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August 18, 2015

TO: Each Health Deputy

FROM: Cynthia A. Harding
Interim Director

SUBJECT: **ADVANCE COPY: "HEALTH AND PUBLIC SAFETY IMPACTS OF SUSTAINING A WOMEN'S JAIL DIVERSION PROGRAM IN LOS ANGELES COUNTY"**

Attached is a rapid Health Impact Assessment (HIA) on the Los Angeles County Second Chance Women's Re-Entry Court (WRC), a women's jail diversion program. The rapid HIA assessed the public health and criminal justice impacts of continuing the Second Chance Women's Re-entry Court (WRC) beyond June 2015, when current state funding was ending. WRC is a specialized court based jail diversion program that provides mental health and substance use disorder treatment along with housing, employment and family reunification services to women who are charged with a felony offense or probation violation. This report will be released this week. Upon official release, the report will be available at www.lapublichealth.org/pa.

We hope you will find this publication useful and informative. If you have any questions, please contact Public Health's Office of Communications and Public Affairs at (213) 240-8144.

CH:ms

Attachment

c: Jeffrey Gunzenhauser, M.D., M.P.H.
Mason Matthews
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# Health and Public Safety Impacts of Sustaining a Women's Jail Diversion Program in Los Angeles County

## *Executive Summary*

August 2015

### About this Health Impact Assessment

The Los Angeles County Department of Public Health (DPH) recently conducted a rapid health impact assessment (HIA) to inform decision-making around the Second Chance Women's Re-Entry Court (WRC), a specialized court-based jail diversion program in Los Angeles County (LAC). WRC provides mental health and substance use disorder treatment along with housing, employment and family reunification services to women who are charged with a felony offense or probation violation. WRC is a collaborative effort between multiple agencies, including the District Attorney's Office, Public Defender's Office, Department of Probation, LAC Superior Court, California Department of Corrections & Rehabilitation (CDCR), County Criminal Justice Coordination Committee (CCJCC), and the Department of Public Health's Substance Abuse and Prevention Control Program (SAPC).

Since the program began in 2007, WRC has provided services for 333 formerly incarcerated women with histories of substance abuse, mental health and trauma. Similar programs providing combined mental health and substance abuse interventions have been implemented in other jurisdictions; however, WRC is unique for two primary reasons: 1) women with criminal records facing felony offenses are eligible for services, and 2) many women are reunited with their children during the beginning stages of treatment.

The CDCR notified the Los Angeles County DPH that state funding of WRC may end in June 2015. This prompted DPH to conduct a rapid (HIA) to evaluate the potential health, social and criminal justice impacts of sustaining this type of integrated treatment program. The HIA synthesizes program data, literature review findings, and focus group results to inform the Los Angeles County Board of Supervisors and other decision makers in Los Angeles County.

**Figure. Conceptual Model of Health and Criminal Justice Impacts**

## Major Findings from this Rapid Health Impact Assessment

The Figure above outlines the major impacts we explored in this assessment. Based on literature reviews, focus groups and analysis of program data for WRC participants, we concluded the following:

### Recidivism

- **Graduates from WRC have a lower chance of re-arrests, re-convictions and returns to custody compared to the California state prison population.** Table 1 outlines recidivism rates of WRC compared to recidivism of women at the California Department of Corrections and Rehabilitation, state prison. Reducing recidivism among WRC graduates primarily decreases reoccurring incidences of property and drug offenses.

**Table 1. Summary of Recidivism Rates**

| Recidivism Measure | Rate |
|---|---|
| 2.5 to 3-year WRC Women (new felony convictions) | 18% |
| 3-year CDCR Women (returns to state prison) | 49%[1] |

### Mental Health

- **Gender-specific treatment offered by WRC will likely benefit the mental health of formerly incarcerated women and their children.** Evidence in the literature shows that women who receive gender-specific treatment similar to that offered by WRC are one-fifth as likely to have post-traumatic stress disorder (PTSD) symptoms after at least one year of follow-up, when compared to women who receive non-gender-specific treatment[2-4]. Literature and focus group findings suggest that this improvement in PTSD symptoms will also benefit the overall mental health of their children.[4,5]

### Substance Use Disorder

- **Decades of research show the drug court model utilized by WRC is effective.** Evidence from literature and focus groups support the conclusion that specialized drug courts reduce recidivism[6,7] and substance use disorder, which likely will lead to economic benefits associated with increased productivity, reduced criminal activity and reductions in medical costs among formerly incarcerated women.[8,9]

### Employment

- **Improved employment is a key factor in reducing recidivism and improving long-term health outcomes.** The majority of formerly incarcerated women are unemployed, and many have no work experience. Compared to their employment status before entering WRC, women experience more than a 10-fold increase in employment after graduating from WRC. These women who find employment are 3 times less likely to recidivate than those who are unemployed[10], and are more likely to have access to healthy food, health care and education.[11]

### Family and Community Relationships

- **Successful reentry is aided by maintaining or restoring family and community relationships.** Evidence from literature and focus groups indicate that improved relationships through family reunification and alumni support groups decrease the likelihood that women will return to criminal behavior.[12] Moreover, women who live with their children during residential treatment are more likely to complete programs like WRC successfully.

### Housing

- **Focus groups identified housing as a key mechanism to reducing recidivism.** While finding adequate housing is one of the biggest challenges that WRC clients face during recovery and

treatment, WRC graduates experienced a 54% decrease in homelessness. Safe, affordable housing opportunities through WRC allow women to stay sober, reunify with their children and pursue education and employment opportunities.

**Costs**

- **Daily costs of residential treatment and incarceration are similar, however residential treatment will likely result in long-term cost savings due to its impact on lowering recidivism.** Depending on the clinical need of each woman, Prototypes reports that the entire 2-year treatment episode costs on average from $33,000 to $44,000. The current cost of incarceration in LAC jail for this same time period (2 years) is $86,000. Long-term cost savings of 60 women participating in WRC are conservatively estimated to be at least $800,000 per year (for every post-release year of jail avoided).

**Table 2. Summary of Major Impacts of WRC**

| Impact | WRC Program Effect |
|---|---|
| ↓ Recidivism | 3 year recidivism rate for women who graduated from WRC in the fiscal year 2011-2012 was 18%. |
| ✓ Satisfactory completion of SUD treatment | Average drug use (number of days in a month) at program completion is less than at program admission. |
| ↓ Homelessness | WRC graduates experienced a 54% decrease in homelessness. |
| ↑ Employment and school enrollment | Following outpatient care, employment increased from 2% to 22% and enrollment in school increased by 8%, among WRC participants. |
| ↑ Mental health diagnoses and treatment | At discharge, WRC participants experienced an 8% increase in mental illness diagnoses and a 48% increase in medication prescriptions. |
| ↓ Costs | Lower recidivism will increase cost-savings after program completion. |

## Recommendations

- **Funding:** The evidence in this report supports that funding opportunities should be pursued to sustain WRC beyond June 2015.
- **Integrated care model:** Integrated treatment services to address co-occurring mental health and substance use disorders should become the standard of care for women in the criminal justice system, and are currently lacking in the Los Angeles County jail system. Continuing and/or expanding court-based diversion programs like WRC present an opportunity to address this gap in integrated treatment programs.
- **Employment:** To improve post-graduation employment rates, additional resources should be provided to WRC clients including job and computer training.
- **Housing:** Our assessment found that WRC's case management activities include assistance on obtaining permanent housing, but the addition of staff specifically dedicated to provide housing counseling and to connect WRC participants with relevant agencies could significantly ease their transition from residential to outpatient treatment.

- **Aftercare Services:** WRC participants do receive aftercare services when they are discharged from treatment, however these activities are not currently part of WRC's funded services. We suggest formally incorporating aftercare services into WRC's program to provide support for program participants as they transition back into the community.
- **Monitoring and reporting:** This report highlights the importance of tracking outcomes for incarcerated populations and diversion program participants. Further investment in routine evaluation of diversion programs in Los Angeles County and publication of results is warranted. This will improve decision-making to most effectively reduce recidivism in the future.

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To read the full Rapid Health Impact Assessment, go to http://publichealth.lacounty.gov/pa/


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*Better policies for healthy communities*

# Health and Public Safety Impacts of Sustaining a Women's Jail Diversion Program in Los Angeles County

*Rapid Health Impact Assessment*

*August 2015*

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## EXECUTIVE SUMMARY

The Los Angeles County Department of Public Health (DPH) recently conducted a rapid health impact assessment (HIA) to inform decision-making around the Second Chance Women's Re-Entry Court (WRC), a specialized court-based jail diversion program in Los Angeles County (LAC). WRC provides mental health and substance use disorder treatment along with housing, employment and family reunification services to women who are charged with a felony offense or probation violation. WRC is a collaborative effort between multiple agencies, including the District Attorney's Office, Public Defender's Office, Department of Probation, LAC Superior Court, California Department of Corrections & Rehabilitation (CDCR), County Criminal Justice Coordination Committee (CCJCC), and the Department of Public Health's Substance Abuse and Prevention Control Program (SAPC). Since the program began in 2007, WRC has provided services for 333 formerly incarcerated women with histories of substance abuse, mental health and trauma. Similar programs providing combined mental health and substance abuse interventions have been implemented in other jurisdictions; however, WRC is unique for two primary reasons: 1) women with criminal records facing felony offenses are eligible for services, and 2) many women are reunited with their children during the beginning stages of treatment.

The Los Angeles County DPH-SAPC was notified in 2014 that state funding of WRC was scheduled to end in June of 2015. In response to this news and inquiries from local stakeholders, DPH conducted a rapid health impact assessment (HIA) to evaluate the potential health, social, and criminal justice impacts of sustaining this type of integrated treatment program. The HIA evaluated the decision whether to sustain or end funding for the WRC by synthesizing information from four primary data sources: program data, literature review findings, key informant interviews and focus group results. The HIA findings were intended to inform the Los Angeles County Board of Supervisors, CDCR, and other stakeholders regarding the potential health and social impacts and costs of the WRC.

**Major findings of the HIA:**

- **Graduates from WRC have a lower chance of re-arrests, re-convictions, and returns to custody compared to the California state prison population.** The 3-year recidivism rate (new felony convictions) for women who graduated from WRC in fiscal year 2011-2012 (18%) is significantly lower than the 3-year recidivism rate (new felony convictions and returns to state prison) for women who were released from state prison in 2008-2009 (49%). Reducing recidivism among WRC graduates primarily decreases reoccurring incidences of property and drug offenses.
- **Gender-specific trauma-informed treatment offered by WRC will likely benefit the mental health of formerly incarcerated women and their children.** Evidence in the literature showed that women who receive gender-specific treatment similar to the services offered by the WRC were one-fifth as likely to have post-traumatic stress disorder (PTSD) symptoms after at least one year of follow-up, as compared to women who received non-gender-specific treatment. The literature and present focus group findings suggest that this improvement in PTSD symptoms will benefit the overall mental health of WRC graduates and their children.
- **Decades of research show the drug court model utilized by WRC is effective.** Evidence from the literature and present focus groups supports the conclusion that specialized drug courts reduce recidivism and substance use disorder, which likely will lead to economic benefits associated with increased productivity, reduced criminal activity, and reductions in medical costs among formerly incarcerated women.
- **Improved employment is a key factor in reducing recidivism and improving long-term health outcomes.** The majority of formerly incarcerated women are unemployed and many have no work experience. Compared to their employment status before entering the WRC, graduates experienced more than a 10-fold increase in employment after completing the WRC program. The

literature review indicated that women who found employment were 3 times less likely to recidivate than those who remained unemployed. They were also more likely to have access to healthy food, health care, and education opportunities.

- **Successful reentry could be aided by maintaining or restoring family and community relationships.** Evidence from the literature and present focus groups indicates that improved relationships through family reunification and alumni support groups decreased the likelihood that women will return to criminal behavior. Moreover, women who lived with their children during residential treatment were more likely to complete programs like WRC successfully.
- **Housing was identified as a key mechanism to reducing recidivism.** While finding adequate housing is one of the biggest challenges that WRC clients faced during recovery and treatment, WRC graduates experienced a 54% decrease in homelessness after program completion. Focus groups suggested that safe, affordable housing opportunities through WRC helped women to stay sober, reunify with their children and pursue education and employment opportunities.
- **Daily costs of residential treatment and incarceration are similar, however residential treatment will likely result in long-term cost savings due to its impact on lowering recidivism.** Depending on the clinical need of each woman, the treatment provider (Prototypes) reports that the entire 2-year treatment episode costs on average from $33,000 to $44,000. The current cost of incarceration in Los Angeles County jail for this same time period (2 years) is $86,000. Long-term cost savings of 60 women participating in WRC are conservatively estimated to be at least $800,000 per year (for every post-release year of jail avoided). This underestimates the potential cost savings, because women referred to WRC will often otherwise be serving a multi-year prison sentence served in state prison or locally with sentences ranging from several years to life. Additionally, recidivating women are likely to be sentenced to return to incarceration for multiple years.

**Conclusions:**

The gender-specific trauma-informed WRC program offers formerly incarcerated women the opportunity to participate in individualized treatment plans for co-occurring disorders, reunify with family members, obtain housing, and pursue education and career goals. Overall, our review of the literature and findings from the focus groups suggest potential benefits to the use of this comprehensive approach. Potential benefits include possible decreases in recidivism, improvements in social and health outcomes for women and their children, and reductions in financial costs of incarceration.

**Based on these HIA findings, the report provides the following recommendations for consideration by decision-makers:**

- **Funding:** The evidence in this report suggests that funding opportunities should be pursued to sustain WRC beyond June 2015. Additional evaluation such as a cost-benefit analysis may assist with a more detailed assessment of WRC program costs, as compared to jail or probation alternatives.
- **Integrated care model:** Integrated treatment services to address co-occurring mental health and substance use disorders should become the gold- standard of care for women in the criminal justice system and are currently lacking in the Los Angeles County jail system. Continuing and/or expanding court-based diversion programs like the WRC represents a viable opportunity to address this gap in integrated treatment.
- **Employment:** Additional resources should be provided to WRC clients when they are admitted into the program. Although current clients do receive some vocational services, intensive computer training and job coaching prior to re-entry are needed.
- **Housing Services:** Our assessment found that WRC's case management activities include assistance on obtaining permanent housing, however, the addition of staff specifically dedicated to connecting

WRC participants with relevant agencies could significantly ease their transition from residential to outpatient treatment.

- **Aftercare Services:** Currently, Prototypes does provide in-kind services to WRC participants after they are discharged, however this is currently not part of WRC's funded activities. To facilitate ease of transitioning back into the community for WRC program participants, we suggest to formally incorporate aftercare services into WRC's program.
- **Monitoring and reporting:** This report highlights the importance of tracking outcomes for incarcerated populations and diversion program participants. Further investment in routine evaluation of diversion programs in Los Angeles County and publication of results is warranted and may help inform future decision-making and efforts to reduce recidivism.

## OBJECTIVE

The purpose of this report is to inform local decision-makers of the public health and criminal justice system impacts of continuing Second Chance Women's Re-entry Court (WRC) beyond June 2015, when current state funding was scheduled to end. WRC is a specialized court-based diversion program in Los Angeles County for women who meet two criteria: 1) charged with a new felony offense or probation violation while on probation for a felony offense, and 2) have a substance use disorder. Due to the short-decisionmaking timeline, a rapid health impact assessment (HIA) was conducted from May 2014- March 2015; rapid HIAs follow a systematic process in order to respond to urgent requests for information on projects and policies under active consideration. The goals of this work were to: (1) explore the relationship between public health and criminal justice system outcomes; (2) inform the current debate on how local agencies can best allocate funds to reduce recidivism and improve public safety; and (3) make recommendations to maximize potential benefits of the WRC jail diversion program.

## BACKGROUND

The rate of incarceration of women has increased substantially in recent decades and women constitute the fastest-growing segment of people incarcerated in both jails and prisons in the United States.[1,2] Although incarcerated women have worse health than incarcerated men across a broad range of health outcomes, women have significantly less access to treatment and health services while incarcerated.[3] In addition, women in the criminal justice system often suffer from co-occurring conditions that require complex treatment programs to address mental health illnesses, substance use disorders, and post-traumatic stress symptoms.[4,5] For example, up to 66% of incarcerated women require mental health services upon entering jail and 82% meet lifetime criteria for drug or alcohol abuse or dependence.[6,7]

Due to these complex issues, it has been recommended that women with co-occurring disorders in the criminal justice system receive services from programs that support integrated mental health, substance use disorder, and trauma-informed treatment.[4,8] However, integrated treatment services that combine mental health and substance abuse interventions are currently limited in the Los Angeles County jail system. As a result, the health and wellness of inmates may not be adequately met.[9] Court-based diversion programs present an opportunity to address this gap in integrated treatment programs, especially to address the complex treatment needs of women who face mental health illness, substance use disorders and trauma histories.[8]

WRC is a specialized court-based diversion program in Los Angeles County that focuses on these gender-specific challenges utilizing evidence-based practices from the Drug Court model[10] and Seeking Safety treatment program,[11] while aiming to lower criminal justice system costs.[8] WRC provides program participants with a minimum of 6-months of residential services at Prototypes in Pomona,[a] followed by 6 to 12 months of outpatient services, and 6 months of aftercare. Individualized treatment plans combine mental health and substance use disorder interventions with housing assistance, employment resources, family reunification services, and life skills classes.

One evaluation of WRC has shown its graduates have a decreased likelihood of a post-traumatic stress disorder (PTSD) diagnosis, as compared to women who returned to prison or women in mixed gender treatment settings.[12,13] Similar programs providing combined mental health and substance use disorder interventions have been implemented in other jurisdictions (Table 1). Results of a multi-site study reported that Seeking Safety, which is the primary evidence-based practice employed, is a highly relevant and

[a] Prototypes is a DPH SAPC contracted treatment provider that entered into partnership with the LA County Criminal Courts, Probation, District Attorney, Public Defender and California Department of Corrections in 2007.

effective intervention for addressing co-occurring disorders amongst women[14]. Additionally, a study in Boston showed long-term positive effects of integrated services on drug use, mental health and PTSD symptoms.[15]

While providing integrated trauma-informed treatment for substance use and mental health disorders, WRC aims to increase housing stability, improve relationships, and strengthen employment and education outcomes.[16] These short-term individual, social and environmental factors have the potential to influence long-term recidivism, public safety, and maternal and child health outcomes.

In 2014 the Los Angeles County Department of Public Health, Substance Abuse and Prevention Control division was notified that state funding of WRC may end in June of 2015. This was in part due to California's recent public safety realignment (AB 109), which transferred substantial authority and funds from the state to the counties, and by mid-2013 more than 100,000 offenders had been diverted from state prison to county control.[17] The realignment policy is anchored by the theory that managing lower level non-violent, non-serious and non-sex offenders in locally-run, community-based programs using evidence-based practices will improve public safety outcomes.[17] This provides an opportunity for local agencies in Los Angeles County to evaluate the potential benefits and costs associated with diversion programs like WRC, as compared to incarceration.

**Women Eligible to Participate in WRC**

Based on state and federal agency data and evidence from peer-reviewed literature, the number of women eligible to participate in WRC is estimated to be approximately 15,000 (see Attachment 1). This target population of women in the criminal justice system often faces mental health illnesses, substance use disorders and is more likely to be the primarly caretaker of children prior to incarceration:

- A national Bureau of Justice Assistance (BJA) multi-site study of women in jails demonstrates high rates of mental health problems: 43% of women met criteria for serious mental illness and 53% of women met criteria for PTSD.[7]
- Just over half (56%) of women in the BJA multi-site jail study have children under the age of 18, which is consistent with the percentage (55%) of women who participate in the intervention and have one or more minor child.[7,18]

Additional background information on women eligible to participate in WRC is provided in the assessment section below.

**Table 1. Summary of Treatment Programs for Women with Co-Occurring Substance Use and Mental Health Disorders[19]**

| Program | Treatment Setting | Key Components |
|---|---|---|
| Allies: An Integrated Services System of Care/Women's Health Study<br>*Stockton, CA* | Small county provider of health care services. Utilizes a network of five substance abuse treatment programs. | **Women**: Seeking Safety is the core trauma-informed service. Case managers work with the substance abuse treatment providers to assist with service integration; also offers parenting skills.<br>**Children**: Services coordinated with mother's service plan and may include shelter, family therapy, educational services, day-care and primary health care services. |
| Boston Consortium of Services for Families in Recovery<br>*Boston, MA* | City health department system of integrated services with 3 settings: outpatient counseling, methadone maintenance, residential treatment. | **Women**: Trauma Recovery and Empowerment Model groups, trauma-informed family strengthening and reunification groups, leadership trainings, economic planning groups specifically designed for women with co-occurring disorders. |
| District of Columbia Trauma Collaboration Study<br>*Washington, DC* | Two multi-service centers that offer mental health, substance use, and trauma services. | **Women**: Integrated Trauma Service Teams are used to teach the key skills in trauma recover and empowerment model. Support groups offered to address a range of topics (parenting, domestic violence, spirituality), as well as a peer-run drop-in support group. |
| Franklin County Women's Research Project<br>*Greenfield, MA* | Collaboration between mental health and domestic violence service providers. | **Women**: Three drop-in centers provide intervention services and peer support resources. Use trauma recovery groups from the Addiction and Trauma Recovery Integration Model. |
| New Directions for Families<br>*Thornton, CO* | Comprehensive residential and outpatient services. | **Women**: Up to 4 months of residential treatment, followed by 4 months of outpatient care. Services include domestic violence group, parenting skills, counseling and group therapy, and career/education development.<br>**Children**: Focus on family reunification plans by working closely with child welfare services. Parenting skills development for mothers, onsite childcare, resource coordination, and assistance with school matters. |
| Phoenix Project<br>*Wicomico County, MD* | Pre- and post-booking diversion program for women referred from law enforcement, court staff, and mobile crisis centers. | **Women:** A range of services offered including case management, parenting classes, transportation, safe housing, medical services, domestic violence services, education and vocational training.<br>**Children:** Childcare offered, reunification assistance and mental health services offered for children affected by trauma and violence. |
| Portal Project<br>*New York, NY* | Large agency providing residential and outpatient mental health and substance abuse services. | **Women**: Women's Treatment Specialist coordinates program services for women with co-occurring disorders. Clinical assessment, Seeking Safety groups, and peer-support groups that focus on parenting and safety. |
| Triad Women's Project<br>*Avon, Florida* | Partnership between a substance abuse prevention, intervention and treatment agency and local mental health provider. | **Women**: Trauma-specific group intervention that addresses the interplay of substance abuse, mental health and violence. A 10-week parenting curriculum and peer-run support group for women who have completed treatment. |
| Women Embracing Life and Living Well (WELL)<br>*Cambridge, Massachusetts* | Three providers partnering to offer mental health and substance abuse treatment services. | **Women**: Adapted version of Seeking Safety that is combined with a Nurturing Families program that helps parents heal the parent-child bond. Supervision provided by clinical experts at all integrated care facilities.<br>**Children**: Children are linked to social services and participate in age-specific skills building group. Children develop personalized safety plans. |

## ASSESSMENT SCOPE

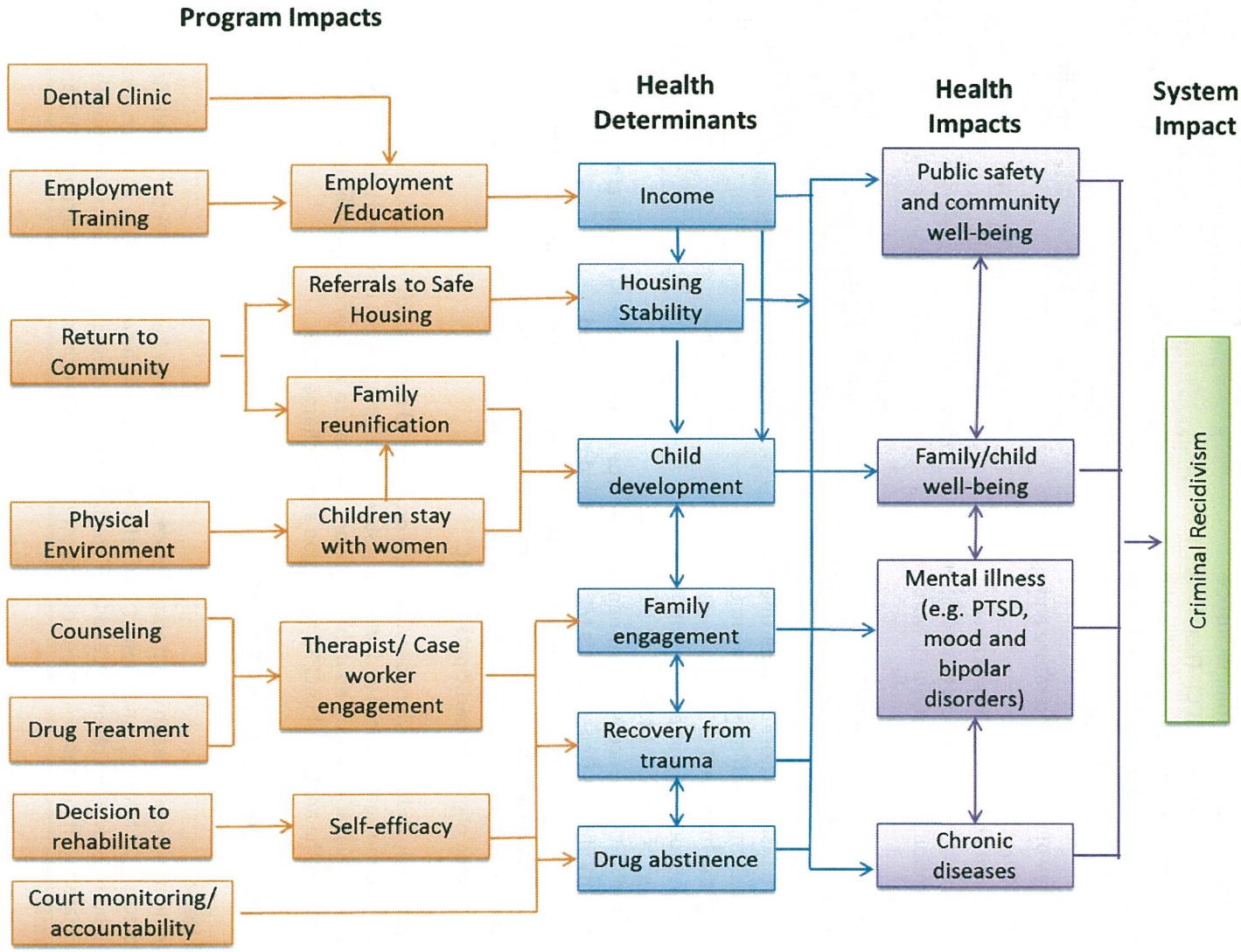
Specialized court-based diversion programs for women with co-occurring disorders take many shapes and forms. This assessment focuses on the potential pathway of a woman with a felony charge or probation violation who is selected to participate in WRC, as compared to the traditional pathway of a jail sentence if WRC is not provided as a treatment option. In LAC women's jail, some women with felony records can volunteer to participate in a program called Maximizing Education Reaching Individual Transformation (MERIT); therefore, this assessment took a closer look at possible health impacts that MERIT may have on women who may have otherwise participated in WRC. Other possible alternatives to jail for women with co-occurring disorders include state prison and county treatment programs, such as the Sentenced Offender Drug Court, Mental Health Court, Co-occurring Disorders Court and Veteran's Court; assessment of these alternatives is beyond the scope of this report.

The wide range of services offered through WRC has the potential to influence a range of short- and long-term health and criminal justice system outcomes (Figure 1). Costs and benefits included in this assessment were identified and prioritized according to distinct program components, stakeholder and expert input, and data availability. Selected areas of focus for health and social impacts include changes in substance use, mental health, employment, housing and relationships. Prioritized criminal justice system impacts include effects on public safety and recidivism rates.

This assessment also includes cost estimates for WRC program treatment services, as compared with jail services. The prioritized impacts may influence long-term community health, maternal and child health, family well-being and neighborhood conditions; however, evaluation of these downstream health and community conditions is extremely resource-intensive and was not feasible to include in this expedited assessment.

The findings and recommendations presented in this report aim to provide information to the LA County Board of Supervisors, the California Department of Corrections and Rehabilitation (CDCR) and other stakeholders of the potential health, social and criminal justice impacts of sustaining WRC in the future. This report is not intended to support policy decisions in favor or against the WRC program, but rather present available evidence that will allow decision-makers to maximize potential benefits of the WRC.

**Figure 1. Logic Diagram of Short- and Long-Term Impacts of Women's Re-entry Court**



## METHODS

The WRC jail alternative is a collaborative effort that involves many agencies, including DPH-SAPC, Public Defender's Office, District Attorney's Office, LAC Superior Court, Department of Probation, Department of Mental Health, California Department of Corrections and Rehabilitation (CDCR) and the Countywide Criminal Justice Coordination Committee (CCJCC). Therefore, stakeholder engagement was integral to the development of this assessment. The primary methods used to conduct this assessment were:

- Review of published literature and agency reports;
- Site visits to the WRC residential treatment facility and Century Regional Detention Facility (LA County women's jail);
- Interviews with key informants with representatives from DPH-SAPC, Public Defender's Office, CCJCC, LAC Superior Court, District Attorney, Department of Probation, Sheriff's Department, CDCR and the treatment provider;
- Focus groups and interviews with two groups of women: a total of 11 graduates from WRC who received treatment at Prototypes in Pomona; and 8 graduates from the Los Angeles County Sheriff's Department's MERIT jail-based program; and
- Analysis of existing program data from the Los Angeles County Participant Report System (LACPRS) that reports admission and discharge information for WRC clients.
- Analysis of state and federal jail statistics data to describe the target population of women who would be eligible to participate in WRC.

**Mental Health and Incarceration**

- Incarcerated women demonstrate high rates of mental health conditions (43% and 53% of them meet criteria for serious mental illness and PTSD, respectively).[3]
- Women in LAC jail are screened for mental health illness and referred to services, including cognitive behavioral therapy (e.g. Seeking Safety), group therapy, and wellness recovery plans. However, these mental health services are not integrated with substance abuse treatment to address co-occurring disorders.
- The lack of contact during incarceration likely diminishes the strength of parent-child bonds[20] and may increase the risk of mental health issues among women offenders and their children.
- Overall, there is a growing body of research suggesting that parental incarceration has a negative impact on child mental health, including PTSD, anxiety and depression.[21]

The attached Appendix I provides details on the process and methodology used to complete the assessment of the health, social and criminal justice impacts; Appendix II summarizes the jail-based services that would be available to women if they were not diverted to WRC; and Appendix III contains additional information on the analysis of LACPRS admission and discharge data.

## HEALTH AND SOCIAL IMPACT ASSESSMENT

### Mental Health

Improvement in mental health and trauma-related symptomology has the potential to benefit other quality of life factors (e.g. housing, employment, and relationships), which can positively enhance overall health and well-being of women offenders and their children. On the other hand, poor mental health conditions are associated with increased duration of incarceration[22] and children having to cope with parental incarceration.[23]

Women who are eligible and agree to participate in the WRC program receive gender-specific residential and outpatient treatment for mental health illness. Prior to entering the program, almost half of WRC participants had been diagnosed with a mental health illness and a third had been prescribed medication for mental health conditions. Following treatment, 8% more women were diagnosed with mental illness and 48% more women were prescribed medication for mental health (see Appendix II). The increases in mental health illness diagnosis and medication prescription may be a result of the increased opportunity to receive medical services and a supportive environment to maintain treatment schedules. In addition to clinical services, the WRC program requires participants to attend Seeking Safety sessions, parenting skill classes, domestic violence education, and anger management education based on assessed needs.

WRC program services have been shown to address mental health needs and trauma histories by more effectively addressing post-traumatic stress disorder symptoms among participants, when compared to female prisoners.[13] Women receiving gender-specific treatment, including WRC participants, were approximately one-fifth as likely to be diagnosed with post-traumatic stress disorder after at least a one year follow-up period.[12] This program-specific finding is consistent with other studies showing trauma-informed services are effective in reducing PTSD, as well as substance use.[13,20,24-26] While PTSD is the most common type of disorder that results from trauma (i.e. violence, abuse or other negative experience) among WRC participants, bi-polar disorder and depression are also commonly experienced.[13] WRC focus group participants shared that their various mental health challenges were addressed by the coping skills class, as well as the support network of counselors, psychologists, court staff and other women and their children in the program. Focus group participants discussed how coping skills help replace negative patterns (e.g. depression, destructive relationships, and drug dependence) with positive behaviors (e.g. structured daily activities, trigger recognition, community support).

The significant improvement in PTSD among WRC participants, in combination with the program allowing participants to spend more time with their children, may have implications for the mental health of their children. A meta-analysis of 35 studies of mothers and fathers in the general population reported approximately 10% of the variation in child PTSD symptoms can be explained by the variation in parent PTSD symptoms ($r^2$=0.10; r=0.31, 95% CI: 0.25-0.37),[27] showing a significant moderate association between parent and child PTSD symptoms. Programs like WRC that reduce adult PTSD diagnosis by one-fifth may significantly benefit child mental health. Because WRC also requires parenting classes to strengthen the parent-child bond, in addition to offering mental health services directly to children of women in treatment, the possibility of improving child PTSD symptoms is likely.

**Substance Use Disorder**

Research has documented unusually high rates of incarcerated women with serious mental illness and substance use disorder and trauma histories further complicating treatment needs of women.[3] Few treatment programs have been developed specifically for substance-abusing female offenders. The very few programs that do exist in jails and prisons are often designed using approaches first developed for male inmates.[6,28] Furthermore, persistent trauma exacerbates mental health disorders, which worsen substance abuse.[29] The literature review provided evidence that substance abuse not only

**Substance Use and Incarceration**

- About two-thirds of female arrestees use illicit drugs,[6,28] and 82% of women in jails across the country meet the lifetime criteria for drug or alcohol abuse or dependence.[7]
- LAC women's jail lacks drug treatment options to serve the WRC target population that often faces serious mental health illnesses in addition to drug addiction.
- The majority of drug and alcohol-dependent women in jail do not receive treatment, and the lack of gender-specific trauma-informed substance use disorder treatment in jail increases the likelihood of continued criminal behavior.

influences recidivism, but can impact women's employment opportunities, family and social relationships.[16,30]

The WRC jail alternative program requires women offenders to participate in individualized treatment plans, which includes the 12-step alcohol and drug recovery program. Following residential treatment, women are referred to outpatient treatment in a sober living facility for a period of 18 to 24 months. During the course of drug treatment, women are required to attend support groups to help them manage stress and other various "triggers" that remind them of using drugs. The primary drug problems reported by women entering the WRC program are cocaine (39%), methamphetamine (26%), alcohol (15%) and heroine (12%). Approximately 58% of the women participated in any type of social support recovery activity (e.g. 12-step meetings, faith organizations, supportive family members) in the 30 days prior to entering the program. Following the program, nearly all of the women (98%) attended at least one support meeting in the previous 30 days (see Appendix II).

The WRC program is designed to follow the drug court model, which has been shown to be effective across different type of drug offenders.[31] An evaluation of the WRC program concluded that methamphetamine users may have higher graduation rates (75% graduated to outpatient care) than other drug users (60% graduation rate), while the rates of sanctions and remands during the course of treatment for both groups is similar.[13] As compared to a review of nation-wide drug court evaluations that found an average graduation rate of 47% with a range of 36% to 60%,[32] the WRC program performs above average for women regardless of their drug dependence category.

WRC focus groups reported learning strategies to identify and combat triggers so that they could successfully fight their alcohol and drug addictions. Most women in the focus groups attributed their continued success of staying sober for 1-4 years post-graduation to the structured lifestyle and support systems they gained during treatment. This is reflected in the 68% increase in participation in at least one day of support activities in the past 30 days between admission and discharge from the WRC program. Support systems ranged from families and friends to other women in the program, as well as children staying with their mothers at the residential facility. One woman commented how bonding with other women's' children onsite provided her with the motivation she needed to stay focus on her treatment so she could raise her children and grandson. While housing children at the residential facility is unique to the WRC program, evidence from literature shows the effectiveness of the drug court model in reducing substance use. For example, the Kalamazoo County Drug Treatment Court (KADTC) in Michigan reduced drug use over a period of 12 months from a high of 23% down to less than 3%.[33]

One of the most direct benefits of reducing drug use among formerly incarcerated women is the potential reduction in drug-related crime. For the female inmate population in Los Angeles County, nearly 90% of all charges consist of property offenses, drug offenses and violent offenses. There is evidence from other jurisdictions that almost half of women offenders attribute these offenses to either drug or alcohol use.[34] WRC and similar substance use disorder treatment programs are likely to reduce crime and result in economic benefits associated with increased productivity, reduced criminal activity and reductions in medical costs. Economic analyses have estimated a benefit to cost ratio exceeding 7:1, using data from the California Treatment Outcome Project across 13 California counties.[35] Similar findings from other economic studies have stated that the 7:1 benefit to cost ratio can be used by policy makers as a reliable estimate.[36]

**Employment**

One of the key factors in reducing recidivism is employment. An unemployed ex-offender is three times more likely to recidivate than an employed ex-offender.[37] However, ex-offenders with legal histories can have considerable barriers to employment. Besides having a criminal record, ex-offenders face challenges with lack of education, work experience, interpersonal skills, and self-esteem.

Among women, suffering from depression and/or trauma history limit employability, and a large body of research has established that a felony conviction or time in prison significantly lowers employment potential. While employers are reluctant to hire people with criminal records, surveys are mildly encouraging regarding employers' willingness to hire nonviolent offenders. Almost 50% of the employers responded they would be willing to hire someone convicted of a drug offense.[40]

**Employment and Incarceration**

- Women are more often underemployed and unemployed than their male counterparts, and more likely to report having no income prior to incarceration.[38]
- A review of available studies showed that post-release employment among inmates who participated in vocational programs was 28% higher than those who had not participated.[39]
- The MERIT focus group indicated that vocational training available in LAC jail has the potential to increase post-release employment rates.

Employment provides income and benefits for a healthy life. For most people, a stable job is the primary source of monetary resources to pay for healthy foods, quality healthcare, and higher education.

The WRC program offers continuing education and employment training opportunities. This includes assistance with interview preparation and job placement. LACPRS admission and discharge data for women who have participated in WRC between 2007 and 2014 show that the rates of employment and school attendance are significantly higher among women after graduation from WRC compared to the same women at the time of admission to WRC. At admission, the majority of women were not employed (98%) or attending school (100%); and following outpatient care, these percentages significantly decreased to 78% and 92%, respectively (see Appendix III). A jail diversion program similar to WRC (the Women's Support Program in Connecticut) also provides evidence of the effectiveness of a gender-specific case management model. After 12-months of program initiation, women experienced higher levels of employment.[41]

**Housing**

Finding stable and affordable housing is a significant challenge for women released from jail. Many women are either homeless or lack safe, drug-free housing.[43] Women who become homeless or have poor housing conditions can suffer from a wide range of health effects, including infectious disease, injuries and chronic illness. However, this section focuses on the association between housing and ability to maintain social and family relationships and employment; thereby impacting recidivism.

**Housing and Incarceration**

- Women who participated in a focus group at San Francisco Jail reported jobs and housing as being the biggest challenge to re-integrating back into the community.[42]
- Focus group participants agreed that when women return to unhealthy and unsafe housing environments post-release, their chances of continuing criminal behavior seem much higher.
- The homelessness status of women when they are released from the LA County jail is unknown and additional research is required to understand this important indicator of re-entry success.

When women graduate from inpatient to outpatient treatment in the WRC program, they are required to find suitable housing in the local community. Women often qualify for housing through programs for people with physical or mental health disabilities, or Section 8 housing. Section 8 housing is not available to anyone who has history of conviction or incarceration, unless the applicant has successfully completed a supervised drug rehabilitation program such as WRC. The Los Angeles County Board of supervisors recently passed, 3-2 in

favor of lightening criminal background checks for people applying for section 8 rental vouchers. What this means is that people on probation or parole will no longer be automatically excluded from Section 8 housing program; however, those convicted of drug crimes in the past two years can still be excluded from participation.

WRC focus group participants indicated that housing is one of the biggest challenges they face during treatment and recovery. When asked about opportunities to improve the program, WRC focus group participants agreed that women offenders need more opportunities to apply for safe and affordable housing. According to the LACPRS data, WRC participants experienced a 54% decrease in homelessness when they are discharged from the program, as compared to admission. Of the women who reported they were homeless when discharged from WRC, some women reported staying at a homeless shelter (26%) or at the residence of a family/friend (9%); however the majority (62%) were unwilling to give information as to the type of shelter. Focus group participants discussed how adequate housing allows them to stay sober, reunify with children and focus on pursuing further education/employment opportunities.

**Relationships**

Literature highlights the importance of strong family and community relationships to support successful reentry and reduce the likelihood of recidivism for women in particular.[1] Female pathways to crime are often related to unhealthy relationships. There is evidence that young children of incarcerated mothers have experienced feelings of shame, abandonment, anger, and a poor ability to cope with stress or trauma; this can increase risk for mental health problems, including depression and attention disorders. Key informant interviews underscored the importance of relationships to women's recovery and re-entry into the community; these include relationships with spouses, children, other family members, peers, court staff, course instructors and/or counselors.

Key informants shared that the WRC program provides an opportunity for women to establish positive relationships with family, peers, and program and court staff. Approximately half of women who participate in WRC have one or more minor child (see Appendix III). To encourage family reunification, WRC offers onsite housing for up to 2 children less than 12 years of age. After a 30-day probation period, mothers may live with their children at the residential facility and children have access to mental health treatment services. Other WRC services to promote positive relationships include behavior therapy coursework, counseling, and parenting classes.

**Relationships and Incarceration**

- Women are more likely than men to be the primary caretaker of children prior to incarceration; just over half (56%) of women have children under age 18.[3]
- Public non-contact visits and phone calls are the primary means for LAC jail inmates to connect with family and friends. Only 0.3% of women in LAC jail have privileges to participate in the Adults Bonding with Children program that effectively teaches parenting skills and strengthens the mother-child relationship.
- Limited opportunities for mothers to bond with their children while in custody at LAC jail are likely to increase recidivism. Moreover, the lack of bonding time may result in poorer mental health outcomes among children of women inmates.

There are no studies examining the impacts of parent participation in alternative sentencing court programs. However, there is some evidence that suggests incorporating family components in re-entry programing can positively enhance health outcomes. Overall, WRC focus groups agreed that participants were able to establish strong relationships with other women and their children, as well as program, court and probation staff. The potential impact of WRC on these various relationships is discussed in more detail below based on evidence from the literature review, WRC focus groups and DPH-SAPC's LACPRS data.

Receiving treatment in a safe environment where there are other women who have been in similar situations, provides a strong platform for a rehabilitative environment. According to the WRC focus group, women in the program felt for the first time that they had other women they could talk to and rely on. Women identified sharing mental health and trauma histories with other women as an important coping skill to stop their involvement with drugs, prostitution and gangs. After women graduate from the program, they often stay in the vicinity of the treatment facility to maintain a positive social network; seeing each other acts as a positive reminder for them not to relapse. WRC also has a very strong alumni support group, offering women the opportunity to seek assistance and advice, should they encounter challenges related to reentry.

Researchers have documented that women who are allowed to live with their children while completing residential treatment are more likely to complete the program successfully.[44,45] WRC focus groups agreed that program participants were able to establish strong relationships with other women and their children, as well as the program, court and probation staff. While the percent of women with children on campus is relatively low (approximately 10% according to Prototypes staff), parenting classes in the nursery with other women's children positively influenced how they interacted with their children and grandchildren not living on campus. Many participants in the WRC focus group were able to reunite with children and other family members they had not seen in over 10 years. In some cases, family reunification can be a significant stressor when women are still overcoming other challenges with regards to housing, employment, education, mental health and substance abuse.

Positive relationships can impact a wide variety of social and health outcomes. Families serve as a key social network and support system for individuals transitioning from incarceration or treatment programs. Specifically, relatives provide encouragement to continue or seek treatment, as well as housing. Without these positive supportive relationships, individuals are more likely to engage in criminal behavior.[46] One woman, who participated in one of the focus groups, mentioned that after entering Judge Tynan's drug court, it was the first time since she entered the criminal justice system that she was treated with respect. In addition to reducing recidivism, positive relationships developed through the WRC program may help women gain access to employment opportunities, mental health resources in the community and housing.

## CRIMINAL JUSTICE IMPACT ASSESSMENT

### Recidivism and Public Safety

Recidivism is the most commonly used performance measure to assess the effectiveness of criminal justice policy and program interventions. However, it is also important to note that the measurement of recidivism and the factors that influence rearrests are complicated.[47] The CCJCC developed guidelines for defining recidivism to make recidivism a meaningful measure of success, and to facilitate comparisons across agencies and other jurisdictions (CCJCC 2013). According to CCJCC and state/national agencies, the best practice for measuring recidivism is to track arrests, convictions and returns to custody.[48] However, returns to prison, is often used as a primary measure because it is most readily available

Generally, women are less likely than men to return to jail or state prison,[48] and existing evidence shows that participants in specialty diversion courts have lower recidivism rates than those who go through incarceration.[33,49] The majority of drug court evaluations show 3-year recidivism declines ranging from 50% to 38%, with larger reductions in recidivism for adult drug courts that had higher rates of graduation and non-violent offenders (Mitchell et al. 2012). For example, women enrolled in drug court treatment in Idaho were 8 times less likely to recidivate than probationers after a 2-year follow-up period.[31]

The WRC program has been highly effective at reducing recidivism compared to the California state prison and Los Angeles County jail. Women who were admitted into WRC during the fiscal year 2011-2012 were

tracked through October 2014; during this 2.5 to 3 year timeframe, only 17.5% of WRC graduates have been convicted of a new felony offense (estimate provided by the Public Defender's Office). As summarized in Table 2 below, this is lower than the reported three-year recidivism (returns to state prison) rate of 48.9% for women who were released from state prison in 2008-2009 (CDCR 2014). While a three-year recidivism rate is not reported for the general population released from LA County jail, the one-year recidivism (new convictions) rate for men who participated in the MERIT program from August 2011 to September 2012 is 36.7% (LASD 2013). Findings from the 2013 MERIT evaluation and the focus groups in this assessment are promising, but the extent to which MERIT can reduce recidivism among women remains uncertain.[50] The LASD is in the process of estimating the two-year recidivism rate for women who participate in MERIT.

**Table 2. Summary of Recidivism Rates**

| Recidivism Measure | Rate |
|---|---|
| 2.5 to 3-year WRC Women (new felony convictions) | 18% |
| 3-year CDCR Women (returns to state prison) | 49% |
| 1-year LASD MERIT Men (returns to jail or state prison) | 37% |

If the WRC program is not sustained and other trauma-informed court diversion programs are not available to women charged with felony offenses, these women may be up to 2.8 times more likely to be charged with a new conviction and incarcerated within 3 years of release from custody. Based on the female crime profile of the current county inmate population, the most frequent types of new convictions are likely to be property offenses (40.4%), drug offenses (33.4%) or violent offenses (15.7%).[9] Moreover, the CDCR reports that property and drug offenders are consistently the most likely to return to the prison system.[51] Reducing recidivism among WRC program clients decreases the occurrence of these new offenses, thereby improving public safety.

**Cost of Incarceration vs. WRC**

As a result of realignment, the State of California has turned to local governments to pay for and manage incarceration as a crime reduction strategy. In the face of growing costs to build and operate jails, Los Angeles County has an opportunity to consider treatment alternatives to incarceration that may be more cost effective. There is a large range of programs that have created effective approaches to address co-occurring mental health and substance use disorders, including crisis prevention teams, jail diversion and specialized courts;[46] however this brief cost review focuses on comparing the costs of incarceration with the WRC program.

*Costs per Year*

Depending on the clinical need of each woman, Prototypes reports that the entire 2-year treatment episode costs on average from $33,000 to $44,000. The current cost of incarceration in LAC jail for this same time period (2 years) is $86,000.[†] However, sentences avoided by WRC participants are often several years to life. In 2011, the LAC Public Defender calculated over $10 million in cost savings from 2009 to 2011, based on actual sentences avoided for WRC participants during this 2-year period.

*Cost Savings of Reduced Recidivism*

Long-term cost savings result from WRC's impact on reducing recidivism. Conservatively assuming that WRC participants would have served one year in jail instead of being referred to treatment, and recidivating women would be sentenced to an additional year in jail, the WRC program would save over $800,000 in

[†]Based on the average cost per bed for men and women in LA County jail, not the specific cost for treatment of co-occurring disorders. This jail cost includes the general population and inmates enrolled in education and treatment programs, such as IMPACT and MERIT.

incarceration costs (per cohort of 60 women per year). These assumptions underestimate the cost savings, because many of the women who enter WRC are being admitted as an alternative to a multi-year state prison sentence served locally or in prison and women who recidivate are likely to be sentenced to multiple years in jail or state prison.

## LIMITATIONS

Due to the resource and time constraints of this rapid HIA, there are several significant limitations with respect to data sources that were available to characterize current conditions and predict health impacts. More specifically, mental health and substance use disorder data for the target population of women eligible to participate in the WRC program were limited. To overcome this limitation, the assessment relied on extrapolating county estimates from national data sources. Additionally, mental health and substance abuse disorder data were reported for WRC clients prior to treatment. To refine the target population estimates provided in this report, future assessment of LAC Sheriff and Probation data is recommended.

To generate findings and assess the impacts of the WRC program, this report relied primarily on peer-reviewed and grey literature, program entry/exit interview data, and results from the focus groups. An evaluation that compares WRC participants to similar women referred elsewhere in the LAC criminal justice system (e.g. jail, probation, community-based diversions) has not been conducted; therefore program-specific impact estimates were not available. Peer-reviewed and grey literature were limited to similar trauma-informed programs that were reported to provide comparable evidence-based practices such as Seeking Safety; however in reality, program implementation varies widely across different populations and jurisdictions. Another limitation of relying on peer-reviewed literature is the possibility of selection bias among people who remain in treatment, even when efforts are made to control for important predictors of recidivism.

With only 11 participants in the WRC graduate focus groups, there is a chance that participant perspectives may not be representative of women who participant in WRC. The focus group participants tended to be women who return to the treatment facility and maintain a strong support network, which may not be typical of all WRC graduates. Moreover, the focus groups were limited to women who graduated from the program and did not include those who were unsuccessful with treatment. However, the demographic profile of the participants was similar to national estimates, suggesting the appropriateness of the sample.

Lastly, the jail diversion landscape in Los Angeles County is complex and constantly changing, which presents a significant challenge for any HIA that focuses on the criminal justice system. For example, recent approval of Proposition 47 will impact the women who may be eligible to participate in WRC, and was not taken into consideration in this assessment. As new data become available, it will be important to track how Proposition 47 impacts the female jail population and its eligibility for jail diversion programs.

## CONCLUSIONS AND RECOMMENDATIONS

As local and state agencies strategize treatment alternatives to incarceration as a possible approach to address the high rates of mental illness and substance use disorders among women offenders, this report highlights the importance of integrated trauma-informed treatment for women who face new felony charges or felony probation violations. The WRC alternative to jail or state prison successfully utilizes various evidence-based approaches, as compared to jail-based programs. WRC offers women with substance abuse and mental health disorders the opportunity to receive individualized treatment, reunify with family members, obtain housing, and pursue education and career goals. Overall, the holistic approach decreases the likelihood of recidivating, improves social and health outcomes for women and their children, and reduces financial costs of incarceration.

**Based on the main findings, this report provides the following recommendations:**

- **Funding:** The evidence in this report supports that funding opportunities should be pursued to sustain the WRC program beyond June 2015. Additional evaluation such as a cost-benefit analysis may assist with a more detailed assessment of WRC program costs compared to jail or probation alternatives.
- **Integrated care model:** Integrated treatment services to address co-occurring mental health and substance use disorders should become the gold-standard of care for women in the criminal justice system, and are currently lacking in the Los Angeles County jail system. Continuing and/or expanding court-based diversion programs like WRC present an opportunity to address this gap in integrated treatment programs.
- **Employment:** Unemployment is a significant determinant of recidivism. An unemployed ex-offender is 3 times more likely to recidivate than one who is employed. To improve post graduation employment rates, additional resources should be provided to clients including job and computer training. Although current clients do receive some vocational services, intensive computer training and job coaching prior to re-entry are needed.
- **Housing Services:** Many women who are released from jail are either homeless or lacking safe and drug free housing. Our assessment found that WRC's case management activities include assistance on obtaining permanent housing, but the addition of staff specifically dedicated to provide housing counseling and to connect WRC participants with relevant agencies could significantly ease their transition from residential to outpatient treatment. This is even more relevant since the Los Angeles County Board of Supervisors recently voted in favor of allowing people released from jail or prison to apply for federally subsidized housing, further emphasizing the need for additional housing assistance upon completion of treatment.
- **Aftercare Services:** Transitioning from an integrated, comprehensive, and highly structured program like WRC to self-sufficient, drug-free living can be difficult, as participants must comply with conditions of supervised release. Prototypes does provide services to WRC participants after they are discharged, however these activities are not currently part of WRC's funded services. We suggest formally incorporating aftercare services into WRC's program to provide support for program participants as they transition back into the community.
- **Monitoring and reporting:** This report highlights the importance of tracking outcomes for incarcerated populations and diversion program participants. Further investment in routine evaluation of diversion programs in Los Angeles County and publication of results is warranted and will improve decision-making capabilities to most effectively reduce recidivism in the future.

In addition to the possibility of expanding WRC in LA County, this program is an innovative, efficient and sustainable drug court model that could be replicated. Other jurisdictions across the nation could collaborate with necessary agencies and relevant stakeholders, such as their local health departments, Probation department, and the District Attorney's office, to implement similar diversion programs for women with co-occurring mental health and substance use disorders which will help reduce recidivism, court backlogs and jail overcrowding.

**Addendum: Pay for Success Funding**

In October of 2014, Los Angeles County launched a Pay-for-Success (PFS) Initiative, calling for proposals of programs to be funded using a PFS model. PFS is an innovative funding model that drives government resources toward social programs by tapping private funding to cover the up-front costs. Findings reported in this document were used as inputs in a proposal to support WRC through this initiative. If accepted, this model could provide funding for the program for up to three years. The decision by the Los Angeles County

Board of Supervisors of whether WRC is a suitable candidate for funding through the PFS Initiative is expected during the summer of 2015.

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**APPENDIX I**

*Rapid Health Impact Assessment Process*

## PROJECT TEAM

The Health Impact Evaluation Center (HIEC) is responsible for coordinating the Health Impact Assessment (HIA) partners and stakeholders. The HIEC is a collaboration of multiple programs in the County of Los Angeles Department of Public Health (DPH), including the Office of Health Assessment and Epidemiology (OHAE); Office of Planning, Evaluation and Development, and Chronic Disease & Injury Prevention.

To complete this rapid HIA, the HIEC has partnered with Substance Abuse and Prevention Control (SAPC) and the Public Defender's Office, because these agencies are directly involved with implementing and funding the WRC. SAPC provides administrative support and funding for WRC, and requested that a rapid HIA be completed to better understand if the program reduces recidivism and trauma-related health problems. The Public Defender's Office has played a leadership role from concept to realization of WRC, and oversees program operations. Prototypes Women's Center in Pomona, where women receive residential treatment during the WRC, has agreed to join the county agencies on the HIA team. The roles of each team member are briefly described below:

- **HIEC:** Coordinate the Rapid HIA process and provide technical assistance.
- **SAPC**: Facilitate stakeholder engagement; assist with research and data analysis capacity.
- **Public Defender:** Provide background information on WRC process and population characteristics; assist with data requests on rates of graduation; admonishments, sanctions, and remands; and recidivism.
- **Prototypes:** Provide background information on services in residential and outpatient treatments; assist with data requests on patient drug treatment plans/progress, family relationships and plans after graduation.

## SCREENING

The DPH Health Impact Evaluation Center (HIEC) reviewed the initial Rapid HIA proposal, in order to determine if a Rapid HIA would add value to the process of deciding whether to sustain the WRC program for women charged with felony offenses. As part of the screening process, the considerations in below were examined independently by members of the HIEC and used to gather feedback on the feasibility, capacity and benefit of conducting a Rapid HIA. The majority of feedback from the HIEC consisted of requests for additional clarity on the decision and available data sources.

*What is Screening?*

This first step in the Rapid HIA process identifies the value and feasibility of an assessment. The decision is evaluated through a public health lens and rapid HIA objectives are determined.

As a result of this screening process, the decision was further defined as: whether or not Los Angeles County should support sustaining the current WRC program for women with felony offenses, who have histories of substance abuse and mental health disorders. The project team concluded the Rapid HIA will provide essential information on potential health impacts and costs to decision-makers. The findings and recommendations of this Rapid HIA were used in development of the Pay for Success project proposal, which was submitted to the County Executive Office in early March 2015. Although program-specific data was not readily summarized and data gaps were identified, the project team agreed that information from peer-reviewed literature and focus groups would allow for a valuable synthesis of information on potential health impacts of WRC.

**Table 2. Rapid HIA Screening Considerations**

| |
|---|
| **Timing and Influence** |
| **1.** Is the decision clearly defined? |
| **2.** Can a Rapid HIA be conducted before the policy decision is made? |
| **3.** Are decision-makers and stakeholders open to considering health impacts of the proposed intervention? |
| **Supporting Evidence** |
| **4.** Is there scientific evidence that establishes the link between the intervention and health impacts? |
| **5.** Are the health impacts not widely acknowledged and understood by decision-makers and stakeholders? |
| **Reach** |
| **6.** Does the intervention target health conditions that are widely experienced in Los Angeles County? |
| **7.** Does the intervention have the potential to alleviate severe health conditions (e.g. disabling, life-threatening, or harm future generations)? |
| **8.** Does the intervention have the potential to reverse or undo existing inequitable health conditions/disparities? |
| **Opportunity** |
| **9.** Are there no other similar interventions of the same scale in Los Angeles County? |
| **10.** Is there potential to leverage strengths and resources through partnerships with departments across DPH? |

## SCOPING

The primary decision evaluated by this rapid HIA is whether or not to sustain the WRC program in Los Angeles County. The alternative scenario is that WRC would not be provided as a treatment option and women with felony charges would be sentenced to jail or state prison. This rapid HIA was prompted by the possibility that current state funding for WRC may end in June 2015.

WRC is a multi-agency collaboration; therefore, stakeholder engagement was integral to the development of this assessment. Since the project began in 2007, members of the WRC team have included representatives from DPH SAPC, Public Defender's Office, Los Angeles County Countywide Criminal Justice Coordinating Committee (CCJCC), Los Angeles Superior Court, District Attorney, Department of Probation, Sheriff's Department, California Department of Corrections and Rehabilitation (CDCR) Division of Adult Parole and Prototypes (the treatment provider).

> *What is Scoping?*
>
> Initial considerations raised in the screening step are further defined in the scoping process. In this step, the decision, stakeholder involvement, priority health impacts, research questions and methods are concisely described.

Stakeholder participation occurred at critical points in the development of this Rapid HIA, including: 1) being informed regarding the HIA process, 2) providing information for the assessment through key informant surveys, 3) review of the draft report, and 4) communication of findings.

The wide range of services offered through WRC has the potential to influence a range of short- and long-term health and criminal justice system outcomes; however the feasibility and value of the rapid HIA is highly dependent on available data and measures to conduct the assessment. Original data collection,

comprehensive systematic reviews, and time-intensive stakeholder engagement are beyond the scope of a Rapid HIA. In order to narrow the focus of this Rapid HIA, several factors were taken into consideration to identify two to three priority areas to assess:

1. Magnitude and/or immediacy of potential health impacts,
2. Availability of data to assess baseline conditions and program impacts, and
3. Availability and strength of evidence in systematic reviews to evaluate potential health outcomes.

Six areas of focus were prioritized and assessed in this Rapid HIA: substance use, mental health, employment, housing, relationships and recidivism. These areas were selected based on the availability of data, program information and discussions with stakeholders. Research questions for each of these six areas of focus were developed to assess impacts of the WRC program. While physical health services (e.g. dental health) and associated impacts were identified as an important component of WRC, this was eliminated as an area of focus for the Rapid HIA; the project team decided to focus on program aspects outside of the traditional clinical care setting.

**ASSESSMENT**

The assessment synthesized data from multiple data sources and included some additional data collection to identify program-specific information and fill gaps in the literature. The multiple data sources and associated methods include:

*Literature Review:*

We searched the public health literature using PubMed and Google Scholar to identify available evidence to describe the relationship between health determinants and health outcomes of interest. Each health determinant and health outcome combination was searched separately, and titles and abstracts were screened to determine relevancy of publication to WRC treatment services. The literature search was limited to systematic reviews when possible.

*Site Visit:*

During the scoping and phase, three HIA team members visited the Prototypes treatment center to conduct key informant interviews with staff and take a 1-hour tour of the residential and outpatient service areas. During the site visit, the team noted general observations about the residential treatment environment. This information was used to inform the scope of the Rapid HIA.

*Focus Groups:*

Focus groups were conducted to help identify how Women's Re-entry Court program influences the status of mental health, substance use, family relationships, employment and housing stability among the women ex-offenders. One focus group of nine women who graduated from the WRC was conducted in November 2014. A semi-structured, open-ended interview format was used to facilitate questions about the benefits and risks of WRC. Two focus group staff members were present during the focus group, one staff member acted as a facilitator and the second staff member took notes on a laptop computer during the session. Due to scheduling conflicts, a second focus group was not possible; however, one-on-one interviews with two additional WRC graduates were conducted using the same questions to supplement information gathered from the focus group. A content analysis was completed by two independent reviewers of notes from the focus groups. Findings were consistent between the focus group and individual interviews.

*LACPRS Data:*

Admission and discharge data for women who have participated in WRC since 2007 are available in the Los Angeles County Participant Reporting System (LACPRS). LACPRS is a standardized database that is

maintained by the Los Angeles County Substance Abuse and Prevention Control and program service providers.

For the 379 treatment episodes, characteristics and comparisons of various measures of health and social factors before and after participation in Second Chance Women's Re-Entry Court are presented below. The statistical software SAS was used to analyze the differences between admission and discharge data, and the appropriate comparison test was selected: McNemar's test to analyze admission and discharge data with two groups and Cochran's Q test for more than two groups. See Appendix III for additional information on methods and results.

*State and Federal Justice Statistics Data*
The target population is women with histories of substance use disorder (SUD), who have been charged with a felony offense, or have a probation violation while on probation for a felony offense, in Los Angeles County. There are three distinct subpopulations:

**Table 1. Estimated Target Population in Los Angeles County per Year**

| Description | No. of Felony Arrests[a] | Estimated No. of Offenses[b] | % with SUD Histories[c] | Target Population |
|---|---|---|---|---|
| Women charged with non-violent, non-serious, non-sex offenses | 15,878 | 13,465 | 82% | 11,041 |
| Women charged with serious or violent crime[d] | 5,076 | 4,304 | 82% | 3,530 |
| Women on probation for a felony offense who have a probation violation[e] | - | - | 82% | 861 |
| **Total** | | | | 15,432 |

Note: Women charged with a felony and have prior felony conviction(s) are eligible and included in these estimates.
[a]Reported number of women arrested for a felony in Los Angeles County in 2013.[2]
[b]Estimated number of arrests that result in criminal charges based on nationwide statistics for percentage of cases (15.2%) in which a prosecutor declined to pursue charges.[3]
[c]SUD = Substance use disorder; Percentage estimated from nationwide multi-site study of women.[4]
[d]Any of these cases referred to the intervention needs to be specifically approved by the District Attorney's Office Central Operations Bureau Director, with the exception of residential burglaries not involving violence.
[e]Information was not available from the LA County Department of Probation at the time we prepared this document. Current estimates are scaled from nationwide rates of adult females on probation for a felony offense, who exited probation and returned to incarceration with a revocation in 2013.[5]

Estimates provided in Table 1 are based on state and federal justice bureau statistics data and evidence from peer-reviewed literature, because county-specific data were not available at the time this assessment was conducted. This target population of women in the criminal justice system often faces mental health illnesses and trauma histories, in addition to substance use disorders. A national Bureau of Justice Assistance (BJA) multi-site study of women in jails demonstrates high rates of mental health problems, with the majority of women meeting criteria for serious mental illness and posttraumatic stress disorder (PTSD). Specifically, 43% of women met criteria for serious mental illness and 53% of women met criteria for PTSD.[4]

This target population of women is also more likely than men to be the primary caretaker of children prior to incarceration. Just over half (56%) of women in the BJA multi-site jail study have children under the age

of 18, which is consistent with the percentage (55%) of women who participate in the intervention and have one or more minor child.[4,6]

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**APPENDIX II**

*Los Angeles County Women's Jail Services*

## BACKGROUND

Women charged in Los Angeles County serve their jail sentence at Los Angeles County Century Regional Detention Facility (CRDF), also known as the women's central jail. CRDF was first established in March 2006, and is an all-female unit that has the capacity to house 2,400 women inmates. It currently functions as a booking center for female prisoners in Los Angeles County, although it is equipped with medical and mental health services, CRDF has a limited capacity to address the complex treatment needs of women inmates.

Today, only about 14 percent of jail inmates nationwide have access to any education or training while incarcerated; to tackle this issue, CRDF established Education Based Incarceration (EBI), providing "wrap around" educational services targeted to each inmate's individual needs. The most successful and recognizable program in EBI, is MERIT (Maximizing Education Reaching Individual Transformation). Female inmates, who are committed to making changes in their behavior, can request to participate in this 12- week course on life skills, anger management, and parenting and relationships; all of which can improve positive attitudes towards building a successful family, career and future. Once enrolled in the program, the students are required to set definite goals for employment, family reunification, and rehabilitation, and to encourage positive behavior, EBI staff honor MERIT participants achievements by presenting them certificates of achievements. Following successful completion of MERIT, some graduates become MERIT Masters and assist with teaching other inmates.

To effectively compare outcomes of WRC participants, MERIT master graduates were selected as the comparison population to WRC participants on the basis that both groups of women received some form of integrated treatment, which consisted of: education/vocational training, SUD and mental health treatment, and access to life skills courses which encourage participants to develop positive family relationships. Furthermore, focus group results revealed that women who participated in WRC and women who were MERIT masters experience similar traumatic life events, drug related addiction problems, and suffered from poor family relationships and mental health issues. The MERIT Master's program at CRDF, ultimately shares the same goal as WRC, to provide comprehensive treatment that will address the complex needs of women, which will facilitate successful re-entry into the community.

## METHODS

The Los Angeles County Sheriff's department does not publicly make available outcomes and recidivism rates for women inmates leaving jail, therefore to collect information on our MERIT master graduates, we attended several site visits at the women's jail and conducted a focus group with MERIT master graduates.

Focus groups lasted for two hours with 8 total participants, discussing topics related to mental health, substance abuse, family relationships, and education/employment goals. The focus group with MERIT Masters participants was conducted at the Los Angeles County CRDF, and all opinions and experiences reported during the focus group are summarized in this report. The women who have graduated from MERIT masters both act as mentors to participants currently enrolled in the MERIT program and will provide invaluable insight into the benefits and gaps of program operations.

*Participants*: Participants in the MERIT group must be women who have graduated from the MERIT jail-based education program approximately one or more years prior to the focus group. The women who participated in this focus group are considered a low risk cohort, and therefore were not at additional risk for participating in this study.

*Recruitment:* Participants were recruited by program staff, two weeks before conducting the focus groups. Recruitment flyers were provided to program staff to disseminate to potential participants, and all respondents who were interested in participating in the MERIT groups, contacted Tammy Sherman, who is Deputy Sheriff in charge of the Education-Based Incarceration unit at CRDF.

*Focus Group Procedures:* Incentives were not provided for participation. Verbal consent was obtained prior to initiating the focus group process to 1) provide potential participants with additional details of the study, 2) ask questions about the risks/benefits of the study and 3) to ask members to give their verbal consent if they agree to continue and participate in the focus group.

After providing verbal consent, participants were asked to introduce themselves by stating their name and when they graduated from the MERIT program. At this time, participants were provided the opportunity to decide how to identify themselves during the group session (e.g. first name, first and last name, nickname, initials, and pseudonym). Participants were asked to place name cards on the table in front of them which assisted in facilitating the discussion. Participants were asked to agree that the discussion of topics during the next 2 hours will be "left behind" in the room and it was emphasized that the purpose of the group is for the study team to learn from the participants.

Two focus group staff members were present during the focus group, one staff member acted as a facilitator and the second staff member took notes on a laptop computer during the session, we also used a semi-structured interview format with open-ended questions. The note taker created a handwritten key that assigned the participants name to a number, and this key was shredded following the group session. Only the participant numbers (not names) were linked to the comments in the typed notes. We did not record or store any of the participants' names, nor did we collect any audio or video recordings.

The intended nature of the open-ended questions is to allow participants to identify priority positive/negative program impacts. To facilitate group discussion if women are not responsive to the questions, the specific probes such as "Can you give an example of that…?" or "Could you explain what you mean by…?"The same questions and probes will be used for other focus groups (WRC alumni), in order maintain consistency and allow for comparisons across groups.

## FINDINGS

For each of the five health and social areas of focus identified in the health impact assessment, this section summarizes the current services available to women inmates and evidence from site visits, focus groups and literature that services may impact health and recidivism.

### Mental Health

Women sentenced to jail for a felony charge are screened for mental health issues and the Department of Mental Health recommends women for one of three levels of care: high, moderate long-term stay and moderate short-term stay. The high level of care consists of treatment with prescription medication.

The moderate levels of care utilizes Seeking Safety[1] as its core strategy; this program is designed to simultaneously address trauma-related mental health illness and substance abuse among women.[2] During a site visit, we learned that Seeking Safety is offered four days per week for 1.5 hours. Depending on the variable lengths of stay, other curriculum components offered to moderate or high level inmates include motivational interviewing, small group discussions on specific topics (e.g. adjustment to incarceration, medication management), recreational therapy, moral reconation and wellness recovery plans. Through the MERIT program, inmates can volunteer to participate in academic courses, cognitive-behavioral therapy (e.g. moral reconation) and vocational education. The wrap-around approach of MERIT is intended to help inmates face common mental health challenges.

Evidence-based mental health treatment, such as Seeking Safety,[2] is offered in the LA County women's jail, however it is not integrated with substance abuse treatment to address co-occurring disorders. An independent review of treatment programs concluded that integrated mental health services are insufficient.[1] DPH located one evaluation of jail-based educational services in the MERIT program that aims to address mental health conditions.[3] Overall, initial findings in this report were positive, suggesting that MERIT is a promising strategy to help male and female inmates re-enter the community, however specific metrics for changes in mental health were not provided.

The jail focus group identified the cognitive behavioral life skills therapy courses offered through MERIT as a key mechanism for inmates to recognize negative behavior patterns and develop positive coping skills. During the time spent in jail, the coping skills have enabled women MERIT participants to improve their mental health wellness. For example, one woman said "through life skills class, she has realized how manipulative her husband was and that she would succumb to everything he said. Now she can protect herself mentally and emotionally." Focus group participants agreed that MERIT classes taught them to focus on self-evaluation by identifying their strengths and weaknesses, taking responsibility for their actions, and building confidence. Women graduates of MERIT also reported that the focus on self-improvement benefited their career/education prospects and relationships with family, partners, and other inmates. These evidence-based practices of improving self-esteem are considered a key strategy of mental health promotion, and may lead to better health and social behaviors.[4] According to the MERIT focus groups, it is also possible for incarcerated women to transfer improved health behaviors to their children and other family members through jail visiting hours and phone calls. The parent-child bond, which is a protective factor for mental health disorders, can be strengthened even more through the LAC jail's Adults Bonding with Children (ABC) program that allows inmates to build and maintain a parent relationship with children under 12 during their time in jail through weekly in-person contact visits. However, only 0.3%[3] of women in jail have privileges to participate in ABC, therefore the magnitude of this program's potential impact is insubstantial.

For the general jail population, there is a growing body of research suggesting the impact of parental incarceration on child mental health, including PTSD, anxiety and depression.[5] For adolescents with histories of paternal incarceration, their likelihood of having PTSD was 1.7 times higher than those who reported no parental incarceration. However, this association was not significant for adolescents with only maternal incarceration; the low prevalence of maternal incarceration in the study sample may have limited this study in detecting significant associations. Although additional research is needed to specify the impact of parental incarceration and underlying mechanisms, the lack of contact during

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[3] Calculated by dividing the most recent statistics for the number of women in the program by the total female inmate population. A total of 7 women were reported to be in the program during a jail visit on August 1, 2014, and the average female inmate population was 2,506 in 2013 (Vanir 2013).

incarceration likely diminishes the strength of parent-child bonds[6] and may increase the risk of mental health issues among women offenders and their children.

**Substance Use Disorder**

Females incarcerated for drug-related offenses represent one of the fastest growing populations within jails and prisons. Lack of aftercare has been identified as a significant predictor of recidivism to drug use and criminal activity for ex-offenders.[7] It is estimated that about two-thirds of female arrestees use illicit drugs,[8,9] and 82% of women in jails across the country meet the lifetime criteria for drug or alcohol abuse or dependence.[10] Apart from the life skills class offered through the MERIT curriculum, there is one substance use treatment program available in jail. A non-profit organization, called IMPACT, is funded by Los Angeles County to provide drug and alcohol recovery treatment for 25 women through the drug court model while they remain in custody (personal communication, Yanira Lima, Substance Abuse and Prevention Control, August 8, 2014). Both MERIT and IMPACT have post-release services available to provide continued recovery support services. Currently, substance use disorder treatment services are not integrated with trauma or mental health services; however, comprehensive wrap-around services and gender-specific treatment approaches have been proposed in the new jail plan.[1]

There are no formal evaluations available for the drug treatment programs offered through IMPACT or MERIT; however evidence from literature and focus groups is presented below. A large body of research on the effectiveness of the drug court model suggests that the IMPACT program is likely successful in reducing drug use and recidivism. However women with serious felony offenses and mental health disorders often are not eligible for IMPACT, while they would be eligible for WRC. Graduates of the MERIT focus groups explained how drug abuse was more of a mechanism that the women used to ignore underlying trauma they experienced in the past. This link between substance use and attempts to cope with trauma among incarcerated women is consistently found in literature. [7,8] MERIT focus groups reported learning positive coping skills and how to identify common "triggers" through the life skills coursework.

Due to the limited sizes of IMPACT and MERIT, the potential benefits of IMPACT and MERIT are not available to the majority of women in jail. Formerly incarcerated women in the WRC focus group indicated that the most women in jail are not offered services needed to treat their substance use disorder, nor are they routinely placed in post-release community treatment services. Based on the national rate of women suffering from histories of substance use disorder and the average jail population, up to 2,130 women in LAC jail may require evidence-based treatment services. With the current capacities of IMPACT and MERIT of approximately 25 and 800, respectively,[3] services are not available for 60% of drug and alcohol-dependent women in jail.

Even for women who access services in jail, the stigma of drug use and incarceration can negatively impact the effectiveness of programs.[11] The complex needs of women in the criminal justice system require that drug treatment services in jail go beyond addressing pathology alone. Overall, the LAC women's jail does not offer services to address deep-rooted trauma and psychological problems at the same time as substance use disorders. Without trauma-informed drug treatment in jail, women with new felony offenses who are sentenced to jail are at risk of continuing their criminal career.

**Employment**

Once MERIT participants graduate from life skills courses, they are eligible to participate in the vocational training programs. Training is generally linked to specific job skills, including culinary arts, cosmetology, dog training, painting, sewing and teaching. Some of these programs have continuing education for women to continue training and obtain certificates after being released from jail.

A recent meta-analysis found that correctional education programs (academic and vocational) increase post-release employment. The odds of obtaining post-release employment among inmates who participated in vocational programs was 28% higher than those who had not participated.[12] MERIT focus group participants agreed the vocational training programs in jail provide necessary skills and motivation to allow women to find a job after being released, however women inmates without sufficient life skills can disrupt the success of these programs. The focus group recommended that life skills students should have to pass more rigorous testing in order to graduate to vocational training opportunities. The majority of MERIT focus group participants have career plans when they are released, ranging from culinary school to being a small business owner.

**Housing**

To assist female offenders with transitioning from jail to the community, community re-entry programs offer housing services to provide shelter, safety and basic needs. Parole/probation officers and jail re-entry coordinators provide female offenders with assistance to transition back in the community, however key informants agreed that finding adequate housing remains a significant barrier to women staying out of jail. Women who participated in a focus group at San Francisco Jail reported jobs and housing as being the biggest challenge to re-integrating back into the community.[11] State-wide ex-prisoner focus groups also ranked employment and housing as the most important challenges they faced.[13]

A California study reported that in 1997, an estimated 30 to 50 percent of all parolees were homeless in urban areas such as San Francisco and Los Angeles.[14] Both MERIT and WRC focus group participants agreed that when women return to unhealthy and unsafe housing environments post-release, their chances of continuing criminal behavior seem much higher. However, the homelessness status of women when they are released from the LA County jail is unknown and additional research is required to understand this important indicator of re-entry success.

**Relationships**

Several mechanisms are available to women in jail to assist with improving interpersonal relationships during incarceration. Special programs include the MERIT life skills course that emphasizes positive interpersonal relationships and the ABC program that focuses on improving the parent-child bond. Public non-contact visits and phone calls are the primary means for inmates to connect with family and friends. Women are eligible to receive one visit per day and two visits per week, with a maximum of two visitors permitted at one time. Visits are non-contact with a glass partition and allowed for 30 minutes per day on Saturday and/or Sunday.[15]

Decades of research indicate that visits from family improve behavior and lower recidivism rates among inmates.[16] For example, inmates in a Minnesota state prison who were visited had a 13 percent lower risk of recidivism for felony reconvictions than inmates who were not visited.[17] However, visits from

some individuals are more beneficial than others. Visits from fathers, siblings, in-laws and clergy are the most important in reducing recidivism, while visits from mothers, spouses and children have less impact. This may indicate that visits with spouses or children are more stressful and would benefit from professional counseling to help individuals through difficult relationship issues. MERIT focus group participants shared that coursework learned from the life skills class enabled them to improve relationships with their mothers, spouses and children during visits and phone calls while in custody. As a result of the MERIT program, women were able to recognize negative relationships that previously contributed to drug addiction, anxiety/depression and criminal history.

Mother-child visitation programs in jail that allow contact visits and provide parenting skills are important to maintain family relationships and improve associated health outcomes. Key informants and MERIT participants reaffirmed the success of programs like ABC in an onsite nursery adjacent to the jail; the bonding time allows women to reconnect with their children in positive environment. However, strict eligibility requirements make it difficult for women to qualify to participate in ABC.

MERIT participants learn how to develop positive relationships with family members and peers, and these improved relationships are likely to reduce recidivism among women enrolled in the life skills class. There are limited opportunities for mothers to bond with their children due to visitation constraints, and there are no efforts to strengthen families by supporting the children's caregivers; this is likely to increase recidivism among women offenders and increase the risk of mental health disorders among young children.

## LIMITATIONS AND CONCLUSIONS

Education-based incarceration at CRDF attempts to create a safe and empowering environment that allows women offenders the opportunity to reprioritize their lives. The findings from this report indicate that the complex treatment needs of women offenders (co-occurring disorders, trauma, and family issues) emphasize the need of integrated care services, which many women may not have access to while incarcerated at the Los Angeles County Jail. The MERIT program at CRDF attempts to address the needs of women offenders, however more services are needed. Research has consistently shown that women offenders are at a disadvantage when compared to their male counterparts and are more likely to have several barriers to treatment with regards to trauma, mental health, substance abuse and parenting needs.

This initial assessment of the MERIT program is generally positive in regards to the type of services it offers, notably the Life Skills course. Field observations and focus group participants concluded that the program has a positive impact on female inmates during their time in custody.

One major limitation to our study is the fact that the women are still in jail. Although we were able to conduct focus groups with MERIT graduates, this assessment does not track re-entry to the community; this information is critical to determine whether the treatment services that are offered at CRDF are successfully addressing drug use, mental health conditions and recidivism. The Los Angeles County Sheriff's department does provide 1-year recidivism rates for men who have successfully completed the MERIT program, which was 37%;[3] however, this figure is not available for women participants. Furthermore, we do not have information on the other types of treatment MERIT focus group participants may have received while incarcerated (e.g. mental health counseling, 12-step drug treatment program). This information is available at the Los Angeles County Sheriff's department, however due to confidentiality issues; access to this information was not feasible.

The extent to which the MERIT program at CRDF can reduce recidivism remains uncertain, emphasizing the need to conduct additional research to follow MERIT participants after their release from jail. This study should be based on comparing cohorts of women with similar jail release dates, who are not enrolled in MERIT or any other education based courses to women who are MERIT graduates. It would be assumed that the MERIT graduate group, which received the most education and life skills courses, would show the largest impact on recidivism and other social and health outcomes. Despite these limitations, this qualitative assessment of the MERIT program at CRDF should help inform policy makers about the kinds of programs that currently exist, ways to improve operations and ways to effectively treat women in the criminal justice system.

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**APPENDIX III**

*Los Angeles County Second Chance Women's Re-Entry Court:*

*Comparison of Health and Social Indicators Before and After Program*

## Background

The Los Angeles County Participant Reporting System (LACPRS) is a standardized database that is maintained by the Los Angeles County Substance Abuse and Prevention Control and program service providers. LACPRS includes state-required measures of assessment when a client is admitted and discharged from a drug and alcohol program, in addition to health-related questions specific for Los Angeles County. LACPRS reports a wealth of data on Second Chance Women's Re-Entry Court clients, including demographics, service needs, and health-related outcomes, since the program began in 2007. The admission and discharge questions are administered and reported by the service provider for Women's Re-Entry Court.

LACPRS reports admission and discharge information for a total of 333 women who have participated in Second Chance Women's Re-Entry Court between January 1, 2007 and September 30, 2014. Some women were readmitted after being discharged, therefore a total of 379 treatment episodes were reported. A minimum treatment length of 30 days was used to screen out women who were admitted temporarily, then diverted to a different program.

For the 379 treatment episodes, characteristics and comparisons of various measures of health and social factors before and after participation in Second Chance Women's Re-Entry Court are presented below. The statistical software SAS was used to analyze the differences between admission and discharge data, and the appropriate comparison test was selected: McNemar's test to analyze admission and discharge data with two groups and Cochran's Q test for more than two groups.

## Results Summary

- The majority of women who participate in Women's Re-Entry Court are black (50%), Latino (28%) or white (19%).
- Approximately half of them did not graduate high school.
- The primary drug problems reported were cocaine (39%) and methamphetamine (26%).
- Almost half of women participants had a mental health illness diagnosis and a third had been prescribed medication for mental health needs before entering the program. More women were diagnosed with mental illness and prescribed medication for mental health during their treatment.
- At admission, the majority of women were not employed (98%) or attending school (100%). By the time of program discharge, these percentages significantly decreased to 78% and 92% and, respectively.
- Homelessness status at discharge decreased significantly when compared to admission. The women who reported living independently increased from 19% to 34%.
- Approximately half of the women participants had one or more children younger than 17 years old and 10% were pregnant.
- Of the women with at least one child, 22% had an open Child Protective Services case. Women reported spending the majority of time in the last 6 months with their children at discharge, when compared to admission.

**Table 1. LACPRS Results for Second Chance Women's Re-Entry Court Treatment Episodes: General Information at Program Admission**

| Question | Response |
|---|---|
| *What is your race?* | |
| Black | 50% |
| Latino | 28% |
| White | 18% |
| Other | <1% |
| Native America/Alaskan Native | 1% |
| Asian | 1% |
| | |
| *What is your highest school grade completed?* | |
| Elementary and/or Junior High School | 7% |
| Some High School | 39% |
| High School | 41% |
| College or Higher Degree | 13% |
| | |
| *What is your primary alcohol or drug problem?* | |
| Cocaine | 39% |
| Methamphetamine | 26% |
| Alcohol | 15% |
| Heroin | 12% |
| Marijuana | 4% |
| Other illicit drugs | 4% |
| Sedative | <1% |
| Opiates | <1% |
| | |
| *What is your criminal justice status?* | |
| On state parole supervision | 49% |
| On parole from any other jurisdiction | 3% |
| Post-release Community Supervision (AB 109 after 2012-2013) or on probation from any federal, state or local jurisdiction | 48% |
| | |
| *Are you pregnant?* | |
| Yes | 10% |
| No | 90% |
| | |
| *How many children do you have aged 17 or less?* | |
| 0 | 45% |
| 1 | 20% |
| 2 | 15% |
| 3 | 12% |
| 4 | 4% |
| ≥ 5 | 4% |
| | |
| *Do you have an open case with Child Protective Services?* | |
| Yes | 12% |
| No | 88% |

Note: Percentages may not add up to 100% due to rounding.

## Table 2. LACPRS Results for Second Chance Women's Re-Entry Court Treatment Episodes: Comparison of Health and Social Indicators Before and After Program

| Question | Admission | Discharge | p-value |
|---|---|---|---|
| **Substance Use** | | | |
| *Have you used primary drug in the past 30 days?* | | | |
| Yes | 3% | 3% | p>0.99 |
| No | 97% | 97% | |
| **Mental Health** | | | |
| *Have you ever been diagnosed with a mental illness?* | | | |
| Yes | 46% | 50% | p < 0.05* |
| No | 54% | 48% | |
| | | | |
| *In the past 30 days have you taken prescribed medication for mental health needs?* | | | |
| Yes | 30% | 45% | p < 0.01* |
| No | 70% | 45% | |
| Unknown | - | 10% | |
| | | | |
| **Education** | | | |
| *Are you currently enrolled in school?* | | | |
| Yes | <1% | 10% | p < 0.01* |
| No | 99% | 90% | |
| | | | |
| **Employment** | | | |
| *What is your current employment status?* | | | |
| Employed (Full-time or Part-time) | 2% | 22% | p < 0.01* |
| Unemployed | 98% | 78% | |
| | | | |
| *Are you currently enrolled in a job training program?* | | | |
| Yes | 0% | 8% | p < 0.01* |
| No | 100% | 92% | |
| | | | |
| **Housing** | | | |
| *What is your current living arrangement?* | | | |
| Homeless | 72% | 33% | p < 0.01* |
| Dependent Living | 9% | 33% | |
| Independent Living | 19% | 34% | |
| | | | |
| **Children** | | | |
| *How many of your children spent the majority of time living with you in the past 6 months?* | | | |
| One child or more | 13% | 20% | p < 0.05* |
| No child | 86% | 80% | |
| | | | |

Note: Percentages may not add up to 100% due to rounding.
*Significant difference between admission and discharge.

**Limitations**

This reporting of results is limited to a comparison of admission and discharge data for women who have participated in the WRC program for at least 30 days between 2007 and 2014. This does not include a comparison group to evaluate the outcomes for women who participate in WRC program compared to similar SAPC clients who participate in other programs. Future analysis should include a control group to further examine the health and social outcomes of women who are diverted to WRC. Another limitation of these data is the fact that the follow-up measure taken at discharge does not allow for evaluation of potential long-term effects of services offered through WRC. Additional surveying would be needed to evaluate outcomes several years after participating in the program. Also, many of the measures reported rely on a 30-day or 6-month history, as opposed to longer timeframes prior to entering the program. For example, this population of women likely has longer histories of substance use disorders than are reported in these results.