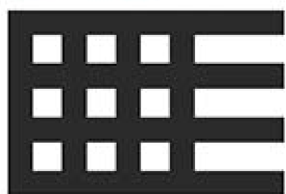

ADVANCING CORRECTIONS

Journal of the International Corrections and Prisons Association

13TH EDITION OF ADVANCING CORRECTIONS

WHAT else WORKS..

Article 9: Creating a coordinated system of care for mother-baby pairs transitioning from a prison nursery to their home community (ACJ13-A009)

Volume 1

What Else Works ...
Volume 1

Edition #13 - 2022

www.icpa.org

CREATING A COORDINATED SYSTEM OF CARE FOR MOTHER-BABY PAIRS TRANSITIONING FROM A PRISON NURSERY TO THEIR HOME COMMUNITY[1]

Ashley Mager, Erin Macey, Kylie Noe, Nina Porter, Maranda Williams Sparks, Christine Daniel, Leah Hession, Olivia Magnett & Jack Turman Jr.[2]

Abstract

Prison nursery units have improved outcomes for mother-baby pairs, but challenges remain post-release. Motivated by a coauthor who experienced incarceration in a prison nursery, university public health faculty collaborated with the Indiana Department of Correction Medical Division's Transitional Healthcare team to develop and implement Mothers on the Rise (MOR), an innovative program that coordinates care for each mother-baby pair at the Indiana Women's Prison during their transition to community, and first year post-release. We describe the creation of this system, grounded in human rights and health equity approaches, its components, processes, and successes in improving community reintegration for mother-baby pairs.

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1 *Funding Acknowledgement: Riley Children's Foundation, Indiana Department of Health, Interfaith Enrichment Corps, an AmeriCorps Program, Private Philanthropist*

2 *Jack Turman, Jr., Ph.D. (corresponding author); Department of Social and Behavioral Sciences, Richard M. Fairbanks School of Public Health; Department of Pediatrics, School of Medicine, Director, Grassroots MCH Initiative; Indiana University, 1050 Wishard Blvd, Room 6042, Indianapolis, IN 46202, USA Telephone: 317-278-0354; E-mail: jaturman@iu.edu*

Introduction

The development of prison nurseries is a positive innovation to promote the care and attachment of mother-baby pairs (Byrne et al, 2010; Carlson, 2001), improve developmental outcomes for infants (Goshen et al, 2014a) and prevent recidivism (Carlson, 2001; Goshen et al, 2014b). Challenges remain as these mother-baby pairs transition to their home community (Goshen et al, 2014b; Byrne et al, 2012). Urged to address these challenges by a mother who experienced incarceration at the Indiana Women's Prison nursery, our interdisciplinary team integrated a human rights-based approach to health (Yamin, 1997) and health equity framework (Bravemen et al, 2017) to develop Mothers on the Rise (MOR), a coordinated system of care serving mother-baby pairs transitioning from a prison nursery to their home community.

A human rights-based approach to health builds the capacity of rights-holders to claim their human right to health. In addition, it builds the capacity of duty-bearers (institutions) to promote and protect the health and human rights of individuals they serve (Yamin, 1997). This approach conceives of health broadly, considering both physical and mental health and the social determinants that influence them (World Health Organization, 2017). It prompts us to ask what knowledge, capabilities, and resources do rights-holders need to attain wellbeing, and what are the needs of duty-bearers to assist in this realization? Simultaneously applying a health equity framework requires duty-bearers to implement policies and practices that address inequitable systems that result in health disparities (Bravemen et al, 2017).

As the number of women who are incarcerated has grown substantially over the past several decades (Ervin et al, 2020; Koski & Costanza, 2015), so too has the demand to develop gender-specific programming and policies within and beyond the prison system (Miller, 2021; see also Brown & Bloom, 2009; Koski & Costanza, 2015; Spjeldnes & Goodkind, 2009). Women who experience incarceration have often been victimized and (Koski & Costanza, 2015; Jung & LaLonde, 2015; Killian et al, 2018; Lynch, et al., 2012) frequently report behavioral health issues, diagnoses of substance use disorders and/or mental health diagnoses (Ervin et al, 2020; Visher & Bakken, 2014; Lynch et al., 2012). Justice-involved women are more likely than men to have chronic health conditions (Miller, 2021). These realities require duty-bearers to ensure adequate trauma-informed care and wrap around support both during and after incarceration.

More than half of women who are incarcerated identify as mothers and primary caregivers to young children (Maruschak, 2021). Mothers who are incarcerated face additional challenges. They often feel maternal guilt and lack confidence in their parenting skills, which not only impacts their mental health, but also the quality of care and attachment with their baby (Robison & Hughes Miller, 2016; Arditti & Few, 2008). This is important, as the confidence and identity of a mother can be a major motivating factor in the success of her reentry process (Cobbina & Bender, 2012). The community transition can also place the mother in immediate financial distress as a host of competing priorities (e.g. unresolved health concerns, post incarceration supervision requirements, transportation, and childcare) make securing employment challenging (Arditti & Few, 2008; Brown & Bloom, 2009; McGrath, 2012). Frequently unable to establish their own household, women may reenter violent, toxic, or unsupportive relationships (Brown & Bloom, 2009; Gobena et al, 2022). Thus, any successful effort aimed at improving the transition from prison to community needs to include a positive social network that supports and empowers the mother as she navigates societal challenges.

While several programs support women transitioning to the community, coordination and peer support to encourage use of these resources is often lacking (Brown & Bloom, 2009; Byrne et al, 2012; Gobena et al, 2022; McGrath, 2012). Mothers need support managing the emotional and legal challenges of reuniting with their children, finding safe housing, securing employment, and navigating the social safety net (McGrath, 2012). Furthermore, social networks can heavily influence the risk of recidivism. Family support is often a powerful protective factor, whereas peers may exert negative influence (Bowman & Mowen, 2017). Recognizing the compelling influence of social networks, we developed a coordinated system of support using community navigators as a central element to empower the mother and holistically promote her safety and well-being during and after the transition of her and her baby to the community.

Mothers on the Rise offers an individualized, coordinated system of care that is mediated through a peer who is not in a position of authority. At the same time, the process allows for the identification of social system patterns and gaps. This provides opportunities to build the capacity of duty-bearers to make system changes that better serve these mother-baby pairs. Described here are the key steps taken to establish the program, and its functions as mother-baby pairs transition to the community.

Developing, Implementing and Evaluating a Coordinated System of Care

Our interdisciplinary team (public health university faculty with expertise in maternal and child health, a previously incarcerated mother, a social worker with expertise in serving mothers incarcerated, a public health nurse, and Indiana Dept. of Correction's Transitional Healthcare Team) sought to create a seamless transition to community that simultaneously empowered women to claim their rights to health and build the capacity of duty-bearers to support women as they claimed these rights. Drawing from health equity frameworks (Braveman et al, 2017), the team recognized the importance of data collection and continuing to engage women with lived experience in the evaluation and refinement of strategies.

Program Origins

Mothers on the Rise grew out of awareness of the needs of a unique population within the prison system. One of our coauthors was a participant in the prison nursery and encountered firsthand the barriers and struggles that mothers face leaving the nursery unit. She describes preparing for release...

> *"... and the case manager was trying to find a housing placement and we called over 49 places and couldn't find anywhere. They put us in a hotel the first night and after that I was on my own. That's how it began...I did have a change of heart and change of mind, but I didn't have the opportunity. There wasn't anyone on the inside who could also talk to me on the outside."*

When a social worker asked this coauthor to identify future goals, the question gave rise to the initial "scribbles" that ultimately became MOR. When the coauthor joined the Grassroots MCH Initiative, a university-based program that provides leadership training and mentoring (Skinner et al, 2019) for women in marginalized communities with poor maternal and child health outcomes, the co-author presented her ideas to the Initiative's director. Plans began to take shape into a coordinated program designed to support the transition of mother-baby pairs from the prison nursery.

The Director of the Grassroots Maternal and Child Health (MCH) Initiative reached out to initiate a partnership with the Indiana Department of Correction (IDOC) to explore ways to expand support for mother-baby pairs transitioning from the prison nursery into their community. The director's approach was well timed; he connected with the newly established Transitional Healthcare Team (THT), which had acquired oversight in November 2019 of Wee Ones Nursery (now the Leath Maternal and Child Health Unit (MCHU), at Indiana Women's Prison. The THT was working to transform the Leath MCHU from a punitive model to a medical model. The team embraced a focus on education in lieu of punishment, with the belief that behavior change comes from support and empowerment and that long-term success comes from addressing the mother's and baby's barriers to health. Changes to the Leath MCHU included implementing an inclusive criteria model to expand bed space for participants, and to remove implicit bias from the selection criteria, such as more severe charges due to systemic racism within the justice system. Subject matter experts were identified to expand the child development curriculum and maternal health services. A Child Wellness Clinic was built inside the Leath MCHU to allow mothers to participate in their child's wellness visits, to communicate concerns with the pediatrician directly, and to empower mothers to make decisions regarding their baby's healthcare. In April 2021, in recognition of these changes, the unit was renamed and officially dedicated in honor of fallen Indianapolis Metropolitan Police Department (IMPD) Officer Breann Leath, who served in the unit as a correctional officer and demonstrated that accountability, kindness, and support can occur in a prison environment. MOR fit well within the unit's new holistic, individual-centered, and empowering approach.

The director of the Grassroots MCH Initiative initially obtained private grant funding to enable the development of the interdisciplinary team mentioned above to study the prison and community contexts of the mother-baby pairs and design an approach aimed to optimize the health and social well-being of each mother-baby pair. Once the foundation of the program was established, the team applied for and received pilot funding from the Indiana Department of Health (IDOH) to start implementation and to assess feasibility. Following the pilot, two years of Title V funding was awarded from IDOH to continue to sustain, grow, and evaluate the initiative.

Community-Based Program Team

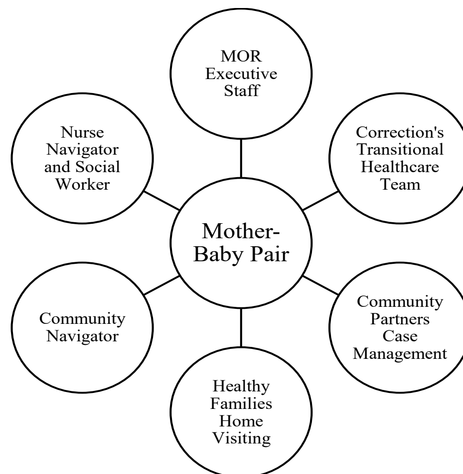
With the initial state pilot grant, necessary program staff were hired, and partnerships solidified. The director led sustainability planning, project direction, and oversaw implementation and evaluation. The director hired the coauthor, who was previously incarcerated in the prison nursery unit, to serve as the lead community navigator. This was vital in providing a lived experience perspective to the development, implementation, and evaluation of the program. A program administrator was hired to oversee partnerships, recruit, and train community navigators, and coordinate social services. Both of these individuals simultaneously participated as AmeriCorps members, which built their community leadership and development capacity. The program administrator assisted in locating, training and retaining community navigators (described below) from geographic areas where mother-baby pairs moved to upon release from the prison nursery. To ensure program quality and sustainability, a researcher affiliated with the Grassroots MCH Initiative joined the project team to assist with documenting outcomes, reviewing and incorporating relevant literature on gender-specific, evidence-based practices in community reintegration, leading monitoring, evaluation, and quality improvement efforts, and coordinating publication of outcomes and other dissemination strategies. Impactful communications via a national journalistic outlet, a national radio broadcast, and international podcast

have helped spread information about our new approach to build a coordinated system of care for these mother-baby pairs.

Mother-baby pairs are released to varying geographic regions and home contexts, making local social support essential. To provide individualized, relevant services and resources, mother-baby pairs are linked with a local woman. These women are recruited and trained by the program administrator to become community navigators. Navigators have experience in education, healthcare, and social services, and have a passion to serve mother-baby pairs. They complete Grassroots MCH Leadership (GMCHL) Training, an evidence-based curriculum that aims to build capacity of individuals to meet the needs of traditionally marginalized mother-baby pairs (Skinner et al., 2019). Community navigators are introduced to the mothers prior to release and work closely with them in their home communities. They communicate regularly via texts, phone calls and in-person meetings. Navigators help mother-baby pairs set goals, complete paperwork, seek out relevant resources, and brainstorm action plans to address specific needs.

Additional community stakeholders coordinate care and tailor essential services before and after transition home. Indiana Department of Child Services (DCS) provides two prevention services, Community Partners for Child Safety, and Healthy Families, to each mother-baby pair. Community Partners for Child Safety provides home-based case management services to connect families to local resources. Healthy Families provides evidence-based home visitation services to encourage parent education and promote child development. The Mothers on the Rise program administrator works in coordination with the IDOC THT to refer and connect mothers to these services.

To further serve participants and individualize care, a nurse navigator and a social worker conduct weekly check-ins with each mother to provide needed resources. The nurse navigator, who completed GMCHL training, empowers women to claim their rights to health in several important ways:



Legend: This illustrates the positive social network that is created for each mother-baby pair to support their successful community reintegration. The MOR program executive staff includes the program director, program administrator and the lead community navigator.

Figure 1: Post-Release Support System

helping mothers navigate the healthcare system, ensuring necessary appointments are scheduled, encouraging appointment follow-through, supporting mothers with key health care decisions while teaching self-advocacy. Using an evidence-based approach, the social worker, with more than 18 years of working within a women's prison setting, helps each mother learn to: recognize and manage stress, build self-esteem, and build and sustain healthy relationships.

Table 1: Participant Information Form

Participant Name:
DOB:
County being released to:
Earliest possible release date:
Are you currently pregnant (if so, what is the due date):
If you recently delivered your baby: what is the name/sex/DOB:
Will you be the primary caregiver once released:
How many children will you be responsible for upon release:
Do you have safe and stable housing for you and your baby upon release? If so, where:
Who will support you and your baby upon your release:
Do you have any open criminal cases or pending charges:
Have you ever suffered from addiction? If yes, please list:
Do you have a diagnosed medical illness (for example: diabetes, heart diabetes, depression, bipolar disorder)? If yes, please list conditions and if whether you have a health care provider to assist once released:
Are you interested in Mothers on the Rise and having a Grassroots Navigator to help connect you to resources and need your and your baby's needs? If so, please answer the following questions:
Why are you interested in being a part of this program?
How do you see this program helping you and your baby?
What are your strengths and weaknesses?
What are you most concerned about post release?
Tell a time when you were challenged as a person? What did you do to overcome this challenge? Did you do this along or did you reach out for help?
Describe why your hard work is important in this program for you to be successful after release?
How do you feel about your navigator collaborating with community members (for example: potential employers, childcare centers) to help produce resolutions and/or resources necessary to help you progress through this navigation program?
What does feeling vulnerable mean to you?

Legend: Each mother in the prison nursery is invited to participate in our coordinated system of care. If they are interested, they complete this information form that is used to help organize their care delivery, and provide guidance for their community navigator.

Table 2: Participant-Identified Needs Assessment

Help Needed:	Yes/No	Notes
Housing		
Recovery – Substance Use Disorder Support		
Job Placement		
Job Skills – type of skill desired?		
Women's Clothing/Hygiene Supplies		
Infant Clothing/Hygiene Supplies		
Utility Payments		
Driver's License		
Infant Daycare		
Legal Aid		
Adult Education Services (GED) Junior College, Trade School)		
Domestic Violence Advocacy		
Household Furniture		
Banking and Finances		
Computer Skills Training		
Women's Health Care (physical and mental)		
Infant Health Care		

Legend: Each participant completes this information form prior to release. This helps the team organize services and connections within the mother's local community. This is also used to during team meetings to evaluate our progress in meeting the mother's needs.

Table 3: Nursery-Based Services Form

Service:	**Date Completed:**	**DOC Initials:**
Car Seat		
Safe Sleep Kit		
WIC Referral		
CCDF Voucher		
Healthy Families Counseling		
Healthy Start Counseling		
Contact with Community Navigator		
Other:		

Legend: This form is completed by the Transitional Healthcare Team prior to release. This helps the community navigator understand the range of services received within the prison nursery.

Program Process

Each mother-baby pair has individual strengths and needs when transitioning to a community that presents unique opportunities and challenges. Therefore, the program materials and services provided reflect each woman's self-identified needs. Figure 1 displays the full array of supports that make up the coordinated system of care.

To tailor post-release services and resources for each mother-baby pair, the team developed tools and utilized strategies to identify individual needs prior to release, including detailed forms and one-on-one communication. Each mother completes a Participant Information Form (Table 1) that confirms interest in the program, captures demographic and contact information while self-identifying strengths and weaknesses. Table 2 shows the contents of the Participant-Identified Needs Assessment, allowing each mother to request specific services or resources needs, including housing, substance use recovery support, material supplies, employment skills and healthcare services. Table 3 shows the contents of the Nursery-Based Services Form, completed by the IDOC Transitional Healthcare Maternal and Child Health Coordinator to identify services/referrals the mother-baby pair received within the nursery unit.

Beyond coordinating the initial intake forms, consistent weekly communication between team members is crucial to communicate status of enrollment in the prison nursery and mother-baby pair release dates. In addition, the THT provides opportunities for the MOR team to communicate directly with the mothers prior to their release, building trust and rapport. To establish a monitoring and evaluation system, a shared data system was created by program staff and an IDOC epidemiologist that includes: completed participant forms, assessments, basic demographic information, and an evaluation tool to measure outcomes. The evaluation tool is routinely updated to keep track of personal resources provided to meet mother-baby needs, and the progress made to foster the mother's personal and professional development via her relationships with her support team member (i.e. community navigator, nurse navigator, social worker, Healthy Families Home Visitor, Community Partners Case Manager).

Prior to the mother's release, the program administrator orders items requested from the Material Needs Form, introduces the program staff and the navigators to the mother, and refers the mother to Healthy Families and Community Partners Case Management. Community navigators use the Screening Form and Needs and Services Form to assess individualized community needs and identify appropriate resources including, recovery programs, food banks, mental health providers, and physical healthcare services. The established communication channels with IDOC has allowed the MOR team to work quickly to build support and establish direct communication when release dates change unexpectedly.

Continuous evaluation and quality improvement are primarily conducted and recorded through regular meetings. We host weekly meetings attended by the MOR director, lead navigator, program administrator, community navigators, nurse navigator, social worker, and senior researcher. During these meetings community navigators provide weekly updates on the successes, barriers and needs of each mother-baby pair. This helps us monitor needs and identify potential gaps in care. These discussions also focus on relevant research literature and evidence-based practices. In addition, we host biweekly meetings with THT partners to ensure quality improvement and address care

coordination for participants.

Initial Findings

Since its inception, 13 mother-baby pairs have transitioned from the prison nursery to community. Mothers on the Rise has completed serving two mother-baby pairs and is currently serving eight pairs residing in five different counties across the state of Indiana. This partnership has led to favorable outcomes across different domains identified below.

Justice System: All mother-baby pairs have remained together in the community post-release. No mothers in the program have returned to jail or prison.

Meeting Immediate Needs for Community Reintegration (empowering the women): Each mother-baby pair was provided up to $1000 in basic clothing for mother and baby, hygiene products for both mother and baby, and infant care supplies. In addition, thanks to a group of county commissioners, each mother is provided a laptop upon release. All these items, in addition to the items provided by the THT (cribs, strollers, and car seats), help empower the women to begin their community reintegration process. Our community navigators keep the team informed of maternal and infant care needs across the post-release period and we are able to provide more essential care items if needed by the mother.

Making Positive Community Connections (empowering the women): Using an integrated care model, the Leath MCHU works with IDOC Medical, Centurion Healthcare, and local providers for a seamless handoff to the community. Community navigators have successfully connected and sustained mothers with: food bank services, employment opportunities, quality physical and mental healthcare services for them and their babies, legal aid services, housing opportunities, and daycare services. Together, the community navigators, nurse navigator and social worker provide valuable weekly individualized education about well child care, well woman care, contraception care, healthy relationships, and stress reduction techniques. Most importantly, they are a constant, always accessible, non-judgmental support system that the mothers can talk with throughout their community reintegration.

System Changes (building the capacity of duty bearers): The partnership has led to systemic change at the institutional level. University faculty and staff have trained a THT member and mothers on the prison unit to become safe sleep ambassadors. This is critical as unsafe sleep practice is a still a major cause of infant death in Indiana. In addition, university faculty and staff developed a set of medical roadmaps for all incarcerated women. These roadmaps work to guide the women through basic health care interactions upon release. They have worked in partnership with the THT to improve standards of care for pregnant women in the Department of Correction, and are supporting training of a THT member to implement evidence-based infant parenting techniques for the mothers in the prison unit. Finally, our partnership with DCS has resulted in each mother-baby pair qualifying for Healthy Families, as nurse home visiting service, and Community Partners, a case management service. This was not the norm prior to the initiation of our multisector partnership.

Barriers: While we have observed successes serving the mother-baby pairs and bringing about systems change, barriers do exist that we have to address. Throughout our evaluation process we note that a lack of stable housing, poor paying jobs, challenging relationships with partners, peers or family members, the lack of transportation opportunities, and a lack of skills using computer

technology often frustrate the women. We are fortunate that they trust our team and communicate these realities to us. Keeping in communication with them on a regular basis helps them identify these barriers for us in real time, providing us an opportunity to act quickly to work in partnership with them to develop solution strategies. For example, the persistence of messages about challenging relationships prompted us to include a licensed clinical social worker as a critical team member focused on healthy relationships training. The diversity of knowledge, skills, and connections observed across our team helps us navigate these barriers and the chaos they create for the women.

Discussion and Concluding Thoughts

Prison systems face immense pressure to ensure excellent care and a smooth transition for mother-baby pairs transitioning into the community. Like other prison nurseries (Byrne et al, 2010; Carlson, 2001), the Indiana Women's Prison Leath MCHU promotes healthy mother-baby bonds, behaviors and outcomes. The individualized, coordinated system of care created and described in this paper allows an extension of efforts into the community, reducing the burden of the THT and promoting the health of mother-baby pairs. Focusing on the needs of a vulnerable population that experiences disproportionate health challenges increases their ability to claim rights to health and increase the capacity of duty-bearers to support them.

Found in other settings (Koski & Costanza, 2015; Jung & LaLonde, 2015; Killian et al, 2018: Lynch, et al., 2012), the challenges that a mother encounters leaving incarceration is multi-faceted and often unpredictable, making it impossible for one agency to solely address all the challenges. Our team's success rests on creating strong, multidisciplinary networks. Partnership between university-based public health faculty and staff and the IDOC THT is crucial for establishing strategies and sharing data. Coordinating with local women (community navigators), state agencies, and social service providers ensure that mother-baby pairs have the support needed to successfully reintegrate into their home community.

Paramount in our approach is the inclusion of perspectives of a woman who has lived experience similar to those we serve. Historically, justice involved individuals were discouraged to lead efforts in reentry programming. Building health equity demands that individuals with lived experience be involved in the crafting and evaluation of strategies to address health-related needs (Braveman et al, 2017). Lived experience by one of our team members is a powerful ingredient for our program's success. Her perspectives on challenges faced by the mother-baby pairs truly enlightens our team's program planning, implementation, and evaluation processes.

Moving forward we will work to address the limitations in our approach. While our numbers at this time are small, we have successfully served 77% of the mother-baby pairs released since the inception of our program. We believe the strength of our approach will mature as we continue to support more pairs during their community reintegration process. We are also cognizant that we are serving a small fraction of mothers within the justice system, as we do not serve mothers who are in jail or house arrest contexts. These contexts have distinct challenges that likely will require a different approach to optimize the outcomes of these mothers.

Our initial outcomes reveal the power of establishing positive, community-based social networks for mother-baby pairs transitioning from a prison nursery to community. It contributes to the

conversation among individuals interested in advancing corrections regarding "what else works…" when it comes to successfully reintegrating mothers and babies into our communities.

Below we provide a brief summary of the basic steps to help other prison nursery systems replicate our coordinated system of care serving mother-baby pairs transitioning from a prison nursery to their home community.

1. Create an interdisciplinary team grounded in the perspectives of a woman who was incarcerated in a prison nursery. In addition to a mother who was formerly incarcerated, include corrections staff with a passion for transitional healthcare, local public health experts (university faculty or health department staff), a public health nurse, a social worker, and community members and agencies dedicated to optimizing maternal and child health outcomes.

2. Seek funding from non-profits interested in criminal justice reform, or state health, family services, or corrections agencies interested in building community reintegration programs to improve state maternal and child health outcomes.

3. Use funding to support the team's efforts as they build an innovative institution, sensitive to their local context, that simultaneously empowers women to claim their health and human rights, while building the capacity of duty bearers (institutions) to better serve these mother-baby pairs. Within this institution develop internal and external communication channels, a set of processes to implement program elements, and monitoring and evaluation protocols to continuously improve the coordinated system of care.

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About the Authors

Kylie Noe will receive her Master's in Public Health in May 2022 from Richard M. Fairbanks School of Public Health at IUPUI. She currently works as a Community Health Nurse for the United States Air Force. **Kylie Noe, BSN, RN**; 815-404-3691, kylienoe@gmail.com Kylie Noe, BSN, RN, MPH Candidate, (kynoe@iu.edu), Dept. of Social and Behavioral Sciences, Richard M. Fairbanks School of Public Health Indiana University, 1050 Wishard Blvd., Indianapolis, IN 46202

Maranda Sparks has been working in the field of corrections for over seventeen years. She possesses a Bachelor's Degree in Criminal Justice from Ball State University and a Master's Degree in Criminology and Criminal Justice from Indiana State University. **Maranda Williams Sparks, MS**; 317-460-3991; MaSparks@idoc.in.gov; Maranda Williams Sparks, MS, (masparks@idoc.in.gov)
Director of Transitional Healthcare and Contract Compliance, Indiana Department of Corrections, 302 West Washington, Room 341, Indianapolis, IN 46204

Ashley Mager will receive her Master's in Public Health in May 2022 from Richard M. Fairbanks School of Public Health at IUPUI. She currently works as the Program Administrator for Mothers on the Rise through an AmeriCorps program. **Ashley Mager**; 317-774-4184; atmager@iu.edu Ashley Mager, BA, MPH Candidate, (ashleymager90@gmail.com); Program Administrator – Mothers on the Rise, Dept. of Social and Behavioral Sciences, Richard M. Fairbanks School of Public Health
Indiana University, 1050 Wishard Blvd., Indianapolis, IN 46202

Nina Porter will complete her second term of AmeriCorps service in September 2022. She currently works as the Lead Community Navigator for Mothers on the Rise. **Nina Porter**; 317-983-9246; ninap0962@gmail.com

Dr. Erin Macey received her PhD focused on education policy from the Indiana University School of Education. She serves as the senior research advisor for the Mothers on the Rise Initiative. She brings years of experience serving as a senior policy analyst for the Indiana Institute for Working Families where she focused her work on advocating for systems changes to improve the financial and social well-being for families living in poverty. **Erin Macey, PhD**; 317-270-0874; emacey@indiana.edu;
Erin Macey, PhD, (emacey@indiana.edu); Visiting Assistant Research Professor; Dept. of Social and Behavioral Sciences, Richard M. Fairbanks School of Public Health, Indiana University, 1050 Wishard Blvd., Indianapolis, IN 46202

Christine Daniel, IDOC Executive Director of Transitional Healthcare, has a Bachelor's Degree in Psychology and Master's Degree in Industrial Organizational Psychology. Christine started her career in community mental health and has been in the correctional field since 2015. **Christine Daniel, MA**; 317-430-2285; ChDaniel@idoc.in.gov; Christine Daniel, MA, (chdaniel@idoc.in.gov), Executive Director of Transitional Healthcare; Indiana Department of Corrections, 302 West Washington, Room 341, Indianapolis, IN 46204

Leah Hession has worked for the Department of Correction at the Indiana Women's Prison for over five years. She possesses a bachelor's degree in Psychology with a minor in Criminal Justice is a certified Community Health Worker. **Leah Hession**; 317-413-2010; LHession.idoc.in.gov; Leah Hession, BS, (lhession@idoc.in.gov);Maternal Child Health Coordinator; Indiana Department of Corrections, 302 West Washington, Room 341, Indianapolis, IN 46204

Olivia Magnett has an MPH with a concentration in Epidemiology. She serves as a Performance Improvement Evaluator with CareSource and was formerly the Epidemiologist for Indiana Department of Correction. **Olivia Magnett, MPH**; 317-287-4942; oliviabeard40@gmail.com;Olivia Magnett, MPH, (obeard@idoc.in.gov); Dept. of Correction Epidemiologist; Indiana Department of Corrections, 302 West Washington, Room 341, Indianapolis, IN 46204

Dr. Jack Turman is dedicated to growing education, research and outreach programs that optimize maternal and child health outcomes. He is a Professor in the Dept. of Social and Behavioral Sciences at the Richard M. Fairbanks School of Public Health, Indiana University, Indianapolis, and in the Dept. of Pediatrics at the IU School of Medicine. He founded and directs the Grassroots Maternal and Child Initiative, which includes the Mother on the Rise Initiative. All his efforts focus on building the capacity of individuals and organizations in marginalized communities to bring about systems change that improve pregnancy and infant health outcomes. **Jack Turman Jr., PhD**; 562-652-5471; jaturman@iu.edu; Jack Turman, Jr., Ph.D. (corresponding author); Department of Social and Behavioral Sciences, Richard M. Fairbanks School of Public Health; Department of Pediatrics, School of Medicine
Director, Grassroots MCH Initiative; Indiana University, 1050 Wishard Blvd, Room 6042, Indianapolis, IN 46202, USA; Telephone: 317-278-0354; E-mail: jaturman@iu.edu

ISSN 2789-5246

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