



STAR Center

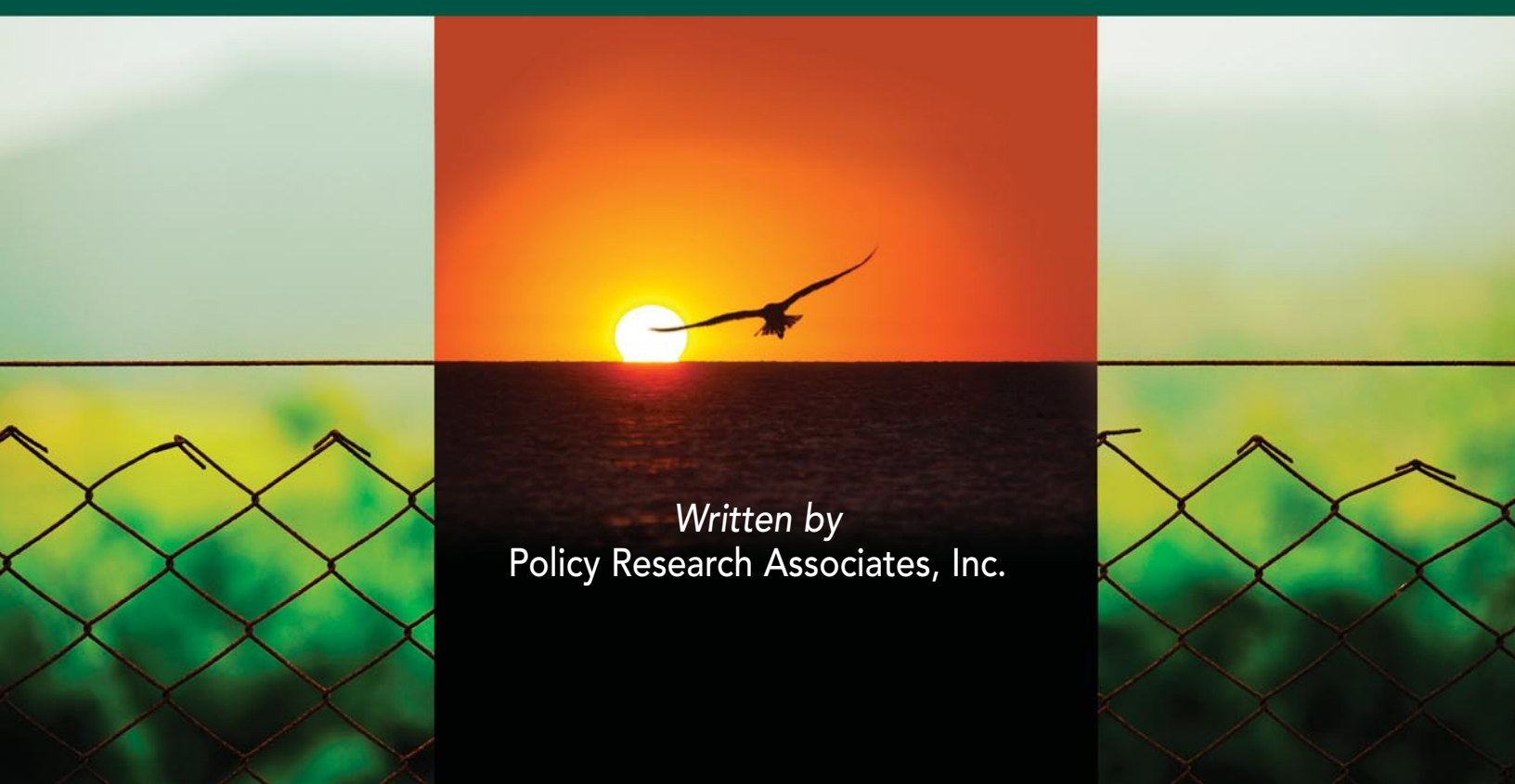
Support, Technical Assistance and Resources Center

Part 3 of a 3-part
Series

Promising Practices Guide



*Supporting the Recovery of
Justice-Involved Consumers*



Written by
Policy Research Associates, Inc.



Copyright 2012
The National Alliance on Mental Illness (NAMI)
3803 N. Fairfax Dr., Suite 100, Arlington VA 22203
www.nami.org
HelpLine: (800) 950-NAMI (6264)
Twitter: NAMICommunicate
Facebook: www.facebook.com/officialNAMI

Stock photos used in this publication are not meant to indicate any particular attitude or opinion on the part of those whose images are being used and are not intended to indicate an endorsement by the subjects.

The NAMI STAR Center is a SAMHSA-funded technical assistance center dedicated to promoting and enhancing recovery, mental health, and wellness through information, training, and resources on effective self-help and multicultural competence and social inclusion approaches with a special focus on working with underserved communities.

www.consumerstar.org
www.facebook.com/pages/NAMI-STAR-Center
www.twitter.com/namistarcenter



The STAR Center gratefully acknowledges SAMHSA as the funding source for the STAR Center's work and activities. Please visit SAMHSA/CMHS at www.samhsa.gov for many helpful resources, self-help tools, guides and links.

The views and opinions presented in this document do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services and should not be construed as such.

NAMI's STAR Center would like to acknowledge Policy Research Associates (PRA), operators of SAMHSA's GAINS Center, and the following PRA/GAINS Center staff who authored and edited this publication:

LaVerne D. Miller, JD
Latrease Moore, MS
Chanson D. Noether, MA
Matthew Canuteson
Samantha Califano, MS

STAR Center Staff:

Philip Qualo, J.D.
Program Manager

Stephen Kiosk, M.Div., LPC
Director



STAR Center

Support, Technical Assistance and Resources Center

Part 3 of a 3-part
Series

Promising Practices Guide



*Supporting the Recovery of
Justice-Involved Consumers*

Written by
Policy Research Associates, Inc.

The Journey

Yearning for...searching for...and asking why?

The struggle to find the answers ran wild.

Then I stopped and asked and then I heard...I am here.

I have always been here and I will always take care of you.

For so long what I have searched for I found...

Hope

This small word with such enormous meaning...

Has been the light that guides me on my journey of

Acceptance

Forgiveness

Healing and...

Recovery

By Tracy C. Love

Published with Permission from the Author

Acknowledgements

Each recovery journey begins with just one step and we hope *Learning About Us, Learning to Help Us: Supporting People with Psychiatric Disabilities in the Criminal Justice System* will help you assist people as they begin and progress through their recovery journeys. Developing this guide was truly a collaborative effort and we were driven throughout the process by the conversations we had with the consumers who played an indispensable role in its development.

Whether it was someone experiencing his or her first contact with the police or someone looking for employment upon release from a long period of incarceration, their strength and optimism truly inspired this guide's creation. Most importantly, the consumers who provided input made us even more aware of the types of resources and supports that are the most helpful to people in their recovery processes. We would like to extend our heartfelt thanks to the dozens of justice-involved consumers who shared their recovery journeys with us. They shared their challenges and successes in an effort to ensure that this guide was developed by people who know the most about the true predicament of justice-involved consumers in our country consumers themselves.

For this project, members of this largely invisible community chose to break their silence to bring a message of hope to others, many times sharing painful experiences. In so doing, they picked hope over fear, success over failure and forgiveness over anger.

Lastly, we thank the members of the Advisory Committee for providing invaluable support and guidance for this project; without their leadership, none of this would have been possible.

Table of Contents

Background	2
Overview	2
Promising Practices	3
SPECTRM (Sensitizing Providers to Effects of Incarceration on Treatment and Risk Management)	4
The APIC Model	4
Treatment Services	6
Trauma-informed Care/ Trauma-specific Services	8
Conclusion	13

Background

The promising approaches and practices reviewed in this guide have been identified by the CMHS National GAINS Center as part of its Adapting Evidence-Based based Practices for Justice-Involved involved Populations Initiative. As a key component of this initiative, the GAINS Center hosted a series of expert panel meetings on each topic to review best practices and identify promising programs across the United States that have implemented these practices and are helping to develop the evidence base for their efficacy. The output of the GAINS Center expert panel meetings resulted in a fact sheet series that examines the adaptation and implementation of evidence-based practices (EBPs) with justice-involved consumers, reviews the evidence base, and and highlights the experiences of consumers and program staff members who have participated in EBP delivery.

Throughout this guide several key terms will be used to describe these programs:

The term **evidence-based practice** refers to an intervention that is found through empirical evidence to be effective and replicable for people with mental illness. It is recognized that identifying priorities, building organizational supports, aligning payment policies with quality improvement, and and preparing the workforce are critical elements for achieving the vision of a quality-focused health care system based on utilization of EBPs. In 1999, the U.S. Surgeon General's Report on mental health pointed out that there "is a huge gap between knowledge and practice, between what is known through research and what is implemented in many public health systems around the country."¹ Since the publication of this report, and and in direct response to the recommendations made by the report, we have witnessed an increased emphasis on the part of Federal, state, and and local governments to identify practices that are *proven effective*, namely EBPs, and and to encourage their use by implementing policies that promote their implementation and expansion.

The term **promising practices** refers to sets of clinical interventions or administrative practices that have empirical evidence supporting their efficacy and that

show promising results of achieving mental health or public safety outcomes but lack the strong empirical evidence that they produce both outcomes.²

The term justice-involved refers to the wide range of an individual's involvement with the criminal justice system, including, but not limited to, contact with police, involvement with the courts, incarceration in jail or prison, and and parole or probation.

The term **consumer** refers to a person who previously received or is currently receiving mental health and/or substance abuse services. It is unclear where the term consumer originated, and and there are ongoing discussions on whether its use labels and stigmatizes individuals. In this guide, we have chosen to use the terms consumer and person with a psychiatric disability instead of person with mental illness when describing individuals living with "mental illness."

Overview

Over the past 10 years, we have witnessed an increased interest in developing services that meet the unique needs of justice-involved consumers. The emergence of jail diversion and reentry programs and a growing emphasis on community-based supports and community reintegration have resulted in the development of many innovative practices. Like many promising practices, these innovations have evolved largely due to the vision and creativity of program managers and the involvement of other critical stakeholders, such as community-based providers, faith-based institutions, consumers and family members. This guide highlights several emerging promising practices that provide rich examples of the innovations that are taking place.

The successful integration of these practices into mental health/criminal justice initiatives frequently requires the development of new and innovative collaborations between systems. These collaborations carefully balance public safety interests with the desire to expose justice-involved consumers to services that promote recovery, self-determination and peer support. The most successful programs effectively

¹ U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general*. Rockville, MD: Author.

² Osher, F.C. (2005). *Integrated mental health/substance abuse responses to justice-involved person with co-occurring disorders*. Delmar, NY: CMHS National GAINS Center.

harmonize many of the compulsory requirements of jail diversion and reentry programs with the core principles of recovery.

The field is gradually recognizing that reduced recidivism and treatment compliance are just two indicators of success. Stable housing and employment are other indicators. Increasingly, programs are integrating evidence-based practices (EBPs) into their program models. However, existing EBPs often need to be adapted or modified to address the “culture of incarceration” and specific issues (e.g., housing, employment and family reunification) germane to justice-involved consumers reentering the community. Because EBP models require adaptations to adequately address the unique needs of justice-involved consumers, many of the practices we review in this guide are characterized as “promising practices.” Most have not yet achieved the level of rigorous validation with justice-involved populations needed to elevate them to EBP status. Nevertheless much can be gained by learning about these practices and the programs in which they are utilized.

We encourage readers to explore how these promising practices might inform their current or future work with justice-involved consumers. Collectively, the programs highlighted demonstrate how far the field has progressed in its thinking and practice in preparing justice-involved consumers and their families for meaningful lives in their communities.

For the purpose of this guide, promising approaches and practices for working with justice-involved consumers are identified across the following seven core areas:

- peer support/peer-delivered services
- planning for reentry and community reintegration
- treatment services
- trauma-informed care/trauma-specific services
- supportive housing
- supported employment
- family reunification

This guide also includes specific examples of how promising practices and approaches are being implemented across the United States to improve the integration of justice-involved consumers into the community.

Promising Practices

Peer Support/Peer-delivered Services

Over the past decade, peer support has expanded and is now recognized as an important element of a consumer’s recovery process. Fairly recently, there has been an increase in the integration of peer support services in reentry and diversion programs. Individuals with histories of involvement in the criminal justice and mental health systems and who work almost exclusively with justice-involved consumers may be described as either Peer Specialists or Forensic Peer Specialists.

Forensic Peer Specialists play an instrumental role in helping justice-involved individuals successfully reenter the community by providing a variety of services. These staff members understand the impact of incarceration and are uniquely qualified to assist other justice-involved consumers in their recovery journeys.

One of the most significant roles of a Forensic Peer Specialist is to instill hope that recovery is possible by serving as an example. Forensic Peer Specialists provide support and services by sharing experiences, helping individuals change the attitudes and behaviors that were learned to survive in a jail/prison environment and supporting the engagement into mental health and substance abuse treatment services in the community.

Forensic Peer Specialists also serve as advocates and guides to help individuals with treatment, housing, employment and educational opportunities.³ Although peer support is a promising practice in and of itself, the integration of peers into all program models is an essential element of each of the promising practices discussed in this guide. Many programs have developed innovative strategies that incorporate peer support into their programs to enhance the recovery process of justice-involved consumers. In all of the programs reviewed, peer staff plays essential roles in the delivery of the services.

³ Davidson, L., & Rowe, M. (2008). *Peer support within criminal justice settings: The role of forensic peer specialists*. Delmar, NY: CMHS National GAINS Center.

Reentry Planning and Community Reintegration

People with psychiatric disabilities are overrepresented in the criminal justice system. Approximately 15 percent of men and 31 percent of women in jail have a serious mental illness.⁴ This section examines promising approaches for working with justice-involved consumers reentering the community.

A growing body of evidence supports the necessity of beginning the planning process for a person's reentry into the community from the day he or she walks through the door of the jail or prison.⁵ Reentry services include, but are not limited to, discharge planning and linkages before a justice-involved consumer is released from jail or prison. Below are some examples of emerging promising practices that can have a tremendous impact upon a justice-involved consumer's recovery process and successful integration into all aspects of community life.

SPECTRM (Sensitizing Providers to Effects of Incarceration on Treatment and Risk Management)

Many mental health providers struggle to understand the adaptive behaviors that justice-involved consumers acquire to survive jail or prison. For example, providers may misinterpret these behaviors and attitudes as lack of motivation. The "culture of incarceration" often requires people who are incarcerated to adopt behaviors that provide some degree of security and safety while incarcerated but that can also be formidable barriers to treatment and recovery both during incarceration and following community reentry. Providers and consumers have an interest in identifying these behaviors and their root causes and developing strategies for the acquisition of new and different ways of thinking and acting.

SPECTRM assists treatment providers in better understanding and treating their clients by teaching

them about experiences and behaviors that are often adapted during incarceration. RAP (Reentry After Prison/Jail) helps individuals change behaviors they adopted in jails and prisons into skills that will help them achieve personal goals.⁶

Peer-run, recovery-focused organizations can play a valuable role in providing these services in a unique and innovative way. Peer staff can serve as "cultural translators" in explaining behaviors to those who have not experienced incarceration, while simultaneously serving as role models to justice-involved consumers. Studies on adult-based learning and transformational learning suggest that adults learn by doing and also by observing effective communication and leadership styles and then appropriating these styles for themselves.⁷

The APIC Model

Due to inadequate transition planning, justice-involved individuals with psychiatric disabilities are often put back on the streets in crisis, with no place to live, work or receive treatment. The integration of services is essential in transition planning. The APIC (Assess, Plan, Identify and Coordinate) Model relies on coordinating and integrating services and supports provided by the criminal justice, mental health and substance abuse treatment systems. The overall goal of this model is to link individuals to community services immediately upon community reentry to reduce the likelihood that the individuals will reoffend, be arrested and placed back in jail.

The essential elements of the APIC model for jail/prison reentry are described below:

Assess the clinical and social needs and public safety risks of the individual; this includes his or her psychosocial, medical and behavioral needs;

⁴ Steadman, H.J., Osher, F.C., Robbins, P.C., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*, 60, 761-765.

⁵ Osher, F., Steadman, H.J., Barr, H. (2002). *A best practice approach to community re-entry from jails for inmates with co-occurring disorders: The APIC model*. Delmar, NY: CMHS National GAINS Center.

⁶ CMHS National GAINS Center. (2007). Sensitizing providers to the effects of incarceration on treatment and risk management (SPECTRM): Expanding the mental health workforce response to justice-involved persons with mental illness. Delmar, NY: Author.

⁷ Taylor, E.W. (2007). An update of transformative learning theory: a critical review of empirical research (1999-2005). *International Journal of Lifelong Education*, 26(2), 173-191.

Plan for the treatment and services required to address the individual's needs, including short-term and long-term needs;

Identify required community and correctional programs responsible for post-release services; and

Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services.⁸

Based on the APIC Model, the CMHS National GAINS Center developed the *Re-Entry Checklist*. This purpose of this checklist is to assist jail staff in transition planning for individuals with mental

illness and co-occurring substance use disorders. The GAINS *Re-Entry Checklist* is a quadruplicate form offering a centralized record of the individual's potential needs and the steps taken by jail staff to ensure those needs are met upon reentry. The four copies of the form can be distributed to the files of the correctional facility, the mental health unit, the medical unit and the consumer. Facilities interested in evaluating the *Re-Entry Checklist* for use in their own reentry planning procedures can request, free of charge, a start-up/pilot packet containing 20 checklists and supportive materials from the GAINS Center by visiting the GAINS Center's website www.gainscenter.samhsa.gov.

⁸ Osher, F., Steadman, H.J., Barr, H. (2002). *A best practice approach to community re-entry from jails for inmates with co-occurring disorders: The APIC model*. Delmar, NY: CMHS National GAINS Center.

Model Reentry Programs

Below are examples of innovative reentry programs and practices that help prepare justice-involved consumers for life in the community. It is important to note that many of these services are provided by peer staff and interns who have experiences with both the criminal justice and mental health systems.

University Legal Services' DC Jail Advocacy Project, Washington, D.C.

The DC Jail Advocacy Project assists Washington, D.C. residents with mental illness who are in jail or prison across the District plan their return into the community. Staff members include attorneys, social workers, and peer advocates. ULS staff visit the DC Jail several times each week to support individuals in asserting their right to mental health discharge planning. The project also provides public education and training to empower self-help/peer supports and enhance the public understanding of the rights of justice-involved consumers. The DC Jail Advocacy Project has developed and implemented a Peer Education initiative that trains formerly incarcerated men and women about mental health rights and advocacy and pays them to help lead "Know Your Rights" workshops and share their stories of recovery with other consumers returning to their communities from jails or prison. For more information contact Gretchen Rohr at 202-527-7033.

"In 2007, when we started peer-led Know Your Rights trainings, we had no idea they would ultimately lead us to where we are now, organizing a large constituency

of criminal justice/mental health system survivors committed to improving everyone's access to quality treatment, meaningful employment, and freedom from incarceration. The program started with us training 24 Peer Educators to lead workshops across the city in halfway houses, shelters, libraries, and substance abuse programs. The first workshops focused on developing recovery skills and steps to protect oneself against neglect and healthcare abuses. Yet as the participants' awareness grew, the program evolved from a focus on self-help to a focus on community-building. It is so exciting to see men and women who, just a year ago were struggling just to survive, now in a place where they are empowered, resourced, and driven to invest in others." - Gretchen Rohr, University Legal Services DC Jail Advocacy Project Director

"I learned a lot of things about rights as a mental health patient and ex-offender that I didn't know existed. I became more aware of the potential that I had within myself. I found out that I can still function in the real world." – Peer Educator Training participant

Rikers Island Reentry Project, New York City

The Rikers Island Reentry Project is collaboration between the New York City Department of Health and Mental Hygiene (NYCDHMH) and the Howie the Harp Peer Advocacy and Training Center (HTH) in New York City. This project was implemented to increase the involvement of consumers in the discharge planning process as well as increase their involvement with community-based providers following their release from jail.

Interns are selected following a competitive interview process and attend an orientation program designed to familiarize them with their roles and responsibilities, as well as the policies of the New York City Department of Corrections. Interns assist justice-involved consumers in identifying recovery-oriented goals and community-based

providers that best meet their needs. Interns also facilitate onsite peer support groups and provide follow up services following release from jail. Interns are paid a stipend to cover food and transportation costs, and this funding is provided by the New York State Department of Vocational and Educational Services for Individuals with Disabilities as part of HTH's supported employment contract.

Interns are directly supervised by NYCDHMH staff with additional support provided by HTH staff. For additional information, contact Patricia Brown, LCSW Assistant Commissioner Forensic Behavioral Health Services, New York City Department of Health & Mental Hygiene at 212-341-2468, pbrown@healthnyc.gov.

Treatment Services

Treatment is an essential component of the reentry and recovery of justice-involved consumers. As discussed in the previous section, peer support can play a valuable role in the treatment of this population. Three promising approaches used in the treatment of justice-involved consumers are discussed in this section; FACT (Forensic Assertive Community Treatment), CBT (Cognitive Behavioral Therapy) and IMR (Illness Management and Recovery).

Assertive Community Treatment

Assertive Community Treatment (ACT) is an evidence-based model that combines treatment, rehabilitation and support services provided by a team of providers. Over 55 controlled studies have established the effectiveness of ACT. Many of the programs that focus on preventing the arrest and incarceration of individuals with psychiatric disabilities are modeled after ACT. Typically, when these teams serve primarily justice-involved consumers, they are

Forensic ACT Team, King County, WA

Forensic Assertive Community Treatment is a time-unlimited, housing first program that provides a majority of its services in the community. FACT includes case management, medication management and monitoring, housing, individual therapy, chemical dependency and socialization groups, and vocational assistance. The goal of FACT is to help clients who have a high number of jail bookings and hospitalizations maintain housing and decrease incarcerations and hospitalizations. For more information contact David Murphy,

Program Manager, Justice Initiatives at 206-263-8954 or dmurphy@kingcounty.gov.

"I think this program is very helpful for individuals on Social Security. You help us with constructive things, like housing. I am learning to work with you all to stay focused and to make the right decisions. Now I know there is more to life." – FACT program participant

known as Forensic Assertive Community Treatment or FACT, teams. The core elements of the FACT team models are:

- 1) preventing arrest and incarceration as the primary goal
- 2) accepting justice-involved consumers
- 3) accepting the majority of referrals from criminal justice agencies
- 4) development and incorporation of a supervised residential treatment component for high-risk consumers⁹

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is an intervention that helps individuals recognize destructive feelings, behaviors and thoughts and identify their source. CBT interventions for justice-involved individuals should incorporate symptom relief, interpersonal skills and the individual's criminogenic needs into its focus. These needs are specific to the individual's behaviors, attitudes and beliefs. There are several types of cognitive behavioral therapy. Dialectical behavioral

therapy (DBT) has been recognized as particularly suited to addressing self-harm behaviors and has been used successfully in forensic settings. Integrating clinical interventions that focus on recidivism and mental health services can help achieve both public safety and public health goals.¹⁰

Illness Management and Recovery

Illness Management and Recovery (IMR) is a set of practices designed to help people with serious mental illness manage their illness in order to accomplish their recovery goals. IMR includes five evidence-based practices: psychoeducation; behavioral tailoring; relapse prevention skills training; coping strategies; and social skills training. IMR practices can be implemented in jails, prisons and in community corrections or community mental health settings by teaching skills in such areas as social support, coping with stress and recognizing service needs.¹¹ Wellness Self-management (WSM) is an adaptation of these practices that has been introduced into several state prisons in New York state.

⁹ Morrissey, J., & Meyer, P. (2006). *Extending assertive community treatment to criminal justice settings*. Delmar, NY: CMHS National GAINS Center.

¹⁰ Rotter, M., & Carr, A. (2010). *Targeting criminal recidivism in justice-involved people with mental illness: Structured clinical approaches*. Delmar, NY: CMHS National GAINS Center.

¹¹ Mueser, K., & MacKain, S. (2008). *Illness management and recovery in criminal justice*. Delmar, NY: CMHS National GAINS Center.

Wellness Self-Management in New York State Correctional Facilities

This foundation-funded project is the result of a unique collaboration between the Center for Urban Community Services (CUCS), the New York State Office of Mental Health, and the New York State Department of Corrections. From September 2008 to September 2011, CUCS will provide Wellness Self-Management (WSM) classes to inmates diagnosed with a severe and persistent mental illness at three correctional facilities, Fishkill, Bedford Hills (Women's Prison), and Sing Sing. The goals of the project are to assist inmates with mental illness to better manage their illness, resulting in fewer disciplinary actions and decreased use of crisis care services and improved transitions back into the community.

WSM consists of 40 sessions of classes for up to 10 people. Classes include the following subject

matter areas: recovery strategies, stress vulnerability model, building social supports, using medication effectively, reducing relapse, stress management, substance use, and self-advocacy. "Booster" sessions are held following completion of the classes to help individuals continue to move forward with their life goals while in prison or once they are released back into the community. For more information contact Lauren Pareti, Director, CUCS Training and Consulting Services at 212-801-3355.

"My goal was to be able to speak up for myself, especially to deal with my doctors here...because of these classes I'm getting what I need now from my doctors here and things are going well for me."
–Wellness Self-Management participant

Trauma-informed Care/ Trauma-specific Services

Recognition of the high rates of trauma and posttraumatic stress disorder among justice-involved consumers is vital.¹² It is estimated that 85 percent of women in correctional settings have an early experience of physical and or sexual abuse. Other reports estimate even higher lifetime experience of traumatic events and show little difference between genders on the prevalence of trauma and abuse.¹³ In fact, in a recent study of people participating in jail diversion programs across the country both women and men almost universally reported a history of significant traumatic experience prior to incarceration (95.5 percent and 88.6 percent respectively).¹⁴

Providing trauma-informed care means creating an environment in which peoples' trauma histories are acknowledged and respected by the provider as potent contributors to a wide array of issues that

may arise in peoples' lives.¹⁵ Trauma-informed care involves the provision of both trauma-informed *and* trauma-specific treatment services. *Trauma-informed* services acknowledge the special needs individuals with trauma histories may have in a particular treatment setting or service by promoting empowerment and acknowledgement of the impact of trauma on peoples' lives. *Trauma-specific* treatment services are "interventions designed to address the specific behavioral, intrapsychic and interpersonal consequences of exposure to sexual, physical and prolonged emotional abuse."¹⁶

Clearly, addressing the trauma and traumatic experiences that may underlie many of the precipitating factors to an individual's involvement with the criminal justice system is of paramount importance. Recognizing this need, many programs have successfully incorporated the principles of trauma-informed care and integrated the provision of trauma-specific treatment services into their array of services, two examples of which are described below.

¹⁴ Steadman, H.J. (2009). [Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs initiative]. Unpublished raw data.

¹⁵ National Center for Trauma-Informed Care. *Revolutionizing Mental Health and Human Services*. Bethesda, MD: Author.

¹⁶ Substance Abuse and Mental Health Services Administration. (2000). *Cooperative agreement to study women with alcohol, drug abuse and mental health (ADM) disorders who have histories of violence* (No. T100-003). Rockville, MD: Author.

TAMAR (Trauma, Addiction, Mental Health and Recovery) Project Community - Maryland

Started in 1998, the TAMAR Project is a voluntary trauma education program for adults incarcerated in one of the seven detention centers in Maryland. In addition, four out of seven detention centers provide trauma-specific treatment to inmates reentering the community. The project uses the Brief Jail Mental Health Screen, the Adverse Childhood Experiences (ACE) Survey, and a modified version of the CAGE Questionnaire to screen prospective candidates. TAMAR is a 10-week, 20-session structured program offered to individuals who fit the following criteria:

- 1) 18 or older who are being detained in detention centers awaiting trial or sentencing
- 2) Have histories of physical or sexual abuse
- 3) History of recent treatment for a mental health condition and alcohol and or drug use

The project also introduces detention center staff, community health care providers, and other stakeholders to trauma-informed care. For additional information, contact Darren McGregor, Director of Jail Based Mental Health and Trauma Programs, at 410-724-3170 or mcgregord@dhmh.state.md.us.

"TAMAR was like breath of fresh air, upon my arrival there was a collective staff that showed great concern for my well being. The language they used to welcome me was different from my entrance to any other program. The surrounding was warm and homey feeling not like a treatment program but a place that you could feel safe."
—TAMAR participant and trauma survivor

Options Plus at Community Connections, Washington, DC

Options Plus provides services for homeless individuals with severe mental illnesses who are part of a post-booking jail diversion program. The goal of Options Plus is to engage individuals in supportive and clinical services to reduce mental health symptoms, increase resources, reduce homelessness, reduce jail time, and improve community safety. This program provides clinical and advocacy services, forensic intensive case management, supported employment, trauma-informed and trauma-specific services, trauma recovery and empowerment model (TREM)

groups for men and women, motivational interviewing, intensive dual diagnosis treatment, and psychiatric and nursing services. For more information contact David Freeman, Options Plus Project Director at 202-281-2934 or dfreeman@ccdc1.org.

“Community Connections helped me turn my life around. I lost everything – my home, my kids, my mind, my self-respect – but little by little I am getting my life back.” – Community Connections participant

Several other trauma-specific treatment models have shown great promise as adapted for use in correctional settings and/or with justice-involved consumers. For example, *Seeking Safety* (developed by Dr. Lisa Najavits) has been implemented in several jail diversion programs across the country and TARGET (developed by Dr. Julian Ford) has shown promise with both adult and juvenile corrections populations.

Supported Housing

Supported Housing is a stabilizing factor that can play a major role in the reentry of a justice-involved consumer. This evidence-based practice has been adapted to link justice-involved consumers to supportive housing options, permanent housing with support services. Support services include case management and vocational training, which may be available onsite or in the community. A

housing provider can utilize a range of support service options, including housing first and housing ready approaches.

The housing first approach provides direct housing for people who are homeless, with support services available but not required. Individuals are required to follow the terms of a traditional lease.

The housing ready model provides transitional housing that begins with treatment and moves through several housing placements with the ultimate goal of permanent housing. Justice-involved consumers can achieve permanent housing with adequate support services.¹⁷

¹⁷ Roman, C.G. (2005). Moving toward evidence-based housing programs for persons with mental illness in contact with the justice system. Delmar, NY: CMHS National GAINS Center.

Returning Home, Ohio

Returning Home is a collaborative project between the Ohio Department of Rehabilitation and Correction and the Corporation of Supportive Housing. Returning Home was designed to prevent homelessness and reduce the recidivism of individuals returning from state prisons. This program works with eight nonprofit organizations in five communities. Housing priority is given to individuals at high risk for becoming homeless and

identified as needing housing linked to support services to maintain housing. This includes individuals with serious mental illnesses, developmental disabilities, severe addictions, co-occurring disorders, and/or who have custody of minor children. *For more information contact Nikki Delgado at 614-228-6263, ext. 223 or ndelgado@csh.org.*

St Andrew's Court, Chicago, IL

St. Andrew's Court provides permanent supportive housing to men leaving prison. St. Leonard's Ministries, co-sponsor of the St. Andrew's Court program, is a member agency of Episcopal Charities and Communities Services, providing case management to help the individual adjust to life after prison. St. Leonard's Ministries' Michael

Barlow Center offers services, including life skills classes, financial management assistance, recreational opportunities, substance abuse relapse prevention, and employment and education programs. *For more information, contact David Rosa, Site Administrator at 312-226-7620 or Sac.siteadmin@att.net.*

Supported Employment

Although, no published study has *specifically* examined the effectiveness of supported employment for justice-involved consumers, one study estimated that supported employment can increase employment among individuals with psychiatric disabilities by as much as 200 percent.¹⁸ A more recent study found that supported employment increased the rate at which individuals with psychiatric disabilities were able to obtain and maintain employment.¹⁹

Supported Employment is an evidence-based practice that can assist justice-involved consumers obtain and retain employment. Justice-involved consumers have one of the highest rates of unemployment and underemployment and, not unlike most consumers, report employment as being an important outcome of their recovery process.

Supported Employment incorporates consumer choice, competitive employment and job retention support with services needed to assist justice-involved consumers in overcoming some of the significant obstacles they face in obtaining and retaining employment. Addressing the collateral consequences of involvement in the criminal justice system is an essential component of these programs.

Unfortunately, justice-involved consumers and the programs providing services to them have historically underutilized Supported Employment services. However, there is a growing awareness on the part of state vocational rehabilitative agencies (primary funders of Supported Employment programs),

providers and justice-involved consumers that Supported Employment works as well for justice-involved consumers as it does for consumers who have had no involvement with the criminal justice system.

Many of the obstacles confronting justice-involved consumers may be attributable to a lack of "formal" work experience and the continuing reluctance of many employers to hire individuals with criminal justice histories. Similarly, many states have statutes that expressly prohibit the employment of "convicted felons" in certain fields. For example, although many diversion and reentry programs are interested in hiring consumers with histories of incarceration, many states have laws that either prohibit or greatly limit the ability of agencies to hire individuals with felony convictions.

Justice-involved consumers are often faced with the task of having to resolve incomplete, inaccurate or misleading information contained in rap sheets before attempting to obtain employment. This task is frequently a major barrier to meaningful employment and is one that is all too often insurmountable, particularly when attempted without the support and assistance of trained advocates.

Supported Employment programs help reduce this barrier by assisting justice-involved consumers to be proactive in obtaining a copy of their rap sheet to ensure that the information is accurate and obtaining written documentation that they successfully completed treatment, training programs and other legal obligations.²⁰

¹⁸ Anthony, W.A., Cohen, M.R., Farkas, M.D., & Gagne, C. (2002). *Psychiatric rehabilitation* (2nd ed.). Boston, MA: Boston University, Center for Psychiatric Rehabilitation

¹⁹ Anthony, W. (2006). *Supported employment*. Delmar, NY: CMHS National GAINS Center.

²⁰ Miller, L.D. & Massaro, J. (2008). *Overcoming legal impediments to hiring forensic peer specialists*. Delmar, NY: CMHS National GAINS Center.

The Bridge's Iyana House, New York City, NY

Iyana House provides permanent housing for justice-involved women with co-occurring disorders, with the goals of reducing recidivism, preventing homelessness, and reducing public cost. All referrals come from the Bedford Hills Correctional Facility. Services available include weekly trauma groups, peer counselor assistance,

case management, and career club. Offsite mental health and substance abuse treatment, vocational training, and medical services are available. *For more information contact Carmen DeJesus, Program Director at 212-423-5732 or cdejesus@thebridgeny.org.*

Supported Employment programs that provide services to justice-involved consumers must also work closely with criminal justice advocacy organizations, justice-involved consumers and potential employers to remove barriers and to ensure employers are aware of and adhere to the antidiscrimination laws that have been enacted in many states.

Family Reunification

Incarceration and involvement with the criminal justice systems frequently leaves family relationships tattered,

with parents and their children being impacted the most. Parental roles often shift as other family members assume responsibility for children and these children are at a higher risk to enter the foster care system. For example, 10 percent of incarcerated mothers have children in foster care and 11 percent of children have mothers who were incarcerated during some portion of their time in foster care. An alarming 85 percent of these children were placed in foster care prior to their mother being incarcerated.²¹

²¹ Annie E. Casey Foundation, Casey Family Programs, & Marguerite Casey Foundation. (2008). *Children of incarcerated parents factsheet*. Retrieved July 16, 2010, from <http://www.fcnetwork.org/AECFChildren%20of%20Incarcerated%20Parents%20Factsheet.pdf>.

Howie the Harp Peer Advocacy and Training Center, New York City, NY

Howie the Harp Peer Advocacy and Training Center (HTH) is a consumer-run employment program within Community Access that provides job training and placement for individuals with histories of mental illness, homelessness, substance abuse, and incarceration. The HTH program focuses on job skills training, life skills development, and workforce preparation. The Center has an increased collaboration with the New York City Department of Health and Mental Hygiene's Brad H. Discharge Planning Unit at Riker's Island to expand employment opportunities for justice-involved consumers.

To address the collateral consequences justice-involved consumers are often faced with, HTH works closely with the individual, the Legal Action Center, the parole and probation departments and agencies that are the Office of Mental Health vendors to inform them of procedures, their rights, and how to address concerns raised by previous convictions. *For more*

information contact Dwayne Mayes at 212-865-0775.

"Our Forensic Peer Specialist Training Program serves a dual purpose. The first is to expose mental health consumers who have histories of incarceration to the technical concepts of Wellness and Recovery and how to serve as mentors to others within traditional service models, and the second is providing the supports which allow them to incorporate these concepts into their own individual experiences, thus contributing to their personal wellness and recovery process."

– Dwayne Mayes, Director

"The first place that told me I belonged, I could, and I will achieve whatever goals I set for myself. HTH is a community of people—not a diagnosis and other negative labels. HTH provides real training and real jobs. Hope is the medicine, peers are the support, and work is the treatment."

– David F., HTH program graduate

Many programs have developed innovative strategies to assist justice-involved consumers and their families maintain ties during periods of incarceration and to reestablish ties following release from jail or prison. Such programs promote the development of parenting skills and reduce the impact that having an incarcerated parent can have upon children and other family members.

These programs have been developed in collaboration with departments of correction and community family organizations and provide a wide array of services to

the entire family. Services range from family counseling to social activities that allow family members to enjoy activities together.

These programs also coordinate services in the community, increasing the likelihood that family members will continue to receive much needed services following the reentry of the parent into the community. Below is an example of how this promising practice has been successfully integrated into a wide variety of programs.

Chrysalis House Healthy Start, Baltimore City, Maryland

This project is a collaboration among the Maryland Department of Public Safety and Correctional Services, the Administrative Offices of the Courts, Alcohol and Drug Administration, the Family Health Administration, Baltimore Mental Health System's Inc., and the Archdiocese of Baltimore. The goals of this project are to decrease the involvement of mothers and their children in crime and violence; reduce drug and alcohol use; improve overall wellness; increase the number of safe and healthy pregnancies; prevent the intergenerational cycle of addiction and abuse; and advocate for healthy lifestyles, sober living, and successful parenting.

This program provides a wide array of services to pregnant women who are referred to the program by the court, the state, defense attorney, or the Maryland Department of Health and Mental Hygiene. A comprehensive assessment is conducted by a licensed clinician, and an individualized service plan is developed by each mother and her treatment team.

Following the birth of the child, the mother and child remain together in a residential facility with onsite services, including trauma and attachment-based treatment interventions, substance abuse and co-occurring disorders treatment services, legal services, parenting and childcare services, health education, and housing. A recent evaluation of the project found there were significant improvements reported by mothers in mental health, overall wellness, cognitive functioning, and day-to-day functioning. *For additional information contact Darren McGregor at 410-724-3170 or mcgregord@dhmh.state.md.us.*

"The benefits of providing Family Reunification services through the criminal justice system is that we can address the early adverse childhood experiences on two levels, with the adult survivor and with the child(ren) that may be experiencing difficulty in attachment issues due to the parent's incarceration."

- David Washington, Program Coordinator, TAMAR Program

Conclusion

The landscape of criminal justice and mental health collaborations is rapidly changing as justice-involved consumers, policymakers, program managers and program staff formally integrate recovery-oriented principles and practices in programs. The programs highlighted above demonstrate the impact this shift continues to have on justice-involved consumers' access to services that break the repeating cycles of illness, relapse and involvement in the criminal justice system. These programs empower justice-involved consumers to address the underlying causes of this cycle and to create significant opportunity for their involvement in all aspects of community life.

The common thread running through all of these programs is the belief that recovery is possible and that practices and services must be adapted to meet the complex needs of justice-involved consumers. The programs also systematically focus on eliminating the barriers faced by justice-involved consumers and their families and take an affirmative and active role in successfully partnering with other community-based

organizations. These partnerships serve two critical purposes: increasing the visibility of programs in the larger community and reducing the stigma, self-stigmatization and isolation that so often define the lives of justice-involved consumers and their families.

We hope these programs will inspire you just as they have inspired the justice-involved consumers who have greatly benefited from their services. If you are interested in learning more about these programs, we strongly encourage you to reach out to them to discuss funding, start up and opportunities for replication. It is also important to learn what your county or state is currently doing to address the health, housing and employment needs of justice-involved consumers and to become actively involved in efforts to rethink and transform policy in these areas. These programs are pockets of innovation and excellence that can inform public debates about what types of services work and therefore should be replicated and funded. We hope that they stimulate discussion and action on the part of all stakeholders.



“Let your star shine!”



National Alliance on Mental Illness

3803 N. Fairfax Dr., Suite 100
Arlington, Va. 22203-1701
Toll-free: (866) 537-STAR (7827)
Fax: (703) 600-1112

E-mail: star@nami.org • www.consumerstar.org