

Reentry and Continuing Care: Building Networks of Community Support

Hampshire County Sheriff's Office, Massachusetts

South Carolina Department of Corrections

Advocates for Human Potential, Inc.

This event was supported by Grant No. 2017-AR-BX-K003 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the U.S. Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this presentation are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Learning Objectives

After this session, participants will be able to:

- List at least three reasons why reentry and continuing aftercare services upon release are vital to the health of the reentering individual and the community
- Describe how reentry needs can be planned for and met prior to release
- Name at least two potential collaborative partners within your community or region that could expand aftercare support for people released from the local jail and/or prison within your community or region

Quick Poll

What do **you** think is the **MOST** important reentry issue/concern for individuals just released from prison/jail?



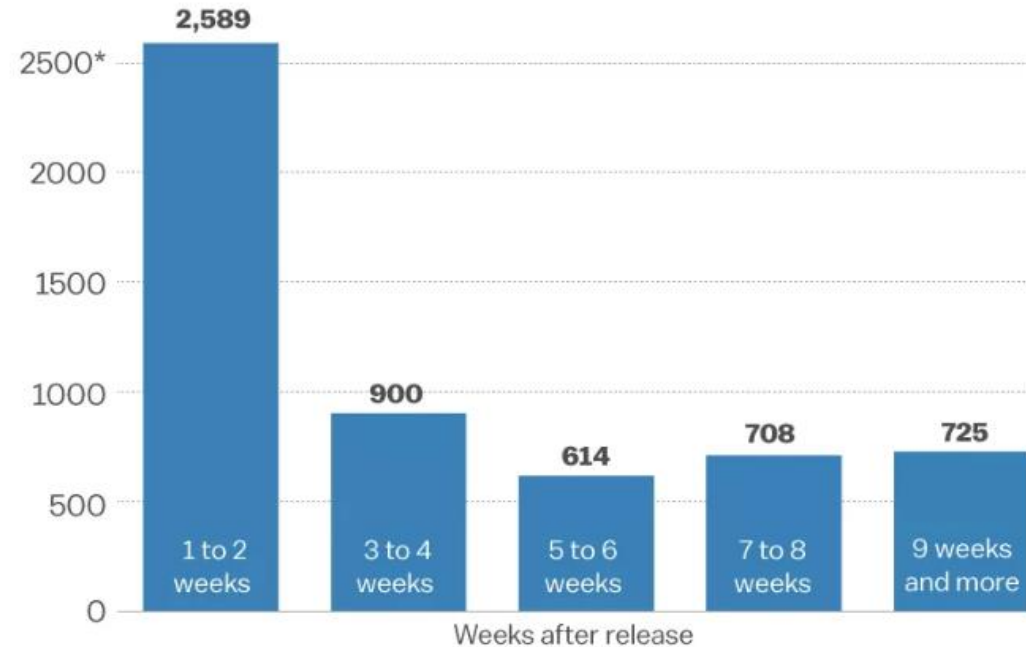
Reentry Matters

Death from a
drug overdose
is up to

129x

more likely for people within the first two weeks of being released from incarceration, compared to the general population.⁸

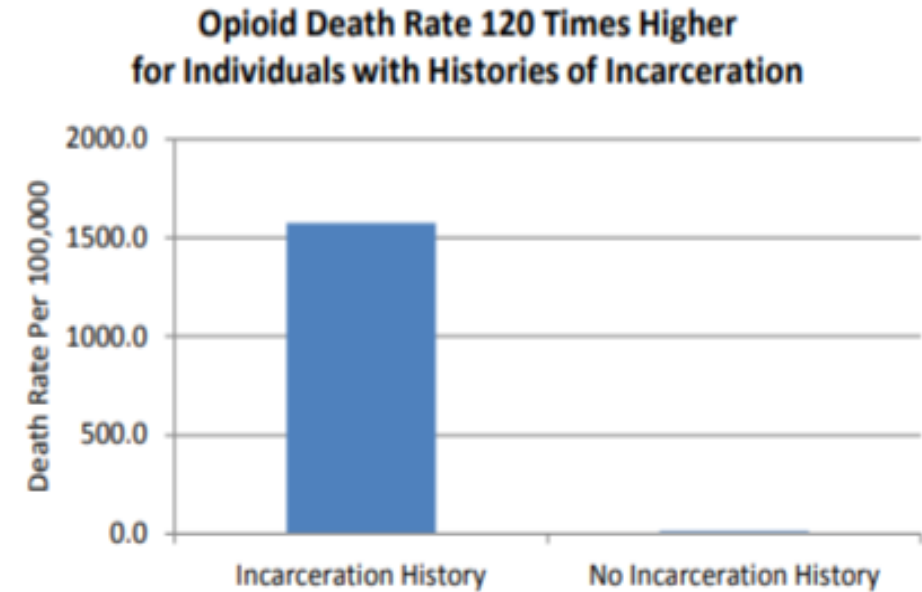
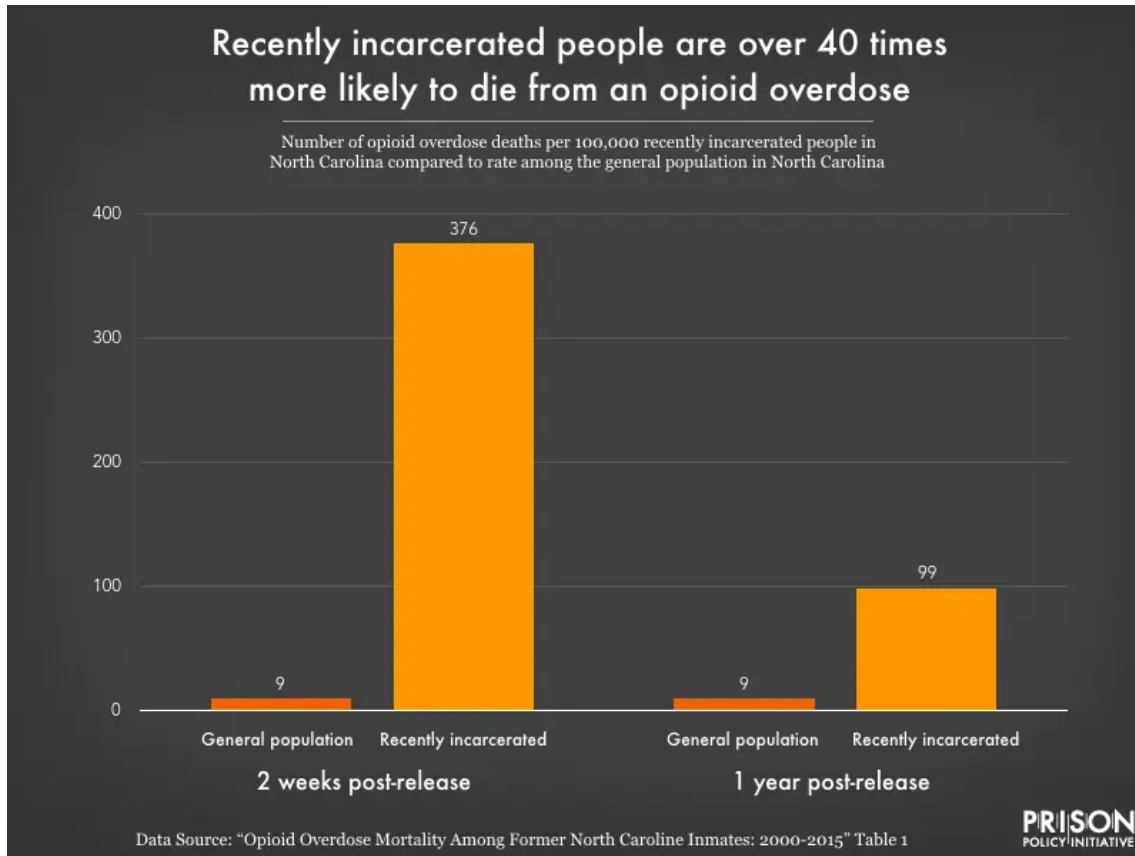
Washington state inmates are more at risk of overdose within the first two weeks of their release



*Deaths per 100,000 person-years
Source: New England Journal of Medicine

Vox

Reentry Matters



Data Source: "Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015", MA DPH, August 2017. <https://www.mass.gov/doc/data-brief-chapter-55-opioid-overdose-study-august-2017/download>

Continuing Care

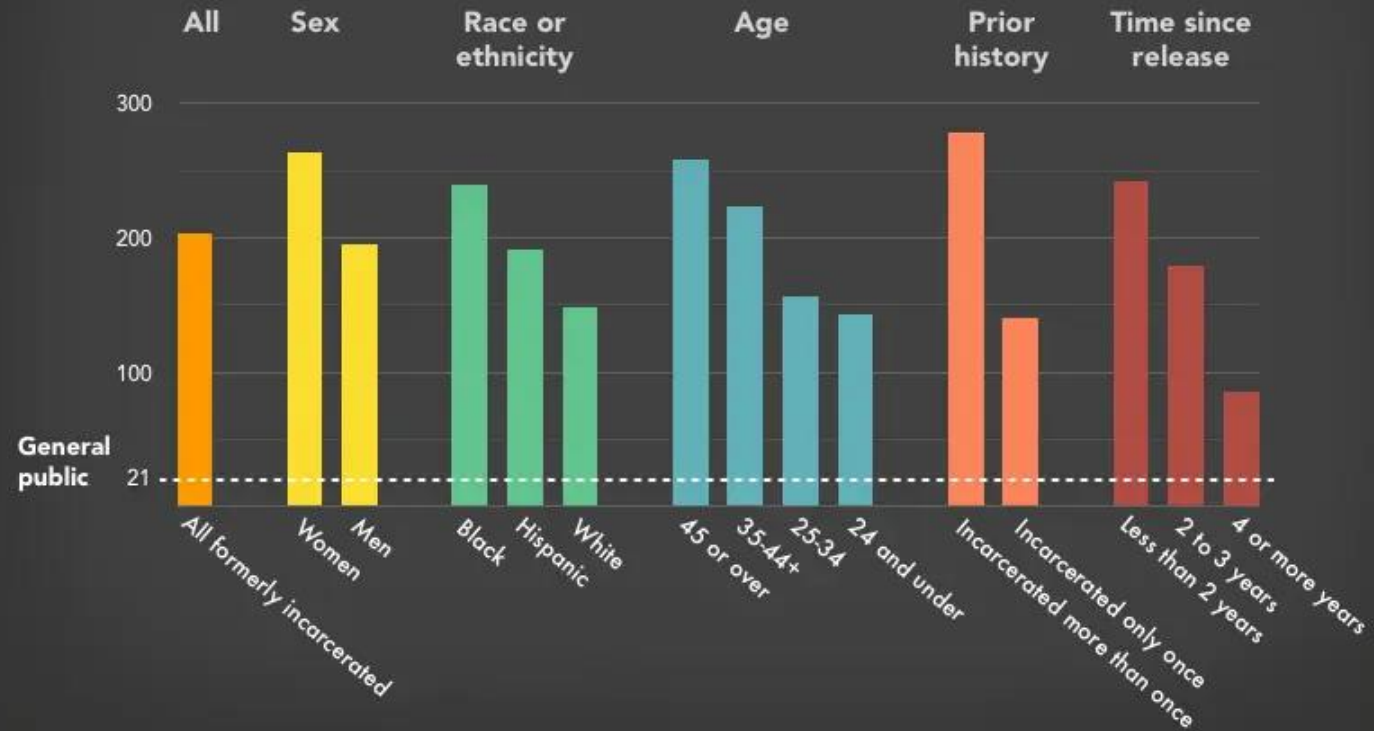
- Barriers to continued treatment and services:
 - Lack of health insurance/financial assistance to pay for co-pays and medications
 - Lack of (reliable) transportation
 - Limited providers
 - Lack of medical/mental health case management
 - Lack of knowledge of how to navigate health and behavioral health care system



Housing

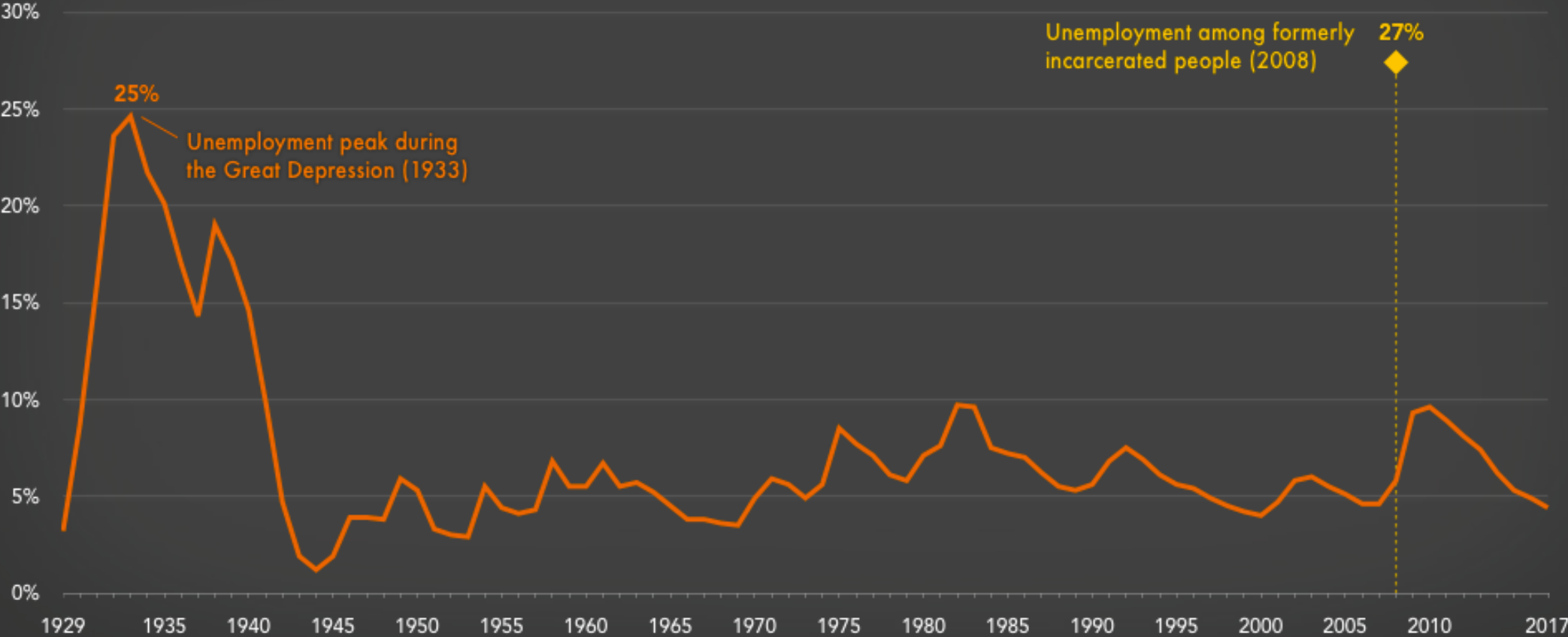
Homelessness rates among formerly incarcerated people

Number of homeless per 10,000 formerly incarcerated people in each category, compared to the general public in 2008 (the most recent year data for formerly incarcerated people are available)



For formerly incarcerated people looking for jobs, it's worse than the Great Depression

U.S. unemployment rates over time compared to the unemployment rate of formerly incarcerated people in 2008



Sources & data notes: <https://www.prisonpolicy.org/reports/outofwork.html#methodology>

Employment

	Unemployment rate general population	Unemployment rate formerly incarcerated
Black women	6.4%	43.6%
Black men	7.7%	35.2%
White women	4.3%	23.2%
White men	4.3%	18.4%

Unemployment rates of people ages 35–44 among the U.S. general public and formerly incarcerated population, by race and gender, within four years of release (2005-2008)

	Unemployment rate General population over age 20 (2008)	Unemployment rate Formerly incarcerated (2008)
Hispanic women	6.9%	39.4%
Hispanic men	6.8%	26.5%

Unemployment rates of Hispanic men and women over age 20 among the U.S. general public and formerly incarcerated population

Source & data notes: <https://www.prisonpolicy.org/reports/outofwork.html> , <https://www.prisonpolicy.org/reports/outofwork.html#methodology>

Stigma

- Housing, employment, continuing treatment and services can be denied or **“not eligible”** for people with a history of incarceration
- Familial, former close peer group, and significant other relationships can be affected by a person’s incarceration experience
- Rejection by society and one’s social group negatively affects well-being and core determinant of health
- Being a person who is BIPOC, a woman who has a substance use and/or mental health disorder or medical disability, receiving public assistance increases external and perceived stigma

Kyprianides, A., Easterbrook, M. J., Cruwys, T. (2019). “I changed and hid my old ways”: How social rejection and social identities shape wellbeing among ex-prisoners. *Journal of Applied Social Psychology*, 49, 293-294. <https://doi.org/10.1111/jasp.12582>

Tyler, E., & Brockmann, B. (2017). Returning Home: Incarceration, Reentry, Stigma and the Perpetuation of Racial and Socioeconomic Health Inequity. *Journal of Law, Medicine & Ethics*, 45(4), 545-557. doi:10.1177/1073110517750595

Factors Impacting Patient Engagement in Medication-Assisted Treatment and other Substance Use Disorder Treatments

University of Michigan Behavioral Health Workforce Research Center and the National Council for Behavioral Health. Factors that Influence Access to Medication-Assisted Treatment. Ann Arbor, MI: UMSPH; 2019.
https://www.behavioralhealthworkforce.org/wp-content/uploads/2019/10/Factors-that-Influence-MAT_Full-Report.pdf

Factor	Mean Rating (3=large impact, 2=minimal impact, 1=no impact)
Social stigma (characterized by prejudicial attitudes and discriminating behavior directed toward individuals treated for SUD as a result of the psychiatric label they have been given)	2.9
Individualized stigma (negative thoughts and feelings—such as shame, negative self-evaluative thoughts, and fear—that emerge from identification with a stigmatized group and their resulting behavioral impact—for example, avoidance of SUD treatment)	2.8
Transportation barriers/distance to services	2.7
Cultural norms (e.g., family involvement is an important focus in working with Hispanic and Native American communities; patient may not engage in treatment if a program does not have staff that included members of the same ethnic group)	2.4
Patient's inability to take time off work and/or secure adequate childcare	2.3
Patient's previous bad experiences with the treatment system	2.3
Patients do not think they need help	2.3
Too few opioid treatment programs in the state	2.3
Legislation (e.g., Ryan Haight Act)	2.2
Treatment cost (patients cannot afford treatment and/or do not have health insurance)	2.2
Wait lists for services	2.2
Patient's fear that treatment will not work	2.0
Other*	1.3

Reentry and Continuing Care

- Reentry Planning starts from day one
- Community support and partnerships are essential
- Peer support during reentry and within their community is vital
- Start medication for opioid use disorders prior to release and ensure that appointments are made prior to release for all continuing treatment
- Bring community providers into jails/prisons to describe their services and start a connection with individuals prior to release
- Follow-up aftercare support meetings/groups are a good way to bridge the gap from incarceration to community supports



Thank You!



Roberta C. Churchill, M.A., LMHC
Senior Criminal Justice Associate
Advocates for Human Potential, Inc.

rchurchill@ahpnet.com

(774) 994-1586

(978) 261-1405

“Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from the Centers for Disease Control and Prevention (CDC).”

<https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

According to a study from Virginia DOC, SCDC has reduced recidivism rates to 21.9%, the lowest in the country!

<https://www.vadoc.virginia.gov/media/1684/vadoc-state-recidivism-comparison-report-2021-04.pdf>

Based on internal reports for addiction treatment unit (ATU) completers, we have a rate of 13.9% for our female ATU completers during the same time as the Virginia DOC study.

South Carolina Governor Henry McMaster



“We will combat the opioid crisis the only way our state knows how: as one team collaborating and sharing talents and resources to help the people of South Carolina.”

SCDC annual cost per inmate is \$30,187.

[Per Inmate Cost 1988-2021.xlsx \(sc.gov\)](#)

The National Institute on Drug Abuse (NIDA) says that conservative estimates show that "every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs and theft."

<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>

Layered Approach

- My area utilizes the RSAT grant and was audited or “reviewed for fidelity” last year and received glowing remarks on our reentry for our addiction treatment units. I will highlight our Women’s Residential Treatment Unit’s reentry as an example and review the varying layers of reentry supports to ensure success for returning citizens.
- Women’s Addiction Treatment Unit (ATU) is a 70 bed, six to nine month, RSAT-funded therapeutic community

Passionate Staff

- Transition Coordinator: Their sole job is to help orient individuals into the program and to discharge successfully (either to general population or more likely to the community)
 - Areas addressed are referral agencies like Vocational Rehabilitation, the Department of Mental Health, and substance use treatment
 - Housing (Oxford housing for recovery specific)
 - Credentials—birth certificate, ID/driver's license, social security card
 - Release of information for various agencies and contacts
 - Certified through SC Thrive to apply on their behalf for food stamps, health insurance, and other benefits
 - NA/AA, Celebrate Recovery, FAVOR, recovery meetings times, etc.

Youthful Offenders: Intensive Supervision

- Special sentencing guidelines for those who committed their crime under the age of 25
- No prior convictions
- Class D felonies or lesser offenses
- Provided an intensive supervision officer (ISO) to work with offender in the community to support transition and reduce risk of future criminal behaviors
- Works in conjunction with transition coordinator on discharge plan

PEAR Therapeutics

- Currently being piloted within ATU. The FDA approved prescriptive therapeutic delivered virtually through GTL provided tablets as an application and is good for 84 to 90 days depending on if it is the standard intervention or the opioid specific intervention.
- Able to access from any smart device even upon release for continued care
- You can search right now on your smart device for the application, RESET and RESET-O (O is specific for opioid use disorders)

DAODAS Support—Peer Support Specialists

- The Department of Alcohol & Other Drug Abuse Services (DAODAS) funds three full-time certified peer support specialists (CPSS) and one full-time manager to work with our inmates in two support programs, CPSS and medication assisted treatment (MAT)
- We have trained over 120 inmates as CPSSs since 2019. Over 80 remain working in SCDC including the ATU while others have transitioned to the community working in community agencies and have set up their own support network.
- This training and networking supports their own reentry and aids those in need of care while incarcerated and in the community
- Independent evaluator with the University of South Carolina completed a year long qualitative, efficacy study on incarcerated CPSSs working in prisons and has been submitted to the *Journal of Offender Rehabilitation*. No publishing date yet, but the study shows positive outcomes.

DAODAS Support: Medication Assisted Treatment

- MAT: We offer Vivitrol at NO COST to eligible incarcerated individuals. Staff conduct screenings at all points of incarceration, R&E, reentry services, and in addiction treatment units on the benefits of MAT.
 - Oral Naltrexone is also available
- All participants are followed for at least 90 days post-release as part of the warm handoff to a community treatment provider

Community Distributor

- We are an approved distributor of Narcan and can provide anyone going through the MAT process with a box (two doses) of Narcan when they reenter their respective communities
- This is also at no cost to the participant
- A recent study in North Carolina found that in the first two weeks after being released from prison, former inmates were 40 times more likely to die of an opioid overdose than someone in the general population

<https://www.sovhealth.com/addiction/study-finds-link-between-opioid-addiction-and-criminal-justice-system/>

Final Thoughts

- ATU participants utilize a transition coordinator, have DAODAS staff available for warm handoffs, CPSS support networks, Narcan when they leave, access to PEAR for continued treatment in conjunction with MAT medication; for youthful offenders, they also get an ISO for community support.
- Although AHP gave us a perfect score on their metrics for our ATU's reentry we still have areas to improve
 - Need to work on maintaining contact for those that cannot afford a phone or end up moving. Some community organizations can provide a prepaid cell phone for one month but not all can. It makes it difficult to maintain that warm handoff and get outcome measures when contact is lost.
 - Improve handoff and collaboration with probation, pardon, and parole services to improve rate of positive outcomes
 - Culture—continue to address the stigma surrounding the disease of addiction and its treatment inside and outside of prison to get and keep people in treatment

Teamwork Makes the Dream Work!

- This was a limited glimpse into the programs and the addiction treatment unit, specifically its reentry efforts. The report from AHP is more comprehensive if you are interested in it; I am also available to collaborate on best practices!

Greg Mason—Division Director of Addiction Recovery Services, SCDC

Mason.Gregory@doc.sc.gov

C: (803) 673-7968

[Linkedin.com/in/greg-mason-ma-mba-b512b5109](https://www.linkedin.com/in/greg-mason-ma-mba-b512b5109) or search my name

**REENTRY: We are the Community
with
The Hampshire Sheriff's Office**

**Melinda Cady
Assistant Deputy Superintendent**

LinkedIn:

<https://www.linkedin.com/in/melinda-cady-a5047716>

Email:

melinda.cady@hsd.state.ma.us

***office : (413) 582-7720 direct; through the facility
switchboard (413) 584-5911, ext. 1212***

Overview

The Hampshire Sheriff's Office is a small jail and house of correction located in Northampton, Massachusetts

In 2004, we identified our need to actively address reentry

In addition to shifting a couple of case management positions to reentry in 2004, we actively identified community collaborators (parole, probation, Office of The District Attorney, local and state police departments, our numerous local social service agencies) to help us support the individual we serve as they return to our communities. We knew we could not do this alone.

Good reentry is good public safety and includes seamless sharing of information and resources with the very communities our transitioning offenders are returning to



We Are The Community

Today we are providing a brief snapshot of our efforts to establish **solid reentry practices**, based on evidence-based best practices, including our growth into active community providers



Community Aftercare at The Northampton Recovery Center



Community Bowling Night

Your Reentry Begins on Day One

The following is a brief description of how we got started with reentry, our growth, and where we are today as engaged community providers:

- Since 2004, evidence-based assessments are performed with every individual arriving to our facility (the LS/CMI, TCU, ASUS). Trained case managers perform a variety of assessments, targeting strengths and need areas for each individual.
- Treatment plans are developed with case managers and reentry plans are developed with reentry case managers utilizing the information provided in these evidence-based assessments
- All of our participants are engaged in group and individual counseling addressing both treatment and reentry
- Our entire treatment team meets weekly to review all of our participants
- A treatment group of three staff meets monthly with individual offenders to review compliance

Reentry Roundtable: A Continuum of Care

In 2004, we developed what became known as the monthly reentry roundtable.
Here is a link to our video if you are interested in viewing later:

2013 Video Describing the Introduction of Our Reentry Roundtable

[Reentry Roundtable at Hampshire County House of Corrections : Northampton Community Television : Free Download, Borrow, and Streaming : Internet Archive](#)



Offender Reentry Roundtable



Melinda Cady Assistant Deputy Superintendent and Director of Treatment at the HSO helps inmate Claricio Valdez Jr. learn how to use Narcan, a drug that can reserve opiate overdoses on March 7, 2016.



Northampton Police Officer Monica Czerwinski describes the Good Samaritan Law.

Liz Whynott, director of Tapestry Health's needle exchanges, demonstrates how to use Narcan, a drug that can reverse opiate overdoses, during a substance abuse aftercare workshop at the Hampshire County Jail and House of Correction March 7, 2016.



https://www.masslive.com/news/2016/03/at_hampshire_county_jail_addic.html

Work With the Northampton Begins



Patrick Cahillane Sheriff at Hampshire County, Lynn Ferro Director of Northampton Recovery Center and the men from the Pre-Release program



Chief Jody D. Kasper, Patrick Cahillane Sheriff at Hampshire County, and Jennifer Ewerg, during the grand opening of the Northampton Recovery Center



Development Into Community Providers of Past Participants



In 2021, Tyler Stanton, a former participant became a certified Facilitator. Tyler now co-facilitates our Community Based Nurturing Father's Group as a paid staff member alongside our treatment staff.

Michael Roper, another former graduate, is now assisting as a peer educator; additionally, he provides transportation to and from the center for those who need it.



A Few of Our Northampton Recovery Center Community Celebrations



Need Help?

COMMUNITY RESOURCE ASSISTANCE

TUESDAY
5:30-6:30PM

The Northampton
Recovery Center
25 Armory Street
Northampton, MA
01060

THURSDAY
6:00-8:00PM

- RESUME BUILDING
- JOB HUNTING
- FILLING OUT APPLICATIONS
- INTERVIEW PREPARATION

- MASSHEALTH
- SNAP BENEFITS
- ADVOCACY
- HOUSING INFORMATION
- DETOX
- SUBSTANCE USE PROGRAMS



Come check us out!

EXPERIENCED STAFF IS HERE TO ASSIST AND SUPPORT YOU
-SERVING ANYONE IN NEED IN HAMPSHIRE COUNTY-
For more information contact Vuthy or Wanda:

Vuthy.chhum@hsd.state.ma.us

Wanda.rolon@hsd.state.ma.us

(413)584-5911 x1244 or 1419

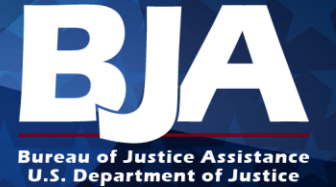
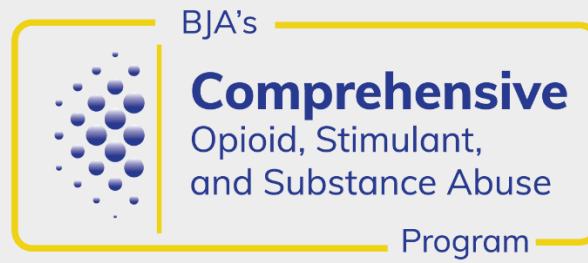
Thank you

Questions and Answers



Contact Information

Roberta C. Churchill	rchurchill@ahpnet.com	(774) 994-1586
Melinda Cady	melinda.cady@hsd.state.ma.us	(413) 582-7720 (413) 584-5911. ext. 1212
Greg Mason	Mason.Gregory@doc.sc.gov	(803) 673-7968



2021 Virtual COSSAP National Forum

COSSAP 2021: New Partners, New Tools, Renewed Hope

<https://www.cossapresources.org>