

A Peer-Driven Mentoring Case Management Community Reentry Model

An Application for Jails and Prisons

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Welcome Home Ministries (WHM) is a peer-driven reentry program for women reentering the community from jail and prison. One of the major contributing factors to a high recidivism rate is the presenting issue of co-occurring disorders stemming from early childhood abuse and trauma found in 85% of the women seeking the assistance of WHM. The peers within WHM, having experienced mental health issues, substance abuse, and incarceration themselves, identified and developed a specific reentry program for this population. This article presents the results of a yearlong study that addresses the following: (1) the issue of co-occurring disorders; (2) the impact of early childhood trauma and abuse on the rate of incarceration; (3) the outcomes for restoration and recovery; and (4) the desire of the women to give back to the community. **Key words:** *childhood abuse, collaboration, incarceration, recidivism, women inmates*

THE increasing number of incarcerated women both in jails and in prisons has been well documented.¹ Thus, the unique physical, emotional, psychological, social, and spiritual needs of women in transitioning back to the community are being recognized.² Studies show that rehabilitation programs that are primarily geared toward male inmates, when applied to women inmates, are not as effective if these unique needs are not taken into consideration.³ Similarly, tran-

sition planning programs that incorporate corrections-community collaborations have proved to gain positive outcomes.⁴⁻⁶ This article describes the initial results of a collaboration project between Welcome Home Ministries (WHM) and the San Diego Sheriff's Department.

BACKGROUND

Welcome Home Ministries

Welcome Home Ministries came into existence in 1996, as a voluntary organization, in response to a pattern of recidivism that was observed by the Chaplain with respect to women being released from the Vista Detention Facility. The women reflected a cycle of arrest, incarceration, release, and reincarceration after a short period of time. Welcome Home Ministries wanted to develop a plan to interrupt this cycle of destructive behavior, and the strategy decided upon

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was to use jail “in-reach” to provide counseling and support, while the women were incarcerated, as the beginning of a discharge planning process. This strategy further called for the women to be picked up at the time of release in order to begin working their plan. The first woman was picked up in December of 1996, and since that time, WHM was asked to extend its services to the Las Colinas Detention Facility, California Institute for Women, and the Fire Camps at Rainbow and Puerta La Cruz.

In 2003, with grant funds provided by The California Endowment, WHM conducted an assessment of the healthcare needs of women incarcerated at the Las Colinas Detention Facility through the implementation of 7 focus groups. This assessment identified several prevalent and treatable physical health issues, including hypertension, asthma, and diabetes. The problem of substance abuse history was also apparent with the majority of women observed during this assessment period. However, it was only after a longer period of providing services that WHM became aware of the presence of significant co-occurring mental health issues in this population.

With the guidance and training of the Director of Health Care Services, WHM was able to more accurately assess a broader range of health issues, including co-occurring mental health issues, and to consequently provide a better quality of service to the women served. It is estimated that between 70% and 80% of the women being served by WHM have co-occurring disorders, involving substance abuse and mental health issues that must be addressed in order for these women to achieve a healthy and productive lifestyle.

To address the varied needs of this population, WHM currently provides a variety of services, including referrals for dental, vision, and general healthcare, transitional housing and emergency shelter, food, clothing, bus passes, life skills training, anger management classes, employment readiness training and employment, preparation for college enrollment, computer training laboratory, assistance securing valid state of California iden-

tification and/or California driver’s license, mentoring, follow-up care, support group intervention, family reunification, and treatment and/or recovery programs.

Welcome Home Ministries believes that each woman should be enrolled in some recovery program upon release to address the life changes that must be confronted in order to make a successful reentry into the community. The combination of recovery programs, peer-driven services, and early intervention has proven to be effective in assisting the women through the change and transformation process.

SAN DIEGO SHERIFF’S DEPARTMENT

The San Diego County jail system is the third largest jail system in California and the fourth largest in the nation. It operates 7 jail facilities, with an average daily census of about 5 000 inmates. Two of the 7 facilities house women inmates, with an average of 700 women in custody on a daily basis. In addition, the San Diego County Sheriff’s Department on average conducts 100 000 bookings per year. Of these bookings, 22% have a diagnosed mental illness and 66% are being released to local communities.

METHODS

A case management grant was obtained by WHM for the period of October 1, 2007, through September 30, 2008. The program goal was to provide a full range of mental health services necessary for the recovery of adult women who desire to address current or history of substance abuse and/or mental health issues that compromise their reentry from jail or prison back to community and independent living. The main criterion for participation is a motivated incarcerated woman with current or history of behavioral issues and current or history of substance abuse. Participants are identified and referred to WHM by jail staff, including, but not limited to, psychiatrists, psychiatric nurse

practitioners, mental health clinicians, correctional counselors, and nursing staff. Inmates can also make a self-referral while attending prerelease group sessions, psychosocial classes, or focus groups. The established objectives for the program include the following:

1. Thirty-five to 60 women will receive case management services over a 12-month period of time.
2. Seventy-five percent of participants will be adherent to outpatient psychiatric treatment, including medication management, at 3 months.
3. Seventy-five percent of participants will be medication compliant and sober and demonstrate symptom reduction (of depression and/or bipolar disorder, and/or attention-deficit/hyperactivity disorder) at 6 months.
4. Seventy-five percent will not be rearrested.
5. Seventy percent will follow the mental health treatment plan developed by WHM.

RESULTS

Participants

A total of 44 women were enrolled in the program. Participants ranged in age from 19 to 59 years (mean = 35.06 years). Program enrollees were quite diverse ethnically. Twenty-three of the women were White (52%), 12 were Hispanic (27%), 6 were African American (14%), 2 were Native American (5%), and 1 described her ethnicity as multiracial (2%). Educational background was available for 32 of the 44 participants and ranged from 8 to 15 years (mean = 11.95 years). The number of prior incarcerations was available for 32 of the 44 participants, ranging from 0 to more than 5 incarcerations. In fact, 15 of the 32 participants indicated having 5 or more prior incarcerations.

Measurable objectives

1. Thirty-five to 60 women will receive case management services over a 12-

month period of time: This objective was met with a total of 44 women enrolled into the program and receiving case management services.

2. Seventy-five percent of participants will be adherent to outpatient psychiatric treatment, including medication management, at 3 months: This objective was met with 38 of 44 participants (86%) receiving outpatient psychiatric services and 40 of 44 (91%) successfully managing their medications at 3 months.
3. Seventy-five percent of participants will be medication compliant and sober and demonstrate symptom reduction (of depression and/or bipolar disorder, and/or attention-deficit/hyperactivity disorder) at 6 months: Thirty-six participants (82%) were medication compliant, whereas 35 women (80%) demonstrated symptom reduction at 6 months postenrollment. However, 12 of 44 failed to maintain their sobriety at the 6-month time point. This equates to a 73% success rate, falling slightly below the stated objective.

Additional goals at 12 months postrelease

1. Eighty percent will be abstinent in the use of alcohol or illegal drugs or in the misuse of prescription drugs: Of the 22 participants who have been released for at least 12 months, 16 (73%) have maintained abstinence from these substances.
2. Eighty percent will become employed, enroll in an educational program, or complete the application process for disability benefits: Sixteen of 22 participants (73%) met this goal at 12 months postrelease.
3. Eighty percent will secure treatment, transitional housing, or a permanent place to live: This goal was successfully met by 18 of 22 women for an 82% success rate.
4. Seventy-five percent will not be rearrested: Seventeen of 22 participants

(77%) were not rearrested at 12-months postrelease.

5. Seventy percent will follow the mental health treatment plan developed by WHM: This goal was successfully met with 17 of 22 women (77%) following the treatment plan.

DISCUSSION

On the basis of the measurable objectives as previously discussed, it is evident that an organization such as WHM, working in conjunction with the San Diego County Sheriff's Department, is effective in recognizing and meeting the physical, emotional, spiritual, psychological, and social needs of incarcerated women once they are released from jail. It is important to understand that WHM is a unique mentoring/case management system. This uniqueness is because women who go through the program successfully become the actual mentors/case managers.

Therefore, on the basis of their own successful return to the community, they are able to teach, mentor, and support newly incarcerated women to similar success once they are released from jail. Also, these mentors/case managers begin the process while the women are still incarcerated, determining their needs for successful reentry into the community. Once the women are released, they meet them immediately upon discharge and place them in various programs and provide support for them throughout the process.

It is also evident from the results of this study that if incarcerated women participate in a mentoring/case management program that begins while they are in jail, they can

adhere to an outpatient psychiatric and substance abuse program, abstain from alcohol and drugs, find a place to live, obtain an education, and become employed. As a result, they become productive members of the community with a significant reduction in the rate of recidivism. As a result, over time, there is a significant reduction in cost to the judicial/law enforcement/detention jail systems.

SUMMARY

Forty-four women were enrolled in a mentoring case management program developed by WHM in collaboration with the San Diego Sheriff's Department. The program resulted in a 77% reduction in the rate of recidivism measured over a 12-month period postrelease. In addition, a large percentage of women are able to participate in outpatient psychiatric and substance abuse programs, become educated, and find housing and employment. With this type of success rate, it is the authors' opinion that the WHM's system of mentoring/case management can serve as a successful reentry model for other jail and prison systems throughout the nation.

Although the authors do not have reliable data for women not participating in the program, or know of reliable data regarding recidivism rates for local jails, a comparison can be made by examining data from the California Department of Corrections and Rehabilitation. In the last quarter of 2008, the California Department of Corrections and Rehabilitation reported a recidivism rate of 66%.⁷ Thus, the experience for recidivism in California prisons is the opposite of what has been accomplished by WHM mentoring/case management program.

REFERENCES

1. Bureau of Justice Statistics. <http://ojp.usdoj.gov/bjs/>. Published 2009. Accessed February 18, 2009.
2. Petersilia J. When prisoners return to the community: political, economic, and social consequences. *Sentencing & Corrections*. <http://www.ncjrs.gov/pdffiles1/nij/184253.pdf>. Published 2000. Accessed February 18, 2009.
3. National Institute of Justice. Reentry programs for women inmates. <http://www.ncjrs.gov/pdffiles1/jr000252b.pdf>. Published 2005. Accessed January 16, 2009.
4. Osher Fred C. Short-term strategies to improve reentry of jail population: expanding and implementing the APIC model. *American Jails*. 2007:9-18.

5. Solomon AL, Osborne JW, LoBuglio SF, Mellow J, Mukamal DA. Life after lockup: improving reentry from jail to the community. http://www.urban.org/UploadedPDF/411660_life_after_lockup.pdf. Published 2008. Accessed January 16, 2009.
6. National Association of Counties. Reentry for safer communities: effective county practices in jail to community transition planning for offenders with mental health and substance abuse disorders. <http://www.naco.org/Template.cfm?Section=WIR2&template=/ContentManagement/ContentDisplay.cfm&ContentID=28880>. Published 2008. Accessed January 16, 2009.
7. California Department of Corrections and Rehabilitation Web site. www.cdcr.ca.gov. Published 2008. Accessed February 18, 2009.