

Addressing the Needs of Women in Mental Illness/Substance Use Disorder Jail Diversion Programs

Summer 1999

A Product of the SAMHSA Jail Diversion Knowledge Development and Application Initiative

The Wicomico County (Maryland) Phoenix Project

In the past 15 years, the number of women in the criminal justice system has increased 273 percent.¹ Many of these women have multiple problems, including high rates of mental health and substance abuse problems, child rearing and parenting difficulties, health problems, and histories of violence, sexual abuse and resultant trauma.² Despite the significant increase of women in the criminal justice system, there has been little movement to redesign programming and services to meet the needs of women. Studies on women in correctional settings have found they are typically under-served in all types of jail programming.³

The Phoenix Project in Wicomico County, Maryland, is a jail diversion program that focuses on the specific needs of women with severe mental health and co-occurring substance use disorders who have committed misdemeanors or non-violent felonies. The program is a pre- and post-booking jail diversion program that diverts women from the jail to receive intensive treatment in the community.⁴ In addition to treatment services, the program also provides services that address some of the specific needs of women, including issues involving children, housing and violence.

Characteristics of Women Involved with the Criminal Justice System

The characteristics of women involved with the criminal justice system differ from those of men. Women who enter the criminal justice system are more likely than men to enter because of drug charges and less likely to have committed a violent offense.²

Arrests for drug-related crimes are linked to drug use, and increasingly, women who enter the system have serious mental health and medical problems that are associated with drug use.²

Mental Health and Co-Occurring Substance Use Disorders

Women represent about 10 percent of the criminal justice population,¹ but have much higher rates of mental illnesses. Based on research on admissions to a large Midwestern jail,^{5,6} twice as many women have diagnosable serious mental illnesses — 15 percent of women compared to 7 percent of men. Also noteworthy is that 22 percent of women admitted to jail were diagnosed with Post Traumatic Stress Disorder (PTSD).

Women involved in the criminal justice system are more likely to be needy than men...and are less likely to have these needs met.

A large percentage of women and men with severe mental illnesses involved in the criminal justice system also have co-occurring substance use disorders. Among jail detainees with severe mental illnesses, approximately 75 percent of women have a co-occurring substance use disorder.⁶

Histories of Violence and Abuse

Also significant in the treatment of women involved with the justice system is recognition of the high percentage of women who have histories of physical and/or sexual abuse. Approximately half of female jail detainees report histories of physical or sexual abuse at some point in their lives.⁷

Among female jail inmates who report mental or emotional conditions, 73 percent indicate they have

experienced physical and/or sexual abuse.⁸ Women with histories of abuse may have special difficulties in the jail environment.⁹ Routine jail procedures, such as seclusion, restraint or searches, may be perceived by abused women as dangerous and threatening, or result in re-traumatization.

Parenting Needs

Issues around custody and care of children cause significant stress for women involved in the criminal justice system. While men also have parenting issues, women are overwhelmingly the primary caregivers and a woman's incarceration is more likely to disrupt the family.¹⁰ According to a 1991 study, two-thirds of women in prison have one or more children under the age of 18.¹¹

For many women, issues of trauma, self-esteem and parenting are interrelated with mental illness and substance abuse.

For many women, issues of trauma, self-esteem and parenting are interrelated with mental illness and substance abuse. These issues must be addressed in order for mental health and substance abuse treatment to produce long-term improvement.

Development of the Phoenix Project

Wicomico County is a rural county with a population of about 80,000. The county has a strong background in collaborative treatment services for individuals involved with the criminal justice system.

The Phoenix Project is under the umbrella of the Wicomico County Health Department's Forensic Services Program, which provides both mental health and addiction services for adults and children. The primary goal of the forensic program is to explore options for law enforcement, the courts and the jail in assisting individuals with severe mental illnesses and/or addictions break the cycle of arrest and incarceration.

The Phoenix Project is closely coordinated with two other forensic programs. The first program is the Maryland Community Criminal Justice Treatment Program (MCCJTP), which provides both jail-based mental health services and community-based case management services for individuals with mental illnesses released from custody. This program has been in place for seven years. The Phoenix Project receives referrals from the jail-based program and also uses the existing MCCJTP advisory board.

The Phoenix Project also works closely with the Mobile Crisis Unit (MCU), which began in January 1998. The MCU is designed to provide 24-hour emergency response to police calls for persons who exhibit signs of mental illnesses and/or substance use disorders. The MCU staff respond to calls from five police agencies — all of which have been trained in mental illness and substance use disorders — and follow up with individual clients for 72 hours after initial law enforcement contact to ensure linkage to appropriate services.

Prior to applying for the SAMHSA grant, the University of Maryland and the Maryland Department of Mental Hygiene Administration, Division of Special Populations, conducted a focus group with women incarcerated in the Wicomico County Detention Center. Each of the women had serious mental health and substance abuse problems. The women were asked what services could have helped them and their children. Their responses helped shape the services and procedures for the Phoenix Project.

The women spoke of their shame and desperation at the time of arrest and afterward. They also spoke of their fear of losing their children. Among the areas they reported they needed assistance were:

- parenting issues;
- housing;
- family violence; and
- vocational training.

The Phoenix Project

The Phoenix Project is both a pre- and post-book- ing diversion program. This means that a woman can be diverted to the program prior to or after an

arrest. Women may be referred to the program through a variety of sources, including:

- Mobile Crisis Unit (MCU) staff;
- law enforcement;
- jail staff;
- judges, prosecutors, defense attorneys;
- district court commissioners.

Women entering the program through a pre–booking diversion are identified by MCU staff or police. However, women are frequently booked at the jail prior to the diversion. In this situation, a woman may be identified by jail staff or a judge, as appropriate for the program. The majority of the women participating in the program were on probation and diverted from incarceration after a violation of probation.

If the woman agrees to participate in the program, she is screened and assessed by Phoenix Project staff and referred to the appropriate services. All staff associated with the Phoenix Project are female, including the case managers and the dual diagnosis counselor.

The eligibility criteria for the Phoenix Project requires that a woman: be a resident of Wicomico County; be over the age of 18; have a co–occurring serious mental illness and substance use disorder; and be charged or at risk of being charged with a misdemeanor or non–violent felony.

The Phoenix Project provides intensive case management and integrated mental health and substance abuse services on site. Case managers also act as brokers for a range of other services, including:

- childcare;
- parenting classes;
- transportation;
- housing for the women and their children;
- medical services;
- domestic violence services;
- educational and vocational training;
- other community resources.

The Phoenix Project is a strength–based program that works predominately with high–end service users. The program does not focus on sanctions, but instead

on helping the women become responsible for themselves and assisting them in navigating the system and services.

There is no specific time frame for completion of the Phoenix Project. Services are provided to women until they are no longer needed.

Project Components

Building on the core themes derived from the focus group, there are six key areas in the Phoenix Project.

Intensive Case–Management

The key component of the program is the supportive relationship that develops between the client and the Phoenix case manager. Staff indicate that women involved in the program have had few trusting female relationships. The all–female staff of Phoenix Project and the intensive nature of the follow–up creates a supportive, nurturing environment for the women.

“I was lucky to meet [Phoenix case manager] in the hospital and get in to the program...without this I probably wouldn’t have stuck with the not drinking and stuff...It’s like a stability.”
— Phoenix client

The case managers work with the women on developing short–term and long–term goals. They also act as brokers to help the women obtain a range of services to meet their needs, including transportation and childcare, helping them with housing arrangements, assisting the women with visitation with their children, and connecting them with vocational and educational needs. Case managers interact with Phoenix clients minimally two or three times a week. For many women, the interaction is on a daily basis. According to the Phoenix Project director, “The biggest asset of the program is the energy of the case managers.”

Integrated Mental Health and Substance Abuse Treatment

Another important component in the Phoenix Project is the integrated mental health and substance abuse treatment the women receive. The treatment services are provided in-house by on-site staff. The women in the program receive the full realm of treatment services. There is a part-time psychiatrist on staff to provide and monitor medication. There are also individual treatment sessions that address both mental health and substance use problems, and dual diagnosis group sessions.

Children

The Phoenix Project also addresses one of the major areas of concern for women in the criminal justice system — their children. Children are the main concern for the majority of women that participate in the project. Approximately half of the women have custody of their children, while many of the other women are interested in regaining custody of their children.

The Phoenix Project provides the following parenting-oriented services:

Parenting Classes — Women recognize that the problems that have brought them into contact with the criminal justice system have negatively affected their ability to parent. Staff report that many women feel they have been bad mothers, or are afraid of hurting their children because of their histories of abuse. For both those women who have custody of their children — and those who do not — case managers connect them to parenting classes.

Childcare — Women who have custody of their children are concerned about how they can participate in treatment and jobs, yet still care for their children. Program staff work with mothers to arrange appropriate care so they can participate fully in the diversion program.

Re-unification — Due to previous incarceration and mental health and substance use problems, many women involved in the criminal justice system do not have custody of their children and frequently may be estranged from their children. Re-establishing

A Typical Phoenix Client

Sally* has been in the Phoenix Project for 10 months. She is a recovering alcoholic and suffers from severe depression. Prior to entering the program, she spent five months in jail for being arrested for her third alcohol-related offense. She had been to court intoxicated and was at risk of losing her job. It was at this point that Sally checked herself into detoxification treatment program, and then learned of the Phoenix Project.

Sally reports that in the past she was too ashamed to ask for help. She was involved in an abusive relationship, and since her sister's addiction and death several years ago, she was drinking heavily. With her recent arrest, her drinking had grown out of control and she was looking at spending more time in jail.

Sally has done well in the Phoenix Project. While it hasn't been easy for her, she is focused on her main goal — staying sober. She currently takes medication to help her with her depression and attends treatment groups through the Phoenix Project. Sally works full time in the healthcare field and is planning to complete her G.E.D. with the help of her case manager. Her case manager is also helping her obtain permanent housing. She has been working on re-connecting with her children, who are in the custody of their father. Sally describes her Phoenix Project case manager as her main support in helping her make these changes in her life.

* a pseudonym

positive relationships with their children is a major concern. Phoenix staff work with the women to help bring them back into the lives of their children.

Mental Health Services for Children — Since many of the women in the Phoenix Project come from situations of abuse and violence, their children frequently are witnesses to these events or may have been abused themselves. The program provides counseling services not only to the mother, but also to the children. Project staff are in the process of developing a specialized children's group.

(over)

Educational and Vocational Training

The Phoenix Project also helps connect women to vocational training and education programs. Staff report that many women in the program have little to no employment experience, and have never lived independently. The development of employment skills is critical for women, as it provides them not only with a means to support themselves, but also with self-esteem and the ability to take control of their lives and support their children.

Several of the women participating in the Phoenix Project are enrolled in community college, others are in the process of obtaining a G.E.D., and some are obtaining computer training and other vocational skills.

Housing

Another important aspect of the program is obtaining safe housing for the women and their children. Women involved with the Phoenix Project are able to access emergency shelter housing for themselves and their children. Project staff report that “without the housing component, the women would not be successful — having safe housing is critical to the healing process.” For women in need of permanent, stable housing, program staff help access HUD–Shelter Plus Care rental assistance. Project staff are in the process of developing transitional housing for the women and their children.

Trauma

Many of the women in the Phoenix Project have histories of violence and abuse and may live in current violent situations. Recognizing the need to address these critical issues for women, the program is currently implementing a trauma component. This component will consist of an on-site support group and trauma-based treatment that focuses on mental health, substance abuse and trauma issues simultaneously. For this component, staff will be working with the TAMAR project, Baltimore, Maryland, one of the SAMHSA Women, Co-Occurring Disorders & Violence Study sites. TAMAR staff will provide Phoenix Project staff with extensive training and weekly supervision of this component.

Services That Have Made a Difference

Women involved in the criminal justice system are more likely to be needy than men, in terms of the range and types of services they need, and are less likely to have these needs met. Through its strong, supportive role, full integration of mental health and substance abuse services, and attention to the needs of children, the Phoenix Project is making an impact on the women in the program.

The Phoenix Project provides services that address critical areas of concern for women: their children, their safety, and their ability to provide for their children. This project has gone a step further than most diversion programs to improve the lives of women in the program. Not only are women’s co-occurring mental health and substance use disorders more appropriately treated in the community, but they receive services that go beyond the routine case management. Women in the program are not just linked to treatment services, these services are provided by the program. According to a staff member, “If we were just linking to services, the program (Phoenix Project) wouldn’t work.”

Incarceration is often a devastating and traumatic experience that can hinder a person’s ability to receive treatment and support services. Unfortunately, arrest is often used as a solution for mental health and substance abuse alternatives that are not available. Additionally, women have treatment issues that differ from men. Yet specialized services for women in the criminal justice system are often not available. The Wicomico County Phoenix Project is an alternative solution to jail that understands and responds to the gender-specific needs of women with mental health and co-occurring substance use disorders involved in the criminal justice system.

For further information on the Phoenix Project, contact:

*Lori Brewster at 410-334-3497 or
lori@dhmh.state.md.us.*

or

*Joan Gillece at 410/767-6603 or
jgillece@dhmh.state.md.us.*

References

- ¹Gilliard, D.K., Beck, A.J. 1996. Prison and Jail Inmates, 1995. Bureau of Justice Statistics Bulletin. NCJ-161132. Washington, DC: U.S. Department of Justice.
- ²Veysey, B. 1998. "Specific Needs of Women Diagnosed with Mental Illnesses in U.S. Jails." In Levin, B.L., Blanch, A.K., & Jennings, A. (eds) *Women's Mental Health Services: A Public Perspective*. Thousand Oaks, CA: Sage Publications.
- ³Hammett, T.M., Daughterty, A.L. 1991. *1990 Update: AIDS in Correctional Facilities*. Washington, DC. U.S. Department of Justice.
- ⁴Wicomico County is one of nine sites funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Jail Diversion Knowledge Development and Application Initiative. This partnership between the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) is a study of jail diversion programs that serve individuals with co-occurring mental health and substance abuse disorders. The sites were funded to evaluate the effectiveness of diverting non-violent, low-level offenders with co-occurring mental health and substance abuse disorders from the criminal justice system. The goal of this initiative is to determine what types of diversion programs work, for whom, and under what circumstances.
- ⁵Teplin, L.A. 1994. "Psychiatric and Substance Abuse Disorders Among Male Urban Jail Detainees." *American Journal of Public Health*, 84: 290-293.
- ⁶Teplin, L.A., Abram, K.M., McClelland, G.M. 1996. "Prevalence of Psychiatric Disorders Among Incarcerated Women." *Archives of General Psychiatry*, 53: 505-512.
- ⁷Holden, P., Rann, J., Van Drasek, L., 1993. *Unheard Voices: A Report on Women in Michigan Jails*. Michigan's Women Commission.
- ⁸Ditton, P.M. 1999. "Mental Health and Treatment of Inmates and Probationers." Bureau of Justice Statistics: Special Report Bulletin. NCJ-4463. Washington, DC: Department of Justice.
- ⁹Veysey, B., DeCou, K., Prescott, L. 1998. "Effective Management of Female Jail Detainees with Histories of Physical and Sexual Abuse." *American Jails*, May/June: 50-54.
- ¹⁰Bloom, B. 1993. "Incarcerated Mothers and Their Children: Maintaining Family Ties." In American Correctional Association (Ed). *Females Offenders: Meeting the Needs of a Neglected Population*. Baltimore: United Book Press.
- ¹¹Snell, T.L. 1991. *Correctional Populations in the United States*, 1991. NCJ-142729. Washington, D.C.

To obtain additional copies of this document, contact the National GAINS Center at 1-800-311-4246 or gains@prainc.com

Additional Resources

- Alexander, M.J. 1996. "Women with Co-Occurring Addictive and Mental Disorders: An Emerging Profile of Vulnerability." *American Journal of Orthopsychiatry*, 66(1): 61-69.
- Brown, V.B., Huba, G.J., Melchoir, L.A. 1995. "Level of Burden: Women with More than One Co-Occurring Disorder." *Journal of Psychoactive Drugs*, 27(4): 339-346.
- Conly, C. 1999. "Coordinating Community Services for mentally Ill Offenders: Maryland's Community Justice Treatment Program." *American Jails*, March/April: 9-16, 99-114.
- Conly, C. 1998. *The Women's Prison Association: Supporting Women Offenders and Their Families*. National Institute of Justice Program Focus. NCJ-172858. Washington, DC: U.S. Department of Justice.
- Center for Substance Abuse Treatment. 1999. *Substance Abuse Treatment for Women Offenders*. Technical Assistance Publication Series (TAPS) Series #23. Rockville, MD: US Department of Health and Human Services.
- GAINS Center. 1997. *Addressing the Specific Needs of Women With Co-Occurring Disorders in the Criminal Justice System*. Brochure. Delmar, NY: Policy Research Associates, Inc.
- GAINS Center. 1997. *Women's Program Compendium*. Delmar, NY: Policy Research Associates, Inc.
- Galbraith, S. 1998. *And So I Began to Listen to Their Stories...* Delmar, NY: Policy Research Associates, Inc.
- Prescott, L. 1997. *Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System*. Delmar, NY: Policy Research Associates, Inc.
- Russell, B. 1999. "New Approaches to the Treatment of Women with Co-Occurring Disorders in Jails." *American Jails*, March/April: 21-25.
- The National GAINS Center for People with Co-Occurring Disorders in the Justice System** is a national center for the dissemination and application of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. The GAINS Center is a partnership among a number of federal agencies, including the two centers of the Substance Abuse and Mental Health Services Administration (SAMHSA) — the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS) — and the National Institute of Corrections. More recently, this partnership has expanded to include the Office of Justice Programs and the Office of Juvenile Justice and Delinquency Prevention. The GAINS Center is operated by Policy Research, Inc. of Delmar, New York, in collaboration with the Louis de la Parte Florida Mental Health Institute.