Reentry from the Inside

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No matter what length of time someone spends behind bars, once they begin the reentry process, things can become overwhelming quickly. As a formerly incarcerated person transitioning back into the community, we must juggle things like probation requirements, behavioral health program and treatment plans, gaining employment, and sometimes family reunification with our children.

As a formerly incarcerated person, we are challenged with first things like acquiring basic needs, shelter and community support. Some can adapt quickly as some may take longer. From the first day of our release, we are mandated by the justice system to find a way to the probation and parole office. Once we are there, we must spend at least two hours filling out paperwork, providing a uranalysis, and taking a photograph to attach to their file. Formerly incarcerated people are required to have a phone, address and be able to call the UA line daily and check in one to three times a week.

All of this may seem manageable and may just take some creative calendar innovations, right?

Ok, what if you don't have any family support, transportation, a phone, finances or life skills. How do you navigate a complex system without any of these things in place? Well, if we look at our recidivism rate within our state. You don't. Most of the time you just give up. Some of our returning citizens will find themselves discouraged, homeless, hungry and without support. So, they stop checking in with their probation officer and go back to the neighborhood in which they are familiar with and end up using some sort of substance to self-medicate. Once this happens, the formerly incarcerated person will likely stop trying, and checking in with the reentry system. This is one of the vicious cycles of addiction and re-incarceration. Between 2018–2019 the state of New Mexico had approximately 6,700 males and 768 female incarcerated persons in adult prisons.

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BACKGROUND

CHWS/PEERS AND REENTRY

CHWs serving people in reentry often draw on their own lived experience of incarceration and reentry and have many different titles including CHW, peer support specialist (PSS), forensic peer specialist, peer outreach worker, peer mentor, re-entry specialist, peer navigator, peer health educators, peer recovery coaches.[1]

> *For the purposes of inclusivity, we use the terms CHW/peer in this toolkit; however, we recognize and acknowledge the efforts to further define distinctions between CHWs and peer support workers [2] and do not aim to make a statement on this distinction for the purposes of this toolkit.*

CHWs and peers are sometimes discussed as separate professions due to distinct training, professional development, advocacy and oftentimes funding mechanisms.[2] Peers share lived experience of incarceration, and sometimes with mental health and/or substance use (MH/SUD) and trauma. CHWs may share other experiences or communities with clients, and do not necessarily have experience of incarceration or mental health and/or substance use disorders (MH/SUD), though they often do.

In the literature and in the combined practice experience of our advisory, the distinction between CHWs and peers is frequently blurred and there has been a lack of consensus on the distinctions.[2] Many move fluidly between peer and CHW roles or combine aspects of each role in practice, "creating a more fluid, complicated workforce than the separate titles would suggest." [3] The titles are often used interchangeably and CHWs/peers are often seen as part of the same professional workforce.[1,3]

CHW/PEER ROLES SERVING PEOPLE IN REENTRY

CHWs/peers including many with lived experience of incarceration actively support individuals returning to their communities after incarceration.[4,5] CHWs/peers work across multiple systems and often address needs for MH/SUD treatment access along with a range of other healthcare and health-related social needs for people in reentry.

CHWs not only are positioned to provide essential linkages and support for individuals reentering the community, CHWs also have been highlighted for their potential to transform systems including public safety and mass incarceration due to their proven effectiveness and participatory care model.[6]

MH/SUD support extends beyond connecting clients with services like therapy, psychiatry, and mental health treatment programs. CHWs/peers see mental health as part of a whole person, impacted by trauma, and is interwoven with social and resource needs. Development of a trusted, caring relationship with a CHW/peer who deeply understands the challenges of reentry, having been through it themselves, provides an invaluable health service with potential to improve health outcomes, reduce system costs, and interrupt cycles of trauma. CHWs/peers are being trained

and deployed to support people in reentry nationally.[7-9]

CURRENT STATE OF HEALTH EQUITY FOR PEOPLE IN REENTRY

At a rate higher than any other country, almost 2 million people are incarcerated across state and federal prisons, jails, juvenile corrections facilities, and several additional criminal legal systems, costing almost 200 billion dollars per year. Over half of this population is in state prisons. [10]

A "civil rights, human rights, and public health crisis" mass incarceration continues systematic racial injustice that can be traced directly back to slavery, colonization and socioeconomic oppression. Black and Native American, and Hispanic communities are disproportionately impacted.[11,12.] The prison system has been called the de facto mental health system or the "new asylums" due to its role disproportionately capturing people with mental health and/or substance use (MH/SUD) conditions[13,14]

SOCIAL DETERMINANTS (SDOH) OF HEALTH AND HEALTH-RELATED SOCIAL NEEDS (HRSN)

Incarceration is harmful to mental and physical health and social support networks. The trauma of incarceration felt by those in reentry has been given a name—post-incarceration syndrome (PICS)—to describe the harm caused by incarceration in the form of mental, emotional and social difficulties for those re-entering the community.[15] In addition to the loss of autonomy and removal from the community, conditions like overcrowding, exposure to violence, and solitary confinement can worsen mental health and cause trauma.[15]

Physical and mental health (including substance use): People returning from incarceration have high rates of the following:

- physical health needs, infectious and chronic health conditions
- mental health conditions
- substance use and risk of overdose
- social, service, and resource barriers (reduced wages, barriers to housing)[16]

Mental health and substance use: Despite high rates of MH/SUD (including trauma), mental health treatment options for people in reentry are limited and fragmented. Formerly incarcerated people are at risk of getting trapped in the "revolving door" between community, homelessness, MH/SUD, emergency services, and incarceration, a continuation of the adverse childhood experiences (ACE) to prison pipeline.[17]

Access to behavioral healthcare: Mistrust of mental health providers, prejudice and discrimination, and cultural barriers can further challenge access to needed care. People with

Mental health and need for mental health services was the most commonly identified health issue facing the clients of CHW survey respondents (98% of respondents) followed by access to healthcare (88%), trauma (82%), and substance use and need for substance use treatment (80%) and lack of social support (73%).

severe mental health conditions, often referred to as serious mental illness (SMI), and those with co-occurring mental health and substance use disorders experience additional challenges accessing needed supports and treatment.[11]

Due to the high rates of MH/SUD in the reentry population, this toolkit focuses on the roles of CHWs/peers in serving people reentering from incarceration with a focus on MH/SUD.

Immediate basic needs and health-related social needs (HRSN): The most common client HRSN reported by CHWs/peers were housing and poverty/cost of living (86% respectively), followed by food insecurity (78%), job opportunities (76%) and reentry specific challenges (65%).

POLICY AND PRACTICE LANDSCAPE

Peer support (e.g., peer mentoring, peer education) has been used widely to support individuals while incarcerated and in reentry.[18-22] CHWs with lived experience have been deployed through national initiatives such as the Transitions Clinic Network to support people returning to the community and CHWs have been highlighted as offering a promising approach to improve health and help people avoid adverse outcomes.[23]

Despite their effectiveness in serving people in reentry, CHWs/peers with experience of incarceration face barriers to certification, complex certification requirements and barriers to employment.[23]