



Maternal Health Network  
of San Bernardino County

Criminal Justice Brief:  
*Connecting Women to Care & Community Resources*

2021



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## Introduction and Background

The Maternal Health Network (MHN, herein referred to as “Network”) of San Bernardino County is a collective of various service providers and advocates who support the maternal health system throughout San Bernardino County.

In 2020, the Network adopted a strategic plan with the purpose of establishing a comprehensive, coordinated, and responsive support system for families who are planning to become pregnant, those that are pregnant, and those that have recently delivered a child.

The Network identified five priority populations, with the understanding that while all women face a variety of challenges before, during, and after pregnancy, specific issues faced by marginalized groups may be exacerbated during pregnancy. Of the five subpopulations, women who are incarcerated while pregnant were identified as facing the following issues:

### MHN Priority Populations

- ✓ Women of color
- ✓ Women who are undocumented immigrants
- ✓ Women who are teens
- ✓ Women who are victims of domestic violence
- ✓ **Women who are incarcerated**

- ❖ Inadequate coordination of care upon release.
- ❖ Insufficient advocacy on behalf of pregnant individuals who are incarcerated or their unborn child.
- ❖ Inconsistent and unreliable services provided while incarcerated.
- ❖ Increased risk of suffering from multiple social determinants of health.

The MHN established the following strategies to support access to community resources amongst women who are incarcerated while pregnant:



While it was understood that the current system required improvement, it was unclear if best practices for serving individuals who are pregnant while incarcerated and connecting them to care upon release existed. The MHN conducted research on best practices for women’s reentry to inform the process for achieving these strategies.

## Best Practices for Women's Reentry

Women who are pregnant and are preparing for release from a criminal justice institution experience an acute set of circumstances. There are needs associated with reentry, as well as needs specific to social determinants of health. There are also needs and supports that impact whether or not these women will re-offend.



Best practice research on each of these circumstances were compiled to establish a comprehensive understanding of the particular needs pregnant women who are incarcerated face upon reentry.

### *Women's Reentry*

Best practices on reentry for women who are pregnant while incarcerated are scarce, but the Substance Abuse and Mental Health Services Administration (SAMHSA) offers several recommendations for individuals working with pregnant women during the reentry process.<sup>1</sup>

### SAMHSA Best Practice Recommendations

According to SAMHSA's Guide for Women's Reentry, recommendations for working with pregnant women during reentry include the following:

- Identify, educate about, and link to agencies providing comprehensive reproductive healthcare services.
- Link to substance use disorder treatment; provide education on the safe use of pharmacotherapy for substance use treatment during pregnancy.
- Link to mental health treatment, with particular attention paid to anxiety and perinatal depression disorders; provide education on the safe use of pharmacotherapy for mental illness during pregnancy.
- Engage clients in parent or maternity counseling and classes.

<sup>1</sup> Substance Abuse and Mental Health Services Administration (2020). Retrieved from <https://store.samhsa.gov/product/After-Incarceration-A-Guide-To-Helping-Women-Reenter-the-Community/PEP20-05-01-001>

### Social Determinants of Health

Fully appreciating the maternal health needs of families in San Bernardino County requires a fundamental understanding of the social determinants that impact overall health and well-being. A summary of relevant social determinants of health is provided below. The Centers for Disease Control and Prevention (CDC) define social determinants of health as the “circumstances in which people are born, grow up, live, work and age.”<sup>2</sup> Additionally, it includes the systems in place to offer healthcare and services to a community.

Social Determinants of Health				
<p><b>Health and Healthcare</b></p> <p>Healthcare coverage, provider availability, linguistic and cultural competence, and quality of care all impact an individual’s overall health.</p>	<p><b>Education</b></p> <p>Access to education to include K-12, higher education, and vocational training, impact an individual’s health throughout their lifespan.</p>	<p><b>Neighborhood and Environment</b></p> <p>Access to housing, transportation, parks, playgrounds, and recreational activities can affect the health and wellness of communities. Crime and safety are also conditions that are considered within this determinant of health.</p>	<p><b>Social and Community Context</b></p> <p>Social norms and attitudes (with a particular emphasis on discrimination and racism), systems of support, and community engagement all impact an individual’s health and well-being.</p>	<p><b>Economic Stability</b></p> <p>Economic stability incorporates an individual’s ability to provide for their basic needs, purchase healthcare supports, and manage the stress of day-to-day life.</p>
<p>Often those living in poverty have multiple socioeconomic determinants that contribute to poor health including lack of education, poor nutrition, and inadequate access to preventive care.</p>				

### Risk for Recidivism

The *Women Offender Case Management Model* offers guidance for institutions seeking to evaluate the needs of women who are incarcerated to prevent recidivism.<sup>3</sup> The model consists of eight components, each of which are recommended for case management with women who are incarcerated:

- ✓ **Service Planning Instrument for Women (SPIn-W):** The SPIn-W is a comprehensive gender-responsive assessment designed to assess the risk for re-offending, needs that can contribute to criminal justice involvement and personal and social resources that can lessen that individual’s risk for re-offending.
- ✓ **Social Support Questionnaire (SQQ):** The SQQ assesses the people available to support the individual and their levels of satisfaction with the support outside of the criminal justice institution.
- ✓ **Eco-Map:** An eco-map is generated to demonstrate the resources available to the individual outside of the criminal justice system as compared to the needs identified.
- ✓ **General Self-Efficacy Scale:** This assesses the individual’s ability to cope with daily stressors.

<sup>2</sup> Centers for Disease Control and Prevention (2018). Retrieved from <https://www.cdc.gov/>

<sup>3</sup> National Institute of Corrections (2006). Retrieved from <https://nicic.gov/women-offender-case-management-model>

- ✓ **Personal Strategies for Success:** This assessment helps to identify strategies women can use to address problems and challenges in daily life without engaging in criminal behaviors.
- ✓ **Parenting Scale:** This assessment evaluates the level of stress women feel with respect to parenting.
- ✓ **Service Contacts:** The date and type of contact of each time an individual engages with an officer is compiled to inform unmet needs and recurring issues the individual is facing.
- ✓ **Outcome Recidivism Variables:** Recidivism is assessed by the number of arrests for the individual prior to their current incarceration.

### Criminal Justice Core Team

A Criminal Justice Core Team was assembled to guide these efforts. This Core Team convened monthly and worked with the MHN to understand the current incarceration process for individuals who are pregnant, and collectively identify opportunities for improvement, collaboration, and coordination to improve care for this population.

MHN Criminal Justice Core Team				
CeCe Spurlock, San Bernardino County Sheriff's Department	Gary Madden, Inland So Cal United Way & 2-1-1 Reentry Support	Captain James Porter, San Bernardino County Inmate Services Department	Evan Thomas, FAITHS Throughcare Program	Caryn Nunley, San Bernardino County Reentry Collaborative

After reviewing the best practices for female reentry, the Criminal Justice Core Team determined that the current system does not sufficiently support individuals who are pregnant and incarcerated. As such, the following actions were taken by the Criminal Justice Core Team in partnership with the MHN to achieve the strategies identified by the Network:

<b>1</b>	<b>Identify Assessment Tool</b>	Identify or create an assessment tool that can be used to identify needs and match those needs to available resources both in the institution and community.
<b>2</b>	<b>Establish Protocol for Care</b>	Establish a protocol for providing tailored care for individuals who are identified as pregnant upon arrest and coordinate prenatal care and case management services while incarcerated.
<b>3</b>	<b>Develop Referral Process</b>	Develop an approach to providing referrals and support for continuing care upon release and accessing necessary supportive services to support successful reentry.
<b>4</b>	<b>Strengthen Partnerships</b>	Work with community partners to strengthen the referral process to ensure access to care.
<b>5</b>	<b>Acquire Funding</b>	Regularly search for applicable funding opportunities that can support case management for individuals who are pregnant and being released from incarceration.
<b>6</b>	<b>Reflect and Refine</b>	Meet on a regular basis to discuss implementation efforts and establish any adjustments needed.

# Assessment

## Assessment Tool

In order to determine the best assessment for referring women who are pregnant to community service providers that meet their unique needs upon release, the Network relied on the research conducted regarding best practices for women's reentry and overlaid that with considerations from MHN membership to establish criteria for tool review.

### *Best Practices for Assessing Needs*

Using the research conducted on national best practices for 1) working with pregnant women during reentry, 2) assessing social determinants of health, and 3) risk for recidivism, the MHN established the following considerations for assessing the needs of individuals who are pregnant while incarcerated:



- ➔ **No assessment exists for women who are incarcerated while pregnant.** An assessment that explores these unique needs that are further compounded by pregnancy does not currently exist. That being said, the *Women Offender Case Management Model* offers guidance for institutions seeking to evaluate the needs of women who are incarcerated to prevent recidivism and could be used to inform the establishment of a new assessment should an existing assessment be found insufficient.
- ➔ **Assessing social determinants of health should be comprehensive.** Assessments that are focused on social determinants of health include questions related to all five domains, including health and healthcare, education, neighborhood and environment, social and community context, and economic stability. It is likely that a person experiencing one social determinant is experiencing more and is therefore important to assess for all social determinants.
- ➔ **Pregnancy and post-partum needs should be assessed in addition to physical health needs.** Individuals who are pregnant or who have recently delivered have specific needs that reach beyond the immediate physical health needs that coincide with pregnancy and delivery. The system needs to be equipped to assess for maternal and infant supportive needs, including but not limited to breastfeeding supports, diaper access, and childcare, upon release.
- ➔ **Assessing needs of women who are pregnant and incarcerated must be done using a trauma-informed approach.** The assessment process needs to be administered within a trauma-informed framework that recognizes and responds to the trauma experienced by each individual in a culturally humble manner.
- ➔ **Establishing a trusting relationship with individuals prior to conducting any assessment is necessary.** Building rapport with these individuals prior to their release is critical. As such, upon completion of the assessment, the individual should be immediately connected with a navigator who can use the information gathered from the assessment to inform what services and supports the individual will need to be connected to upon release.

*Assessment Tool Review*

The Criminal Justice Core Team collectively reviewed nine assessments that were identified as potential options for the Maternal Health Network to consider. Based on the best practice research and information gathered from Network members, the following framework was developed to support a comprehensive review of existing assessment tools that could be used in San Bernardino County.

- ✓ **Length.** The length of the assessment will be described in terms of the number of questions, pages, and average time (if available).
- ✓ **Administrator.** The qualifications and training needed to administer the assessment will be described.
- ✓ **Mode of Administration.** The mode (paper, online, phone) and setting in which the assessment is offered will be described.
- ✓ **Pregnancy.** Includes questions that are specific to individuals who are pregnant.
- ✓ **Focus.** Assesses either social determinants of health, risk of recidivism, or both.
- ✓ **Other Considerations.** Considerations that fall outside of this framework are also described to support a final recommendation.

Tools that were reviewed within this framework were those that were either identified by MHN members or ones that were identified through independent research and include the following:

Tool	Reentry	Social Determinants of Health	Reduction of Risk
<i>San Bernardino Sheriff's Office Intake Assessment</i>			
<i>San Bernardino Sheriff's Office Postnatal Depression Scale Assessment</i>			
<i>211 San Bernardino County Reentry Intake</i>			
<i>Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)</i>			
<i>5 Ps Prenatal Substance Abuse Screen for Alcohol, Drugs, and Tobacco</i>			
<i>American Academy of Family Physicians Social Needs Screening Tool</i>			
<i>Service Planning Inventory for Women (SPIn-W)</i>			
<i>Social Support Questionnaire (SQQ)</i>			
<i>Ohio Risk Assessment System (ORAS) Prison Intake Tool</i>			

The assessments were reviewed using the framework outlined above and were evaluated for use by the criminal justice system in San Bernardino County by the Criminal Justice Core Team. An Assessment Review Matrix that documents the review process for each tool is available in [Appendix A](#).

#### *Considerations from Membership*

Information gathered from MHN members during an Action Planning Workshop (hosted on September 24, 2020) helped to inform the assessment review framework. Considerations raised by the membership during the Action Planning Workshop that helped inform the assessment review process are listed below:

- ❖ The assessment should include an evaluation of pregnancy health, social determinants of health, and risk of recidivism.
- ❖ The assessment should be self-administered or administered by a trained professional.
- ❖ The assessment should be scored by a trained professional through a culturally competent lens.
- ❖ The assessment should be conducted periodically, as the individual's needs may change over time.
- ❖ The assessment should inform a customized referral list that will be managed by a case manager who is trained in interpretation of the assessment and has knowledge of community resources.
- ❖ The individual should be connected to a case manager while incarcerated to prevent a gap in care upon release.
- ❖ Any modifications to an existing assessment tool will need to be approved by the tool developer and will need to be evaluated for efficacy following the modification(s).

### **Recommendation for Assessing Individuals who are Pregnant while Incarcerated**

After reviewing the assessment options, the Criminal Justice Core Team collectively determined that there are three preferred assessment tools for this population that will be utilized to inform the comprehensive needs of this population:

- ➔ **San Bernardino Sheriff's Office Intake Assessment:** All individuals who are arrested and identified as pregnant will receive this intake assessment as part of the booking process issued by the institution OB Team. This assessment will inform the medical history and health needs of the individual.
- ➔ **Ohio Risk Assessment System – Prison Intake Tool (ORAS-PIT):** All individuals who enroll in the FAITHS throughcare program will be issued the ORAS-PIT assessment. FAITHS will be responsible for issuing the assessment and sharing the results with relevant partners following the individual's release from the institution to support effective case management as it relates to the individual's social determinants of health.
- ➔ **Pregnancy Supplemental Assessment:** The Maternal Health Network will work collaboratively with the Criminal Justice Core Team to establish a pregnancy supplemental questionnaire that will be issued in conjunction with the ORAS-PIT to individuals who are pregnant to assess for the unique needs a pregnant individual may have that are not already addressed in the ORAS-PIT assessment.

# Protocol

intake, and those identified as pregnant are housed in West Valley Detention Center regardless of where they initially are booked.

**On a monthly basis, an average of 10 women are arrested, identified as pregnant, and incarcerated at West Valley Detention Center.**

Three distinct decision trees were established to demonstrate the process of care for three subgroups of this population: persons who are pregnant, arrested, and released within 48 hours; persons who are pregnant, arrested, incarcerated, and deliver in the institution; and persons who are pregnant, arrested, incarcerated, and released prior to delivering their child.

## Protocol Populations

Pregnant and Released Within 48 Hours of Arrest

Pregnant, Incarcerated, and Deliver in the Institution

Pregnant, Incarcerated, and Released while Pregnant

The decision trees that collectively make up the criminal justice protocol for individuals who are pregnant while incarcerated can be found in [Appendix B](#).



# Referrals

## Referrals to Resources

Individuals involved in the criminal justice system require referrals while in the institution and upon release. The Criminal Justice Core Team collectively established a process for referring individuals to supportive programs while incarcerated, referring individuals to community services upon release, and providing individuals resources to support access to resources upon reentry.

### Referrals while Incarcerated

Upon the identification of pregnancy during the intake process, the Sheriff's department will encourage individuals to enroll in the FAITHS Throughcare Program.

### Referrals upon Release

For those who are incarcerated and released while still pregnant, the FAITHS Throughcare Program will work with a 2-1-1 Reentry Support Specialist while the individual is still incarcerated to begin drafting a transition plan. Upon release, the 2-1-1 Reentry Support Specialist will provide case management with the individual for up to 12 months post-release, providing referrals and connecting individuals to care in the community.

### Resource Information

The Criminal Justice Core Team identified the need to provide information on resources available both while incarcerated and upon release to individuals. As such, a pregnancy packet was developed that provided information on the various resources that are available for individuals who are pregnant while incarcerated and when they reenter the community.

## Pregnancy Packet

**Institution Resources**

- 2-1-1 Reentry Support
- FAITHS Throughcare Program

**Community Resources**

- ARMC-OB
- SAC Health System
- WIC
- Community Crisis Response Team
- Substance Abuse Screening Assessment and Referral Center



# Partnerships

## Strengthening Partnerships

The Criminal Justice Core Team identified the need to strengthen partnerships between those who provide services to individuals who are pregnant and currently or previously incarcerated.

### *Institution Partnerships*

Ongoing case conferencing between the ARMC-OB team, Sheriff's Department OB Team, FAITHS Throughcare Program, and 2-1-1 Reentry Support will occur monthly for individuals who are pregnant and incarcerated.

### *Reentry Partnerships*

In November 2021, the Criminal Justice Core Team convened agencies that routinely serve individuals who have been incarcerated in San Bernardino County.

[This section will be built out following the meetings with community partners]

# Funding

## Acquire Funding to Support Protocol

The Criminal Justice Core Team understands the current resources available to implement the protocol for individuals who are pregnant while incarcerated are limited and are intended to be expanded in the years to come. Priority is placed on expanding the 2-1-1 Reentry Support program to incorporate distinct services for this population, including case management services (estimated to serve approximately 120 women annually).

The MHN has committed to supporting Inland SoCal United Way with identifying and applying for new funding to support ongoing case management by 2-1-1 Reentry for individuals who are pregnant and released will be necessary. The MHN in partnership with Inland SoCal United Way has established the following process for fund development:

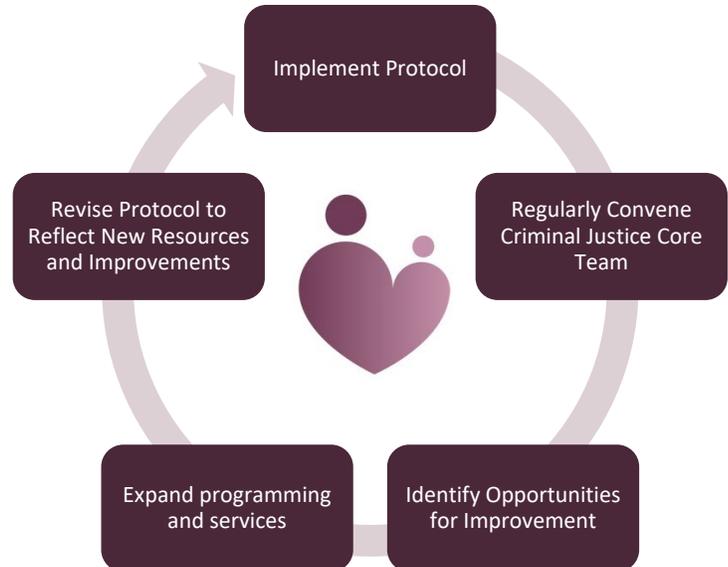


In addition to fund development for 2-1-1 Reentry Case Management, the MHN will also support the identification of applicable funding opportunities that could be used to support reentry services and other criminal justice-related supports.

# Reflect and Refine

## Reflect and Refine

It is expected the Criminal Justice Core Team and other relevant partners will continue to meet on a regular basis to support effective case management and collectively identify opportunities for improvement to the protocol. The Maternal Health Network will support ongoing coordination of these meetings. In addition to coordination, the Maternal Health Network will support the identification and application of additional funding that could support service expansion for this population.



## Plans for the Future

The Criminal Justice Core Team in partnership with the Maternal Health Network have identified potential opportunities for continued improvement and expansion of these efforts and will actively seek out funding available to support the implementation of these strategies should they be deemed appropriate:

### *Pregnancy-Specific Case Management*

Currently, individuals who are pregnant and incarcerated will have to self-enroll into the FAITHS throughcare program and the 211 Reentry program, risking the possibility for some individuals to not access these services and supports while incarcerated. The Criminal Justice Core Team intends to evaluate the effectiveness of both the protocol and case management supports to aid in advocacy efforts that would require all persons who are pregnant while incarcerated be automatically enrolled in FAITHS and 211 Reentry.

### *Alternative Housing*

Other states are beginning to model alternative housing options for individuals who deliver a child while incarcerated, or at a minimum, establish a protocol that allows access to their newborn while incarcerated. Several states offer models for infant access while incarcerated, with Minnesota spearheading legislation that would offer individuals the opportunity for conditional release into community alternatives such as half-way houses or rehabilitation centers.<sup>4</sup> The Criminal Justice Core Team will monitor the effectiveness of this program and consider opportunities to implement similar alternative housing solutions for this population in San Bernardino County.

<sup>4</sup> Gaines, P. (August 5, 2021). Minnesota to let pregnant inmates serve sentences with their babies, setting precedent. Retrieved from: <https://www.yahoo.com/lifestyle/one-state-trying-pregnancy-prison-144448765.html>

## Appendix A: Assessment Review Matrix

The following matrix compares tools using the framework described in the Maternal Criminal Justice Brief. Many of these tools have a specific focus area that may not be specific for women who are pregnant or women who are incarcerated.

<i>Assessment</i>	<i>Length</i>	<i>Administrator</i>	<i>Mode of Administration</i>	<i>Pregnancy</i>	<i>Focus*</i>	<i>Other Considerations</i>	
<a href="#"><u>San Bernardino Sheriff's Office Intake Assessment</u></a>	5 pages, up to 21 questions	SBCSD Nurse	In-person with nurse	Yes		✓ Focus on the medical history and status of pregnancy	
					•	SDOH	✓ Limited to one component of social determinants of health
						ROR	✓ Does not include questions for reentry ✓ Currently being administered by the Sheriff's Office
<a href="#"><u>San Bernardino Sheriff's Office Postnatal Depression Scale Assessment</u></a>	3 pages, 10 questions	SBCSD Nurse	In-person with nurse	Yes		✓ Focus on individual's mental health over the past seven days during and immediately following pregnancy	
					•	SDOH	✓ Limited to one component of social determinants of health
						ROR	✓ Does not include questions for reentry ✓ Currently being administered by the Sheriff's Office

\* Reentry: The assessment includes questions specific to women who are pregnant while incarcerated.

\* Social Determinants of Health (SDOH): The assessment includes at least one question specific to social determinants of health.

\* Risk of Recidivism (ROR): The assessment includes at least one question specific to risk of recidivism.

<i>Assessment</i>	<i>Length</i>	<i>Administrator</i>	<i>Mode of Administration</i>	<i>Pregnancy</i>	<i>Focus*</i>		<i>Other Considerations</i>
<a href="#"><u>211 San Bernardino County Reentry Intake</u></a>	8 pages, up to 73 questions	211 intake specialists	Paper, phone call	No	•	Reentry	<ul style="list-style-type: none"> <li>✓ Includes at least one question specific to each social determinant of health</li> <li>✓ Includes at least one question specific to recidivism</li> <li>✓ Currently being administered by 211</li> </ul>
					•	SDOH	
					•	ROR	
<a href="#"><u>Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences</u></a>	2 pages, 21 questions	Self-administered	Paper	No		Reentry	<ul style="list-style-type: none"> <li>✓ Includes at least one question specific to each social determinant of health</li> <li>✓ Does not include questions for reentry</li> </ul>
					•	SDOH	
						ROR	
<a href="#"><u>5 Ps Prenatal Substance Abuse Screen for Alcohol, Drugs, and Tobacco</u></a>	1 page, 6 questions	Self-administered	Paper	No		Reentry	<ul style="list-style-type: none"> <li>✓ Limited to only questions of alcohol and drug use personally and by family members</li> <li>✓ Does not include questions for reentry</li> </ul>
					•	SDOH	
						ROR	
<a href="#"><u>American Academy of Family Physicians Social Needs Screening Tool</u></a>	2 pages, 15 questions	Self-administered	Paper	No		Reentry	<ul style="list-style-type: none"> <li>✓ Includes at least one question specific to each social determinant of health</li> <li>✓ Does not include questions for reentry</li> </ul>
					•	SDOH	
						ROR	
		Trained specialist	Online	No	•	Reentry	
					•	SDOH	

<i>Assessment</i>	<i>Length</i>	<i>Administrator</i>	<i>Mode of Administration</i>	<i>Pregnancy</i>	<i>Focus*</i>	<i>Other Considerations</i>
<a href="#"><u>Service Planning Inventory for Women (SPIn-W)</u></a>	10 pages, up to 80 questions				• ROR	<ul style="list-style-type: none"> <li>✓ Assesses risks of recidivism, needs, and protective factors</li> <li>✓ Primarily focused on the risk of recidivism but includes at least one question on social determinants of health</li> <li>✓ Prioritizes needs based on individual strengths</li> </ul>
<a href="#"><u>Social Support Questionnaire (SQQ)</u></a>	15 pages, 52 questions	Self-administered	Paper	No	<ul style="list-style-type: none"> <li>• Reentry</li> <li>• SDOH</li> <li>• ROR</li> </ul>	<ul style="list-style-type: none"> <li>✓ Assesses social supports for individuals</li> </ul>
<a href="#"><u>Ohio Risk Assessment System – Prison Intake Tool (ORAS-PIT)</u></a>	2 pages, 23 questions	Self-administered with support from trained specialist	In-person	No	<ul style="list-style-type: none"> <li>• Reentry</li> <li>• SDOH</li> </ul>	<ul style="list-style-type: none"> <li>✓ Assesses risks of recidivism, needs, and protective factors</li> <li>✓ Primarily focused on the risk of recidivism and social determinants of health</li> <li>✓ Includes a responsivity assessment that identifies special considerations that might affect the individual's engagement in programming.</li> </ul>

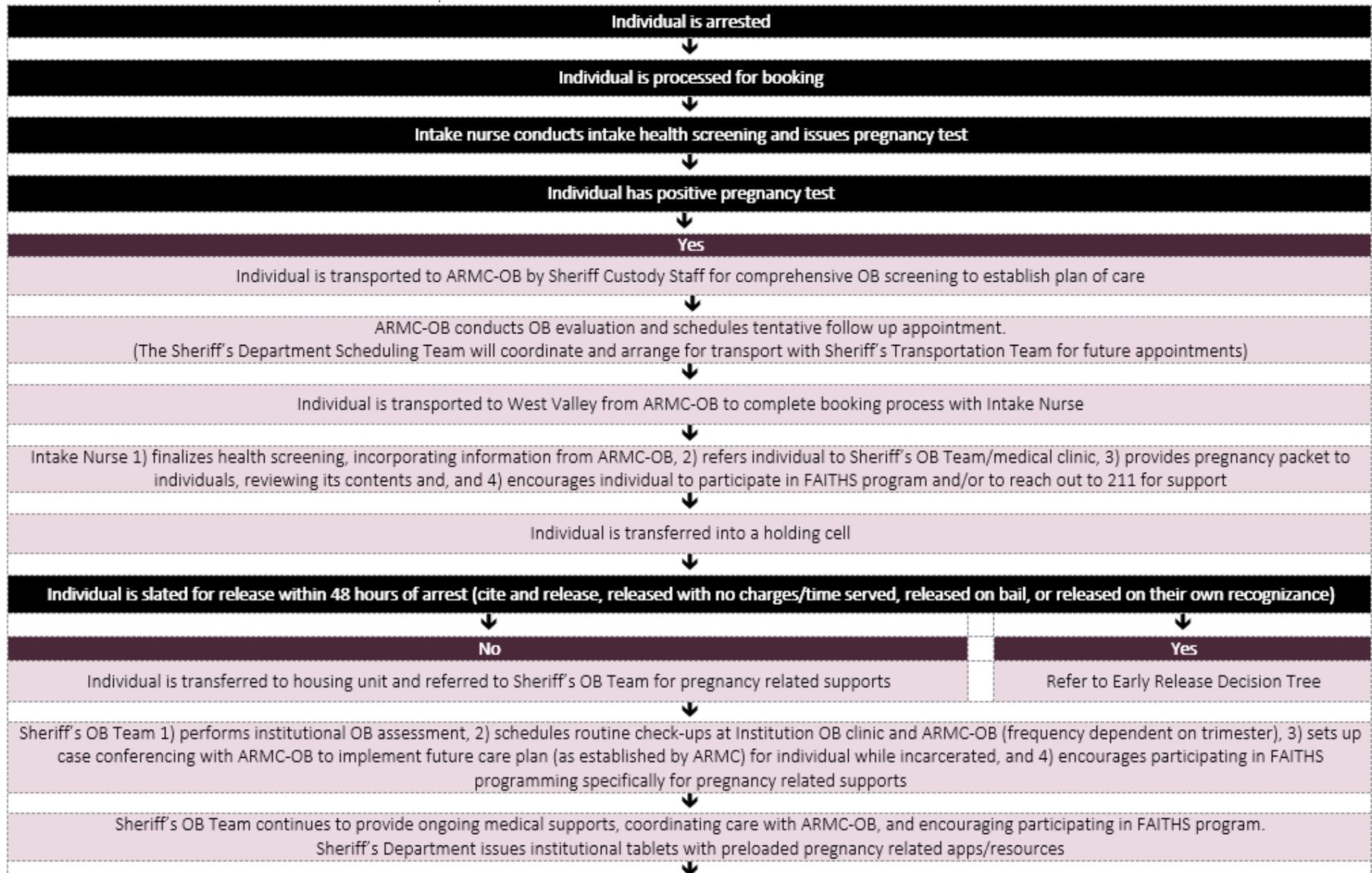
<i>Assessment</i>	<i>Length</i>	<i>Administrator</i>	<i>Mode of Administration</i>	<i>Pregnancy</i>	<i>Focus*</i>	<i>Other Considerations</i>
					• ROR	<ul style="list-style-type: none"> <li>✓ Includes spaces for individuals to describe their answers that can inform case management</li> <li>✓ Will be implemented by the San Bernardino County Inmate Services Department in 2021</li> </ul>

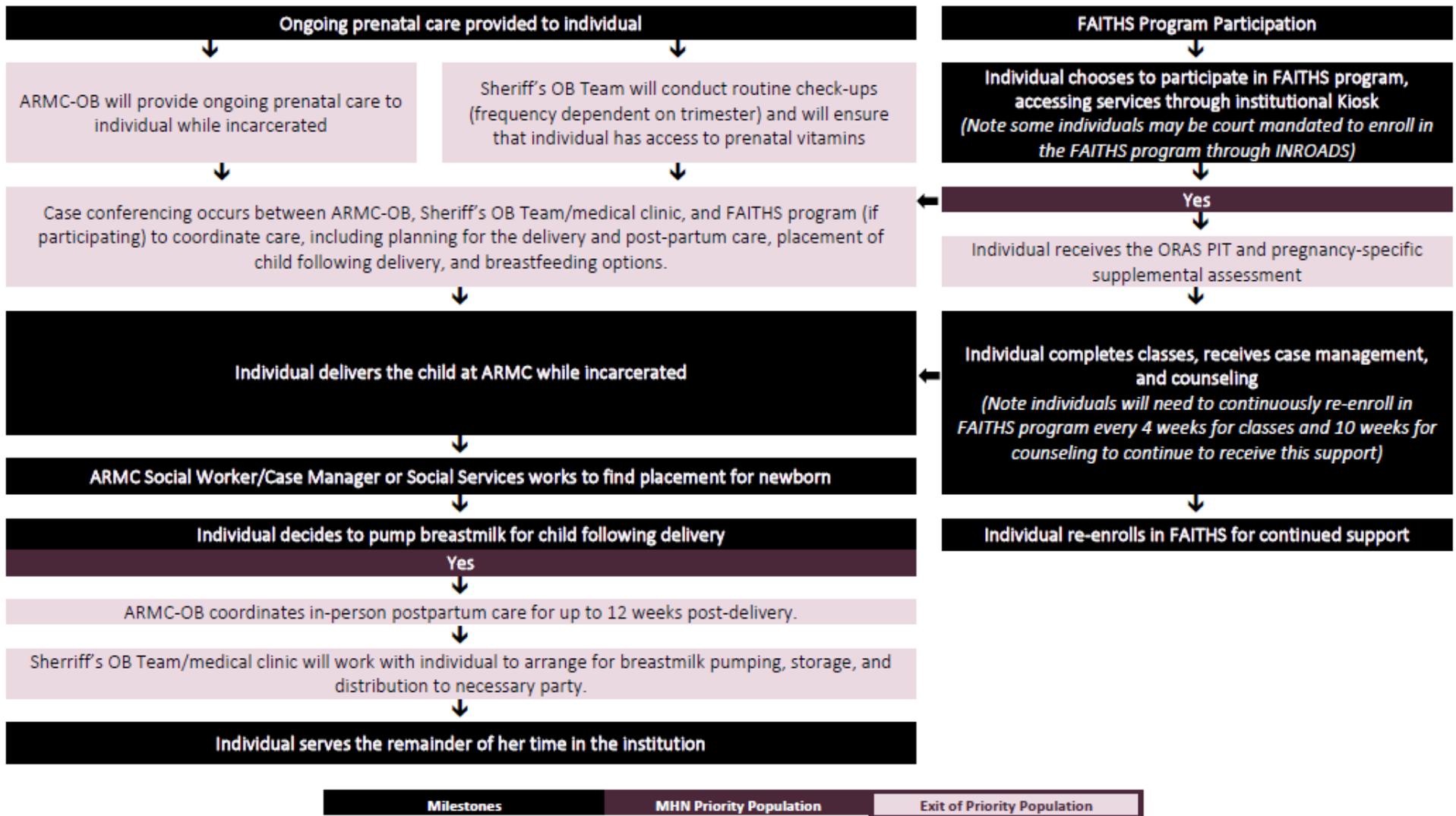
## Appendix B: Decision Trees

### Decision Tree for Persons who are Pregnant, Arrested, and Released within 48 Hours



### Decision Tree for Persons who are Pregnant, Incarcerated, and Deliver





## Decision Tree for Persons who are Pregnant, Incarcerated, and are Released

