

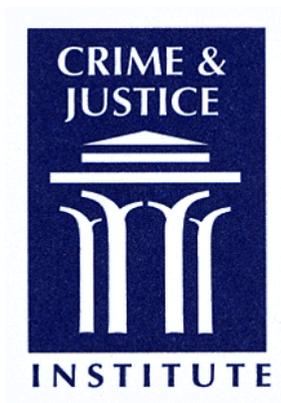
Women and Reentry:
Foundations for Success

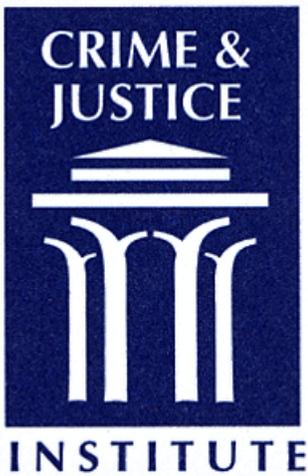
May 25, 2006

Final Report

Prepared by
Meghan Howe, Kristin Collins, and Len Engel
Crime and Justice Institute

Sponsored by the Massachusetts Executive Office of Public Safety





Women and Reentry: *Foundations for Success*

Crime & Justice Institute Reentry Roundtable Series
May 25, 2006

OVERVIEW

On May 25, 2006, the Crime and Justice Institute hosted a roundtable entitled “Women and Reentry: Foundations for Success,” sponsored by the Massachusetts Executive Office of Public Safety. Facilitated by David Fairman of the Consensus Building Institute, the event drew practitioners, researchers, and policymakers from the government and nonprofit sectors. Attendees heard presentations from leaders in the field as well as discussion among Massachusetts’ stakeholders as to the most effective ways to meet the needs of returning female offenders.* This paper offers highlights of the ideas presented at this forum, and the suggestions made for moving forward.

In Massachusetts as well as nationwide, incarcerated women represent a small but important minority in prisons, jails, and community corrections. In 2003, nearly 9,000 women cycled through the Massachusetts’ County Houses of Correction and the state prisons; the vast majority of those women returned to the community within one year. When women cycle in and out of prison, families and communities suffer; children are removed from their homes, and communities lose their caretakers. Massachusetts has begun a substantial dialogue on the needs of female offenders, but much of the focus thus far has been on serving women while they’re in institutions, rather than when they’re returning to the community. To expand upon this discussion, the roundtable focused on ensuring the successful transition of women back to the community.

Female offenders face myriad issues upon reentry, and one day of dialogue was not sufficient to address them all. It was also difficult to select one or two issues on which to focus, since most of these issues are interwoven: women cannot reunite with their children without housing, they cannot secure housing without employment, and they cannot maintain employment without addressing substance abuse issues. Therefore, instead of focusing directly on the challenges facing women, the roundtable focused on the core elements of providing effective services to women: providing integrated, coordinated case management; trauma-informed care; and services based on a relational model. Over the course

* Please see appendix for a list of presenters and discussants.

of the day, presenters discussed these concepts from the perspective of research and practice, and roundtable participants discussed how to apply them in the Commonwealth.

PRESENTATIONS: FOUNDATIONS OF EFFECTIVE SERVICE

The tone for the roundtable was set through presentations by national and local experts and practitioners.

Women may figure out they have job skills and a place to live and children in their custody, but they don't feel comfortable walking into the public library because they don't feel like it's a place where they belong. So, take advantage of the opportunity to work with [offenders] in the real world, so that long term they have a better chance of being successful....

*-Georgia Lerner,
Women's Prison
Association*

Georgia Lerner, Women's Prison Association Thinking About Reentry Needs: A Model for Successful Community Reintegration.

The Women's Prison Association has assembled a matrix entitled "Thinking about Reentry Needs and Discharge Planning."[†] The matrix is based on the agency's work with returning female offenders, and it attempts to provide a model for working with women in a coordinated, holistic way. Women returning from jail or prison have many competing needs that require prioritization, but cannot necessarily be managed linearly. The matrix considers five different life areas: subsistence/livelihood; residence; family; health and sobriety; and criminal justice compliance. In each of these areas, the matrix prioritizes service needs based on three reentry phases: survival (e.g. needing something to eat and a place to stay); stabilization (e.g. transitional housing, drug treatment); and self-sufficiency (i.e. stable employment, family reunification). Professionals working with women need to meet them where they are, and allow each woman to determine her own priorities.

Several systemic barriers exist to women prioritizing and attaining their goals. Many service models are designed to address one need at a time, but time is not always available to address each need in turn. For example, the Adoption and Safe Families Act limits the amount of time children can spend in out-of-home placement before parental rights are terminated. As a result, mothers often prioritize family reunification over treatment. Even when time is not a factor, women don't always have access to what they need, such as a safe living environment, or they are caught in a catch-22: they can't obtain custody of children without housing, and they can't qualify for large enough subsidized housing if they are not a custodial parent.

Given these barriers, Ms. Lerner suggested guiding principles for working with reentering women:

- Ask a woman her goals, and expect that she can achieve them.
- Have women design their own service plan, with staff support.

[†] More information about the Matrix is available on the Women's Prison Association website, www.wpaonline.org.

It's not a relationship that these women have with a position, it's a relationship that they have with a person.

*-Katya Fels,
On the Rise*

I need to be consistent. I have expectations of the clients, and I'm the model. She's watching me.... You cannot teach it if you are not doing it.

*-Sue Bergeron,
After Incarceration
Support Systems*

- Assume that women have a history of trauma
 - Respect important relationships in a woman's life
 - Develop a plan for family contact
 - Develop a strengths inventory
 - Encourage accountability for the past
 - Understand how to navigate different systems
 - Provide opportunities for real-life experiences
- These guidelines can assist providers in empowering women and motivating them to achieve their goals.

Laurie Markoff, Institute for Health and Recovery

Trauma-Informed Care and Relational Models: Are They Relevant?

The Institute for Health and Recovery participated in the Women, Co-Occurring Disorders, and Violence Study, which added to an existing body of research on effective coordination of care for women with alcohol or substance abuse issues, mental health issues, and histories of abuse. Research from the study is being applied to implement and evaluate effective interventions for women.

The vast majority of incarcerated women have trauma histories, and many have mental health and substance abuse issues, along with their criminal histories, that are related to that trauma. Trauma has physical, cognitive, and emotional effects, and it affects women's perceptions of themselves, their beliefs, and their relationships. It also affects a woman's ability to practice basic life skills. Until the effects of trauma are effectively managed and treated, women have difficulty participating in their own treatment, complying with the conditions of the criminal justice system, and taking care of themselves.

It should be assumed that women involved in the criminal justice system have trauma histories, even if they don't disclose. Trauma-informed care and relational approaches are essential to working with these women. Trauma-informed care helps to keep people from being re-traumatized in facilities and programs. Using a relational model is important because women base their identity on relationships and are motivated to change by their desire to improve relationships. Providers need to model healthy relationships, and create an empowering environment.

Ms. Markoff cited six principles of trauma informed care:

- Establish a safe environment where triggers are minimized
- Use an empowerment model that promotes strength and choice
- Build safe coping skills
- Support the development of healthy relationships
- Provide services that are trauma-specific
- Be holistic

Applying integrated, trauma informed approaches in settings where staff form mutual, empathic, and authentic relationships with clients will be most effective in achieving success with women impacted by trauma.

*Judith Fox, Rhode Island Department of Corrections
Mentoring Female Offenders*

The Women's Mentoring Program began in 1991 as a grant funded program, and was adopted by the Rhode Island Department of Corrections the following year. The program demonstrates the relational model by matching interested female offenders with trained mentors who are recruited from the community. The pair begins to meet prior to the female offender's release, and continues to meet for at least one year. During that time, mentors and female offenders take part in monthly meetings run by the program, and mentors take part in monthly support groups.

The program is designed to teach women healthy relationship skills, lifeskills, and trust. Program participants are able to practice healthy behaviors in a non-judgmental environment, and mentors serve as advocates and resources for women offenders, as well as presenting a positive image of the program to the community. The program has tangible benefits as well: an evaluation conducted by program staff indicated that women who participate in the program have a one year recidivism rate of 25%, compared to 40% for non-participants.

As the program manager, Ms. Fox has observed that for the program to be successful, both mentors and female offenders need support. Mentors require good training, especially regarding boundaries. Mentoring is most effective when combined with other interventions, such as structured housing environments and wrap-around services. Ms. Fox also feels that having the program funded and run by the Department of Corrections has helped in gaining access to women and their records, as well as engaging the support of DOC staff.

*Jennifer Sordi, Sue Bergeron, and Penny Belisle, Hampden County
Sheriff's Department
After Incarceration Support Systems*

After Incarceration Support Systems (AISS) began in 1996 as a reentry program for offenders leaving the Hampden County House of Corrections. The hallmarks of the program are its holistic, relational approach to working with male and female offenders, and the largely voluntary participation of offenders. In 2005, 738 individuals participated in the program, and the 3-year recidivism rate for program participants has shown a steady decline since 2002, when the first cohort of 3-year data was reported.

*I remember to
this day sitting
on the floor with
the phone in my
hand realizing
that I'd burned
all the bridges.
Even the people I
dealt with in the
street no longer
wanted to accept
my calls. My
family wanted
nothing to do
with me, I've lost
children, I've
had adoptions,
custody battles;
no one wanted
nothing to do
with me. And I
got tired... That
white flag went
up, and I said I
can't do this
anymore.*

*-Penny Belisle,
After Incarceration
Support Systems*

The thing that kind of knocks me for a loop is realizing how much work there is to do, how much relationship we all have to build to get the knowledge...and to work collaboratively together in all these areas to make sure that women have the services they need.

*-Ellen Mason,
The Workplace*

The relational model is of the utmost importance to the program's success. The staff in the women's program has been the same since the program's inception, and staff members conduct "inreach" to incarcerated offenders to begin to form relationships. Staff members "meet clients where they are," and stay with them through the ups and downs of reentry, building a nurturing relationship with very clear boundaries. Women also have the opportunity to be matched with a mentor in the community to develop an additional healthy relationship. These mentoring relationships benefit both parties, providing support for the women and helping the Sheriff's Department develop a positive relationship with the community.

AISS also makes an effort to employ ex-offenders. The program offers stipends to "senior mentors," successful program participants and former offenders who serve as peer mentors. One of the two Women's Aftercare Support Coordinators, Penny Belisle, is a graduate of the program and serves as a role model of what can be accomplished by a woman committed to change.

DISCUSSION: HIGHLIGHTS AND THEMES

Female offenders have diverse needs

Women are dealing with many issues simultaneously. A balance must be struck between acknowledging the interrelatedness of issues and establishing priorities. Depending on the lens through which a woman is viewing the world, any of these could be considered paramount: physical and mental health, substance abuse, housing, employment, education, and family reunification. Service providers each have their own opinions regarding a woman's priorities; even though expert opinions may be well-intentioned, women must have the opportunity to choose their own priorities.

Building motivation is a key to success

For women to be engaged in their reentry process, they need to play a role in setting their goals and define their motivation to meet those goals. When women establish their own priorities, they are working toward goals that have meaning for them, and therefore are more motivated to pursue them. As Jack Fitzgerald from the Hampden County Sheriff's Department stated, "We don't motivate people. We try to find the internal motivators that are there, and get the obstacles out of the way so that those motivations can take over."

Research has shown that genuine support from one person can be a motivating factor in women's recovery and rehabilitation, and a service provider can be that person. One note of caution, though, is directed at criminal justice professionals. Anyone with a supervision or enforcement role must define the boundaries of a supportive relationship very clearly. For example, a parole officer must be clear that s/he will support a women

throughout her recovery, but will have to report a violation if the woman relapses.

Massachusetts recognizes the need for trauma-informed, relational approaches

Models exist in Massachusetts for using trauma-informed, relational approaches in facilities and in the community, including Hampden County and new interventions being developed in the Department of Correction. Many discussants recognized aspects of trauma-informed, relational approaches in the work they are currently doing. Challenges to these approaches include ensuring that staff members are being consistently trained and kept up-to-date on the latest research and different agencies are collaborating to provide a smooth transition from facility to community.

Providers lack resources for a coordinated approach

Roundtable discussants wholeheartedly supported the concept of a holistic approach to working with female offenders. Those who work with offenders in one area, such as housing or employment, recognize the need to help women establish priorities, and the need for collaboration to help women address those needs. Those who provide comprehensive services for women attempt to address multiple needs in a coordinated way. However, this type of coordination requires a great deal of effort, and funding streams do not always support a holistic approach to care. Agencies must leverage several funding streams or provide services without earmarked funding in order to meet women's multiple needs. Also, service providers are challenged to develop client-centered approaches to assessments and service plan development that allow women to set their own priorities while still meeting funding requirements. Funding sources that are more flexible or designed to offer a holistic approach would support this work.

Reentry must be a continuum from facility and community

The Department of Correction and some of the county systems in Massachusetts have implemented programs designed to stabilize women, establish treatment and reentry plans, and begin treatment. It is essential for community corrections and social service agencies to continue this work for two reasons: without continuity treatment is unlikely to be effective, and women are often incarcerated for such a short period of time that treatment has only just begun when women are released.

Challenges must be addressed at the agency, county, and state level

In addition to a lack of resources for coordination, resources are often unavailable in women's priority areas, such as housing. This is due not only to a lack of funding, but also policies, laws, and regulations that limit services available to women offenders. As Christina Ruccio from the

What is really necessary is an institutional relationship that tackles the problems systemically, rather than on a case-by case basis, or even an agency-by-agency basis... You can do this at the state level, you can do this at the city level, you can do this at the county level. What is required is that you bring people to the table...you take leadership.

*-Erika Kates,
University of
Massachusetts
Boston*

As important as this discussion is, it needs to happen in lots of other settings so that we don't continue to have the criminal justice system be where the mental health treatment is, where the addiction treatment is. We shouldn't have women feel like if I just got arrested, I would have better access to services. It's a waste of resources and then it hurts them down the line.

*-Katya Fels,
On the Rise*

Suffolk County Sheriff's Department put it, "We don't have the resources to put [a woman] in the phase [of reentry] that she's ready for, and that, quite frankly, she deserves." Motivated women are stymied by lack of services, and are forced to take a step backward. For example, a woman with the skills to maintain independent housing may be placed in a crisis shelter because that is all that is available. These issues cannot be addressed on a case-by-case basis; leaders and policymakers must address these issues on a community level.

GOING FORWARD

Ongoing training is needed

Everyone working with women should be aware of their potential trauma histories, and be trained to apply the principles of trauma-informed care. Though most service providers will not be doing clinical trauma recovery work, they need to take steps to ensure that they are not re-traumatizing clients. As Susan Moitozo from Spectrum Health Systems stated, "You don't have to be a trauma specialist to be trauma-aware."

Clinical and non-clinical staff members need to be trained in a systematic way and stay up-to-date on the latest research. Staff may be familiar with the terms "trauma informed" and "relational model" while being unfamiliar with their meanings or how to apply them. Clear and consistent training, policies, and supervision practices must be in place to support staff in this complex work.

Seek opportunities to intervene early

Female offenders are often involved in other systems, such as child welfare or family courts, prior to being convicted of a crime. Therefore, many opportunities exist to intervene early, to the benefit of women as well as their children, who are negatively affected when their mothers go to jail or prison. Georgia Lerner highlighted a Women's Prison Association program that provides services to women who, because of substance abuse, are at risk of losing their children and being incarcerated. The program works intensively with families and costs less per family than foster care or incarceration.

Leadership and collaboration are essential

Reentry issues cannot be solved by one provider working with one offender. Collaboration is essential to offer women all of the services that they need, and to address institutional and political barriers to successful reentry. In addition, there must be leaders who are willing to take responsibility for nurturing these collaborations, and for helping to establish a clear message about the goals of reentry and the direction that criminal justice agencies and their partners should be taking.

Several suggestions were made on this topic. Sheriff Frank Cousins of Essex County stated that he believes it is his role to set the tone for his department on reentry issues, and to ensure his staff receives a consistent message. He also feels that he is responsible for bringing reentry stakeholders to the table and building collaborations. Erika Kates of the University of Massachusetts, Boston cited positive experiences in bringing state-level stakeholders together to discuss issues of family contact and reunification among offenders; she felt that high-level discussion and action is the most effective way to address institutional barriers.

Create new housing options

Transitional and low-income housing offered by non-profit agencies does not have the same eligibility limitations as government-subsidized housing. The Women's Prison Association's Sarah Huntington Powell House offers a model that could be adopted in Massachusetts. Women are able to reunite with their children while living at the program, increasing their likelihood of being eligible for subsidized housing. By removing the pressure of securing transitional housing, women are able to focus on other priorities such as family reunification and drug treatment.

Build positive public image

Offenders are more likely to complete successful reentry if the community is supportive of their return. Agencies that work with offenders should take responsibility for building that support. Jennifer Sordi and Judith Fox note that starting a mentoring program is an opportunity to improve public image; the community becomes more involved in community corrections, and mentors share their positive experiences and recruit others. Gerard Desilets of the South Middlesex Opportunity Council stressed the importance of talking with community members and policy makers about the fact that offenders are coming home anyway, and we need to decide how we want them to come home.

CONCLUSION

Roundtable facilitator David Fairman identified five threads of the discussion that reflected what agencies as well as individual offenders are striving for in this process:

- Insight: an understanding of where you are and the impact of your choices;
- Trust: building healthy relationships and collaborations for support and growth;
- Motivation: identifying goals and taking risks to achieve them;
- Effectiveness: believing that you can achieve some of what you set out to do;

- Responsibility: holding yourself accountable and being held accountable by others for the choices that you make.

Massachusetts is acknowledging and striving to meet the needs of women offenders. However, several hurdles remain unaddressed; those highlighted here include funding and coordination of community-based resources; collaboration among institutions and individuals at all levels; and the creation of a continuum of services from facility to community that meets each woman's unique needs. This roundtable provided the opportunity for much needed collaborative discussion, and the ideas presented can provide a springboard for collaborative action.

For more information regarding Women and Reentry: Foundations for Success and the Reentry Roundtable Series, please visit the Crime and Justice Institute's website, www.cj institute.org, or contact Len Engel, 617-482-2520 x129, or Meghan Howe, 617-482-2520 x128.

APPENDIX

Facilitators

- David Fairman, Managing Director, Consensus Building Institute
- Ona Ferguson, Associate, Consensus Building Institute

Presenters

- Penny Belisle, Women's Aftercare Support Coordinator, After Incarceration Support Systems, Hampden County Sheriff's Department
- Sue Bergeron, Women's Aftercare Support Coordinator, After Incarceration Support Systems, Hampden County Sheriff's Department
- Judith Fox, Manager, Rhode Island Department of Corrections
- Georgia Lerner, Associate Executive Director, Women's Prison Association
- Laurie Markoff, Director of Trauma Integration Services, Institute for Health and Recovery
- Jennifer Sordi, Assistant Deputy Superintendent, After Incarceration Support Systems, Hampden County Sheriff's Department

Discussants

- Frank Cousins, Sheriff, Essex County
- Gerard Desilets, Director of Policy, Planning, and Community Relations, South Middlesex Opportunity Council
- Michelle Donaher, Director of Female Offender Services, Massachusetts Department of Correction
- Katya Fels, Executive Director, On the Rise, Inc.
- John Fitzgerald, Assistant Superintendent of Community Corrections, Hampden County Sheriff's Department
- Erika Kates, Research Director, Center for Women in Politics & Public Policy, University of Massachusetts Boston
- Ellen Mason, Senior Program Manager, The Work Place
- Susan Moitozo, Associate Vice President of Clinical Services, Spectrum Health Systems
- Hon. Michael Pomarole, Associate Justice, Cambridge District Court
- Diane Richardson, Graduate, Community Reentry for Women, Suffolk County Sheriff's Dept.
- Laura Richardson, LCSW, Social Worker, South End Community Health Center
- Christina Ruccio, Program Director, Community Reentry for Women, Suffolk County Sheriff's Dept.
- Jane Tewksbury, Esq., Commissioner, Department of Youth Services
- Maureen Walsh, Chair, Massachusetts Parole Board