GAINS The National GAINS Center for People with Co-Occurring Disorders in the Justice System

Leaving Jail: Service Linkage & Community Re-entry for Mothers with Co-occurring Disorders

Joan Gillece, PhD

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Justice-Involved Women with Co-occurring Disorders and Their Children *Series*

In 1998, women comprised 22% (3.2 million) of annual arrests in the U.S. Between 1990 and 1998, the number of women in prison increased by 88%, on probation by 40% and on parole by 80% (Chesney-Lind, 2000). Today, women account for 11% of the U.S. jail population (Beck & Karberg, 2001). The facts are compelling: women are a rapidly increasing presence in a male oriented justice system. Women offenders present multiple problems: mental illness and substance use disorders, child-rearing, parenting and custodial difficulties, health problems, histories of violence, sexual abuse and corresponding trauma (Veysey,1998). Among women entering jails, 12.2% are diagnosed with serious mental illnesses, almost double the rate of males at intake (Teplin, 2001), and 72% present a co-occurring substance use disorder. Many women in jail have been victims; a staggering 33% are diagnosed with post-traumatic stress disorder (Teplin et al., 1996). In a recent jail survey, 48% of women reported a history of physical or sexual abuse and 27% reported rape (BJS, 2001).

Women entering jail may be pregnant, post-partum or leave children in the community. More than 100,000 minor children have a mother in jail (Bloom & Owen, 2002). History of abuse is known as a correlate of behavior leading to contact with the justice system; the cycle of intergenerational violence is well documented. Early identification of this history is critical in treatment decisions, planning for community re-entry and the return of the ex-offender-mother to a parenting role.

Though many correctional facilities recognize that women bring different health and relationship issues to their period of incarceration, operationally most have not adjusted practices already established for male inmates. Jails present a challenge to service provision due to their 'short-term' nature where lengths of stay may range from overnight detention to a sentence of up to one year. This series discusses topical issues relating to women in jails and highlights promising programs from around the nation.

The complex circumstances that lead to the incarceration of women require coordinated multi-agency solutions. Mental health, substance abuse and trauma treatment as well as housing, entitlements, vocational and educational services, are critical elements in successful re-entry programming. In addition, detainees who are mothers require special supports for themselves and their children. Beginning with the multi-agency desire to serve this population, the solutions lie in coordinated systems of care. Partnerships between corrections and community are vital to successful re-entry.

Interagency Commitment to Services

Women with co-occurring mental and substance use disorders who come in contact with the criminal justice system frequently leave children behind. Often, a mother's history of mental illness and substance abuse has affected her children's development prior to incarceration. Programs designed to meet the treatment needs of the mother and the psychosocial, emotional, and developmental needs of her children are necessary to break intergenerational cycles of poverty, despair, behavioral disorders and criminal justice involvement.

Frequently, incarcerated women with co-occurring disorders have themselves experienced physical and sexual abuse, childhood abandonment and neglect. Trauma treatment must be provided to help women understand and address the impact of their experience on their pattern of substance abuse and ongoing emotional distress.

Programs designed to serve these women and their children must integrate many sources of support. Housing, entitlements, treatment, parenting support and case management are all essential components of a successful program. Services should begin in the jail with coordination, linkage, and follow-up into the community. Case managers provide a valuable linkage between 'inside' and 'outside', with the ability to access multiple community- based supports for women and their families.

Women with co-occurring disorders who find themselves in recurring contact with the criminal justice system often have histories with community-based programs and must be encouraged to identify elements that have worked—or not—when planning for release. No plan for enhancing or integrating services for a woman is complete without addressing the complex needs of her children.

As jail terms are typically brief, women exit almost as quickly as they enter, frequently returning even more disconnected and desperate to unwelcoming communities. Untreated substance abuse, trauma, and mental disorders, coupled with poverty and despair, contribute to a woman's pattern of multiple admissions to the mental health and justice systems—and are interpreted by her and involved staff as "failures". Solutions must involve multi-agency approaches supporting successful re-entry to the community.

A Catalyst for Change

Since 1992, jail staff throughout Maryland have been providing treatment and aftercare plans for inmates with mental illness, and post-release community follow-up through the Maryland Community Criminal Justice Treatment Project. Building on this, Prince George's County (MD) committed to improving their ability to respond to the needs of justice-involved women with co-occurring disorders, and their children. The county was selected as one of six teams to attend the 1999 GAINS Center Regional Forum on Women in the Justice System where they reviewed local correctional, mental health and substance abuse services, opportunities for action within and outside institutional walls, and identified bureaucratic obstacles and possible solutions. With the lessons learned from participation in the forum, the Prince George's County team returned to their community with a newly formed taskforce and a commitment to collaboration. At a state and local level, Maryland's experiences have yielded common lessons for building in-jail services, effective re-entry planning and addressing gender-specific needs for people with co-occurring disorders in jail. Beginning with "political will" to make a change, the following strategies have been implemented:

Clearly, system change begins with attitude change.

- ✓ **Coordinate Local Multi-Agency Response:** System change begins with attitude change and each agency must recognize and share responsibility for developing gender responsive services and re-entry programs. The correctional facility is merely part of the continuum. Building partnerships across agencies enhances the likelihood for successful reintegration of women detainees into the community and healthy reunification with their children.
- ✓ **Establish an Interagency Coordinating Council with a Strong Leader** to encourage participation and "buy-in" from all agencies critical to the re-entry effort: social services, housing, mental health, substance abuse, trauma services, judiciary, public defenders, state attorneys, corrections, parole and probation. The council must be culturally sensitive and encourage the participation of people of diverse racial and ethnic origins.
- ✓ **Involve Consumers and Advocates** as a critical component. In developing TAMAR's Children, a new program for incarcerated pregnant and post-partum women, agency representatives met frequently with the women to be served, in order to review the program design. Nearly all women interviewed reported that they would commit to participation even if it meant remaining after sentence completion.
- ✓ **Develop a Memorandum of Understanding:** Each agency should participate in outlining the "in-kind" services or cooperation they will commit to provide for incarcerated women with co-occurring disorders and their children. For example, mental health providers agree to include women exiting the criminal justice system within community clinics and treatment; Social Services commit assistance in accessing entitlements, substance abuse agencies agree to priority-treatment slots, etc. This *Memorandum of Understanding* permits "buy-in" across agencies without immediate need for new dollars.
- ✓ **Encourage Cross Training:** Visits to community agencies can be included as part of training to foster understanding of system responses to this shared population. Community program staff may never have been inside a correctional facility, homeless shelter, or psychiatric hospital or understand the operational processing of a client or inmate.
- ✓ **Develop Gender-Specific Treatment:** Community service providers—in mental health, substance abuse, and trauma treatment—should be encouraged to begin treatment and support for women inside the correctional facility. Although a difficult task, such involvement on the inside enhances the likelihood for the continuation of services on the outside. The commitment to providing a continuity of treatment from jail to community is vital.
- ✓ **Begin Interagency Re-entry Planning:** New community partners should be encouraged to work with correctional facility staff on re-entry planning for women, involving the consumer in development of service plan with

connections to all necessary supports prior to release date. The establishment of community peer support and group treatment for women to continue upon release is critical.

- ✓ **Provide Case Management/ Mentors:** Breaking the cycle of recidivism for women with co-occurring disorders exiting jail requires attention to their multiple needs and assistance in navigating systems of support. A case manager can provide consistent, accessible support as a 'boundary spanner' between incarceration and the community.
- ✓ **Apply for Assistance:** Establishing proof of interagency commitment is essential to applying for many Federal and private sector grants. Working partnerships may apply for assistance or address county/ state councils and lawmakers to access local or state funding. Housing is critical to the success of community re-entry and creative approaches should be used to attain housing funds for this vulnerable population.

The APIC model (GAINS, 2002) describes a promising strategy for re-entry planning. APIC comprises four categories

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Spotlight on Maryland…

Maryland Community Criminal Justice Treatment Program

Through MCCJTP, established in 1992, staff in jails throughout the state work to provide treatment and aftercare plans for inmates with mental illness, and community follow-up after their release. The MCCJTP has been widely recognized for impressive cross-system collaboration and its focus on co-occurring disorders, transitional case management services, and long-term housing needs. A $5.5 million grant from the U.S Department of Housing and Urban Development, complemented by matching local funds, allows MCCJTP managers to help homeless offenders with mental illness to become eligible for Shelter Plus Care housing funds and provide linkage to community behavioral health treatment providers.

TAMAR Program

In 1998, the Maryland Division of Special Populations was one of fifteen sites funded through the SAMHSA Women, Co-occurring Disorders and Violence Study. Maryland was the only site to focus on women in the criminal justice system. This pilot project provided a full array of training and clinical services to women with co-occurring substance abuse and psychiatric disorders in detention centers who are traumatized by histories of physical or sexual abuse. Cross-generational issues were addressed by providing coordinated case across agencies to both mothers and their children. During the Federal FY2000, about 103 women were served through this pilot project. The recidivism rate was less than 3%. While federal funding is no longer available, the project continues. In FY2001, MHA committed to continue funding these valuable services. The project is now called the TAMAR Program, an acronym for Trauma, Addictions, Mental health And Recovery. Male and female inmates with a serious mental illness, co-occurring substance use disorder, and history of violence, are the target population. Eight county detention centers are participating. The TAMAR Program treated approximately 350 individuals in State FY2001. Upon release, participants in the TAMAR Program may be eligible for rental assistance through Shelter Plus Care funding from the Department of Housing and Urban Development (HUD).

TAMAR's Children

Funded in 2001, this new project is a multi-agency collaboration designed to serve pregnant and post-partum women who are incarcerated in state and local detention facilities, and their infants. This program fosters secure mother-infant attachments and focuses on integrating the delivery of multiple services such as mental health, substance abuse, and trauma treatment with a clinical intervention called the Circle of Security (COS). COS addresses the importance of the affectional bond between mothers and their babies. Through a psycho-educational/psycho-therapeutic process, women focus on their strengths and capabilities as mothers, allowing them to raise healthier, more resilient children, and to reintegrate their lives. TAMAR's Children program is funded by multiple sources, including the Substance Abuse and Mental Health Services Administration's (SAMHSA) Prevention Initiative, the Maryland Governor's Office of Crime Control and Prevention (GOCCP) through the Department of Justice's Residential Substance Abuse Treatment (RSAT) funds, the Open Society Institute (OSI), the Abell Foundation, as well as State and local in-kind services. The program has also received Shelter Plus Care funding from the Department of Housing and Urban Development (HUD) so that upon completion of the residential component of the program, participants may move into their own housing and continue to receive community program services.

For more information contact: Joan Gillece, Director of Special Populations, Dept of Health & Mental Hygiene, MD: gillecej@dhmh.state.md.us

critical for transition planning and to improve outcomes for persons released from jail:

- **Assess** the inmate's clinical and social needs and public safety risks
- **Plan** for the treatment and services required to address the inmate's needs
- **Identify** required community and correctional programs responsible for post-release services
- **Coordinate** the transition plan to ensure implementation and avoid gaps in care with community-based services (GAINS, 2002).

The need for multi-agency re-entry planning, especially for women with co-occurring disorders and their children, is critical to breaking the cycle of recidivism. However, transition planning can only work if justice, mental health and substance abuse systems have a capacity and commitment to work together. The results will only be as good as the correctional-behavioral healthcare partnership in the community (GAINS, 2002). Critically, gender and trauma responsive programming needs to start in the jail and continue into the community for successful re-entry for women offenders with co-occurring disorders. Warden Steven R. Williams of Dorchester County Detention Center in Maryland comments:

> *TAMAR was offered to the female inmates at the Dorchester County Detention Facility just a few years ago and already we have seen successes…many successes. Women who experienced trauma in their lives had already become repeat offenders, displayed aggressive behaviors when incarcerated and refused all offers of services. When the TAMAR program was explained to them, that it was only for women with trauma, they "bought" into the program. The women who have completed the program, continued with "aftercare" community-based TAMAR continuity of treatment, have not re-offended. They are living productive lives, re-gaining custody of their children, getting jobs and learning that self-esteem is worth the effort. On July1, 2001, a men's trauma program was started solely because of the success of TAMAR.*

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The GAINS Center
Policy Research Associates, Inc.
345 Delaware Avenue
Delmar, New York 12054
(800) 311-GAIN
(518) 439-7612 (fax)
E-mail: *gains@prainc.com*