** was created in 1974 and is unique as a Federal agency because it provides direct service, rather than financial assistance, as the primary means of carrying out its mission. Its program responds directly to the needs identified by practitioners working in State and local corrections. For information on technical assistance and training specifically relating to women offenders, contact:

Andi Moss  
Corrections Specialist  
National Institute of Corrections  
320 First Street N.W.  
Washington, DC 20534  
Telephone: 800-995-6423, Ext. 140

The **Correctional Education Association (CEA)** is affiliated with the American Correctional Association as an international professional organization serving education program needs within the field of corrections. Membership includes teachers and other community corrections program staff. Members receive quarterly journals and newsletters, an annual directory, and a yearbook. Annual conferences are held in each of CEA's nine regions and many of its State chapters. One of the regions hosts an international conference that features a variety of substantive workshops on successful educational strategies. For more information, call 301-918-1915.

The **Association on Programs for Female Offenders** is comprised primarily of corrections professionals interested in advancing programming options for girls and women involved in the criminal justice system. For information contact:

Mary V. Leftridge Byrd  
President  
Association on Programs for Female Offenders  
State Correctional Institution—Chester  
500 East Fourth Street  
Chester, PA 19013

## About This Report

This Program Focus was written by Catherine Conly, Associate at Abt Associates Inc. In preparing the document, she met at length with Ann Jacobs, executive director of WPA, and with WPA staff. She also interviewed numerous clients and observed a variety of program activities. Ms. Conly was assisted by Kathy Mion, an Analyst at Abt Associates Inc., who conducted telephone interviews with a number of criminal justice professionals and representatives of organizations that fund WPA's programs.

Findings and conclusions of the research reported here are those of the author and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

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