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FFENDERS PLANNING WORK SESSION

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**Proceedings of a Statewide Meeting to
Develop Strategies to Meet the
Needs of Women Offenders in Oregon
Salem, Oregon
July 8-9, 1992**

**Sponsored by the Oregon Department of Corrections
with the support of grants from the
National Institute of Corrections and the Oregon Criminal Justice Services Division**

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**U.S. Department of Justice
National Institute of Justice**

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The success of two-day session is directly attributable to the willingness of dedicated people to travel, in some instances hundreds of miles, to frankly and honestly discuss where Oregon is hitting or missing the mark with regard to female offender programs and services. Those participants are listed in Appendix B of this report.

WOMEN OFFENDERS PLANNING WORK SESSION

Proceedings

of a Statewide Meeting to Develop Strategies to Meet the
Needs of Women Offenders in Oregon
July 8-9, 1992, Salem, Oregon

Convener:

Sally Anderson, Assistant Director, Oregon Department of Corrections,
Administration and Planning Branch

Facilitator:

Nancy M. Campbell, Executive Director of the Northwest AIDs Foundation, Seattle, WA.
Previously, Ms. Campbell was Director of the Division of Community Corrections of the Washington State
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as Community Corrections Coordinator for the Judicial Department, then as Director of the Division of Community
Services for the Department of Corrections. In addition to her other corrections experience Ms. Campbell holds a
Masters degree in Criminal Justice from the State University of New York at Albany.

Planning Committee:

Gary Field, Chair, Oregon Department of Corrections;
Joanne Fuller, Multnomah County; Donna Lattin, Oregon Department of Corrections, Lane County Branch; Jim
Lockwood, Oregon Department of Corrections; Barbara McGuire, Oregon Department of Corrections; Donna Measner,
Oregon Department of Corrections, Jackson County Branch; Rebecca Prinslow, Oregon Department of Corrections

Sponsored by the Oregon Department of Corrections with the support of grants from the National
Institute of Corrections and the Oregon Criminal Justice Services Division.

August, 1992

WOMEN OFFENDERS PLANNING WORK SESSION

JULY 8-9, 1992

Proceedings

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WOMEN OFFENDERS PLANNING WORK SESSION

JULY 8-9, 1992

INTRODUCTION

In the four-year period from 1988 through 1991, the Oregon Department of Corrections conducted a major prison expansion program, nearly doubling the available bed capacity. The 1991-93 Biennium was to have included construction of a new women's facility and a major expansion of Oregon's felony probation and parole services and intermediate sanctions. However, construction and community services were preempted by passage of Ballot Measure 5, a statewide property tax limitation, which has resulted in a gubernatorial directive that the Department and all other state agencies develop alternative strategies for operation under reduced budgets.

Attempts to more effectively address the needs of the increasing female offender population --in the absence of funding to construct a new facility-- led the Department to analyze data regarding women across the entire continuum of probation, prison, parole and post-prison supervision. In October, 1991, a *White Paper* reviewing what we know about Oregon's female offender population and effective corrections programs was issued.

The 1988 Governor's Task Force on Corrections Report and the *White Paper* concluded that two distinct strategies must be employed in efforts to address the needs of the female offender in order to reduce recidivism:

- 1) Breaking the cycle of dysfunction that women offenders and their children experience; and
- 2) Providing drug and alcohol treatment of women offenders in institutions and the community.

This Work Session was designed specifically to bring approximately 60 Oregonians who are actively involved with Oregon's female offender population to place **priorities** on those needs, and then to sketch out some "next steps" to be taken, based upon what we learned in our discussions and the various levels of resources available.

This report presents a summary of the conclusions reached during the two-days of discussion. Summaries of presentations and work sheets from small group break-out sessions are appended as a convenience to those who seek more detail.

CHARACTERISTICS OF OREGON'S FEMALE OFFENDER POPULATION

The characteristics of Oregon's women offenders are enumerated in Appendix C. In general, they reflect the characteristics of the female offender population nationwide.

KEYNOTE SPEECH - Nancy M. Campbell

As Keynote Speaker and Work Session Facilitator, Nancy Campbell began the heart of the Session by issuing a challenge to participants, encouraging them to question their assumptions and to thoughtfully probe this issues before them. She warned those present not to adopt simplistic approaches with convenient solutions.

CONCEPT PANEL No. 1 - "The Needs"

A panel comprised of three members, a county community corrections director, a woman parolee and a woman inmate, stimulated thought on the issue of the priority needs of women offenders. The many issues they brought to mind could generally be placed in the following categories.

Correctional/probation/parole officer attributes (training, knowledge, abilities, backgrounds, etc.), attitudes (nurturing, tough, etc.), and roles (controller, teacher, coach, mentor, etc.)

Transition from prison to community, both in terms of process and preparation. (Skills, resources, relationships, etc.)

Assessment of needs and follow-through with services and programs, with a full range of training, treatment, health care, etc. apropos to the individual need and timing.

A holistic approach, serving the various needs of offenders and their family members in a unified package.

LUNCH SPEECH - Teri Martin, Ph.D.

Dr. Martin described the National Institute of Corrections' Intermediate Sanctions for Female Offenders Project and possibilities for a project of similar purpose on a statewide level in Oregon.

"THE NEEDS" -- IDENTIFIED BY WORK GROUPS

COMPREHENSIVE/HOLISTIC

Basic and Survival Needs

Life skills (literacy, living and social skills), information and referral, loan funds, childcare, parenting skills and family relationship help, clean and stable housing, food, transportation, relevant job training, and related needs were identified.

Treatment Services

Alcohol and drug, medical, dental, mental health, counseling, and various kinds of therapy were named.

Continuum of Care

Flexible programs relevant to individual needs, which involve the least restrictive option necessary.

CONNECTED EFFORTS

Cross-agency collaboration

We need to be working together, beginning with definitions and clarifications of missions, values, goals, roles, and policies of involved agencies. A case management system with a triage approach should be used, with agencies co-located. Offenders should participate in planning for the services to be involved in their case. A tax incentive should be provided to professionals involved in this process. Continuity of care throughout the process of assessment, service, transition, and aftercare, should result.

BRINGING ABOUT CHANGE

Change the Criminal Justice Culture

Intermediate sanctions and alternatives need to be developed and implemented with appropriate changes to Sentencing and Revocation Guidelines. A shift in emphasis from sanctions to services needs to take place throughout society. Definitions of success need to be agreed upon and evaluations of our effectiveness in achieving those need to be a regular part of our business. Clients need to participate in the process and staff and clients need to be made proud of their success. Caseloads limits must be lowered and respected.

Staff Training

Staff need to be taught how, and be held accountable for, developing nurturing and mentoring attitudes and skills. They need to, in turn, teach these to clients. Specialty training in women's needs is critical, as is training in cultural diversity. Staff in these roles need frequent re-charging (Care for caregiver).

"THE NEEDS" -- PRIORITIZED BY WORK GROUPS

Assessment needs to be more comprehensive and thorough, utilizing a gender-specific tool

An appropriate continuum of treatment and services needs to be available to meet the full spectrum of need encountered, and to provide continuity of services and programs during transitions. Sanctions and services need to be separated.

Agency coordination is a critical need. A case management approach would go a long way toward packaging the services necessary to meet offender needs.

Family and child-related services are very important to success

Staff support, training and compensation are important to program effectiveness

"THE NEEDS" -- CREATIVE APPROACHES FROM WORK GROUPS

Transition steps in welfare system to provide incentive to become independent, responsible (i.e., medical card, childcare, etc.)

Resource person or case manager who knows where to find/meet needs

Flexibility in timing, so openings in available programs can be assessed

Creative sentencing

Let "needs" define the management of offenders in the community, rather than permitting the perception that sanctions are the driving force.

Loan fund to assist in transition (clothes, dental, housing)

Incentive: go to treatment, and if it is successful, then other sanctions will be dropped

Childcare service for women offenders; a "co-op"

Mentors; allow female ex-offenders to return as volunteers to the prison setting sooner than 10 years after their time is up.

Videotape successful women who have transitioned out of criminal justice system

Involve business/community in developing jobs; Non-traditional jobs

Become housing developers

Involve offenders in planning in the institutions and the community

Tax incentives for professionals to work with women offenders

Work more closely with the state Children's Services Division (CSD) so women aren't "punished twice." Help CSD see women offenders more realistically and not as a label.

Joint case planning for criminal justice system, CSD, Adult and Family Services Division (AFS). Determine one case manager rather than three separate case plans.

Specialize case loads and train those involved

Invite all involved with a case to graduations

Review and compare assessment tools with others

Work with HUD and others to create drug-free safe housing

Create institution nurseries

Mentoring partnerships with private and public sector

Create a consortium out of this group to:

- Conduct a conversation among heads of the Department of Corrections, Department of Human Resources, Counties, and other agencies.
- Put together federal grant proposal regarding reintegration and unification of women with their family members. Make it a urban/rural pilot project.

Modify welfare system to provide incentives to become independent and responsible.

CONCEPT PANEL No. 2 - "Drug Treatment"

A panel consisting of one alcohol and drug treatment professional in an institution, one in the community, and one county corrections professional provided a warm-up on the issue of Drug Treatment, prior to the second small group work session. Many of the same general themes were raised here, as were discussed in the "Needs" segment just previous.

Our own staff need a better understanding of A & D treatment.

Gender-specific treatments, support groups, etc., are important.

Involve the individual in development of a treatment plan, in terms of both substance and timing.

Family relationships, from the standpoint of family members' involvement in the substance abuse as well as the logistics of treatment when others in the family need to be involved or children need to be cared for.

Realistic definitions of "success" and realistic goals. Don't expect people to be completely rehabilitated the first time through a program. Don't push too much treatment too fast.

Alcohol and Drug free housing will ward off the probability of the offenders' failing.

Leveraging people into treatment by threat of sanctions works.

Offenders come to treatment with a number of other psychological problems. Sex abuse, eating disorders, sex co-dependency, grief, sadness, etc., are prevalent. All need anger management.

In addition to the psychological problems that must be dealt with, jobs, structured housing, aftercare and children and family issues must be consciously addressed.

"DRUG TREATMENT" -- PROBLEMS OF SERVICE DELIVERY

Access Problems

To begin with, there is a very limited pool of providers qualified to deal with corrections clients (possessing the skills, education, cultural competence, etc.). In addition, the lack of specialized programs for women and individualized treatment --most programs use a formula approach-- contribute to the lack of available appropriate resources. The lack of appropriate resources is exacerbated by the fact that many providers do not want corrections clients in their programs. There is also a lack of residential treatment for methadone using women. Other ancillary support needs are common hurdles: lack of childcare, transportation, etc.

Limits to Program Effectiveness

Lack of understanding/information to best match the available treatment to offenders needing it often results in less than optimum treatment conditions. Lack of support systems, mental health treatment after residential care, aftercare, etc., also play a role in diminishing program effectiveness. Client resistance to participation can often be successfully overcome, but in the many instances where it is not, program effectiveness is much lower.

System Problems

Lack of funding for individual case management and large caseloads contribute to treatment failure as well. Unrealistic expectations for success is another factor. There is also no answer to the question of what to do with someone kicked out of every existing program?

"DRUG TREATMENT" -- CREATIVE SOLUTIONS

Increase Our Knowledge Base and Use It

Use assessments to target clients in a holistic way (involving families, peers, and others) to the right programs, making full use of ancillary supports such as childcare, mental health, housing, nutrition transportation, medical care, etc.

Do outcome research about treatment and recovery, including realistic definitions of success, not trying to treat everyone, triage so that resources are maximized, etc. Base funding, contracting, hiring and other decisions on what works. Have service providers tell us what kind of clients their program is most successful with. Try creating incentives for treatment completion (e.g., good time). Develop a system to screen clients for the most appropriate program to begin treatment in, and the best timing.

Market successes internally and externally. Increase pride within the program and attract support from outside. Advertise treatment successes through use of Public Service Announcements (PSAs), and having graduates write "press releases." Develop resources and change attitudes to: "treatment works." Have offenders do community work in order to improve the image of the program in the community.

Seek Alternative Sources of Funds and Increase Community Involvement

Seek funding for treatment through a beer and wine tax, insurance, housing grant funds for transitional housing, partnerships with the business community to provide jobs and donations, sponsorship and program assistance/volunteers from service organizations. Barter to meet needs for transportation (trade work for bus passes, etc.), recreational activities, food, treatment, etc. Form childcare cooperatives. Pay more for corrections clients to get accepted in A&D treatment programs.

Collaborate and Network

Connect with early intervention. Improve ability to access programs around state. Meet many needs in one location (people to address children's needs for treatment and childcare, parents needs, family needs through partnership). Gain access to psychiatric care.

Do More Training

Train staff to deal with other problems besides addiction - suicide, depression, eating disorders, sex abuse, etc. Train certain staff to specialize in specific types of caseloads. Relay A&D training throughout state via ED-Net. Train more on offender education, motivation, and values clarification.

Improve pool of qualified providers (skilled, culturally sensitive, gender-specific, with appropriate specialties such as child care, etc.).

Marry Technology and Policy

Develop computer system compatibility and sharing of computerized resource directories.

Expand Programs

Establish transition programs in every county. Create waiting lists, day treatment centers, safe/drug free places and develop other creative responses to involve people waiting for access. Start a methadone residence for women. Make caseloads small enough to do case management for multiple problems. Develop drug free/pro-social dorm and day treatment center at OWCC. Educate clients about compulsive behaviors. Provide an interventionist to catch problems early on and get people into treatment before their problems escalate.

CONCEPT PANEL No. 3 - "Family Intervention"

Panel members included two community corrections professionals and a ex-offender who now volunteers in a community program. Many issues described were parallel to those previously mentioned.

Collaboration (define agency service and information and referral roles, then work as a team)

Maintain realistic expectations ("baby steps" - progress in small steps over long period)

Peer intervention

Ancillary services

Staff should have broader understanding of love for families and family members. They

should be willing to model and expose own feelings. They should be accountable, and we should examine our programs and individual staff behavior for the impact they have on the family. In turn, staff need psychological support to help them (care for the caregivers).

"FAMILY INTERVENTION" - PROBLEMS IDENTIFIED BY WORK GROUPS

Attitudes

Resistance/denial
Guilt, shame, grief transference issues

Family

Definition too narrow. We don't understand cultural differences/style differences
Lack of any family altogether
Family who sabotage
Male responsibility (Child support, parenting, etc.)
Funding is specific to parts of family
Family secrets are sacred - don't snoop, don't tell
We don't address family planning
Paternalistic approach to family intervention
Challenge assumption that every woman wants to be a mother
Challenge assumption about who should parent
Decisions about kids (value laden/limits choices)

Agency Collaboration

Clarify/Define role/responsibilities of agencies providing family services
Lack of continuity between juvenile department and adults services and supervision
Disclosure laws between corrections and other agencies (confidentiality)
Development of computer systems
Assistance with reunification with family
Interface with schools
Extreme fear of CSD restricts what women will talk about with others who want to help

Special Treatment Needs of Women

Parenting skills are not special needs of women they are needs of women and men
Need interactive programs involving their children
Prison siting - facilities need to be near families

Corrections Culture

Develop a continuum of alternatives to prison
Institution focuses on offender - not family
Prison Ombudsmen - advocate and information on visiting system

Assessment

Gap between needs and available services
Define who is to trigger an assessment (schools, CSD, AFS, Corrections, or ?)
Who does the assessment, how, and with what quality controls
Focus on strengths vs problems

Training/Education

Educate judges about family issues
PO's parenting issues/skills
On family diversity.
Classism - not all poor families have problems

Need experienced professionals with across-the-board expertise in working with adults in corrections, juvenile, A & D, family issues, counseling, etc
Staff don't know enough about fetal alcohol and drug effects
No materials for children visiting prison

Prevention

When intervene? (identify risk factors)

Education

Role

Ancillary Services

Shortage of assisted housing

Transportation

Foster homes specific to children of incarcerated women

"FAMILY INTERVENTION" - SOLUTIONS IDENTIFIED BY WORK GROUPS

Deal with family from a broadly defined perspective

- Look at the defacto family, free of assumptions, also look at entire family system
- Support cultural diversities among families
- When we market our programs, describe our clients as "the women and children we work with," rather than as "inmates," or "offenders."
- Include work with the families in PO job description and training
- Listen to individual child's needs - kids are not a single "package"
- Develop materials for child relative to incarceration, visiting
- Include service planning for partners & children - treatment and support
- Address family planning in consistent fashion
- Put someone in the family rather than take kids away
- Families to "adopt" clients to show what healthy families do
- Use senior volunteers as a resource, especially as male role models
- Create family advocate positions
- Provide respite care for single parents
- Transition period when families are reunited (vs "all or nothing")

Bundle services with other agencies

- Utilize the case management model, and be sure all involved have same definition of this model
- Work with other agencies to create incentives for people to get out of the system
- Jointly build resource and referral information databases

Intervention

- Require respectful interactions and intervene when it doesn't occur
- Don't wait until they are 18-years old
- Use grandparents, peers, et al
- Support the intervener
- Encourage people to break family "secrets"

Education

- On fetal alcohol/drug effects, AIDS, how to recognize, begin and maintain a healthy relationship, how to have family fun as an essential part of recovery "life skills," how the victim & victimizer are intertwined, how to take responsibility as opposed to guilt.

PLENARY SESSION - Strategy Development

Overall Themes From Both Days - Nancy Campbell

Agency Collaboration

Combining and coordinating resources is a necessity, because there will never be enough funds for everyone to provide everything. Clear role definitions and assignment of responsibilities permits use of a triage approach for each case. Continuity throughout transitional periods should always remain a goal.

Assessment

The points at which various assessments need to occur in the welfare, juvenile, and adult justice systems needs to be agreed to, as do decisions about what assessments trigger action by the responsible agency. Assessments need to take into account the broader family environment, culture, values and preferences.

Intervention/Treatment

Efforts to intervene and treat people are only as effective as the linkages and ancillary support services (housing, food, transportation, childcare and many other services) readily available.

Special Treatment Needs of Women

Efforts to respond to women's needs in a broad and comprehensive fashion must guard against "net widening" (pulling more women into the criminal justice system or keeping them longer once they are in).

Treatment needs to be in context of the family environment (defined broadly and specifically in each case). It also needs to be gender-specific and case-specific.

Holistic Approach

Insure that the continuity of care (case management) follows the person through each phase of the criminal justice system, beginning with prevention and early intervention.

Corrections Culture

Training needs to be directed at the criminal justice system and beyond (judicial system, legal profession, neighbors, etc.). Within the criminal justice system, training needs to begin with cultural change (a change of attitudes from controlling, to nurturing, mentoring and mutual respect). Policies need to be reviewed to see if they recognize the presence and needs of women. Values need to be reviewed, as do efforts to respect cultural diversity.

Marketing and Community Involvement

Successes and values need to be communicated internally and externally to society. A broader spectrum of the community needs to see the role the community can play in the successful changes in the women involved.

Data Generation

More data necessary to substantiate the value of intervention, sanctions and treatment.

CAN-DO'S - Nancy Campbell

Before trying to take on the whole system -- what are things that can be done in the next twelve months?

- Consortium approach to service funding.
- Corrections participate with DHR in their reorganization
 - Collaborate on service delivery, not just funding
- County summit meetings of vertical slice/horizontal slice
- Hire lobbyist to build coalition
- Gather data on overlap of clients and how much they've been in the system.
- Further communication of this group
- Statewide speaker's bureau
- Generate information on cost effectiveness of systems/service
- ID what assessment information is currently available, and how to streamline
- Explore if other demonstration projects can help us.
- Policy and practice as relates to training in the Department of Corrections, Bureau of Public Safety Standards and Training, and the Office of Alcohol and Drug Abuse Programs
- Find way to keep referral information current
- Reduce probation and parole revocation
- Craft a vision/mission statement

CONCLUSION

The Oregon Department of Corrections will:

1. Write a report on the two-day Work Session proceedings
2. Convene a Steering Committee to:
 - Create Vision/Mission statement
 - Identify data and information that is important
 - Identify next steps (from issues identified in the Plenary Session)
 - Distribute minutes of steering committee meetings

WOMEN OFFENDERS PLANNING WORK SESSION

APPENDICES

APPENDIX A

WORK SESSION AGENDA

DAY ONE

Introductions and Orientation

Sally Anderson, Assistant Director
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Welcome and Challenge

Frank A. Hall, Director
Oregon Department of Corrections

Overview of What We Know

Gary Field, Ph.D.
Alcohol and Drug Services Manager
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Break

Keynote Speaker

"Principles of Successfully Working with Women Offenders"
Nancy M. Campbell, Executive Director
Northwest AIDS Foundation

Orientation to the Planning Process

Nancy M. Campbell

Concept Panel No. 1 - "The Needs"

Panel Members
Tamara Holden
Martha
Laurie

Lunch

Speaker

"NIC Intermediate Sanctions for Female Offenders Project"
Teri K. Martin
Law & Policy Associates
Aloha, Oregon

Small Group Work Session No. 1 - "The Needs"

Listing of needs
Prioritization of needs
Creative approaches to meet critical needs

Small Group Report-Out

Break

Concept Panel No. 2 - "Drug Treatment"

Panel Members:

Pat Johnson

Betty Griffiths

Betty Streitmatter

Small Group Work Session No. 2 - "Drug Treatment"

Problems of service delivery

Solutions to problems

Creative approaches

DAY TWO

Small Group Report-Out

Concept Panel No. 3 - "Family Intervention"

Panel Members:

Joanne Fuller

Judith

Kathleen Treb

Break

Small Group Work Session No. 3 - "Family Intervention"

Problems of intervention

Solutions to problems

Creative approaches

Small Group Report-Out

Lunch

Plenary Session - Strategy Development

Summary and Wrap-Up

Adjournment

APPENDIX B

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APPENDIX C

WOMEN OFFENDERS PLANNING WORK SESSION

JULY 8-9, 1992

DAY 1

INTRODUCTION - Sally Anderson

In the four-year period from 1988 through 1991, the Oregon Department of Corrections conducted a major prison expansion program, nearly doubling the available bed capacity. The 1991-93 Biennium was to have included construction of a new women's facility and a major expansion of Oregon's felony probation and parole services and sanctions. However, construction was preempted by passage of Ballot Measure 5, a statewide property tax limitation, which has resulted in a gubernatorial directive that the Department and all other state agencies develop alternative strategies for operation under reduced budgets.

Attempts to more effectively manage the increasing female offender population --in the absence of funding to construct a new facility-- led the Department to analyze data regarding women across the entire continuum of probation, prison, parole and post-prison supervision. In October, 1991, a *White Paper* reviewing what we know about Oregon's female offender population and effective corrections programs was issued.

The *White Paper* concluded that two distinct strategies must be employed in efforts to address the needs of the female offender in order to reduce recidivism:

- 1) Breaking the cycle of dysfunction women offenders and their children experience; and
- 2) Providing drug and alcohol treatment of women offenders in institutions and the community.

This Work Session was designed specifically to place priorities on those needs, and then to sketch out some "next steps" to be taken, based on what we learned in our discussions and on the various levels of resources available.

WELCOME AND CHALLENGE - Frank Hall

It is critical that the special needs of women offenders are recognized and that we their needs that are not being met. Oregon Women's Correctional Center is clearly not able to meet the full range of women's needs, and program additions will be necessary if we are to break the cycle of recidivism. Effective community programs and needs must be carefully considered so that women on probation, parole and post-prison supervision do not meet with failure.

CHARACTERISTICS OF OREGON'S FEMALE OFFENDER POPULATION

- Gary Field

The Oregon female offender population can be characterized as follows:

- 25-29 years old
- Non-violent
- Sexual and physical abuse in their background
- 76% have children (most plan to maintain custody)
- Most have an alcohol and drug abuse history
- Poor education and employment background
- Difficult life history with family of origin
- 7,000 in Oregon, with 6% in prison and 94% in community
- 1991 Female population grew by almost 13%
- 72% are from Multnomah, Marion, Lane, and Washington counties
- 41% had a Class C Felony as their worst crime
- Drug Crimes (20%+) are most common crime category

General Principles for Effective Intervention

- Holistic (Improving life skills in many areas of a person's life)
- Interagency Cooperation (No one agency can do it all)
- Duration & Continuity (Need: lasting, connected efforts; the "quick fix" doesn't work)
- Women-specific services (Aimed at needs and experiences of women)
- Substance abuse intervention
- Parenting skills and support of the family unit

KEYNOTE SPEECH - Nancy M. Campbell

"Principles of Successfully Working with Women Offenders"

Nancy Campbell issued an invitation to participants:

- Challenge our underlying assumptions
- Get honest about our biases and beliefs
- Ascertain what is really going to work

She asked the group to be watchful of mindsets described by Charles Johnston, M.D., a futurist, as a means of assessing where we are and where we might be headed with women offenders issues. Examples of mindsets given were:

- Just work harder doing more of the same
- Fatalistic approaches that presume our society is on the demise
- Just hang on as events around us batter us around, as in white water rafting

Instead, Nancy Campbell urged the group to ask themselves, "What are the assumptions underlying our questions?" A fundamental assumption is that things are black and white (polarity, either/or, this or that). Yet, we do not have black and white.

We bring our family of origin, our recent relationship and our own internalized sexism, etc. "stuff" with us. In our own way, we are all "recovering" sexists, racists, etc.

Before looking at how to bridge our polarities, participants brainstormed examples of such polarities in the corrections arena, followed by a discussion of how some of these convenient boxes limit our approach to solutions.

Brainstorming Polarities

| | |
|--|--------------------------------|
| Them/Us | Hard/Soft |
| Drug Addict/Drug Free | Sick/Healthy |
| Good Mother/Bad Mother | Street Smart/Straight Dumb |
| Pregnant/Not Pregnant | Aggressive/Passive |
| Victim/Non-victimizer | Independent/Dependent |
| I'm Everything/I'm Nothing | Powerful/Powerless |
| Impulsive/Patient | Rigid/Flexible |
| Adolescent/Adult | Abused/Not Abused |
| Homeless/Not Homeless | Gay/Straight |
| Rich/Poor | Loved/Not Loved |
| Self Esteem/No Self Esteem | Upper Class/Lower Class |
| White/Non-white | Legitimate Work/Illicit Work |
| Literate/Illiterate | Living Skills/No Living Skills |
| Choices/No Choices | Joiner/Isolate |
| Limited Social Skills/Socially Skilled | |
| Good Relationships with Males/Bad Relationships with Males | |

Examples of How Polarities Limit our Potential Solutions

Teacher/Student

Denies that they (offenders) are great teachers. Look at their knowledge of survival skills. Subtle view = "we do to them," rather than they to us.

Strong/Weak

"They" are very strong!

Keeper/Kept

Traditional thinking would tell us that it's easy for "us" to keep "them" locked up, but maybe "they" (inmates) are keeping us (after all "they" outnumber us and run the institution).

Moral/Immoral

We must be careful not to be self-righteous, for if we had walked in their shoes we might have committed the same acts.

Abused/Not Abused

We all have been abused to some extent and many of us have abused others. Child abuse is the norm in our culture.

Principles To Help Us Successfully Work With Women Offenders

Nancy Campbell offered principles to improve our effectiveness.

1. Suspend Judgement

Streets, junkies & pimps are safer to some than their homes.

2. **Be gentle in setting your program goal**
Realistic goals are important. Maybe she can't be totally abstinent and hold a job. Maybe some improvement is better than none.
3. **Don't assume "What is good for the goose is good for the gander."**
Stay committed to women-specific programs.
4. **Question your assumptions again and again.**
For example, the one predictor of child's success in school is not family, as everyone assumes. It is specifically parental expectation (rather than everything else we assume).
5. **Admit you are a recovering racist and sexist.**
6. **Do your best to ignore standardized tests.**
7. **Expand your definition of cultural diversity.**
Work to understand the gay or impoverished cultures, not just the "straight" and middle class.
8. **Understand her strengths.**
Women offenders are manipulative, but that's a survival skill for people who are "one-down" in society. It may have worked for her at one time during her life, and it doesn't work now. Help her draw upon her strengths and achieve new ones.
9. **She is far more like us than she is different from us.**
Our greatest challenge is to bridge these polarities. Our greatest challenge with her may be her greatest strength which we can turn around to her good.

CONCEPT PANEL No. 1 - "The Needs"

Panel Members:

County Community Corrections Director, a woman parolee and a woman inmate.

Observations and Recommendations:

- Correctional officer attitudes and behavior should be loving and nurturing. Many offenders have had "tough love" all their life. They need caring, nurturing love.
- Multicultural Staff/People they can relate to.
- Offenders need to be taught how to do better, how to live differently. Drugs and alcohol, abusive relationships, etc. are the only lifestyle some of them know.
- Many need to start fresh in a new community and not be placed right back in the environment they came from.
- Assessment & follow-up should both be individualized and extensive. Help offenders figure out when they are ready for a particular program, such as alcohol and drug rehabilitation, education/training, etc.
- Help them re-open the doors to their family (parents, kids, etc.)
- Real job skills represent a chance to be recognized as someone who needs to make a livable wage.
- Housing is essential to everyone. It is one of the keys to whether the offender's return is stable or chaotic.
- Health care is important in dealing with feelings associated with making it on the outside. Depression, anger, abuse, etc.

- Clean and sober support groups are valuable in helping deal with the pain of jobs, drugs, children, accessing available services, finding friends, etc.

LUNCH SPEECH - Teri Martin

"NIC Intermediate Sanctions for Female Offenders Project"

The National Institute of Corrections (NIC), Community Corrections Division, has funded three county-based projects to stimulate expansion of the range of intermediate sanctions and services for female offenders. NIC is interested in learning the ways in which this expansion can be encouraged on a state and local level.

Part of the process includes defining what "intermediate sanctions" are to the jurisdiction involved, and examining the range of sanctioning options available. Policy makers are being asked what the purposes of existing sanctions are and whether the availability of additional sanctioning options for female offenders might be useful.

NIC is considering funding of a similar grant in Oregon that would be somewhat different than the three existing projects, because of the state-wide scope of the Oregon effort and the major concern over the impact of probation revocations here. A large proportion of female admissions to Oregon prisons is due to revocations, rather than direct sentencing.

WORK GROUPS - "The Needs"

Listing of Needs
 Prioritization of Needs
 Creative Approaches to Meet Critical Needs

GROUPS REPORT-BACK - "The Needs"

GROUP 1 - The Needs

Needs

Basic Needs

- Housing
- Food
- Child Care
- Information provided prior to release.
- Paperwork prior to release (food stamps, etc.)

Health Needs

- Family
- Alcohol and Drug
- Mental Health
- Social/Life Skills
- Collaboration among agencies

Survival Skills

- Literacy

- Job
- Transportation
- Education
- "Survival Kit" package list of community services, etc.
 - Explore new computer technology
 - Tie into PIC and Welfare Reform

Questions/Data

What is the role of Corrections, of other agencies?

- Mission statements
- Articulate values
- Articulate goals
- Examine policy

How evaluate services?

How measure success?

- Length of program
- Ratio

How Services Should be Delivered

Positive Approach

- Build on strengths
- Reinforcement
- Choices
- Support/Mentor
- Working in partnership with client
- Help client by acting as a teacher, mentor, support person
- Staff training/education
- Each assessment list strengths
- Develop mentor program

Collaborative and Comprehensive

- Agencies/Client/Family
- Eliminate Barriers
 - Hold local "Summit" meetings to share information on services delivered and eliminate duplication
 - On-going networking
 - Vertical representation and client in-put

Multi-cultural sensitivity and multi-diversity

- Staff/consumer training
- Mentor program

Prioritization of Needs

- Assess each woman to identify individual needs
- Separate sanctions from programs to meet needs
- Change public's attitudes toward the role of the criminal justice system
- Develop intermediate sanctions
- Connect women to needed resources
 - Childcare, employment, housing, long term treatment, family treatment, parenting and life skills

Creative Approaches

Transition steps in welfare system to provide incentive to become independent, responsible (i.e., medical card, childcare, etc.)

Resource person or case manager who knows where to find/meet needs

Flexibility In timing, so openings in available programs can be assessed

Creative sentencing

Case manage needs vs listing as sanctions

Loan fund to assist in transition (clothes, dental, housing)

Sentencing; go to treatment and if successful other sanctions are dropped (creates an incentive)

Childcare service for women offenders; a "co-op"

Mentors; allow women to return to prison to assist others sooner than 10 years

Videotape successful women who have transitioned out of criminal justice system

Involve business/community in developing jobs; Non-traditional jobs

Become housing developers

Involve offenders in planning in the institutions and the community

Tax incentives for professionals to work with women offenders

Work more closely with the state Children's Services Division (CSD) so women aren't "punished twice." Help CSD see women offenders more realistically and not as a label.

Joint case planning for criminal justice system, CSD, Adult and Family Services Division (AFS). Determine one case manager rather than three separate case plans.

Specialized case load

- Expertise
- Acceptance
- Cooperation

Invite all involved with a case to graduations

Train those involved regarding women's issues.

- Correctional officers (COs)
- Parole/probation officers (POs)
- Administrators

GROUP 2 - The Needs

Need for Treatment

- Parenting
- Education
- Health Care
- Housing
- Basic Skills (the three Rs)
- Living Skills/Social Skills
- Recreational skills
- Continuum of care (Pre- and Post-release)
- Coordinate institutions/community/agencies
- Choice to start fresh
- Information and understanding by POs (specialized caseload)
- Nursery/bonding in institutions
- Housing (transition-single)
- Drug and alcohol - Appropriate treatment match for each individual
- Job training in fields where jobs exist
- Mental health - sex abuse/domestic violence
- Mental health people should work closely with criminal justice system
- Treatment
- Follow-through on referrals
- Consistency of services
- Referral to people working with females
- Better information sharing by professional service providers. (Community colleges & services)
- Prescriptive approach for needs (testing/plan)
- Needs assessment
- Interventions
- Pre-treatment groups in jails
- Stabilization post-incarceration
- Multi-cultural staff
- Cultural diversity - programs and services relevant to the person's culture
- Treatment programs which accept violent offenders
- Staff education and development for cultural and sexual diversity
- Opposite sexes understanding each other
- Self-esteem
- Support groups linking the outside with the inside for alcohol and drug programs
- Long term case management (lifelong)
- Alternative modes of therapy (art, drama, music, other)
- Mentor
- Nurturing
- Resources for staff that serve women offenders (care for the caregiver)
- Raise payment to treatment providers; due-compensation for staff
- Childcare
- Transitional services (residential for mother and child)
- Reintegration and reunification
- Assertiveness training

Prioritizing Needs

1. Assessment of needs using gender specific tool
2. Appropriate continuum of treatment services available
3. Appropriate continuum of housing/job skills/education.

4. Agency coordination and case management services to assure coordination.
5. Family Services
 - Childcare - appropriate services
 - Referral services
6. Staff support, training, compensation (including care for the care giver)
7. Reintegration

Implementing Needs Assessment

- Ask NIC for needs assessment tools
- Ask CSD for tool
- Look at OSAP model - tools OTI, NIAAA
- Computerized resource clearing house

Housing

- Work with HUD to create drug-free safe housing
- Approach OSAP/OTI for funding

Case Management and Reintegration

- DHR plan for case management before release

Family Services

- Institution mother/infant bonding (i.e., nurseries) while incarcerated

Federal Grants

- Consortium propose urban/rural pilot project re reintegration into society/re-unification with families of women in CJS. Include availability of a continuum of each of these priority services.

Coordination/Communication

Mentoring partnerships with private and public sector

Consortium developed out of work group

Conversation among heads of DOC, Counties, other agencies, DHR

GROUP 3 - The Needs

Why (Clarification of the purpose of policies, programs and services)

- Mission Statements
- Values
- Definition
- Goals
- Policy development
- Levels of supervision

How

- Eliminating barriers to success
- Positive - hope
- Someone to believe in you - mentor
- Collaborative efforts between state agencies and non-profit
 - Establish case management team system
- Need formal collaborative effort

- Need information on client involvement in other agencies
- Comprehensive
- Long-term
- Build on strengths
- Developed in partnership
- Flexible
- Multi-cultural/Multi-diversity
- Have clients teach and support others
- Give clients choices
- Help client get to the point of being ready to change
- Give support at critical points prior to revocation

What

- Family services - therapeutic Nurseries
- Parenting skills training
- Basic Education
- Literacy
- Social skills/Life skills/Leisure skills/Management skills
- Vocational/Job readiness skills
- Education/Training for Correctional Officers and other agencies
- Pre-release transition services
- Package of information to offenders
- Survival Kit - referral to local services
- Housing (clean/stable)
- Jobs
- Transportation
- Childcare
- Mental Health Treatment (survivor-abuse treatment)
- Health Education (AIDS) and care
- Early/Total assessment
- Early intervention - family
- Alcohol and Drug treatment

Information/Research/Questions

- How many of our clients are being served by multiple agencies?
- Characteristics?
- What is the role of Corrections?
- What is the realistic level of expectations on a client?
- When should services be delivered? When intervene?
- What is the most effective length of treatment?
- What is the role of Corrections in prevention services and early intervention services?
- How measure success?
- Ratio of staff/client?
- Admission from 4 major counties to prison? Why?
- What are the critical points in our criminal justice system for women offenders?

Needs

- A & D treatment
- Education
- A & D free/stable housing
- Job training
- Life skills

- Parenting
- Comprehensive, multi-disciplinary assessment
- Parole "forever" due to unrealistic expectations
- Creative sentencing
- Childcare to facilitate job, treatment
- Family treatment
- Long-term treatment
- Support group
- Living wage
- Incentive to be independent
- Health and dental care
- Financial resources during transition
- Money management/financial recovery
- Realistic sentencing vs piles of unrealistic requirements
- Separate needs from sanctions
- Intermediate sanctions
- Unaware of resources that are available
- Consistent supportive person
- Change expectation of role for probation/parole and correctional officers
- Cultural diversity of state
- Consumer input
- Training for those in corrections field
- Seen as individual in case planning - not everyone fits same mold
- Flexible treatment programming

COMMON THEMES IN GROUP REPORTS ON "THE NEEDS" - Nancy Campbell

Cross-agency collaboration (We need to work together)

- Triage
- Other agencies should be on site
- Include offenders
- Tax incentives for professionals
- Case management

Assessment

- Need Assessment
- Emphasize Strengths/Not just needs
- Cultural Sensitivity/Literacy in assessment (in addition to being gender specific)

Address Basic Needs

- Loan Funds
- Information and Referral (Women inmates do tourism and DMV I&R, why not social services I&R)
- Child Care Center (income generating)
- Housing
- Life Skills

Change the Corrections Culture

- Revocation Guidelines
- Intermediate Sanctions
- Focus on Service/Not Sanctions (society cultural change)
- Staff needs to feel good about their work (go to offender graduations)

Training**Staff**

- Care for caregiver (staff need recharging)
 - Inter-cultural competence training
- Cross agency collaboration

Treatment Services

- Alcohol and Drug
- Health Care
- Mental Health
- Relationships

Continuum of Care

- Flexible
- Relevant to needs of individual
- Coordination
- Least restrictive option that meets the individual need

CONCEPT PANEL No. 2 - "Drug Treatment"**Panel Members:**

One alcohol and drug treatment professional in an institution, one in the community, and one county corrections professional.

Observations and Recommendations:

- A therapeutic community (each person accountable to self and each other)
- Diverse staff
- Administrators have direct contact with clients
- Sanctions/Service balance (leveraging people into treatment)
 - Mandatory treatment is workable
- Realistic Goals - Don't push too much treatment too fast
- Nearly all are alcoholic and get connected back by re-doing alcohol
- Need alcohol and drug free housing
- Sometimes treatment takes a little bit each time (Multiple treatment episodes)
- Women are more difficult to treat
- Sex abuse, eating disorders, sex co-dependency, grief, sadness, etc., are prevalent
- All need anger management
- Women's liberation movement encourages women to be more violent
- "Criminal Thinking" or "Defense Mechanisms" are prevalent
- Involve individual in development of the treatment plan
 - In terms of both substance and timing
- Motherhood, Parenting, Childcare
 - Intense shame over what they've done, how they may have fallen short of what they think a parent should be
 - Need more advocates of inmates as parents
 - How to fit treatment into schedule when they have kids
- Take into account where they come from and what they need:
 - A&D after care
 - Health/Dental

- Structured housing
- Spirituality
- Feelings - Many come to treatment with lots of frozen feelings
- Beliefs - Can I trust anyone? If I do what will happen to me?
- Skill building - Problem solving, assertiveness, etc.
- Role playing - They are fantastic role players (large & small groups)
- Family - Children contacts, etc.
- Staff people need to understand A & D treatment
- Don't shove our values on them
- Women-only support groups, treatments, etc.

WORK GROUPS - "Drug Treatment"

**Problems of Service Delivery
Solutions to Problems
Creative Approaches**

DAY 2

GROUPS REPORT-BACK - "Drug Treatment"

GROUP 3 - Drug Treatment

Solutions

- Increase realistic expectations, stop blaming each other, talk to each other (among service providers)
- Increase knowledge about treatment and recovery
- Don't try to treat everyone - triage so we use resources well
- Increase funding
 - Adequate funding for treatment (Beer and wine tax, insurance, etc.)
 - Tap into other funds, like housing grant funds for transitional housing
 - Partner with the business community
 - Jobs to meet basic needs
 - Donations for treatment services
 - Get employees to support program
- Approach service organizations for donations, sponsorship, program assistance/volunteers
- Increase knowledge base - do outcome research
- Advertise successes - marketing
 - Use Public Service Announcement (PSAs) - establish relationships with newspapers
 - Have our graduates write up "press releases" - develop resources - change attitudes to: "treatment works"
- Connect with early intervention
- People to address children's needs, parents needs, family needs through partnership

- Caseloads need to be small enough to do case management for multiple problems
- Childcare provided on site at treatment centers
- Assess childcare block grants
- Staff training - need to have skills to deal with other problems besides addiction - suicide, depression, eating disorders, sex abuse
- Access to psychiatric care
- Barter for transportation (company to do work in exchange for transportation)
- Barter for:
 - Recreational activities
 - Food
 - Treatment Costs/Fees
- Community work to improve image of treatment program
- Increase public support and funding

GROUP 2 - Drug Treatment

Problems

- Waiting Lists/Accessing
- Difference of Opinions
- Child Care
- Lack of available funding
- Lack of specialized programs for women
- Sexist system
- Transportation
- Lack of Support Systems
 - Funding for case management
 - Needs not met by treatment
- Ownership of client
- Individualized treatment
- Dual diagnosis
- Mental Health treatment after residential care and aftercare, etc.
- Nutrition
- Client resistance

Solutions

- Every County have transition program
- Pretreatment/Stabilization pending admit
- Additional funding
- Screening for appropriate treatment
- Involvement of family
- Peer interventionist
- Continuing education of other agencies
- Collaboration of treatment agencies
- Increase representation of women and minorities in power positions
- Incentives for treatment completion (good time)
- Gather data to support what is/should be done
- Match clients to treatment dollars
- Improve ability to access programs around state
- Market programs
- Put resource directory on AS400 computer
- Marry technology and policy
- Develop compatible computer systems between treatment and Corrections

- DOC act as conduit for sharing information on what works or doesn't and base funding decisions on that.
- Access child care block grant funds for treatment
- Education/information on pre-birth effects

GROUP 1 - Drug Treatment

Problems

- Lengthy waiting list
- Cookie cutter/formula treatment
- Decline of services
- Lack of understanding/information for treatment matching
- A & D treatment not liking corrections clients
- Increase in severity/# of problems and treatment providers lack skills.
- No or inadequate childcare (babysitting vs child development)
- Limited pool of qualified providers (skills, education, cultural competence, etc.)
- Unrealistic expectations
- Lack of residential treatment for methadone using women
- What to do with someone kicked out of every existing program
- Unmotivated/refuse treatment
- Level of caseload PO's are carrying

Solutions

- Pre-motivational values clarification
- Motivate by using recovered offenders (use in treatment)
- Treatment Expansion - develop groups of people on waiting list
- Variety of levels of care - day treatment until bed is available in residential treatment
- Safe place to live while waiting (drug free)
- Mentoring
- Waiting lists (availability)
- Attach a Day Treatment facility to a prison
- Pre-release, pre-treatment to prepare for treatment upon release
- Develop drug free/pro-social dorm at OWCC
- Interventionist for jails/prison (individual treatment)
- Pay bonus for corrections clients in A & D programs, so they will be accepted by provider
- Develop more treatment programs to make slots available
- Treatment and Parole Officer training
- Have service providers tell us what kind of people their services work best with (are most successful with)
- Educate clients about compulsive behaviors and provide training on values clarification
- Use recovering offenders, but don't supplant volunteers for staff
- Collaboration of DOC/BADAP to:
 - Develop staff pool and raise compensation
 - Raise skill level
- Relay A&D training via ED-Net to rural areas
- Childcare cooperatives or
 - Fund quality childcare for children of women offenders
 - Pilot projects
 - Funding by grants
 - Combine with parenting skills
- Specialized caseloads for PO's (deal with women offender issues)

COMMON THEMES IN GROUP REPORTS ON "DRUG TREATMENT"

- Nancy Campbell

Ancillary Support

- Childcare
- Mental Health
- Housing
- Nutrition
- Transportation
- Medical

Holistic Programs

- Family
- Peers
- Aftercare/Transition
- Multiple Needs
 - Dual Diagnosis
 - Dental, Medical, etc.

Collaboration by Agencies

- Build on specialties
- Triage
- Single case management, specialization
- Communication
- Joint training
- Joint fundraising as opposed to competition

Community Involvement

- Business (donations, and to offer jobs to people)
- Service Groups
- Increase women and minorities in positions of power
- Involve the community of offenders

Outcome Information

- Share what works
- Support goals
- Eliminate the client telling story
- What is success?
- Compatible technology

Marketing

- Internally & Externally
- Market Successes
- Need to know goals first, so you know success when you see it

Lack of Programs

- High caseloads
- No methadone residence
- Some programs don't want corrections clients
- Limited pool of qualified providers (skilled, culturally sensitive, gender-specific, with appropriate specialties such as child care, etc.)
- Waiting list/Pre-treatment groups

- Values clarification
- Need more jail intervention
- OWCC program for women's day treatment
- Drug-free safe housing in prison setting
- Need shift of goals/priorities or more dollars

Assessment

- Target clients to the right program
- Share information with clients
- Good-bye cookie cutter (formula, or "canned") programs

CONCEPT PANEL No. 3- "Family Intervention"

Panel Members:

Two community corrections professionals and one ex-offender now volunteering at a relief nursery

Observations and Recommendations:

- Peer Support Intervention is important to get to people before they get to the jail system
- Challenge our assumptions of what we mean by family
- Encourage people to break family secrets
- Redefine family, depending on the culture (e.g., generational families, especially Afro-American families)
- Baby Steps - progress in small steps over long period (like a dimmer switch)
- Residential Treatment Program
 - Quality Childcare
 - All staff must care about/appreciate children
 - Resource referral for parenting skills
 - Talking through custody issues, safety plans, teaching people to have fun.
 - Have staff who are willing to model and expose own feelings.
 - Significant others (healthy relationship groups)
 - Treatment for significant others
 - Parole Officers working together
 - What happens to staff? Care for caregivers
 - Work as a team with CSD
 - Prenatal care and family planning
 - Reintegration
- We need to get our own houses in order.
 - Decide what our role is going to be in terms of family issues and female offenders. Concerned over widening the net (we put more conditions on them and then we have to enforce them)
 - Examine all of our activities and the impact they have on the family. Family Impact Assessment.
 - How do our institutions treat people? Correctional Officers treat people in a manner that counters the treatment. Parallel process (we treat people with respect so they will treat others with respect)
 - Are people getting promoted because they treat people well or because they amassed power? Empower people who treat people well.

- We have to be consistent and we have to follow through.
- Recognize the process of adult behavior change.
Adults learn by modeling and participation and repetition in different ways. (not by adverse consequences)

WORK GROUPS - "Family Intervention"

Problems of Intervention
Solutions to problems
Creative approaches
Presentation preparation

GROUPS REPORT-BACK - "Family Intervention"

GROUP 2 - Family Intervention

Program Treatment Needs

- Prevention programs (EPSDT)
- Include family members in treatment and education
- Development materials for child relative to incarceration, visiting.
- Exchange club parenting skills center (Volunteers give 8-10 hours per week)
- Visits to new mothers (trigger point)
- A & D Program coordinated

Children Issues

- Recognize special needs of each age group
- Continuity between juvenile department and adults services and supervision.

Parenting

- Interactive programs involve children

Clarify/Define role of corrections in providing family services and role of other agencies.

- Time needed to address family needs
- Skills needed to address family needs
- Cultural sensitivity

Define family (include lesbian couples)

- Doesn't necessarily include children
- Need Family services for families without children (extended family)

Assessment

- Gap between needs and available services
- Define trigger point for assessment (Schools, CSD, AFS, Corrections)
- Who assesses/how assess - quality control

Policy

- Continuity of services between juvenile and adult system

- Court mandates for conditions
- Gap between needs and services
- Definition of family (visiting)
- Parental Termination Laws
- Custody policies
- Home Visits
- Prevention
- Disclosure laws between corrections and other agencies (confidentiality)
- Policies - law enforcement and courts in responding to children separated from parents.

Advanced Technology

- Assessments and information sharing (CSD release information)
- Collaboration

Preservation of Family

- Assistance with reunification with family
 - Make part of transition plan
 - Notify CSD of release
- Involve client in crafting plan
- Prison siting - satellite facilities
- Parent/Child bonding programs (Bedford Hills)
- Prison Ombudsmen - advocate and information on visiting system

Diversion Programs

- Pre-trial Assessment

Alternative Programs to Prisons

- Different philosophies - broad continuum

Training/Education

- Educate judges about family issues
- PO's parenting issues/skills

Male Responsibility (Child support, etc.)

- Parenting responsibilities
- Support

Female Empowerment

Staff Awareness/Sensitivity to Family Issues

- Act as service brokers
- Training
 - diversity (lesbian issues)
 - service availability
 - examine our own values

Prevention

- When intervene? (i.d. risk factors)
- What role does education play?

CSD/County Juvenile

- Materials for children - visiting incarceration

- Participating of case worker at incarceration
- Examine our feelings about benefits regarding in-prison visiting
- Communication/Information
 - Corrections release info to CSD
 - Consistent response
- Transportation
- Foster homes specific to children of incarcerated women
- Response to relapse
- Response to lack of skills/education

GROUP 1 - Family Intervention

Problems

- Resistance/denial
- Overwhelming task
- So many agencies involved (different goals/gameplans/confusion)
- Institution focuses on offender - not family
- Timing and prioritizing what and when to be involved
- Lack of assisted housing
- Professionals with across-the-board expertise in working with adults in corrections, juvenile, A & D, family issues, counseling
- We don't know enough ourselves
- Guilt, shame, grief transference issues
- Definition of family - same sex relationships
- Lack of any family
- Need to look at the extent of family interventions - now and future
- Perceptions of CSD (bureaucracy)
 - Authority/control/protection/assistance
 - Empowerment in this environment
- Family who sabotage

Solutions

- Recharacterize who we are working with and how we do it (marketing: speak of women and their children, not "inmates" and "offenders")
- Services to the involved
- Peer Intervention - relating and modeling
- Intensive staff training
 - Back-up staff to release people for training
- Redefine entry level correctional officer's role/responsibilities and training needs
- Define roles of PO's = include work with family issues
- Early intervention for families
- Economics = policy and practice to increase dollar levels
- Reward people who work to get out of the system
- Utilize the case management model with this population be sure all have same definition
- Needs assessment should include offenders' family ID, location, and needs
- Don't wait until women turn 18 - intervene early
- Family planning support/\$
- Centralize/consolidate service for families
 - Decrease running around
 - Offer basics (toys, diapers, etc.) there too
- Decrease redundancy (assess existing system for overlaps or gaps and build coordinated network)

- Increase bridges between custodial/non-custodial parents/family to assure respite care
- AS-400 computer should include resource information database to share with others
- Require respectful interactions and intervene when doesn't occur
 - Support the intervener
 - Extend to when the family is not there also
 - Support the positives (family and staff)
- Support cultural diversities among families
 - Values clarification with staff, criminal justice system, etc.
- Collaborate with
 - Community health nurses
 - Mental Health centers
- Offer basic family living skills information/training to women and their families.

GROUP 3 - Family Intervention

Family Intervention

Problems:

- Family resistance
- Offender resistance
- Funding is specific to parts of family
- Definition of family too narrow
- Not enough time
- Family secrets are sacred - don't snoop, don't tell
- Don't understand cultural differences/style differences
- Focus on problems vs strengths
- Don't interface with schools
- Don't know enough about fetal alcohol and drug effects
- Classism - not all poor families have problems
- Don't assess role as parent even though a low role
- Don't address family planning
- Guilt is not effective in helping people change
- Paternalistic approach to family intervention
- Challenge assumption that every woman wants to be a mother
- Challenge assumption about who should parent
- Decisions about kids - Value laden, limits choices
- Parenting skills are not special needs of women they are needs of women and men
- Extreme fear of CSD restricts what women will talk about with helpers
- CSD intervention is more harmful than helpful
- No clear responsibility for the family as a whole in system - lack of coordination.

Solutions

- Family advocate
- Look at the defacto family, free of assumptions, also look at entire family system.
- Prioritize the family
- Bundle services
 - Collaboration issue
 - Funding issue
 - Authority issue
 - Prioritization issue
- Solution focused treatment
- Strength focused treatment
- Listen to individual child's needs - kids are not a single "package"

- Recognize importance of CSD as partner in planning for women offenders at all levels.
- Include service planning for partners - treatment and support
- Treatment and services for children - include in service delivery plans.
- Educators need information about fetal alcohol/drug effects
- Family planning consistently addressed - linkage with existing community resources
- AIDS education
- Be label sensitive
- Put someone in the family rather than take kids away
- Families "adopt" clients to show what health families do
- Include grandparents in family intervention
- Senior volunteers are a resource - men role models
- Respite care - parents in early or later
- Safe place for kids
- Teach how to recognize, begin and maintain a health relationship
- Transition period when families are reunited (vs "all or nothing")
- Access to tubal ligation needs to be improved for low income women/men
- Teach families to have fun - essential part of recovery "life skills"
- Victim-victimizer is intertwined - must understand this to work effectively
- Help women take responsibility as opposed to guilt.

PLENARY SESSION - Strategy Development

Overall Themes From Both Days - Nancy Campbell

Agency Collaboration

- Triage (All agencies agree on what is to be done by whom for each case)
- Establish Responsibility
- Define Role
- Seek Continuity

Assessment

- When in the Process?
- Trigger Point? (When does the assessment trigger a real decision to do something?)
- Individual: Ask women related questions (family and value questions)
- System: Find gaps (in the individual and the system)

Treatment/Intervention

- Only as good as support/ancillary support: Housing, Childcare, Transport, Medical

Special Treatment Needs of Women

- "Careful/Warning" (Avoid "net widening:" getting women in or keeping them longer)
- Include children (Don't treat women in isolation)
- Re-examine definition of "family"
- Include family/significant other
- Lack of women focused programs and dual diagnoses

Holistic Approach

- Need continuum of care (after care, etc.)
- Involve juvenile through adult

- Prevention
- Early intervention

Training

- Not just us (judges, neighbors, etc.)
- First, start on cultural change
- Policy review (do we even recognize there are women in our system?)
- Values review
- Cultural diversity

Data Generation

- Limited knowledge base verses intervention
- Does intervention help?

Corrections Culture

- Training
- Values discussion

Marketing

- Internal/External successes
- Get businesses and services involved (community)

CAN-DO'S - Nancy Campbell

Before trying to take on the whole system -- what are things that can be done in the next twelve months?

- Consortium approach to service funding.
- Corrections participate with DHR in their reorganization
Collaborate on service delivery, not just funding
- County summit meetings of vertical slice/horizontal slice
- Hire lobbyist to build coalition
- Gather data on overlap of clients and how much they've been in the system.
- Further communication of this group
- Statewide speaker's bureau
- Generate information on cost effectiveness of systems/service
- ID what assessment information is currently available, and how to streamline
- Explore if other demonstration projects can help us.
- Policy and practice as relates to training in DOC/BPST/OADP
- Find way to keep referral information current
- Reduce probation and parole revocation
- Craft a vision/mission statement

CONCLUSION

The Oregon Department of Corrections will:

1. Report on today's proceedings
2. Convene a Steering Committee to:
 - Create Vision/Mission statement
 - Identify information that is important
 - Identify next steps (from issues identified in the Plenary Session)
 - Distribute notes of steering committee meetings