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Evaluation of a Supportive Housing Alternative to Incarceration for Women Charged with a Felony and Their Children

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Drew House represents a unique partnership between the Kings County District Attorney's Office and Housing + Solutions, a non-profit supportive housing provider. The program allows select women charged with felony offenses to fulfill the Court's mandates while living with their children in a supportive housing apartment. Felony charges are dismissed after completion to prevent future disenfranchisement. The primary aim of this research was to evaluate implementation of the program and determine interim outcomes for participating families. Results support Drew House as a model program. Allowing select women charged with felonies and their children to reside in Drew House strengthened these families without compromising public safety.

RESEARCH METHODS

Ethnographic methods were used to evaluate implementation and outcomes. Results were derived from interviews with all but one current and former participant (N = 8), all staff (N = 2), the administrator (N = 1), the DA (N = 1), and his team (N = 4), as well as through 7 months of extensive in-house observation. All results reflect outcomes as of the end of data collection in August 20.

THE DREW HOUSE MODEL

- Supportive housing in a non-secure setting as an alternative to incarceration (ATI) for women with minor children.
- Serves women with felony charges. Those charged with violent felony offenses are eligible for consideration if the crime did not result in serious injury and the victim approves.
- Able to accept up to 3 minor children per family.
- Case management and brief counseling provided on-site. Referral for community health and supportive services.
- Current funding dictates homelessness at plea and disability, most commonly substance abuse use or mental illness.
- Court monitoring by third party. Women are not monitored after completion of their mandate.

PARTICIPANT CHARACTERISTICS

Total participation 2008 - 2011 = 9 women and 13 children

Women:

- Age: Average = 29 years
- Histories of homelessness, residential instability, domestic violence victimization, substance use, mental illness, family separation.

Children:

- Children per family: Average = 2.3. Resident children per family: Average = 1.4.
- Age: Average = 5 years for resident children,
= 12 years for nonresident children.

CRIMINAL JUSTICE

- Successful completion of court mandate = 6
- Progressing toward completion of court mandate = 2
- Disciplinary discharge from program = 1. For repeated violation of curfew and visiting rules.
- Charges: Drugs, property, weapons possession, robbery, assault, reckless endangerment.
- Length of stay entry to completion: Average = 15 months

- Strong staffing and a strengths-based, gender-responsive model appear to support desistance.

FAMILY

- Women remained or reunited with their youngest children.
- All child welfare cases were completed or successfully progressing.
- Nonresident children remained in long-term kinship caregiving arrangements. Women were free to visit them outside of curfew hours, if in New York. Children could also spend the night with their mother and siblings in the house.

HOUSING

- Families remained stably housed during and after mandates.
- Participants described Drew House as "home". They expressed ambivalence about moving out of this safe, supportive environment after completion, yet yearned to be free of program rules. Women struggled to obtaining post-mandate housing.

RECOMMENDATIONS

- Scale up and replicate this model to serve more families.
- Criminal justice, or other city, and state funding for more stable financial support and to open the program to otherwise eligible women who are not homeless or with a disability.
- Transition to off-site supportive housing upon completion.
- Supportive staff supervision and continuing education.
- Continued collaboration between all stakeholders to promote referrals and support women to successfully complete their mandates.
- Strengthen connections to community mental health, family counseling, educational/vocational training.
- On-site intervention for positive parenting, and family health.
- Continued outcome research as the program expands.

*"There's a lot more to public safety than just locking people up."
-Brooklyn D.A. Charles J. Hynes*



Supportive housing programs combine affordable housing with services to promote stability in homeless individuals and families. These are not shelters or halfway houses. Tenants live in their own apartment and pay some or all of the rent. Supportive housing has been shown to reduce incarceration days and improve residential stability in mentally ill persons who frequently cycle between jails and homeless shelters.¹ This model also promotes preservation and residential stability in homeless families involved in the child welfare system.² Could providing supportive housing to select women charged with felony crimes and their children stabilize these families without negatively affecting public safety?

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Maternal criminal justice involvement is associated with multigenerational disparities. Incarcerated women have higher rates of homelessness, substance abuse, mental illness, and victimization than incarcerated men or community residing women.³ Their children have higher rates of mental health issues, academic failure, and later criminal justice involvement.⁴ Maternal criminal justice involvement is also associated with child welfare system contact and foster care placement.⁵ The negative effects of incarceration do not resolve when a woman is released, as the reentry period is marked by residential instability and the struggle to meet basic needs.

Allowing incarcerated women and their infants to remain together in prison nurseries is associated with positive long-term outcomes. Women who spent time in a prison nursery are less likely to recidivate than those released from the general prison population.⁶⁻⁸ Infants and toddlers (1 - 2 years) who co-resided with their mothers in a prison nursery have shown rates of secure attachment that mirror those found in low-risk community samples.⁹ As preschoolers (3 - 5 years) living in the community these same children had lower rates of anxious-depressed behavior problems than children who were separated from their mother during infancy or toddlerhood because of

incarceration.¹⁰ To our knowledge no prisons in the United States accommodate children past toddlerhood. The effects on mothers and children of allowing co-residence in a prison past toddlerhood are unknown. Positive child development is likely not supported by this restrictive environment.

Increasing numbers of community correctional facilities, both locked and unlocked, allow selected women to stay with their children outside of prison or jail. Common eligibility criteria limit their utilization. With the noted exception of California's Community Prisoner Mother Program, they most often accept misdemeanants and women with histories of substance abuse or domestic violence. They are commonly administered as inpatient substance abuse treatment facilities. Strict exclusion criteria are also placed on the children of participating women. School age and adolescent children are often not admitted, and the number of children per family limited to one or two. Programs serving women with felony charges exclude those whose crime is categorized as violent. They may also mandate that the woman reunite with her children after spending part of her sentence in a correctional facility.

A small body of literature is available describing mother-child community corrections program models and advocating for increased use of community alternatives for women with children. Outcome research however is very limited.¹¹ We can find no published reports at this time of supportive housing being used for this purpose.

In this first report of a unique alternative to incarceration program being developed within the supportive housing framework it has been demonstrated that participants can complete court mandates, provide an appropriate home environment for selected children of all ages, co-exist safely with each other and within a residential neighborhood, and begin the transition to independent living.

Drew House was originally conceptualized in 2000 by Brooklyn D.A. Charles J. Hynes, and Assistant D.A.'s Mary Hughes and Teresa Fabi. After years of setbacks in implementing their vision of a mother-child alternative to incarceration program, the house opened in 2008 after they joined forces with Rita Zimmer and Housing + Solutions, a non-profit supportive housing provider. The results of this research support Drew House as a model program. Allowing select women charged with felonies and their **children to reside in Drew House strengthened families without compromising public safety.**

ELIGIBILITY

- Offense: Felony charge, judicial approval for a suspended sentence and ATI placement. With violent charges the crime must not have resulted in serious injury and the victim must approve.
- Children: Custody of a minor child. Reunification assistance is provided, but the child must be in mother's custody before entry. Accommodations for up to three children per family.
- Additional factors: Current funding stipulates homelessness and a disability, most often substance abuse or mental illness.
- Screening: Cases individually screened by DA team, court monitor, and Housing + Solutions for eligibility and potential of success in a non-secure community program.

ADMINISTRATION AND STAFFING

- Administered by private, non-profit experienced in supportive housing program management.
- Full time case manager with Bachelors in Social Work, extensive history working with reentering populations, and personal history of long-term incarceration.
- Live-in housing manager studying social work. She splits day hours with another supportive house in the organization.
- Substance abuse counselor on-site one evening a week.
- No correctional staff.

FUNDING

- Federal grant through US Department of Housing and Urban Development.
- Grant from New York State Office of Temporary Disability Assistance.

- Private Foundations
- Participants pay some portion of their rent on entry and electricity after first 6 months.

MONITORING

- Court monitoring completed by a third party, Brooklyn TASC, Treatment Court, or Mental Health Court.
- Daily monitoring by case and housing manager. Case manager communicates regularly with court monitor. Women sign in and out of the house. There is a camera at the entrance and an alarm that rings on entries after curfew.

SERVICES

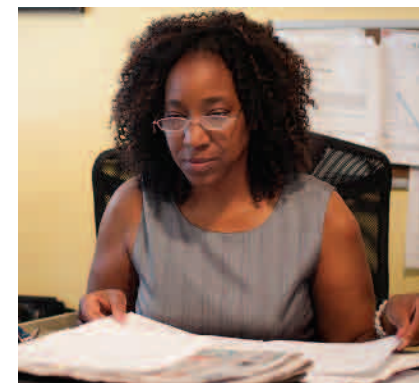
- Strengths-based, gender responsive case management.
- Brief family and substance abuse counseling to support off-site treatment and maintenance of sobriety.
- Referral to community health and supportive services.
- Child care and public schools within a few blocks.

SUPPORTIVE HOUSING PROGRAM

- The current building has apartments for 5 families, a housing manager, and an office space. The size of the program facilitates intimacy and community.
- The environment is homelike, and non-institutional. Each family has a complete apartment with its own full kitchen and bathroom. Furniture and essentials are provided and can be taken when the family moves. The shared backyard supports play and creation of community among residents.
- The permanent supportive housing model means families can stay after completion of the mandate. Transition to independent living is desirable.
- Housing + Solutions holds a ten year lease for the building, decreasing the need for a large capital expense.

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Case Manager Sharon White-Harrigan (Right)

Housing Manager Sharon Price (Left)



Six of the nine program participants have successfully completed their court mandate. Women were 29 years (range 20 - 40 years) of age on entry. The average length of stay from entry to completion was 15 months (range 7 - 21 months). Two additional women were progressing without incident toward completion at the end of data collection. The charge leading to Drew House placement was the first felony for all but one woman. No participants were charged with an additional crime while living in the house. The three women who have moved out have not received any additional charges.

One disciplinary discharge has occurred. The participant was discharged from the program for repeated violations of curfew and visiting rules. She was accepted for admission into a more structured substance abuse treatment facility that would also allow her to remain with her toddler daughter. She absconded from the courthouse while in the custody of her court monitoring case manager. She remains at large. Subsequently house staff amended their screening questions with the hopes of predicting future applicants who may be unable or unmotivated to succeed in this non-secure environment.

All participants were ordered to reside in Drew House until the court determined the terms of their mandate were completed, generally between 12 and 24 months later. Residence in the program included adhering to program rules, such as curfew, visitation, and comportment within the house. Mandates also typically included mandatory drug testing and weekly monitoring by Brooklyn TASC or Brooklyn Treatment Court, substance abuse treatment, parenting classes, education or vocational training, and pursuit of employment.

One of the most unique aspects of Drew House is that women with violent charges are not automatically excluded from the program, which is the norm in community corrections. When DA Hynes and his team began conceptualizing the program, the Rockefeller Drug Laws remained active. They anticipated program utilization predominately by women with drug charges. Those with violent charges were not going to be eligible. Drug laws were amended in 2009 to remove mandatory minimum sentences, which led to an increase in the use of substance abuse treatment and community supervision for drug cases. After this change the DA and ADAs began noticing that many of their violent cases with female defendants had not resulted in a serious injury. Furthermore, circumstances of the cases suggested the woman were unlikely to pose a future threat to public safety. As they identified eligible women they also found that the victims readily agreed with the alternative placement.

Strong staffing and a gender-responsive model maintained a calm environment in the house and appeared to support desistance. The case and housing manager use a strengths-based, relational approach in partnering with women individually and as a group to decrease risks associated with future criminal justice contact and promote independence. The case manager provided a role model of someone who overcame a criminal justice history to attain personal and professional success. Staff also modeled prosocial behavior, assisted women in attaining and maintaining self sufficiency through employment and public

assistance, supported positive relationships with family and partners, and connected participants with education and vocational training. Housing stability provided by the program and support in seeking post-mandate independent housing were also likely to be important in promoting desistance.

In contrast, inconsistent communication between the many stakeholders created situations that could be triggering to participants. Women and staff expressed a lack of knowledge regarding lengths and specific requirements of court man-

dates. They had nothing from the court in writing to help answer their questions. Women also reported being told by program staff and the court monitor to do different things to further their completion. This caused considerable stress on participants and for the general atmosphere in the house, especially as women neared completion of court mandates. Program staff overtures toward the court monitor were resulting in slow improvement on this issue at the end of data collection.

Lack of communication and differing philosophies between mental health and court mandated substance abuse treatment providers also led to untreated psychiatric symptoms. Women were instructed to stop prescribed psychiatric medications because they caused urine toxicology tests to be positive. Substance abuse treatment providers also described the use of psychiatric medication as being "codependent." One participant reported confusion regarding the use of opiate replacement and psychiatric medications, which were provided by separate programs, and stopped the opiate replacement without the advice of a health care provider.

"It's a good thing. At times it's been difficult, but this is an opportunity that I was granted just to stay with my kids. I couldn't ask for nothing more. I'm trying to finish my mandate. You learn from your mistakes and keep going forward."

-Drew House Participant

The Drew House program supported family preservation, especially with younger children. Women uniformly described staying in the community with their children as an "opportunity" and a "blessing." Participating women reported an average of 2.3 children (range 1 - 4), but approximately one fewer child per family lived in the program (range 1 - 3). The average age of resident children on entry was 5 years (range 6 months - 13 years).

Interviews revealed histories of family separation, often related to previous institutional placements, substance use, and mental illness. Mothers spoke of struggling to find appropriate caregivers for their children when they could not care for them and kinship caregivers overwhelmed by caregiving.

Six women had additional children who did not move in with them. Nonresident children were older, with an average age of 12 years (range 2 - 17 years). They remained in long-term kinship caregiving arrangements, with the exception of one child who required round the clock health care and lived in a long-term care facility. In one case a mother moved to Drew House from a placement that did not accept older children in the hopes of regaining custody of her adolescents.

Women residing in Drew House were free to visit nonresident children living in New York City outside of curfew hours. Children could also spend the night with their mother and siblings in the house. Women with nonresident children in New York visited them regularly. Women with children outside of New York, and in one case outside of the country, also corresponded with them regularly by phone or through social networking.

They described remaining intimately involved in the lives of their nonresident children but expressed guilt for the years they spent not being their older child's primary caregiver.

Child welfare involvement was common for participating families, with most cases beginning before the current contact with the criminal justice system. Entry into the home was complicated in some cases by family court delays in returning custody to the mother, which was necessary before moving in. All women with open child welfare cases were successfully completing family court requirements. Some had closed cases while in the house or shortly afterwards. Participants and staff felt that admission to Drew House was positively received by the family court and child welfare workers and supported reunification. Waiting for a spot delayed reunification for two women who were unable to enter Drew House because of lack of space.

Children thrived in the Drew House environment. Women reported improved academic performance after entry into the house. Children happily reported their day to the staff, who fawned over them and encouraged them to continue working hard and to respect their teachers. Children who moved into the home behind in their development caught up quickly. The case manager also worked to connect families to needed primary and specialty health care, and developmental support services, such as Early Intervention.



With the exception of the former tenant who was discharged from the program and her daughter, for whom we do not have current information, all women and children participating in Drew House remained stably housed before and after completing their court mandates. Three women and their children remained in the residence after completion. Three women have moved from the house, one into supportive housing at another site run by Housing Plus Solutions, one with the family of a caring partner, and one into a market rate apartment. Each of these women voluntarily remain in touch with the case manager.

Participants described Drew House as their home. Women contrasted the house environment with their own experience of other institutional placements or to what they knew about them. Their housing histories were marked by long term and repeated shelter stays, doubling or tripling up with their own family members or those of abusive partners, and non-correctional institutional placements, such as in-patient substance abuse and mental health treatment. For most it was their first time living independently with their children. Children also expressed excitement about having their own apartments for the first time. One participant reported that her children's reaction to their move was, "Wow! Now me and my mommy got our own apartment."

All women who remained in the home after the completion of their mandate reported they would like to move into their own apartment in a less structured environment. On reflection, however, they also expressed deep ambivalence about leaving the safest, most supportive environment they have lived in for many years, if not in their whole life. As an example of this ambivalence, women

passed up solid opportunities to move. This is not to downplay the significant difficulty they faced in obtaining housing elsewhere, despite help from the case manager and a housing specialist employed by Housing Plus Solutions. Recent defunding and unstable funding of housing programs also limited options for these families.

Allowing women to remain in the house after the completion of their mandate promoted housing stability but also created interpersonal difficulties and demoralization within the program. Women whose mandates were lifted no longer had a curfew. Though seemingly minor, differences in curfew were particularly triggering to participants. Watching their completed peers struggle to move out of the house also demoralized newly entered women, as they dreamed and planned of their own lives after their mandates are lifted.

The current building is leased. Leasing prevented the need for a large capital outlay and allowed for the quick opening of the program. It has also caused difficulty in remedying significant construction and maintenance issues, such as leaks, that frustrated participants and could pose health concerns. The Housing Manager worked closely with women to quickly identify issues within the house, but remedying the problems often took an inordinate amount of time. This appeared to result from prolonged communication between the administering organization and the landlord, as well as the landlord's ineffective attempts to make repairs. Owning a building trades off the initial capital required against the autonomy to facilitate updating and repair. During the course of data collection the administrator developed and funded a maintenance budget so that the program can take more control over building repairs in the future.

"They gave us our space. We had our own apartments. We had rules to obey and curfew, but I didn't really care about that.. I was with my daughter. It was homey...It was my home."

-Former Drew House Participant



SCALE UP & REPLICATE

We recommend that this program be scaled up and replicated. As currently implemented it can only house five families at a time. When women choose to stay after their mandate is completed, the program serves fewer and fewer women with currently pending charges. Waiting for an opening may lead to incarceration for lack of another option, a felony charge remaining on the criminal record and prolonged separation from children.

Upon replication we recommend that the program only serve women under court mandate to prevent the triggering and demoralizing that may result from mixing women in different parts of the criminal justice process.

FUNDING

Long-term, diversified funding would support program stability, foster growth, and allow the acceptance of otherwise eligible women who are not homeless and do not have a disability. The program is currently receiving no criminal justice, city, or state funding. Established funding would help with replication in New York and provide a more sustainable model for other locations.

TRANSITION TO OFF-SITE PERMANENT SUPPORTIVE HOUSING AFTER COMPLETION

Transitioning families to off-site supportive housing after completion would promote housing stability, increase available apartments for women with pending charges, and prevent issues within the home related to mixing women who are and are not currently mandated. Criminal justice or other funding for the ATI program may allow the administering organization to use their expertise in securing supportive housing grants to fund this post-mandate housing. The possibility of transitioning to other permanent supportive housing in a less restrictive environment after release would also give participating women a clear, concrete goal towards which to work.

SUPPORT FOR DIRECT STAFF

Drew House staff work closely with participating families throughout their stay. They are experienced and passionate about their jobs, but the work is intense, stressful, and may result in burnout. Given the strong

positive team in place at the time of data collection and the need to retain that talent, we recommend supportive supervision of staff by a graduate prepared clinician experienced in direct service to vulnerable families. This person would ideally be able to debrief staff, aid in diffusing stressful situations, and enhance connections to community agencies. Continuing education would be helpful on the topics of helping parents establish positive discipline practices, providing services that address trauma, working with families to improve wellness, and promoting educated health care consumerism.

COLLABORATION

Continued strong communication and collaboration between the DA's office, Drew House administration and staff, and the court monitor is needed to maintain the referral stream and support participating women throughout their mandate. Regular in-person or telephone meetings are recommended to ensure that all involved parties have the most up to date information to support families. Having a designated contact person in the Family Court may also help facilitate issues within that system.

STRENGTHEN COMMUNITY REFERRAL NETWORKS

We support the model's use of community services to help ensure families can continue to see their providers after leaving Drew House. Participating families would be served by more robust links with community agencies providing mental health treatment and educational/vocational training for women; pediatric primary and specialty care, developmental screening, mental health care; and family counseling.

ON-SITE SERVICES FOCUSED ON FAMILY

Current on-site services predominately focus on women's needs for self sufficiency and completion of the court mandate. We recommend that they be augmented to include individual or group intervention focused on positive parenting, discipline, family health, and wellness.

FURTHER RESEARCH

Research is needed to continue assessing maternal, child, and family outcomes of living in Drew House. Quantitative methods may be used when the program begins serving larger numbers of families. The influence of eligibility criteria on utilization and outcomes should also be assessed.

"I think it would be difficult to go to Drew House and come away saying anything other than this is a great idea that should be replicated."

-Brooklyn, D.A. Charles J. Hynes