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Improving Access to Services for Female Offenders Returning to the Community

by Marie Garcia with Nancy Ritter

In a single decade—1999 to 2009—the number of adult women incarcerated in U.S. prisons grew by 25%. Adult women now make up about 7% of the total inmate population, and they face many more challenges than men upon release from prison. For example, women experience more barriers to obtaining housing, greater difficulty in obtaining and sustaining employment, less family support, and more substance abuse than men (see Mallik-Kane & Visher, 2008). The programming offered to women while incarcerated, however, is usually modeled after the programs for male prisoners.

As a group, women are often overlooked with regard to reentry programming, and results from the recent evaluation of the Serious and Violent Offender Reentry Initiative

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Drug Court Screening

by Kevin Knight, Patrick M. Flynn, and D. Dwayne Simpson

Introduction

Not only do drug court judges decide who is eligible to be admitted into their courts, they also make referral decisions about the most appropriate set of services. Should offenders who have any history of illegal substance use and criminal activity be admitted, or should admission be restricted to those who currently are addicted and pose the greatest threat to public safety? Is referral or placement to a regular outpatient drug treatment program sufficient, or is a more extensive and intensive level of care more appropriate because of greater needs and problem severity?

Although the potential effectiveness of the drug court model has been well documented, completion rates for many programs remain unacceptably low, ranging from 27% to 66% in selected adult drug court programs (GAO, 2005). These rates are not surprising, however, because poorly informed, subjective decisions often are being made that lead to the admission of inappropriate candidates into a drug court program. Unwarranted placements typically result in failures to engage and non-completions, wasting valuable resources that would have been better allocated to more suitable candidates.

One of the key ingredients in achieving favorable outcomes is the use of objective, evidence-based screening and assessment instruments to inform the decision-making process. When used along with

collateral data (such as urine test results and arrest records), information gathered from brief screens and lengthier clinical assessments can be used to maximize court resources through optimal client selection and identification of problems needing specialized interventions (Miller & Shutt, 2001). Furthermore, these tools can be used to help define a treatment plan and to monitor client progress throughout treatment and the related drug court process (Simpson, 2004). The benefits from this approach are clear: Research has shown that individuals with multiple problems have better outcomes when an integrated screening and assessment protocol is used to assess need and assist in referral decisions (Kofoed et al., 1986).

Despite these benefits, many drug court programs have yet to adopt the use of standardized instruments for screening and assessment (Cooper, 1997; Peyton & Gossweiler, 2001). Although recognizing the value of such an approach, some courts simply do not know what steps to take toward achieving this goal. This article, therefore, focuses on providing practical guidance in the selection and use of standardized screening instruments.

Screening and Assessment

Although “screening” and “assessment” often are used interchangeably, they have distinctly different functions

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(SVORI) show that adult females report a significantly higher need for services than men. This finding highlights a thread running through the reentry literature that suggests a disconnect between the services individuals need to facilitate a successful reentry into their community and the services they receive.

Through SVORI, funding was provided to state and local jurisdictions to develop reentry strategies for offenders returning to their communities. The National Institute of Justice (NIJ) funded a multi-year, multi-site evaluation of SVORI to examine the effect its programs had on access to reentry services and programs and on housing, education, employment, and criminal behavior. This evaluation, one of the largest NIJ-funded evaluations to date, included an 11-state sample of 357 adult females who were returning to their communities. These women, from Indiana, Iowa, Kansas, Maine, Missouri, Nevada, Ohio, Oklahoma, Pennsylvania, South Carolina and Washington, are the focus of this article (see NIJ, 2012b).

Forty-three percent of the adult female sample (153 women) were included in the experimental group and received services funded by SVORI (“SVORI women”); 57% of the sample (204 women) did not receive SVORI services and instead received “treatment as usual” from their institutions (“non-SVORI women”). SVORI programming varied by the services provided and the approach each institution took to implementation. Although services varied, however, the research design (treatment vs. control) was the same for all sites.

The SVORI and non-SVORI women were interviewed at four intervals: at 30 days pre-release and at three, nine and 15 months post-release.

When measuring need, researchers “bundled” services into five categories:

1. Services to help with the transition from prison to the community;
2. Health care services (including substance abuse and mental health);
3. Employment, education, and life skills services;
4. Intimate partner violence-related services; and
5. Child-related services.

Women in both groups indicated that their needs were highest in the third category—employment, education, and life skills (79%)—and the first category—transition services (73%).

During the pre-release interviews, the women reported that their greatest employment, education, and life skills needs were education (95%), employment (83%), and job training (83%). Their reported greatest transition service needs were public health insurance (91%), financial assistance (87%), mentoring (83%), and obtaining a driver’s license (79%).

Because of their high levels of need, female offenders are likely to encounter tremendous obstacles when they reenter the community after serving time in prison. As Pamela K. Lattimore, a nationally recognized expert on prison reentry and one of the principal investigators for NIJ’s SVORI evaluation, states:

The women in the SVORI study had numerous physical and mental health

relationships, physical and mental health, and recidivism.

Employment. At 15 months post-release, SVORI women were more likely than non-SVORI women to report they were supporting themselves with a job, receiving formal pay, and experiencing stable employment.

The researchers believe the impact of SVORI services on employment outcomes was not surprising because employment was the most common programmatic focus among all the SVORI programs. What was somewhat surprising was that, for many dimensions of employment, these differences were not statistically significant until 15 months post-release. Lattimore notes that:

This pattern may have emerged because, although employment outcomes steadily increased for the SVORI group, they dropped off for the non-SVORI group at the 15-month post-release point. . . . Overall, we

Because of their high levels of need, female offenders are likely to encounter tremendous obstacles when they reenter the community after serving time in prison.

problems, extensive substance abuse histories, significant criminal histories, serious exposure to drug or criminally involved family members and peers, and substantial housing challenges.

Lattimore, a principal scientist with RTI International, worked with co-principal investigator Christy A. Visser, professor at the University of Delaware and former principal research associate with the Justice Policy Center at the Urban Institute, on the evaluation.

Outcomes for SVORI Women and Non-SVORI Women

Findings regarding the impact of the additional SVORI services on women’s outcomes were mixed. The SVORI women showed significant improvement in the areas of employment and substance use compared with non-SVORI women. There were no significant differences, however, in housing, family and peer

believe that the SVORI programs were effective in improving employment outcomes for the women.

Substance Use. Approximately two-thirds of the women in the SVORI study had used illicit drugs during the 30 days before incarceration. More than half (55%) reported they had received professional treatment for a drug or alcohol problem at some point in their lives. On average, the women reported they had been in a treatment program three times. At the time of their pre-release interview, 65% of the women reported needing substance abuse treatment.

The SVORI women received a higher level of treatment services for substance abuse than non-SVORI women. At three and 15 months post-release, the SVORI women were significantly less likely to have used drugs during the post-release

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period and during the 30 days prior to assessment than the non-SVORI women. This finding suggests that consistent monitoring of drug use is an important tool to provide during post-release services because holding women accountable may help them keep clean longer.

It is important to note, however, that in both groups, substance use increased the longer the women were out of prison. Lattimore states that:

These findings are particularly important because of the extensive substance abuse histories reported by the women. . . . For all of the women we studied—the SVORI participants and those in the control group—abstinence from substance use became increasingly more difficult throughout the post-release follow-up period.

Although the SVORI programs positively influenced women's employment

the services they received (see, also, NIJ, 2012a).

Implications for Policy and Practice

Findings from the SVORI evaluation suggest that the provision and delivery of pre- and post-release services is a difficult task. The evaluation results can be used by corrections professionals and service providers to improve evidence-based planning and service delivery.

Overall, both SVORI and non-SVORI women faced challenges including mental and physical health problems, extensive family responsibilities, and lack of employment experience.

“Appropriate identification of needs, treatment planning, and follow-up may be particularly important for women,” Lattimore noted, adding that the coordination of a range of services should be considered one of the guiding principles when developing strategies for female offenders.

needs. The period around nine months post-release appears to be a particularly challenging time for women. Both self-reported drug use and housing challenges—including homelessness—were higher at nine months post-release than at three months or 15 months.

The SVORI program was successful in delivering important reentry services to women returning to their communities. SVORI women received a substantially higher level of overall services than non-SVORI women. Indeed, where services were provided, the women generally did better, such as in employment and substance use.

In the areas of housing, family and peer relationships, and physical and mental health, however, women enrolled in SVORI and women receiving “treatment as usual” had similar outcomes. As Visher notes:

Frankly, the fact that the SVORI women and those in the control group had similar outcomes in these areas did not surprise us, because we did not have a significant difference in the level of services to both groups, such as assistance in finding a place to live, medical treatment, domestic violence services, and child services.

The low level of services provided under SVORI that might have improved reentry outcomes related to housing, relationships, and mental and physical health was confirmed by the SVORI directors, who said that such services were not a major focus of the programs. Visher states that:

This is unfortunate, given the emphasis that previous research has placed on the importance of familial relationships in the reentry process—and the high levels of both physical and mental health problems reported by returning women.

Where to Go From Here

For policymakers and practitioners who are faced with doing more with the same or less in the crucial area of offender reentry, there is a need to understand why, in looking at findings as a whole, there were significant differences between the 153 women who received SVORI services and the 204 women who did not in only two service areas—employment and substance abuse. The delivery of services for SVORI women, although greater

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and substance use outcomes, women who received SVORI services did not do better than their non-SVORI counterparts in the areas of:

- Housing (which gradually improved over the study period for all women);
- Family and peer relationships (which remained relatively stable throughout the study period for all women); and
- Physical health and mental health (which remained relatively stable for all women).

As Visher noted:

The bottom line . . . was that, although the women who received SVORI services showed modest improvements in several key areas—particularly employment and drug use—their high level of need far outweighed

The researchers also observed some temporal patterns that may have implications for supervision and service delivery. Some outcomes, such as substance use, criminal behavior, and recidivism, worsened over time for both SVORI and non-SVORI women. For other outcomes, however, improvements over time seem to be the predominant pattern. Visher notes:

For example, women's housing situation, employment, resumption of primary care responsibility for their children, and community involvement appear to gradually improve over time. . . . This could indicate that many women find their footing in these dimensions.

The SVORI findings also can be used to help identify the appropriate point at which to intervene to address particular

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overall, failed to match their level of need with respect to mental and physical health problems, family responsibilities, and lack of work experience.

Mixed findings, however, do not equate to no findings, nor do they equate to failure. If there is one crucial “take-away” from the NIJ evaluation of SVORI, it is that women returning to the community after serving time in prison have extremely high levels of need. In addition, although these needs declined over time, levels of unmet need remained high even at 15 months. Lattimore states that:

It is important that practitioners and policymakers keep this in mind when planning and coordinating reentry services. . . . On the basis of the limited research on female offenders—and the even more limited evaluations of reentry programs—the factors that appear most important for the successful reentry of women include establishing suitable housing, finding gainful employment, and reuniting with children and family.

In addition, Lattimore added, women’s reentry programs need to emphasize post-release treatment and counseling for infectious diseases and substance abuse

as well as protection from abusive relationships. Moreover, Visher notes that:

The bottom line of the evaluation is that women returning to the community after prison need so much [and] the SVORI study showed that women are receiving so few services, compared to what they need, that it’s little wonder they don’t do better when they reenter society.

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Marie Garcia, Ph.D., is a social science analyst at the National Institute of Justice. Nancy Ritter is a writer and editor at the National Institute of Justice. Marie Garcia can be reached by email at Marie.Garcia@usdoj.gov. This article has been reformatted and is reproduced with permission from NIJ Journal, No. 269, March 26, 2012 (NCJ 237725). ■

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