

Women's Community Justice Project: The First 18 Months



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About the Evaluation Team

Lorie S. Goshin is an Associate Professor at Hunter College. She holds a PhD from Columbia University. One of her first nursing jobs was in a county juvenile detention center. She now researches criminal legal involvement as a social determinant of health, with a focus on women and their minor children. She has studied alternatives to incarceration for women, nursing care of incarcerated pregnant women, the long-term mother and child effects of a prison nursery, and parenting stress in women on probation and parole.



D. R. Gina Sissoko is a doctoral student in clinical and forensic psychology at John Jay College/CUNY Graduate Center. She holds a BA in Psychology from Hunter College. Gina’s research focuses on the interactive effects of structural oppression, race-related stress, and trauma on Black women’s mental health and criminal legal involvement. Gina has worked on research with women under community supervision, trauma-exposed minority youth, and incarcerated young adults.



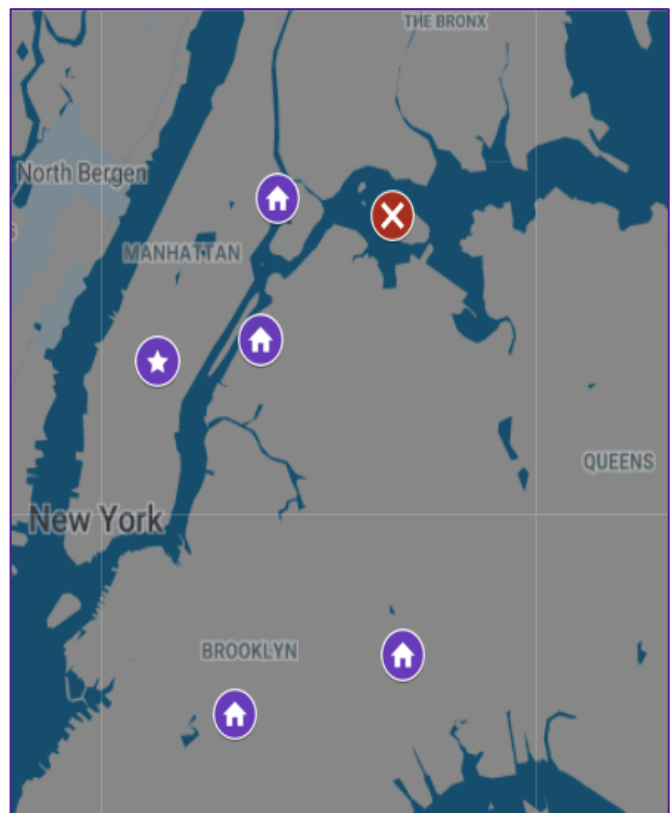
Sandra Langston is a doctoral student in nursing at the CUNY Graduate Center. She holds a BS in Correction Administration from John Jay College, a BSN from St. Joseph’s College, and an MPA from New York University. She has 25 years of work experience in the criminal legal system, including as a corrections officer and a warden. After retiring, Sandra became a Registered Professional Nurse. She is now studying nurses’ attitudes towards justice-involved elders, in order to improve the quality of health care they receive.



Introduction

WCJP began in 2016 as a consortium of five New York City organizations diverting women from incarceration to transitional housing and voluntary support services — HousingPlus, Greenhope Services for Women, Hour Children, Providence House, and the Women’s Prison Association. Each partner brought decades of experience serving women in the criminal legal system. In July 2017, the WCJP received three years of demonstration funding from the Mayor’s Office of Criminal Justice.

The primary goal of the WCJP is to reduce jail stays for women whose homelessness or unstable housing increases their risk for detention. Self-identified women who meet the following criteria are eligible: at least 18 years old; detained or incarcerated on Rikers Island; diversion opportunity needed to secure release; homeless, in unsafe or unstable housing prior to incarceration; open to participation in behavioral health services, if applicable; moderate independent living skills, including ability to self-administer medication, as needed; and not registered for a sexual offense. The program was developed to get and keep women off of Rikers Island by addressing the most common drivers of women’s incarceration.



In this report, we present an overview of the program’s first 18 months (July, 1 2017 - January 31, 2019) of full operation. We include extensive administration information on the first 311 referrals, 134 admissions, and 100 discharges. The report is enhanced by in-depth interviews and structured surveys from 23 participants. We conclude with data-based recommendations to inform the project’s future.

Evaluation Aims

In addition to providing a broad description of participants in the first 18 months of this program, this evaluation addressed the following specific aims:

1. Illustrate women's pathways into the WCJP, and their decision-making regarding entering the program and how long to stay;
2. Determine goodness of fit between women's strengths, needs, and goals, their placement in the four WCJP housing sites, and the services they received;
3. Identify how many women achieved the following 9 indicators of success and the average number of indicators achieved by program discharge:
 - Obtained identification documents;
 - Obtained needed benefits;
 - Obtained education, employment, and/or disability income;
 - Maintained or improved family connections, including contact with children;
 - Received needed services;
 - Attended all court appointments;
 - Resolved court case;
 - Maintained freedom until program discharge;
 - Moved to independent living setting or reunified with family.
4. Compare number of incarceration days in the most recent jail stay and rates of reincarceration within 6 months between women who did and did not participate in WCJP. With this aim, we sought to assess whether the program was meeting its main goals of reducing the number of incarceration days and preventing re-incarceration. A short time frame was chosen due to the newness of this project. NOTE: We are unable to present these findings in the current report. Administrative changes at the New York City Department of Corrections delayed access to the necessary data. We look forward to sharing the findings in a subsequent report.

Evaluation Methods

The evaluation team gathered information from program intake and exit forms, and from participants themselves. We chose data sources to enhance validity, decrease participation burden on clients and staff, and maximize administrative data already being collected by the program. All study activities were approved by the CUNY Integrated Institutional Review Board and covered by a Certificate of Confidentiality from the National Institutes of Health. Quotes have been slightly altered to retain important details and prevent deductive disclosure.

Program Intake and Discharge Data

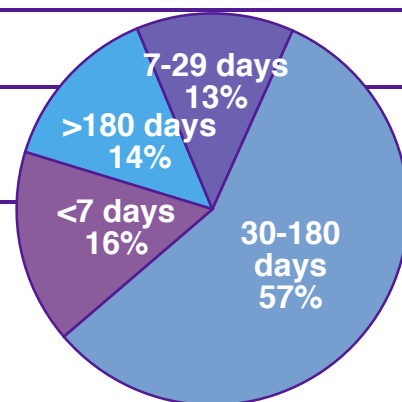
We analyzed program referral, intake and discharge forms from the first 18 months of the program (July 1, 2017 to January 31, 2019). Information was available on the first 311 referrals, 134 admissions, and 100 discharges.

Participant Interviews and Standardized Surveys

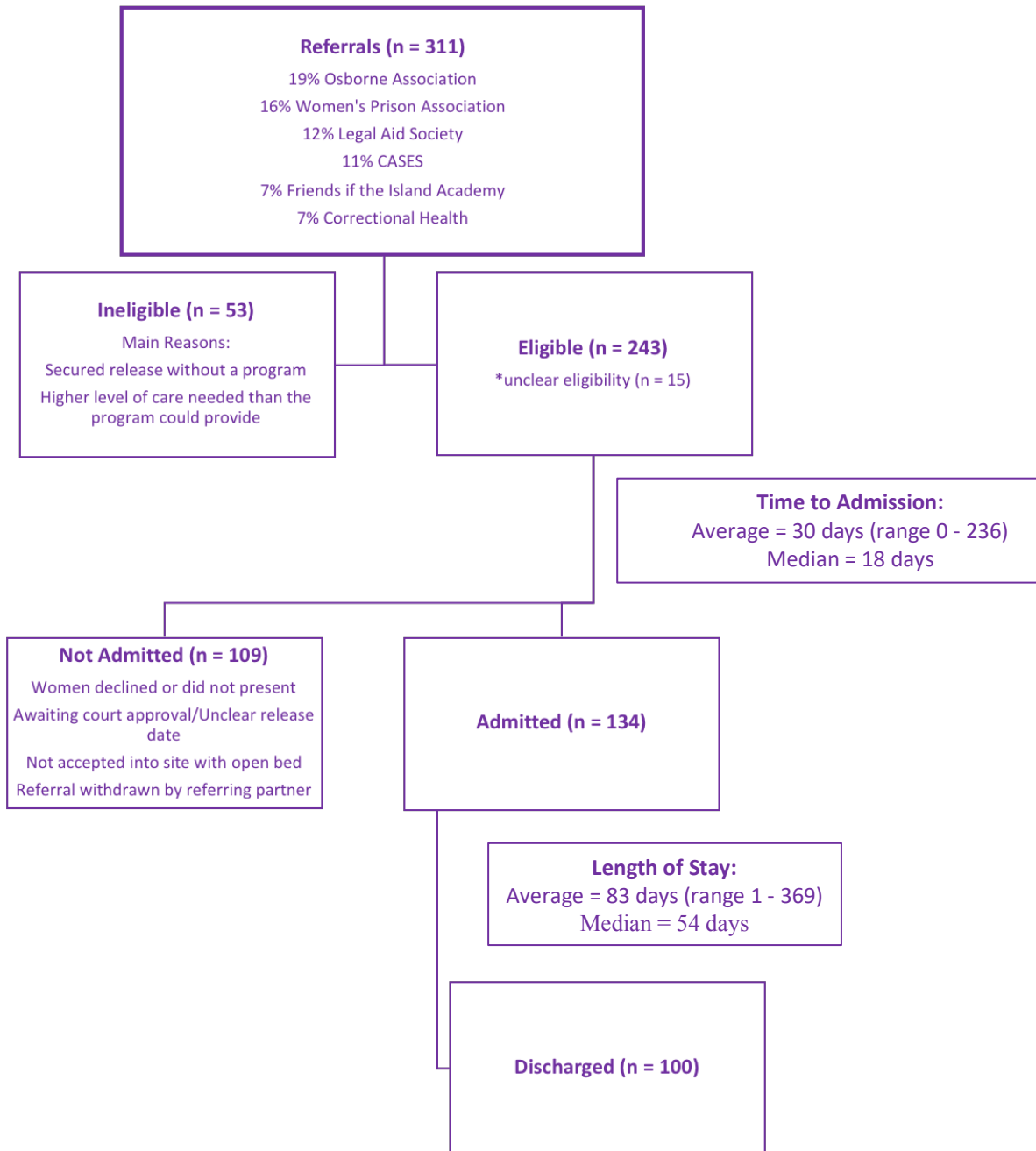
We recruited 23 participants to share their histories and experiences with us. Recruitment occurred between August and December 2018. We conducted in-depth qualitative interviews and collected the following standardized surveys: physical health (SF-20)¹; mental health (K6)^{2,3}; substance use (TCU DS-5)⁴; problem drinking (AUDIT-C)⁵; and in women with minor children, child contact (Julion Index of Paternal Involvement-Revised).⁶ Our sample included 47% of the participants in the program for at least 7 days during the recruitment period. Women in our sample had been in the program for an average of 90 days (Median = 71, range 2 - 296), and 74% had ongoing court cases at the time of the interview. We interviewed 8 women after discharge (62% of the participants discharged during the evaluation).

Program at a Glance Table (July 1, 2017 – January 31, 2019)

Referrals	311 women
Referring Agencies (Top 5)	19% Osborne Association 16% Women’s Prison Association 12% Legal Aid Society 11% CASES Tied at 7%: Friends of the Island Academy, Correctional Health
Ineligible	53 women (17% of referrals) Top reasons for ineligibility: 1. Secured release without a program; 2. Higher level of care needed than the program could provide.
Eligible	243 women (78% of referrals) *15 referrals with unclear eligibility
Not Admitted	109 women (45% of eligible) Top reasons for eligible women not being admitted: 1. Women declined or did not present upon release 2. Awaiting court approval/Unclear release date 3. Not accepted into site with open bed at the time of need 4. Referral withdrawn by referring partner
Admissions	134 women
Time to admission	Average = 30 days (Range 0 – 236) Median = 18 days
Discharges	100 women
Lengths of Stay	Average = 83 days (Range 1-369) Median = 54 days



Program at a Glance Figure (July 1, 2017 – January 31, 2019)



Clients at a Glance

(July 1, 2017 – January 31, 2019)

Age at intake	Average = 33 years (Range 18 - 60)
Chronic Medical Condition	37% Most common: Asthma, Hypertension, Diabetes
Mental Health Diagnosis	Any = 91% Serious mental illness = 54%
Drug or Alcohol Misuse	Any history reported on intake = 68% Severe disorder on TCU-Drug Screen 41%* History of inpatient treatment = 31% On Medication Assisted Treatment for opioid use = 11%
Chronic Homelessness	29% history chronic homelessness
Criminal Legal Histories*	History of juvenile justice involvement = 28% >5 adult arrests = 40% Prior prison stay = 20%
Top charges at last arrest (Most to least frequent)*	Assault Weapons possession Drug Possession or Distribution Property Crimes Violating an Order of Protection Arson
Past Year Incarcerations*	Average = 1 (Range 1-3)
Length of Last Incarceration*	Average = 100 days (Range 3 - 627), Median = 81
Supervision Status at Intake	54% Current court case/justice involvement 18% Parole 10% Probation 18% Formerly incarcerated
Pregnant or gave birth within a year of admission	7%
Motherhood	Any Children = 58% Minor Children = 56% Average = 3 children (Range 1 – 8)* 2 minor children (Range 1 - 3)*

*Data from 23 evaluation participants only. All other analyses with full population.

Pathways into the Program

Trauma, loss, substance use disorders, serious mental illness, and homelessness created intersecting pathways to WCJP for most of the women we interviewed.

* All of the data in this section is from the 23 evaluation participants only.

Trauma & Loss

With few exceptions, trauma and loss beginning in childhood were pervasive in the lives of participants. Two-thirds (68%) reported on intake a history of adverse childhood experiences, including abuse, neglect, and caregivers who experienced mental illness, substance use disorders, or incarceration. All mothers of minor children had a history of custody losses. Partner or other family violence directly contributed to the most recent incarcerations of almost one-third of the women we interviewed.

“I was on heroin, crack. I was in the street. My boyfriend left me. I was so emotionally broken down that I started using. I was using before that, but even more. So, I started committing crimes. I got theft, I got assault, I got everything you could imagine. I got 6 charges and I went to jail. I came to live here because I had 6 charges and I didn’t even know I had 6 charges. But before they even told me anything, I spoke to the lawyer, I was like, look, please don’t let me out. You’ve let me out like constantly and I don’t wanna go back out there. I want to get clean, I wanna go into a program.”

Substance Use Disorders

One third of the women we interviewed said they were incarcerated in the past year for things they did while using drugs or trying to obtain drugs. Loss, especially of children or romantic partners, often led to worsening drug use and incarceration.

“I’m schizophrenic. I didn’t drink my medicine, and I started using drugs. Since I didn’t take my medicine, I started hearing the voices that I hear. And the voices was telling me that they were going to throw me in the street. And then my uncle, his voice is the one that helps me. So, he’s telling me don’t listen to her. Just grab on to somebody. And I grabbed on to someone and then they said I was trying to steal from her.”

Mental Illness

Symptoms of serious mental illness contributed to the most recent incarcerations of 26% of participants.

Homelessness

Almost 40% of participants shared that homelessness was the main issue that led them to this program.

“Before I—I felt that I didn’t have a reason to get treatment because I was getting high. But I was losing everything around me and I was in the midst of losing my apartment because of the cops kept raiding my apartment. And my landlord, he got tired of them tearing up his apartment. To keep me from being homeless, I was like well listen, you can either do two things; you can either go to jail or you can go in a drug treatment. And I was like jail, I’ll have access to drugs. So, if I really wanted to get my life together, I knew I had to choose the drug program.”

Lack of Upstream Community Supports

Although women explicitly stated that the intersecting factors above brought them to WCJP through their criminal legal involvement, implicit in their stories was the unavailability or inadequacy of upstream gender and trauma-informed community supports, and the replacement of those supports with criminal legal responses. Some considered their incarcerations a blessing because it led them to previously unavailable safe housing, appropriate services, and supports.

“I came straight here from Rikers and since I’ve been here, this place has really been great to me. I’ve been struggling with my addictions for a long time.... I feel different, I don’t feel like any of the times that I’ve tried to be clean before. And I have been in and out of the shelters a lot. I’m just so, thankful for this.”

“Since I’ve come here, it’s just been better for me. Being that I’ve been in and out of shelters for so much and haven’t been able to get an apartment, I mean now to have some place is wonderful, it really is. So, I’m just trying to get to my next stage—”

Entry & Length of Stay Decision-Making

The vast majority (83%) of participants reported no other options for being released from Rikers and/or for obtaining safe post-release housing. The intersecting factors above created the context for their decision-making, leaving them no other options for obtaining their freedom.

The few women with other options reported that WCJP was their best opportunity to obtain the services they needed and/or to reconnect with their families.

“I was homeless, just having a lot of ups and downs. Doing what I thought was best to try to get custody of my kids, I was selling drugs. And I’d been arrested a few times for petty larceny, stealing from the stores. I have a 14-month-old that I’m working on getting custody of. The main reason why I’m here is because I really need better support system as far as getting my children from foster care.”

Women with special needs, such as those who were transgender or older, reported that the program marketing materials and safe physical appearance of the housing increased their level of comfort with consenting to entry.

“I’m transgender. So, you know, I was in jail with men. When they gave me a brochure for this place, it made me feel more confident, because it said on there for self-identified women and gender non-conforming people. That made me feel a lot more like, comfortable with it, or like confident just coming in here.”

“I hadn’t really decided that I wanted to go here. It was an option, and then I did my research on it. And then I had my daughter pass by to see what was going on here so— I wanted to feel safe here.”

Every participant indicated that obtaining safe housing was the primary factor affecting their decision-making about when to leave the program. Nine participants (39%) also indicated that they were mandated to reside in the program and would face re-incarceration for leaving without first obtaining the approval of the courts or their community supervision officers.

Intake Strengths, Needs, & Goals

Strengths on Intake

Currently Employed	8%
History of Employment	56%
Receiving SSI/SSD	13%
At least High School Diploma or GED/TASC	65%
Completed Vocational Program	12%
Enrolled in Educational or Vocational Program	2%
Close Relationships	Average = 2
In Contact with Minor Children	76%

Needs on Intake

Safe housing*	83%
Acute health need	39%
Primary care provider need	60%, including 59% with chronic illnesses
Mental health provider need	62%
Substance use disorder treatment	41% with severe substance use disorder*
Food or clothing	67%
Public assistance/Benefits	31%
Income source	57%
Identification documents	49%

*Data from 23 evaluation participants only. All other analyses with full population.

The 5 most common goals shared by evaluation participants:

1. Obtain safe, stable housing
2. Attain sobriety
3. Reunify with children
4. Obtain a higher level of education
5. Obtain employment

Of note, five participants stated their main goal while in the program was to fight their cases. Without this opportunity, they would have pled out to crimes they denied committing.

Goodness of Fit Between Strengths, Needs, Goals, Housing Placement & Services

*All of the data in this section is from the 23 evaluation participants only

Housing Placement

The diversity of housing placement opportunities is a great strength of WCJP. All evaluation participants reported feeling safe, comfortable, and well suited to their current housing placements. Our analysis of self-

reported needs on intake and services provided at each site determined appropriate fits between 96% of participants ($n = 22$) and their housing sites. The one woman with a potentially improper housing placement was placed in residential treatment despite denying substance use. She reported advocating for that placement



herself because she believed child welfare officials would look upon it most favorably.

Three participants had transferred from another housing site, each for different reasons. One woman wanted to reunify with her own minor children and was told she could not do so at her first housing site, another woman did not want to live in a site housing minor children, and the third woman felt safe in the home but not the neighborhood of her first placement. One of the transferred women reported being charged with an additional crime between her first and second housing placement. The other two women reported that the programs quickly addressed their concerns, which prevented premature discharges.

Services

Participants received a variety of services across the city, both voluntary and mandated. In this report, we focus most closely on WCJP service provision and referrals critical to keeping women in the program.

WCJP in-house services most successfully met women's needs in the following areas:

1. Obtaining identification documents needed to apply for benefits, employment, and affordable housing;
2. Obtaining public benefits;
3. Navigating applications to affordable housing;
4. Assisting in reunification with minor and adult children or other family members;
5. Establishing a supportive social network of other women;
6. Treatment for substance use disorders (Greenhope)
7. Applying for jobs (e.g., access to computers for online applications).

WCJP assisted women to obtain the following critical services at outside providers:

1. Psychiatric services: Although women successful obtained these services, one-third of women in need reported considerable delays in obtaining psychiatric care. While this is not the fault of the program, we believe it warrants attention due to the likely connection with unnecessary emergency department visits and premature discharges.
2. Primary medical care and complex chronic illness management;
3. Education and vocational training.

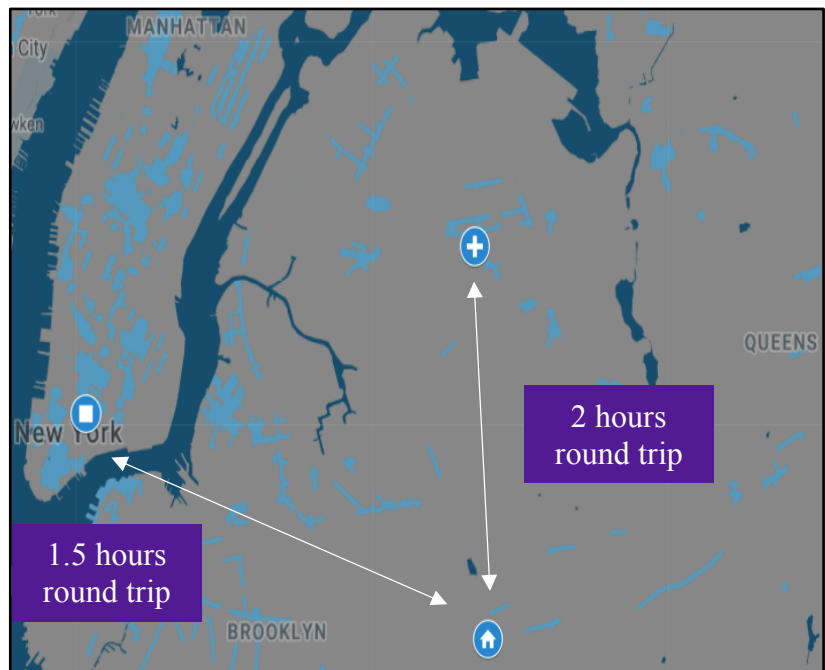
Women requested further in-house assistance with the following particular areas:

1. Reunifying with minor children/Obtaining custody of minor children;
2. A broader array of vocational education offerings or referral partners, especially for women with a history of employment.

Service Burden

Women frequently reported service burden in the form of receiving duplicate services or receiving needed services at locations distant from the housing site, their jobs, schools, and/or other service providers. This burden appeared to be driven by court mandates or community corrections officers. For example, women mandated to CASES or WPA reported similar case management services between the WCJP provider and referring partner. Other women were mandated to psychiatric providers, therapy groups, or case management 5-10 miles away in another borough. Service burden prevented some women from obtaining a job or higher education.

This map illustrates the mandated service providers for one participant living in a Brooklyn housing site. The round trip commute to her weekly mental health appointment was over 2 hours and involved a subway and bus. The round trip commute to her mandated case management appointment, which occurred at varying intervals, was 1.5 hours.



Success for Women Discharged Between July 1, 2017 – January 31, 2019

We used intake and exit records of all women discharged in the first 18 months to identify those who achieved nine key indicators of program success.

Obtained identification documents	70% obtained at least one critical identification document, including a birth certificate or social security card, that they did not have on intake.
Obtained needed benefits	74% obtained at least one critical public benefit, including health insurance, food or cash assistance, that they did not have on intake.
Obtained education, employment, and/or disability income	59% obtained additional formal educational, employment, or disability income.
Family Connections	93% maintained or improved family connections, including contact with minor children.
Needed Services	89% received services that they displayed need for on intake, including medical or psychiatric care, substance use disorder treatment, counseling or case management).
Court Attendance	98% attended all court appointments during their stay.
Resolved Court Case	The court cases of 40% of women were resolved at discharge.
Maintained Freedom until Program Discharge	98% maintained their freedom from intake to discharge.
Post-Discharge Housing	38% moved to an independent living setting or reunited with family.
Overall Success	100% achieved at least one successful outcome.
	Average = 6

*All data from full client population. Denominators vary due to missing data in administrative records.

Success in Women's Own Words

The following quotes represent how the program helped evaluation participants succeed.

"Phenomenal woman gave me an insight, like treat yourself how you want people to treat you, because if you don't treat yourself good, no one's gonna treat you good. So, I was wondering why everyone's treating me fucked up, I'm sorry for the language. I didn't respect myself, so why should anybody else do it? And that's what made me wake up and realize this is the way I wanna be treated, today. I want people to respect me. And I just kept learning and learning and that's how a week here is. That's when I got this learning experience of how to stay clean. There's a lot of women like us that wanna support each other and help each other."

"My counselor helped me totally. She helped me with the job, she helped me with my paperwork. She helped me with my resume. She helped me with clothes. The love I get with the secretaries and the people in the front. They see that you're doing a good job. Having the children around, that makes the place even happier and joyful. I'm grateful this place has helped me realize that—like I have a room, you know? I have a bed, it's beautiful here. It made me realize, these are the things you want in your life. You don't want to be in a crack house, dirty, funky, smelly, dark and ugly. So, it made me realize who I want to be and live, and where I wanna go. You get a little bit of everything here. I'll tell you that. They give you clothes, they give you jobs, they give you food. Even love, they give you—you know, tough love. I get everything here, it's great."

"And while you're here, you cannot just lay up. I mean, unless you have a job. Unless you already got everything done that you need to get done, and you're just waiting for your apartment. Or even then, there's still more work to be done, and it's like it's no better way to do that than somewhere where you're comfortable. And it's like, I'm glad that they open up the door to make you comfortable, to make you want to better yourself. Because if this is what it's like to have my own apartment, then yes—I want that! I need this! This is a goal! That is what it does to me. It's just all about you. It's not about them. And I like that. I like that this is their job, but they don't treat it like a job setting. You know what I'm saying? I like that they treat it like this is everyone's home setting, and everyone here needs to stay focused."

Recommendations

1. Clarify discharge definitions. Housing providers classified only 15% of women as “successful” (42% voluntary, 37% administrative). We did not report these classifications above because we do not believe they accurately reflect success. For example, some women who reunified with family or were discharged to independent housing were listed as administrative discharges. Although women with successful discharges achieved the highest number of success indicators (8), women with administrative and voluntary discharges also achieved significant numbers (5 and 6, respectively). Defining success is critical for the program, as well as for the women. Unsuccessful discharge puts mandated women at risk for re-incarceration.
2. Enhance program responses to serious mental illness. This includes adopting standardized intake screening of distress levels, providing in-house psychiatric assessments and crisis management, and strengthening connections to local psychiatric providers. Implementing these recommendations could more quickly stabilize women with serious mental illness, ensure medication adherence, reduce the time to connection with a primary mental health provider, and prevent unnecessary emergency department visits and unsuccessful discharges. We congratulate the program for hiring a Psychiatric-Mental Health Nurse Practitioner during the course of this evaluation.
3. Reduce service burden. Service burden prevented some women from pursuing their educational and job seeking goals. We encourage the program to advocate with ATI providers to reduce the duplication of case management efforts. We also recommend that women be connected with services closer to home unless they wish to maintain pre-existing relationships with more distant providers.
4. Add mother-child spaces. Reunifying with minor children was one of women’s top 5 goals. Three of the housing providers already provide family housing. We advocate that partners use their existing expertise in family programming to serve WCJP clients who have the capacity to reunify with minor children while in the program.
5. Research-related: Complete all form fields or indicate reason for missing data. Align intake and exit forms with success metrics in order to properly measure that information during participation. Obtain critical outcome data (e.g., re-incarceration and shelter placements) from city agencies to assess long-term program effectiveness.

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