CHW Approaches and Innovations Areas of Focus

What Works:
CHW-led Innovations and Approaches

Key themes in CHW approaches and innovations and selected case examples are described below according to each of the CHW Approaches and Innovations Areas of Focus.

Community is at the center of CHW work and innovation. CHW-led innovation across all domains is community-driven, informed by deep understanding of the community served, builds relationships and partnerships across sectors and expertise, prioritizes the desires of the community, and ensures community buy-in and accountability to the community served.

CHW-led efforts and innovations may operate along the continuum of prevention. While some innovations aim to address **individual health and social needs** (e.g., access to healthcare, diabetes management), others focus upstream through **program development and improvement**, targeting multiple social determinants of health, building community infrastructure or advocating for **policy or systems change**.

WHAT WORKS: CHW APPROACHES TO SERVING PEOPLE IN RE-ENTRY

Trust enables CHWs/peers to build positive connections through which health information, honest communication, health behaviors, and connection with resources can be supported.[29] The quality of this relationship is essential to the positive outcomes observed in CHW interventions.

CHWs/peers described several examples of "what works" in building trust with community members in reentry, as the foundation to addressing health and social needs, including:

- Deep connections within the community, knowledge of community partners and resources
- Speaking the "same language"
- Lived experience as expertise: "We are the people we serve" or "I am who I serve"
- Sharing lived experience of incarceration helps clients feel more comfortable

Best practices and emerging innovations across all areas of focus are essential for meeting the challenge of solving cross cutting and longstanding health inequities.

- Care, patience, compassion, understanding, collaboration, follow-through
- Continuity and consistency – "support every step of the way"
- Transferring knowledge and education to the community

Two key ingredients: Relentlessness and caring relationships

- **Relentlessness:** CHWs discussed the importance of being relentless in addressing the complex needs of people in reentry due to overlapping MH/SUD, housing, food, legal and safety needs, the trauma of incarceration and the challenges of reentry itself.
- **Caring relationships:** CHWs, especially those with lived experience talked about the way of relating with clients in a way that helped people feel they were not alone. This was described as like family, a professional but deeply caring relationship that helped people feel supported.

WHAT WORKS ACROSS DOMAINS

INDIVIDUAL HEALTH AND SOCIAL NEEDS

CHW/peer survey and listening session participants described many elements of "what works" in serving people in reentry. While this toolkit focuses on behavioral health needs, CHWs/peers described how immediate needs for things like safe housing often must be prioritized over other pressing needs. Basic needs and HRSN are essential components of successful reentry. CHWs promote successful reentry and access to behavioral health care by addressing the range of overlapping health, social and resource needs, bringing a deep understanding of the many challenges of reentry. Examples of "What Works" in addressing HRSN include:

Immediate basic needs: CHWs/peers working with people in re-entry are often must balance competing priorities between addressing immediate basic needs (e.g., food, shelter, transportation, legal system requirements) and ongoing or long-term needs (e.g., permanent housing, employment).

- Due to the number of competing needs, CHWs/peers discussed having to prioritize immediate needs sometimes at the expense of being able to focus on medium and longer-term re-entry needs.

Transition needs: While leaving prison represents a positive milestone, it can be extremely challenging and stressful. In addition to addressing client material and healthcare needs, CHWs/peers described the urgency of social and relational needs for people in reentry.

- Drawing on their own lived experiences of incarceration, CHWs/peers emphasized the importance of rest, social support and time to mentally adjust - limited time when people don't have to worry about food and shelter or obtaining employment to allow for social and emotional adjustment during a stressful transition.

Mental health and substance use: CHWs/peers help clients access mental health or substance use treatment when needed and provide essential emotional support, health education, as well as hope, encouragement, and belief in clients.

Social support and connection: The relationships CHWs/peers build and impact of CHW/peer support was often described as like a family relationship rather than a distant clinical relationship.[30] The trauma of incarceration and difficulty of reentering society are personally and deeply understood by CHWs/peers.

- This understanding allows CHWs/peers to anticipate and flexibly respond to individual needs and prepare them for the many material, psychological and social steps required for re-integration into the community.

POLICY

CHWs engage in policy advocacy as individual experts, organize other CHWs and providers to advocate, and educate policymakers about the needs of community members and strategies to improve the health of their constituents. For people in reentry, CHWs described advocating for changes to laws related to housing barriers and funding, and shared personal stories with policymakers to educate them.

COMMUNITY

CHWs build community and social connection and cohesion, key social determinants of health, at a time when the U.S. Surgeon General has reported an epidemic of social isolation,[31] build capacity within communities and mobilize community members to address community needs and advocate for public health priorities.[32]

PROGRAM

Program-level innovation includes improving the way a program serves clients, advocating for changes to the way something is done (e.g., advocating to make a program trauma-informed or culturally relevant) and starting new initiatives or organizations to address unmet community health needs. CHWs spur innovation and improvement in existing programs by advocating for changes, contributing their expertise, and drawing on lived experience to transform the way programs operate.

Several program components were seen as representative of "what works" on a program level including building essential (but not directly funded) operations components into program budgets and MOUs/partnerships with trusted and culturally responsive healthcare systems. In addition to program delivery, ensuring CHWs are paid a living wage (and especially that CHWs should not need to work multiple jobs) reflects an essential and foundational program/organizational priority.

CHW-LED INNOVATION: CHW'S LEADERSHIP VOICE TO INNOVATE

We selected case examples of CHW -led innovations highlighting the strengths, assets, barriers and potential to transform and improve health among people in reentry. Case examples were selected from among WWTS respondents, word of mouth recommendations, and a landscape scan to identify, of CHW-led efforts.

Almost half (21 out of 51) of survey respondents shared examples of innovative work they took on to address the health and social resource needs of their clients and communities. These innovative efforts included advocacy to add components to or change approaches of existing programs, developing new programs or organizations, and engaging in policy advocacy to address upstream SDoH.

ADVOCATING FOR PROGRAMS TO ADOPT TRAUMA-INFORMED CARE

CHW leader: Wanda Price, Des Moines, Iowa

A critical form of innovation carried out by CHWs is advocating for changes within programs to improve the way services are delivered and transform organizations to more effectively accomplish their missions.

While working at a recovery house organization for people with MH/SUD, many of whom were returning from incarceration, Wanda was concerned by the way clients were moved through the program. The organization was not using person-centered language, trauma-informed care or collaborative practices like motivational interviewing. People were returning to the streets or substance use, which led to additional incarceration because their mental health needs and trauma weren't being addressed.

"They were no longer incarcerated, and they shouldn't be treated as such."

Wanda, a CHW in recovery herself, knew she had to do something to improve the services. Wanda found allies and began advocating for a trauma-informed approach within the organization. She explained that the organization needed to stop "talking down" to people and instead meet people where they were at. Wanda explained data on trauma, recidivism and reentry to demonstrate the need for change to agency leadership. Wanda's advocacy was mirrored in shifts at the state level. State funding mandates have shifted to include a focus on trauma-informed care.

The agency is now working on adopting these key components of trauma-informed care and training agency staff accordingly. A more person-centered approach supports clients by addressing intersecting and concurrent reentry, substance use and mental health needs.

FORMERLY INCARCERATED PEER SUPPORT (FIPS) GROUP

CHW leader: Thad Tatum, Louisiana

The need for innovation: Mental health needs during reentry extend beyond accessing behavioral health treatment. Along with the high levels of trauma that is common before incarceration, the stresses, challenges, isolation, and trauma of incarceration and reentry are experiences that only those who have lived it truly understand. In addition to high rates of SMI, these additional mental health burdens are even more prevalent.

Knowing that the best support comes from others who understand, Thad Tatum started the Formerly Incarcerated Peer Support (FIPS) Group to help peers help each other in reentry. When he got out of Angola Prison in Louisiana, Thad experienced many common challenges of reentry. Along with a small group of peers, Thad built a peer support curriculum focused on helping people navigate these challenges.

The challenges of reentry are often daily, many of which may seem automatic for others can present significant challenges from paying bills to learning new technology. In addition, the survival skills that help people survive prison can be a liability in the outside community. For those who have been incarcerated for decades, entering this new world can be full of roadblocks.

For African American men in particular, talking about mental health can be stigmatized and there is historic mistrust of mental health providers. Thad sees his job as one of lessening that fear, and providing space for them to talk about their mental health.

Thad explained his own challenges adjusting mentally after incarceration: "the stuff we had to endure being in a place like Angola…when I first went there it was a few years removed from being the bloodiest place in the nation. To have a mind to adjust to that kind of environment, it was confined in that violent environment. You can't escape it there."

Now home for 12 years, Thad continues to facilitate FIPS bi-weekly. Some of the group members have been incarcerated up to 60 years, with a median of 18-20 years.

Why is it innovative? The first and only peer support curriculum developed by and for formerly incarcerated people (FIP), FIPS' motto is "Us helping Us." A peer-led, peer-designed support group focused on the common challenges represents a promising innovation for supporting the mental health and adjustment of formerly incarcerated people.

The curriculum addresses common mental health related challenges during reentry such as culture shock, authority and managing conflict, relationships, parenting skills, managing basic needs and responsibilities. FIPS curriculum guides the group, but the discussion is open and includes common challenges such as substance use, housing, social networks and more. Outside of the group and the curriculum, Thad takes care of his community. He remains aware of

group members who might be struggling or relapsing and provides support and listens proactively and serves as a trusted peer and resource. Thad also trains peers to become peer support leaders.

Challenges: Despite substantial national attention and accolades and two peer-reviewed articles,[33-37] FIPS remains volunteer-led. A lack of dedicated funding for this work has meant that Thad's leadership as a peer CHW is completely uncompensated. While Thad's mission and dedication keep him focused, funding remains needed to enable him to sustain this work to build sustainable reentry support pathways, educate others around the country about his curriculum and approach, and ensure he can support himself to continue this essential service.

IMPACT:

Thad's work has been published in peer-reviewed articles which demonstrate positive impacts. Research has found FIPS to be associated with critical social and mental health-related needs including feelings of acceptance, improved insight and ability to manage triggering situations and stressors, and better ability to navigate relationships with people who have not been incarcerated.[33]

"We trust each other, we talk about things it's almost impossible to talk about with others—people who haven't been through what we've been through. We feel more comfortable knowing we can talk about it in a group. We don't have to worry about it going outside the room."

ST. JOHN'S COMMUNITY HEALTH, REENTRY INTEGRATED SERVICES, ENGAGEMENT, AND EMPOWERMENT (RISE)

CHW Leaders: Jackie Morris & Yoselin Tovar, Los Angeles, California

The Reentry Integrated Services, Engagement, and Empowerment program (RISE) at St. Johns Community Health provides comprehensive services and support to people returning to the community following incarceration. Started in 2017, RISE employs a team of 10 CHWs and peers, all of whom have lived experience of incarceration.

Jackie Morris, RISE Program Manager, was hired about five months after leaving prison after spending 40 years incarcerated. He now leads a team of CHWs/peers helping others successfully return to the community. Along with a close ally, Chief Programs Officer Elena Fernandez, Jackie and team members built RISE to what it is today with strong support of RISE leadership committed to hiring people from the community to serve the community. This is essential to the effectiveness of their work and ability to help clients navigate reentry because "[the CHWs/peers] all have had the same needs themselves."

RISE addresses the social determinants of health (SDoH) by providing comprehensive case management services for individuals immediately upon reentry, helping connect people with medical care and mental health care, "working outside the box" to address all clients' needs as best as they can. RISE holds a peer CHW led support group for formerly incarcerated people (FIP), allowing them a space to connect with others, share experiences and also connect with case managers.

Clients' needs depend on how long they have been incarcerated. The longer people have been out of the community the more needs and barriers they experience during reentry. The three prongs of RISE address the range of typical needs seen—housing, employment

"CHWs are the tip of the spear, foundation and backbone of reentry. The other programs are follow ups from seeing a CHW."

and connection to behavioral health services. Many of their clients need mental health care due to the trauma of incarceration, though some are more profoundly impacted than others. CHWs help with enrolling in healthcare, SSI, prepare people for employment and job search, and meet individual needs through relentless advocacy. As Jackie says, "if St. John's Community Health doesn't have a resource to meet a client's need, the CHWs go out and find it in the community."

RISE also helps connect people with legal services to help with things like expungements and immigration paperwork. RISE CHWs are trained in motivational interviewing, harm reduction, and cultural sensitivity.

IMPACT:

RISE has housed 185 formerly incarcerated people, all of whom may not have had a roof over their heads otherwise. With the support of Jackie and his team, they can now focus on longer term goals, like saving up to purchase a vehicle and setting themselves up for successful reentry.

"We have success stories daily" – Jackie Morris

Stories are how RISE really learns about its impact. The stories are "innumerable" and the impact often can't be fully captured in data and metrics. Even what might seem like small things such as providing an answer to a question can be impactful—"for somebody that has nothing, even a little something improves their lives."

"Our goal is to serve the entire community as if they were family members themselves"

JOURNEY OF HOPE UTAH

CHW leader: Shannon Miller-Cox, Founder, Starsha Vario, Acting Executive Director

The need for innovation: Incarceration does not occur in a vacuum. Without sufficient support, adverse childhood experiences (ACEs) and trauma due to community and gender-based violence, domestic violence and sexual assault (DV/SA), human trafficking, as well as other ACEs, too often lead to cycles of substance use and then arrest and incarceration.

If formerly incarcerated women don't receive care for these underlying needs, and with felony convictions, they can't get housing, jobs, and other needs to safely reenter the community.

Journey of Hope (JOH) sees that the majority of women in prisons have been incarcerated due to the cumulative impacts of poverty, racism, trauma and resulting addiction and homelessness. In Utah, this is exacerbated by strict laws - it is a felony to shoplift three times, even for as little as a water bottle, or snack for a child. The resulting system costs and taxpayer burden are enormous.

About: Shannon Miller-Cox started Journey of Hope Utah 10 years ago and has seen it grow into a worker-led organization to address and interrupt the ACE to prison pipeline, and the racial and health injustices that have defined the status quo in the U.S. for decades. Many of the clients they serve are survivors of childhood trauma in addition to traumas like gang violence, human trafficking, and sexual violence.

"The sooner you intervene the less work you have to do in the long run."
- Shannon Miller-Cox

As CHWs and survivors of trauma, Shannon and Starsha draw on their lived experience to better understand the needs of the community. JOH aims to combat the deeply ingrained racial and health injustices that perpetuate the ACE to prison pipeline among the people they serve, the broader community and state, and within the worker collective itself.

To this end, JOH has developed a trauma-informed care (TIC) community health model integrating and person-centered, evidence-based practices and community partner development to ensure wrap-around, holistic, collaborative care for people returning from incarceration.

Key programs and approaches include:

HOPE Prison Mentoring Program provides CHW case management for women in reentry using an evidence-based, trauma-informed and gender-responsive approach, the Women's Case Management Model. The program matches women with peer mentors 3–6 months before release to plan for transition, and up to 12 months following to help navigate the many health and social resource needs. To prevent gaps in which women can fall through the cracks, mentors "walk them out of prison," perform case advocacy, and help them find safe housing and safe employment.

"We wrap holistic care until they don't need us anymore. We walk with them until they can do it for themselves."
- Shannon Miller-Cox

CARE Triage Community Support: Women, youth, and LBGTQIA individuals in the community can contact JOH for support including: social resource needs - housing support and navigation; employment support, training, and navigation; legal support—divorce and domestic violence, protective orders, child and family reunification supports, interacting with law enforcement; addiction and mental health support—medication management and relapse intervention supports.

Survivor Emergency support and navigation: for women fleeing DV/SA (domestic violence and sexual assault) as well as sexual exploitation and human trafficking.

Partnerships are a core strategy to ensure that marginalized communities across the state have access to JOH's expertise and services. Partnerships include:

- PIK2AR, a CHW-led organization serving NHPI community members.
- Utah Department of Corrections (UDC) – Referral and transition planning and support for reentry. JOH's founder had previously trained 150 UDC agents to incorporate trauma informed and gender responsive approaches into their work.
- JOH serves on several Anti-violence task forces, including UTIP (Utah Trafficking In Persons) Task Force with the Utah Attorney General's Office; with UDVC (the Utah Domestic Violence Council);and UCASA (Utah Coalition Against Sexual Assault).
- DAY WON/Salt Lake DA Peace Circle Collaboration - JOH partners with formerly incarcerated former gang members teaching healing peace circle practices to youth in collaboration with the Salt Lake County District Attorney's office. These amazing men and women are helping to transition youth out of gangs, stop gang warfare in our communities, and go into the Utah State Prison with JOH to do healing peace work inside the prison.
- Project Rainbow, Flourish Counseling - JOH provides affirmative support, mentors, and the partners for LGBTQIA community, provide an understanding of the ACE to Prison to Early Death pipeline so they can fully support the holistic health needs of their community as a whole.
- Utah Women's Empowerment Project - Partner in addressing women's economic disempowerment, violence in the community and more.

Why is it innovative?: JOH represents a transformative approach to addressing the cycles of ACE trauma, incarceration and mental health and substance use (i.e. ACE to prison to early death pipeline) that are a hallmark of the intersectionality of gender, racial and health injustices built into the criminal justice system.

Equity is built into the organizational structure. As a worker co-op, JOH shares leadership and decision making to ensure equal power among workers which includes women from marginalized groups, disabilities, survivors, and who are formerly incarcerated. An equal starting livable wage (i.e., equitable pay), equal vote in decision-making when possible, and democratic leadership selection represent innovative approaches to seeding equity into all aspects of organizational structure. This structure flattens hierarchies that can sow distrust and cause retraumatization not just in relation

to the community they serve but also within JOH as an organization. Everyone in the organization takes a leadership role in some part of the organization and with community partners, when they are ready and equipped.

Partnership development and community health infrastructure - JOH has built partnerships across the board - from grassroots CBOs to government agencies to help establish a strong statewide infrastructure for collaboration.

Challenges: Like most small CBOs, JOH relies on funding mechanisms that often are siloed, piecemeal or short-term. To build in sustainability, JOH has sought to integrate braided funding and continues to seek partnerships to build sustainable infrastructure, so it can continue to focus on doing what it does best - helping some of the most marginalized members of the community to get on their feet, heal, and return to the community safely and sustainably.

What's next? JOH continues to expand its services to reach the most marginalized women, men and LGBTQIA+ individuals in the community. Current plans include:

- JOH is expanding outreach to Weber County, where almost 60 percent of women in state prisons come from, stemming from the legacy of redlining and discriminatory policies.
- Ensuring trauma responsive supervision and support for all of its workers due to the extent of vicarious trauma they experience.
- JOH is seeking to expand programming to support victims of trafficking and to prevent further trafficking of vulnerable youth
- JOH is adding peer leadership classes, process support groups, and additional programming to support the trauma-related mental health needs of its clients.

IMPACT:

In 2023, JOH served over 300 active clients and their families, fielded 139 DV/SA/HT crisis calls. Hope Prison mentoring program has seen 17% recidivism in three years, far below national averages, and the state's recidivism rate of 80%, one of the highest in the nation. JOH's evaluation has found that they have saved state taxpayers millions of dollars over the last ten and a half years with the HOPE Prison Mentoring program alone.

JOH's successes can also be seen in requests for referrals, training and expansion of its services. The Utah DOC has requested that JOH bring their program to the men's system, and JOH is now adapting their evidence-based principles and practices for the men.

THE IMPACT OF TRUST, RELENTLESSNESS, AND CARING RELATIONSHIPS

HANNA'S STORY*

Hanna is from a small rural community in the northeast side of the great State of New Mexico. Hanna experienced several adverse and traumatic experiences as a child and an assault as an adolescent, but she persevered without support. Hanna now has three school-aged children. Hanna was in a marriage with a long history of domestic violence, which escalated until a particularly rough fight broke out that led to her incarceration.

Hanna was sentenced to state prison, where she would serve over 10 years. During her stay, she was shuffled around from housing unit to housing unit. Hanna was diagnosed with a serious mental health condition and was required to take several psychiatric medications for the duration of her sentence, which left her feeling sedated and on edge. Despite her needs, she did not receive any therapeutic treatment. Hanna did not receive any visits while incarcerated and had very limited phone communication with family members. Once her time for release came up, she was told that due to her behavioral health needs, she would have to find a treatment program and would not be able to return to her hometown.

While incarcerated, Hanna had heard stories of a woman who had spent most of her life incarcerated at the women's facility where Hanna was held, and who had opened a transitional living home for women since getting out. This story was talked about all over the prison, in hallways, at med-line or during chow call. Hanna decided to apply to this transitional living home. Finally, her much anticipated release day had come. Hanna was shackled by her hands and feet; she was placed in the back of a department of corrections box truck, anxious and scared. Arriving at the program after a decade of the daily stresses of incarceration, Hanna was in a state of trauma – with high anxiety and very fearful and mistrusting of those around her.

Outside of the transitional living home, Hanna had no place to live, no financial resources, and could not pay rent. Due to her mental health needs, Hanna has trouble maintaining compliance with her probation and parole visits, which leaves her at risk of further legal system involvement or even reincarceration. She also has tremendous difficulty with managing basic needs like hygiene as well as forming relationships with peers.

CHWs at the program, through trauma-informed approaches centering patience, kindness and consistency, have supported Hanna to slowly build a new life for herself and to learn to cope with her mental health needs. For example, a CHW at the program works with Hanna daily on coping with her anxiety and teaches basic life skills using creative

approaches. Hanna has applied for services and resources with assistance of the CHWs including social security, individual psychotherapy, and psychiatric medication management. Hanna also attends a support group where she can speak about and receive support around her experiences from a group of women who have had similar experiences.

Each day, she is beginning to acclimate to the world around her, something that can take significant time for people in reentry after long incarceration. Hanna is learning new skills daily and talks about her needs with the program's CHWs. While she still struggles with her mental health, she has only needed to access crisis services once, has not fallen back into substance use, is on a more therapeutic and stable medication regimen, and receives regular outpatient psychotherapy to manage her mental health. With the support of the CHWs, she is beginning to see long awaited family reunification.

This is a composite of some of the many stories that CHWs see daily working with the reentry community. It is hard to imagine what Hanna's story would be to this day if she did not have the support of a CHW-led transitional recovery home.

** Hanna's story is a composite story, which blends common experiences among clients served by transitional living program led by CHW/Peer and SME Renee Chavez-Maes.*