WOMEN'S REENTRY PROCESS AND PROGRAMS: MAPPING THE 'FLOW'

United States Marshalls Service (USMS)

- Directly from Court

DC Metropolitan Police Department

- Directly from Court
- Both Pretrial and Sentenced

Other Local Jurisdictions

- Fugitives from Justice Who Have Warrants
- Transferred from Other Jails Post Court Hearing

Correctional Detention Facility (CDF)

Receiving Activities

- Name Verification
- Pull Institutional Record from JACCS (If Available)
- Demographic Data Collected on Face Sheet (Self-Report)*
- Property Inventoried and Recorded*
- Strip Search (Single Gender)
- Shower
- Photograph and Fingerprints Taken
- ID Wristband Issued
- Medical and Mental Health Screens Conducted (Unity)*

Total Average Time: 2 Hours

Escort to Correctional Treatment Facility (CTF)

- *Escorted via Catwalk Between the Two Facilities*
- *Women are Escorted in Groups by Female DOC Correctional Staff*

Correctional Treatment Facility (CTF)

Intake Activities

- Body Orifice Security Scanner (BOSS) Metal Screening
- Placed in E4A Housing Unit (32 cells, capacity = 50)
- Lockdown Status, But Have Shower Privileges
- Review Institutional JACCS Record (from CDF)
- Check for known conflicts, enemies, etc.
- Sexual Predator / Victimization (PREA) Check*
- A Data Input Into OMS Computer System

Classification

- All Classification Activity Occurs Administratively, with No Face-To-Face Interaction
- B Pull Case "Jacket" (Judgment & Commitment Order, Conviction, Next Court Date)
- C PRISMS (Court System) Data Accessed (Contains Historical Data from Juvenile to Adult)
- Determine Custody Level

Intake & Classification Time Allotted: 3 Business Days
Typically Completed: 1 Business Day

Case Management

- D Housing Decisions Made By Case Managers
  - Mental Health
  - Protective Custody
  - Segregation
  - General Population
  - Substance Abuse (RSAT) Program
- E No Written Case Plan Unless Referred to RSAT on E2-B
- Refer to Services and Work Assignments (Participation Not Required)
- Connect with Child Custody Services, Legal Services
- F Able to Participate In Individual & Group Counseling
- Provide Access to Commissary, Phone Cards, and Hygiene Products

Programming and Treatment

- G No Programs or Treatment Services are Required (Unless Court Ordered Drug Treatment)
- A.O.A.T.
  - Adjusting Our Attitude Training (AOAT)
  - Self-Referral, Capacity 50
  - Teaches Anger Management, Self-Esteem, Substance Abuse Through Drills
- H Education
  - ABE (Up to 6.9 Reading Level), GED (7.0+), ESL (Spanish)
  - Mandatory Test of Adult Basic Education (TABE) Conducted Prior to Enrollment
  - Access to Units, But No Formal Means of Exposing Women to Available Services
- I Vocational Training
  - Commercial Cleaning (Capacity = 16; 3 Month Program)
  - Computer Literacy (Capacity = 16; Can Seek to Obtain A+ Certification from UDC Upon Release)
  - Cosmetology (Capacity = 20; Can Seek Enrollment in the Bennett Career Institute Upon Release)
  - Graphic Arts (Capacity = 16; 3 Month Program Conducted In Modules)
  - Must Have an 8.0 Reading Level and Demonstrate That They Would Benefit from Program
  - No Wait Lists For Any Vocational Programs
- Life Skills (Parenting, Household Budgeting, etc.)
- Employment Techniques (Résumé Writing, Interviewing, etc.)

Discharge Process

- RSAT
  - 30 Days Post-Discharge, USPC Requires Clients to Follow Up and/or Continue Treatment
- J Informal Processes of Connecting Offenders to Community Services
- Discharge Questions and Standard Form Completed*
- Pick Up Property (If Applicable / Less Than 15 Days In CTF)
- Provided with Metro Token (Wristband Also Enables Use)
- Referral to Access Addiction Prevention and Recovery Administration (APRA) Services
  - Walk In, Referral, Assessment Centers for women 21 years of age or older
  - Central Intake Unit is at 1300 First Street NE
  - Conduct Assessment for Substance Abuse Using Addiction Severity Index (ASI)*
  - Evaluation includes withdrawal potential, co-occuring symptom evaluation, medical condition, motivation for change, social and family issues, et cetera

Medical & Mental Health Intake Process

- Take Medical History*
- General Exam Conducted*
- K If Mental Health Indicators Present, Exam Conducted*
- L Electronic Medical Record Accessed (2 Years History of CTF Treatment; More If Client is Patient in Unity Clinic(s) in Community)
- Nursing Screen Appointment Generated (To Be Seen While at CTF Within 2 Weeks)

Medical & Mental Health Care at CTF

- Seen Within 2 Weeks for Nursing Screen
- 100% Put On "Well Woman" List for Gynecological Exam (Occurs Within 2 Weeks)
- Can Submit "Sick Call" Request for Medical or Mental Health Appointment

Medical & Mental Health Care Discharge

- M Discharge Planners Coordinate Care Upon Release
- Scheduled Appointments at Unity Clinics (If Higher Acuity Patients Do Not Keep Scheduled Appointment, Unity Is Notified)
- Depart with 3 Days of Medication and Rx for 30 Days Supply (7 Days of Medication if HIV+)

RSAT Program Referral

Grant Funded Through BJA/SCAAP Funds

Certified as a Residential Program by the Addiction Prevention and Recovery Administration (APRA, DOH)

- Serve Up to 30 Clients in Program (15 : 1 Clinician to Client)
- Clients Come From Court-Order, Self-Referral, Volunteer
- Conduct Assessment for Substance Abuse Using Addiction Severity Index (ASI)*
- N Full Program is 120 Days (USPC Complete Program; Others Participate As Long As They Are at CTF)
- Discharge Protocol*

* *Process, protocol, and/or form utilized.*

A CTF's computer system, the Offender Management System (OMS) does not connect with CDF's computer system, the Jail and Community Corrections System (JACCS). CDF's JACCS contains a longer history on the women than does CTF's OMS. CTF staff re-enter all of the data from JACCS into OMS.

B (1) The inmate case file "Jacket" often does not contain pretrial indicators (PSI, Pretrial Services, risk assessment, information on mental health status, homelessness, medical information, child protective services, drug history, et cetera). If an inmate has been incarcerated at CTF within the previous six months, their CTF record is included. If they have not been incarcerated within the previous months (or ever), the jacket is devoid of data besides that which is collected by CDF during receiving. Note: *records older than six months are archived off site, requiring a few days for that information to be pulled and delivered to Classification.*

(2) CTF Classification does not have access to "CourtView" database (e.g., access court dates, pending charges, warrants, et cetera). This results in reliance solely on what is included in the jacket from the CDF/CTF Receiving process.

C PRISM Court Data is not accessible by CTF staff (not even ready-only). They are able to access it indirectly by asking for assistance from the CDF/DOC. Fortunately, there is a good relationship between the two, so information does flow. It would, however, be more efficient if the CTF had direct access.

D (1) Each Case Manager has two units (up to 100 women) under their supervision, indicating a significant caseload.

(2) Due to perceived HIPPA privacy issues, Case Managers do not have access to medical information that would aid them in making the necessary referrals – both while in CTF and when reentering the community.

(3) Women offenders who are close to returning to the community are spread out among the housing units, making it challenging to consolidate services. Male offenders who are within 120 days to release are housed together on the same unit at CDF.

E Formal case plans are not developed for women offenders. Without them – particularly for women who have 30 days or more to serve – opportunities to aid the women in their reentry preparation are missed.

F (1) Group counseling sessions are supposed to occur once per week according to programming schedules. The consultant team was not able to confirm their occurrence. Staff and offenders reported that counseling sessions do not occur according to the schedule.

(2) As family re-unification is essential to the reentry process, family therapy should be offered to the women offenders in order to work on those relationships.

G According to reports from both the women offenders and staff, the women are not always in the best condition to make important decisions around program participation or treatment programs when they first arrive at CTF due to AOD influences.

H Verification of education and reading level is not a part of current intake, classification, or case management processes. If all women were required to go through basic testing, education and reading level could be ascertained and any learning disabilities identified. This would enable appropriate placement in educational programming while at CTF.

I According to both staff and women offenders interviewed, many women seem to use their time at CTF as a 'rest' and do not participate in vocational or educational programs. Vacancies in programs lends credence to this assertion.

J Reentry planning (e.g., identifying partners in the community so that they are already exposed to the inmate population and have continuity prior to release) is currently lacking with the majority of the population. Though reentry planning occurs with the Residential Substance Abuse Treatment (RSAT) population, it is not happening broadly with the majority of the female offenders.

K Staff reported their challenges in determining true mental health needs (DSM-diagnosable) versus substance abuse related psychoses. In depth interviews are not feasible at intake due to lack of privacy/space at the CDF. There is much more conducive space at CTF, however such interviews are not done to the degree that they could be done to determine mental health or substance-related psychosis. Staff report having to 'wait it out.'

L (1) When EMR's are not available (e.g., women offenders are not treated by Unity in the community and do not have an EMR), Unity provider must call other medical providers in the community to obtain background data and medical histories. According to staff, the most difficult group to obtain medical data from is the Bureau of Prisons.

(2) The only group within the facility to access the Unity EMR is the Residential Substance Abuse Treatment (RSAT) program. Case Managers would benefit from having access to the EMRs as it would aid them in case planning.

M There is a lack of coordination between the Addiction Prevention and Recovery Administration (APRA) and Unity. Coordination would be helpful as many offenders come right to APRA after release without case files or resources. As a result, there is a delay in treatment that could otherwise be avoided.

N 65% of the women serve less than 90 days, and 84% serve less than 180 days at CTF. Many of these women would benefit from participating in a substance abuse treatment program, however the Residential Substance Abuse Treatment (RSAT) program requires a full 120 days of participation to be accepted, and there is not an abbreviated or shorter-term program (they currently take part in whatever happens to be occurring during the time of their involvement). A short-term addiction treatment model would be advantageous.