



**Women's Community Justice
Project Family Initiative:
The First Year**

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December 31, 2020

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Acknowledgments

Our deepest thanks to the Women’s Community Justice Project, Hour Children, HousingPlus, and Providence House teams for sharing their experiences with us. It has been an honor and privilege to immerse ourselves in the amazing work you do every day with the families of New York City.

We are also incredibly grateful for funding support from Trinity Church Wall Street. Their generosity made this work possible.

Evaluation Team

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D. R. Gina Sissoko, MA is a PhD student in clinical and forensic psychology at John Jay College and the CUNY Graduate Center. Gina is also a Ford Foundation and National Science Foundation Predoctoral Fellow. Her 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.



WCJP Family Initiative

The Women’s Community Justice Project (WCJP) began in 2016 as a consortium of New York City organizations diverting women from incarceration to transitional housing and voluntary support services. The primary goal of WCJP is to reduce jail stays for women whose unstable housing and other psychosocial needs increase their risk for detention or incarceration.

Most women with criminal legal involvement are mothers. This is also true for WCJP residents. Our evaluation of the program’s first 18 months identified reunifying with minor children as one of women’s top goals.

Three WCJP partners—HousingPlus, Hour Children, and Providence House— had expertise housing and providing support services to mothers with criminal legal involvement and their minor children.

“We know that criminal justice involvement has a significant impact not just on the person but on their families and communities. If you want to do long lasting work, you have to honor family, and support reunification and preservation.”

— WCJP Partner

In January 2020, WCJP added the Family Initiative. This program allows eligible women who are pregnant or have minor children to reunify with them in transitional supportive housing sites in Brooklyn and Queens.

Family Initiative Partners

WCJP

- Coordinating agency- Staff serve families at all housing sites
- Program direction, administrative support, court advocacy, intake social work screening and placement, housing specialists, peer advocacy, psychiatric nurse practitioner

HousingPlus

- Brooklyn housing site
- Also serves WCJP single residents, homeless families
- Case management
- Playroom and backyard

Hour Children

- Queens housing site
- Also serves WCJP single residents, women returning from prison
- Social work and mental health counseling team, child and adolescent therapist, structured work training program
- Family dinners
- After-school program, day care, summer camp, playroom and backyard

Providence House

- Brooklyn housing site
- Also serves WCJP single residents, homeless families
- Social work team, structured groups for emotion regulation (DBT) and parenting (Parenting Journey), child dance therapist
- Family dinners
- Playroom and backyard

Evaluation Methods

In this report, we provide the following information on the Family Initiative's first year of operation:

- First year residents at a glance (Number of participants admitted and discharged, lengths of stay, and special needs),
- Strengths of the initiative in serving women being diverted from jail and their minor children,
- Challenges faced in the first year and how they were managed.

Findings are based on in-depth interviews with 15 team members across partner agencies. We focused on strengths and challenges within the consortium and housing sites. Larger structural challenges within the criminal legal and family court systems, and New York City housing infrastructure are beyond the scope of this report. Data were collected and analyzed between May and December 2020. We conclude with evidence-based recommendations to inform the current program and future scaling of this model. This project was approved by the CUNY Institutional Review Board in order to ensure the highest standards of ethical research practice.

COVID-19-related evaluation note: The COVID-19 pandemic hit New York at the beginning of this evaluation project. We transitioned to remote recruitment and interviewing to protect the health of participants. This change in methods affected our ability to effectively recruit resident women. For this reason, the included data represent administrative information and WCJP team member perspectives.

First Year Residents at a Glance (January 1 - December 31, 2020)

Participating Families	14 Women (7 were pregnant during stay) 13 Children (7 resident, 3 visiting, 3 increased contact)
Pregnant Residents	7 Women
Psychiatric conditions	10 Women Attention deficit hyperactivity disorder Depression Post-traumatic stress disorder Psychotic disorder Substance use disorder
Chronic medical conditions	4 Women Asthma Cardiac condition Sleep apnea Seizure disorder
Homelessness histories	10 Shelter 1 Street
Discharges	9 7 Voluntary 2 Administrative
Lengths of Stay (Months)	7.26 Average *Discharged women only 1.68 - 19.19 Range



Strengths of the Family Initiative Partners

We identified 4 key strengths that facilitated growth and development of the Family Initiative in its first year:

- 1) Decades of experience serving women involved in the criminal legal system and their minor children,
- 2) Strong community within the consortium and in housing sites,
- 3) Safe, stable housing as core intervention,
- 4) Flexible in-house supports.

Partner Experience

Partner agencies already had decades of experience housing and providing support services to women across the spectrum of criminal legal system involvement (community supervision to returning from prison). In addition to inter-agency expertise in serving this group of women, partners brought relationships within the criminal legal system itself and with other community service agencies. All partners were involved in WCJP since inception. Team members described applying what they learned from this experience about the unique needs of women being diverted from jail. This also allowed them to identify women in WCJP single units for transfer into the family initiative. Partners also had existing experience managing permanent supportive housing that could serve as a safe, stable, post-discharge option for eligible families.

Housing partners also brought experience serving minor children along with their mothers. All partner agencies provided housing to mothers and children in their other programs before the Family Initiative. These programs served women and children who were homeless, those with a mother coming home from prison, and in the case of Housing Plus, women who were diverted from jail almost a decade ago in a precursor program to the Family Initiative.

Working with family is
“going back to our roots,”
“the origin of our work,”
“a reflection of the work
we’ve been doing for 30
plus years.”

Strong Community

The Family Initiative is built on a strong inter-agency community of mutual respect and commitment to serving women in the criminal legal system. Agencies shared successes and challenges in regular meetings. They facilitated transfers to increase lengths of stay for women at highest risk of leaving before stabilization.

Partners also built communities within housing sites. They described community-building as the most effective way to communicate safety and to flexibly meet the unique needs of all members. A mix of clinical and peer staffing further encouraged a community feel. Partners reported that developing community was easiest in the site that housed small numbers of family clients in the same building.

“We can position someone to recover much better with their trauma, mental health, or substance use if we’re able to provide housing and support all in one place, if we create a community around them. And not just a community of providers, but a community of families that are together, building relationships, helping each other because it’s not all going to get done from social workers and case managers.”

Housing sites viewed rules in terms of community safety, recovery, and wellness, not just compliance. One site developed trauma-informed, relational ways to manage rule breaking. All housing staff were involved in the development process. They also held DBT groups to strengthen emotion regulation and communication skills. In this model, responsibility to community was a living practice for all members.

Residents were encouraged to support each other. For example, established residents helped new women become acclimated. Partners described women bonding over shared struggles, delighting in each other's children, and enjoying time together.

Families continued to remain a part of the community after leaving. "There's no such thing as a former client," said multiple staff members. Women returned to say hello, share progress, and ask for support. This included women with planned and unplanned discharges. Partners believed that community and relationship-building created a secure base to which women could return for support.

"We know the women have experienced trauma before the justice system and then compounded with the justice system. Trauma disrupts trust and relationships, and so we really try to have as hospitable of an environment as possible, to show how to build relationships in a different way, to show how relationships can look in a different way and have that be part of the healing."

Housing as Core Intervention

Housing was the core intervention in this model. Families received transitional housing in their own spaces with a locking front door. Residents were encouraged to personalize the space to make it feel like home. Length of stay was based on time to stabilization, reunification with children, and securing permanent housing. Women working toward reunification were eligible for family units to facilitate visiting, resolve of child welfare issues, and access parenting supports.

“We make women feel at home, give them a peaceful place to begin healing and taking care of what they need to do.”

Obtaining safe, permanent housing was a primary goal. WCJP was staffed to meet this goal within a complex population and New York context. WCJP

had two housing specialists. They began work in the family’s first days to determine options, gather documentation, and submit applications.

WCJP employed a psychiatric nurse

practitioner who could conduct evaluations to qualify for certain housing types. Having a psychiatric provider on staff significantly reduced delays in community access to this service.

“Whatever challenges that have arisen, we take the housing piece step by step. Women are managing their court case, getting their children back, being a parent all over again. The main goal is that they are out, and they have their chance. Once you have stable housing, everything else always seems to fall into place.”

Flexible In-House Supports

The Family Initiative provided flexible supports within each housing site. These were designed to meet a range of common needs experienced by women involved in the criminal legal system and their minor children.

Sites provided for most basic needs food, clothing, hygiene, and children’s necessities, including developmentally appropriate toys. Case managers

“I want to stress the importance of empathy. Everybody came here on their own road and not everyone is the same. So, the same methods that work for two people may not work for the third. And so, it's important to be empathetic and meet people where they are. And also, to be able to adapt and understand that, you know, things change, people change, and it's always important to consider the individual when you're working with them.”

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assisted with applications for public benefits. Hour Children and Providence House had on-site social work staff. Hour Children employed a child and adolescent therapist. Providence House held DBT and attachment-focused parenting (Parenting Journey) groups, as well as dance and play therapy for children. Women in all programs had access to a psychiatric nurse practitioner, who could conduct psychiatric evaluations, provide psychotherapy and psychiatric medications, and assist with crisis intervention. Supports were provided in-person in the women’s apartments and on-site office spaces, as well as by phone, text, email, and video conferencing.



Family Initiative Challenges

We identified 4 main challenges to providing family housing and services to women being diverted from jail and their children. For each challenge, we discuss strategies used by the consortium or program to managing the challenge during the evaluation period.

- 1) Crisis nature of work with women diverted from jail,
- 2) Complexity navigating open criminal and family court cases,
- 3) Defining family,
- 4) Balancing consistency and autonomy across partner sites.

Crisis Nature of Work

Women diverted from jail often require significant crisis response and stabilization. All sites reported that women in the Family Initiative were younger, and had more acute mental health and substance use-related symptoms than their clients in other phases of the criminal legal system. Disruptive behavior was particularly challenging for staff and other residents when multiple populations were served in the same residence (e.g., programs that also serve women coming home from prison).

Reliable, accurate information exchange with housing sites was critical to rapid

stabilization. With the family initiative, this included information on minor children, custody arrangements, and child welfare involvement.

Obtaining this information involved many stakeholders

(e.g. Rikers health staff, referring partners, defense attorneys, women themselves). Missing or inaccurate information resulted in women being admitted to housing sites with unanticipated needs that the site may not have been able to meet.

“We've been working on adding our own more thorough assessment at the beginning. We feel that we need to do this because the varying needs that people have come through in the WC JP referral process and that the information that we're getting is often inconsistent. We're usually able to find that out at some point in time, but it's the timing. How can we find out sooner rather than later to get them into the right supports as fast as possible?”

Relatedly, the program's deep commitment to serving as many families as possible resulted in unclear exclusion criteria at the WCJP level and housing sites. This has been most difficult for women with active substance use, psychiatric, or neurocognitive conditions that required a higher level of clinical care for stabilization. Different housing site intake assessment policies and staffing patterns influenced their ability to manage these issues. For example, only two housing sites have full time staff with extensive clinical training and experience. This training was helpful to identifying and addressing overall clinical needs. It also helped in identifying early distress signals and contacting the psychiatric nurse practitioner to prevent emergency department visits, hospitalization, or administrative discharge.

Family Initiative partners used a range of strategies to manage this challenge. The psychiatric nurse practitioner reviewed application paperwork of women with a history of serious mental illness to determine whether the program could provide an appropriate level of care. She also provided medication management and crisis stabilization services at all sites. Two sites had social workers who collaborated women directly with women and with other team members to identify distress and provide early intervention. These sites conducted structured intakes, including a safety assessment and plan. In one site, they assessed difficult emotions, situations likely to cause those emotions, and how women preferred staff to respond if those situations arose. In addition to uncovering critical information needed to work with the resident, this helped build a collaborative relationship early in the woman's stay.

Navigating the Courts

The coordinating agency navigated the criminal courts and correctional system to identify eligible women. The lack of standardized diversion screening by the criminal legal system impacted their ability to efficiently, effectively recruit. Partners also shared that bail reform resulted in diversion of potentially eligible women from jail. They believed these women were in the shelter system and thus not being identified through jail-based recruitment. Partners also shared that women not eligible for bail reform remained in jail longer, possibly due to COVID-related court slow downs.

The program was staffed to manage these recruitment challenges. The director of client placement, a former prosecutor with extensive criminal court experience, identified eligible women and advocated diversion into the Family Initiative. The intake social worker maintained strong relationships with referral partner agencies to identify eligible women and facilitate the jail release to program entry process.

Once admitted, women required support in managing active criminal court cases and mandated requirements. Active criminal court cases required women to meet with defense attorneys and attend court dates. They also involved appointments with supervised release agencies or other service provider mandated by the courts. Navigating the courts and mandated services was time consuming and confusing, especially for women with serious mental or neurocognitive illness.

Regarding support for managing a woman’s active criminal court case, one program made reducing criminal legal involvement a specific client goal. They conducted a Service Planning Instrument Interview (SPII) to assess risks, needs, and strengths that might impact criminal legal involvement, then created an individual service plan based on the assessment.

Some women also had open family court cases. Housing sites described the family courts process as at times more complicated than the criminal courts and with less predictable timelines. In addition to navigating the court process itself, not having physical custody of children also affected post-discharge housing options. Women were only eligible for housing that fit their current family size. Partners were concerned that unpredictable court timelines and difficulty accessing post-discharge housing of sufficient size could increase lengths of stay for women with dual court involvement.

“For many women who have to go through the family court, there needs to be more support for that process. That process, in many ways, is more unjust than the criminal justice system, which is hard to imagine that there's a more unjust system. Formerly incarcerated women face an incredibly uphill battle in order to reunify with their children”

The Family Initiative allowed women seeking reunification to enter the program, including those without current custody. Broad inclusion criteria acknowledged a key bind for this population— limited access to the family housing needed to demonstrate capacity for reunification. Flexibility in lengths of stay also allowed for lengthy, unpredictable family court timelines.

Defining the Client

The Family Initiative was developed within the larger WCJP Program, which is focused on women. With the addition of children, partners shared confusion in defining their client. Was their client the woman, child, or the dyad (the mother-child relationship)? Some partners did not have training in working with children, so they chose to work only with women. Some also saw their roles as supporting women to parent their children instead of actively intervening in any parenting challenges. Partners with training and experience working across the lifespan expressed the most confusion. They identified the need for services that could address all three client types, but anticipated conflicts of interest in fulfilling all of these roles. At the time of this evaluation, only one site had a child therapist, and another site was in the process of developing more robust child therapy supports.

The client in a family program may also include members beyond women and children.

Residents themselves had broader definitions of family, including romantic partners and co-parents. Initiative partners described challenges to serving family as women defined it. Sites appeared to use their standard rules for visits and passes. The rules were described as particularly difficult for family residents, especially those with shared

“I think one of the things that's interesting is just figuring out what constitutes a family? How do we support a whole family unit?... That's another piece we take for granted. We work with a lot of women that may not be in significant relationships, but that doesn't speak to everyone's experience. And so, how does that impact or disrupt their relationships, romantic relationships as well?”

custody. For example, women had to meet co-parents outside for pick up and drop off due to limitations to men in the home. Women who may have received caregiving support from family members had to manage caregiving with only the support of the program and other residents. At the time of data collection, sites were actively discussing how to serve family as women defined it.

Balancing Consistency & Autonomy

The Family Initiative is difficult to describe as one specific model. Each partner agency had its own culture, policies, staffing, and housing (Family Initiative residents only, mixed population of women with criminal legal involvement in one residence, scattered-site near program offices). The consortium approach presented an incredible strength in terms of learning from one another, and placement and transfer options. It also created a challenge to program consistency, especially in terms of clinical staffing and structured intervention. Hiring the psychiatric nurse practitioner through the coordinating agency ensured program-wide access to this critical service. Other important services, such as child therapy, were only available in-house at certain sites.

Evidence-Based Recommendations

We present the following recommendations based on data collected during this evaluation project. We focused on initiative and program-level recommendations given the scope of the report.

- **Family Initiative housing sites of less than 10 families with women who are all being diverted from jail.** Data from the first year suggested that smaller houses with women at the same stage of the criminal legal process may facilitate community development and provision of tailored supports better than mixed population or scattered-site housing.

“The women need a lot of support, attention, and resources. The more people you add to the mix, it doesn't become as possible to give the attention they need. And if you are including kids it becomes.... Some of our women are in really vulnerable positions where they're learning to soothe themselves in ways that are not toxic, maladaptive, or harmful to themselves. They're still processing their own traumas. They have significant mental health or substance abuse symptoms present as they're trying to parent. There's a lot going on. You can't make a house of 20 moms and kids and do this well.”

- **Equal access to child therapy, substance use recovery supports, and help navigating family court cases.** Provision of these services is currently inconsistent (child therapy, substance use recovery) or unavailable at the level of need (family court assistance). The relatively small size of each partner program makes the services costly to staff at each site. As an alternative, housing sites could strengthen relationships with community providers. This may work best for family court support given the strength of these services in New York. Child therapy collaborations may be more difficult to develop. In pursuing these collaborative relationships, it will be important to assess the provider’s availability, experience and approach to working with this complex population. Child therapy providers who do not share the program’s approach may further stigmatize families and increase the risk of child welfare involvement. For this reason, we recommend that the program explore staffing at the program level. Like the psychiatric nurse practitioner, this provider could work across sites from the trauma-informed, supportive approach on which the Family Initiative is built.
- **Consistent staff training in mental health first aid, crisis response, and trauma-informed care.** These skills are critical to providing a safe environment for this population. Staff with a clinical license to provide mental health services (e.g., LMSW) can be exempted from mental health first aid and crisis response. Virtual mental health first aid trainings are available. The program may also consider developing its own WCJP-specific training given the wealth of clinical experience within the group (e.g., psychiatric nurse practitioner, LMSW, LMHC).

- **Develop a list of minimum program elements.** The initiative is built on safe transitional housing. Additional supports are provided at each site, but they vary widely. Some flexibility is important to retain the autonomy and culture of each partner. A minimum list of program elements would support the consistency needed for scaling while allowing partners to retain their autonomy.
- **Refine the client definition.** When the client is defined, partners can then assess their staffing and policies in relation to the updated definition. The client definition affects critical program elements like staffing and rules for visiting and passes. We recognize that changing these rules only for Family Initiative residents would cause disagreements in mixed population residences. This further supports small houses comprised of only Family Initiative residents.
- **Build in flexible aftercare to keep women in the Family Initiative community.** A key strength of this initiative is the intentional development of healing communities. The amount of informal aftercare being provided by housing sites suggests that families want to maintain their connection to housing sites. We recommend that the initiative consider building in flexible aftercare so that the program's themselves are better supported to help women maintain this important community connection.

"Our main strength is family, forgiveness, doing things together, and starting anew. Our clients have been in shelters, but they've never experienced anything quite like this...When you've moved away from the punitive state into a teaching community, it allows you to say, 'That part of my life is over. This is the energy I should carry on.'"