

**AN EXEMPLARY PROGRAM FOR WOMEN OFFENDERS
WITH CO-OCCURRING DISORDERS:
KEY RECOMMENDATIONS FOR IMPLEMENTATION AND REPLICATION**

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The findings and conclusions of this paper are those of the authors and do not necessarily represent the official policies of the Alcohol and Drug Policy Institute, the Department of Alcohol and Drug Programs, or the Co-Occurring Joint Action Council (COJAC).

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EXECUTIVE SUMMARY

The following paper provides a detailed review of the key issues relevant to treating drug-dependent women offenders in the community and outlines recommendations for service delivery. Additionally, an exemplary program for women parolees in Los Angeles County, California is described in detail, as well as key recommendations for policy makers, criminal justice agencies, and treatment practitioners.

Treatment Needs for Women Offenders with Co-Occurring Disorders

The complex treatment needs of women offenders, as compared to their male counterparts, have been defined in several extensive research studies over the past two decades. Women in the criminal justice system are typically women with extensive histories of:

- ✓ Sexual and physical abuse,
- ✓ Severe trauma,
- ✓ Chronic addiction; and,
- ✓ Mental health problems.

Moreover, histories of abuse, addiction, and mental illness are the most common predictors of recidivism for women offenders. Despite the rising numbers of women sentenced to prison and the progress that has been made in understanding the complex needs of women, few initiatives have focused specifically on treatment and services for women offenders. Yet, the ability for any one agency to meet these complex needs is unlikely. It is of utmost importance to provide multi-agency collaborations, primarily between criminal justice agencies, community agencies, and researchers in order to reduce the number of women offenders returning to prison and to facilitate the successful reintegration of women offenders back into our communities.

Service Delivery for Women Offenders

Treatment practitioners have begun to recognize that severe histories of trauma plays a vital role in the evolution of a woman's physical and mental health problems, as well as her potential for recovery from addiction. To create a successful integrated program for women offenders, services will most likely need to be provided across multiple service delivery systems.

Primary service needs include:

- ✓ Treatment components that address past trauma and abuse provided in a safe and gender-responsive environment. Some clinicians believe that an all-female counseling staff is best for serving women in treatment, providing a safe and supportive environment for disclosure and healing.
- ✓ Comprehensive assessment, including mental health needs, of participants at intake so that appropriate treatment/referrals can be determined.
- ✓ Referrals for psychological services need to be in place early in the treatment plan, as treatment staff may not be adequately trained to handle or treat certain co-occurring mental health and substance abuse disorders, which can hinder a women's ability to participate in treatment.
- ✓ The particular physical health care service needs of women offenders require ongoing collaborations with social service partners in the community.
- ✓ Drug-dependent women also need to develop strong interpersonal skills to help them assess their past and present relationships with their partners and family in the context of their addiction, while also learning appropriate skills for maturely coping with future relationship issues.
- ✓ Basic education, literacy skills, and marketable vocational training are particularly important components of treatment programs for women.
- ✓ The greater incidence of mothers' involvement in their children's lives makes parenting programs and services for *both* mother and child a critical part of treatment for women.

The Second Chance Women's Re-Entry Court Program

In February 2007, Los Angeles County created a unique and innovative re-entry court program, entitled the *Second Chance Women's Re-Entry Court*, designed to provide an array of services to women parolees facing a state prison commitment and formerly incarcerated women parolees throughout Los Angeles County, California. Following the nationally proven Drug Court model, the re-entry court program brings together a variety of criminal justice, clinical, academic, and community service professionals to implement an individually tailored residential treatment plan as an alternative to incarceration for women.

Key elements of this program include:

- ✓ *A Re-Entry Court Council* – A multi-agency collaboration with a united mission, to design, oversee, implement, and evaluate an individually tailored treatment plan for women parolees that provides for successful reintegration into society. Agencies include:
 - Los Angeles Superior Court, Administrative Office of the Court
 - Los Angeles County Public Defender
 - Los Angeles County District Attorney
 - Los Angeles County Sheriff
 - Los Angeles County Probation
 - Los Angeles County Board of Supervisors
 - Los Angeles County Department of Drug and Alcohol Services (ADPA)
 - California Department of Corrections and Rehabilitation (CDCR)
 - Prototypes
 - UCLA Integrated Substance Abuse Services (training and evaluation)
- ✓ *A Drug Court Model* – Which combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions, and court-supervised treatment
- ✓ An early consensus was reached about the targeted population, including eligibility and suitability factors, screening processes, treatment curriculum, role of the court, and ultimate authority for decision making regarding non-compliance.
- ✓ Substance abuse treatment services are evidence based for the targeted population and include wrap-around services that are appropriate for every level of treatment including residential treatment, outpatient treatment and aftercare.
- ✓ *An evaluation component* - To explore and assess predictors of program success which more appropriately reflect paths of recovery and success for women, such as improved relationships with children and family, living situations, and psychological functioning.

Replication

In order to replicate this court project, key stakeholders within the local criminal justice system must be at the table. Key stakeholders would include the policymakers and department heads of agencies directly involved in the proposed project such as the Superior Court, District Attorney, Public Defender, Probation and the Sheriff. Additionally, if the targeted population involves state jurisdictions, such as Parole,

representatives from these state agencies must be involved at the onset to avoid jurisdictional disputes. Community providers that are appropriate for the targeted population (i.e., women, juveniles, co-disordered individuals, etc.) must be identified and participate from the planning stages. Community groups can also advocate for local treatment programs that are able to provide a specific treatment components for clients that might not normally be considered as a viable population to be treated in the community (e.g., high-risk offenders). Evaluation of such innovative programs is also crucial to provide evidence and to justify continued funding.

Recommendations

Policy makers are becoming increasingly aware of the need to reform multiple aspects of California's correctional policies, and specifically those addressing women offenders. The Second Chance Women's Re-Entry Court program proposes that criminal justice agencies and related practitioners rely on teamwork and long-term collaborations to provide appropriate services to women offenders to break the cycle of substance abuse and crime and successfully reintegrate these women back into society.

I. INTRODUCTION

Annual increases in the number of incarcerated women have been consistently larger than the increases in the number of incarcerated men for the past two decades (Harrison & Beck, 2003). Bureau of Justice Statistics' reports indicate that the number of incarcerated women increased 42% between 1995 and 2002, which is much higher than the increase in the number of incarcerated men (27%) during that same time period (Harrison & Beck, 2003). This trend has continued as the number of women in prison rose 4.8% from 2005 to 2006 and the number of men rose 2.7% in that year (Sable, Minton, & Harrison, 2008). The Bureau of Justice Statistics also estimates that an additional 285,000 women were added to community supervision caseloads between 1995 and 2003, bringing the total number of women on parole and probation to over one million (BJS, 2004). The increase in the number of women under criminal justice supervision is largely due to harsher policies surrounding drug-related crimes, as drug offenders were the largest source of total growth in the number of women offenders (Beck, 2000; 2001).

The rapid influx of women into the criminal justice system raises new issues for prison officials and other agencies governing their care, as women offenders are a population with complex problems and needs. A considerable amount of research has focused on assessing the treatment needs of these women as compared to their male counterparts. One key finding from this body of literature are the strikingly consistent findings among women offenders regarding their elevated histories of childhood trauma and abuse, interpersonal violence in adolescent and adult relationships, adolescent conduct disorder, addiction, criminal activity, and homelessness (Anderson, Rosey, & Saum, 2002; Bloom, Owen, & Covington, 2003; 2004; Grella, Stein, & Greenwell, 2005; Langan & Pelissier, 2001; Messina, Burdon, & Prendergast, 2003; Messina, Burdon, Hagopian, & Prendergast, 2006; Peters, Strozier, Murrin, & Kearns, 1997; Pollock, 2002). Another major concern is the health of women offenders, as they are significantly more likely than men to have co-occurring mental and physical health problems in addition to their chronic addiction by the time they come to the attention of the criminal justice system.

The increase in women under criminal justice supervision has created a demand for comprehensive treatment programs within prison settings. However, the current state of prison overcrowding, predominantly in California, signifies an urgent need for alternatives to incarceration for drug-dependent offenders. Diversion from prison into community-based residential treatment programs is a viable and cost-effective alternative to incarceration. While the public are often not supportive of offenders remaining in the community, the reality is that many women sentenced to prison are predominantly convicted of non-violent drug or property crimes (CDCR, 2006). Drug-

dependent women offenders are an ideal population for community-based treatment, especially as they are typically the primary caregivers to their minor children (Messina et al., 2003). In addition, a series of research studies on the post-release outcomes of women offenders indicates that community-based treatment significantly increases success on parole (Messina et al., 2006).

The following paper provides a detailed review of the key issues relevant to treating drug-dependent women offenders in the community. Recommendations for treatment providers, criminal justice officials, and policy makers are further provided. Additionally, a unique and innovative exemplary program for women parolees in Los Angeles County, California is described in detail, as well as key recommendations for implementation and replication.

II. REVIEW OF EXISTING LITERATURE

A considerable amount of research over the past decade has focused on assessing the unique needs of women offenders, as compared to their male counterparts. One key finding from this body of literature is that women offenders are more likely than men to report extensive histories of emotional, physical, and sexual abuse – between 77% and 90% (Langan & Pelissier, 2001; Messina et al., 2006). The consistent finding that women offenders report a higher prevalence of childhood trauma and abuse has led to an increase in research assessing the long-term impact of such trauma. For example, histories of childhood trauma and abuse among women in prison have been linked to an increased likelihood of continued domestic violence in adolescent and adult relationships, adolescent conduct disorder, chronic addiction, criminal activity, homelessness, and adult physical and mental health problems (Grella et al., 2005; Messina & Grella, 2006). The association between childhood sexual abuse, chronic substance abuse, domestic violence, and crime among women offenders has led many researchers, theorists, clinicians, and criminal justice professionals to propose a need for multi-level program components that specifically address these circumstances and the resulting mental and physical health issues.

The following discussion outlines the most recent research available on women offenders and describes various life factors relevant to their patterns of substance abuse and criminal behavior, as well as the main treatment needs relevant to their recovery.

Drug Use and Criminal Histories. Compared with men, women offenders more often report poly-drug use, earlier use of hard drugs (i.e., cocaine and heroin), use by injection, and more frequent drug use prior to incarceration (Grella & Joshi, 1999; Langan & Pelissier, 2001). Women offenders are also more likely than men to report illegal activities as their primary source of income prior to incarceration (Messina et al., 2003). Criminal histories for women nationwide are predominantly non-violent and drug-related, including their involvement in prostitution (Bloom et al., 1994). In fact, a

recent report from the California Department of Corrections and Rehabilitation (CDCR) states that 67% of incarcerated women in California are currently imprisoned for non-violent, non-serious offenses (CDCR, 2006). Women offenders' patterns of substance abuse and non-violent crime indicate a need for more comprehensive treatment plans specific to women's issues.

Co-Occurring Disorders. Women offenders are consistently more often diagnosed with co-occurring psychiatric and substance abuse disorders compared with their male counterparts (Bloom, 1999; Henderson, 1998) and with women in the general population (Bloom & Covington, 2008). In addition, co-occurring psychiatric and substance abuse disorders are primary predictors of recidivism (Messina et al., 2004). Women offenders are also more likely than men to be taking or abusing prescribed medications for psychiatric disorders (Messina et al., 2004; Messina et al., 2007). Women's increased likelihood of co-occurring disorders and use of psychotropic medications, indicates the need for a comprehensive assessment of participants as a means of informing program staff of their diverse psychological needs.

Exposure to Childhood Trauma. Few efforts have provided explanatory models that outline factors that contribute to the disproportionate prevalence of mental health problems among women offenders. When childhood experiences of trauma are assessed, findings have repeatedly linked trauma to later problems in psychosocial functioning among women offenders, particularly high-risk sexual behaviors (Mullings, Marquart, & Brewer, 2000), personality disorders, depression, post-traumatic stress disorder (PTSD), panic disorders, eating disorders, and other forms of psychopathology (Haller & Miles, 2004; Horwitz, Widom, McLaughlin, & White, 2001; Grella, 2003; Jordan, Schlenger, Caddell, & Fairbank, 1997; Messina et al., 2004). Women offenders often come from highly dysfunctional families, with histories of mental illness, suicide, violence, and drug abuse (Langan & Pelissier, 2001). Although reports vary, many women offenders report incest and molestation as children (19% to 55%) prior to their drug abuse (Langan & Pelissier, 2001). Messina and Grella (2006) directly explored the effect of cumulative childhood traumatic experiences on the adult mental health problems of women parolees. Regression results showed that the impact of childhood trauma on adult mental health outcomes was strong and cumulative. The resulting magnitude of the additive effects of exposure to multiple traumatic experiences was alarming (e.g., a 980% increase in the odds of mental health treatment as an adult relative to exposure to seven childhood traumatic events). Persistent experiences of trauma have been identified repeatedly as issues that need to be addressed within treatment for drug-dependent women offenders. The association between sexual/physical abuse, drug abuse, and crime among women suggests a need for program components that address past abuse and the mental health issues that often result from abuse.

Physical Health Needs. Women offenders often suffer from a variety of chronic physical health problems including TB, hepatitis, toxemia, anemia, hypertension, diabetes, and asthma (Pollock, 2002). Drug-dependent women offenders also cite dental problems and diabetes as recurring health problems. Women's more complex reproductive system also increases their risk of gynecological problems and other female-specific disorders (Grella, 1999). Pregnant and postpartum women offenders require additional specialized treatment such as instruction in the medical, cognitive, and social needs of their alcohol/drug-exposed babies (Welle, Falkin, & Jainchill, 1998). Women offenders are also at greater risk than men of contracting sexually transmitted diseases and HIV/AIDS due to their increased participation in prostitution for money or drugs (Pollock, 2002). Women's health problems are often compounded by the limited health care they receive in the community and the inability to access benefits, such as social security or Medi-Cal. The particular health care service needs of women offenders are an important factor in considering the specific needs of this population and require ongoing collaborations to social service partners in the community.

Relationship Issues. Women's patterns of drug abuse are more closely linked to relationships with their sexual partners than they are for men (Langan & Pelissier, 2001). Women's psychological development is different than men's. Women tend to define themselves and their self-worth in terms of their relationships, and relapse to drug use is often related to ongoing domestic violence and/or failed relationships (Covington & Surrey, 1997). In addition, partner opposition to recovery can include elements of intimidation, threats, and violence (Amaro & Hardy-Fanta, 1995). These women need to develop strong interpersonal skills to help them assess their past and present relationships with their partners in the context of their addiction and criminal behavior, while also learning appropriate skills for successfully coping with future relationship issues.

Employment/Educational Needs. Women offenders are more likely than their male counterparts to be financially dependent on family members and to be in need of public assistance (Hser, Anglin, & Booth, 1987). These women also more often report being homeless or dependent on other for housing prior to incarceration (Messina et al., 2008). Most of these women have not completed high school and have inadequate vocational skills (Langan & Pelissier, 2001). Basic education, literacy skills, and marketable vocational training are particularly important components of re-entry programs for women.

Parenting Issues. Exacerbating the need for appropriate education and vocational training is the fact that most women offenders have children under the age of 18 and are typically the primary childcare provider (Henderson, 1998). An important

factor in terms of continuing societal impact is that the children of women offenders are at high risk to continue intergenerational patterns of drug abuse, criminal behaviors, and neglectful parenting (Sheridan, 1995). Greene and associates (2000) found that a number of criminogenic influences experienced by women offenders were replicated in the lives of their children, including sexual/physical abuse, poverty, and victims of violence. The nature of the relationship that women offenders in treatment have, or develop, with their children is an important factor in their rehabilitation. In fact, many of these women are faced with the loss of custody of their children and are in need of legal advice to address this issue, which could ultimately increase their participation in treatment (Grella et al., 2000; Prendergast et al., 1995). The greater incidence of mothers' involvement in their children's lives makes parenting programs a critical part of treatment for women. Additionally, services for mothers and their children offer a solution to the intergenerational cycle of substance abuse and its related consequences, while improving child health and safety.

Summary of Key Findings. Research assessing the needs of women offenders consistently shows a high prevalence of co-occurring psychiatric and substance abuse disorders. Another key finding from this body of research is the discovery of extensive histories of trauma and abuse among this population of women. Childhood trauma has been linked with adult mental and physical health problems in a series of studies, and also has been shown to lead to other problem behaviors and devastating circumstances in these women's lives, including adolescent conduct disorder, addiction, chronic unemployment, homelessness, and loss of custody of children (GAINS, 2001; Hartwell, 2004). Thus, the costs of failing to diagnose and treat co-occurring substance abuse and psychiatric disorders among women offenders are high.

III. KEY RECOMMENDATIONS OF SERVICE DELIVERY FOR WOMEN

Program curricula that focus on women's specific needs, guided by a theoretical understanding of women's psychological development, may be better suited to meet these needs than a more generic treatment program using a more standard approach (e.g., mixed-gender environments, confrontational and hierarchical programming). In fact, research indicates that women will engage in, and benefit greatly from, services that attend specifically to histories of trauma and abuse (Messina et al., 2008). Sensitivity to these types of issues is necessary for women to form trusting relationships with treatment staff. Staff training on women's issues is also crucial to maintaining an awareness of the psychosocial issues relevant to women in treatment. Some theorists and clinicians believe that an all-female counseling staff is best for women participating in treatment (Bloom et al., 2003). Gender specific staff can promote a strong therapeutic alliance and provide strong female role models, supportive peer networks, and attention to women's patterns of abuse from childhood to adulthood (Bloom et al., 2003;

Covington, 1999; 2000; 2002a; 2002b). For example, studies have shown that women in women-specific groups discuss issues that they will not discuss in mixed-gender groups, such as histories of prostitution and sexual abuse (Covington, 2002; Grella et al., 1999; Reed, 1985). Issues left unaddressed in treatment may magnify feelings of guilt, shame, and failure, adversely affecting outcomes (Copeland, Hall, Didcott, & Biggs, 1993).

Because drug-dependent women usually have fewer economic resources than men, programs that provide sliding-scale fees, housing, transportation assistance, childcare, and vocational training may enhance the ability of women to successfully participate in and complete treatment. Treatment approaches used within women's integrated programs also need to be adapted to encompass variations among women, such as differences based on age, ethnicity, geographic location, sexuality, parental status, and alcohol and drug use history (Grella et al., 1999). In fact, comprehensive screening and diagnostic assessments at intake are vital to assess the diverse mental and physical health needs of women.

To create a successful integrated program for women, services will most likely need to be provided across multiple service delivery systems. Typically, substance abuse, post-traumatic stress, and mental health problems have been treated separately. Yet, treatment practitioners have begun to recognize that a substantial proportion of women offenders have experienced trauma and that this plays a vital role in the evolution of a woman's physical and mental health problems (Bloom & Covington, 2008; Messina & Grella, 2006). Multi-agency collaboration is an important element of women's integrated treatment as women offenders are often involved in multiple systems prior to treatment admission (e.g., child welfare, criminal justice, mental health, and social services) and treatment programs in general may not be able to address all of the complex needs of women offenders due to funding constraints. Likewise, these and other service systems have resources to address some of the complex needs of these women (e.g., parenting support, child development, and mental health).

IV. THE SECOND CHANCE WOMEN'S RE-ENTRY COURT

In 2007, Los Angeles County developed a unique and innovative 3-year pilot program, entitled the Second Chance Women's Re-Entry Court (funded by the California Department of Corrections and Rehabilitation, Division of Community Partnerships, Award #C06.441). The program is designed to provide an array of services to women facing a state prison commitment and formerly incarcerated women parolees. Specifically, utilizing evidence based research and practices following the nationally proven Drug Court model, the program brings together a variety of criminal justice, clinical, academic, and service professionals to design, oversee, implement, and evaluate an individually tailored treatment plan that provides for successful

reintegration into society following a state prison commitment and/or as an alternative to incarceration for women facing a state prison sentence.

The Second Chance Re-Entry Court Mission: To divert women from a state prison sentence to a comprehensive support system, with individually tailored and culturally competent program services, case management, and treatment plans that promote social responsibility, self-reliance, family unity, and reduces drug use and recidivism, including:

- Appropriate women-focused substance abuse treatment
- Access to clinical social worker needs assessments and services
- Health and wellness care
- Mental health care
- Education/Employment training and placement
- Caseworker support and Mentorship
- Financial management and Legal services
- Child support and family reunification services
- Domestic violence education and domestic violence and trauma counseling
- Transportation and child care

The Los Angeles County Re-Entry Court Council represents a pioneering partnership – a voluntary multi-agency collaboration including a variety of governmental, academic, and community agencies and organizations throughout Los Angeles County. The Re-Entry Council was initially charged with the task of designing and developing innovative re-entry program ideas for men and women offenders. The primary objective of the Re-Entry Council is to put these ideas into motion, thus the Council also prepares proposals in response to program announcements to acquire funding for specific re-entry programs and services. Agencies include¹:

- Los Angeles Superior Court, Administrative Office of the Court
- Los Angeles County Public Defender
- Los Angeles County District Attorney
- Los Angeles County Sheriff
- Los Angeles County Probation
- Los Angeles County Board of Supervisors
- Los Angeles County Department of Drug and Alcohol Services (ADPA)
- California Department of Corrections and Rehabilitation (CDCR)
- Prototypes
- UCLA Integrated Substance Abuse Services (training and evaluation)

¹ Specific tasks for each agency in the Second Chance Women’s Re-Entry Court are provided in Appendix A. Specific agency representatives responsible for day-to-day operations of the court also convene as the Women’s Re-Entry Court Steering Committee.

The Role of the Women's Re-Entry Court: One of the most viable alternatives to the over-burdened prison populations is the use of alternative sanctions, such as the re-entry court. As previously shown, the female prison population has grown at an alarming rate. Controlled substance possession has been the largest single category of women offenders among first releases to parole and they are routinely among the most likely to recidivate (CDCR, 2006), particularly those with co-occurring disorders (Messina et al., 2004). Research on evidence-based practices shows that treatments and interventions focused on those that are most likely to recidivate produce the largest gains. The literature refers to this as the "risk principle" (Bogue et al., 2004). As a result, focusing on these kinds of offenders will have largest potential to reduce recidivism. The Second Chance Women's Re-Entry Court model is in a unique position to address these issues by providing early assessment of mental health and substance abuse disorders and provide eligible offenders with appropriate community-based treatment and ancillary services. In addition, providing case management for the parolee throughout her participation in the re-entry court, and even for a period of time after she has successfully completed the program, can help to ensure successful reintegration into society and to avoid relapse to drug use and crime.

Responsibility for case managing the parolee, overseeing her transition from custody- to community-based treatment, and monitoring her progress in the program is assumed by the Second Chance Women's Re-Entry Court in conjunction with the CDCR. The Second Chance Women's Re-Entry Court is based on the drug court model, which combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions, and court-supervised treatment to break the cycle of addiction and criminal activity in which many repeat offenders are caught.

The Re-Entry Council agreed that this is an optimal setting for the development of a gender-responsive model of treatment and supervision for several reasons:

- 1st. Judges are in a unique position to address the treatment needs among women offenders by providing frequent and intensive supervision, and in cooperation with treatment providers and other social service agencies, to affect policy by participating in the development of appropriate treatment approaches, recovery expectations, and criminal justice supervision based on a positive reinforcement model for women offenders.
- 2nd. Court personnel are typically assigned to one court on an ongoing basis creating an optimal setting for training and evaluations with existing staff.
- 3rd. Women offenders are much less likely than their male counterparts to have a history of violent crimes, thus making community-based treatment and supervision an optimal setting for safety and success.

- 4th. Women eligible for re-entry court are also likely to have high levels of addiction severity, and as a result of court intervention, participants are more likely to complete treatment.
- 5th. Each of these conditions facilitate a more accurate assessment of a treatment effect during program evaluation.

Eligibility: Currently, the Second Chance Women’s Re-Entry Court targeted population is women who have a current felony charge and are facing an imminent state prison sentence. This population was selected because women are the fastest growing, least violent prison population in California. This specific population of women have not typically been treated in community programs and have extensive criminal justice and addiction histories. Prototypes (the treatment provider for this court) was identified as having the capability of providing the necessary services to treat this population².

The categories of eligibility are as follows -

1. Women parolees who are under the jurisdiction of the Superior Court because they are facing a new felony charge, or are charged with a new felony and facing an imminent state prison sentence;
2. Women on felony probation for drug offenses or drug-related criminal activity who have violated their probation and are at high risk of being sentenced to state prison.

Prototypes, Centers for Innovation in Health, Mental Health and Social Services, founded in 1986, is the contracted collaborating treatment agency providing residential treatment for women and their children for a minimum of 6 months followed by 6 to 12 months of outpatient services.³ Prototypes is one of the nation's leading multi-service, non-profit agencies that helps women who are dealing with complex problems such as substance abuse, mental illness, HIV/AIDS, homelessness, domestic violence, trauma, and lack of life skills.

² To date, approximately 140 women have been accepted into the Second Chance Women’s Re-Entry Program. Clients come from every district in Los Angeles County. The age range is 22 – 59 with the average age being 34 years. The majority of the clients have never been married, 13% were pregnant at intake, and 18% reported current child protective services involvement. Overall, the majority of clients are stimulant users (33% reported cocaine/crack as primary drug; 32% reported methamphetamine; 19% reported heroin; 8% reported alcohol; 4% marijuana; and 5% some other drug). Eighty-one percent of the women also met criteria for a mental health diagnoses, and approximately one-half of clients had two or more diagnoses at intake. PTSD was the most common diagnosis, followed with Bipolar disorder and Major Depressive Disorder. Collectively, the participants were facing a minimum of 257 years in state prison.

³ In 2008, the Department of Justice (Award #DC-BX-0026) provided additional funding for 2 years to support enhanced and extended outpatient services for residential graduates from this program.

Seeking Safety (Najavits, 2002): Seeking Safety, Treatment for Trauma/PTSD and Substance Abuse is the primary curricula used to treat the re-entry court participants. This is an evidence-based trauma-focused substance abuse treatment model designed to help people attain safety from trauma/PTSD and substance abuse. Seeking Safety consists of 25 topics that can be conducted in any order. The key principles of Seeking Safety are:

1. Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions).
2. Integrated treatment (working on both PTSD and substance abuse at the same time).
3. A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse.
4. Four content areas: cognitive, behavioral, interpersonal, case management.
5. Attention to clinician processes (helping clinicians work on counter-transference, self-care, and other issues).

UCLA Integrated Substance Abuse Programs - Evaluation⁴: The Second Chance Women's Re-Entry Court includes an evaluation component to explore and assess predictors of program success which more appropriately reflect paths of recovery and success for women, such as improved relationships with children and family, living situations, and psychological functioning. The evaluation includes both process and outcome components, directly assessing the barriers of implementation, perceptions of success/failure of the program from criminal justice and other agency personnel, and face-to-face interviews and follow-up with approximately 100 women participants. Specifically, the study will determine the relative effectiveness for women of the Second Chance Women's Re-Entry Court compared to women who are incarcerated.

Program Recognition: During this 3-year timeframe, this exemplary program has received much recognition. Recently the program was recognized by the National Association of Counties and presented with the 2009 NACo Achievement Award, as well as the 2009 County Alcohol and Drug Program Administrators Association of California for Valuing Diversity Award. Additionally, two integral members of the Re-Entry Council were honored in 2008 and 2009 with "Women of the Year Awards" presented by the Los County Commission for Women specifically for their work with the Second Chance Women's Re-Entry Court.

⁴ In 2008, UCLA ISAP received additional funding from the California Endowment to enhance the program evaluation by adding a prison-based matched comparison group of women and to allow in-depth interview and follow-up procedures.

V. RECOMMENDATIONS FOR IMPLEMENTATION AND REPLICATION

The Re-Entry Court Council has learned a number of lessons in the pursuit of this program. These lessons can provide guidance for those who are interested in replicating this exemplary program.

Multi-Agency Partnerships: In order to replicate this court project, key stakeholders within the local criminal justice system must be at the table. Key stakeholders would include the policymakers and department heads of agencies directly involved in the proposed project such as the Superior Court, District Attorney, Public Defender, Probation and the Sheriff. Additionally, if the targeted population involves state jurisdictions, such as Parole, representatives from these state agencies must be involved at the onset to avoid jurisdictional disputes. Community providers that are appropriate for the targeted population (i.e., women, juveniles, co-disordered individuals, etc.) must be identified and participate from the planning stages. Community groups can also advocate for local treatment programs that are able to provide a specific treatment components for clients that might not normally be considered as a viable population to be treated in the community (e.g., high-risk offenders). Evaluation of such innovative programs is also crucial to provide evidence and to justify continued funding. Thus, a criminal justice researcher is a vital partner for such an endeavor. Lastly, journalists focused on a specific issue, such as incarceration costs and over-crowding prison conditions can aid in information dissemination of the program to further increase opportunities for replication and funding.

Prior to the commencement of the project, care must be taken to ensure that all stakeholders agree to:

- The targeted population, including eligibility and suitability factors
- The screening process to identify potential candidates for the project
- Communications among the stakeholders
- The treatment curriculum and continuity of treatment
- The format of progress reports to the court
- How program non-compliance will be communicated to stakeholders
- Generally, how non-compliance will be addressed
- Which agency (generally the judge) will have the ultimate authority of decision making

Steering Committee: It is important that steering committee meetings among the stakeholders are regularly scheduled. These meetings are invaluable to review and improve the process and address deficiencies in the process. Additionally, regular staff meeting to discuss the progress of the participants in treatment should be open to the stakeholders so that all parties to the collaboration are aware of the status of each

participant and can offer resources or suggestions that will assist the participant to succeed in the program.

Evidence-Based Services: Substance abuse treatment services should be scrutinized to ensure that they are evidence based for the targeted population and that they include wrap-around services that are appropriate for every level of treatment including residential treatment, outpatient treatment and aftercare. Ancillary services such as child care, mental health treatment and medication, benefits advocacy, employment services and long term housing should be in place prior to the onset of the program.

Funding Opportunities: Funding can be identified at the federal, state and local government level and from foundations. Funding is most easily obtained when there is a direct cost savings for the funding agency (i.e., a direct benefit to the state or county). The Women's Re-Entry Court provides immediate cost savings for the CDCR by diverting prisoners facing imminent state prison sentences away from prison into community programs. For example, one can speculate that providing appropriate gender-responsive services for women may be more costly than standard treatment initially, with regard to curriculum materials, technical assistance, and specific training needs. Yet, reducing recidivism by delivering appropriate services in the community provides a large benefit in future expenditures for the criminal justice system and potentially the child-welfare system. Re-entry programs are viable alternatives to the use of incarceration for drug-related offenses. Diversion programs providing necessary services in residential community facilities are also a practical and cost-effective alternative to incarceration.

VI. POLICY RECOMMENDATIONS

Policy makers are becoming increasingly aware of the need to reform multiple aspects of correctional policies, particularly in California, and specifically those addressing women offenders. The Second Chance Women's Re-Entry Court program proposes that criminal justice agencies and related practitioners rely on teamwork and long-term collaborations to provide appropriate services to women offenders to break the cycle of substance abuse and crime and successfully reintegrate these women back into society. The Second Chance Women's Re-Entry Court program evaluation findings can help to inform policy-makers about the kinds of programs in the criminal justice system that will be most effective for women offenders. The expectation is that programs that focus on women's specific needs, guided by a theoretical understanding of women's psychological development, are in a better position to meet these needs than more generic approaches. The Second Chance Women's Re-Entry Court collaborative effort may be a critical example to the continuation or expansion of such programming state and nationwide.

Collaboration between criminal justice agencies, researchers, and treatment practitioners is of utmost importance. In fact, the National Institute of Justice, Office of Justice Programs recently released a solicitation to increase the opportunities for such collaborations (*Building and Enhancing Criminal Justice Researcher-Practitioner Partnerships*, SOL #:000884). Creating or enhancing multi-agency collaborations is essential for the creation of exemplary programs to further increase success for the offender. Empirical evidence derived from research can guide policy and provide solutions to obstacles faced by criminal justice officials. Criminal justice officials and treatment practitioners can also gain new skills in assessing and measuring their programs if they are involved with ongoing criminal justice research and evaluation. Likewise, researchers can better understand the goals and purposes that criminal justice agencies seek to achieve, and determine what measures of success that will be credible. When agencies function as equal contributors, and share a mutual mission, the result may contribute to high-quality research results and the creation of exemplary programs.

VII. FUTURE DIRECTIONS

The research reviewed has consistently shown that women offenders are at a substantial disadvantage compared with their male counterparts and are more likely than men to present greater challenges to treatment practitioners with regard to their histories of traumatic experiences and their mental and physical health and parenting needs. However, rigorous research examining gender-specific pathways to addiction, criminality, treatment entry, engagement, and recovery are limited, as is the research examining specific curricula designed to meet the specialized needs of women offenders. Defining potential predictors of successful recovery among women offenders can greatly inform criminal justice policy and guide treatment services, especially within a correctional system whose responsibility it is to house and treat them. Indeed, studies are also needed to determine the appropriate location of treatment as well as the services that are provided. If women offenders can succeed from receiving treatment in the community versus in prison, then implications for policy makers are obvious.

Experimental studies are needed to address the gap in knowledge regarding substance abuse treatment for women offenders in general and to provide specific information on the types of services and approaches that should be emphasized when treating women in prison or in the community. Future studies should continue to explore and incorporate additional predictors of post-treatment outcomes that appropriately reflect paths of recovery and success for women, such as improved relationships with children, living situations, and psychological status, in addition to reductions in drug use and crime.

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VIII. APPENDIX A

SECOND CHANCE WOMEN'S RE-ENTRY COUNCIL MEMBERS AND TASKS

The **Countywide Criminal Justice Coordinating Committee (CCJCC)** is the lead agency for the existing Los Angeles County project. CCJCC has received the award from the California Department of Corrections and Rehabilitation (CDCR) and is the primary coordinating agency for this pilot project in charge of distributing the funds and providing financial accountability.

The **Los Angeles Superior Court, Administrative Office of the Court** coordinates the implementation of the Second Chance Women's Re-Entry Court under the direction of the Honorable Michael Tynan.

The **Los Angeles County Public Defender's Office** under the direction of Michael P. Judge, Chief Public Defender, assists in the screening of candidates and provides staff and oversight to represent the women who are eligible for the court. The Public Defender designates a deputy public defender to monitor the progress of the re-entry court participants and to represent the Public Defender at all court appearances. The Public Defender's Office also provides case management in cooperation with the Los Angeles County Probation Department and PROTOTYPES.

The **Los Angeles County District Attorney's Office**, under the direction of Steve Cooley, District Attorney, is primarily be responsible for helping to determine the eligibility and suitability of the re-entry court participants. The District Attorney also designates a deputy district attorney to monitor the progress of the re-entry court participants and to represent the District Attorney at all court appearances.

The **Los Angeles County Sheriff's Department**, under the direction of Sheriff Lee Baca, ensures that the selected participants of the re-entry court are housed together, where feasible and where approved by the Sheriff, in a treatment module of the jail where women focused treatment services are delivered to the participants.

The **Los Angeles County Probation Department** helps to screen candidates for eligibility and suitability and also plays a key role in the supervision and monitoring of accepted participants, both in the field as well as in reporting the participant's progress to the Re-entry Court and coordinating the sharing of supervision between Probation and the Adult Parole Division of CDCR.

Prototypes, under the direction of Cassandra Loch, President/CEO, is the substance abuse and ancillary treatment service provider agency. The Prototypes Women's Center integrates and coordinates services for multiply vulnerable women, including those with mental health issues, trauma (physical and/or sexual abuse) in their past or present, and/or health problems such as HIV/AIDS. The program offers priority

admission to pregnant women. Prototypes will provide transportation and an array of other services for the eligible women and their children.

UCLA Integrated Substance Abuse Programs, Criminal Justice Research Group, under the direction of Dr. Nena Messina, conducts the process and outcome evaluation and provides any necessary training to courtroom personnel with regard to gender-responsive treatment environments. Dr. Messina also aids in grant-writing in order to obtain additional funding to sustain the current program efforts.