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**BIRMINGHAM TREATMENT ALTERNATIVES TO STREET CRIME (TASC):
Meeting Women's Needs Through Coordinated Case Management**

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BIRMINGHAM TASC: OVERVIEW AND HISTORY

Drug dependence among female offenders constitutes a growing concern for criminal justice officials. Not only have the number of female offenders increased dramatically relative male offenders, but many of the crimes that women commit are drug-related. The treatment alternatives approach seeks to place drug-dependent offenders in community-based treatment programs in lieu of prosecution. However, relatively few treatment programs are available to women because communities lack the resources to develop treatment programs specifically for women. Of those treatment programs that are available, many are geared toward men or fail to recognize gender-specific needs.

This paper describes how the Treatment Alternatives to Street Crime (TASC) at the University of Alabama at Birmingham uses a coordinated case management approach to keep women offenders out of jail and in the community. Key to its philosophy is the belief that women need to have a great deal of support in the community to keep from recidivating. Birmingham TASC strives to develop interventions that reach offenders at various points in the justice process and to identify and to make treatment compulsory those who have drug problems. Although the coordinated case management approach that TASC uses is not gender specific, TASC assesses women's needs in a variety of informal ways and struggles to develop innovative approaches to address the needs of women offenders with the resources it has available. This paper also describes the Aletheia House program, where TASC refers many women because the program provides special services for women, such as childcare, group counseling for women only, and a residential facility for pregnant women.

Birmingham Treatment Alternatives to Street Crime began about fifteen years ago to serve the city of Birmingham and the surrounding areas of the county. About one-third of the residents of Jefferson county and half of the residents of the central city are black, and many are poor. Of the 251,479 households in Jefferson County, 16% are headed by women. Seven percent are both headed by women and have children under 18 years of age. Almost half (46.5%) of female-headed households with minor children live below the poverty line. Jefferson County also contains one of the highest infant mortality rates in the country. About one-third of the adult population has less than a high school education.

Moreover, the level of drug use among female offenders in Jefferson county has been consistently high. According to data collected by the National Institute of Justice's Drug Forecasting Use Project, offender drug use in Birmingham ranks as high as in much larger cities. Over half of all female offenders use drugs. Among the women tested, cocaine was by far the most widely used drug (43%), followed by valium (15%) and marijuana (54%). Moreover, in interviews with criminal justice officials and treatment providers, they describe the typical drug-dependent female offender as uneducated--often without a high school diploma--poor, and a mother, usually with more than one child.

Jefferson County lacks many of the programs that women offenders need. Unemployment in the central city where is high, and public transportation, while affordable, is limited, making it difficult for innercity residents to work in the suburbs, where many jobs are located. Affordable rental housing, especially for single mothers, is scarce, and drug treatment services that combine childcare and/or housing for women with their children are almost nonexistent.

To address the needs of drug-dependent offenders, TASC seeks to reduce the criminality of drug offenders by providing treatment as an alternative to jail. Using coordinated case management, TASC monitors clients in drug treatment and reports on client progress to the court. It also brokers with ancillary service providers for housing, job training, health care, and other services. Treatment intensity varies in accordance with the offender's program compliance, attendance in supervised groups, employment situation, and urinalysis results.

REFERRAL AND INTERVENTION

Continuity of Service

Almost all drug treatment referrals made by various criminal justice agencies in Jefferson County are made through TASC. TASC intervenes at all stages of the justice process. It acts as an intermediary between local criminal justice agencies and drug treatment programs. The District Attorney's office refers clients to the TASC program, who are eligible for deferred prosecution; the pretrial service agency and court refer defendants who need pretrial supervision and treatment; and the Board of Pardons and Paroles also refers drug-dependent probationers and parolees to TASC. TASC conducts clinical assessments of these clients, places them in appropriate publicly-funded treatment programs with which it has formal agreements, and provides case management. TASC has also been instrumental in acquiring Federal grants, and state and local support, to develop a continuum of services, intervening with clients who may need treatment at each stage of the justice process.

As part of the continuum of interventions in Jefferson County, TASC manages pretrial diversion. The District Attorney's office, which also has a special unit for deferred prosecution, determines the defendants' eligibility, and with the judge's consent assigns defendants to TASC. Defendants who plea guilty and apply for probation are automatically sent to TASC for urinalysis. Those who test positive for drugs are given the choice between jail or drug abuse treatment. TASC arranges with private programs to provide drug treatment for offenders and refers clients to other providers for assistance in other areas (e.g., housing, income assistance, vocational training).

TASC intervenes at three points after offenders are convicted: during their sentencing process, after offenders are on probation, and after they leave prison and return to the community as parolees. TASC routinely provides the court with a clinical assessment of all convicted offenders identified as drug users or suspected of having a drug problem. Regardless of whether treatment is mandated by the court or required in accordance with the Department of Probation's classification policy, drug-involved probationers and parolees in Jefferson County are referred to TASC. TASC assesses these clients, refers them to treatment, and provides case management services for the probation department, including urinalysis, monitoring and reporting on client progress, and applying its leverage to keep clients in treatment. Thus, TASC is organized in Jefferson County to provide a variety of services appropriate to the needs of drug-using clients, regardless of their legal status.

TASC is also attempting to extend their services by establishing a link with the State Department of Corrections' Work Release facility in Birmingham. Women come to the Work Release Program from jail or from the Tutwiller Institution. During their stay, they receive substance abuse treatment modeled after the Alcoholics Anonymous. According to the administrator of the Work Release Program, the program has had success in preventing relapse and recidivism. Still, the need to provide some kind of aftercare to help women re-enter the community remains. TASC is developing linkages to put these women in other treatment programs after their release.

Assessment and Case Management

TASC screens and assesses substance-abusing offenders and provides a treatment diagnosis, AIDS risk counseling, and voluntary AIDS testing for offenders. Case managers track and monitor the offenders' drug abstinence, employment, and social-personal functioning, and it reports treatment results back to the referring agency. Clients who violate conditions of their agreement with TASC are returned for further criminal justice processing.

TASC case managers use the Offender Profile Index (OPI) to determine which type of drug abuse intervention is most appropriate. Although the OPI does not include questions that are designed to identify the specialized treatment needs of women, TASC counselors assess these needs during the assessment interview. Counselors probe to uncover gender-specific issues that may influence a woman's compliance and success in treatment. Often case managers discover that women need special counseling around issues of domestic violence, parenting skills, and family dynamics. Aside from these issues, addicted women often also have problems with housing, lack of education and job skills, and transportation.

In the coordinated case management approach, TASC case managers work with the women's families, government agencies (primarily the Department of Human Resources and Vocational Rehabilitation Services), church groups, and non-profit organizations. Through the referral and follow-up process, they extend a treatment alternative to jail to female offenders and assure them access to ancillary social services that meet the women's individualized needs.

TASC makes referrals to a variety of outpatient and residential drug treatment programs in the city. Roughly one-fourth of offenders on Birmingham TASC's caseload are women. Case managers look at many factors to decide where to refer women, including whether the women work or have children, whether the program offers specialized counseling for women in assertiveness training, and domestic violence, or whether the program has childcare facilities for the women's children while she is in treatment (see Figure 1).

Various local drug treatment programs offer features that make them especially attractive for the placement of female offenders. Birmingham Health Care for the Homeless offers access to drug treatment for transient women. Pearson Hall provides detoxification and a strong family counseling component. The University of Alabama at Birmingham's (UAB) Drug Free Program has a flexible outpatient regimen and offers programs for teenagers. The University of Alabama also runs the only methadone clinic in north Alabama. Fellowship House offers both residential and outpatient treatment, and its recovering residents manage the program's

special supportive dormitory and apartment housing. Aletheia House, on the other hand, has the only intensive outpatient services especially geared for women and the only residential program for pregnant women. For this reason, TASC often prefers to refer women to Aletheia House when possible.

Several non-clinical factors also influence where referrals are made. Since case managers want to get women into treatment as quickly as possible, they may consider which program has the shortest waiting list. Working women require more flexible treatment schedules and must be referred to the UAB Drug Free Program. The Drug Free Program offers a more flexible and less intensive program. Clients must attend only three Alcoholic's Anonymous sessions per week. Since Alcoholic's Anonymous sessions are held on various days and various times of the day, working women can arrange a treatment schedule that does not conflict with their work schedules.

Since Aletheia House offers an all-women drug treatment program with childcare and the only residential facility for pregnant women in Birmingham and has formal arrangements with TASC for the drug treatment of female offenders, its organization warrants further attention.

ALETHEIA HOUSE: PROGRAM DESCRIPTION

Women at Aletheia House can enter two women's programs or they may attend services that are offered for both men and women. The Women's Recovery Center provides an intensive outpatient alcohol and drug abuse treatment program and the Pregnancy Program provides residential treatment. Women in Pregnancy Program participate in activities at the residential facility and also attend outpatient sessions at the Women's Recovery Center with non-pregnant women.

A framed pledge posted at the entrance of the building eloquently summarizes the program's philosophy:

Aletheia House Philosophy

I am here because there is no other refuge that I can find. Especially from myself. Until I stop and confront myself in the eyes and hearts of others. I will always be running. Until I suffer to share my secrets, I can have no safety from them. Where else but in this common ground can I find such a mirror? Here with others who care, I can at last appear clearly to myself; not as the giant of my dreams nor the dwarf of my fears, but as a man/woman, part of a whole with my share in its purpose. In this ground I can grow, not alone anymore as in death, but alive to myself and others!

Aletheia House proudly accepts cases that other treatment programs may reject because of the severity of the substance abuse problems. The design of the program emphasizes dealing with relationships and forces the clients to confront how their behaviors affect their relationships with others and how their relationships impact on the substance abuse problems. And finally, the program represents a supportive refuge where people who care help them reestablish their lives in the community.

Because Aletheia House has two main counseling tracks or program components, the purpose of assessment is to decide which part of the program women should be placed. Counselors use a standard assessment form from the State Department of Mental Health to determine whether the women should attend the special morning sessions for women at the Women's Recovery Center or attend regular sessions that are offered to both men and women. The screening interview also uncovers other factors which influence the placement decision. Some women cannot attend the morning sessions because they work. Others express a preference for the regular sessions that men attend. However, almost all the women in Aletheia House's program attend special all-women sessions at the Women's Recovery Center and the availability of childcare makes it easier for them to attend these sessions.

Counselors meet regularly with the women to assess their needs. Any needs that are uncovered either during assessment interviews or any other counseling sessions are met through referrals to other private organizations or government agencies. For instance, women who desire to be tested for the AIDS virus or who want AIDS counseling are referred across the street to the Department of Health. Women who need help with income assistance and job training are sent to the Department of Human Resources and the Vocational Rehabilitation Services. Battered women are referred to the Family Violence Program, which is run by a local non-profit organization.

Treatment follows the 12-step program philosophy and has two phases. During the first phase of treatment, women focus on analyzing their addictive behaviors and learning new skills. Their daily schedule includes a combination of individual and group therapy, along with classes on parenting skills, self-sufficiency, budgeting, physical exercise, and assertiveness. Classes at the Women's Recovery Center are well structured and include a variety of topics related to the family, domestic violence, and other issues germane to women. Women must also attend Narcotics Anonymous, Cocaine Anonymous, or Alcoholics Anonymous. Women must keep journals as part of the treatment process. Journals provide a way for women to evaluate their behavior and feelings, and they also allow counselors to identify the women's needs and develop strategies to help them. The second phase of the treatment program gradually reintegrates women into the community by helping them find jobs or vocational training. After 60 days of treatment, women can enter aftercare services where they attend group therapy once a week.

The Aletheia House Pregnancy Program provides residential treatment for pregnant addicted woman. Up to 12 women live in the house at a time. Training in the Pregnancy Program emphasizes nutrition, health care, basic education, parenting skills, and the development of daily living skills. A nutritionist supervises daily meal planning and preparation, and prenatal care is arranged through the Jefferson County Health Department. Women in the Pregnancy Program attend the same intensive services at the Women's Recovery Center with

non-pregnant women and are shuttled back and forth from the residential to the outpatient facilities by Aletheia House staff and to doctors' appointments when possible.

TASC recognizes the benefits that programs geared towards women afford to female offenders and prefers to refer female offenders to Aletheia House because it provides such services. However, the capacity of the 12-bed residential facility for pregnant women and the intensive outpatient services for women are not sufficient to meet the demand among drug-dependent women in Birmingham. Both TASC and Aletheia House staff acknowledge the need to develop more women's components with childcare services, flexible schedules in existing drug treatment programs, and supportive housing where recovering mothers can live with their children while receiving supervised drug treatment.

TASC STRATEGIES TO ADDRESS WOMEN'S NEEDS

To illustrate the strategies that TASC uses to address women's needs, we first look at "Cindy's" story. Cindy's story is a composite of the stories of many drug-dependent women whom TASC serves.

Cindy's Story

A TASC case manager first met Cindy after her arrest for shoplifting. She had been referred by the District Attorney's office. Cindy had originally been charged and then failed to appear for her court date. Since this was her first offense, she had been released on her own recognizance. In the initial interview with her case manager, Cindy indicated that she did not really take the original charge seriously. She believed that the court would simply forget about the charge if she never showed up. Moreover, Cindy was semi-homeless at the time of her arrest. Without a permanent address, she never received notification of her court date and did not realize that a warrant had been issued for her arrest and the judge had set her bond at \$1500.

Thinking nothing of her situation, Cindy showed up to see the social worker who had helped her receive prenatal care with a pregnant friend who needed the same services. The social worker immediately called the police, and Cindy was arrested and sent to a TASC case manager.

The initial screening and assessment interview uncovered a variety of problems. Cindy ran away from home when she was 13 years old after her father molested her and since then she had lived on her own, prostituting to earn enough money to buy drugs, find a place to stay, and pay for food. Cindy was addicted to crack and also used marijuana frequently. She was currently living off and on with a number of friends and acquaintances, but did not have a place to live, or even to stay, if she had been released from custody that day. She had a three month old baby, but she could not remember where she left the baby. Moreover, she appeared to have little education or job skills, and she did not have enough change for bus fare in her pocket at the time of her arrest.

Her TASC case manager first arranged for her to have a place to live. TASC contacted

Cindy's mother and found that Cindy's family would not allow Cindy or her child to come home. However, in the screening interview, Cindy indicated that she knew a man who might take her in. As it turned out, the man was merely an acquaintance, but he agreed to let Cindy stay in his house with her child. The case manager worked with Cindy to locate the baby and referred her to the Women's Recovery Program at Aletheia House for intensive outpatient drug treatment services.

She received counseling for sexual abuse, incest, and parenting skills at Aletheia House, as well as drug treatment. By the time Cindy finished the treatment program at the Women's Recovery Center, TASC and Aletheia House staff had referred her to a number of services for further assistance. She got income assistance from the Department of Human Resources and AIDS testing from the Department of Health. She discovered that she was HIV positive and TASC referred her to medical clinic for counseling. Vocational Rehabilitation Services helped her get a GED, and TASC found her an apartment in public housing.

Recurrent themes emerged in interviews with TASC case managers and Aletheia House staff. These themes centered on the lack of resources to service women and how counselors and case managers strive to meet women's needs with the existing resources. The special needs and TASC's strategies to meet these needs can be categorized into three broad categories: counseling that concerns family and relationship situations, housing, and education and income.

Family Issues

As Cindy's story points out, children pose a particular concern to TASC case managers dealing with addicted women. Believing that taking children away from their mothers may hinder drug treatment, TASC stresses the need to keep families together and the preference for having another family member take care of the children as opposed to using foster care. One TASC case manager pointed out that, "Women first need to get it. No one stays clean for the kids; she needs to get it for herself, but the children play a motivational part. Many women express the feeling that once they've lost their children, there is no reason to say clean."

However, the families of many women addicts also reject them. Mothers and grandmothers appear to be more forgiving with male addicts, who may be perceived as "sowing their wild oats." But female addicts, often mothers themselves, are seen as irresponsible and are stigmatized. Although other family members often take care of the children while the women are in jail or treatment, when women leave, they are expected to take back this responsibility immediately.

Like Cindy, many women offenders must deal with past incest, sexual abuse, and domestic violence. TASC refers women to government agencies or non-profit organizations in Birmingham that provide services. For example, the Family Violence Project at the YWCA, which is the only nonprofit organization that provides services to victims of domestic violence, conducts assertiveness training and counseling for abused women. Treatment programs like those at Aletheia House also counsel women on issues of sexual and physical abuse. Recognizing that drug-dependent women need drug-free partners to maintain abstinence, TASC

counselors may also refer women's husbands or boyfriends to a program at the University of Alabama at Birmingham for abusing men.

Many drug-dependent women offenders have partners who are also drug-dependent and whose addiction poses a threat to the women's recovery. TASC recognizes that drug-dependent women cannot get off drugs without correcting the their partners' problems. Therefore, TASC tries to get addicted partners into treatment. However, this is often difficult. Partners may resist going into treatment themselves, and they may put pressure on the women not to continue their treatment. When a partner's behavior continues to threaten a woman's success, TASC tries to extract her from that situation by making other housing arrangements for her, and by encouraging her to see how her partner's behavior fosters her own addictive behaviors.

Housing Issues

Because of the problems that drug-dependent women face in their intimate relationships and because many women have children, the lack of supportive housing in Birmingham poses one of the greatest barrier to effective treatment. Women who are injecting drugs can be placed in shelters relatively easily. Pregnant women can go to Aletheia House, which runs the only residential program for pregnant women. Due lack of funding and available space, however, women must leave the 12-bed facility soon after the birth of their child. Other residential facilities exist for women, but they do not allow the women to live with their children. Their children must be taken care of by other family members or be placed foster care.

One innovative proposal suggested by Aletheia House staff combines the development of affordable rental housing and outpatient services. According to this plan, women and their children would be housed in nearby apartments, and the mothers would receive outpatient services at Aletheia House. Because Medicaid only pays for treatment for the women, this plan would combine assistance from Medicaid and other sources. Medicaid would cover the costs of treatment; housing would be financed through government subsidies and/or client fees.

Currently, TASC refers women to shelters, halfway houses, and residential treatment programs. By moving them from one facility to the next, they are able to keep women in supervised housing for up to one year after release for prison. For example, a woman could be released from prison and moved into a halfway house, like St. Ann's. After completing the maximum allowable stay at St. Ann's, she could be moved to Fellowship House. At first, she could stay in the supervised dormitories at Fellowship House. As she progresses in her treatment and needs less direct supervision, she could be moved into the apartments at Fellowship House that are managed by former program graduates. Following this strategy, TASC can ensure that women receive treatment and related services, including supportive housing, and gradually increase the women's responsibility for themselves as the assimilate into the community.

Employment Issues

Like Cindy, many drug-dependent women that TASC manages lack education, job skills, and even a means of transportation to get to a job (if they have one) or other service providers. TASC works with the Department of Human Resources to help women get income assistance and bus tokens to ensure that they can attend drug treatment. When the women have children, TASC helps them apply for AFDC if they qualify. TASC also helps them get state funds to attend college and receive medical care.

SUMMARY

Although TASC is not set up as a women's program, TASC case managers recognize that women have special needs and circumstances that influence their criminality, substance abuse, and the likelihood of their success in drug treatment. The experience of Birmingham TASC suggests that one strategy for cost effectively serving drug-dependent female offenders is to train case managers to be sensitive to the unique needs of women. Case managers who know how to identify the needs of women and who are aware of programs and organizations in the community can refer women to appropriate services. By making sure that women receive counseling on issues like domestic violence, parenting, or assertiveness training, case managers can increase the likelihood of women staying in drug treatment programs. This approach provides women offenders with skills and access to services in the community that will help them once the tenure in the criminal justice system ends.

However, staff training does not preclude the need to develop more programs for women. The lack of supportive housing for mothers and children, residential treatment facilities for women, and programs that provide childcare services and flexible schedules to meet the needs of working mothers are recurrent themes. While communities like Birmingham strive to develop these facilities, programs like TASC can work as a mechanism to give women access to community services and educate them about community resources available to women and their families.

FIGURE 1

MODEL TREATMENT PROGRAM FOR NON-INCARCERATED PERSONS
WITHIN THE CRIMINAL JUSTICE SYSTEM
PROJECT CASE FLOW CHART

