Health and Public Safety Impacts of Sustaining a Women’s Jail Diversion Program in Los Angeles County

Executive Summary

About this Health Impact Assessment
The Los Angeles County Department of Public Health (DPH) recently conducted a rapid health impact assessment (HIA) to inform decision-making around the Second Chance Women’s Re-Entry Court (WRC), a specialized court-based jail diversion program in Los Angeles County (LAC). WRC provides mental health and substance use disorder treatment along with housing, employment and family reunification services to women who are charged with a felony offense or probation violation. WRC is a collaborative effort between multiple agencies, including the District Attorney’s Office, Public Defender’s Office, Department of Probation, LAC Superior Court, California Department of Corrections & Rehabilitation (CDCR), County Criminal Justice Coordination Committee (CCJCC), and the Department of Public Health’s Substance Abuse and Prevention Control Program (SAPC).

Since the program began in 2007, WRC has provided services for 333 formerly incarcerated women with histories of substance abuse, mental health and trauma. Similar programs providing combined mental health and substance abuse interventions have been implemented in other jurisdictions; however, WRC is unique for two primary reasons: 1) women with criminal records facing felony offenses are eligible for services, and 2) many women are reunited with their children during the beginning stages of treatment.

The CDCR notified the Los Angeles County DPH that state funding of WRC may end in June 2015. This prompted DPH to conduct a rapid (HIA) to evaluate the potential health, social and criminal justice impacts of sustaining this type of integrated treatment program. The HIA synthesizes program data, literature review findings, and focus group results to inform the Los Angeles County Board of Supervisors and other decision makers in Los Angeles County.

Figure. Conceptual Model of Health and Criminal Justice Impacts

- Divert female offenders to Women’s Re-Entry Court
- Mental Health
- Substance Use Disorder
- Employment
- Housing Stability
- Relationships
- Recidivism
Major Findings from this Rapid Health Impact Assessment
The Figure above outlines the major impacts we explored in this assessment. Based on literature reviews, focus groups and analysis of program data for WRC participants, we concluded the following:

Recidivism
- Graduates from WRC have a lower chance of re-arrests, re-convictions and returns to custody compared to the California state prison population. Table 1 outlines recidivism rates of WRC compared to recidivism of women at the California Department of Corrections and Rehabilitation, state prison. Reducing recidivism among WRC graduates primarily decreases reoccurring incidences of property and drug offenses.

<table>
<thead>
<tr>
<th>Table 1. Summary of Recidivism Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recidivism Measure</td>
</tr>
<tr>
<td>2.5 to 3-year WRC Women</td>
</tr>
<tr>
<td>(new felony convictions)</td>
</tr>
<tr>
<td>3-year CDCR Women (returns to state prison)</td>
</tr>
</tbody>
</table>

Mental Health
- Gender-specific treatment offered by WRC will likely benefit the mental health of formerly incarcerated women and their children. Evidence in the literature shows that women who receive gender-specific treatment similar to that offered by WRC are one-fifth as likely to have post-traumatic stress disorder (PTSD) symptoms after at least one year of follow-up, when compared to women who receive non-gender-specific treatment\(^2\)-\(^4\). Literature and focus group findings suggest that this improvement in PTSD symptoms will also benefit the overall mental health of their children.\(^4\)\(^,\)\(^5\)

Substance Use Disorder
- Decades of research show the drug court model utilized by WRC is effective. Evidence from literature and focus groups support the conclusion that specialized drug courts reduce recidivism\(^6\)\(^,\)\(^7\) and substance use disorder, which likely will lead to economic benefits associated with increased productivity, reduced criminal activity and reductions in medical costs among formerly incarcerated women.\(^8\)\(^,\)\(^9\)

Employment
- Improved employment is a key factor in reducing recidivism and improving long-term health outcomes. The majority of formerly incarcerated women are unemployed, and many have no work experience. Compared to their employment status before entering WRC, women experience more than a 10-fold increase in employment after graduating from WRC. These women who find employment are 3 times less likely to recidivate than those who are unemployed\(^10\), and are more likely to have access to healthy food, health care and education.\(^11\)

Family and Community Relationships
- Successful reentry is aided by maintaining or restoring family and community relationships. Evidence from literature and focus groups indicate that improved relationships through family reunification and alumni support groups decrease the likelihood that women will return to criminal behavior.\(^12\) Moreover, women who live with their children during residential treatment are more likely to complete programs like WRC successfully.

Housing
- Focus groups identified housing as a key mechanism to reducing recidivism. While finding adequate housing is one of the biggest challenges that WRC clients face during recovery and
treatment, WRC graduates experienced a 54% decrease in homelessness. Safe, affordable housing opportunities through WRC allow women to stay sober, reunify with their children and pursue education and employment opportunities.

Costs

Daily costs of residential treatment and incarceration are similar, however residential treatment will likely result in long-term cost savings due to its impact on lowering recidivism. Depending on the clinical need of each woman, Prototypes reports that the entire 2-year treatment episode costs on average from $33,000 to $44,000. The current cost of incarceration in LAC jail for this same time period (2 years) is $86,000. Long-term cost savings of 60 women participating in WRC are conservatively estimated to be at least $800,000 per year (for every post-release year of jail avoided).

<table>
<thead>
<tr>
<th>Table 2. Summary of Major Impacts of WRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
</tr>
<tr>
<td>Recidivism</td>
</tr>
<tr>
<td>Satisfactory completion of SUD treatment</td>
</tr>
<tr>
<td>Homelessness</td>
</tr>
<tr>
<td>Employment and school enrollment</td>
</tr>
<tr>
<td>Mental health diagnoses and treatment</td>
</tr>
<tr>
<td>Costs</td>
</tr>
</tbody>
</table>

Recommendations

- **Funding:** The evidence in this report supports that funding opportunities should be pursued to sustain WRC beyond June 2015.
- **Integrated care model:** Integrated treatment services to address co-occurring mental health and substance use disorders should become the standard of care for women in the criminal justice system, and are currently lacking in the Los Angeles County jail system. Continuing and/or expanding court-based diversion programs like WRC present an opportunity to address this gap in integrated treatment programs.
- **Employment:** To improve post-graduation employment rates, additional resources should be provided to WRC clients including job and computer training.
- **Housing:** Our assessment found that WRC’s case management activities include assistance on obtaining permanent housing, but the addition of staff specifically dedicated to provide housing counseling and to connect WRC participants with relevant agencies could significantly ease their transition from residential to outpatient treatment.
Aftercare Services: WRC participants do receive aftercare services when they are discharged from treatment, however these activities are not currently part of WRC’s funded services. We suggest formally incorporating aftercare services into WRC’s program to provide support for program participants as they transition back into the community.

Monitoring and reporting: This report highlights the importance of tracking outcomes for incarcerated populations and diversion program participants. Further investment in routine evaluation of diversion programs in Los Angeles County and publication of results is warranted. This will improve decision-making to most effectively reduce recidivism in the future.

References


To read the full Rapid Health Impact Assessment, go to http://publichealth.lacounty.gov/pa/.

Principal Authors
Katherine Butler, MPH
Deena Pourshaban, MPH

Health Impact Evaluation Center
Margaret Shih, MD, PhD
Virginia Huang Richman, PhD, MPH
Ricardo Basurto-Davila, PhD, MSc
Tony Kuo, MD, MSHS
Lauren Gase, MPH

Substance Abuse Prevention and Control
Wesley Ford, MA, MPH
Tina Kim, PhD
Yanira Lima, MPA, MHM
Ricardo Contreras, MPH, MIDIC
Kairong Wang, PhD

Los Angeles County Department of Public Health
Cynthia Harding, MPH
Jeffrey D. Gunzenhauser, MD, MPH

Acknowledgments
We thank Joanne Rothstein and Nancy Chand from the Office of the Los Angeles County Public Defender for collaborating with the health impact assessment team to complete this report. Additionally, we appreciate the assistance and support from Nirvi Shah, MPH and representatives from Office of the District Attorney, Department of Probation, Sheriff’s Department, Prototypes, and the Countywide Criminal Justice Coalition Committee.

Funding
This report is funded in part by The California Endowment and the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. The views expressed are those of the author(s) and do not necessarily reflect the views of The Pew Charitable Trusts, the Robert Wood Johnson Foundation, or The California Endowment.