

Statement of Need

In 2006, the Indiana Department of Correction expanded its longstanding Family Preservation Program at Indiana Women's Prison to include the Wee Ones Nursery (WON). The WON provides an opportunity for pregnant offenders who will be released within eighteen months of delivery to keep their babies with them on a dedicated unit during the remainder of their incarceration. Since its inception, the unit has provided parenting and child development education, increased the number of babies who are breastfed (a statewide public health priority), and decreased the number of infants who require permanent or temporary placement in the child welfare system. Preliminary data also show a positive effect on recidivism; the program is just now reaching the stage where formal recidivism studies may be run.

Despite the benefits to both mothers and children, the program runs at a unique financial disadvantage. Though the mothers are convicted felons and their infants live at the prison, the infants are not incarcerated therefore none of the funds allocated to the Department by the State can be used to provide services or supplies for the infants. To date, the nursery is funded through grants and donations from local community organizations, and through a Maternal and Child Health grant from the Indiana State Department of Health. The IDOC funds medical care and other expenses for the mothers, but Department funding overall has been reduced over 15% in the past few years, reducing the programs and services available.

Funding through the Family-based Offender Substance Abuse Treatment Grant would allow the Department to not only expand the family reentry services it currently offers, but to demonstrate the need for and effect of those services so as to more successfully shape interagency collaborations and justify state/private funding for continuation of project services.

Meeting Offender Needs

Engaging offender's families can be difficult and complex, especially when those offenders are female. Anecdotal evidence shows that while female caretakers routinely bring children hundreds of miles to visit incarcerated fathers, the reverse (male caretakers/female offenders) is not as common. Though attempts are made at placing offenders at facilities close to their families, the limited number of female facilities means that women may be placed far from their communities. This is especially true for pregnant offenders, as all pregnant offenders are placed at Indiana Women's Prison in Indianapolis to ensure close proximity to medical services for high-risk pregnancies.

Families, a vital resource for offenders leaving prison, have long been overlooked as far as reentry training is concerned. Though offenders often depend on family members for housing and financial assistance post-release, Indiana had no structured curriculum to prepare families for the return of offenders to the communities, particularly those offenders with substance abuse issues. This gap led to failed family placements, estrangements, increased stress on families and ex-offenders, and recidivism

One of the most common problems facing offenders reentering the community, particularly those with treatment needs, is the availability of funding to meet those needs. Assistance programs often have delays between release and onset, and ex-offenders may be faced with multiple obligations and few resources. Even those whose actual treatment is covered may face financial barriers involving transportation and childcare that make receiving treatment difficult or impossible.

The IDOC has worked to address these gaps in order to lessen or eliminate their resulting repercussions. One program that attempts to mitigate the negative affects of incarceration on families is the Family Preservation Program. Started over twenty years ago by then-

Superintendent Dana Blank at the Indiana Women's Prison, the FPP provides female offenders with opportunities to establish and build relationships with their children and grandchildren. Eligible participants (offenders may not have been convicted of a sex offense) complete a parenting skills course and are then eligible for extended visitation sessions in a child-friendly environment. Additionally, the FPP has parent-child special events throughout the year such as holiday parties and a children's summer camp.

The Department has also developed and implemented family reentry programming in its therapeutic communities. These family sessions allow for guided interactions that assist in relationship development, improvement of communications skills, and increased knowledge of addictions and recovery risks and needs, so as to better prepare families for offenders' return.

Target Population

The project focuses on pregnant adult offenders incarcerated at Indiana Women's Prison in Indianapolis. Women in the project may be going into the Wee Ones Nursery program or will be placing their babies in temporary homes, most often with family members, during the remaining months of their incarceration. On average, the facility serves 100 pregnant offenders per calendar year. On 16 May 2011, there were 31 pregnant women currently in IDOC. This comprises 1.2% of the 2,467 adult women currently incarcerated in IDOC. There are presently nineteen women in, or on the waiting list for, the WON. Of those, only one does not have a history of substance abuse.

Prior to incarceration, women in the project may have had little to no pre-natal care. It is not unusual for women in their first trimester to arrive at IDOC unaware that they are pregnant. IDOC policy requires all newly admitted offenders to take a pregnancy urine screen during the

intake process. Pregnant offenders are assigned to IWP and enrolled in prenatal health care (pregnant offenders are not permitted to refuse their prenatal health care appointments).

An informal survey of the women incarcerated participating in the current Family-based Substance Abuse Treatment grant project indicated that at least 61% of the women surveyed have minor children. Most have at least two children and many other have three or more. The children often have different fathers, and may live with extended family members. When surveyed, mothers indicated family/child needs including poverty, health problems, special education/learning disabilities, and behavior issues. Obtaining cooperation from a variety of in-laws and other caregivers can greatly complicate visitation and the provision of services. Most offenders (68%) reported being in some sort of relationship (divorced, married, or living with partner) prior to incarceration.

As of 1 July 2010, 28.7% of offenders in IDOC were incarcerated for at least one drug-related offense, and 80% of IDOC adult female offenders assessed with a validated instrument received a score indicative of severe drug-related problems. They also have significant histories of domestic violence, sexual abuse, and co-dependency issues. To address addictions issues, over the past few decades, and funded in part through state JAG and RSAT allocations, the IDOC has developed a solid system of substance abuse treatment programs for offenders. These range from outpatient programs to modified therapeutic communities (TCs), including the nationally recognized methamphetamine-focused CLIFF (Clean Lifestyle is Freedom Forever) therapeutic communities. Women in the proposed project will have access to outpatient programs to treat their substance abuse issues.

Participants in these programs are separate from the general population, thus satisfying the legal requirement that the program be located in an area separate from the general population

of the prison. As the facility is the only one of its security level in the state, participants will not be transferred to another facility, save in the event of a grievous offense which changes a participant's security level and subsequent eligibility to participate in programming.

The preliminary study indicates a significant need for relationship education in addition to better parenting skills. Women who continue to make poor relationship choices are unlikely to be active, engaged mothers. By actively engaging caretakers and partners in an offender's rehabilitation, we can increase the number and range of pro-social supports available to women returning to the community; increasing positive supports and parental involvement has been shown to reduce the likelihood of re-offending.

Preliminary data for corrections-based nursery programs shows a reduction in recidivism for women who participate in such programs. The WON has just now been operational long enough to begin conducting viable recidivism studies, so Indiana's data is limited. However, a similar program in Nebraska showed a 33.2% reduction in recidivism for mothers who participated in a nursery program (16.8% recidivism), compared to those who babies were placed (temporarily or permanently) shortly after birth (50% recidivism).

A mother's recidivism affects more than her own future. Per the Women's Prison & Home Association, Inc., "Children of offenders are five times more likely than their peers to end up in prison themselves. One in 10 will have been incarcerated before reaching adulthood." Children of incarcerated mothers are more likely to display damaging behaviors, including depression, withdrawal, impaired school performance, substance abuse, and aggression.

By intervening during the pre-natal and early childhood stages, IDOC can assist with improving not only the lives of those offenders sentenced to prison, but the lives of their unborn children for years to come.

Assessing Offender Needs

Upon intake to IDOC, every offender has actuarial needs assessment completed. (To improve interagency communication and offender rehabilitation, Indiana has recently moved to a proprietary Risk and Needs Assessment, developed for Indiana and used throughout the adult criminal justice system.) In the IDOC, this assessment is used to create the Re-entry Accountability Plan (RAP). Developed with the offender, the RAP identifies and prioritizes risks and needs and develops targeted offender-driven interventions for each. RAPs are re-evaluated every six months during incarceration to update goals and interventions.

Within the 9 months prior to release each offender attends the IDOC's Standard Pre-Release Offender Program which covers life skills including financial planning and decision making. Referrals to post-release services (including substance abuse programming) are made and recorded in the Offender Case Management System progress notes. Each offender is interviewed to determine need and eligibility for post-release benefits, including veterans' benefits, and enrollment is completed for all possible programs. As the release date approaches, each offender identifies a release address and that address is placed in our Offender Case Management System.

At four months prior to release, that address is investigated and approved by the appropriate Parole district. Also at this time, a Progress Report is completed and made available to community agencies involved in the offender's post-release life. Included in the progress report is a history of treatment given while in the Department of Correction, medical and mental health diagnosis, security level, history of conduct and RAP. The progress report also details the offender's IDOC work history (including Department of Labor certified apprenticeship courses)

and education history (including GED, Associate's, and/or Bachelor's degrees earned while incarcerated) and vocational courses completed.

Program Design and Implementation

The WON+ program will enhance the family-based treatment services and post-release recovery management services for new mothers being released from the Indiana Department of Correction in order to better address treatment and family needs during and following incarceration with the goal of decreasing recidivism and breaking the cycle of incarceration which can impact the children of offenders.

The project addresses the fundamental principles of evidence-based correctional practice as follows:

1. Objectively Assess Criminogenic Risks and Needs: This is done by way of the State's proprietary Indiana Risk Assessment System. Normed for the adult offender population and used at all levels of the criminal justice system, the assessment allows for continuity of information from the court system through post-release services. Offenders in IDOC are assessed on intake and at regular intervals throughout incarceration. This actuarial-based assessment forms the basis for the offenders' Reentry Accountability Plans, which serve as the central and dynamic document for each offender's reentry planning.

2. Enhance Intrinsic Motivation: Staff receive annual training in effective communication techniques in order to best enhance intrinsic motivation in offenders. At present, the Department is working to have all post-release supervision personnel trained in ECMS or MI.

3. Target Higher-Risk Offenders: The Department focuses its programming and post-release supervision priorities on those individuals whose assessments indicate the highest risk/need for the services specified.

4. Address Offenders' Greatest Criminogenic Needs: Offenders' unit teams review the assessment results and work with the offenders to develop each Reentry Accountability Plan, which prioritizes rehabilitation needs, sets goals for each, and outlines the steps needed to reach each goal. Highest priority goals are those which address those criminogenic needs most vital to recidivism, including criminal thinking errors.

5. Use Cognitive-Behavioral Interventions: The Department uses established cognitive-behavioral programming in all available areas; the most commonly used cognitive-behavioral program in the Department is Thinking for a Change.

6. Determine Dosage and Intensity of Services: The Department assigns offenders to substance abuse treatment programs according to level of need, those whose assessments indicate highest need for treatment are placed in higher intensity services unless there is a legitimate reason, such as medical care needs, for placing them in less intense services. Once released, the level of parole supervision planned according to assessment results.

The project aims to serve up 100 women per calendar year. Participants will be initially identified through pregnancy testing, as only those women are eligible for the project unit (and only if they are non-violent offenders with no history of offenses against children). Offenders already on the unit, and within the time frame specified for project services, will also be eligible to participate. Participants already on the unit may have begun substance abuse treatment services prior to the project start date.

Participants will undergo assessment during the intake into the Department, before coming to the unit. Participants will be further screened by project staff to determine project eligibility based on substance abuse treatment needs and release date. All eligible participants will be referred to the project manager, who will be located on premises. Potential participants may

decline participation; those who do so will still receive pre- and post-natal services and substance abuse treatment services through the Department. Participants' length of time in the program will vary according to individual intake and release dates.

During incarceration, participants are referred to treatment services by the Unit Manager based on the risks and needs identified during assessments. Department substance abuse treatment services were developed in accordance with evidence-based correctional and treatment best practices. Materials used in treatment include the Federal Bureau of Prisons' *Rational Self-Counseling and Criminal Lifestyles*, Stephanie Covington's *Women in Recovery, Thinking for A Change*, and relapse prevention material such as Texas Christian University's *Straight Ahead*. All substance abuse treatment programs in the Department involve periodic and random urine screens during treatment and while on parole to determine compliance with program and Department requirements.

In addition to substance abuse services, participants will receive services from unit staff (program director and pre-natal care coordinator) and the contracted Family Services Director (FSD). Services provided by staff include case management and counseling, development of birth and placement plans, birth coach information and facilitation, prenatal classes, resources and referrals for breastfeeding, supervision of visits in the Family Preservation Program, Family Preservation communication with caregivers, facilitation of birth mother and post-partum support groups, and connections to post-release services and resources for mothers and infants/children. Services to be provided by the FSD include directing the WIC (Women, Infants, & Children) program inside the Wee One's Nursery, coordination with the Social Security Administration to obtain Social Security cards for every baby in the program, obtaining state-sponsored health coverage for dependent children, provide case management programming

during the transition, assisting mothers in the program with re-entry needs in their home county prior to their release, coordination of post-release vouchers and payments for recovery management services provided by approved community service providers.

Services will be provided in a frequency appropriate to each service. All staff, including the contracted FSD, are/will be located on the unit and have posted office hours.

At the beginning of their enrollment in the project, participants will be asked to identify family members who are involved in their lives. These family members will be invited to participate in family case management and reentry programming. Currently, family members are involved in infant placement planning and limited reentry planning. This program will expand family involvement in reentry planning by adding a family reentry component to address reentry risks and resources, identified family needs, and family skills such as communication and crisis intervention. The Department currently has a significant amount of curriculum related to strengthening families and family reunification. The exercises and worksheets that are a part of this material aid the family reunification staff in identifying participants and family member's strengths and needs. This can include such needs as improving communication better understanding family roles, increasing trust supporting family members in their recovery.

Prior to their release, participants will be linked to recovery management services in their community. Participants returning to counties with Access to Recovery or SAMHSA Offender Reentry grants will be enrolled in those programs. Those in need of financial assistance will receive financial assistance, paid directly to the providers, through this project. This will alleviate financial barriers to may endanger the mother's ability to refrain from criminal behavior. Participants receiving community-based services will be tracked through the FSD to ensure that they are receiving services needed to address predicted and unexpected barriers.

Legal Requirements

Though all pregnant women in IDOC are assigned to Indiana Women's Prison, not all pregnant women are not allowed on unit #7 (the baby dorm). In order to live in the locked unit one must have: a non-violent history; less than 18 months to serve after her baby is born; and no history of committing an offence against a child.

The Department is working with technical advisers at the Center for State Governments to identify an appropriate instrument to assess family needs and risks based on those used by 2010 grantees, and will implement such by Month 3 of the project.

Women in the program are, due to their pregnant status, only housed at one facility. After delivery, women who are not participating in the WON may be transferred, but will have access to all standard IDOC treatment programs and services.

All project participants shall, while enrolled in the project, be located in the pregnant/new mother housing unit, which is a locked housing unit separate from the general population of the facility.

Capabilities and Competencies

The IDOC will serve as the responsible agency for the project, which will be overseen by the Program Director in charge of the WON dorm. Substance abuse treatment services within IDOC facilities, ranging from outpatient to TCs, are provided by contracted Substance Abuse Counselors through the Department's medical and mental health services provider. Community-based substance abuse treatment services will, whenever possible, be provided through the state's Access to Recovery and SAMHSA Offender Reentry Program grants. For women being released to non-ATR or ORP counties, linkages will be made to local treatment providers. As State of Indiana procurement guidelines prohibit agencies from selecting or identifying (which

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implies selection) organizations outside of a competitive bid process (which requires already secured funding), documentation of post-release provider compliance with licensing guidelines is not available at this time. Such documentation will be provided to BJA prior to any project contracts being established. Providers for ATR and ORP projects have all been vetted by the State Substance Abuse Authority; no project funds will be spent on those referrals.

The IDOC employs three Master's level and one Ph.D. research analysts in its Research and Technology Division. These analysts routine perform data collection and analysis for Department, state, and federal projects, as well as conducting program and process evaluations for IDOC initiatives. The Division will assign a Research Analyst to oversee all project data collection, perform data analyses, and complete project evaluations.

At the facility level, case managers and counselors maintain a network of local service providers, including family support services; the same is true of parole agents. Project staff will use these contacts to link offenders and their families to post-release support and aftercare services. In addition, the Indiana Office of Faith-based and Community Initiatives, an agency that serves as a liaison between state agencies and local nonprofits, has agreed to assist the IDOC in expanding existing services networks, and in publicizing the need for such services to solicit new organizations. Project staff will follow up with participants' families to ensure that linkages to aftercare providers are responding to stated needs.

The Indiana Department of Correction does receive funds through Indiana Criminal Justice Institute from the BJA Residential Substance Abuse Treatment (RSAT) for State Prisoners Program; however, those funds are used to provide treatment services for adult males in the therapeutic community at Westville Correctional Facility.

Evaluation, Aftercare, Sustainment, and Data for Performance Measures

Goals for the project are the reduction of recidivism by 50% over a five year period, and the reduction of involvement in reactive social services (placement due to maternal re-incarceration or response to abuse, neglect, malnutrition, etc.) by infants served in the project. Studies have shown that mothers' incarceration has numerous long-term effects on children's lives; by providing reentry services, addressing addictions issues, and improving mother-child bonding, the project aims to reduce recidivism among participants thereby reducing the likelihood of their children becoming involved in the criminal justice system.

IDOC research analysts regularly track recidivism and conduct data for all IDOC offenders, and for specialized programs within the IDOC. In addition, the Substance Abuse Quality Assurance Director works with the analysts to track drug testing results on substance abuse treatment participants both during and after incarceration. Both the analysts and the QA Director will work with project staff to track and analyze participant substance abuse data and evaluate project progress. Staff in the WON will work with the contracted Family Services Director and Program Director to gather data on family-based activities. The Family Services Director, with parole agents when appropriate, will also oversee data collection for post-release services. Collection and analysis of project data will be reviewed on at least a quarterly basis to ensure progress toward project goals, and examine the project for indications of needed revisions or corrections.

The Department of Correction Substance Abuse Program utilizes the CJ-CEST with all program participants in its Substance Abuse Programs. This instrument has been developed by the Texas Christian University Institute of Behavioral Research (TCU IBR). The instrument has been validated on the offender population and has been shown to be valid through research. The instrument measures numerous criminogenic factors such as risk taking, cold heartedness,

treatment readiness, personal irresponsibility, criminal rationalization, hostility, depression anxiety entitlement, etc. The CJ CEST is used as a pre-test/post test. Individual offender's progress can be identified through the utilization of this instrument. In addition, areas that still needs additional work can be identified to assist in follow up planning. Finally, a satisfaction survey will be developed to be completed by family members after participation in family strengthening/reunification activities. This will aid staff in making adjustments to the program to better meet participant needs.

The goal of the project is to expand participants' positive social support network by strengthening their families, enhancing their own family skills, ensuring that all available linkages are made to community-based recovery and support services, including linkages to post-release substance abuse treatment and relapse prevention, and removing/reducing barriers to accessing community services. In order to accomplish this, the project will (a) hire a Family Services Director to be housed at Indiana Women's Prison; (b) train staff and contractors (as appropriate) on the Access to Recovery policies, procedures and programs, and on the referral process; and (c) conduct individual family sessions during incarceration to develop interpersonal relationships, communication, regaining trust, peer and family relationships and relapse/recovery.

Data will be collected on conduct, recidivism, drug testing results, and impact on criminogenic factors utilizing the *Texas Christian University Institute of Behavioral Research Criminal Justice Client Evaluation of Self and Treatment*. This information can be provided to such potential partners as the Division of Mental Health and Addiction, the Criminal Justice Institute, the Indiana Judicial Center, and can be provided to the Governor's Office and the State Legislator. Demonstrated positive outcome can help the IDOC garner long term support as well

as potential obtain resources. This information could also potentially be used to seek potential funding from private organizations.

Demonstrating successful outcomes can garner support from the potential stakeholders noted above. It is anticipated this project will reduce recidivism, reduce conduct, and reduce criminogenic behaviors. Documenting these areas can help the IDOC demonstrate reduced costs as a result of the positive outcomes noted above. Seed money provided through this grant can provide us with the information and support needed to seek continued funding when the federal funding ends. In the unfortunate event that no additional funds can be located for project continuation, the Department will examine current positions in order to incorporate key duties/services to the greatest degree possible.