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Vermont Incarcerated Womens' Initiative Drug Education,

Susan Onderwyzer
University of Vermont

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VERMONT INCARCERATED WOMENS' INITIATIVE DRUG EDUCATION,
TREATMENT, ENFORCEMENT AND REHABILITATION PROJECTS
EVALUATION: *PROMISING PRACTICES FOR REDUCING RECIDIVISM*

A Dissertation Presented

by

Susan A. Onderwyzer

to

The Faculty of the Graduate College

of

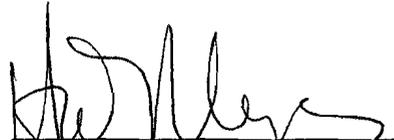
The University of Vermont

In Partial Fulfillment of the Requirements
for the Degree of Doctor of Education
Specializing in Educational Leadership and Policy Studies

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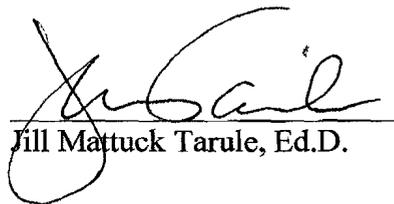
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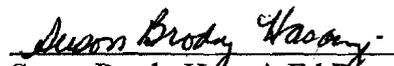


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Abstract

The Vermont Agency of Human Services Incarcerated Women's Initiative (IWI), constituted in April of 2005, was instrumental in supporting the development and implementation of a pilot project, which encompassed three communities in Vermont. The Pilot programs aimed to reduce and prevent incarceration of women whose criminogenic problems were related to their substance use and abuse. These innovative projects are the subject of this mixed methods evaluative study – to determine the extent to which involvement in this project changed the behaviors leading to incarceration and in effect, succeeded in reducing incarceration and further involvement with the criminal justice system.

Qualitative data was gathered through semi-structured interviews with former program participants and staff of the projects. Descriptive data was collected through quarterly reports from the project managers to the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, the funding agency, and the Vermont Department of Corrections.

Each of the sites were compared and contrasted to tell the stories of the women who participated, and to gather the wisdom of the people who worked with them. The outcomes of the study supported the continued utilization of the key strategies of the Drug Education, Treatment, Enforcement and Rehabilitation (DETER) projects in facilitating greater engagement and retention in treatment, and reducing further incarceration in the study subjects. Recommendations for policy change include greater access statewide to Dedicated Case Management, Collaborative Inter-disciplinary Team Planning, and Wrap-Around Services for women offenders.

Dedication

This paper is dedicated to the many women for whom diversion from jails and prisons means that their lives and those of their children and families may be spared the life-long effects of incarceration due to problems stemming from trauma, substance abuse and mental health problems.

Acknowledgements

The author wishes to acknowledge the invaluable assistance of the many dedicated staff of the DETER projects, the administration of the Agency of Human Services, Department of Corrections and the Division of Alcohol and Drug Abuse Services in providing me with the opportunity to conduct this research. Most importantly, the study could not have been completed without the support of the Vermont Research Partnership of the Jeffords Center for Policy Research. I extend my heartfelt appreciation to Dr. Susan Hasazi, Dr. Herman (Bud) Meyers, Dr. Jill M. Tarule, Dr. George Liebowitz, Dr. Beth Cheng-Tolmie, and Dr. Daria Hanssen for their support and scholarly input to this project. I also thank my partner, Jim Ferguson, and many friends for their patience and encouragement through the process.

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Chapter I: Introduction

This evaluation study utilized a mixed methods research approach to determine whether a pilot project succeeded in its goal to reduce recidivism in females with substance abuse problems. This study represents evaluative research using a case study design to evaluate an innovative pilot project, the focus of which is to prevent and reduce the incarceration of women whose criminogenic need areas include substance use disorders, other health and mental health problems, as well as a variety of psycho-social support services. The study delves into the outcomes of the projects as measured by exploring and categorizing the changes reported by women who have participated in the Incarcerated Womens' Initiative (IWI) Drug Education, Treatment, Enforcement and Rehabilitation (DETER) pilot projects, data regarding key factors known to be related to reduced recidivism, and the perspectives of the providers involved in the projects, with regard to their opinions and observations about the effectiveness of the services encompassed in the DETER projects.

The components of the IWI DETER projects are based on evidence from research that suggests that these interventions may prevent women from going deeper into the criminal justice system, if not averting involvement altogether. DETER is also the title of a plan initiated by Governor Douglas that allocated funding for projects to improve treatment and prevention of substance use disorders and related issues. This study probes into the problem of how to prevent and reduce incarceration of women by capturing the voices of the women offenders, the service providers in the DETER projects, and through analysis of data known to be associated with recidivism, and rates of incarceration

resulting from reoffending. The results from this study of the DETER projects provide information to determine whether the model was successful in addressing factors which would result in reducing incarceration of women. In addition, this study contributes to our understanding of the importance of connections in the relationships between women offenders and the service providers who work with them.

The three sites involved in the pilot project are located in larger communities in the state of Vermont, chosen by the Agency of Human Services (AHS) based on the higher percentages of incarcerations of women from these areas than others, and well established treatment and support services. Each site determined the models that would be utilized and all three are evaluated through this study. Outcomes of the three DETER projects are compared and contrasted in case study format. In the interest of clarity, I will use the term 'DETER' projects to refer to the entire pilot, encompassing the three sites. Throughout this study, while it is clear that it is the State of Vermont, the sites are referred to by the numbers '1', '2', and '3', in order to protect the identities of participants. The terms 'women offenders' and 'female offenders' are often used interchangeably in the literature and are used interchangeably in this paper. The terms VTDOC and DOC are also used interchangeably to refer to the Vermont Department of Corrections.

Purpose and Goals of the Study

The purpose of this study is to determine whether and to what degree the DETER programs achieved their goals of reducing incarceration and/or re-incarceration in women who were involved with the DOC. This was measured through a combination of methods

as follows: (a) Qualitative data was gathered through interviews with staff and women offender participants in order to identify the changes in the lives of women who have participated in the DETER Pilot Projects, and through reviewing changes in areas of emotional, physical and psychological well-being, that were targets of services provided through the DETER projects; (b) Information was obtained through DETER reports, which had been identified by previous research to be valid indicators of reduced recidivism (Soloman, Waul, Van Ness, & Travis, 2004; Urban Institute, 2009; Visher, LaVigne, & Travis, 2004); (c) Descriptive data was obtained and analyzed about sentencing, type and number of offenses, incarceration episodes and days in jail, risk assessment scores (LSI-R), and sanctions from the DOC pertaining to female offenders in the program. This data was examined to discover if participation in the project was related to reduced recidivism during the time frames studied; (d) Descriptive data was obtained to better understand the demographics and potential predictive factors for recidivism of the women being diverted through the DETER projects. The study looked at outcomes identified by AHS that were based on the model designed by a joint project of The Urban Institute and The Center for What Works, *Candidate Outcome Indicators: Prisoner Reentry Program, 2005*. (See Appendix A for the DETER Data collection Evaluation Form.)

Research Questions

- What are the outcomes associated with the key components of the DETER pilot projects?
- Did participation in the DETER projects reduce incarceration or recidivism?

- To what degree do case management, interdisciplinary and inter/intra-agency teaming approaches provide effective methods for engaging and retaining women in substance abuse treatment?
- What relationship exists between participation in the DETER projects and retention in substance abuse treatment?
- What are the factors associated with the three DETER Pilot projects that are most effective in diverting women from jail and/or returning to jail upon release?
- What recommendations are suggested by the outcomes that contribute to promising practices for statewide implementation?
- What site contextual factors contribute to the overall success or lack of success for participants?
- To what extent do the projects achieve the goals of the IWI?

The stated goals of the IWI in developing the DETER pilot projects were to reduce the number of women being incarcerated in the State of Vermont, in addition to identifying promising practices and public policy issues that would ameliorate the problem. *The Charge to Vermont Communities* (Dale, Evans, & Onderwyzer, 2005) lists the following variables as the targets for the IWI:

- Reducing the flow of women into the broader corrections system
- Reducing the number of women who are incarcerated for violations of probation and other forms of community Corrections supervision
- Reducing the number of women being sentenced and detained by the Courts
- Reducing the length of stay in incarceration

- Increasing the rate of successful re-entry for women offenders. (p. 8)

Context for the Study

Women in the Criminal Justice System

The problem of how to reduce the growing numbers of women entering the criminal justice system is a complex one. Addressing the needs of women offenders requires understanding the costs of expensive state correctional services, the use of limited resources across the criminal justice, health care and social services systems, as well as the ethical issues raised by the use of criminal prosecution as a justice system response to a public health problem. The VTDOC reported that the cost of incarcerating a woman in Fiscal Year (FY) 2008 averaged \$77,528 per bed annually (Perry, 2008), and according to *The Vermont Department of Corrections Facts and Figures* for FY 2010 authored by Perry, that cost has risen to \$82,679. Between 1995 and 2005, the numbers of women who were crossing the thresholds of jails in the VTDOC increased by a factor of approximately 600%, mirroring national trends (Allard, Levingston, Small, Lapidus, Luthra, & Verma, 2005; Frost, Greene, & Pranis, 2006). Nationally, the population of female prisoners increased by 592% between 1977 and 2001 (Jacobs, 2004). While the number of women who are incarcerated in the United States is significantly lower than that of men, this population represents an important and increasing cohort of offenders whose needs are somewhat different from those of their male counterparts (Acker, 2006; Bloom, Owen, & Covington, 2004, 2005; Chesney-Lind, 2004; Frost et al., 2006). In a report published by Jacobs of the Women's Prison Association (WPA), (Jacobs, 2003), it was reported that the yearly rate of growth for women offenders nationally at that time

was 1.5 times higher than that for male offenders. In Vermont the rate of growth for women exceeded that of men, as illustrated by an increase of 14% in incarcerated females and only a 5.5% increase for males entering prison in FY 2006. The rate of growth of the female offender population has been impacted by a number of other factors in Vermont, including the closing of two women's correctional facilities and the consolidation of female offenders into one state facility in December, 2008. While the average number of women in correctional facilities each day is about 154, there were 437 women incarcerated, who were new to the system, during the first three months of FY 2009.

While the rate of growth has appeared to fluctuate, the population of women offenders continues to be significant. During 2008, a downward trend in the number of women incarcerated was noted and it was postulated by the VTDOC that there may be a link between a downward trend and the efforts made through the IWI to focus attention and resources on intercepting women offenders with targeted services. As reported by Perry in the VTDOC *Facts and Figures FY 2008*: "The Vermont data show that last year (2008), for the first time since 1999, the rate of growth of women was Lower [sic] than the rate of growth of men." One of the metrics that the VTDOC tracks is the average daily population (ADP) of incarcerated individuals. The average daily number of people who were incarcerated by the VTDOC in the first quarter of FY 2010 was 2,232; of that number 154 inmates were females. This represents a concerning number of new women coming into contact with the criminal justice system. The increase in women offenders coming into the system was a primary impetus for the development of the DETER pilot projects.

Evolution of the DETER Projects

The VTDOC is situated within the AHS, unlike many other state corrections departments, which are often within public safety agencies. This is an important difference with regard to mission and values of correctional services because there is an emphasis on practices that focus on rehabilitation, rather than punishment. Mike Smith, AHS Secretary in 2006, responded to the social change needs to address the problem of growing numbers of women offenders, and issued a charge to the AHS to “Bend the Curve” of the rising trajectory of the increasing female offender population. The 2006 statewide initiative to analyze, develop and implement a detailed plan to reduce the number of incarcerated females in the state of Vermont, titled the IWI (Meyers et al., 2007a, 2007b), represented a shift in the work of the AHS to bring a holistic approach to a broad social problem. The IWI project was initiated in the fall of 2006, when the population of incarcerated women peaked at 178. While there was fluctuation in the incarcerated population throughout the first year of planning and organization, the population decreased from an average of 171 to an average of 138 between October of 2007 and June of 2008, nearly a 20% decrease according to the VTDOC *Facts and Figures FY 2008* (Perry, 2008).

The IWI Core Team, with input from a variety of stakeholders, defined the model to be used in the DETER projects, the locations in Site #1, Site #2, and Site #3 AHS Districts, and implementation took place throughout the latter part of 2006 and the early months of 2007, with all projects becoming fully functional by July of 2007. DETER was supported by a comprehensive funding plan which was initiated by Governor Jim

Douglas under the aforementioned acronym D.E.T.E.R, (DETER). The provisions for the funding of the projects came from “The 21st Century Department of Justice (DOJ) Reauthorization Act” and were built into the Vermont state budget as part of its base funding. This funding provided for the development of innovative community based programs with the intent of providing holistic substance abuse treatment with case management services for women. The function of the DETER pilots is to identify and divert women who are determined to be at risk for incarceration and/or to assist those incarcerated to reenter the community by providing effective substance abuse and other relevant interventions at critical interception points (Marlowe, 2009; Munetz & Griffin, 2006) within the criminal justice system. The DETER projects were not identified as providers of substance abuse treatment, but were to ensure that treatment was identified, made available and maintained through the use of case management, integrated treatment and efforts to meet a range of psycho-social needs.

The DETER project models were developed through a process of engagement between the AHS-Field Services and DOC, the Vermont Department of Health-Division of Alcohol and Drug Abuse Programs (ADAP), and community providers within the designated agencies for treatment of substance abuse (Johnson, Evans, & Onderwyzer, 2008). The models were developed based on guiding principles for working with female offenders, as recommended by the (1998) National Symposium on Women Offenders conference report (Morash, Bynum, & Koons, 1998):

- Focus work on . . . establishing local, multi-disciplinary teams which develop and implement wrap-around services for women offenders.

- Develop service pilot projects focused on women's transition from correctional facilities to the community.
- Work more with women in their home communities.
- Make it possible for some of the resources devoted to women and family issues to be used for comprehensive, cross-agency programs. (p. 84)

It was determined that outcomes for this project would be an important facet of the work and the AHS collaborated with the University of Vermont (UVM) via the Vermont Research Partnership (VRP) to conduct evaluation activities. The findings of the evaluations contributed to the ongoing evolution of the projects.

Phases 1 and 2 of DETER Evaluation

The VRP, with legislative funding, performs relevant research aimed at providing information to enhance social and educational services to children, families and individuals in Vermont. The IWI Core Team met with and invited the VRP to participate in helping the AHS to learn about the needs and issues specific to female offenders as part of its task to reduce and prevent incarceration of women in Vermont. The study was perceived as a resource for the VTDOC in implementing gender responsive services to female offenders and inmates as a component of VTDOC departmental strategic goals that were developed in 2005. Please see Table 1 for the chronology of the development of the IWI DETER projects.

Table 1. Chronology of the Development of the IWI-DETER Projects

March, 2005:	Mike Smith, Secretary of the AHS issues the “Charge to Bend the Curve” in reducing the rate of incarceration of women by 10% by 2007.
April, 2005	AHS publishes: <i>A Charge to Vermont Communities: Bending the Curve on the Number of Women Incarcerated in Vermont Without Compromising Public Safety</i> , prepared by the IWI Core Team: Susan Onderwyzer, Steve Dale, and Jill Evans.
January, 2006	The VRP collaborates with the VTDOC’s staff and AHS Leadership to conduct an initial study to inform the IWI’s work to develop future policy, research and practice resulting in effective interventions to ameliorate problems contributing to high rates of incarceration of women with substance use disorders in Vermont.
June, 2007	The VRP publishes its complete report delineating recommendations including: Alternative Criminal Justice System Responses, Alternative Correctional System Responses, Integrated/Collaborative Case Management, Development of Community Supports and suggestions for future research.
January, 2008	VRP begins a multi-year project evaluation of DETER pilot projects.
June, 2008	VRP publishes Phase I Report of the DETER Evaluation Project

The VRP conducted a study entitled “Vermont Agency of Human Services Incarcerated Women’s Initiative (IWI); Vermont Research Partnership Research Project” that was published in June, 2007, the purpose of which was to “describe the experiences of a random sample of incarcerated women in Vermont” (p. 2) and secondarily, to gather information about the perceptions of staff who work with female offenders (Meyers, Hasazi, Baege, Gerstil-Pepin, Gordon, MacKinnon, Mitchell, Rak, Shepherd, & Tolmie, 2007). This study included a review of the research literature and resulted in identifying promising practices for ongoing evaluation and exploration into effective intervention modalities to divert women from incarceration through implementing interventions aimed at addressing those criminogenic factors contributing to their involvement with the criminal justice system. Among those promising practices a recommendation of the study was to divert women from incarceration into appropriate treatment modalities for substance use disorders, social services, and a gender-responsive approach to both correctional and clinical interventions (Bloom et al., 2005; Frost et al., 2006; Morash, Bynum, & Koons, 1998).

This study continues the previous research conducted by the VRP by evaluating the outcomes of the three pilot sites, building on the base it created. The characteristics of each of the three pilot sites provided baseline criteria for further investigation into the effectiveness of the projects, and are incorporated and modified in Table 2.

Significant to the characteristics of the projects, two of the three sites studied utilized evidence-based substance use disorder and mental health screening and assessment tools. The tools used were the *Addiction Severity Index* (ASI) (McLellan,

1992) and the *Global Appraisal of Individual Needs (GAIN)* (Dennis, 2006). Other aspects of the projects incorporate inter-disciplinary teams for review and ongoing needs assessment, ongoing coordination of care, and evaluation and measurement of specific identified outcomes. The three key strategies utilized by the sites are: dedicated case management; collaborative interdisciplinary and interagency team planning and case review; and provision of supportive wrap-around services for women. These are described below.

Dedicated case management refers to a case manager whose primary focus is to work with the client in a non-categorical way. This includes a smaller caseload size, which provides the client with the ability to have multiple meetings and access to the case manager.

Collaborative interdisciplinary and interagency team planning describes a model in which a care team is individually constructed, comprised of multidisciplinary helpers from different organizations, agencies and natural support systems as determined by assessment of the needs and strengths of a client.

Wrap-around services are individually determined and can range from daily contact with one worker to multiple services, including those for stabilization of housing, financial supports, medical and mental health care, education, vocational or employment services, and day care. Wrap-around services refers to the identification of methods to enhance collaboration among agencies and providers, as an approach to working with criminal justice involved persons. Wrap-around services have been a focus of multiple

researchers (Center for Effective Public Policy, 2005; Munetz & Griffin, 2006; Oser, 2009).

DETER Pilot Sites

The DETER intervention models focus on treatment for substance use disorders and intends to provide an effective continuum of care for women who have been incarcerated and/or are at risk of becoming incarcerated, through enhancing recovery management systemically. The guiding paradigm and the purpose of this project is reduction in recidivism and, in general, to reduce the number of women who are either involved with the criminal justice system or at risk for involvement through criminal behavior related to their substance abuse problems. One of the primary factors that has been agreed upon by the participating agencies and was outlined in the IWI is that addressing the problems of substance abuse are of paramount importance in achieving this goal. A brief review of the key components for how each of the Pilot projects addressed the DETER goals follows.

Site #1

The Site #1 DETER project began as a reentry program for women incarcerated at the Dale Correctional Facility in Waterbury, Vermont, until its closure in December, 2008. Initially this project focused on meeting with women who were incarcerated, prior to their release, to assess and develop an interim treatment plan for assisting them in returning to the community. Since the closure of the Dale facility, and the relocation of incarcerated women to the Northwest Correctional Facility (NWSCF) in St. Albans, Vermont, the Site #1 DETER project has continued to work with women who are

reentering their community, as well as expanding the eligibility criteria to include those women in the community who may be at risk for incarceration. The project represents a collaborative effort among a number of state and local agencies and organizations that include The VTDOC (Site #1 Probation and Parole Office), Vocational Rehabilitation (VOC REHAB), Central Vermont Substance Abuse Services (CVSAS), the Washington County Mental Health LINC program, for the treatment of psychological trauma, the Vermont Health Department (VDH), Community Action, the Family Center, and AHS Economic Services.

The key components of this project are identified as a collaborative team approach, with an emphasis on case management, collaboration, and treatment of substance abuse issues. The two levels of team meetings are (a) the inter-agency team meeting which is convened regularly to discuss service issues, accountability and monitoring of service delivery, and (b) the individual team meetings, which are convened for each individual participating woman.

Site #2

The key components of the Site #2 project include an interagency, interdisciplinary team approach which consists of an Oversight Team and a Treatment Team. The Oversight Team meets approximately once per month, while the Treatment Team convenes weekly, to identify and discuss client progress and related issues. These meetings may include women who are participating in the program. The collaborative model reduces fragmentation of information, reduces the number of contacts necessary for a woman to have, and ensures that the team is coordinating services.

The women who are eligible for participation in the Site #2 Pilot Project were initially identified as being mothers, under 25 years of age, with substance use disorders, and under the supervision of the DOC. The age requirement was eliminated in July, 2008. Participation in all of the DETER projects is completely voluntary.

The Site #2 model is guided by the establishment of a therapeutic alliance and maintaining contact with the women beyond completion of their work in the project. Their focus is to provide support services, including assistance with housing issues, collaborating with other organizations in obtaining and advocating for services, provision of financial rewards through the AHS flex funds, to be utilized as an incentive for women to reach their goals. Funds can be used for a variety of needs such as housing, buying books, or other materials which are deemed to provide both incentive and support in recovery. A primary focus of their model is substance abuse treatment.

Treatment of substance use disorders and/or other mental health issues for women in the Site #2 project is provided at the local community Mental Health Substance Abuse Treatment program. Participants are evaluated, assigned a clinician and participate in individual, outpatient and group services determined by their assessment and treatment plan. If higher levels of care, such as primary treatment or residential services are indicated, referrals are made to the appropriate facility based on American Society of Addiction Medicine (ASAM) criteria for patient placement (American Society of Addiction Medicine, 2001). Case management is identified as a significant component of the project and the substance abuse case manager assumes the primary role, with caseloads of between 10 to 15 women. Other participating caseworkers may include

probation officers, Reach-Up case managers from the AHS Economic Services Division, and others as the needs of the client require.

Site #3

This site differs from the other two sites in that there are two different agencies providing case management for the DETER project, whereas in the other sites there is one designated agency with this responsibility. One of the agencies is an organization (Lund Family Center) that provides services to pregnant and parenting women under 26 years of age, and the other is the area designated community mental health agency (Howard Family Services). The components were defined by the staff as:

1. Individualized care plans developed with the women who are participating in the project.
2. Collaboration with other community providers and services, and
3. Providing incentives to motivate and encourage women in the project.

There are both weekly and monthly meetings for purposes of collaboration with other services and to provide supervision, management of referrals and provision of ongoing oversight around project design and structure.

The Site #3 site also accepts and works with women who are seen as being 'at-risk' for involvement in the criminal justice system, but who have not been charged with a crime, under supervision of the DOC or involved with the Department of Children and Families (DCF). This facet of the project differs from the other two sites where involvement with DOC is a requirement. The target population is women who have substance abuse issues and are involved with DOC and/or DCF and are receptive to

participation in a change process. The project was able to refer clients based on more refined determination of needs, with two dedicated case managers. For example, pregnant and parenting younger women receiving services through the Lund Family Center were referred to the case manager at that location, while non-parenting women with more clinically based needs were referred to the Howard Center case manager. The Site #3 project is guided by a focus on indicators of success which include completion of individualized plans, achieving and maintaining abstinence from substances, becoming self-sufficient and independent, acquiring and implementing skills to meet goals and maintain good health, and avoiding activities that would result in involvement with the criminal justice system. Services are individualized and based on a comprehensive assessment to determine the type and level of required substance abuse and mental health treatment needed, relevant bio-psychosocial issues, stage of change based on the “stages of change model” developed by Prochaska, DiClemente, & Norcross (1992) for application to addictive behaviors and individual’s motivation for treatment (Connors, Donovan, & DiClemente, 2001; Prochaska et al.).

who were interviewed for this study.

	Site #1	Site #2	Site #3
Key Project Components	1 Dedicated Case manager Two Team approach (Oversight Team & Treatment Team) resulting in collaboration Facilitation of referrals to collateral and wrap-around services	2 Dedicated Case Managers Individualized plans Teaming: Collaboration w/ community partners and supports Incentives that motivate and encourage participating women	1 Dedicated Case Manager Service coordination/Case management Collaborative Interdisciplinary Teaming Community supervision provided by DOC
Target Population	Women of any age, who are under supervision of the DOC, incarcerated, or at risk for incarceration and have substance use disorders or co-occurring disorders.	Women of any age, who are involved w/ DOC and/or DCF , and have substance use disorders or co-occurring disorders. Women reentering the community from jail are given priority.	Women who are incarcerated and are eligible for release and have substance use disorders or co-occurring disorders are prioritized. The program also works with women on furlough who are at risk for returning to jail.
Approaches Used to Support Women	Dedicated Case management model Collaborative team approach Wrap-around services: Mediating housing issues Funding housing w/AHS flex funds Working w/ local housing coalition Celebrating success w/ women Providing financial incentives	Dedicated Case management model Collaborative team approach Assistance w/ identification of steps to success Collaboration Active participation of women in developing their case plans Community-based wrap-around services	Dedicated Case management model Collaborative team approach Service Coordination/Case management model Recognition of stressors unique to incarcerated women (as compared to incarcerated men) Community based wrap-around efforts

Treatment Model Options	Comprehensive assessment Evaluation at Evergreen Evergreen clinician Primarily outpatient with both group and individual services. Residential services are based on referral.	Individualized approach Comprehensive assessment Referral based on results of comprehensive assessment Many options for treatment approach Residential services may be needed and referrals made. Services through DETER are outpatient	Comprehensive assessment Participating women help define approach that will work for them Treatment viewed as ongoing assessment DOC is involved in determining treatment plans
View of Effectiveness of Case Management Approach	Beneficial-supportive and proactive	Beneficial-positive and supportive	Beneficial-supportive, participating women's input viewed as important information
View of Effectiveness of Collaboration	Beneficial AHS support critical Enhances outcomes for participating women	Beneficial to both women and agency participants Commitment from DOC and DCF from the beginning seen as important factor in success of collaboration	Beneficial to both women and agency participants Promotes inter-agency understanding Results in a much stronger community
Available Wrap-Around Services	Intensive family-based services Parent education Caret Pregnancy Center Child care, Local high School CHSV, DMV, VR Dept of Labor WIC, DCF, Leddy Group, Health Dept. women's shelter, housing coalition, RCLT, section 8 housing, Salvation Army, Economic Services, Evergreen Services, DOC, BROC	Most services needed by participating women are available in Site #3 area. Existing community resources are numerous and case managers are able to access various resources depending on need. With two agencies, there are specific parenting and child-care resources available through the Lund Family Center	Vocational Rehabilitation Central Vermont Substance Abuse Services DOC LINCS-Washington County Mental Health Health Department Community Action Family Center Economic Services

Additional wrap-around services	Housing Lack of flexible funding Lack of inpatient treatment options No identified incentives for women successfully completing treatment plan	Housing Employment Training Transportation	Housing Transportation Livable wage employment Employment training
Barriers to Implementation	Slow rate of referrals Lack of flexible funding Few incentives for women to participate	Lack of referrals Getting the word out about DETER continues to be a problem identified by both staff and participants. Financial supports to provide concrete services	Issues for the participating women such as isolation as result of living in a small city (fear of being seen with someone with whom they shouldn't be associating) Involvement with DOC in the DETER project is higher in this area and this can sometimes be perceived as a problem for women

In summary, the three pilot sites of the DETER project all share the same basic set of key components (see Table 2) derived from both national and local research initiatives. The focus of this study is to identify whether and in what ways the components used to serve the women who participated in the projects to completion may have contributed to reduced recidivism based on incarceration information. The purpose of the study is to evaluate the DETER projects as to the impact of the services it provided to women offenders, in terms of their psycho-social and substance abuse related needs, and success in diverting women from incarceration. Differences across the three sites are explored.

Definition of Terms

Criminogenic. In order to understand the relationship between needs and factors which may be related to criminal behavior, this term is often used to refer to characteristics or factors which are identified by research as predictors of the individual's potential to commit a crime and /or are related recidivism. These are the factors which are considered to be either static and unchanging, or dynamic and subject to interventions, which may change them and thus reduce risk and potentially, for recidivism (Bonta & Andrews, 2007).

Gender-Responsive. Gender-responsiveness has been defined as “creating an environment . . . that reflects an understanding of the realities of women's lives and addresses the issues of the women (Covington & Bloom, 2005, p. 1). For the purposes of this study, the terms gender-responsive, and gender-specific refer to working with females as a gender.

Sequential Intercept Model. This is a model which provides a framework for

working with individuals who are simultaneously involved with both the criminal justice and mental health systems with regard to reducing criminalization of those with mental health and other health care problems. It was originally defined by Munetz and Griffin, (2006) in their research into providing effective treatment for mentally ill offenders at various points along a continuum of involvement with the criminal justice system.

Chapter II. Pathways to Crime and ‘What Works’

to Reduce Incarceration of Women

Women’s incarceration for drug offenses not only fails to address the issues which likely contributed to their involvement with drugs, it often exacerbates them. (Allard et al., 2005)

Literature Review

The purpose of this study is to determine whether and to what degree the DETER programs achieved their goals of reducing incarceration and/or re-incarceration in women who were involved with the DOC. This chapter reviews the relevant research literature pertaining to gender-responsive treatment of female offenders, the use of evidence-based treatment for women as diversion from the criminal justice system and, finally, gendered policy issues.

Overall, there is support in the research for the community based approach to identification, targeted intervention for substance abuse and related issues, intensive case management, and interdisciplinary teaming as an integrated approach to the diversion of women from correctional responses. The topics explored include women’s pathways to crime, gender responsive approaches to working with females in relation to traditional correctional programming and ‘what works’, evidence-based substance abuse treatment with women, trauma-informed treatment, and programmatic approaches to working with female offenders, and literature on program evaluations. The literature reviewed includes the available research supporting use of the modalities chosen for the projects, for

assessment and treatment of women offenders in the community and other correctional settings, gender-responsive principles of correctional practices, and program evaluation literature. This literature review will provide a relevant backdrop to the study in highlighting the salient issues in working with this population in the DETER projects.

Gender-responsive Principles for Working with Females

in the Criminal Justice System

Gender Differences

Research has shown that there are significant differences between male and female offenders in terms of their pathways to crime and criminogenic needs, and how the criminal justice system responds to females. According to a landmark study by Bloom et al. (2005):

Two key findings emerge from an examination of the state of criminal justice practice regarding women. First, because of the overwhelming number of male offenders, the issues relevant to women are often overshadowed. Second, criminal justice agencies often have difficulty applying to women offenders the policies and procedures that have been designed largely for the male population. . . . Further, in focus groups, a number of managers reported resistance to modifying policies to reflect more appropriate and effective responses to the behaviors and characteristics of women under supervision. (p. 3)

Other researchers have concurred with these findings and identified that women who are incarcerated and/or involved with the criminal justice system in general are more

likely to be mothers who are primary care-givers, have histories of childhood trauma and abuse, and are often in dysfunctional and abusive relationships. In addition, they are frequently unemployed and unskilled, tend to be dependent on others for financial support and often report supporting their families in a variety of ways, including criminal activities (Allard et al., 2005; Chesney-Lind, 2004; Frost et al., 2006; Jacobs, 2000; Morash et al., 1998; Porporino, 2005). In short, their criminality is very different from that of male offenders. Porporino stated:

...offending in women may be intertwined with life circumstances in a very different way than with men. Rather than rebellious rejection of conventional rules and norms, as is the case for men, women may offend more as a coping response to cumulative social and emotional difficulties, rooted in self-perceptions of low self-efficacy for pursuing legitimate pro-social lifestyles. (p. 26)

The profiles of women offenders have been researched and documented to identify pathways to criminal behavior and activities that include social and cultural factors such as poverty, race, class and gender inequality (Acker, 2006; Bloom et al., 2004, 2005; Chesney-Lind, 2004; Porporino, 2005). The notion of 'gender responsive' services was first described by Bloom and Covington (2000) in their nodal research on factors contributing to women offending behaviors and effective interventions in treating them. As mentioned in Chapter 1, 'gender-responsive' services refers to those services and environmental conditions that are specific to working with women offenders and clients.

Gender Responsive Principles in Correctional Practice

The generally agreed upon definitions of gender-responsiveness for women offenders in community corrections is best said by Bloom and Covington (2000):

Gender-responsiveness involves creating an environment through site and staff selection and program development, content, and material that responds to the realities of women's lives and addresses participants' issues. Gender-responsive approaches are multidimensional and based on theoretical perspectives that acknowledge women's pathways into the criminal justice system. These approaches address social and cultural factors (e.g., poverty, race, class, and gender) and therapeutic interventions involving issues such as abuse, violence, family relationships, substance abuse, and co-occurring disorders. These interventions provide a strength-based approach to treatment and skills building, with an emphasis on self-efficacy. (p. 11)

Bloom, Owen, and Covington (2004), in their hallmark study on the development of gender-responsive strategies for working with women offenders, defined the principles by which this work has proceeded. The authors collected and summarized multidisciplinary research and practitioner expertise to catalog the characteristics of women in the criminal justice system. A summary of this study was published in 2005, by The National Institute of Corrections (Bloom, Owen, & Covington, 2005). Subsequent writings by these authors have further refined the salient issues in preventing women from becoming entrenched in the criminal justice system (Bloom et al., 2004, 2005). The

authors in their seminal work identify six principles to guide those working with women offenders in the correctional system. These guiding principles are as follows:

1. Acknowledge that *Gender* Makes a Difference
2. Create an *Environment* based on Safety, Respect, and Dignity
3. Develop Policies, Practices, and Programs that are *Relational*, promote healthy connections to children, family, significant others, and the community
4. Effectively Address *Substance Abuse, Trauma, and Mental Health* Issues through comprehensive, integrated, and culturally relevant services and appropriate supervision
5. Provide Opportunities to Improve *Socioeconomic* Status
6. Establish a System of *Community* Supervision and reentry with comprehensive, collaborative services (p. 6-10)

Theoretical Perspectives about Criminal Behavior in Women

No literature review concerning women offenders would be complete without describing the four important theoretical frameworks regarding women offenders. They are *pathways theory, relational theory, addiction theory, and trauma theory* – the underpinnings of gender responsive intervention strategies. These theoretical frameworks help us to understand how life experiences impact development and provide a context and make sense of the way that experiences and events impact women’s development. The frameworks serve the dual purpose of providing both an explanation/interpretation of behaviors, and also promote the development of appropriate strategic interventions (Bloom et al., 2004; Porporino, 2005; Sydney, 2005).

Pathways Theory

This framework, first identified in Daly's *Women's pathways to felony court: Feminist theories of lawbreaking and problems of representation* (as cited in (Reisig, Holtfreter, & Morash, 2006), views women offenders as being driven to criminal behavior (typically non-violent), by attempts to adapt to poverty, substance abuse and/or some form of abuse in their lives. Pathways theory purports that women who commit offenses are often influenced by involvement in abusive relationships and situations which lead them into criminal behavior because women offenders are often influenced by partners or significant others due to their high need for connection to others.

Relational Theory

Jean Baker Miller (1991) first wrote about relational theory, in her book, *Toward a New Psychology of Women*, when she wrote about the self in relation theory. The theoretical framework has subsequently been fully developed through the work of the Stone Center and is currently well accepted. Its premise is that female development differs from male development in a centrally important way: that connection is at the center of human growth and development, as opposed to the previously accepted premise, based mostly of studies of male development, that emphasized isolation/separation as the key developmental task in relationships (Jordan, Walker, & Hartling, 2004). It can be said that the relational focus for women is gender related, but not gender specific. Women tend to be focused on relationships in their development, which may not be as strong an emphasis for men. Sydney (2005) writes that "forming and keeping relationships are fundamental elements in women's lives and thus influence their

criminality; choice of peers; relationships with children and others; need to create ‘family’, even in prison; substance use and efforts to regain sobriety; and response to community corrections interventions” (p. 8).

Addiction Theory

Substance abuse among women offenders is a complex problem affecting most of the women in prison. The most prevalent crime for which women are arrested in Vermont is sale of regulated drugs, according to the VTDOC (Perry, 2008). While addiction is bio-psycho-social in nature, it is influenced by a number of factors. Grella and Greenwell (2007) have done a comprehensive review of the literature pertaining to substance abuse and mental health treatment needs of women offenders as a prelude to a study conducted with women offenders at admission to prison-based substance abuse treatment and their subsequent admission to community-based treatment upon release to the community. They examined their treatment needs with respect to engagement and retention in treatment in the community to reduce recidivism and cited the following characteristics of the population and their needs (Grella & Greenwell, 2007):

- Women offenders have higher rates of co-occurring disorders of substance use and psychiatric illness
- A majority of incarcerated women meet criteria for lifetime or current mental health/and or substance use disorders, with most having received some form of treatment prior to incarceration

- Women offenders are more likely to have received treatment for substance use disorders in the community prior to incarceration, but are less likely to receive treatment in prison
- Lack of access to integrated community based treatment may underlie a greater likelihood of recidivism among offenders with co-occurring disorders. (p. 246)

Trauma Theory

The premise of trauma theory is that experiences of violence and other unforeseen traumatic events are linked to criminality for women offenders, a substantial number of whom have survived some form of trauma. Multiple studies have found that women offenders tend to be victims of physical and sexual abuse at higher rates than the general population. According to Gilfus (2002), “Government surveys of state and federal prisoners estimate that 43% to 57% of women in state and federal prisons have been physically or sexually abused at some time in their lives (Harlow, 1999; Greenfield & Snell, 1999; Snell & Morton, 1994)” (as cited in Gilfus, p. 2). Trauma theory posits that addressing these issues is important to providing effective interventions for women offenders whose histories of trauma are influential in their criminal behaviors. Childhood experiences of abuse may be linked to problems in psychosocial functioning, involvement in high risk behaviors, health problems, and to some specific types of criminal behavior, such as domestic violence. Unfortunately, access to “trauma-informed” services is limited by a lack of availability, despite the fact that there is ample evidence of better outcomes with treatment (Grella & Greenwell, 2007, p. 246). The provision of services to survivors of trauma should include: “Acknowledging the trauma,

avoiding triggering trauma reactions or re-traumatizing the victim; supporting the survivor's coping capacity; and helping survivors to manage their symptoms successfully" (Bloom, Owen, & Covington, 2003, as cited in Sydney, 2005, p. 8).

Research on the significant differences between male and female offenders and the need to provide gender-responsive correctional and clinical services has emerged over the last 10 years as a focus of national attention in public policy development and change. This research has fueled further study of best practices to provide effective intervention for the complex problems presented by this population. The National Symposium on Women, which took place in Washington, DC in December of 1999, was the first event of its kind to discuss "women offender issues" (p. 3, Executive Summary). The hallmark studies (Acker, 2006; Allard et al., 2005; Bloom et al., 2004, 2005; Chesney-Lind, 2004; Frost, 2006; Morash, 1998) identified both the bio-psycho-social issues facing women offenders and the need to study and reform correctional practices in use, which were developed based on and for male offenders.

Gender Differences and Criminality

Research has shown that male and female offenders differ in a number of ways. Female offenders are more likely to have histories of physical and/or sexual abuse; their involvement with crimes has more to do with living in poverty than that of males, and they are often motivated by substance abuse and relationships with men who are involved in criminal activity (Bloom et al., 2004). Daly (1992, p. 21), as cited by Reisig, Holtfreter, and Morash (2006) coined the term, "pathways to crime", which they refer to as "one of the best-known and respected attempts to organize the varying conditions and

circumstances that spawn violence and illegal forms of economic gain” among women (p. 390).

The profiles of women offenders have been characterized as being within the age group of early-to-mid-thirties, likely to have been convicted of a drug or drug-related offense, having families of origin and procreation characterized by fragmentation and involvement with the criminal justice system, and being survivors of physical and/or sexual abuse as children and adults. In addition, they are described as having significant substance abuse problems, being unmarried mothers of minor children, being comprised of a disproportionate number of women of color and having received their high school diploma or GED, but limited vocational training and work histories (Covington & Bloom, 2006). Other key factors that have an effect in the pathways to crime perspective include safe and affordable housing, and other health and mental health problems. A significant feature identified in the literature is the prevalence of sexual abuse and domestic violence in the lives of these women. The three-year National Institute of Corrections (NIC) study conducted by Bloom, Owen, and Covington (2004) summarized the literature in reviewing multidisciplinary research and practitioner expertise. They cited a number of key issues for focus in the criminal justice system where women offenders are incarcerated or receiving correctional intervention. The utilization of guiding principles for gender-responsive services stands out as a framework for implementing the DETER project services.

The three year National Institute of Corrections (NIC) study conducted by Bloom, Owen, and Covington (2004) summarized the following key findings (from their study

titled: Gender Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders) related to programming for women in criminal justice settings:

- Developing mutual relationships is fundamental to women's identity and sense of worth.
- Women suffer from isolation and alienation created by discrimination, victimization, mental illness, and substance abuse.
- Studies in the substance abuse field indicate that partners, in particular, are an integral part of women's initiation into substance abuse, continuing drug use and relapse. They can also influence retention in treatment programs.
- Theories that focus on female development, such as the Relational Model, posit that the primary motivation for women throughout life is the establishment of a strong sense of connection.
- The majority of women under criminal justice supervision are mothers of dependent children. Many women try to maintain their parenting responsibilities while under community supervision or while in custody and many plan to reunite with one or more of their children upon release from custody or community supervision.
- Studies have shown that relationships among women in prison are also important. Women often develop close personal relationships and pseudo families as a way to adjust to prison life. Research on prison staff indicates that correctional personnel are often not prepared to provide an appropriate response to these relationships. (p. 21)

*Special Needs of Women Offenders with Co-Occurring Disorders,
Trauma and Mental Health Issues*

The issue of re-traumatization of women offenders during incarceration is a significant issue in both understanding the role that trauma plays in pathways to crime, but also in the problems that women encounter in correctional settings that result in longer sentences, disciplinary actions, and a host of other related problems. Research has identified increasing re-traumatization of women offenders who were incarcerated because of the environmental risks posed by institutions and correctional facility staff who were ill equipped to work with female inmates (McNabb, 2008).

The Importance of Trauma Informed Services for Women Offenders

The issue of the impact of trauma and its sequelae on women offenders has been widely acknowledged by those who have studied women offenders as has been previously identified in this paper (Bloom et al., 2004; Covington & Bloom, 2006; Jacobs, 2004; Morash et al., 1998; Pelissier, 2005; Richie, 2001). Hills (2004) wrote specifically about the need to provide services to address the unique needs of women offenders in programs aimed at diverting them from the criminal justice system. Hills' report provides information relevant to programming for this population in such diversion programs. The report identifies the prevalence of post traumatic stress disorder arising from histories of chronic abuse and attendant substance abuse and addiction disorders. The recommendations made by Hills include integrated treatment modalities of care to address the trauma histories of the women through a culturally competent approach.

Some of the core assumptions identified in this report are taken from Harris (2003) as cited by Hills:

- the impact of abuse is experienced throughout life;
- the impact of abuse is felt in areas of functioning seemingly unrelated to the abuse itself;
- current problematic behaviors or symptoms may have originated as attempts to cope with, process, and defend against trauma. (p. 11)

As Hills notes, “Part of becoming trauma-informed is being able to recognize symptoms that can be the result of chronic abuse” (p. 12). She suggests the following list:

- disorders of thought
- disorders of emotion
- disorders of behavior
- disorders of personality

Providing trauma-informed services is thought to be an important element in the delivery of services to women offenders who have histories of chronic abuse (Bloom & Covington, 2000; Bloom et al., 2005; Pelissier, 2005).

*Evidence-Based Treatment Approaches to working with Women
in community-based Criminal Justice Settings*

Results from the National Criminal Justice Treatment Practices Survey (NCJTPS)

The Office of National Drug Control Policy (2006) identified substance abuse treatment for offenders as a focus of the national effort to reduce the criminal activities related to procurement of drugs. This information resulted in a national survey that was

designed and implemented to identify and “describe the prevalence of substance abuse treatment programs across all correctional settings...” (Taxman & Fletcher, 2007, p. 1). This landmark study was conducted through the Inter-University Consortium for Political and Social Research (ICPSR) between 2002 and 2008. The findings from this survey are important in framing the context for substance abuse treatment services across correctional settings and identified specific gaps in services that are relevant to the services augmented by the DETER projects. Taxman, Young, Wiersema, Rhodes, and Mitchell (2007) pointed out that the field of substance abuse treatment for offenders lags behind in matching science to practice, in terms of “matching offenders to treatment modalities based on need (and not criminal charge), and providing continuity of care from institutions to communities and residential-to-outpatient programming that have longstanding support in research but remain unimplemented” (Taxman, Young, & Fletcher, 2007, p. 236).

As noted by Sydney (2005), there are more women in community corrections than in incarceration facilities. This is true in Vermont, with an Average Daily Population (ADP) total number of women in FY 2010 of 2,204, of which 145 were incarcerated, while 2,059 women were under community supervision. Sydney reported on the Bureau of Justice statistics for 2001 with the following statistics of the women released on parole: 16% committed violent offenses, 35 % committed property offenses, 42% drug and 7% public order offenses (p. 5). The VTDOC reports in the *Vermont Department of Corrections Facts and Figures* for FY 2010 that for women who are on community release statuses (commensurate with the status of parole), which amounts to 95% of the

population of female offenders, 15% committed violent misdemeanors, 22% felony property, 12% drug and 21% motor vehicle, with the other 30% divided among general categories. The breakdown of felony and misdemeanor offenses for female offenders in FY 2010 reported that 59% of the women were convicted of misdemeanor offense, while 41% of the women were convicted of felony offenses (p. 10), which reflects the higher rate of non-violent and less serious criminal behavior in women in VTDOC.

Gender-Based Assessments for Risk to Reoffend

A model for assessment and rehabilitation of offenders of both genders was developed in the 1980's and published for formal use in 1990. The risk-need-responsivity model was developed by Bonta and Andrews (2007) based on the three principles: "1) the *risk principle* asserts that criminal behaviour can be reliably predicted and that treatment should focus on the higher risk offenders; 2) the *need principle* highlights the importance of criminogenic needs in the design and delivery of treatment; and 3) the *responsivity principle* describes how the treatment should be provided" (p. i). In their 2007 paper, the authors discuss the use of these principles in the development of risk assessment tools, and specifically the Level of Service Inventory-Revised (LSI-R). A study conducted by Reisig et al. (2006) tested the validity of a commonly used risk assessment tool for both male and female offenders. The LSI-R was used to assess a sample of women who were under community supervision in the states of Minnesota and Oregon. Their results demonstrated that the LSI-R tends to misclassify that sub-set of women who are 'socially and economically marginalized', while they found "predictive accuracy was observed for

women who did not follow gendered pathways into criminality, whose offending context was similar to males, and who occupied a relatively advantaged social location” (p. 384).

The LSI-R measures risk, need and responsivity relative to predicting risk to reoffend. It asks minimally about mental health and substance abuse and is not a clinical assessment tool. It is widely used in the corrections systems and is the assessment and classification tool used by the VT DOC in placing offenders in a risk category, which may predicate their treatment requirements, as well. As Reisig et al. (2006) point out, pathways to crime for female offenders, is significantly related to their emotional, physical and sexual abuse experiences; “their substance addiction, familial and intimate relationships and economic marginalization” (p. 390). The authors point out that these factors are differentially displayed and manifested across the population of women offenders.

The findings of a study of 725 federally sentenced female offenders conducted by Dowden, Serin, and Blanchette (2001) utilized the Community Intervention Scale (CIS) to examine how the instrument might be used to assign supervision and case management resources for those offenders under community supervision to respond to women offender needs. The CIS measures risks and needs across the domains of criminal associates, criminal attitudes, community functioning, employment, marital/family, personal/emotional, and substance abuse. The data confirmed that women offenders had problems in all need domains except for criminal attitudes. One surprising finding in this study was that there were ‘relatively few’ women in the study group who were determined to have a problem in the area of substance abuse. This finding is surprising in

light of all of the previous and more recent research which identifies substance abuse as a serious and prevalent problem for the population in general (Dowden, Serin, & Blanchette, 2001). Significantly, this study suggested that the CIS is a valid risk/needs assessment instrument for individuals for whom case management is a consideration; however one might suggest that it be augmented with substance use disorder assessment.

Evidence-based Substance Abuse Treatment Approaches

There has been a keen interest in coming to understand and develop more effective approaches to intervention with substance abusing offenders. According to a report on the impact of punitive policies intended to stem the tide of drug use, the incarceration rates across local, state and federal incarcerative facilities were more than seven times higher than they were in 1970 (Frost, Greene, & Pranis, 2006). The so called “War on Drugs” has been a leading contributor to this trend. Some statistics have determined that more than 50% of those diagnosed with substance use disorders in treatment settings are involved with the criminal justice system. In particular there has been a need to evaluate the literature regarding gender differences among substance abusers (Pelissier, 2005).

Gender Differences in Substance Use and Treatment Approaches

Much of the literature recognizes that female treatment programs need to be responsive to the range of problems that women present and specifically, their experiences with physical and sexual abuse. Abbot, 1994; Drabble, 1996; Kassebaum, 1999; Landry, 1997; Logan et al., 2002; Morash et al., 1998; Root, 1989 (as cited in Pelissier & Jones, 2005) conclude that women offenders “...consistently appeared to

have less severe problems than men” (p. 352) with respect to their criminal histories, when compared to males.

Research has shown that “women offenders are more likely than male offenders to use drugs, to use more serious drugs, and to use them more frequently” (Sydney, 2005). In a study conducted by Pelissier and Jones (2005), the authors identified and assessed the relationship between the literature on treatment needs and empirical studies of gender differences. Their work bears relevance to this study. As stated above, the preponderance of the literature that describes women’s treatment issues cite the need for gender-specific services that include community based services with a wide range of options to address parenting and relational issues, child care, transportation, economic support services, education and vocational training, and assistance with housing (Marsh, 2009; Morash et al., 1998; Pelissier, 2005). A meta-analysis of studies on treatment efficacy conducted by Pelissier and Jones recommended treatment delivery styles that are strengths based and focus on empowerment and skill building rather than confrontation. The authors indicated that treatment models are strongly recommended for female populations that are gender-specific and take place in all female settings as they are more nurturing and provide a setting in which there is a sense of safety especially for those who have experienced domestic or sexual abuse.

The most promising approaches to treatment of substance use disorders, specifically drug addiction, according to the National Institute on Drug Abuse (NIDA) include a range of individualized services and modalities, which are intended to address the complexity of the diseases of addiction. *The Principles of Drug Addiction Treatment*

published by NIDA and revised in April of 2009 make the following recommendations (Volkow, 2009):

1. Acknowledge that addiction is chronic and based on brain disease.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available.
4. Effective treatment attends to multiple needs of the individual, not just to his/her drug abuse.
5. Remaining in treatment for an adequate length of time is critical.
6. Behavioral therapies vary in focus and include individual, group therapies, and peer support, to address motivation to change and stages of change, provide incentives for abstinence, build skills to resist drug use, replace drug-using activities with constructive and rewarding activities, improve problem solving skills and improve the quality of interpersonal relationships.
7. Utilize medications where clinically appropriate in concert with counseling and other behavioral therapies.
8. Treatment and services plans must be assessed continually and modified as necessary to ensure that it meets his/her changing needs.
9. Co-occurring disorders are prevalent and clients presenting with one disorder should be assessed for the others.
10. Medically assisted detoxification is the first stage of treatment and it is critical that patients be encouraged through motivational enhancement and incentive strategies to engage in treatment.

11. Treatment does not need to be voluntary to be effective.
12. Drug use during treatment must be continuously monitored as lapses during treatment do occur.
13. Treatment programs should assess for the presence of HIV/AIDS, Hepatitis B and C, Tuberculosis and other infections disease and provide risk-reduction counseling. (pp. 2-5)

*Emerging Evaluation Research on Community-Based Programs
for Re-entry and Diversion of Women from the Criminal Justice System*

It is important to begin any discussion of community based corrections with definitions of what it means, both nationally, and in Vermont. Commonly referred to in recent time as Intercepts 2, 3, and 5 by the Sequential Intercept Model (Marlowe, 2007, 2009; Munetz & Griffin, 2006; Sydney, 2005), community corrections includes a range of services spanning pre-trial diversion programs to correctional intermediate sanctions programs. Corrections systems enforce court orders and/or release orders from incarcerative facilities and carry out statutory authority for supervision and enforcement of conditions of release. The purpose of community corrections is to reduce the risk to reoffend, to provide support and other services to victims of crime and to engage with the community to reduce criminal behavior and protect public safety. Examples of community corrections programs in Vermont include the intermediate sanctions program known as the Intensive Substance Abuse Program (ISAP), probation and parole supervision, certain work crew programs, and Community High School of Vermont. Typically, community corrections programs are designed for male offenders, and as such

make little room for unanticipated consequences. According to Sydney, typical reporting requirements for offenders can conflict with necessary responsibilities and activities of mothers taking care of children, attending treatment or carrying out other expectations. Sydney discusses this issue in her report, suggesting significant changes to community corrections programs in response to conducting a focus group with community corrections practitioners and administrators (Sydney, 2005).

There have been a number of alternatives to incarceration programs developed for female offenders within the past decade. A search of the library of the National Institute of Corrections, and cited in an annotated bibliography of programs for female offenders, identified examples of such programs, including one that cited a program process relevant to that undertaken in Vermont. The Alternative Interventions for Woman Program (AIW) developed through a project that was initially designed as an intermediate sanctions program in Cincinnati, Ohio. The program itself evolved from a particular design process which the author stated as follows: “More important than the creation of the AIW program was the collaborative systemic planning process that led to its creation” (Schmitz, 2005), p. 15). Similar to the DETER projects, the AIW provided transitional services to facilitate reintegration to the community from prison settings. The report describes the collaborative processes that resulted in the project and highlighted the formulation of the team, data management processes, decision-making and implementation.

Another project highlighting the collaboration between probation officers, social workers and family services is described by Michelle Moran (2001). This project, named

‘Project Rebound’ was implemented as a pilot in Hennepin County Community Corrections, Minneapolis, MN. This project is similar to DETER in terms of working as a collaborative team, to bring together services aimed at attaining and maintaining sobriety, parenting skills training, life skills, successful completion of probation, and reunification of the mother with her children/family (Moran). (Results related to outcomes were not reported.)

Programs that provide alternatives to incarceration, that employ gender-responsive treatment models, such as the House of Healing, have not been widely researched as to their effectiveness in reducing recidivism. In an evaluation study conducted by Lichtenwalter, Garase, and Barker (2010), the authors found that there was a “significant relationship between successful program completion and female offender’s recidivism” (p. 75). The evaluation comprised review of records on 94 female offenders who lived in a residential program with their children during time periods between 1998 and 2006. The authors report that three-year rates of reincarceration are approximately 47% (Lichtenwalter, Garase, & Barker, 2010). They pointed out that reconviction rates typically exceed those of reincarceration. Based on this, the evaluation findings of 40% reconviction rate implies a significant reduction in the predicted recidivism rates. The findings of this study are supported by the findings of the DETER evaluation.

Gendered Policy Issues

While this is not a dissertation on public policy, it is important to at least address the most salient of issues impacting women offenders. There are many significant policy issues that impact women offenders as they struggle to remain in their communities

without becoming re-incarcerated once they are released from prison settings. Policy issues around drug use and sales, impact arrest, conviction and incarceration rates, and welfare policy and the provision of social services constitute another area of impact. In reviewing the literature on this topic, there are three hallmark studies that document the ways in which women offenders' plight is affected by public policy in ways that differ from male offenders (Allard et al., 2005; Frost et al., 2006; McCorkel, 2003). These are described below.

Impact of Drug Policies on Women and Families (Allard, et al., 2005)

Studies on the growth of the population of women entering the criminal justice system have pointed to shifts in public policy concerning drug laws and policies. Allard says it well: "Federal and state drug laws and policies over the past twenty years have had specific, devastating, and disparate effects on women, and particularly women of color and low income women" (p. 3 Executive Summary). Allard et al. point out that there are racial and income related effects and disparities to women of color and poor women. They, and others point to increased focus on poor mothers of color, in the process of providing oversight and 'surveillance' of this population to identify child abuse and neglect (Frost et al., 2006). These policies tend to exacerbate the disparities. The legal system, in its mission to fight the war on drugs, has widened the net to include women in the expansion of criminal liability, such as holding women responsible for the behavior of partners and children, according to Allard. Incarceration and other related criminal justice remedies for substance abuse and dependence, "not only fails to address the issues which likely contributed to their involvement with drugs, it often exacerbates them" (p. 4).

There are four etiological themes that have been identified to describe the relationship of women to criminal behaviors (Frost et al., 2006). These themes include the fact that most of the women offenders in the criminal justice system live in poverty, with little in the way of social supports; the women are often survivors of serious physical and/or sexual abuse; they are disproportionately suffering from physical, mental health and substance abuse problems and they are likely to be mothers who are primary care providers for their children (pp. 21-22).

The overlap between treatment and punishment. An ethnographic study conducted by Jill McCorkel (2003) examined the impact of disciplinary policies within a correctional facility to demonstrate how policies based on male patterns of offending impact women offenders. Her work analyzed qualitative data gathered over the course of a four year period within a women's correctional facility. She builds on the "earlier feminist scholarship" of Acker (1990) whose work suggested that organizations are themselves "gendered" (p. 42). McCorkel goes on to build on the theory that supervision and surveillance are in fact, "aspects of punishment rather than forms of work per se" (p. 43). She concluded several important points that bear relevance to this paper. These are that though there is widespread agreement that women offenders are different from male offenders, the differences are ascribed to psychological elements and offending and recidivism are perceived as failures of the women themselves, rather than failures of a system in which supervision and surveillance are punishments. She goes on to point out that in the prison where her research took place, the surveillance activities became

embodied in the treatment processes, which from her point of view resulted in social control rather than therapy.

Summary

This chapter summarizes the relevant literature pertaining to the programming and treatment needs of female offenders and highlights the research based evidence for the development of the DETER Pilot Projects. Gender responsive treatment and programming for female offenders with substance use disorders requires attending to their specific needs for relational approaches to address histories of abuse and trauma, serious and chronic substance abuse, family based services that support parenting and nurturing skills. Community based services need to be integrated and coordinated among various social services providers, and delivered where women are identified in the criminal justice system in order to divert them from further involvement in the system and ultimately to intervene in further criminal behavior.

Chapter III: Methodology

How do we know that our program really helps clients?

(Dudley, 2009)

In order to arrive at a statement of efficacy as to the outcomes of the DETER projects, the study looked at the key strategies of the projects, ascertained whether they were provided as intended, gathered the perspectives of the participants and staff, and finally, identified changes in the behaviors of the women, including their incarcerations. The problem addressed by this study is that the numbers of women coming into the criminal justice system and remaining there through reoffending (recidivism) have grown exponentially. Significant among the contributing factors is lack of coordinated, integrated services in the community. The DETER pilot projects were developed to address those gaps in services.

The purpose of this study is to evaluate the outcomes of the DETER pilot projects, and to examine whether and to what extent services were provided to address criminogenic needs associated with recidivism. The main hypothesis of the study is that women offenders with substance abuse as a primary criminogenic need benefit from the key strategies of the DETER project by not reoffending and going deeper into the criminal justice system. This study seeks to respond to the following questions, utilizing a mixed method program evaluation design:

1. What are the outcomes associated with the key components of the DETER pilot projects?

- i. Did participation in the DETER projects reduce incarceration or recidivism?
- ii. To what degree do case management, interdisciplinary and inter/intra-agency teaming approaches provide effective methods for engaging and retaining women in substance abuse treatment?
- iii. Is there a relationship between participation in the DETER projects and retention in substance abuse treatment?
- iv. What are the factors associated with the 3 DETER Pilot projects that are most effective in diverting women from jail and/or returning to jail upon release?
- v. What recommendations are suggested by the outcomes that could contribute to promising practices for statewide implementation?
- vi. What site contextual factors contribute to the overall success or lack of success for participants?

The stated goals of the IWI in developing the DETER pilot projects were to reduce the number of women being incarcerated in the State of Vermont, while identifying promising practices and public policy issues that would ameliorate the problem. *The Charge to Vermont Communities* (Dale et al., 2005), lists the following variables as the targets for the IWI:

1. Reducing the flow of women into the broader corrections system
2. Reducing the number of women who are incarcerated for violations of probation and other forms of community Corrections supervision

3. Reducing the number of women being sentenced and detained by the Courts
4. Reducing the length of stay in incarceration
5. Increasing the rate of successful re-entry for women offenders (p. 8)

An additional research question for this evaluation was related to the above stated goals of the IWI and was stated as: To what extent do the projects achieve the goals of the IWI?

This study of a three-site pilot project to reduce the incarceration of women through provision of targeted services incorporates semi-structured individual interviews of women offenders in the projects, their case managers and other team members, in order to obtain a broad array of perspectives about the strengths and weaknesses of the project models, and to identify those services that seem to show the most promise in preventing, diverting and supporting women in managing their substance use disorders and ameliorating other problems correlated with reductions in recidivism.

In order to verify the outcomes in terms of changes in recidivism and to obtain information that may be predictive of reduced recidivism in this population, quantitative data was gathered and analyzed through descriptive statistical analysis, and compared with the general population of female offenders with similar profiles who did not participate in the program. This mixed methods evaluation provides some preliminary information about the overall effectiveness of the projects in reducing recidivism.

Rationale for Research Methods

This evaluation study utilized a mixed methods approach to studying the problem of how to reduce recidivism in females with substance abuse problems, through

evaluation of a pilot project for female offenders. The mixed methods design was chosen because of its flexibility, in the ability to integrate different data sets, each providing a unique perspective. The field of mixed methods research is new and dynamic, as applications are expanding rapidly across many disciplines. As Creswell (2009) notes, "...the use of mixed methods in existing designs, such as case studies, formative evaluation in experiments, and action research, attests to an emerging trend toward incorporating mixed methods procedures into traditional designs" (p. 98).

In this study, quantitative data is used to describe the population and how it compares to the general population in terms of a number of independent variables, including offenses, severity of offense, incarceration episodes, days in jail, risk assessment scores and length of sentence. The qualitative approach of interviews was chosen because it provides the unique perspectives of the participants and staff in the programs. This approach supports making meaning of "participants' perspectives, understanding a particular context, identifying unanticipated phenomena, understanding 'the process' by which certain activities take place, and developing causal explanations" (Maxwell, 2005, pp. 22-23). The strengths of qualitative methodology have been documented by multiple researchers (Lincoln & Guba, 1985; Marshall, as cited in Marshall & Rossman (2006). Qualitative research is reflective, in terms of making meaning of and interpreting the data gathered through the interviews, documents reviewed, observations made and how they interplay (Denzin, 2005; Stake, 2005).

An interview approach was used to gather information from the women offender participants and staff from the projects in each site. This approach was selected as it

offered opportunities to gather rich information and it provided for flexibility and input among the various participants in this project. This method allowed me to act in a consultant role as well as in the role of researcher conducting the evaluation (Guba & Lincoln, 1987; Patton, 1997; Fetterman, Kaftarian, & Wandersman, 1996, as cited in Krathwohl & Smith, 2005). The process for coding the interviews followed on the basis established in the preceding phases of the DETER evaluation, which identified the key strategies used by the DETER programs (Dedicated Case Management, Collaborative Interdisciplinary Team planning, and Wrap-around Services) as outlined in Chapter 1 of this paper. Interviews were coded for supportive and validating information pertaining to these key strategies, as well as for other themes identified in the literature reviewed in the preceding chapter. Other information sought through the interviews were perceptions of participants and staff about the effectiveness of the program practices.

The resulting combination of two methods provides for an integration of data that supports a more comprehensive exploration of individual's changes that may be related to participation in the DETER projects.

In this study, I theorize that there are relationships between the variables of participating in and completing the DETER project, and the potential for reducing recidivism as measured by incarceration. This method provides an ability to describe the process issues contained in the relationships between the people involved in the projects themselves, the experiences of the participants, their perspectives as women in a largely male oriented system such as that of correctional organizations, and lastly, how to make sense of their varied experiences. Cresswell (2003) describes the evolution of the

“transformative design as a distinct form of mixed methods research” (p. 136), in which a theoretical lens guides the research. I looked to this for guidance in choosing a mixed methods design for this study of gender-responsive programming for female offenders.

In summary, this study employed semi-structured individual participant interviews, descriptive data collection, and document checking/record reviews. This mixed method approach to evaluation provided the basis for comparison across the different sites, and allowed me to identify whether there were specific contextual practices that may have contributed to differences in the outcomes being measured. Table 3 illustrates how the methods were chosen to address the research questions.

Table 3: Methods Selection

Research Questions	Staff	Women	Data
What are the outcomes associated with the key components of the DETER pilot projects?	Interviews	Interviews	Case management file review
Did participation in the DETER projects reduce incarceration or recidivism?	Interviews	Interviews	Data from DOC on incarceration episodes/bed days
To what degree do case management, interdisciplinary and inter/intra-agency teaming approaches provide effective methods for engaging and retaining women in substance abuse treatment?	Interviews	Interviews	Review of ADAP quarterly reports

What relationship exists between participation in the DETER projects and retention in substance abuse treatment?	Interviews	Interviews	Case management file review
What are the factors associated with the 3 DETER Pilot projects that are most effective in diverting women from jail and/or returning to jail upon release?	Interviews	Interviews	Case management file review and DOC records review
What recommendations are suggested by the outcomes that contribute to promising practices for statewide implementation?	Interviews	Interviews	Data from DOC
What site contextual factors contribute to the overall success or lack of success for participants?	Interviews	Interviews	N/A
To what extent do the projects achieve the goals of the IWI?	Interviews	Interviews	Data from DOC for quantitative analysis

Sites and Participant Selection

Recruitment of Women Offender Participants

The case managers were charged with identifying and recruiting the participants for the interviews. They were instructed to choose among their caseloads to identify potential participants who represented a range of women in their respective sites as to age, issues to be addressed and level of criminal involvement. They were provided with a brief description and invitation to participate in the study (see Appendix B), and an Institutional Review Board (IRB) approved informed consent document, both of which they were asked to provide to prospective participants (see Appendix C). They were

instructed not to ask clients to sign the informed consents, as that was part of the initial task when participants met with me. They were asked to contact me with information about how to reach the prospective study participants once they received permission from the participants to do so. I then contacted the participant to schedule a time and place to meet. This was handled somewhat differently across the three sites, despite efforts to standardize the process. In one site, the case manager organized interviews, provided space and transportation to the participants who may have needed it in order to participate. The other sites left the process of setting the interviews up to me to work directly with the participants. The interviews were conducted at the respective offices of the staff members and were recorded digitally and later transcribed by the researcher. The responses to the interview questions were sorted, coded and summarized by their relevance to the research questions and compared across the three project sites.

Site Selection

Selection of the sites was predicated on the location of the three DETER project sites that were chosen as pilots for the DETER project as determined by the AHS IWI Core Team. Selection was based on the logistics of significant populations of women offenders in the community and the existence of relevant resources for implementation of the services.

The study took place at the DETER project sites in the Vermont cities of Site #1, Site #2, and Site #3. Interview locations varied across the three sites, due to availability of a private space and contingent upon the expressed comfort levels of the interviewees and their transportation resources. Although the protocol provided for women

participants to have access to the presence of an advocate of their choice, only one woman requested her case manager to sit in on the interview. Interview sites for the women offender participants included case managers' offices, participants' homes, and restaurants. Every effort was made to provide and arrange for a meeting place that was free of interruption and distraction and that was neutral for the participants. Staff were all interviewed in their respective offices.

Sample Selection

Women Offenders DETER Participant Cohort

Based on the fact that there were three sites, with similar numbers of participants, I determined that an equivalent number of four women offenders would be selected in each site. Purposeful selection of the participants included that they be women offenders who had completed the projects or were nearing completion (Creswell, 2003). The women were chosen by the case managers, selected based on having participated in the projects to completion or for an extended period of time. The requirements were that they were women who had been involved in the criminal justice system and the DOC, as well as being representative of the populations served at the projects. No other specific criteria were applied to selection of participants.

Selection criteria were based on the goal of understanding the impact of the projects on the women they serve, as well as to shed light on the practices employed. I determined that four women from each site would be interviewed. Based on the information about total numbers of women in each site, this represented approximately 25% of participants, as reported by case managers. Data from interviews with staff and

participants was gathered to assess whether the key strategies of Dedicated Case Management, Collaborative Interdisciplinary Team Planning and Wrap-Around Services influenced treatment of substance use and related behaviors, such that the project had an impact on recidivism. I used a semi-structured approach in my interviewing with the women and the staff, anticipating that the information I received would lead to further questions and details about the complexity of the settings and contexts in which the program services are taking place. The semi-structured interview questions are listed for both cohorts in Appendix D.

In collecting data on the participants from the DOC, participants who were involved in the three DETER pilot projects were identified by matching information from case managers with records kept by the VTDOC. Each of the participants was identified by her personal identification number, as a means by which to anonymize the information.

DETER Staff Participant Cohort

Selection of staff participants was census driven. All case managers were interviewed, as well as a clinical supervisor and a team member. The process for the interviews began prior to the implementation of the study. I met with the assembled group of project coordinators, case managers, supervisors, AHS Field Directors and representatives from the ADAP to explain the purpose and procedures for the study. Staff were asked to participate by ADAP, as part of the grant process.

Descriptive Data Analysis

At the inception of the DETER Pilot Projects, a large meeting was convened of all potential stakeholders and each area was invited to design and propose program models based on the respective community needs, organizational structures and interpersonal relationships. Once the proposals were received and reviewed by the IWI Core Team, they were approved for implementation. Each of the sites assumed the responsibility for data collection and management independent of the other sites. The structure of each program was based on the involvement of the contracting agencies receiving the grant funding from the Vermont Department of Health, Office of Alcohol and Drug Abuse Programs (ADAP), the AHS Field Directors, who were tasked by the AHS to oversee implementation of the projects, the DOC, at both the local and central management levels, as well as the community partnerships, where they were involved. [Data collection procedures were put in place by the IWI Core Team with the consultation of the Vermont Research Partnership, beginning in January of 2007.] There was a process by which the AHS IWI Core Team determined the variables that they believed best represented the intended outcomes for the projects. The forms intended for data capturing purposes are in the Appendix A. The sites did not all adhere to the method of data collection, which limited the data available to this study. The data that was collected covered participants who were involved in the projects between January 2007 and June 2010.

The researcher reviewed DOC quarterly reports reflecting women offenders in each of the AHS District areas, quarterly reports submitted by the case managers at the Site #2 and Site #3, case files for the study sample of the women who were interviewed at

Site #2 and Site #3, DOC case notes on the women in the sample of interviewed women, and data provided by the DOC database. Observation of the team process took place at Site #1 and Site #3.

Interviews were conducted in a variety of locations, as described above. They were digitally recorded, hand-written notes were taken and the information from both was later transcribed onto computer files, which were saved in password protected files, on the researcher's password protected laptop computer. Aggregated data was collected from the VTDOC using the personal identification number (PID) assigned by DOC, which eliminated problems with identification of an individual.

Quantitative data were gathered from the VTDOC database related to LSI-R Scores, incarceration episodes and days in a correctional facility, type and number of offenses, severity of offenses, new charges and sentences conferred by the Courts. Clinical data relating to treatment plans, assessments, progress in treatment retention, and interdisciplinary teaming and wrap-around services were gathered through interviews with participants, as well as staff. Document checking of treatment case notes and services provided were submitted by the DETER case managers. This data was not available on all participants. A completed data form was submitted to the Division of Alcohol and Drug Abuse Programs (ADAP) on each of the participants on a quarterly basis; however the forms were inconsistently completed and submitted, which is discussed in the limitations section of this paper.

Descriptive analysis was performed for the following data points to describe the variables: relationships between participation to completion; time in the projects;

incarceration episodes and days in jail; sentence types and severity; and whether relationships exist between program completion and recidivism for the sample studied. Some of the anticipated data were not available. Each of the sites was to prepare and submit information about each participant's progress in the project, with detailed information about services provided. This data was not obtained from every site and was not consistently or accurately recorded. Some of the reports were submitted and a summary of that information will be included in the Findings section of this paper.

Aggregated data were obtained through the use of AHS unique identifiers for information from the Department of Corrections, the participating provider agencies, and the ADAP of the Vermont Department of Health. In addition, each of the participants who agreed to participate in the study, as described above, received and signed Informed Consent forms, containing a description and purpose of this study, as well as any risks and benefits that they may experience. HIPPA and 42-CFR regulations pertaining to confidentiality were addressed through a process of informed consent and release of information for each of the participants, which allowed access to their protected health and criminal information. The following information was contained in the clinical records: TX Team, age, support services, diagnosis, trauma history, assessments (SA/MH), treatment plans, Treatment Plan Progress, SA treatment, medications, living situation with children or not, marital status, partner in home, job/vocational/educational/criminal justice involvement, and DOC status.

Information was provided by the sites on an aggregated basis to illustrate the kinds and levels of the social services utilized by participants. The aggregate reports

summarized housing needs, educational/employment activities, parenting status and reunification with family members, and participation in substance abuse treatment and recovery activities. While this information was not empirically determined, it is reviewed and summarized in the Findings section of the paper as anecdotal information.

The quantitative data analysis process began with sorting the DOC database information for the population of DETER participants from each of the sites, followed by entry into the SPSS Software program for descriptive analysis activities. The reports provided by each of the sites were reviewed and categorized on a spreadsheet to represent the outcomes captured there by site.

Qualitative Data Analysis

In analyzing the data, validity issues were addressed through triangulation, referring to a means by which to understand differences in perception of those interviewed (Stake, in Denzin & Lincoln, 2005). Each of the sites was considered a case, comparing outcomes across sites. (Quantitative data was collected, analyzed and integrated with the qualitative data following collection and analysis of the qualitative data.) The following processes were employed in analyzing the qualitative data: a coding process was established, emerging themes and patterns were identified, and a case study approach was used for comparison.

The data was analyzed through the use of a coding process, as recommended and described by many qualitative researchers (Denzin, 2005; Stake, 2005; Wolcott, 2001). The steps I followed for analysis of the qualitative data were: 1) transcription of the interviews; 2) coding the interviews; 3) transferring the coded materials and salient

quotes to a spreadsheet by site; 4) transferring the coded responses by site to respond to the research questions. The coding process was directed toward both the research questions and the findings of the first phases of the evaluation which highlighted the key strategies identified above: case management, collaborative interdisciplinary team planning and provision of wrap-around services.

Researcher Bias

Validity and Ethical Issues

Personal statement: As a clinical social worker and substance abuse counselor, and the previous Program Services Executive of the VTDOC, I come to this study with a certain set of assumptions and experiences contributing to my knowledge base about the system of care and services for female offenders in Vermont. In the initial phases of the evaluation process, there were multiple meetings between the stakeholders from the AHS and other individuals in leadership positions from each of the sites. I participated in a different role throughout that process, leading up to this study. In addition, I was one of the designers of the DETER project models, and previously Co-Chair of the IWI. My hypothesis is that the projects under DETER have offered assistance that prevented and reduced incarceration for some participants.

However, I am no longer employed by the State and offer this research from a more neutral stance and with the understanding that my interpretations of the data were subject to multiple checks of self-awareness, as well as consultation with others. During the process I attempted to be constantly aware of my biases, judgments, and investment in the outcomes demonstrating project success. I used my dissertation committee at

UVM, conducted frequent member-checking with participants, and reviewed interpretations of data with others who have not been involved with the project as intimately as I have.

The fact that I personally know many of the people involved in this project, and really understand the system, were strengths in obtaining information, while at the same time presenting challenges around bias. I am personally committed to identification of promising practices to stem the tide of incarceration of women whose pathways to crime are more often than not, related to bio-psycho-social problems in their lives, for which little effective help exists. To the extent that this study can shed some light on that problem, I am interested in what was learned about the project models and their effectiveness in this endeavor.

Limitations of the Study

Some of the data obtained was ex post facto for those who are no longer involved in the program, and for those who are more recently involved, follow up information is very limited. This study followed women who were participants in the projects between January 2007 and June 2010. Given that the time frame is truncated to 28 months, and only a limited number of women were interviewed, the information presented has limited application to the general population from a statistical perspective. The number of participants was insufficient to conduct statistical analysis that can be generalized to the broad population of women offenders and there are natural limitations to the interpretations that can be made based on the size of the sample and the short time in which this project has been in place. In addition, due to the sampling methods, some the

women who volunteered to participate in the study may have self selected due to their particular experience in the programs, or their relationships with the case managers who recruited them. The outcomes of the study are therefore presented under these conditions and timeframes. Other issues that must be accounted for include that each of the projects began with somewhat different models of eligibility and interventions, and got off the ground with clients at different times over the course of the study period.

Summary

In summary, qualitative data was gathered through the following methods. Four women were interviewed individually from each of two sites, and three women from one of the sites, using a semi-structured interview format. Four case managers across three sites and two additional team members were interviewed individually. Quantitative and descriptive data were obtained through data sets provided by both the VTDOC, the provider agencies administering the projects, and the DETER case managers.

Information from each of the sites was analyzed, and common elements measured across the three sites. This review tells the story of a woman's process of recovery, her success and challenges and the interventions that were implemented as part of the project in analyzing the outcomes of the DETER Pilot Projects.

Using quantitative and qualitative approaches, the data analysis allows a picture to emerge of each site, and the project as a whole. The picture provides evidence on which to base continued and expanded practices which will address the issues which lead women to criminal behaviors.

Chapter IV: Findings - Perspectives on ‘What Works’

Nobody learns anything by being thrown in jail. And if somebody gets thrown in jail for something like selling or abuse, or whatever; for being an alcoholic, they don't learn anything by sitting in jail: they come right out and they do it again.

(from an interview with a DETER participant with the researcher)

Research Goals

This study describes the perspectives of two cohorts of respondents, about the effectiveness of the DETER Pilot Projects in reducing incarceration, and impacting important aspects of women's at risk-behaviors for continued involvement in the criminal justice system. Six staff and a total sample of 11 participants distributed across each of the three sites of the DETER Pilot Project comprised the DETER participant cohorts.

The study is framed by the following research questions:

1. What are the outcomes associated with the key components of the DETER pilot projects?
2. To what extent do the projects achieve the goals of the IWI: to reduce the number of women being incarcerated and to identify promising practices and policy issues that divert women offenders from the criminal justice system?

The first part of the findings section of this paper describes the quantitative findings about the population of women offenders in DETER, and the sample of 11 women who were subjects of the study, including descriptive data. The second part of the chapter addresses the research questions through examination of the themes that emerged from the interviews with both cohorts of participants. Interviews with the staff and female

offenders documented the evidence of implementation of the DETER key strategies and the ways in which the women benefitted from those interventions. Differences in the reconviction and incarceration rates of the sample of women who were interviewed, after beginning and completing DETER, are presented. The conclusions drawn from analysis of this data are presented in the context of the findings from the interviews and document reviews.

The third section of the chapter summarizes the findings and examines the interrelationships between methodologies.

To answer the questions about the relationship between DETER participation/completion and whether or not it impacted incarceration rates and length of stay, (bed days), the following hypothesis was formulated and tested.

- There will be no statistically significant difference between groups of subjects formed by age, LSI Scores, time in the program, or completion of the program with respect to the count of reincarceration episodes of varying lengths of stay in jail.

Quantitative Findings

The quantitative findings presented in this chapter include univariate analysis of the demographic variables. The dependent variable in this study is recidivism, as measured by episodes of incarceration and/or reconviction in comparison with completion of DETER and length of stay in the projects. The three sites were compared and contrasted to determine whether there were significant differences. The descriptive findings are presented in the first section of quantitative findings as follows: Site

differences in number of women participants, followed by demographic characteristics of age; length of time in DETER; completion or non-completion of DETER; LSI-R scores across the sites; sequential intercept at the time of admission, type and seriousness of offense; number of incarceration episodes; and number of days in prison. Tables are provided to display frequencies. The next section will present analysis of variance of completion of DETER to see if it was significantly related to episodes of incarceration or time spent in jail during or after the study period.

To respond to the question of whether there was a relationship between DETER participation and reduced numbers of women being incarcerated in Vermont, data was gathered from the *Vermont Department of Corrections Facts and Figures Fiscal Years (2004-2009)* to identify differences in rates of incarceration and of new entrants into the DOC over that period of time. While observations and theories may be advanced, conclusions as to the cause and effect relationship are not made, as no empirical evidence has been presented.

Demographics and Descriptive Information

Characteristics of the Women Served by the DETER Projects

There were 59 women identified by the VTDOC as having been participants in the DETER projects across the three pilot sites between January, 2007 and June, 2010. Data was provided on 56 women, using personal identification numbers as identifiers for the variables of sentence length, type of conviction, seriousness of offense (as defined by DOC), number of offenses, LSI-R scores, number of incarcerative episodes, and length of time in days in an incarcerative facility. Data about the number of women who completed

the projects in the sites, length of time in the projects, and ages at time of admission were provided by the case managers in Site #2 and Site #3. Only those participants who were also under supervision by the DOC were included in the analysis and could be identified by their personal identification number. There was no data on these variables for the women who participated in the Site #1 project.

In the interest of protecting their identities, the profiles of the women were altered and in some cases aggregated to protect their confidentiality. In general, they ranged in age from late 20's to 50's. All but three of them were mothers and all were unmarried. All had been involved with the criminal justice system with criminal convictions and incarcerative sentences. All of them had significant problems with substance abuse, had been involved with VTDOC and some had been incarcerated at least once, and were at risk for further incarceration. All had more than one treatment episode with relapse, and all were involved with treatment for substance abuse while in the DETER projects.

Site Frequencies

Frequencies were computed using SPSS software to ascertain descriptive information about the population of women in DETER. The number of identified participants in each site is depicted in the table below. There were 37 women for whom completion information was available from Site #2 and Site #3. The percentage of women who did not complete the project was greater at 59.5%, than those who completed the projects (40.5%). Total scores for the LSI-R were averaged across the population and for each site.

The distribution of LSI-R total scores was computed for a sub-sample of 40 participants for whom this information was available. The range in scores was between 0 and 47, with 15% of the population scoring 32 points. The mean score was $M=29.80$, $SD=8.489$. The average total score was similar for both the completers and non-completers, scoring in the medium risk to reoffend levels at $M=27.00$, $SD=3.688$ and $M=30.64$, $SD=8.554$, respectively.

There was a greater range for the non-completer group. The length of stay in the project sites of Site #2 and Site #3 over the study period was tri-modal; with higher frequencies of spending 6, 12 and 13 months in the projects. The range was broad, encompassing 1 to 28 months. The mean length of stay in the projects over all was $M=10.92$, $SD=7.07$. There were no correlations between length of stay in the projects and completion of the projects. The average age of participants for whom data was available in the two sites was also variable across a range from 19 to 33 years of age. The mean age was 25.5 years ($SD=3.55$), with the majority falling between 22 and 26 years of age. The most frequently reported offense type was categorized as 'other', with a fairly even spread among motor vehicle, personal and property offenses. Offenses were coded as to seriousness on a scale of 1-11, least to most serious. The mean seriousness rate for 54 participants was $M=7.185$ ($SD=2.02$), representing a moderately low level of seriousness in the aggregate. There were no significant differences between sites. The number of offenses was calculated across the three sites on 55 participants.

The mean number of offenses were $M=16.16$ ($SD=15.81$). The mean number of incarcerative episodes was computed for 48 of the participants across the sites ($M=5.06$,

SD=3.251). The mean number of days spent behind bars was M=183.98, SD=206.1, indicating a very wide range of sentences and time served in a correctional facility. There were no significant differences noted across the sites, describing a uniform population.

Table 4. Number of DETER Participants by Site between 1/2007-6/2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Site #1	19	32.2	32.2	32.2
	Site #2	20	33.9	33.9	66.1
	Site #3	20	33.9	33.9	100.0
	Total	59	100.0	100.0	

Sequential intercept points were identified by staff at the time of admission to the projects. These were defined according to the Sequential Intercept Model (SIM) (Marlowe, 2009; Munetz & Griffin, 2006) with '1' being pre-arraignment/initial detention, '2' being Post initial hearings/jail/court/forensic evaluations, '3' reentry from jail to the community, '4' community corrections and community support settings. Of the 39 participants for whom this information was available, 51% were admitted from community corrections, while 33% were admitted by courts or forensic evaluations, and 12% directly from jail. The majority of the participants were thus admitted at some point while involved with correctional services.

The following table illustrates the program completion and termination rates for the population of DETER participants for whom data was available.

Table 5. DETER Program Completion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completed Program	16	27.1	42.1	42.1
	Successfully				
	Did not complete Program	4	6.8	10.5	52.6
	voluntarily				
	Terminated	6	10.2	15.8	68.4
	Terminated incarcerated	7	11.9	18.4	86.8
	Referred	3	5.1	7.9	94.7
	Participating	2	3.4	5.3	100.0
	Total	38	64.4	100.0	
Missing	System	21	35.6		
Total		59	100.0		

Program completion was an important variable in this study. As can be seen by the frequency table, information was available for 38 of the 59 participants studied (65%). This measure is therefore relevant only as it pertains to the sites where data was available. Of those for whom data was available, less than half, at 42.1% completed the

project successfully, while 34.2% were terminated, of which 18.4% were incarcerated. For purposes of simplification, completers were compared to non-completers, regardless of the category of non-completion.

Table number 6 describes the frequency and percentage of offense types to describe the criminal behavior engaged in by the DETER participants. The types of offenses were defined by the VTDOC as OT-Other, PE-Personal, PR-Property, MV-Motor Vehicle, SER-Serious, DR-Disciplinary Report

Table 6: DETER Participants' Offense type

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	OT	17	28.8	30.9	30.9
	PE	11	18.6	20.0	50.9
	PR	12	20.3	21.8	72.7
	MV	9	15.3	16.4	89.1
	SER	4	6.8	7.3	96.4
	DR	2	3.4	3.6	100.0
	Total	55	93.2	100.0	
Missing	System	4	6.8		
Total		59	100.0		

The majority, 30.9% of offenses were typed as Other, while the next most frequent were almost the same, at 20% for Personal, and 21.8% for property offenses. Motor Vehicle offenses were next at 16.4%. It is important to point out that the women in DETER were responsible for a small number of serious offenses, at 7.3%.

Descriptive analysis revealed that there were no substantial differences between the Site #1, Site #2, and Site #3 sites as to the variables of type of offense, offense severity, LSI-R scores, incarcerative episodes or number of days incarcerated, or length of sentence. There were no relationships between completion of the projects and most of the variables tested.

Findings from the Quarterly Reports

The Quarterly Reports were submitted to the researcher directly from each of the sites. The materials were provided through hard copies of the data as well as computer files (See Appendix G. DETER Quarterly Report Form). The information that was requested included the following:

- Identification of Site
- Date of data collected
- Report period
- Months in DETER
- DOC/ADAP/SSN numbers
- Referral Source
- SIM point
- Recovery Plan

- Social Service/Recovery Supports
- Housing
- Behavioral Health
- Education
- Criminal Involvement

The information was collected from the quarterly reports that were provided. Reports were available for 13 women from Site #1, 20 women from Site #2, and 21 women from Site #3. The information pertaining to whether there was a recovery plan, social services supports, housing, behavioral health, education and criminal involvement is summarized for each site below.

Site #1

All of the participants were referred by the DOC. Evidence was presented that a recovery plan was in place and progress noted for the 13 participants reported on. While the specific support services differed individually, they represented a large range of services including: recovery, transportation, childcare, visitation supervision, medical care, vocational rehabilitation, substance abuse treatment, and mental health counseling. All 13 had safe housing. Behavioral health issues were reported in terms of abstinence and relapse. Of this group of 13, nine reportedly had relapses during the periods reported on. Educational and vocational services were combined and revealed that 11 of the women were involved in some form of work or work preparation during the periods covered. Criminal involvement was defined as reincarceration and new charges during the time period. This information is presented below in Tables 7 and 8.

Site #2

All of the participants were either referred by the DOC or involved with the DOC. Evidence was presented that a recovery plan was in place and progress noted for the 20 participants reported on. While the specific support services differed individually, they represented a large range of services including: recovery, transportation, childcare, visitation supervision, medical care, vocational rehabilitation, substance abuse treatment, and mental health counseling. All 20 either had safe housing, or received support to find housing. Behavioral health issues were reported in terms of abstinence, participation in treatment and relapse. Of this group of 20, three healthy babies were born, and nine women were incarcerated or referred due to substance use lapses.

Site #3

Referrals for Site #3 were from both the DOC and other community based services. The quarterly reports from Site #3 were documented differently by the two case managers, each from different agencies. The information available included their status on admission, but did not include dates of admission and discharge for all participants in the reports. Timeframes were estimated, based on the data provided. Most of the referrals were from the community and included Community Health Center, DOC Probation and Parole, Court, Valley Vista and other treatment programs. Recovery plans and progress were documented for 17 women. It was reported that reunification took place for 14 of the women within the first three months of the project, and for seven of the women within the next nine month period. Most of the women received a range of social support services. Most were abstinent during each of the quarterly periods, with four of the 20

women lapsing. All had behavioral homes, and most were reportedly involved in job placement or educational activities. Only three women had reportedly incurred new charges and been reincarcerated, although the data presented later in this report does not match what was reported by the case managers, who may not have had access to this information.

Sub-Sample of DETER Participants Interviewed

There were 11 women interviewed for this study. The age range was between 18 and 52 at the time of their participation in DETER. There were also differences regarding the types and severity of offenses, and level and length of time involved with the criminal justice system. Of those women interviewed, the number of offenses ranged widely from one to 36, with 60% of participants having more than 17 convictions. One of the women had been convicted of 36 offenses during her long history with the DOC. While there were a relatively high number of convictions, the number of incarceration episodes ranged from zero to 10 episodes. Twenty percent of the women sampled had 10 episodes of incarceration, while another 20% had six episodes, and the remaining 60% had three or fewer incarcerations.

Correlations/Relationships between Independent and Dependent Variables for the Population of DETER Participants (including those who were interviewed)

The variables that were correlated with completion of the projects were: type of offense, offense severity, LSI-R Scores, number of incarcerative episodes, number of days incarcerated and length of sentence. In analyzing whether or not there was a statistical relationship between those who completed the project successfully in Site #2

and Site #3, an independent samples t-test comparing the mean scores of the completers and non-completers groups found a significant difference in the mean number of days sentenced between the two groups ($t(22) = -1.799, p < .05$). The mean of the non-completers was significantly higher ($M=2830.87, SD=2799.565$) than the mean of the completers group ($M=1014.44, SD=1434.872$). This finding suggests that the women who did complete the projects, had shorter sentences and likely, less involvement over time with the DOC.

Recidivism of the Sample of Participants in DETER

Data as to offense convictions and incarceration episodes was available for 37 of the DETER participants. Dates of admission and discharge from DETER were available for the 11 women who were interviewed. The number of women who were charged with offenses after beginning their DETER project participation was five of the 11; equivalent to 45% of the sample. According to the *Vermont Department of Corrections Facts and Figures, Fiscal Year 2010*, in the first year of the most recent cohort of women offenders, 30.5% reoffended; in the second year after release, another 13% of the women reoffended, and by the third year, an additional 8% of women had reoffended. By the end of the third year post release from a correctional facility, a total of nearly 52% of the women had reoffended, according to the data from FY 2010 (p. 176). Based on these rates of reoffending, 45% within the first year for this group appears to be a slight increase; however conclusions about this finding are to be considered in light of the small size of the sample. Further research into the actual re-offense rates of all of the women in DETER who were released from a correctional facility, or who are on community reentry

or furlough status, would provide more definitive conclusions as to the impact of the project on rates of re-offense. Since the women being studied are approximately one year out from discharge from the program, it will be particularly important to follow the reoffending patterns of the women in the project who completed their work with DETER.

The table below indicates total number of episodes of incarceration, total number of offenses, number of incarceration episodes after beginning DETER, number of new charges after beginning DETER, type of new offense and number of incarcerated bed days after completion of DETER for those in the interview sample.

Table 7: Comparison of incarceration and offenses during and after DETER for Interview Sample

Participant #	Total number of incarcerative episodes	Total number of offenses	Number of jail episodes after starting DETER	Number of New charges after starting DETER	Incarcerated Bed/Days after starting DETER	Type of Charges	Incarcerated Bed/Days after completion of DETER
1	10	6	1	1	35	TH	0
2	10	0	2	7	224	R	N/a
3	6	4	3	0	0	E, MV	0
4	3	6	3	0	0	R	0
5	6	1	5	0	24	E	N/a
6	1	4	2	0	0	PR	0
7	2	20	2	1	1	OTH, MV	0
8	1	17	0	3	0	PR	0
9	0	0	0	0	0	N/A	0
10	0	4	0	0	0	PR, PE	0
11	1	0	0	0	0	Incap	0

PE = Personal
 Incap = Incapacitated
 PR = Property
 MV = Motor Vehicle

OTH = Other
 N/A = Not Applicable

Interpreting the Incarceration Data

The data available from each of the three sites about dates for admission and discharge from the DETER projects were matched with data provided by the VTDOC as to incarceration episodes. This information is presented below in Table 8.

Table 8: Incarceration for DETER Participants by Site

Site	Total number of participants counted	Percentage of women who went to jail during DETER	Percentage of women who went to jail after ending DETER	Average number of episodes of incarceration during DETER	Average number of episodes of incarceration after DETER
Site #1	10	70%	10%	2.3	.10
Site #2	18	55%	50%	1.4	1.2
Site #3	19	21%	26%	.42	.26

While the size of this sample is very small, it does show that there seemed to be a difference between percentages of women who participated in DETER and their incarceration rates during and after they participated. It is also important to note that for Site #1, only half of the participants are represented in the data set. While there was no correlation found between incarcerative episodes and length of stay in DETER, there do appear to be differences in comparing the percentages from each of the sites. The length of stay was not controlled for in this table, so that those who did not complete the projects are also included and their lengths of stay varied between 1 month and 24 months.

Table 9. Comparison of Episodes of Incarceration across Sites

Episodes			
	N	Mean	Std. Deviation
Site #1	17	6.59	2.694
Site #2	18	5.67	3.430
Site #3	13	2.23	1.589
Total	48	5.06	3.251

Table 10: Multiple Comparisons

Multiple Comparisons								
Dependent Variable: Episodes								
						95% Confidence Interval		
		Mean Difference					Lower	Upper
	(I) DETER Site	(J) DETER Site	(I-J)	Std. Error	Sig.	Bound	Bound	
Bonferroni	Site #1	Site #2	.922	.938	.994	-1.41	3.26	
		Site #3	4.357*	1.022	.000	1.82	6.90	
	Site #2	Site #1	-.922	.938	.994	-3.26	1.41	
		Site #3	3.436*	1.010	.004	.92	5.95	
	Site #3	Site #1	-4.357*	1.022	.000	-6.90	-1.82	
		Site #2	-3.436*	1.010	.004	-5.95	-.92	

*. The mean difference is significant at the 0.05 level.

There appears to be a significant difference between Site #1 and the other two sites with respect to the mean number of episodes of incarceration ($F(2,45) = 9.768, p < .05$) which are illustrated in Table 10. Post-hoc analysis of the differences among the

three sites indicates that Site #3 had a significantly lower mean value for the number of episodes than the other two sites. Since there was considerable missing data from one of the sites these data must be viewed cautiously.

This difference in incarceration episodes during DETER could be a reflection of actions taken by DOC in using incarceration as a sanction for non-compliant behaviors, including relapses in use of substances. Of note is that the rate of incarceration for the Site #1 group after DETER decreased sharply. This result may be misleading as the sample represents less than half the population. Further exploration of these differences would be recommended. It is also interesting to note that the number of incarcerative episodes for the Site #3 DETER participants increased slightly, after ending participation in the projects – a difference from Site #2 and Site #1.

A significant relationship was found between length of time of participation in the program and completion of the program. A Kendall's tau_b correlation coefficient was calculated for the relationship between participants' length of time in the program and completion. A moderate correlation was found ($r(35) = .603, p < .01$), and a Spearman's rho correlation coefficient of .713 was found, which according to Muijs (2004) is often the case when comparing the two correlations (Muijs, 2004). Both of the correlations are within the moderately significant range of .603 and .713. This shows a positive relationship between longer time in the program and successful completion of the program. (see Table 11 below).

Table 11. Correlation between Length of Stay in DETER and Completion

Correlations			Length of time in Program	Completion Recode
Kendall's tau_b	Length of time in Program	Correlation Coefficient	1.000	.603**
		Sig. (2-tailed)	.	.000
		N	39	39
	Completion Recode	Correlation Coefficient	.603**	1.000
		Sig. (2-tailed)	.000	.
		N	39	59
Spearman's rho	Length of time in Program	Correlation Coefficient	1.000	.713**
		Sig. (2-tailed)	.	.000
		N	39	39
	Completion Recode	Correlation Coefficient	.713**	1.000
		Sig. (2-tailed)	.000	.
		N	39	59

** . Correlation is significant at the 0.01 level (2-tailed).

Further study of length of stay in programming is warranted to predict success in programming and its relationship to reduced recidivism, as is suggested by the data presented above as to reductions in incarceration following program completion. This finding must be taken under advisement, as it only accounts for one of the factors which may be related to successful program completion.

Interpreting the Re-offense Data

This sample size is very small, and is not truly representative of the population of women in DETER, but only a sub-set of that population. This finding is not generalizable to the entire population of DETER women for that reason. Some explanations of this finding are that:

- The women in DETER are scrutinized at a higher level than the general population of women who are on community status, with similar offense patterns.
- The women in this sub-set have significant and serious substance use and co-occurring disorders, which could be factors in their re-offense rates.
- It is not known whether the charges recorded in the DOC database were based on offenses which had occurred prior to the participant's starting the DETER program in some cases.

Qualitative Research Findings

Qualitative data were collected and synthesized from semi-structured interviews with women participants (most of whom had completed the program), and staff working with the women participants. As described in Chapter III, the voices and perspectives of the staff who work with the women in the DETER projects are important for the insight it provides into the inner workings of the projects themselves, as well as for their observations and insights into the women who participated in the projects. Evaluation of the outcomes of the projects would be incomplete without these perspectives. Gathering the perspectives of the women themselves provides the sense of meaning that the women made, from their work within the programs. As women who have lost many of their rights as a consequence for criminal acts, their voices are rarely heard or attended to. While this research is not based on feminist principles, I do adhere to those which relate to empowerment of women and in the context of this research made every effort to equalize the power differential. The understanding that was gained from the women's perspectives provides a window into further understanding of how to establish a

therapeutic alliance with women offenders, for whom trust is a scarce commodity, and construct programming that has meaning. The study would be greatly lacking without the views of those for whom the program was implemented.

In the interest of clarity, I have chosen to report the results of the staff interviews, first by themes that were identified, followed by how they relate to the research questions, noting similarities and differences across the three case study sites. They are reported here in narrative form, delineating similarities and differences between them.

Overview of Major and Sub Themes

Themes and sub-themes were identified across all of the three project sites and are outlined in Table 12. The themes that emerged are consistent with the three Key Strategies identified for the projects: Dedicated Case Management, Collaborative Interdisciplinary Team Planning and Wrap-Around Services.

The most prominent theme is the importance of the role and functions of the case manager and the teaming process in all of the project sites. Inclusive in this theme is the identification of methods by which to enhance collaboration as an approach to working with criminal justice involved persons, which has been a focus of multiple researchers, as noted in Chapter II (Center for Effective Public Policy, 2005; Munetz & Griffin, 2006; Oser, 2009). Other prominent themes include systemic challenges to integrated and coordinated services that seemed to impact outcomes, and the use of evidence-based interventions to treat substance abuse and related mental health issues as represented in Table 12. Each site reliably identified the following significant themes in speaking to

their projects' effectiveness. They also identified areas for further improvement in ameliorating barriers to success for the women served.

Table 12. DETER Themes by Site

DETER Themes identified by Site + indicates identification - indicates this theme was not identified	Site #1	Site #2	Site #3
Role of Case Manager: advocates, coordinates/collaborates with other agencies, provides concrete services and support as needed	+	+	+
Systems Issues are identified which include need for more flexibility from agencies with statutory authority over the lives of the women and their families: DCF and DOC	+	+	+
There is a need for greater access to clinical services which are not readily accessible due to rules governing confidentiality, which relate to conflicting policy and goals	+	+	+
Access to some programs that are beneficial is categorically determined	+	+	+
There is some duplication of services with DETER	+	-	-
Communication is an area which needs to be improved	+	+	+
Funding is an ongoing issue that impacts services	+	+	+
Anticipated outcomes of DETER are reduced recidivism	+	+	+
Anticipated outcomes of DETER are related to needs for housing, employment, recovery plans, social supports, earlier involvement for women in DOC	+	+	+
Clinical supervision is provided to case managers reflecting complexity of working with the population	-	+	+
Recommendations include: better communication with DOC and DCF	+	+	+
Recommendations include: maintaining funding for DETER	+	+	+

In order to answer the question about the outcomes of the DETER pilot projects, we must revisit the key components. These are the shared services common to the sites and significant to the themes identified by both of the cohorts as being important factors in engaging and maintaining women in the projects and therefore, treatment settings. The first of the research questions pertains to the how the key components relate to the outcomes of the projects. Prior to embarking on discussion of the findings, the key components are reviewed below.

DETER STAFF COHORT: Interviews with DETER Staff

All of the interviewees observed that the DETER projects were effective in reducing incarceration of women involved with the criminal justice system.

Usage of Key Components across Sites

The outcomes associated with the key components of the DETER pilot projects are first predicated on those key components which are outlined in the table that is in the introduction of this study (See Table 1). Respondents were all asked about the key components of their projects to document that the services were implemented. They listed the following: Assessments and Care Planning, Intervention based on Assessments, Case Management is intensive without being time limited, clients are able to return if suspended for any reason, the Case manager provides individual support as well as coordination of services and collaboration with other providers, a Team is convened by the case manager to provide integrated services and additional wrap-around support as needed by the client.

Interview questions sought to gather the perspectives of the respondents with regard to the relationship between the key components and the outcomes they believed were achieved by their projects. The Interview Guide can be found in Appendix B. The following table lists the project components which were identified by staff.

Table 13. DETER Components by site per interviews with Staff

DETER Key Component	Site #1	Site #2	Site #3
Full-time case manager/s	-	+	+
Associated with Agency of Community Mental Health	-	+	+
Case Manager facilitates/manages Care Plan	-	+	+
Clinical Assessments are completed	+	+	+
Inter-disciplinary team membership depends on client's needs	+	+	+
Inter/Intra Agency Team includes AHS members & other agencies	+	+	+
Length of stay based on eligibility but no restrictions otherwise	+	+	-
Eligibility includes being under DOC supervision	+	+	-
Case Manager provides evidence-based interventions	-	+	+
Progress toward goals is documented	-	+	+

Key Components Described by Staff

Respondents were all asked to describe the key components of their projects which are listed in the table above. The components are described in greater detail below.

Assessments. Respondents from all three sites identified that the participants were all provided with assessments for substance use disorders, mental health and psycho-social problems. Collateral information was collected to determine whether there were

health or other related problems to be addressed. One difference was based on the fact that the case manager in site 1 was not affiliated with a treatment based organization and thus had less direct involvement with treatment related services, acting more as a liaison and team convenor. This site had the most difficulty keeping reliable and consistent records documenting services and relied heavily on DOC staff for direction. They also worked exclusively with women who reintegrated into the community from prison settings.

Intervention based on assessments. A basic tenet of each of the three pilot sites is utilization of assessments in determining treatment planning. Respondents reported that they worked to bring providers together in team meetings, to identify needs based on assessments, and to coordinate treatment planning and implementation. A difference between the sites existed between site 1 and the others, in that DOC probation officers often were more active in determining treatment goals than in the other projects. Review of case management records in Sites 2 and 3 provided information about the use of evidence based assessment tools and treatment/care plans that were developed from those assessments. There were no records to review in site 1.

Case management. The model of case management is perhaps the most important of the components and was identified by both cohorts as the primary service of DETER. It is intensive without being time limited, with few limitations on participation requirements. If clients are suspended or terminated, they are able to return to the projects, pending DOC reporting requirements and contingency planning. The case manager provides individual support to include counseling, transportation, referrals to

other services, and home visits, as well as coordination of services and collaboration with other providers. Both staff and women participants from all three sites provided information that the relationship with their case manager and her availability, access and attention to detail, conveying a sense of care was paramount to their success in the community.

Interdisciplinary team. The team is convened by the case managers in each of the sites to provide integrated services and additional support as needed by the client.

Eligibility for services. Differences are noted across the three sites. Clients are eligible for services based on their involvement with DOC in Sites 1 and 2, while Site 3 also works with women who may be considered ‘at-risk’ for involvement with the criminal justice system, but who have no or low level charges. Interview questions sought to gather the perspectives of the respondents with regard to the relationship between the key components and the outcomes they believed were achieved by their projects.

Purpose and Effectiveness of the DETER Model

Respondents from two of the sites noticed that there seem to be fewer women going to jail. One respondent said: “The outcome should be that they don’t go back to jail”. The staff reported that for women who do return to jail, their lengths of stay are reduced. One of the reporters from Site #2 reported that about 32% have returned to jail at some point during their DETER participation. Staff reported that the women are well known to the community providers and based on that knowledge, their reentry plans are implemented more quickly and efficiently, with more cohesively addressed needs. Many of the staff interviewed also reported that working more closely with community services

to assist female offenders has reduced stigma. Other observations include the following changes in the lives of women in the projects: “transitioning out of the criminal mind-set”, gaining better coping and parenting skills through working with community-based organizations and reducing stigma associated with criminality, attainment of safe/stable housing, finding jobs, and receiving effective treatment for chronic conditions such as mental health problems, and substance use disorders. Respondents from all sites expressed the belief that there is a positive relationship between DETER related services and engaging and retaining women in treatment for substance abuse issues, though there were some differences in how the sites approached treatment.

Pivotal Role of the Case Manager

The role of the case manager was described uniformly as working with clients in an individualized process; starting where the client is and working with her to refer to and coordinate services in whatever domains are indicated to meet her needs. In Site #1, the work begins when the woman is still incarcerated and involves transitioning her to the community. The other two sites begin working with women when they are released or, in the case of Site #3, they can begin working with a woman who has not yet crossed the threshold to Corrections. The case manager works to coordinate services, collaborate with other providers, and to facilitate the team process around each woman. “No one role is more important than another person’s, including my own”, one case manager reported. A related point made by respondents was that the team provided a vehicle for enhanced communication between members of the social services organizations and the DOC Probation Officer. This was felt by all to be a factor in keeping women out of jail and/or

shortening their time there, with more of a focus on a therapeutic response to behaviors that might otherwise have been dealt with punitively.

'What Works' in DETER

Staff interviewed discussed how DETER approaches of case management, and inter/intra-agency teaming, provide effective methods for engaging and retaining women in substance abuse treatment. All reported that they believed that case management and team involvement were effective in engaging and retaining women in treatment. The sites differed in the degree to which they were involved in direct substance abuse treatment services, which influenced their perspectives. Each of the sites required assessments and all agreed that individualized interventions and program models were important to effective treatment. All provided referrals and linkages to resources based on assessments and evaluations by qualified professionals either serving as members of the team, or as consultants to the case managers. One case manager said, "Engagement and retention go hand in hand...if you are engaged in treatment you are gonna stay because it means something to you". The relationship between participation in DETER and retention in substance abuse treatment is perceived by all respondents as being positively correlated.

The factors associated with the three DETER projects that respondents indicated seemed most effective in diverting women from jail and /or returning to jail upon their release were largely consistent across the sites.

- Small case load size enables case manager to dedicate time and focus to clients

- Case manager is designated as primary contact for client’s case planning and support.
- Interventions focus on substance abuse, mental health/trauma treatment
 - Linking and following up with relevant services as needed, such as housing, employment, parenting assistance, education, etc.
- Inter/Intra-agency Teaming to provide integrated service delivery
 - Enhanced communication between agencies and providers
 - Working collaboratively with DOC and DCF when available
- Providing concrete services and incentives/rewards

Promising Practices

One of the purposes of this study was to identify outcomes that pointed to promising practices for dissemination across the state. Staff respondents made several observations as to what seemed to be most effective in their work with this population.

Inter Agency and Intra Agency Communication and Collaboration

All three sites indicated that more structured and intentional communication between the Departments of Corrections and Child and Family Services to provide more focused transitional services aimed at preventing re-incarceration and improved functioning in the community would be useful. In order to accomplish this, cross training between agencies and treatment providers was recommended.

Ability to Focus on Providing Case Management

All staff interviewed indicated that full time non-categorical case managers dedicated to working with at risk and criminal justice involved women, and would be

best practice. They reported that linking a community-based team with a master case plan across providers would enhance efficacy of services. They recommended the following as best practices:

- Begin transition process from jail to community well before release date with solid link to services intended to reduce criminogenic factors;
- Women offenders would benefit by the establishment of relationships with providers prior to release;
- Create mechanisms for more mental health involvement through universal releases of information and effective training about working with forensic populations.

Resources and Systemic Issues

All staff interviewed indicated the need for job training and placement, affordable, safe/sober housing. The site contextual factors that seem to contribute to the overall success are difficult to quantify, however respondents provided some insight into contextual differences across sites.

Site Differences

Backgrounds and Expertise of DETER Staff

At Site #1, there is a substance abuse counselor on the team who represents the agency providing the treatment who is often the provider for the individual clients. In Site #2, the case manager is an apprenticed level substance abuse counselor and she is employed by the substance abuse treatment agency, while the Site #3 site has two case managers, one of whom is clinically trained and works at the designated community

mental health agency, while the other case manager is employed at a program that works with pregnant and parenting young women.

There has been significant turnover at Site #1 in the staff working on the DETER project. Prior to assuming the role of Vocational Rehabilitation Counselor, one staff person who was interviewed participated on the team in the role of probation officer in the first year or so of this project. His professional training and experience also included working as a social worker for DCF, and being a credentialed alcohol and drug abuse counselor. The case manager, a woman, has not had previous experience with this population, but has worked with low-income populations prior to coming to this position. She is the fourth person in this role since the project began in 2006. The case manager in Site #2 has been constant since the project began and is both a Baccalaureate Social Worker and an Apprentice level Alcohol and Drug abuse counselor. Her affiliation as an employee of the substance abuse counseling agency influences focus on treatment and the approach that she takes with clients. This is also true for the Site #3 project, where there are two case managers. One of whom works for the designated mental health and substance abuse agency and is a Master's prepared clinician and the other has a Bachelor's degree in human services and works for an agency that provides services to pregnant and parenting young women and their children. This partnership has enabled the DETER project in Site #3 to add a level of specialization to the assignment of case managers and commensurate services. Each has different criteria for clients' eligibility and differences exist in their clinical expertise and likely, the approaches taken to working with the women.

Levels of DOC Involvement

The DOC Probation and Parole Offices all have slightly differing levels of involvement in each of the three sites, which could account for some of the differences in the models employed and may affect the use of incarcerative sanctions. The Probation and Parole office in the Site #1 project takes the most directive role in the process, as they determine who is to be referred to the project, and their eligibility is predicated on their sentencing status. This project was the first to be implemented and has focused on release planning since its inception. Similarly, the Site #2 project also focuses on women who are involved with the DOC; however, incarceration is not a criterion for participation. Both projects discharge clients once they have completed their sentences with the DOC. These sites differ from Site #3 in that Probation and Parole does not manage the project and is only involved with those women who are under their supervision. Women can also continue in the DETER project in Site #3 whether or not they have completed their sentence requirements. Probation officer involvement in the Site #3 site is inconsistent and seems to be related to the gender and personal commitment of the individual officers.

Findings on Outcomes Reported by Staff

In answering the questions about outcomes, all of the staff who were interviewed from the sites reported that their understanding of the mission of the DETER pilot projects was to both prevent women from becoming involved in the criminal justice system, and to impact their rates of incarceration and time spent in jail. Their perceptions were commensurate with the goals identified by the IWI Core Team when the projects were developed. They observed significant changes with regard to a number of factors.

- (1.) Respondents from two of the sites noticed that there seem to be fewer women going to jail. One respondent said: “the outcome should be that they don’t go back to jail”
- (2.) The staff reported that for women who do return to jail, their lengths of stay are reduced. One of the staff participants (from Site #2) reported that about 32 percent have returned to jail at some point during their DETER participation, which is perceived as less than for other women on furlough status.
- (3.) Staff reported that the women are well known to the community providers and based on that knowledge, their reentry plans are implemented more quickly and efficiently, with more cohesively addressed needs.
- (4.) Many of the staff interviewed also reported that working more closely with community services to assist female offenders has reduced stigma that may have been associated with a lack of access to clinical and other appropriate services. (This is a theme also identified by the women participants as well as throughout the literature on gender responsive principles (Bloom et al., 2005).
- (5.) Other observations made by this cohort included the following changes in the lives of women in the projects: “transitioning out of the criminal mind-set”, gaining better coping and parenting skills through working with community-based organizations, reducing stigma associated with criminality, attainment of safe/stable housing, finding jobs, and receiving

effective treatment for chronic conditions such as mental health problems, and substance use disorders.

- (6.) Respondents from all sites expressed the belief that there is a positive relationship between DETER related services and engaging and retaining women in treatment for substance abuse issues, though there were some differences in how the sites approached treatment.

Sub-Themes that Emerged from the Interviews with Staff

Substance Abuse Treatment

In answer to the research question: To what degree do case management, interdisciplinary and inter/intra-agency teaming approaches provide effective methods for engaging and retaining women in substance abuse treatment, there was a range of responses. All reported that they believed that case management and team involvement were effective in engaging and retaining women in treatment. The relationship between participation in DETER and retention in substance abuse treatment is perceived by all respondents as being positively correlated; however it is a subjective perception and some note that any kind of positive interaction with a treatment provider increases the likelihood of their returning for further treatment at some further temporal point.

The sites differed in the degree to which they were involved in direct substance abuse treatment services which influenced their perspectives. Each of the sites required substance abuse and bio-psycho-social assessments and all agreed that individualized interventions and program models were important to effective treatment. All provided referrals and linkages to resources based on assessments and evaluations by qualified

professionals either serving as members of the team, or as consultants to the case managers. One case manager said, “Engagement and retention go hand in hand...if you are engaged in treatment you are gonna stay because it means something to you”. A sub-theme that was raised by the respondents in this cohort and mirrored in the interviews with some of the women was that younger women needed more structure to remain engaged and it was felt that there was a strong need to identify with their helpers. One of the sites which had begun with a younger population of women (15-24), reported that “having some leverage or carrot for working with the young women...” helped them in staying involved with treatment. He said, “ ...so we were ending up with people who were at best contemplative or at least pre-contemplative (referring to the stages of change model developed by Prochaska & DiClemente, 1992), so we would do a screening and then often not even get them back for a full assessment”. He spoke to the issue of engagement and retention by stating that the leverage for keeping the women engaged was the influence of the authority figure of the Probation Officer who was coercing engagement with treatment through making that a condition of release in the community, and/or holding the possibility of probation revocation as a consequence for not engaging in treatment. The respondent also pointed out that engagement and retention in treatment is closely connected to first having one’s basic needs met. In speaking to a question about barriers he says of the women: “ ...like if I don't have someplace to sleep tonight and to eat, and you are telling me I need to go to daily 12 step meetings, and see my integrated service counselor, I’m probably not going to make it”. Another respondent indicated similar experiences in working with a younger population of women, in terms of

engagement: “ I think the reason for that is that often with this younger population, they see me once or twice, um, get connected with whatever intensive services they need, whether it’s a ride to voc rehab, someone to go to the doctor, help with (sic) VHAP app, (Medicaid application), reconnecting with school, whatever...once they get reconnected, I don’t hear from them again”.

Utilization of a “Harm Reduction” approach is supported by the research into evidence based practices in working with drug addicted people as a “bottom-up approach” (Marlatt, 1996). Other landmark research work into the importance of identification of where a person is in relation to her readiness for change was conducted by DiClemente, McConaughy, Norcross, & Prochaska, in 1986 as cited in (O'Brien & Young, 2006). In their research into utilization of the five stages of change in engaging women in the treatment process through beginning with assessment, the authors note that assessment processes which include knowledge of and involvement by clients in where they are within the stages of change, facilitates the design of services that can enhance their success in the community (O'Brien & Young). The authors describe the stages of change as follows: “The five stages include (a) precontemplation (not planning to make changes and unaware or under aware of the problem[s]), (b) contemplation (thinking about making a change), (c) preparation (making some small changes), (d) action (actively participating in new behavior[s]), and (e) maintenance (continuing the change over time)” (p. 360). This approach to assessment and treatment planning was described by all staff who were interviewed as a practice they subscribed to with this population. Some staff reported that following a ‘harm reduction’ approach is sometimes complicated

by conflicting requirements and expectations imposed by agencies with statutory authority such as DOC and DCF.

DETER as Jail Diversion

The factors associated with the three DETER projects that respondents indicated seemed most effective in diverting women from jail and /or returning to jail upon their release were largely consistent across the sites. Table 4 illustrates the similarities and differences in key components. The factors are related to those components in the following ways:

- Small Case load size enabling intensive case management and a clearly designated non-judgmental primary support person
- Focus on substance abuse, mental health/trauma treatment
 - Providing ongoing support, coordination, transportation, encouragement
- Linking and following up with relevant services as needed, such as housing, employment, parenting assistance, education, job training, etc.
- Inter/Intra-agency Teaming to provide integrated service delivery
 - Enhanced communication between agencies and providers
 - Working collaboratively with DOC, DCF and others when appropriate
- Providing concrete services and incentives/rewards

One of the purposes of this study was to identify outcomes related to potentially promising practices for dissemination across the state. Staff respondents made several observations as to what seemed to be most effective in their work with this population.

Areas for Improvement were Identified

Inter Agency and Intra Agency communication and collaboration. Staff from all three sites indicated that more structured and intentional communication between the DOC and DCF to provide more focused transitional services aimed at preventing re-incarceration and improved functioning in the community would be useful. In order to accomplish this, cross-training between agencies and treatment providers was recommended. The problem of conflicting roles and goals was also identified by staff. Examples taken from interviews with staff included situations where DCF was moving toward termination of parental rights, while a woman was involved in pursuing treatment and needed long term residential care, and where DOC regarded behavior of substance use as a violation with commensurate consequences, while the treatment provider regarded the use as an improvement based on being less harmful than use of another more addictive substance.

Focus of case management. Recommendations were made to employ full time non-categorical case managers dedicated to working with at-risk and criminal justice involved women, linked to a community-based team with a master case plan across all providers, utilizing evidence-based practices. The transition process from jail to community would be more successful, it was postulated, if it begins well before the release date with solid links to services intended to reduce criminogenic factors, and

where possible, relationships established with providers prior to release. Create mechanisms for more mental health involvement through universal releases of information and effective training about working with forensic populations.

Collateral services, systemic issues and site contextual factors. All reported that employment is an area of great need for persons with criminal conviction histories. More services for education, job training, and placement were identified as areas for needed improvement. Multiple studies have cited that women offenders are often marginalized by poverty, stigma, are under-educated and unskilled (Jacobs, 2000; O'Brien & Young, 2006); Visher et al., 2004). Vocational rehabilitation personnel are actively involved in the DETER Team in site 1, but less available in the other two sites, other than on a case by case basis. Other collateral services such as safe, affordable housing assistance through vouchers, location of housing and supported housing opportunities also varies by site, due to differences in resources in each of the communities.

Differences in the role and relationship with DOC. The DOC Probation and Parole Offices utilize centralized methods of supervisory involvement, but interact somewhat differently with DETER across the three geographic areas. The Probation and Parole office in site 1 takes the most directive role in the process, as the Probation Officers determine who is to be referred to the project, and their eligibility is predicated on their sentencing status. This project was the first to be implemented and has focused on release planning since its inception. Similarly, Site #2 also focuses on women who are involved with the DOC; however, incarceration is not a criterion for participation. Both projects discharge clients once they have completed their sentences with the DOC. These

sites differ from Site #3 in that Probation and Parole does not manage the project and is only involved with those women who are under their supervision. Women can also continue in the DETER project in Site #3, whether or not they have completed their sentence requirements. Probation officer involvement in Site #3 is inconsistent and it is perceived by DETER staff that involvement seems to be related to the gender and personal commitment of the individual officers. The meaning that I make of this is that female probation officers are perceived as being more involved and more responsive to the needs of female offenders, whereas male probation officers are seen as being more punitive in their approach to addressing problems in supervising the women. In addition, the information gathered from some staff interviewed indicated that female probation officers were more involved in the team processes and communicated with treatment providers more consistently, and were more collaborative.

In answering the research questions, staff respondents unanimously agreed that their work as case managers interfacing with an interdisciplinary team is having a positive impact on women's engagement and retention in substance abuse treatment as a method of reducing those criminogenic needs that contribute to incarceration. They identified several ways in which their roles and the involvement of the teams resulted in treatment completion, harm reduction, and averted reincarceration. Their descriptions of the changes in the lives of the women they work with encompassed a range of behaviors, relationships, and environmental situations. These included reunification with children who had been in foster care with extended family members or DCF, acquiring a high school diploma, finding and maintaining employment, attaining a safe/sober place to live,

achieving abstinence from drugs/alcohol, and staying out of the criminal justice system. While all reported that the goals of the project are to reduce incarceration, none could attest to the outcome being definitive, though all queried felt that they had succeeded in keeping some women out of jail.

In summary, staff interviewed for this study were generally very positive about the projects in which they are participants and exhibited high levels of commitment to their work. They identified a wide range of areas in which the projects work with women that fill significant gaps in the community. They see themselves as advocates, providers of emotional support, supports in navigating complex social service systems, providers of necessities such as transportation and financial resources, links to medical, mental health, substance abuse recovery support, and coordinators of multiple services in which women are often engaged. They work with the women on an as-needed basis; often willing to work after traditional hours to respond to urgent calls.

Recommendations were also unanimous in maintaining the projects and expanding them to other areas, continuing the model of intensive case management as the primary function. Many of the themes identified by staff were echoed by the women interviewed with some differences in focus.

DETER Participant Cohort: Interviews with 11 Participants

A Brief Review of the Selection Process

The selection of the women for the interviews was controlled by recruitment by the case managers in each of the projects, as described in Chapter III of this study. Each of the sites presented somewhat different challenges in identification of settings and in

scheduling and carrying out the interviews. Site #1 was perhaps the most challenging, as there was no specific designated office or site where the DETER services took place and due to the fact that the case manager worked only part time, scheduling time in her office was not possible. Once contact was made with the women who agreed to participate, arrangements were made to accommodate their preferences and two of them elected to meet at restaurants, while the third met with me at the offices of the AHS Field Director. A fourth participant could not be recruited. I would suggest that the lack of involvement and perhaps part time nature of the case management services had an impact on the recruitment process. Emails and phone calls were not returned or were returned late, making coordination difficult.

In Site #2, where there was a full time case manager, working intensively with the women at a substance abuse treatment center, interviews were scheduled and arranged with her assistance and took place at those offices. In Site #3, there were two agencies and two case managers helping with recruitment. I received the releases and names of those women who volunteered and arranged to meet with them at their convenience and preferences. Three of those women were interviewed at their homes, and the fourth at a restaurant.

The interviews were all recorded digitally and transcribed by the researcher. The responses to the interview questions were sorted, coded and summarized by their relevance to the research questions and compared across the three case study sites. They are reported here first by the themes identified and their relation to the research questions, and next summarized as to similarities and differences across the sites.

The three key strategies. The three key strategies (dedicated case management, collaborative interdisciplinary team planning and wrap-around services) used in the DETER models are aimed at addressing the primary problems facing women offenders in the community. The individual interviews with 11 women offenders participating in DETER were conducted and completed over the summer of 2010. Guiding questions referred to their problems and needs at entry into the project, their perceptions of strengths and barriers related to the projects, the services they received, their involvement with the criminal justice system and recommendations for project improvements (see Appendix A for the interview guide).

OUTCOMES of DETER as Reported by Women Offenders

Life Changes As a Result of Participation in DETER

The stories told by the women through semi-structured interviews are informative in answering the research question: “What are the outcomes associated with the key components of the DETER pilot projects?”

Descriptions of the women interviewed have been altered in the interest of confidentiality. In general, they ranged in age from late 20’s to early 50’s. All but two of them were mothers, and one woman was married. All of the women had been involved with the criminal justice system with criminal convictions and most had incarcerative sentences. All of them had significant problems with substance abuse and were at risk for further incarceration. The majority had more than one treatment episode with relapses, and all were involved with treatment for substance abuse while in the DETER projects.

The changes reported in the lives of the women included attaining and maintaining sobriety, engaging and staying engaged in treatment to achieve recovery goals, experiencing support through connections being made between treatment providers and the criminal justice system, and reduced involvement in the criminal justice system (in eight of the 11 interviews).

Respondents reported that they received support in a range of areas, which have been identified in the literature as predictors of reduced recidivism (The Urban Institute & The Center for What Works, 2009; Visher, LaVigne, & Travis, 2004). They received financial assistance not available through any other programs. They obtained referrals and support for social, vocational services, housing services, mental health counseling services, emotional and recovery support through the case manager and the team.

All women reported that the inclusion of their substance abuse treatment provider in the team meetings helped with communication between treatment and DOC staff, as well as providing advocacy when needed. One woman said, “If it wasn’t for the DETER team, I’d be in worse trouble...I [now] have lots of friends, have the program, haven’t done heroin and I’m clean one year from alcohol...” Another said, “DETER is like my family, DOC is like my family”. “Things are very different in my life now...I’m able to ...start working on those goals; like my real dreams”. In another interview a woman commented, “I now have a good job, a nice place to live and I’m sober...more at peace with myself”. Women described the case manager and team support received in the program as significant factors in their recovery process. “It was nice to have the encouragement and support of people; they didn’t just give up or kick me out of the

program, or say well, you're just hopeless, and they really believe in me so that helped me to believe in myself". This theme of being treated with respect and compassion was repeated across all of the sites.

Services were individualized and consisted of team meetings on a regular basis, support and a range of services that were facilitated by the case manager. The list of services included linkage and referral to other community-based services, transportation, coping skills and psycho-educational information in group and individual formats, encouragement, financial assistance and rewards, advocacy and a sense of regard that is difficult to quantify. All of the women interviewed reported that they had their needs met and addressed through the DETER project.

As mentioned above, one of the recurrent themes across the sites was the sense of feeling cared about by the case manager, the team and the DETER program itself. One woman said: "I needed housing, support for stress; case management was a big piece with one on one, where I was talking and not worrying about anything like getting in trouble and there's a team of people so that got to know and knew if I wasn't quite right and they were able to catch it before anything went downhill or anything". Participants reported experiences of support by the case managers based on trust and access during times of need. Many also expressed appreciation and gratitude for the team that shared information and worked together in a caring way. One woman said: "They knew me; even if I said I was fine but wasn't, and I really felt cared about".

Other changes reported in the lives of the women interviewed included having been homeless and finding stable and supportive housing for themselves and their

children (where applicable), getting involved and staying in treatment to achieve sobriety and working through relapses, obtaining employment and education, and renewed healthier relationships with family members and significant others. Women all reported that they received help that was instrumental in completing treatment for substance use disorders. All felt that the DETER program was instrumental in their recovery programs.

Challenges and Needs Reported by DETER Participants

Chronic substance abuse. All of the women who were interviewed for this study described extensive histories with substance abuse and dependence, with more than one and in some cases, more than 11 treatment episodes. They also reported that involvement in the DETER projects helped them in ways they had not experienced in the past, including completion of their treatment programs, and *decreased substance use*. They described chaotic life experiences, profound losses and more than one person indicated they had felt as if there was nobody who really cared about them. Some of the statements made by the women interviewed:

- I had been in and out of jail a lot; rehabs, psych units, detoxes, halfway houses;
- I believe I was referred for substance abuse and right after I had lost my children, or pretty close...I went downhill pretty quick after that.
- I started doing drugs at 15; well 14, really...I was doing Oxycontin daily, smoking pot. Whatever I could get my hands on.

They reported addiction to opiates, cocaine, crack and alcohol, as well as other related mental health disorders, such as anxiety and depression. A few of the respondents

reported they had been homeless for periods of time, prior to becoming involved with DETER, and all had periods of being unemployed and/or having dropped out of school, due to substance abuse.

Staying out of jail: The revolving door of corrections. Women interviewed stated clearly that the help they received in DETER prevented them from further incarceration, or at the least, reduced the amount of time they spent in jail when they were returned by DOC because of violations of conditions of their community release. The majority of women (72%) who were participants in this study spent more than a few days in jail. The phenomenon of a revolving door in Corrections and the criminal justice system refers to the tendency of becoming entrenched in the system, once an offender becomes involved in it. All too often offenders cycle in and out of correctional facilities, due to continuing to commit offenses, or for failing to comply with conditions of release in the community. This phenomenon of the revolving door can be attributed to a number of reasons including closer supervision and stricter standards by which some offenders are held accountable by the DOC, and/or to the role of the DOC staff in relationship with some offenders, and to non-compliant behavior which resulted in incarcerative consequences meted out by DOC, the Court, or the Parole Board; the statutory authority responsible for parole related sanctions. Two of them described complex relationships with the DOC, beginning in early adolescence and spanning much of their adult lives. Both of these respondents described thinking about and intentionally acting out in order to be re-incarcerated where they felt safer than they felt being in the community. While this is not

a significant theme across all of the respondents, it is worth mentioning as an area for further exploration in future studies.

Some of the statements made by the women interviewed provide rich data to underscore the importance of addressing the issue of the revolving door, if we are to be successful in reducing incarceration rates of women offenders. Some excerpts from the interviews illustrate this issue clearly. “I was fresh out of prison and a single working mother...I had 3 kids, who had been with other people while I was in prison for 5 years.... I needed a job and a place to live”. Another respondent said, “I was so afraid of being alone on a bus and it was just not good. I intentionally messed up and went back to jail.” A third woman who was interviewed quipped, “It’s sad to say, but I’m kind of institutionalized in a way and I am scared to max and I’m not going to go on the run my last day, I’ll be free for the first time since I was 13”. Another woman indicated that her experience of being incarcerated and observing others in that situation seemed counterproductive in saying, “Nobody learns anything by being thrown in jail. And if somebody gets thrown in jail for something like selling or abuse, or whatever; for being an alcoholic, they don’t learn anything by sitting in jail: they come right out and they do it again. That’s what I learned by being in this project, I stopped; I wasn’t doing the in and out thing so much”.

Fragmentation of services: The role of the case manager. All of the women interviewed identified the role of the case manager as being a crucial aspect of their experience of DETER. They identified this as the most helpful component of the services

provided. They indicated that they felt they were treated with respect, and case managers elicited a sense of caring and compassion.

All women reported that dedicated case management services engaged and retained them in substance abuse treatment. Case management services included providing or facilitating assessments and referrals to appropriate levels of care, providing support to address triggers to relapse, transportation to appointments/sessions and 12-step meetings, respectful support and often after hours availability.

Challenges to success. Interviewees identified some barriers to project effectiveness. For those women who were recipients of economic assistance through the DCF, there were some reports of difficulty in navigating administrative requirements, for which they indicated they were grateful for assistance and advocacy through DETER. Other issues raised included conflict between goals of DCF and DOC and lack of communication between their respective agency representatives. In most cases, this was addressed through the use of the collaborative team functions of the DETER projects. All of the interviewed participants indicated they did not feel that incarceration was an effective intervention or deterrent to problems related to drug use or mental health problems. In addition, there were systemic barriers pertaining to confidentiality which prevented mental health providers from actively participating in team planning services for some women in DETER.

Need for effective treatment services. Women who were interviewed reported that DETER helped with their problems. They identified problems with substance abuse and dependence, mental health and other health disorders, grief and loss issues related to loss

of children and other significant relationships, finding safe and affordable housing situations, obtaining financial assistance, and family needs. They reported that DETER staff were effective and reliable advocates with other agencies providing services, and indicated that they felt they would not have received some services without help from DETER.

Coping with stigma and marginalization. Women who were interviewed reported that they felt like they were not as good as other women who were not involved with the criminal justice system. Many of them made reference to the power of the DOC in their lives and the stigma of being a felon. They unanimously reported that the case management and other related services through DETER were responsive to these feelings and unlike other services they had received, they felt that they were important, cared about and worthy of attention.

...even today, when I walk through the doors of Corrections, I have a feeling that overcomes me; a jitteriness...that overcomes me it's very strong. It's because I'm aware of this system and I know what they can do and I'm scared of it. People's lives are changed and altered forever from what they think and believe and decide. It's a scary thing.

Another woman reported on her experience of feeling heard, respected and cared about. She said, "... she made me feel important, like my existence whether it be within my community, or my family, the fact that I'm a mom, I was important and that's pretty significant."

Fragmented lives / poor coping skills. The women who were interviewed reported that they had had multiple problems in their lives, both before becoming involved with DOC and in some cases, with reentry to the community following incarceration. They reported unstable living situations, unemployment, frequent moves and dysfunctional relationships. In many instances, they did not know where to go for help with their problems and needs, as illustrated in the excerpts from some of the interviews below.

- I got help with finding an apartment, economic services, rides and help with getting services for my son and setting up a safe way for me to take my medications.

- You know, after you've been through hell and back, ...it's not that bad... my life is so easy now and it's hectic and it's busy ... but I'm not waking up dope sick, ... running from people, I'm not having drug days, hanging out in the house all day (afraid) because I owe (them) money.

- ...I mean it just was really kind of a hectic crazy life.

Summary of Voices from Both Cohorts

Revisiting the research questions through the voices of both staff and participants, reveals information useful in describing some aspects of the impact of the DETER projects in the lives of the women who participated. Arriving at conclusions about the causal outcomes of this pilot project is beyond the scope of the study at hand; however, there is ample evidence to support the efficacy of the approaches employed in the DETER project in meeting the goals it set out to achieve. It makes sense to combine their

perspectives in putting some of the pieces together in order to more accurately evaluate the outcomes of the project. By using triangulation through selection of the two cohorts, analysis of the descriptive data, and in some cases, reviewing case management files, I was able to balance the biases introduced through my personal experience with the projects and knowledge of some of the participants.

Where the voices overlapped. What stood out prominently in the information that the interviewees from both cohorts revealed is that the function and role of the case manager in establishing a relationship with participants based on mutual respect, compassion and a professional knowledge base was of paramount importance to the project's success in working with women with serious chronic substance use disorders and involvement with the criminal justice system. It was interesting to see the concurrence between the groups around this key component of the projects.

The next area of concurrence involved the use of the team approach to provide a vehicle for integration of services including those which have been identified as being important predictors of decreased recidivism in this population (Pettway, 2008). Access to services to provide safe, affordable housing, medical home/care, mental health and substance abuse treatment, childcare and parenting services, and employment training and placement were all identified. There were inconsistencies across the case sites, which were specific to the differences in community resources in those areas and services to individuals were based on their specific needs.

Some examples of the areas where projects diverged have been mentioned, but it is worth reiterating how that may have mattered. In Site #1 where there was a part-time

case manager, the focus of the project was more heavily influenced by the DOC staff participants. This may also be related to the higher number of incarcerations in the subsample from this site. The women interviewed from this site felt that the team was the more important vehicle, given that the case manager was less prominent. Another example is that in one of the sites, more services of a concrete nature were provided, including bus passes, economic assistance with rent, and gift cards. Women identified that this type of reward was helpful and incentivized their continued participation in the program.

Lessons I Learned from the Women and Staff

There were surprisingly few differences cited by the two cohorts. It was interesting to note that the participants were more focused on the relationships between themselves and their case managers and the role of the teams, than on any particular services that they received. They identified the need for enhanced concrete services, such as financial assistance and cited the use of such positive reinforcers as gift cards and shopping trips, and transportation as being high on their list of services that were helpful. Given that all of the women were involved in some level of substance abuse/use, their perception in the majority of cases was that the project helped them to stay clean and sober, and/or that the DETER project was instrumental in helping them to more quickly recover from lapses. This was not highlighted by the case managers who were interviewed, though it was identified as a key component.

Key Findings

In order to arrive at a statement of efficacy as to the outcomes of the DETER projects, the study looked at the key strategies of the projects, ascertained whether they were provided as intended, gathered the perspectives of the participants and staff, and finally, identified changes in the behaviors of the women, including their incarcerations.

Findings of this study are similar to previous research studies and explored the hypothesis upon which the DETER projects were developed. The primary hypothesis was that women offenders with disorders of substance use and/or other behavioral health problems would be less likely to return to jail, incur new charges and continue to engage in high risk behaviors after receiving services that have previously been shown to reduce recidivism and enhance functioning in the community through finding employment, having safe and stable housing, and engaging in pro-social activities (Morash et al., 1998; Munetz & Griffin, 2006; Seiter, 2003; The Urban Institute & The Center for What Works, 2009).

The projects offer the components of services that seem to promote engagement and retention in treatment, as reported by staff and participants interviewed, and supported by progress notes made by both case managers and corrections staff. Additionally, both staff and participants indicated that their perceptions were that the projects reduced the potential for return to jail for many clients.

- It would appear that targeting intervention towards addressing substance abuse, mental health problems, family/relationship issues, economic services and housing, made a difference to the women who received the services.

- Women achieved stable recovery, found stable housing, were reunited with family members where appropriate, increased pro-social behaviors, and realized reduced involvement with the criminal justice system.

Summary

The results presented above indicate that the women participants who completed DETER tended to have achieved stable recovery from substance use, and were managing mental health disorders, reducing their likelihood to reoffend. A significant relationship was found between length of time in the program and the potential to complete it, and a significant relationship between length of sentence and a tendency to discharge prior to completion. Recidivism rates for the subsample of women interviewed appeared to be commensurate with the average rate for women at one to two years out, if not slightly higher, though this was computed for a very small sample and cannot be generalized to the entire population of women offenders. The completion rate is commensurate with national treatment completion rates for women, according to SAMHSA (2002), which reported a 39.5% completion rate for substance abuse treatment programs (<http://oas.samhsa.gov/TXtrends.htm>). A more in depth discussion of these results and their implications for further research and policy change is presented in the next chapter.

Chapter V: Discussion and Summary

Introduction

This final chapter of the dissertation reviews the research problem and major methods employed in conducting the study. The major sections of this chapter address and summarize the results, the implications for practice and suggestions for further research.

Problem and Methodology

As explained in Chapter I of this dissertation, the problem addressed by this study is the problem of how to prevent and reduce incarceration of women by capturing the individual perspectives of participants and service providers in the DETER projects, coupled with analysis of data known to be associated with recidivism, and rates of incarceration and reoffending. The results from this study of the DETER projects provide information to determine whether the model was successful in addressing factors that would result in reducing incarceration of women.

The study is framed by the following research questions:

1. What are the outcomes associated with the key components of the DETER pilot projects?
2. To what extent do the projects achieve the goals of the IWI: to reduce the number of women being incarcerated and to identify promising practices and policy issues that divert women offenders from the criminal justice system?

Methods

As explained in Chapter III, the study reported in this dissertation was an evaluation of the three DETER pilot project sites. The methodology for the evaluation activities consisted of qualitative interviews with six staff and 11 participants of the DETER projects, and summarization of descriptive quantitative data provided by the Vermont DOC. While the initial design included detailed information from each of the three sites regarding services provided and documented participant progress, this data were either limited or not available for analysis due to inaccuracies and inconsistencies in record keeping practices. Drafts of the results were checked with staff and participants as well as DOC staff in order to verify the observations, themes and findings of the study. The feedback received through member checking validated the data reported.

Recidivism rates could not be computed due to the lack of specificity of the data collected with regard to admission and discharge dates for many of the participants. Those data were available for the sample of women who participated in the interviews.

Summary and Key Findings

This study concludes the multi-year evaluation of the three DETER pilot projects implemented by the AHS in 2006-2007, located in Site #1, Site #2 and Site #3. This phase of the evaluation utilized a mixed methods evaluation approach to gather information from both staff and participants in the projects who had completed successfully, or were nearing completion of their work in the project. Based on this methodology, the respondents were all successful completers, and the information that they provided must be taken in that context. Had the interviewees been women who had

not successfully completed the projects, the responses might have provided a different perspective. The responses of the women are also interpreted in light of the information gleaned from the data provided by the DOC database, as to the actual number of women who participated in each of the areas, and the characteristics of their criminal histories, risk and need scores (LSI-R) and time spent in incarcerative facilities. Data pertaining to dates of participation was provided for all of the sites, and from this we can glean that the percentage of women who completed the projects, versus those who did not, was less than half of the total persons who participated. This raises questions about the differences between the participants who did complete the projects and those who did not. It is interesting to note that the only statistically significant difference between the completers and non-completers was the shorter length of sentences for completers. Further generalizations cannot be made based on the small numbers of project participants ($n = 39$), and potential sample selection bias. The meaning of this bias is that those participants who self-selected may have wanted to support their case manager, please their probation officer or had some other personal reason for wanting to share their stories. The selection bias reflected in the case managers identifying potential participants may have been representative of choosing women who were successful in the program, or for whom they felt the experience of participating in the study, would be therapeutic. The sample selection bias could have affected the results of the study by skewing their reported experiences in the program. The reports were almost unanimously positive as to the benefits received in the program. Had the sample been randomized, the results may have been different.

Analysis of the quantitative data was conducted using non-parametric tests to ascertain whether there were significant relationships between any of the independent variables and completion of the projects. There were two significant correlations found. One was identified to be a relationship between length of sentence and completion of the projects. Those who did not complete the projects had twice as many sentence days than those who did complete the projects. This was important because targeted program intervention with women who had shorter sentences might predict completion. The model might need to be revised for women with longer, and/or more serious criminal justice involvement and histories with the DOC. The second correlation of significant magnitude was that between length of time in the program and completion. It appears that for the sample on which data was available, the longer they stayed in the program, the better the chances of completing it. This was a very small sample, and we cannot generalize the results to the greater population of women offenders, but it does have significance for further research.

And finally, recidivism as measured by reoffending during and after the period of participation and completion of DETER for the sub-sample of participants of this study was slightly higher than the general population. Interpretation of this result is important, as this finding should not be attributed to the program participation and services delivered. This sample size is very small and is not truly representative of the population of women in DETER, but only a sub-set of that population. This finding is not generalizable to the entire population of DETER women for that reason. Some explanations of this finding are that:

- The women in DETER are scrutinized at a higher level than the general population of women who are on community status, with similar offense patterns.
- The women in this sub-set have significant and serious substance use and co-occurring disorders, which could be factors in their re-offense rates.
- It is not known whether the charges recorded in the DOC database were based on offenses which had occurred prior to the participant's starting the DETER program in some cases.

Key Findings

Strengths of the DETER Project

In order to arrive at a statement of efficacy as to the outcomes of the DETER projects, the study looked at the key strategies of the projects, ascertained whether they were provided as intended, gathered the perspectives of the participants and staff, and finally identified changes in the behaviors of the women, including their incarcerations.

Findings of this study are similar to those of previous research studies and support the hypothesis upon which the DETER projects were developed. The primary hypothesis was that women offenders with disorders of substance use and/or other behavioral health problems would be less likely to return to jail, incur new charges and continue to engage in high risk behaviors after receiving services that have previously been shown to reduce recidivism and enhance community functioning (Morash et al., 1998; Munetz & Griffin, 2006; Seiter, 2003; The Urban Institute & The Center for What Works, 2009).

The projects offer the components of services that seem to promote engagement and retention in treatment, as reported by staff and participants interviewed, and

supported by progress notes made by both case managers and corrections staff.

Additionally, both staff and participants indicated that their perceptions were that the projects reduced the potential for return to jail for many clients.

- It would appear that targeting intervention towards addressing substance abuse, mental health problems, family/relationship issues, economic services and housing, made a difference to the women who received the services.
- Women achieved stable recovery, found stable housing, were reunited with family members (where appropriate), increased pro-social behaviors, and realized reduced involvement with the criminal justice system.

Discussion of the Results

Limitations of the Study

Although limited, anecdotal information was provided by all three of the sites to illustrate services provided in regard to participants, length of stay in the projects, and validation of interdisciplinary team activities. Positive early indicators of success had been identified through a process of consultation meetings with the ADAP and the VRP to determine data collection instruments for use in the three sites. Due to record-keeping challenges, some of the required information was not available for analysis. One of the sites did not have information as to dates of participation for half of the participants, progress in the project services, or completion information. Quarterly reports were provided on many but not all of the persons served in the projects. There were some problems in completion of the forms resulting in difficulty verifying accuracy of the data. Due to the problems encountered in obtaining the data related to quarterly progress,

statistical analysis of these outcomes was not performed. The data does yield information about the needs and services provided to the participants in this study.

Another barrier was that there were problems in identifying participants in one of the sites. This problem appeared to be related to some confusion as to the role of the case manager and others in the project, in terms of notifying eligible women about the study and inviting them to be in contact with the researcher. In addition, it is also important to note that participants were both identified by the case managers as completers of the projects, and then self-selected to participate in the interviews.

A third barrier was the lack of records available at the sites for review. The study design called for review of case management files for those women interviewed. Of the 11 women who were interviewed, 6 files were made available. It is suggested that AHS engage in further outcome measurement to continue the process of tracking the effectiveness of the project in the future.

Summary of Barriers

The impact of these barriers on the findings of this study are related to our ability to quantify the services provided and the attendant needs of the participants in detail for the entire group of DETER participants. We are able to look at the sample we have data for. The data reported by each site provided the primary means of tracking the flow of individuals through the projects, the level of services provided, the dates of services and some of the outcomes that the AHS sought in evaluating the projects. In terms of this having been a demonstration project, and given the fact that it was a new initiative, the fact that the processes for gathering the data was not uniform is understandable. The staff

were often unsure of what the expectations were as well as how to meet them, with their primary purpose being delivery of direct services to the women they served. This was exacerbated by the many changes in those who had oversight for the DETER project in the central offices of both ADAP and DOC.

Explanation of Unanticipated Findings

The finding in analyzing the reoffending behavior of the women in the sub-sample was unanticipated. Given that the sample was too small to represent the population of women offenders with substance use and mental health disorders, this unanticipated finding could be misleading. As mentioned above, some explanations of this finding are that:

- The women in DETER are scrutinized at a higher level than the general population of women who are on community status, with similar offense patterns.
- The women in this sub-set have significant and serious substance use and co-occurring disorders, which could be factors in their re-offense rates.
- It is not known whether the charges recorded in the DOC database were based on offenses which had occurred prior to the participant's starting the DETER program in some cases.

Institutional, Relational and Systemic Issues

Another area of speculation around the 'revolving door' dynamic is that women, who may suffer from attachment disorders, which was not tested in this study, may become entrenched in the DOC system through an attachment process. In this instance,

they may feel more ‘at home’ in jail or at the probation office than elsewhere within institutional systems. This was reflected in several of the interviews and reported on in Chapter IV. These are women who may not have supportive family/friends or homes and who often grew up in extremely disorganized, fragmented, chaotic and abusive families. Miller’s (1986) seminal work and subsequent authors have written extensively about the relational needs of women and particularly for those women whose histories include emotional, physical and sexual abuse. Women offenders may be more vulnerable to dependence on external sources and institutions for identity, support, and a sense of belonging. This is an area where more extensive research would be recommended. The reports by the women and staff in this program highlight the importance of the relationship between the women and their case managers and teams as a source of positive support and structure. A body of research has identified that a relatively high percentage of incarcerated individuals have mental illness. Fisher and Drake (2007) write that “more individuals with mental illness are now committed to jails and prisons than are admitted to psychiatric facilities...” (p. 545)

Organizational Culture

There are elements and factors pertinent to organizational culture in each of the three sites where the DETER pilots were implemented that may have had a bearing on how the projects developed their structure, function and indeed, viewed their mission for this project. There were also significant changes taking place in the AHS and external environments, as mentioned above, that may have contributed to the choices each of the pilot sites made as to how they would identify participants, and the services that would be

provided. There may have also been what could be defined as institutional resistance to change that affected implementation of the projects. Kotter (1996) discusses eight stages of change which suggest a process that leadership must take in leading a change effort, such as that required to implement a program such as DETER in three communities (Kotter, 1995, 1996). In particular, the nature of the roles of the DOC staff in collaborating with treatment providers to divert women from further correctional involvement is a significant area in which changes were expected and later, required by the organizational leadership teams.

Systemic Issues

The main themes relating to systemic issues identified through the interviews with staff included tension between the DOC staff, whose job is primarily to protect the public safety and enforce sentences imposed by the judiciary, and treatment staff whose job is perceived as working to ameliorate psycho-social problems. While the focus of intervention appears to be similar in some instances, there are many examples of conflicting goals at the interface of the systems. One such example came up in more than one instance and in all three of the sites. A case manager who was interviewed about the goals of the DETER project, said she thought that “the outcome should be that they don’t go back to jail”. Another indicated that women need to “transition out of the criminal mind-set”. One of the approaches that was endorsed by all of the case managers was “Harm Reduction”, in which small sequential steps toward abstinence are considered progress. While this treatment approach is well accepted, any use of drugs while under DOC supervision is considered a violation and could be cause for an incarcerative

sanction. Other themes relating to systemic issues arose around DCF, which has legal authority over the women in the projects with children who may be deemed at risk for harm.

Relationship of the Current Study to the Prior Research

Much of the prior research pertaining to women offenders' criminogenic needs and 'what works' in successful diversion and reentry programs is borne out in the project under study. It also represents a focused and intentional initiative within Vermont to implement those findings through unique funding mechanisms not previously utilized. DETER encompasses gender-responsive approaches to care that maximize engagement and retention in treatment services, which has been shown to be effective in reducing recidivism. A review of relevant literature did not reveal another project exactly like this one, as many of the alternatives to incarceration programs are residential. Additionally, the inter- and intra-organizational structure of DETER makes it a unique program.

Theoretical Implications of the Study

The issue of the use of correctional and criminal justice system resources to deal with substance abuse and related problems is a pervasive one with significant financial and human costs. The complex social problems at the root of the criminal behaviors that the majority of the women offenders are engaged in are more effectively addressed through systemic change. Providing treatment at whatever point within the criminal justice system where a woman is identified would divert her from incarceration and the revolving door of corrections, as has been pointed out by so many (Covington & Bloom, 2006; Harrison, 2001; Marlowe, 2009; Munetz & Griffin, 2006). A model such as

DETER could assist in that process of bringing comprehensive assessment and targeted interventions to women offenders, preventing further offenses and enhancing recovery and further interpersonal development in the women.

Another theoretical implication is that for women who have significant histories of trauma and other related disorders, dysfunctional relationships, and compromised functioning, prolonged exposure to institutional responses may result in inappropriate attachment to those institutions. Given what we know from the self-in-reactions theory, the theoretical implications of this issue are significant, in that treatment is an opportunity to develop sustaining, supportive relationships with providers for the furthering of healthy and nurturing relationships elsewhere within their communities (Covington & Bloom, 2006; Gilfus, 2002; Rivas-Vazquez, Sattia, Rey, Rodriguez, & Jardon, 2009). This finding suggests that the development of such a therapeutic relationship may decrease their reliance on institutional care, such as continued and increased support by DOC and/or incarceration to meet their basic human needs. This is an area of suggested further research.

Implications for Practice

In keeping with the philosophy of the AHS with accepted gender-responsive practices, the study points out the value of hearing the voices of the women offenders who are the subject of this project (Bloom et al., 2004). It is also important in an evaluation of this nature to include the voices and perspectives of the service providers within the projects, as they have valuable insight into the workings of the projects themselves, the specific services provided, and the receptivity and responses of the

women they work with. As participants in the evaluation, their insider information as to the contextual issues has been valuable to determining what will be useful and promising practices in working with this population and in program planning across the different areas of the state.

The most promising of the practices that emerges in the results of this study is the incorporation of funding and promoting dedicated case management for women offenders who are entrenched in the system, the use of inter- and intra-disciplinary teams for integrating service delivery and provision of collateral wrap-around services. These must be provided in a cohesive system of care where there is ample communication, provision for all to have access to information about the women, and most importantly, that there are, in fact, existing services to offer the client. The provision of coordinated and effective services for treatment of co-occurring disorders is a significant piece of what is needed in implementation of effective services to divert women from correctional responses.

In the Women's Voices

Who are the Women in the DETER Program?

In the interest of illustrating the richness and complexity of their lives and histories, I have included three brief composite profiles of the women in the study. These correspond to those of the majority of women who were referred to and participated in the DETER projects. The profiles illustrate the complexity of the psycho-social dynamics impinging on the lives of the women in the population studied.

Velma

Velma is approximately 28 years old and lives independently. She has moved frequently because of peripatetic relationships over her adult life. As a child, she reportedly experienced at least one event which can be defined as traumatic. She now has a three year old child, who has lived in foster care since her first incarceration, when he was seven months old, and for whom parental rights were terminated by the Department of Children and Families (DCF) when he was about two years of age in the interest of providing him with a permanent home with an adoptive family. She was incarcerated at the time of the termination process and hearing, and attended the proceedings in handcuffs and shackles. While this was a humiliating experience for her, she indicates that she felt 'safer' being in restraints during the Court proceedings of termination of her parental rights. She mourns the loss of her child, but can acknowledge that it is in his best interest and sees it as a sacrifice on her part.

The complex relationships she has had with the State of Vermont began around the age of 12 for Velma. She was mandated into the custody of the Department of Children and Families (DCF) as an unmanageable child who was using drugs and alcohol, and getting into trouble for stealing and other unlawful behaviors. Her career as such began at that time and once she reached adulthood, the crimes grew commensurately, resulting in her coming into contact with the Department of Corrections (DOC). She easily and almost proudly asserts her dependence on the DOC, referring to it as her 'family'. Her dependence on institutional services and authority to provide structure, a sense of belonging and continuity are significant and well illustrated as she

relates her story and describes the upcoming point in time when she will no longer be eligible for DOC supervision, as her sentence will be complete. She stated that she “won’t commit another crime just to go back to jail,” but one wonders if this is a statement meant to remind herself that she is aware of this as an option.

Substance use/abuse and dependence are often the reason for Velma’s multiple incarcerations, though her underlying sentence is based on the offense of being a violent crime. She has not committed any subsequent acts of violence since the initial crime. Her criminal history is long, with multiple convictions for violations of probation, sale of regulated drugs, possession of drugs, and failure to comply with conditions of release in the community. In short, she has been a person whose resistance to authority and the rules of her community placement have resulted in her spending more time in correctional facilities than would have been expected, given the crimes of which she was convicted. This characterizes many of the women in the criminal justice system, whose time has been expanded through incurring added time based on charges related to non-compliance with the rules. In Velma’s case, her addiction to heroin and other opiates is being managed through medication assistance; however she continued to use marijuana and alcohol, despite repeated and ongoing treatment with the goal of abstinence.

In reflecting on her participation in DETER and her history, one could infer that she has experienced some success in not returning to the use of opiates, and in learning to utilize her support system within DETER to make better choices along the way. This can be averred by her decreased time in jail over the previous year, and reflects a ‘harm reduction’ approach to establishment of realistic goals and expectations.

Lulabelle

Lulabelle is 31 years old. She has a child, aged nine with whom she has been recently reunited, after a period of several years during which she has been intermittently in her daughter's life due to a series of incarcerations and admissions to residential treatment centers for medical care for her co-occurring disorders of bi-polar disorder, and substance abuse and dependence. She has had multiple partners with whom she has become increasingly involved in criminal activities, resulting in convictions for sale of regulated drugs and numerous incarcerative episodes for failing to comply with conditions of release. Her childhood was described as chaotic and tumultuous, and she has siblings and a parent who are also involved in the criminal justice system; however she has always been the 'identified patient' in the family.

Currently, she is functioning at her highest level, by both her report and that of her DETER case manager, and has found a safe, stable place to live, has been abstinent from drugs and alcohol for over one year, and is in a relationship with another recovering person who has stable employment and no criminal history. She struggles with a host of medical issues and has developed a close relationship with her case manager, which she has utilized well in learning to cope with various stressors in her life without using drugs/alcohol or resorting to criminal behavior. She readily acknowledges her sense of connection and appreciation for the role that DOC staff has played in her life in holding her accountable in what she perceives as a caring way. She speaks eloquently to the relationship in describing her decision at one point to commit a crime in order to be re-incarcerated as a way to feel safe and contained.

Esmeralda

Esmeralda is now 23 years old. She has never been married and has no children. She lives with a man who has been her boyfriend since high school. She began using drugs with a peer at the age of 15. She reports that she and a friend were bored one evening and feeling lonely, so they went to the home of another friend where some older men were present. The men had drugs and alcohol, which they shared with the girls, and she vividly recalls how those substances made her feel. She describes a sense of peace, of being on a cloud and excitement at the euphoria she experienced. She described her family life as lonely and disconnected from her parents who were separated. Her use of substances soothed her emotional pain and elevated her depressed mood, taking away the sense of isolation she felt. She reports that this experience started her on a journey which took her to places she never dreamed that she would go.

The places she described were not good places; she rapidly became addicted to opiates and with this addiction came a downward spiral of her life. She somehow managed to complete high school, but shortly thereafter, subsequent to failing to meet the requirements to remain at her home, and after stealing from her family, she became homeless at the age of 18. She was incarcerated on two occasions for uttering a false instrument and for being incapacitated by substances, and often could not recall where she had been or what she had done during drug use episodes. She had become despondent and hopeless, angry and defiant by the time she came to meet her DETER case manager. She engaged with treatment through the development of a caring and patient person with whom she could relate through similarity of age, stage of life and experience, by her

report. With well coordinated services, and consistent, directive support, she became abstinent and is now a college student, living a sober life.

Thoughts about Lessons Learned

I was touched by both the women who shared their stories, and the staff that seem to care deeply about their welfare. I was inspired and a bit surprised to hear how profoundly many of them were affected by the presence of a case manager from whom they did not perceive judgment, but rather a sense of acceptance, respect and an ethic of caring. They described histories of poverty, abuse, neglect, exposure to violence and little in the way of constancy and consistent care-giving by parents, partners or friends. They talked about the devastation to themselves, their children and families from the cycle of addiction and the places it took them, including prison. One woman reported committing offenses in order to be placed back in jail, while another spoke of her probation officer as 'family'.

The stories told by these and many other women caught in the net of policies that punish poor and marginalized women and families, and those with serious disorders such as mental illness and substance use disorders, shed light on why there are so many women in prison in the United States. Recidivism is not just about criminal behavior and as long as public policy supports criminal justice responses for psycho-social problems, recidivism will continue to be a problem. The imprisonment of women is also about a cycle of poverty and dysfunction that can affect more than one generation of a family. Investment in effective services for women offenders includes treatment for behavioral health problems, substance use disorders, education and vocational training and support,

safe and sober housing, and the provision of emotional, psychological and environmental support. Perhaps, more importantly, it involves a central theme that includes a systemic approach including family assessment and concomitant services, with the express purpose of intervening in that cycle of events that seem to lead to imprisonment.

The DETER model evolved out of the belief that women offenders were caught up in the criminal justice system because of vulnerabilities related to their histories of abuse and neglect, fragmented family and social systems, addictive disorders, and cycles of poverty and dysfunction. The voices of those who participated in this study support the efficacy of continuing this approach to developing pro-social support systems and increasing case management opportunities to this population. The transition period from prison to the community is a significantly tenuous period for women, whose needs for support and assistance with finding suitable housing, childcare services and family education and treatment are of paramount importance.

Public policy changes might include a review of the roles of correctional staff who work with offenders and the policies governing conditions of release. They may be revised to better support successful reentry from jail to the community. A careful review of statutes pertaining to criminal charges and sentencing guidelines would be a useful endeavor in identifying those opportunities to decriminalize mental illness and addictive disorder. Increased systemic collaboration and seamlessly integrated services will enhance the development of more effective coping skills for managing chronic conditions and improved family functioning. With the accomplishment of these goals, perhaps the vision of the IWI will be realized.

Personal Statement

As a clinical social worker and substance abuse counselor, and the previous Program Services Executive of the Vermont Department of Corrections, I come to this study with a certain set of assumptions and experiences contributing to my knowledge base about the system of care and services for female offenders in Vermont. In addition, I was one of the designers of the DETER project models, and previously Co-Chair of the IWI. My hypothesis is that the projects under DETER have offered assistance that prevented and reduced incarceration for some participants. I am no longer employed by the state and offer this research from a more neutral stance and with the understanding that my personal biases, judgments and perspectives were a constant focus during the research process. I used members of the dissertation committee and other colleagues, as well as reviewing interpretations of data with others who have not been involved with the project as intimately as I have.

The fact that I personally know many of the people involved in this project, and have a good understanding of the system, was a strength in obtaining information, while at the same time, presented challenges around bias. I am personally committed to identification of promising practices to stem the tide of incarceration of women whose pathways to crime are more often than not, related to bio-psycho-social problems in their lives, for which little effective help exists.

Recommendations for Program Enhancement and Further Research

Recommendations for Program Enhancement

The components of the DETER pilot projects have been well defined and discussed in this multi-year evaluation study. The findings support the continued use of interdisciplinary, intra-agency based approaches to working with women offenders with co-occurring disorders, with some specific recommendations.

1. Continuation of a multi-disciplinary approach to working with women offenders with co-occurring disorders is highly recommended.
2. Further treatment and clinical supervision of staff working with this population would be recommended.
3. Statewide implementation of three key components and interventions strategies (dedicated case management, collaborative case planning, wrap-around services) is recommended.
4. Services would be greatly enhanced by standardization of assessment and evidence-based practice statewide. For example, policies such as eligibility and discharge criteria could be consistent in all areas of the state.
5. Determination of evidence-based practices in assessment; treatment and documentation to be implemented in all sites would provide cohesive intervention strategies and provide data for further analysis as to program efficacy.
6. Clarification around membership and roles of team members would be of benefit to broader implementation of the model, to provide involvement of

relevant and appropriate team members. Person-centered treatment planning would enhance the process of integrating services, and address issues such as confidentiality.

7. Work to identify and revise policies that may create barriers to collaboration between organizations and agencies, such as providing a mechanism for mental health providers to participate more consistently in team processes while maintaining client confidentiality.
8. Consider implementing the model as part of the focus of treatment to a more coordinated, collaborative and holistic model and reduce duplication and/or fragmentation of services.
9. It is suggested that there be continued oversight of these services through an interagency committee, such as the Criminal Justice Capable Core Team, in order to facilitate ongoing organizational and systemic program development.

Suggested Areas for Further Research

- A controlled study to measure differences between women in DETER and those in another program, (or no program) would be the next step in evaluating this model across the state.
- Further study to determine what the differences in the populations of completers versus non-completers of this project would be very useful in constructing interventions to assist people in completing the program. This study identified one significant difference. Those with longer sentences tended not to complete this program.

- There is little research about the clinical changes experienced by the women offenders who received these types of services and further exploration would be useful in program development.
- Further study to determine the optimal record keeping system to collect valid and reliable measures of the characteristics, needs, interventions (both types and intensity) in order to facilitate the next evaluation of interventions with incarcerated women.
- Further study to look at the changes in Addiction Severity Index Scores for women who complete the DETER program would also be useful to the evaluation of outcomes of this intervention approach.

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Appendix A: Data Collection and Evaluation Forms

DETER Evaluation Form

Project Location Washington County

Data Collection on dd/mm/yyyy

Quarter 1 2 3 4

Instructions: Please complete for each quarter that the client is a participant in the services offered through the IWI DETER projects. The areas delineated below are self-explanatory and there is a section under each topic for comments that are not covered within the check boxes and for which further explanation is needed.

Corrections unique identifier:

ADAP Unique Identifier:

First three letters of the first name first three letters of mothers maiden name (XXX if unknown)

Medicaid Number:

Referral Source: Probation/Parole Officer

Sequential Intercept Point: pre-charge

New participant develops a recovery plan with the counselor? yes no

Participant accepts referral to other recovery supports? yes no

Is the participant making progress on the recovery plan?

3mo, 6mo. 9mo. 12mo. Completed Goals

Comments:

Increased Social Supports:

Is participant reunited with family members/or significant others in less than 3mo.6mo.9mo.12mo.

Is the participant engaged with and utilizing recovery supports? at 3mo.6mo.9mo.12mo.

Is the participant receiving community supports to meet basic needs? yes no **If yes**, at 3mo 6mo.9mo.12mo. What services are being utilized? Check off all that apply

- reach up
- housing
- childcare
- child support
- transportation
- medical support
- SSI/SSD
- other_____.

Comments

Housing

Is the participant in safe, stable housing? 3mo.6mo.9mo.12mo.

Comments:

Behavioral Health

Is the participant abstinent from drugs and alcohol at 3mo.6mo.9mo.12mo

Is the participant connected to a medical home? 3mo.6mo.9mo.12mo

Is the participant participating in mental health recovery as part of their recovery plan?

yes no

Comments:

Education

Is the participant engaged in education or training in the last 3mo 6mo. 9mo.

12mo.?

Is the participant engaged in job placement activities in the last 3mo 6mo. 9mo.

12mo. ?

Is the participant employed? 3mo.6mo.9mo.12mo

Comments:

Criminal Involvement

Has there been any new charges or technical violations in the last 3mo.6mo.9mo.

12mo?

Has the participant been incarcerated in the last 3mo 6mo. 9mo. 12mo. since

creating a recovery plan? *Please note how long during the quarter, the client was incarcerated and any circumstances that seem important to include.*

Comments:

Appendix B: Program Evaluation/Study Invitation to Participate

The Incarcerated Women's Initiative (IWI) and the DETER Programs have been working with women who have come into contact with the criminal justice system, since 2007, in 3 cities.

A graduate student with The Vermont Research Partnership is conducting a study to find out about how this program helped those who participated, in order to make recommendations to the Agency of Human Services and other policy makers for programs that can reduce the chances of women going to jail.

If you are a woman who received services through the IWI/DETER programs in Burlington, Rutland or Barre, you can help us to find out *what works* to help keep women out of jail! Your information will be kept confidential within the limits of the Law.

Please call Susan Onderwyzer, (primary researcher), and leave a **confidential message**

with your name, phone number and the best time to reach you at:

802-383-8560

Or

Write to:

Susan Onderwyzer
Educational Leadership and Policy Studies Program
499-B Waterman Bldg
University of Vermont
Burlington, VT 05405

Or you may arrange with your case manager to meet with me.

Appendix C: IRB

The University of Vermont
COMMITTEES ON HUMAN RESEARCH

SERVING THE UNIVERSITY OF VERMONT
AND FLETCHER ALLEN HEALTH CARE
WEB SITE: [HTTP://WWW.UVM.EDU/IRB/](http://www.uvm.edu/irb/)

RESEARCH PROTECTIONS OFFICE

OFFICE OF SPONSORED PROGRAMS
245 SOUTH PARK, SUITE 900, COLCHESTER, VT 05446
TELEPHONE: (802) 656-5040 FAX: (802) 656-5041

April 1, 2010

MEMO TO: Susan Onderwyzer MSW, LICSW, LADC

FROM: Gale Weld, Research Review Administrator

SUBJECT: CHRBS 10-127
"Incarcerated Women's Initiative DETER - Demonstration Projects Evaluation"

Attached is a signed assurance form which certifies that this application has been reviewed and approved. If applicable, the original form, along with a copy of any modifications in the research plan required by the Committee should be sent to the funding agency; you should make a copy for your files.

Also enclosed is a dated copy (ies) of your currently approved lay summary/consent form(s). Please make sure that this consent form(s) is the one you are using. We suggest that all previous versions be removed from usage; if you need records of previous consent forms, they should be kept in hard copy only and deleted from your word processing files to eliminate confusion in the future.

Federal regulations and University policy require that investigators provide the Committee with the information noted below as the project proceeds. This is essential to maintain accurate protocol files.

- 1) Prompt notice of any adverse events, protocol deviations or other unanticipated problems involving risks to subjects or others must be reported on the appropriate safety form(s) which are available on the Committee's website.
- 2) Submission of any proposed protocol modifications which affect human subjects for review prior to implementation.
- 3) A brief periodic update on the progress of the project due in **March, 2011**; the appropriate forms will be sent to you by this office prior to that date.
- 4) The date on which the protocol becomes inactive.
- 5) A copy of all recruitment notices and/or advertisements for human subjects must be approved by the Committee on Human Research prior to printing or posting. Contact the Committee office for guidelines.

NOTES:

1. Copies of the original consent form containing the CHRBS approval stamp with the expiration date included must be used. Also, the copy of the consent form which is provided to the subject must be signed and dated.
2. All Clinical Cancer Research Protocols must receive approval from both CHRBS and the Vermont Cancer Center's (VCC) Protocol Review Committee. An "Approval to Activate" must be obtained from the VCC prior to commencement of any part of the protocol, including accrual of subjects.
3. For any action requiring full committee review, the expiration date will be based on the date of the meeting at which action was taken. The approval period is based on the level of risk, but can be no more than one year from the date of the meeting.
4. Protocols with a Data Safety and Monitoring Board (DSMB), must promptly submit DSMB reports to the Committee.

The University of Vermont
COMMITTEES ON HUMAN RESEARCH
SERVING THE UNIVERSITY OF VERMONT
AND FLETCHER ALLEN HEALTH CARE
WEB SITE: www.uvm.edu/irb

RESEARCH PROTECTIONS OFFICE
OFFICE OF SPONSORED PROGRAMS
245 South Park, Suite 900, Colchester, VT 05446
Telephone (802) 656-5040 FAX: (802) 656-5041

CHRBS#: 10-127*

PROTECTION OF HUMAN SUBJECTS ASSURANCE

Title: Incarcerated Women's Initiative DETER - Demonstration Projects Evaluation

Principal Investigator: Susan Onderwyzer MSW, LICSW, LADC

Institution: University of Vermont and State Agricultural College, Burlington, VT 05405

This institution has an approved assurance of compliance on file with the Department of Health and Human Services which covers this activity.

Assurance number for University of Vermont and State Agricultural College: FWA 00000723
IRB number: IRB 00000486
(Fletcher Allen Health Care Assurance number: FWA 00000727)

CERTIFICATION OF IRB REVIEW

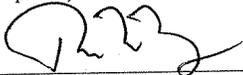
X This activity has been reviewed and approved by an IRB in accordance with the requirements of 45 CFR 46, including its relevant Subparts; and, when applicable, with the requirements of 21 CFR 50 and 21 CFR 56.

Date of approval MAR 31 2010 Full IRB review X Expedited review _____
Date of expiration MAR -9 2011

____ This activity contains multiple projects, some of which have not been reviewed. The IRB has granted approval on condition that all projects covered by 45 CFR 46 will be reviewed and approved before they are initiated and that appropriate further certification will be submitted.

As a condition of approval, this institution's Committee on Human Research required _____ did not require X changes and/or modifications to the above referenced application. (A list of required changes and/or modifications is attached as appropriate.)

Institutional Signature/Date:
Name and Title of Official:

 3/31/10
Theodore W. Marcy, M.D., MPH, Chair, Committee on Human
Research in the Behavioral Sciences

Appendix D: Staff and Women Offender Participant Interview Questions

Staff Interview Questions

1. In your opinion, have the outcomes that you expected, been achieved?
Please speak to how and why they have or have not.
2. What are the most promising practices that you have observed in working with women in the criminal justice system? What are the most promising practices that you have observed in working with women in the criminal justice system; what practices are missing?
3. What are the biggest challenges in working with this population?
4. What do you think the women would say about what has worked for them?
5. What are the key components of the treatment model/approaches utilized in your projects?
6. What is the definition of success for each DETER project?
7. How do you define engagement in treatment?
8. How do you define retention in treatment?
9. How would you describe the case management approach used by your DETER projects?
10. How would you describe the intra/inter - agency collaboration utilized in your project?
11. What changes would you recommend to enhance collaboration with community supports?
12. What community supports and wrap-around services are available to women in each of the projects?

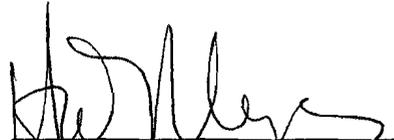
13. What community supports and wrap-around services are needed for women in each of the projects?
14. What barriers to implementation and positive outcomes still exist, if any?

Women Participant Interview Questions

1. Please describe the services you have received through the DETER Pilot Project?
2. How long have you been a participant?
3. How would you describe the problems you came to the program for help with?
4. In what ways would you say that your needs have been addressed and met through your participation in this project?
5. What are your goals?
6. In what ways has your life changed since you became involved with DETER?
7. What challenges have you experienced within the program?
8. What has been most useful to you and why?
9. What has been least helpful and why?
10. What might your closest friends/family members say about the changes you have made since entering and completing the project?
11. Why would you or wouldn't you recommend this program to others with similar issues and needs?
12. If you could make changes to this project, what recommendations would you make to improve the services?
13. Is there anything else that you would want us to know about your experience since becoming involved with DETER?

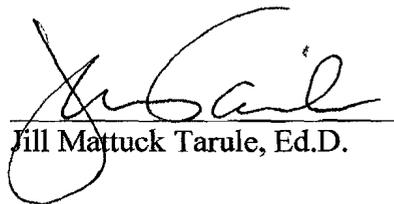
Accepted by the Faculty of the Graduate College, The University of Vermont, in partial fulfillment of the requirements for the degree of Doctor of Education, specializing in Educational Leadership and Policy Studies.

Dissertation Examination Committee:

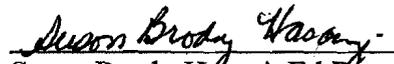


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Chairperson



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Dean, Graduate College

Date: March 15, 2011