A Safe Landing

Supporting Reentry Efforts for Prisoners with Disability and Mental Health Needs in the Triangle Area

Client: Alliance of Disability Advocates of North Carolina (ADAnc)
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Executive Summary

Given the high rates of post-release recidivism among former inmates with mental health challenges, we draw on case studies to recommend three best practices that ADAnc can adopt in their service coordination and advocacy work in Durham and Wake Counties. First, ADAnc can prioritize connecting clients to wraparound services, coordinating and integrating ADAnc's own reentry services with additional services provided by other organizations. ADAnc can also adopt peer-to-peer support systems to significantly reduce recidivism for former inmates with mental health issues. Lastly, ADAnc can enable successful transitions into post-jail life by giving its clients access to a wider network of community resources and opportunities.

By integrating these three best practices into existing service provision and capitalizing on changes in local and state-level policies, ADAnc can better serve its reentry clients and position itself for long-term success. Additionally, ADAnc can leverage a long-term strategy and strong evidence in future fundraising efforts, and further build its capacity to advocate for and serve those it seeks to help.

Background

Mental Health Reintegration Challenges in North Carolina Jails

Inmates in North Carolina jails face a number of difficulties as they attempt to reenter society. While these difficulties are often exacerbated by disabilities, mental health, and substance abuse disorders,[1] a lack of statewide reporting standards or formal release and reentry practices means that clearly defining the scope of North Carolina's problems is difficult.

The most recent comprehensive assessment of North Carolina's jail population, published in 2014, found that at least 23 percent of the statewide jail population had a reported mental illness.[2] The rate varied significantly by county, with Madison County reporting no mentally ill inmates to Robeson County reporting 75 percent as having a mental illness. The present project focuses on Durham and Wake Counties, which reported jail populations with 26 percent and 46 percent having a mental illness, respectively.

To help improve reentry processes in North Carolina prisons and jails, the Office of Governor Roy Cooper drafted a State Reentry Action Plan (SRAP) in February 2018.[3] Beyond that, the Office of the Governor also convened ten State Reentry Council Collaborative (SRCC) workgroups to assess reentry challenges and make recommendations. Most relevant to this project is the Mental Health, Substance Abuse, and Medical workgroup, which submitted its recommendations in October 2018.[4, 5] A State Reentry Summit was convened in March 2019, and the state government is in the process of coordinating priorities between legislative, executive, and lobbying teams. Barring state-level policies, however, reentry in North Carolina is primarily managed at the local level by non-profits or other community organizations.

Best Practices for Reducing Recidivism Rates

For ADAnc to fulfill its mission of advocacy and care coordination, it must be able to identify and understand elements of a successful recidivism reduction program. The challenge is discerning how to reduce recidivism rates particularly for former jail inmates with mental health needs. To achieve this goal, we have distilled three best practices from a review of literature and research that ADAnc can pursue in care coordination.

1: Provide comprehensive outpatient treatment

ADAnc's mission aligns with the evidence-based best practice of providing wraparound, services, or the comprehensive process by which all members of a former jail inmates' treatment team come together regularly. ADAnc's clients face overlapping, compounding obstacles as they attempt to address both mental health and reintegration concerns, and it is critical to connect these individuals to care that addresses the full breadth of challenges they face post-release. In addition, ADAnc can increase its own programming for soft skill education and prioritize connecting clients to services that also teach these skill sets.

Wraparound Services

In Durham and Wake Counties, ADAnc can engage existing local support networks through Local Reentry Councils (LRCs): "organized network[s] of individuals and agencies that provide support and the coordination of services for justice involved individuals."[6] As part of the State Reentry Action Plan, the goal of LRCs is to connect individuals with services and support in areas including substance abuse treatment, transportation, childcare assistance, and housing. These wraparound services differ from many service delivery strategies because they are community-driven, comprehensive, strengths-based, and individual specific. As one member of Durham's LRC stated, "The vision is: one point of reentry. This is one place for a person coming out to go to have these needs met. This would be a safe landing for someone to help them."[7] A case manager assists with client reentry by developing a personalized plan, with a focus on mental health needs in addition to other core necessities. In addition to employment and housing sub-committees, the Durham LRC even has a designated sub-committee to address mental health challenges. Given that the LRC is still building capacity for these services, ADAnc can join these committee meetings to coordinate with other care providers and take an active role in advocating for the population it serves.

There are also programs in different states who focus on comprehensive care. Nebraska has implemented a program with priorities similar to those of the LRC model. The Matrix Intensive Outpatient Program (IOP) collaborates with behavioral health agencies to ensure program participants receive sustained access to services, including individual and group therapy, intensive case management, and relapse-prevention services. IOP counselors and case managers also facilitate voluntary weekly "coffee chats" for clients at local cafes, to talk through the struggles and successes experienced during the recovery and reentry processes. Ninety percent of program participants "receiving six months of post-release case management services had not recidivated."[8] ADAnc can advocate for clients to be connected to wraparound services like these.

There are other local efforts within North Carolina to ensure comprehensive service delivery. Carolina Outreach is a mental health provider that offers a wraparound style Community Support Team (CST). The team meets clients in the community to deliver services, even taking clients to various appointments, mental health and otherwise. When asked about a "gold standard" for reentry program, a crisis center therapist we interviewed mentioned that, "[she] would make sure that each person who is reentering society would have access to a CST team."[9] Having a care team to assist clients where they are is important for comprehensive treatment. Moreover, CSTs can incorporate former inmates that can advise and support clients in their reentry journey. ADAnc can advocate for former inmates with mental health needs or even serve as this coordinator for the areas they serve.

These case studies offer a useful framework for advocacy that ADAnc would be able to use in its interaction with donors and policy actors, as well as clients. These examples also demonstrate a broader point: maintaining a high amount of engagement with a client better shapes their reentry. Wraparound services are a holistic service delivery strategy that ensures that individuals benefit from a coordinated care planning process. The individual treatment services themselves are available in Durham and Wake County; however, the LRC is still working on connecting the field and ADAnc can support these efforts. Ultimately, ADAnc can ensure that its care coordination focuses on connecting individuals to a centralized process when transitioning from jail to post-jail life.

Soft-Skills Education

Comprehensive outpatient treatment also involves cultivating "soft skills" that can serve as a foundation for successful reentry. While there are countless barriers that promote recidivism, developing soft skills like communication and goal-setting can improve employability and integration prospects for former jail inmates. Soft skills like decision-making are increasingly included in outpatient services, and these skills often help reinforce the success of therapeutic and pharmacological mental health treatments. The "ability to learn new problem-solving skills is not easily evaluated because you can identify the absence of the skill, but not necessarily when it's being used,"[10] yet these skills are critical for reentry.

For example, Mark Salzer at Temple University is working to identify the soft skills necessary to properly integrate into the community.[11] His work recognizes that the lack of soft skills serves as a significant barrier to employment. A large body of evidence also affirms that these skills deficits are possibly even more limiting for employment prospects than the mental health symptoms themselves.[12] Salzer's research highlights the importance of empowering former inmates with mental health needs to develop the skills and perspective that promote community integration.[13]

Salzer's approach aligns with ADAnc's independent living philosophy of empowering individuals to make and achieve their own goals. Effective community integration relies on building on the strengths of these individuals, so they have the skills to "make decisions about what is best for them."[14] Given that ADAnc already offers a custom independent living curriculum that includes promoting communication and self-determination skills, ADAnc can extend and tailor these efforts to its formerly-incarcerated clients. These skills further reinforce the benefits of wraparound service provision, and by prioritizing soft skills development ADAnc can increase the efficacy of existing services. Beyond providing advocacy for wraparound services, ADAnc can provide assistance within its soft skill curriculum. ADAnc can educate its clients on the importance of developing these skills and provide increased programming opportunities for clients to practice these skills.

2: Utilize peer support in reentry efforts

Peer-to-peer support systems are an important best practice for reducing recidivism, and especially so for individuals with mental health problems. Peer support addresses the compounding challenges of both community reentry and mental health difficulties. ADAnc can utilize the success of peer support in their care coordination and advocacy.

Recidivism reduction

Peer support can be effective in helping individuals navigate the reentry process. Durham's Innovation Team, part of the city's Office of Performance and Innovation, has recognized the importance of peer support in its goal of reducing the root causes of inequity. Innovation Team Outreach Specialist Chuck Manning characterized peer support as "passing the baton...once you have the opportunity, you can change your morality."[15] According to Manning, peer support is able to provide hope for formerly-incarcerated clients, giving them the motivation to continue to work toward stability in their lives. That stability is different for each client – it might be employment, mental health services, or a combination of both. By meeting with a Peer Support Specialist who can share their experience, and reflect on their own successes, clients can see the opportunity to change and feel empowered to make their own decisions.

Manning mentions that after he returned home from prison, he was unemployed for nine months before he was offered a job. He points out that, while it was difficult, having a peer that was able to hear his frustrations played a major part in him persisting. Moreover, his Peer Support Specialist was able to point Manning toward resources that helped him acquire a job. Formerly-incarcerated clients with mental illness must address mental health care in addition to the regular challenges of reentry, compounding their frustrations. By sharing his experiences in a peer support role, Manning is able to "push people to be the best versions of themselves."[16] A peer support specialist who has faced challenges with mental illness could offer similar support for the clientele ADAnc serves.

Peer Support as a Mental Health Tool

Peer support is helpful as a mental health tool. A seminal review from 1999 identified several characteristics that undergird the utility of peer support.[17]

One characteristic is that shared life experiences between the counselor and individual can reduce social isolation by increasing the individual's understanding of their own situation. To this point, an inmate participating in a Pennsylvania peer support program (detailed in the following section) attested: "'[Peer Support Specialists] listen. They don't judge. They don't tell me what to do. They help me figure out things for myself. It's really good.'"[18] This support reinforces and facilitates the soft skill component outlined above.

Another key aspect of peer support is the 'flattening' of the formal patient-expert power structure, which fosters active participation from individuals seeking assistance. This also allows the participants to "serve as role models for newer members, provide feedback and assistance to

others, and receive feedback for their own efforts to address their problems."[19] This is especially important for mental health-affected former inmates, because reentry poses a challenge to their independence in decision-making that is exacerbated by common misconceptions about dealing with mental health challenges. The peer support system is successful in allowing the individual to tackle the challenges of reentry without forfeiting the development of important personal skills that ADAnc supports in their mission. ADAnc can use the peer support model themselves, or partner with organizations that do in order to coordinate their services.

Recidivism Reduction for Mental Health Challenges

Mental health issues significantly exacerbate the difficulties of reentry. A case study from Pennsylvania demonstrates the efficacy of peer support methods in addressing the compounded difficulties of reentry and mental health problems, although the program operates partially while the individuals are incarcerated, and perhaps only partially applicable to ADAnc.[20]

The program uses peer mentors as "Forensic Peer Specialists" who are capable of identifying with and helping to address the, "dual stigmas associated with serious mental illness and criminal justice system involvement."[21] Forensic Peer Specialists to equip individuals with, "the mutual support and practical case management assistance necessary to effectively transition into a community-based model of care following their release from the correctional facility."[22]

One core element of the Pennsylvania case study was visits to county jails prior to inmates' release with: "mental and emotional support and mentorship, as well as personalized case management assistance and release planning."[23] The program also coordinated classes within the jails, and follow-up visits that included: "an eligibility assessment for medical benefits and...connecting the consumer to community-based services."[24] A preliminary assessment of the program found that only 24 percent of participants recidivated, compared to the general rate of 46 percent and the 63 percent rate previously expected for inmates with mental illnesses.[25]

This level of involvement prior to release is not necessarily within ADAnc's capabilities, but they can incorporate the successful elements mentorship and personalization into their coordination, and they can advocate and coordinate with partners in providing pre-release programs in jails.

Another case study in Nebraska's Douglas County Jail identifies steps specifically within the post-release period that ADAnc can integrate into its peer support services. In the program: "The peer continues to meet with the [individual] in a place that is appropriate for his or her needs and assists with issues related to recovery and wellness including rides to and from appointments, 12-step meetings, and job searches, for example."[26]

Although the Pennsylvania program included pre-release programs, it highlights general principles that ADAnc can implement in its care coordination. In particular, this case demonstrates the value of local community partnerships and the importance of integrating peer support into existing recidivism reduction efforts.[27] These best practices can be adopted for pilot programs by service-provision organizations in the Durham and Wake Counties, and by ADAnc in coordinating partnerships and evaluating existing services. Additionally, ADAnc can utilize the specific best practices from the Nebraska case study as an approach to minimizing the recidivism associated with both reentry and mental health challenges as the core of their

advocacy efforts and in coordinating with other reentry assistance groups that may have better access or resources to facilitate direct involvement.

3: Focus on community integration

Comprehensive care goes beyond mental health treatment and peer support. It also includes reintegration into the community. To this end, an effective reentry program ensures that individuals are able lead stable, successful lives. Per Chuck Manning: "I want people to live, I don't want them to just survive."[28] With so much else in flux, community integration offers stability and enables clients to work toward short- and long-term goals.

Partnerships with Community Agencies

There are many programs that emphasize the importance of helping clients thrive, and not just survive. Colorado's Work and Gain Education and Employment Skills (WAGEES) program is emblematic of this approach. According to an Urban Institute report, "The program sets aside state resources for grants to community-led organizations that provide direct services to a local client base of formerly incarcerated people who are navigating the reentry process."[29] An intermediary provides technical assistance to community agencies and manages grant disbursement. Organizations have used these grants for a variety of services, including employment training, therapy, and transitional housing services.[30] As an advocate and care coordinator, ADAnc could lobby for the establishment of these grants or serve as a similar intermediary. In doing so, ADAnc could also advocate for wraparound services among different agencies.

Since its inception in 2014, the WAGEES program has proven a success: 62 percent of participants who were eligible for employment were verified as employed, and 76 percent of participants who participated in a skills program attained a credential. Moreover, only 2.5 percent of those beneficiaries have returned to prison.[31] These results show that programs can smooth transitions out of jail by providing opportunities for skill development and employment. Further, as the WAGEES low recidivism rate demonstrates, individuals are less likely to go back to jail or prison when they have vocational skills or stable employment. For those with mental illness, the routine of stable employment could also help with mental health care.

One of the integral aspects of the program is supporting organizations that are already embedded in the community. Indeed, "WAGEES community partners noted that their strong connection with the target client population helps them effectively deliver services."[32] Our interview with Chuck Manning reinforced this idea, as he noted that "a community can't be fixed from the outside in. It's got to be healed from within."[33] By engaging local community organizations, we expect more buy in and participation from individuals. These are typically non-profits or religious organizations who are already offering services in a community. As a local agency itself, ADAnc could coordinate community integration services with its local peers to increase the efficacy of service delivery.

Community integration programs have worked for years. The federal Ready4Work program, implemented in 2003 by the Department of Labor, has been a critical success in assisting formerly-incarcerated individuals attain employment. Operated by local community agencies in seven cities across the country, the Ready4Work program offered case management and employment services. Over half of Ready4Work participants found employment, and

recidivism rates were lower for participants than the general population.[34] ADAnc should emulate the models for success that WAGEES and Ready4Work offer when looking to increase community integration for their clients.

There are community agencies in Durham that could participate in a WAGEES or Ready4Work-type program. The Durham Innovation Team has piloted a few programs in the field of community integration, namely the DEAR program and the Welcome Home program. These pilots could be broadly implemented with WAGEES-type grants or Ready4Work-type federal funding. The DEAR program removes barriers to employment by assisting inmates with expungement and driver's license reinstatement. The Welcome Home program establishes a feeling of community by providing a basket of essentials (such as hygiene products and food) and a letter from the mayor to individuals upon reentry. If ADAnc wants to become a WAGEES-style intermediary, it should look to these programs as potential partners.

Moreover, these programs serve as an effective model for legislative advocacy. Both are partnerships funded by the state or federal government. Not only can ADAnc use the best practices from these programs in coordinating existing services, it can leverage these programs' success in order to solicit additional funding from policymakers and donors.

Partnerships with Universities

A key element of the Triangle-area community that has not been discussed yet is the area's colleges and universities, many of which are among the region's largest employers. Baltimore's Johns Hopkins University serves as an example of such an institution working proactively within its community to hire former inmates: Johns Hopkins "does not want to see individuals regain their freedom only to return to being incarcerated"[35] and supports the large body of evidence that people with criminal records are reliable workers.[36] The University instead looks at an applicant's record in the context of the responsibilities and roles of specific jobs. For instance, "an individual with a drug-related conviction who is still enrolled in treatment might be well-suited for an administrative or facilities position, but not for an in-patient pharmacy tech job."[37]

Although data on this endeavor is preliminary given its newness, Johns Hopkins is a compelling model of a university understanding its role in reducing recidivism. Duke has not made such an effort, and ADAnc can work to advocate for such a partnership. In fact, the top priority of the employment sub-committee within the Durham LRC is to establish such a partnership with Duke's University. ADAnc can leverage the success of programs at Johns Hopkins to promote the benefits of hiring former inmates as a workforce strategy.

Limitations

A core problem in evaluating the situation in North Carolina, and by extension Durham and Wake counties, is the lack of consistent data-collection and -reporting standards. Combined with restrictions of data-sharing between service providers and coordinators, this means that many of ADAnc's operational and advocacy challenges are reducible to questions of missing information. Policy interventions have been proposed that would help mitigate these challenges in the future, but present decision-making is constrained by the availability of information.

Missing Data

Missing data presents two key obstacles as ADAnc looks to implement this report's recommendations. First, a lack of available data obscures the scope of the problem being addressed, and second, data reporting and privacy standards make service coordination more difficult.

In terms of scoping the problem, the most salient information gap is the number and identifying qualities of incarcerated individuals with mental illnesses. Even in existing data, high degrees of variation go unexplained while an absence of supporting data precludes even the most rudimentary analysis. This could be mitigated over time with internal data collection or through data-sharing with other organizations, but without additional data ADAnc and other organizations are limited in their ability to design targeted policy interventions.

Privacy standards and restrictions on information sharing also prevent certain programmatic interventions. Although coordination with other organizations will prove critical to ADAnc's long-term success, HIPAA and other privacy regulations preclude the sharing of much client information. Furthermore, ADAnc is barred from accessing most of their clients' medical information at all as they are not a medical service provider. HIPAA and related regulations are almost certain to remain unchanged for the foreseeable future and will continue to compound the difficulties of inter-organization service coordination.

Potential Changes

While HIPAA is unlikely to change any time soon, there has been wider discussion about the transparency, quality, and availability of criminal justice data. The Stepping Up Initiative, for instance, is a national campaign working directly with counties to develop the data systems necessary to reduce the mentally ill jail population.[38] At the state level, several SRCC recommendations have suggested expanding data collection and sharing.

Opportunities for Advocacy

In spite of the challenges ADAnc faces, the legislative and political landscape in North Carolina and Durham provide opportunities for ADAnc to participate in advocacy and policy development. LRCs and other local initiatives offer ADAnc the opportunity to quickly become involved in ongoing reentry work, and legislative initiatives following from the Governor's State Reentry Action Plan offer opportunities for ADAnc to advocate for policy changes that will position the organization for long-term success. Further, the potential expansion of Medicaid could greatly help the populations ADAnc looks to serve, and would multiply the impact of other state, local, and non-profit programs.

Local Initiatives

LRCs across the state are prime opportunities for ADAnc to coordinate with a wider ecosystem of local non-profits and forge partnerships with similarly-motivated organizations.

Durham's LRC has shown itself to be particularly effective, and the network of LRCs across the state could provide critical organizational infrastructure as ADAnc looks to expand the scope of its reentry services. While some LRCs, such as Durham's, are partially grant-funded, state resources are being directed to ensure that funding continues for the foreseeable future.

In addition, the Durham Innovation Team is actively pursuing a number of well-evidenced policies that would support ADAnc's work, in particular the DEAR Program and Welcome Home. By providing its clients with resources upon reentry and expanding access to state IDs, coordinating with these initiatives could allow ADAnc to work more effectively within the city.

Pending Legislation

On the legislative front, two of the Governor's signature initiatives are relevant: the proposed expansion of Medicaid, and the SRCC/SRAP. Medicaid expansion continues to be politically unwieldy, though there has been movement among Republican members of the state legislature.

More promising is the continued work of the State Reentry Council Collaborative. Having now processed work group recommendations, the policymakers are moving into legislative development. A March 2019 strategy memo details several key priorities relevant to ADAnc's goals: expanding expunction eligibility and granting greater access to training and mental health programs; allowing for driver's license restoration and tightening requirements for initial suspension; and automating the payment and dismissal of minor charges and unpaid fines for (formerly) incarcerated individuals. The memo lists expanded LRC funding and fee waivers for government IDs as additional, albeit lower, priorities.

Concluding Remarks

ADAnc is well-positioned to expand its services and coordination locally. By working within the existing LRC framework and developing programs with consideration to the three recommended best practices, ADAnc will be able to target services to its clients more effectively, while referring them to a comprehensive network of additional service providers. Ultimately, by focusing on coordinating wraparound service provision with emphasis on peer support and specific community integration initiatives, ADAnc can help their clients acquire the skills and resources necessary to achieve more successful reentry efforts.

This, combined with pending state-wide policies, should allow ADAnc to provide more effective services in both the short- and long-term. Additionally, ADAnc can leverage both strong evidentiary support and a strategy for the future in fundraising efforts, further strengthening the organization's capacity to serve its clients.

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