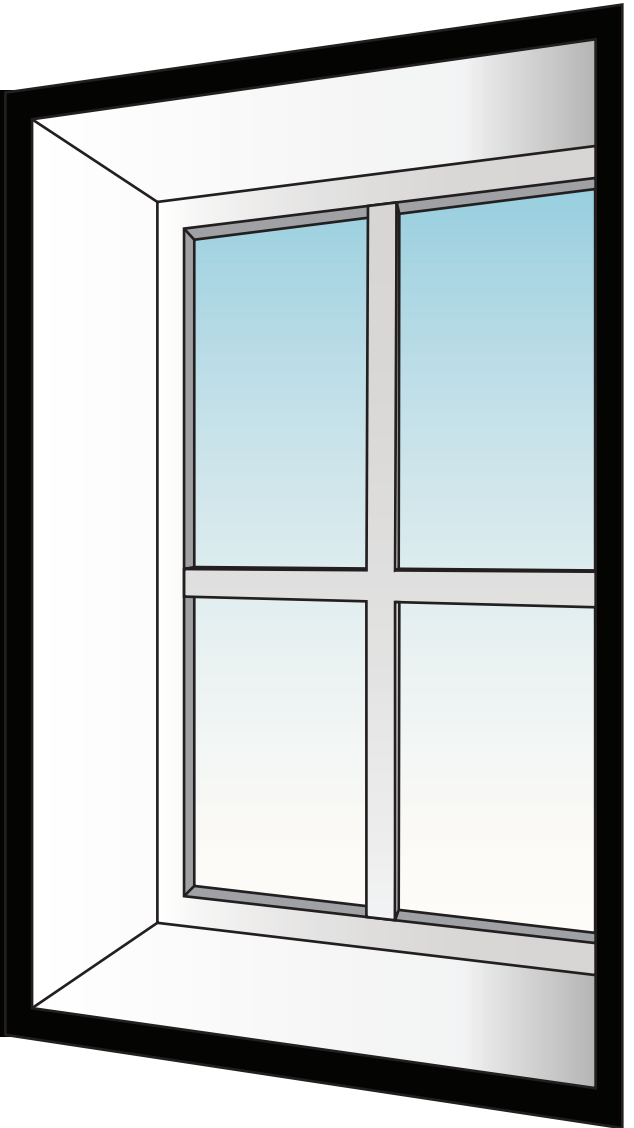


Adjusting The Lens: A Window Into The Needs of Men In Jail



November 2010

Shawn M. Flower, PhD

and

The Window Replication
Project Partners

Baltimore, Maryland

Acknowledgements

The authors wish to thank the Window Replication Project partners, including: Catholic Charities of Baltimore (formerly known as Catholic Charities' Maryland Re-entry Partnership), Choice Research Associates, Maryland Department of Public Safety and Correctional Services, Baltimore City Mayor's Office on Criminal Justice, and Power Inside, all of whom shepherded this project from its inception.

We are grateful for the funding support for portions of this project from Power Inside, made possible by the generosity of the Abell Foundation, Open Society Institute, and Baltimore Substance Abuse Systems. Additional resources and support were provided by the partners as follows: surveys were conducted by staff from Catholic Charities of Baltimore, the Baltimore City Mayor's Office on Criminal Justice, and Choice Research Associates. Survey incentives were donated by all Window Replication Partners.

This project would not have come to fruition without the exemplary efforts of the Window Replication Partners: Jean Lewis and James Timpson from the Baltimore City Mayor's Office on Criminal Justice, Trevor Britt, Andre Fisher, and Rada Moss of Catholic Charities of Baltimore, Jacqueline Robarge of Power Inside, and Shawn Flower, Anika Fontaine, and Gregory Powers of Choice Research Associates. Special thanks to the Maryland Department of Public Safety and Correctional Services, including Secretary Gary D. Maynard, former Assistant Secretary and Chief of Staff Thomasina Hiers, Commissioner Wendell France, former Commissioner Howard Ray, Jr., Assistant Commissioner Renard E. Brooks, Warden Naomi B. Williams, Assistant Warden Gwendolyn Oliver, Facility Administrator Stacey Lyles, Diana W. Anim, and Cortez Rainey.

Thanks to Erin Cunningham, Elise Odell, Alan Robinson, Rosette Swan, Captain John Fields, Lieutenant Joe Moore, Sergeant Marie Wesley, and Sergeant Lisa Portee in facilitating data collection and initial research efforts. Thanks also to Rajani Gudlavalleti, Michelle Coutu, and Carmen Shorter of Power Inside for their assistance in editing this report. Appreciation is also due to Jacqueline Robarge, Rachel McLean, and Susan Sherman for their permission to replicate portions of the original Window Study of women detainees, including those generously shared by Urban Institute from the Returning Home: Understanding the Challenges of Prisoner Reentry Project. Likewise, we appreciate that Friends Research Institute allowed us to build on their research on attitudes toward opioid treatment options and we are also thankful to Sally S. Simpson of the University of Maryland for the use of survey measures from the Women's Experience of Violence Study.

Last, but certainly not least, we are grateful to the men who participated in this study so that others may learn from their experiences.

Points of view or opinions contained within this document are those of the first author and do not necessarily represent the official position or policies of the Window Replication Project partners or our funders. All errors are my own.

© Window Replication Project

Table of Contents

Introduction.....	1
Background.....	3
Demographics	3
Criminal History	3
Respondents’ Life Experiences.....	4
Educational Attainment	4
Employment and Financial Status	4
Physical Health Conditions.....	5
HIV/AIDS and Sexually Transmitted Infection Risks.....	6
Mental Health Conditions	7
Substance Use and Abuse and Treatment Experiences	9
Barriers to Reentry	11
Desire for BCDC Programming.....	11
Conditions Upon Release—Housing	11
Conditions Upon Release—Risk Factors.....	12
Identification of Service Needs Once Released.....	14
One Man’s Story: a Case Study	15
Study Limitations.....	17
Conclusion	18
Recommendations.....	19
Appendix A: Survey Methodology	20

The Window Replication Project

Introduction

This report summarizes the results of the self-reported survey of 200 men detained at the Baltimore City Detention Center (BCDC) conducted from May 2009 to July 2009, known as the Window Replication Project. Over 35,000 people are committed to BCDC annually, 86% of which are men.¹ In general, jails contain a diverse population of individuals in varying stages of the criminal justice system—from pre-trial, post-conviction, and sentenced. Men and women in jail may be detained waiting for trial, and among those convicted, are awaiting sentencing or serving their sentence if the incarceration period is less than 12 to 18 months. In addition, a number of people in jail are in a transitional phase—those sentenced to longer terms may be awaiting transfer to a state prison while others may be held awaiting transfer to a federal, state or other local jurisdiction. Among jails, BCDC is unique in the respect that the facility is neither directed nor funded by Baltimore City. BCDC is part of the state correctional system run by the Department of Public Safety and Correctional Services (DPSCS).

BCDC is one of the twenty largest detention centers in the nation, with an average daily population of 3,997 at midyear 2009² and ranked third in holding the highest proportion of its population in jail when compared to similar institutions³. It is important to note that such large, urban jails are faced with particular challenges due to the demographics and special needs of the population. For example, large urban jails typically have higher minority populations,

¹ Walsh, N. (2010). *Baltimore Behind Bars: How to Reduce the Jail Population, Save Money and Improve Public Safety. A Justice Policy Institute Report*, June 2010. Available: http://www.justicepolicy.org/images/upload/10-06_REP_BaltBehindBars_MD-PS-AC-RD.pdf

² Minton, T.D. (2010). *Jail Inmates at Midyear 2009 – Statistical Tables* Washington, DC: Bureau of Justice Statistics Available: <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2195>

³ Baltimore City is ranked 19th in average daily population and 3rd in proportion of inmates to population with 627 inmates per 100,000. Calculated from Minton (2010) Table 9 and population estimates from the U.S. Census State and County Quick Facts (2009) Available: <http://quickfacts.census.gov/qfd/index.html>

disproportionate to community demographics, than rural jails.⁴ Moreover, mental illness, infectious disease and HIV are more prevalent at these jails.⁵

Emanating from a mutual desire to better understand the needs of men at BCDC, faith-based and community-based organizations and local government joined together to collaborate on the Window Replication Project. Catholic Charities of Baltimore and Choice Research Associates originated the inquiry and other key players subsequently joined, including the Baltimore City Mayor's Office on Criminal Justice representing the City of Baltimore, and Power Inside, a community-based organization. Power Inside shared its 2005 jail reentry needs assessment of 148 women detainees at BCDC⁶, *The Window Study—Release from Jail: Moment of Crisis or Window of Opportunity for Female Detainees?*,⁷ which formed the foundation of the Window Replication Project.

Once the Window Replication Project partners were established in May 2008, the partnership obtained approval from the DPSCS Research Committee and signed a Memorandum of Understanding with DPSCS to conduct the survey. The partnership between the members of the Window Replication Project and DPSCS continues in the hope that the multiple needs of this population can be better met through the use of these study findings at both the programmatic and policy level. Overall, the survey results detailed below confirm what was suspected about the life experiences and level of need of men detained in BCDC.

⁴ Appleate, B.K., & A.H. Sitren (2008). The Jail and the Community: Comparing Jails in Rural and Urban Contexts. *The Prison Journal* 88, (2), 261-262.

⁵ Appleate, & Sitren (2008, p. 262) and Powell, T.A., J.C. Holt, & K.M. Fondacaro (1997). The Prevalence of Mental Illness Among Inmates in a Rural State. *Law and Human Behavior*, 21, (4), 427-438.

⁶ A "detainee" is an individual who held awaiting trial.

⁷ McLean, R., J. Robarge & S. Sherman (2006). Release from Jail: Moment of Crisis or Window of Opportunity for Female Detainees? *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 83, (3), 382-393.

Background

Demographics

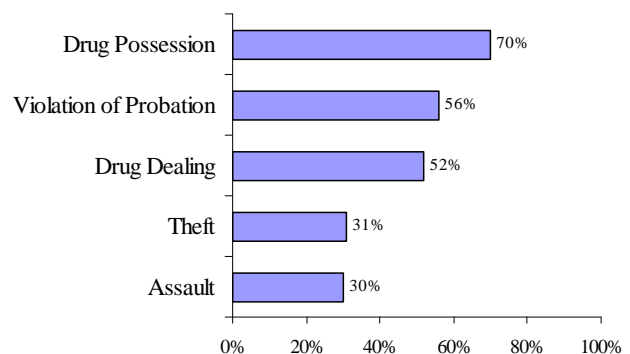
The 200⁸ male detainees are, on average, 39 years old, ranging from ages 18 to 62. The sample is predominately African American (84%). Most men are single (59%), 17% are married, and 9% had never married, but lived with someone as though married. In addition, 145 men (74%) are parents and of those who are parents, 65% have at least one child under the age of 18.

Criminal History

At the time they completed the survey, the men had been held at the facility on average for 67.5 days, with lengths of stay ranging from 1 to 1,024 days. Many of the detainees were under criminal justice supervision at the time of their arrest—94 men (or 54% of the 175 reporting on this question) were on probation and 25 (or 16% of the 153 reporting) were on parole. Based on their criminal histories, these men had cycled through the criminal justice system throughout much of their lives. For example, the average detainee surveyed had been arrested 13 times prior to his current arrest, with an average of 6.5 prior convictions. Most men had been previously incarcerated for more than 30 days on multiple occasions, ranging from 1 to 50 prior incarceration periods with an average of 5.4 times. Moreover, almost a third (29%) had served time as a juvenile offender.

Detainees also reported the types of offenses for which they had been convicted in their lifetime. The five most frequently reported convictions are illustrated in Figure 1,

Figure 1: Five Most Frequently Reported Offenses Resulting in Conviction (N=185)



⁸ Note that not every individual answered every question. The percentages reported are based on the actual number of responses for each specific question.

the most common being drug possession, violation of probation, and drug dealing. This is not particularly surprising given the high percentages of self-reported use by detainees in this study of heroin, marijuana, and crack (63%, 60%, and 41% respectively).

Respondents' Life Experiences

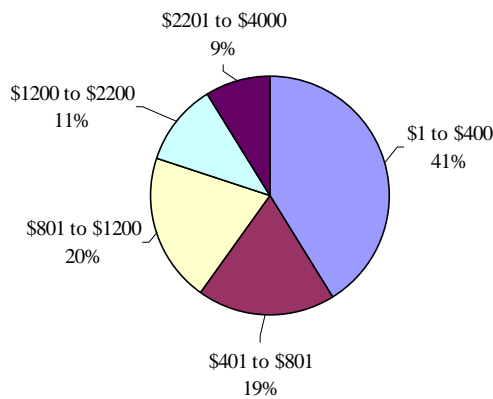
Educational Attainment

Educational attainment is low among the detainees—almost half (95 men or 48%) have less than an eleventh grade education, 31% have either a GED or high school diploma, and the remaining 21% have some college educational experience. The detainees' need for literacy assistance was also explored. Among 29 detainees who reported they needed assistance with writing letters, 12 also wanted help with reading letters. Overall, 18 detainees needed help with reading books, magazines or newspapers, and 40 detainees wanted assistance with job applications.

Employment and Financial Status

Approximately a quarter (23%) of the general population in Baltimore City live below the poverty line.⁹ The poorest sector of Baltimore City's population is disproportionately

Figure 2: Monthly Legal Income (N=112)



represented in BCDC. Overall, these men were unlikely to be employed—64% were unemployed prior to their arrest. Of the 66 men employed prior to their arrest, most (73%) were working full time, but 40% of the 63 men who reported they were employed were working “under the table”.

⁹ U.S. Census Bureau (2009). Quick Facts, www.quickfacts.census.gov

Another indicator of strained financial stability is receipt of social service benefits – 91 (46%) of the detainees received one or more social service benefits prior to their arrest. Of these 91 men, 79% received food stamps, 18% received social security disability, and 26% received medical assistance. The anemic financial picture of the men is further reflected in their reported legal monthly income (illustrated in Figure 2). Legal monthly income was defined as working at a legal job, or collecting disability, unemployment, food stamps, or other public aid. With 112 detainees reporting, the average legal income was \$878.20 per month. The majority of respondents (60%) earned or received less than \$801 per month (for a maximum annual income of \$9,612) which is below the 2009 poverty threshold of \$11,161 for an individual in a single person household, under the age of 65 and is without children.¹⁰

Physical Health Conditions

Of the 200 men surveyed, 121 reported having been diagnosed with a health condition in their lifetime. Of those 121 men, 40% have been diagnosed with hypertension, 33% with asthma, 12% with diabetes, and 13% with arthritis. Nine detainees (7%) had been diagnosed with cancer, with the most frequent diagnosis of colon, prostate, and testicular cancers. The detainees also reported needing both dental and vision care. More than half (55%) reported they needed fillings, 45% had infected teeth, and 75% were missing teeth (although 83 of the 130 who responded to this question said they need false teeth). Vision care was required by 55% of the men, who needed to either update their prescription or acquire glasses. Having health insurance is often a key to receiving physical, mental, dental, and vision services, yet 50% of the detainees surveyed do not have insurance. The remaining respondents are insured through the Primary Adult Care Program (PAC), Medicaid, Medicare, Veteran's Assistance, and/or private or other insurance.

¹⁰ U.S. Census (2009) <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>

HIV/AIDS and Sexually Transmitted Infection Risks

Of the 121 detainees reporting a diagnosed health problem in their lifetime, 13 men (11%) disclosed they are HIV positive or have AIDS, 25 men (21%) have had a sexually

Of 121 Men Reporting Health Issues, 11% are HIV positive or have AIDS

transmitted infection (STI), and 32 men (26%) have Hepatitis C. This rate of self-reported HIV/AIDS among detainees is particularly startling given the rate of HIV/AIDS in Maryland state prisons in 2008 was

2.5%.¹¹ Moreover, in a 2002 federal study, interviews were conducted with jail inmates, and among those who had ever been tested, found HIV rates of 1.3% among all inmates, and 1% among black male inmates.¹²

HIV/AIDS and STI risk factors were explored through questions related to condom use and the sharing of needles and related drug tools among IV drug users. The detainees were asked how often they used a condom during sex with a primary partner (defined as someone they would consider a wife, girlfriend or boyfriend). Of the 170 detainees reporting, most (61%) never used a condom, 17% sometimes used a condom, 6% mostly used a condom, and 16% always used a condom. The same question was asked about sex with a casual partner (defined as someone they did not consider a primary partner), and of the 134 men reporting, 10% advised they never used a condom, 21% used a condom sometimes, 13% mostly used a condom, and 56% always used a condom with a casual partner.

Detainees were also asked about their intravenous (IV) drug use, and 46 men reported injecting drugs with a needle one or more times in the 30 days prior to their arrest. Over half of

¹¹ Maruschak, L.M. (2004). *HIV in Prisons 2007-2008* Washington, DC: Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Bulletin. (NCJ 228307) Revised 1/28/10

¹² Maruschak, L.M. (2004). *HIV in Prisons and Jails, 2002* Washington, DC: Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Bulletin. (NCJ 205333)

these men (56%) reported they never shared their needles with others, while 30% shared needles a few times, 4% shared once to a few times a week, and 9% shared their needles once or more a day. Regarding the sharing of cottons, cookers, waters, crack pipes, and other tools with other people, of the 45 IV drug users reporting, 49% never shared these tools, 33% shared a few times, 9% shared once to a few times a week, and 9% shared these tools one or more times daily.

Mental Health Conditions

The outlook for male detainees in BCDC with mental illness is bleak. Of the 171 men who completed this question, 72 (or 42%) reported having been diagnosed by a doctor with one or more mental health issues in their lifetime. Overall, 81% of these men had been diagnosed with depression, 44% diagnosed with bipolar disorder, 22% with anxiety,

Men reporting a mental health diagnosis had more prior convictions and were more likely to have been previously incarcerated compared to those without a diagnosis.

15% with PTSD, and 8% with schizophrenia. While 37 of the 72 men (or 51%) reported only one mental health condition, the remaining 49% reported two or more conditions. Among those who reported a mental health condition, 54% were on medication. It is important to note that we did not ask when the men were diagnosed (thus this is a lifetime measure of mental health diagnoses); however, it remains that this is a population in dire need of mental health services upon return to the community.

We examined the relationship between having been diagnosed with a mental health condition and criminal history, and revealed two key findings. Among those who had been convicted as an adult, the number of prior convictions significantly differed between those with mental health diagnoses and those without. Those who had been diagnosed with a mental health condition had, on average, two more prior convictions than those without a diagnosis. Moreover,

those with a mental health diagnosis were also more likely to have been previously incarcerated for more than 30 days than those without a diagnosis. With 167 detainees reporting, 93% of those with a mental health diagnosis had been previously incarcerated, compared to 79% of those without a mental health diagnosis.

Those with a mental health diagnosis report lower levels of self-efficacy and are less likely to succeed once released compared to those without a diagnosis.

We also explored the relationship between mental health diagnoses and the detainee's reported levels of self-efficacy. Self-efficacy is defined as the degree to which one feels they are capable of attaining their goals. It is important to explore the issues of self-efficacy and mental health in an offender population because the relationship between these factors has important ramifications for successful

reentry to the community.¹³ We found that after accounting for the seriousness of the offender's criminal history and whether the detainee anticipated having stable housing upon release, that those diagnosed with a mental illness and those without stable housing had significantly lower self-efficacy scores than those without a mental health diagnosis or in stable housing.¹⁴ From this analysis, it is clear that those with mental health diagnoses are more disadvantaged, and will be less likely to succeed upon release.

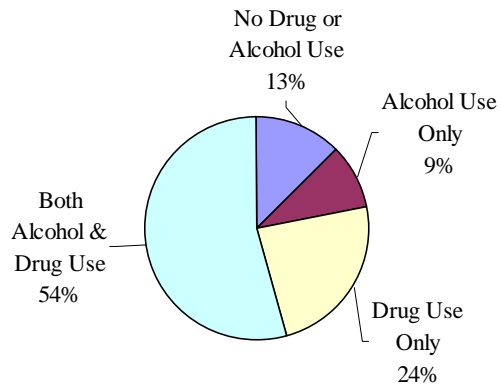
¹³ Friestad, C., & I.L. Skog Hansen (2005). Mental Health Problems Among Prison Inmates: The Effect of Welfare Deficiencies, Drug Use and Self-Efficacy. Journal of Scandinavian Studies in Criminology & Crime Prevention, Vol. 6, 183-196.

¹⁴ Regression analysis included age at first arrest, number of prior arrests, ever incarcerated more than 30 days, and anticipated stable housing. Results not shown but available upon request.

Substance Use and Abuse and Treatment Experiences

Substance use—particularly the use of heroin¹⁵—is rampant among detainees. Survey respondents reported if they had engaged in alcohol, drug, and tobacco use in the 30 days prior to their arrest. Among the detainees, while 13% were abstinent from using drugs and alcohol, the

Figure 3: Type of Substance User, 30 Days Prior to Arrest (N=197)



vast majority (78%) used one or more illegal substances (54% of whom also drank alcohol) (Figure 3). The majority of detainees (72%) also used tobacco.

Exploring illegal drug use more in depth, survey respondents were asked to report all of the different types of drugs they used in the 30 days prior to arrest. Of the 154

detainees who engaged in the use of one or more illegal substances, the most frequently used drugs were heroin (63%), marijuana (60%), crack/freebase (41%), and heroin and crack together (speedball) (35%). In addition, 31% of detainees used illegally obtained buprenorphine and 14% used methadone purchased from the streets (Figure 4). It may be that individuals are using buprenorphine and/or methadone as a substitute for heroin, attempting to self-detoxify or to manage withdrawal symptoms, possibly a consequence of a lack of available substance abuse treatment.¹⁶

¹⁵ High levels of heroin use among detainees is not surprising given the long-standing problem of heroin addiction in Baltimore City U.S. Drug Enforcement Administration Fact Sheet, Maryland (2009) Available: http://www.justice.gov/dea/pubs/state_factsheets/maryland.html

¹⁶ Baltimore Substance Abuse Systems, Inc. (2008). *The Baltimore Buprenorphine Initiative: Second Interim Progress Report*, Maryland: Baltimore City and Wilford, B.B. (2006). *Diversion and Abuse of Buprenorphine: A Brief Assessment of Emerging Indicators*, Final Report submitted to Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment http://buprenorphine.samhsa.gov/Buprenorphine_FinalReport_12.6.06.pdf Accessed May, 2008

Figure 4: Illegal Substance Use 30 Days Prior to Arrest (N=154)

	Number	Percent
Any Illegal Substance	154	100%
Heroin	148	63%
Marijuana ("Weed")	144	60%
Crack/Freebase ("Ready")	142	41%
Heroin and Cocaine ("Speedball")	142	35%
Sedatives	138	15%
Ecstasy ("E" Pills)	138	15%
Methadone – Purchased off Street	132	14%
Buprenorphine – Purchased off Street	133	31%

With respect to access to substance abuse treatment, a little over half (53% or 99 subjects) had at least one prior experience with treatment. Of these 99 individuals, 38% went through treatment once and 30% had treatment twice. The most frequently reported modality experienced was outpatient treatment (61%), followed by inpatient treatment (53%), methadone (32%) and buprenorphine (26%).¹⁷ Detainees were asked to assess how serious their drug problems were and 34% felt that it was not at all serious, while 46% considered their drug problem to be considerably to extremely serious (Figure 5). When only looking at the men who reported their drug problem as slightly to extremely serious (N=117), 51% felt treatment was extremely important (Figure 6).

Figure 5: Seriousness of Drug Problem (N=181)

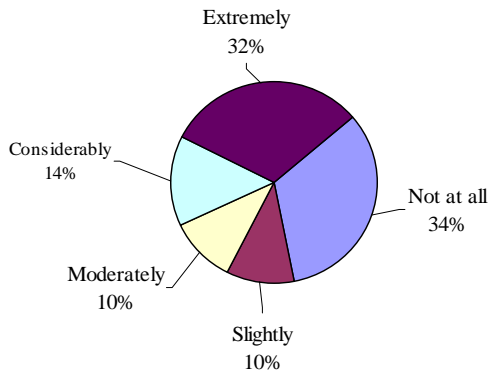
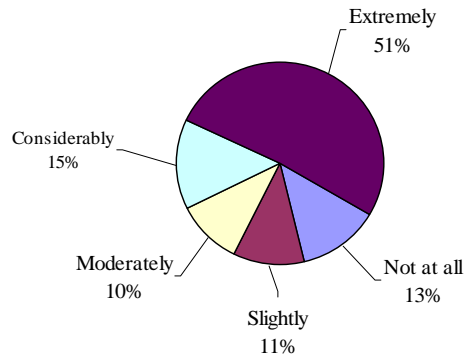


Figure 6: How Important Is It For You To Get Treatment Now? (N=117)



¹⁷ Respondents were asked to report all prior treatment experiences so the same individual could have experienced multiple treatment modalities (e.g., both methadone and outpatient treatment).

Barriers to Reentry

Overall, life was not easy for these detainees prior to their arrest. They faced many challenges including financial strain, substance abuse and addiction, and mental and physical health concerns. One of the primary objectives of the Window Replication study was to explore the conditions faced by detainees upon release, and to learn which services and resources, both inside BCDC and in the community, would be the most conducive to successful reentry.

Desire for BCDC Programming

Detainees were asked which programs they would participate in if available at BCDC. Respondents were interested in a number of different services, and the top five choices among the 200 detainees were trade or vocational training (60%), employment skills (44%), GED preparation (38%), substance abuse programs (32%), and life skills (25%). The men also expressed interest in participating in anger management (21%), Twelve Step meetings (20%), parenting skills (18%), and general counseling services (19%).

Conditions Upon Release—Housing

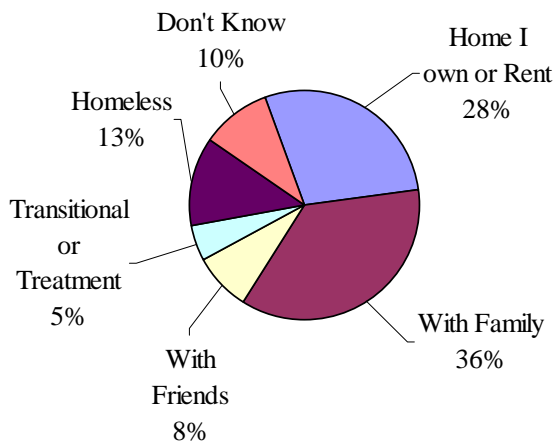
Conditions upon release for detainees are less than optimal, but of particular interest is housing stability, as homelessness is both a predictor and consequence of criminal offending.¹⁸ Most of the 197 detainees (127 or 64%) plan to return either to their own home or to family, 8% plan to stay with friends, 6% will go to a transitional or treatment recovery center, while 23% are either homeless (plan to live place to place, in abandoned buildings, shelters or on the streets or in parks) or don't know where they will be living after release (Figure 7). In addition, half of the detainees (53% or 100 of the detainees) plan to stay where they are going permanently, and 7% (or 14 detainees) can stay from 1 month to 12 months, but the remaining 74 detainees

¹⁸ Greenberg, G.A., & R.A. Rosenheck (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. *Psychiatric Services*, 59, (2), 170-177 and Greenberg, G.A., & R.A. Rosenheck (2008). Homelessness in the State and Federal Prison Population. *Criminal Behavior and Mental Health*, 18, 88-103.

(or 39%) are in unstable housing situations because they either do not know how long they can stay or can stay only 30 days or less.

By looking at both where the detainee plans to go, and how long a detainee plans to stay, we identified 39 detainees (19%) that had “high risk” housing plans. A high risk housing plan was defined as the detainee was planning to live somewhere other than on their own or with

**Figure 7: Housing Plans Upon Release
(N=197)**



family or friends **and** they were either unsure how long they could stay there or they anticipated they could stay 30 days or less. Note that this definition of high risk assumes that staying with friends is as stable as staying on their own or with family, however, that may not be true in all cases. If we include those planning to

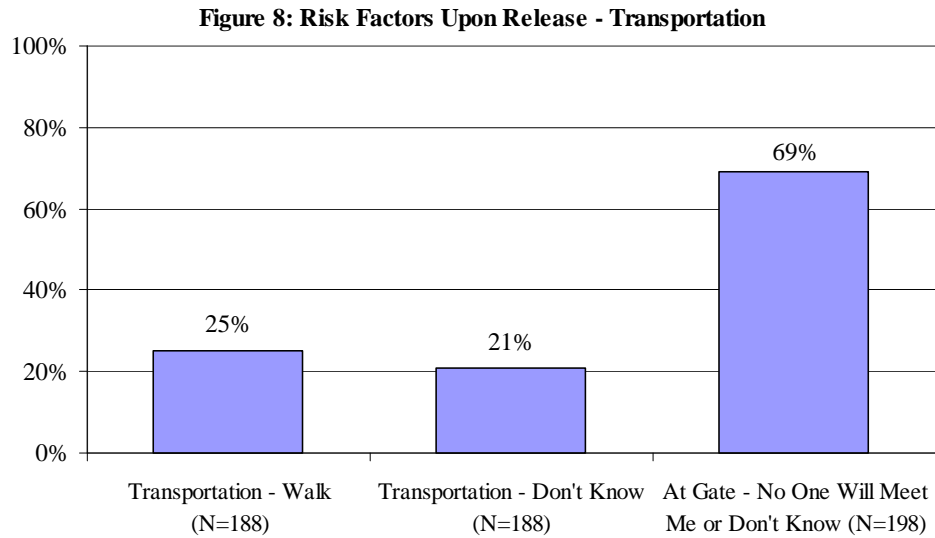
stay with friends in the high risk group, the number of those with high risk housing plans rises to 47 (or 25%) of detainees surveyed.

Conditions Upon Release—Risk Factors

Transportation

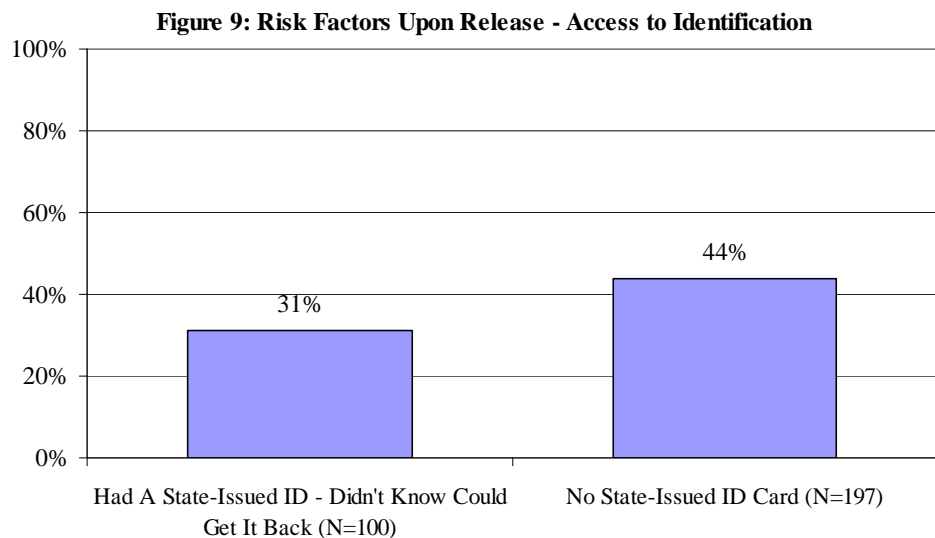
Figures 8 and 9 illustrate several risk factors for these detainees, including transportation and access to legal identification. Upon release, 25% of detainees plan to leave BCDC in a private vehicle, 23% will take public transportation, 25% will walk, and 21% don't know how they will get to their destination. Individuals are released from BCDC throughout the day and night, and those who plan to take public transportation may have to walk if the public transportation system is not available at the time they are released, or if they have no money for transportation (in part because they were released after the property room was closed).

Another factor highlighted in Figure 8 is whether the detainee will be met at the gate when they are released. The majority (69%) report that either they will not be met or they do not know if they will be met at the gate.



Access to Legal Identification

Figure 9 reports on two issues related to possession of a state-issued identification (ID) card. Overall, 105 of 197 (53%) detainees have a state-issued ID card, and most (100 of 105) had their ID card when they were arrested. Of these individuals, a third (31%) were unaware of the DPSCS policy of returning ID cards to people when they left the facility. There were a

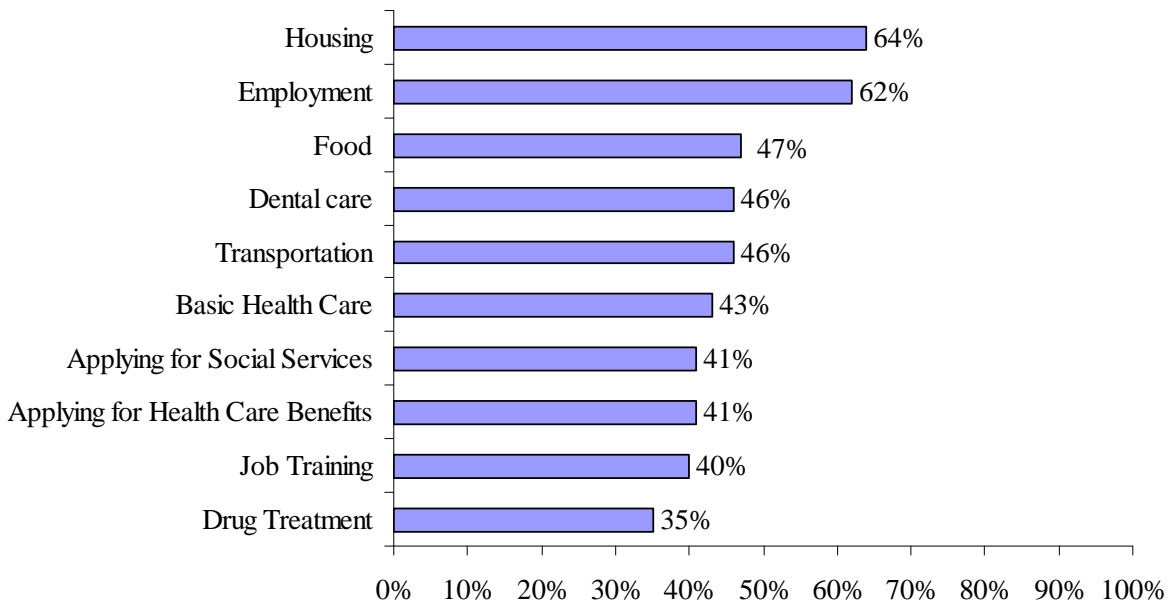


substantial number of detainees (44%) who did not have a state-issued ID card. Understanding the number of detainees without access to legal identification is timely, particularly with the passage of the 2009 Maryland state law requiring an original or certified copy of a birth certificate and original Social Security card¹⁹ to obtain a state issued ID. Among the 91 men without a state-issued ID card, 53% either don't have access, or don't know if they have access to their birth certificate, and 54% either do not have access, or don't know if they have access to their Social Security card.

Identification of Service Needs Once Released

Another primary area of interest in conducting this survey was to find out what types of services were needed by those in the jail. Detainees were provided a list of services, and asked to indicate all those services they thought would be useful upon release. The ten most common services selected are depicted in Figure 10, and include housing (64% of detainees), employment (62%), food (47%), and dental care and transportation (both 46%), basic health care (43%), applying for social services (41%), applying for health care benefits (41%), job training (40%), and drug treatment (35%).

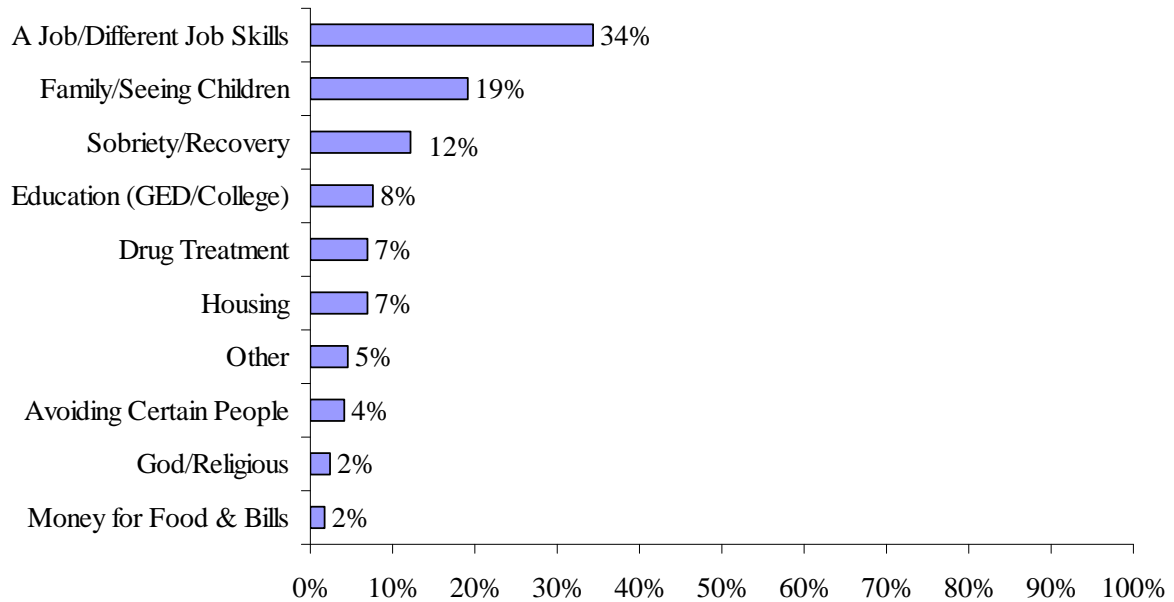
Figure 10: Ten Most Commonly Reported Services Needed (N=200)



¹⁹ See <http://www.mva.maryland.gov/Driver-Services/Apply/proof.htm> for alternatives to the original social security card requirement.

Finally, detainees were also asked to identify what they needed most to keep them out of jail in the future (Figure 11). The most commonly cited need was a job, followed by family, sobriety, education, and drug treatment.

Figure 11: What Is Needed Most to Stay Out of Jail (N=172)



One Man’s Story: a Case Study

The case study on the following page was built based on one randomly selected detainee’s responses on the survey. This story illustrates both the strengths and challenges of those individuals who will eventually return to the community from BCDC.

Case Study:

“John” is a 53 year-old man who has been in BCDC for 88 days. Unwilling to self-identify racially, he described himself as a Child of God. John was first arrested at a relatively late age at 25 years old, but has since been arrested 10 times and convicted 5 times, each time for drug possession. In describing the neighborhood where he lived prior to his detainment, John stated his neighborhood as unsafe and that drug trade was a problem. However, John also has strengths from which to rebuild his life—he is literate and has some college education and prior to his most recent arrest, he worked full-time in the construction trade (although he was paid under the table). He also received \$185 in social service benefits monthly.

John feels his drug problem is extremely serious. He uses heroin, crack, and speedballs, and was injecting drugs with a needle once or more daily in the 30 days before his arrest. He also placed himself at danger of HIV and other diseases because he shares needles a few times weekly and other supplies daily. John overdosed once before and is concerned that he is more likely to overdose once he is released. Treatment is extremely important to him as something that will help him from returning to jail. He has tried treatment twice before, both in-patient and out-patient. Some of the reasons for why he hasn't tried more drug treatment programs are that he has been turned down from a program, he hasn't had the proper identification, and he couldn't afford the fees. Once John is released, however, he wants to try drug treatment again and plans to attend Narcotics Anonymous/Twelve Step meetings.

When released, John will be picked up by his partner/spouse and will stay with a friend for a few days, before he will have to move on and live place to place, with no idea of where he can go or how long he can stay. While John is in relatively good health, he will require dental and vision care, but has no insurance to assist him. To help him return to the community successfully, John will need a number of services, including housing, food, drug treatment, legal services and health care.

John has very little contact with his family. He has one adult child with whom he has not had any contact since being detained. He doesn't feel close to his family and doesn't think that they offer him support, but John wishes that they were more involved in his life. While he does have friends whom he sees daily, he is not sure about how many of them he can rely upon, and he doesn't consider them as a support network. It seems that John's main support is his religion. He attends church every week and considers his belief in God to be the most important factor in keeping him from returning to jail.

When John is released he faces many challenges—his lack of stable housing, his criminal history, his extremely serious drug problem, and the lack of a real support network are all factors that will make John's return to the community difficult.

Study Limitations

All scientific endeavors have limitations—and this study is no exception. The first is that the information is based on self-reported survey data, and thus we take those individuals surveyed at their word that they are being honest about their feelings, behaviors, and needs. Studies have shown that the data from self-report surveys are reliable and valid—even when the subject matter is of a highly sensitive nature such as drug use or criminal behavior. Individuals generally report accurately when they understand the purpose and importance of the project, when the survey is anonymous, and when the individual feels their answers will be confidential. As detailed in the study methodology in Appendix A, this project met those objectives by introducing the project to the detainees and emphasizing that the results would be used to help those who would be in a similar position (e.g., returning to the community after a period of detention), and that their honest responses were critical to that effort. Further, the survey was administered in small groups with individuals spaced far enough apart to ensure privacy. Respondents were also reminded that the survey was anonymous and were instructed to seal their completed survey into an envelope and not to put their name anywhere on the survey or envelope. A second limitation generally expressed with criminal justice populations is the level of literacy required to be able to read and understand the question posed. To address this, the survey was written at a 6th grade reading level, the survey was read out loud in its entirety, and project staff was available to work with the respondents one-on-one upon request. Finally, a third limitation is the concern that those who were surveyed were significantly different from other detainees. Randomly selecting individuals to participate is the scientific ‘gold-standard’ for ensuring that those surveyed are representative. This study asked detainees to participate based on a randomly sorted list of bed numbers, and while this procedure was not sustained for

all survey administrations (as discussed in Appendix A), statistical analysis of the demographic and criminal history information indicates only one difference between those randomly selected to participate and those approached to participate more systematically—those in the randomly selected sample reported fewer prior periods of incarceration. See Appendix A for further information on this analysis and the survey methodology.

Conclusion

Observing these results in their totality, a picture emerges and comes into focus. Male detainees at BCDC are economically disadvantaged and are in need of services and assistance. Offenders need and want employment, job training, housing, and education. In terms of health, those in custody have many concerns, with hypertension, asthma, and hepatitis C at the top of the list and a substantial number are diagnosed with mental health issues, such as depression, bipolar disorder, and anxiety. The study also shows that unstable housing and homelessness are serious concerns for detainees.

Of particular interest from a policy perspective is the average age of these offenders—they were in their mid-to-late thirties. Trends in criminal careers suggest that most offenders cease criminal behavior as they get older.²⁰ Further, prior research indicates that older offenders often tire of the criminal lifestyle, become more aware of the limitations of their lives overall, experience regrets and see bleakness in their future.²¹ Given this, and what we now know specifically about the needs and desires of men in BCDC, this is an opportunity to target the needs of this population more efficiently and effectively. Doing so will ultimately assist these individuals in their successful return to the community.

²⁰ Sampson R.J. & J.H. Laub (1993). Crime in the Making: Pathways and Turning Points Through Life. Cambridge: Harvard University Press.

²¹ Shover, N. (1996). Great Pretenders: Pursuits and Careers of Persistent Thieves. Boulder: Westview Press.

Recommendations

The following recommendations were developed collaboratively among the Window Replication Project partners by reviewing recommendations from the original Window Study, considering data from key questions from the current study, and reaching agreement among the partners.

Organizational:

1. Baltimore City Mayor's Office of Human Services (MOHS) to incorporate the reentry needs of Baltimore City Detention Center (BCDC) detainees into current city initiatives that increase employment, and decrease homelessness and health disparities, and launch a reentry council to coordinate local jail reentry efforts.
2. Build partnerships with agencies offering services to BCDC detainees reentering the community by hosting meetings and promoting interagency collaboration to achieve a greater impact from existing resources.
3. Division of Pretrial Detention and Services (DPDS) to hire a Coordinator to work with community-based organizations to conduct prerelease assessments (housing stability, substance abuse treatment, and other basic needs) and facilitate direct referrals to community-based organizations.

Programs and Services:

4. Prevent homelessness by identifying detainees and linking them to community programs for shelter assistance upon release.
5. Develop and host fairs with service providers to expose detainees to employment, healthcare, housing, and other opportunities to address basic needs.
6. MOHS and DPDS, in partnership with community-based organizations, to develop and provide a referral card for each detainee with community resource information for healthcare (medical/mental/dental), housing services, job training, transportation, substance abuse treatment, food stamps and entitlements.
7. Address the chronic healthcare needs of each detainee with mental or physical diagnoses, such as providing information packets and designating follow-up care with community medical providers.
8. Ensure information sharing among contractual healthcare providers, BCDC staff, and community programs to offer direct referrals to detainees for aftercare, including those diagnosed with substance abuse, mental illness, and co-occurring disorders.
9. Provide internal programming such as substance abuse treatment, medical/mental/dental healthcare, tutoring, anger management, and employment counseling.
10. Collaborate with Maryland Department of Transportation and Maryland Transit Administration to develop transportation resources for detainees upon release.

Appendix A: Survey Methodology²²

Survey Instrument

The survey consisted of 182 self-administered questions over fifteen broad areas of interest including the detainees' criminal history, income and employment history and future plans, education and literacy, family and friendship relationships, leisure time activities, measures of neighborhood safety, problem solving and decision making skills, social skills and self-esteem, health and history of substance use and interest in treatment. The survey also queried their anticipated conditions following release (where they will be living once released; the form of transportation to this location, and assessment of needs including information on access to documents required to obtain identification) and demographic information. In addition, the survey sought information related to how safe from physical, mental or emotional harm the men felt in BCDC, and what types of programs they would be interested in if available in the facility. The survey incorporated validated instruments including the TCU Drug Screen II, the Generalized Self-Efficacy Scale, and the Rosenberg Self-Esteem Scale, as well as attitudinal measures toward opioid treatment options of methadone and buprenorphine. All told, this survey is a comprehensive, while not exhaustive, portrait of a Baltimore City Detention Center male detainee's life and circumstances.

Survey Procedures

Males detained in the Jail Industries Building in the fifth, sixth, and seventh floor dorms were surveyed over nine days, generally two administrations per day, twenty to twenty-two subjects at a time, in a six week period from May to July 2009. Male detainees were called by correctional officers from a list of randomly sorted bed numbers and asked to go into the cafeteria, where a minimum of two Window Replication survey staff waited. Once all of the detainees who were expected had arrived, the consent form (which explained the purpose of the study, general statements about the content of the questions being asked, and the risks of participation) was distributed then read aloud. Once the consent forms were returned to the survey staff, the surveys were passed out with an envelope for respondents to place and seal their completed survey. All of the survey questions were read aloud to the group, although respondents were advised they could complete the survey at their own pace. If anyone had questions, they could raise their hand and a survey staffer would assist. In several cases, Window Replication staff worked with respondents individually, reading the survey questions to them to ensure their understanding of the questions. Once the individual completed their survey, survey staff gave the respondent an envelope containing a pad of paper, a small pencil, and resource lists of local services available to them once released.

²² All protocols and procedures were approved by the Choice Research Associates Institutional Review Board (IRB) in accordance with Federal regulations to protect the rights and welfare of human research subjects recruited to participate in research activities.

Response Rates

Participation in the survey was voluntary. While the initial refusal to participate rate was high (42%) for the first day of administration, steps were taken to improve the situation and the refusal rate declined to an average of 17% after individuals had been presented with the survey purpose and consent form in the dorm cafeteria. It should be noted, however, that this refusal rate is likely underestimated because individuals may have declined to participate at the initial approach by the correctional officer, rather than refusing the survey staffers after the presentation in the cafeteria.

Sampling

The procedure for surveying the male detainee sample required that individuals were asked to participate using a randomly sorted list of bed numbers. The first three days of survey administrations were completed this way; however, the protocol was deviated from due to difficulties and concerns encountered. In some instances, correctional officers went to a dorm and asked for participants rather than referring to the bed list. One concern expressed by officers was the congregating of participants outside the 5th floor dorm cafeteria where survey staffers were principally conducting the study. In order to address these concerns, and to ensure a representative sample of participants from the dorms on the 6th and 7th floors, administrations of the survey cycled between each of the three-floor dorm cafeterias. While this deviation from the random sampling scheme was unfortunate, the 88 subjects randomly selected and the remaining 112 were compared and found only one statistically significant difference among the two groups—those in the randomly selected sample reported fewer prior periods of incarceration. Therefore, while surveyed detainees generally have a longer incarceration record than others detained in BCDC, there is no reason to believe those surveyed are more serious offenders overall, as there were no differences between these groups on the types of crimes or number of convictions.

Due to the anonymous nature of the survey, and given that the consent log maintained by survey staff was not consistently filled out with the names of participants throughout the study period, there was a risk of subjects participating in the survey more than once during the six week study period. However, at least two survey staff was present at all of the surveys and the staff became familiar enough with the population to recognize who they had already surveyed.

For additional information, please contact:

Principal Investigator, Window Replication Study

Shawn M. Flower, Ph.D.
Principal Researcher
Choice Research Associates
P.O. Box 322
Greenbelt, MD 20768-0322
Phone: 703-915-0916
Fax: 301-552-9567
shawn@choiceresearchassoc.com
www.choiceresearchassoc.com

Window Replication Partners

Sabree Akinyele
Director
Our Daily Bread Employment Center Director
Catholic Charities of Baltimore
725 Fallsway
Baltimore, MD 21202
Phone: 443-986-9045
sakinyel@catholiccharities-md.org
www.catholiccharities-md.org

Jacqueline Robarge
Executive Director
Power Inside
P.O. Box 4796
Baltimore, MD 21211
Phone: 410-889-8333
Fax: 410-889-5719
jrobarge@powerinside.org
www.powerinside.org