Housing and Reentry: Briefing on Rehousing and Second Chances

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SAMHSA
Substance Abuse and Mental Health Services Administration

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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The purpose of the MHTTC Network is technology transfer—disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

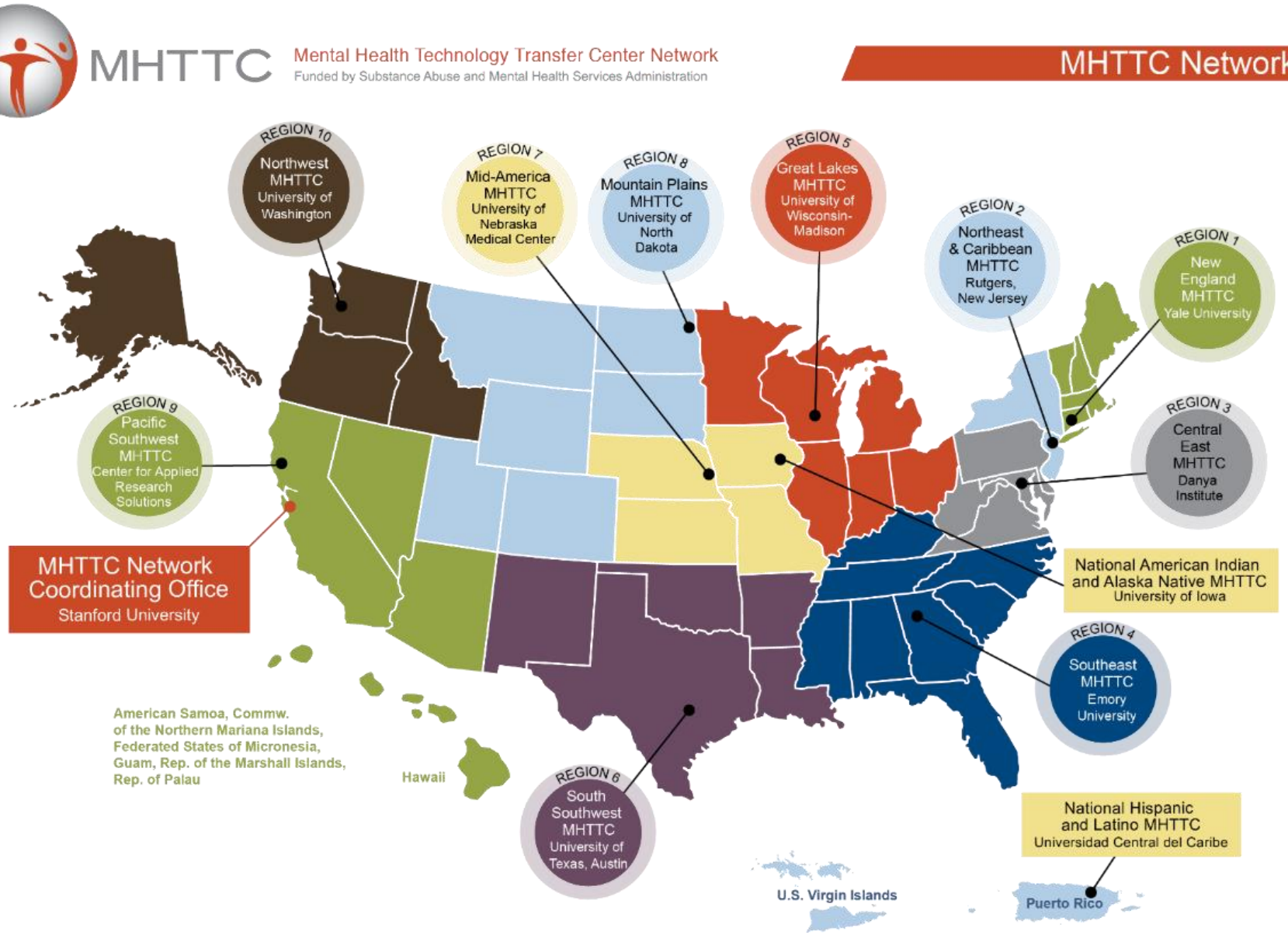
SAMHSA
Substance Abuse and Mental Health Services Administration

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

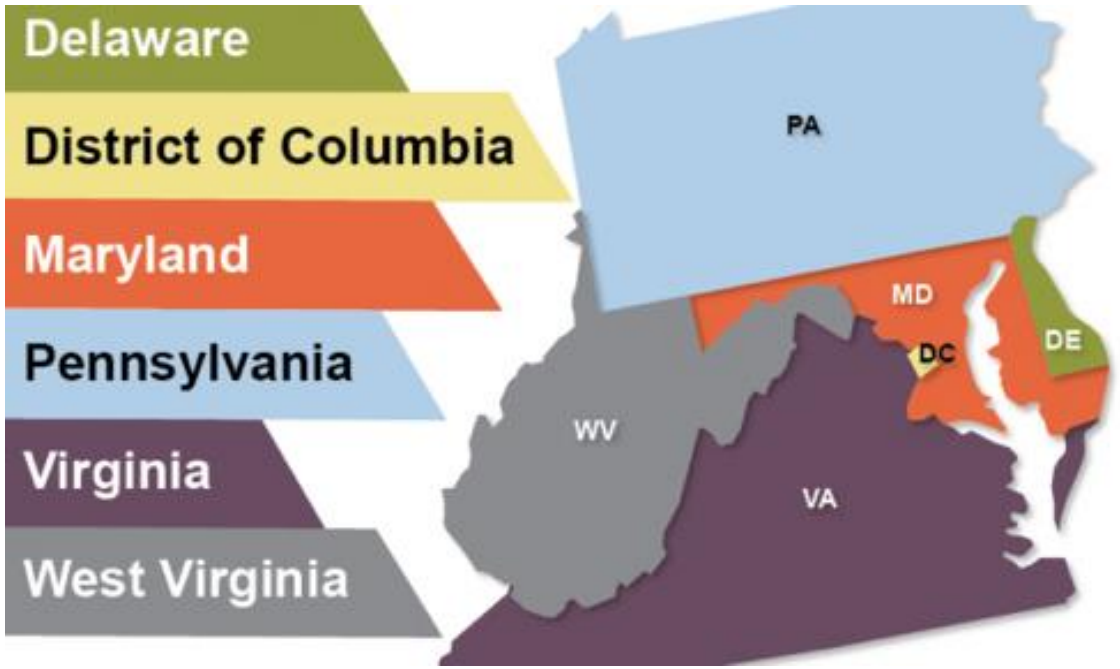
- Strengths-based and hopeful
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Healing-centered and trauma-responsive
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

MHTTC Network



Central East Region 3



Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D., served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2023

Presenters

Linda Frazier lfrazier@ahpnet.com

Linda Frazier, M.A., RN, MCHES, senior program manager and director of addictions initiatives at Advocates for Human Potential, Inc. (AHP), has extensive leadership and consulting experience in behavioral health and addictions. She has worked in public health and behavioral health services for more than 30 years in a variety of clinical settings, including medications for substance use disorders, women's health, adolescent and college health, and behavioral health.

Before joining AHP, she worked in Maine state government for 10 years and last served as associate director of treatment and recovery services for the Maine Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services (SAMHS). She has served on the leadership team of the American Public Health Association Alcohol, Tobacco, and Other Drugs Section since 2009.

Ms. Frazier has experience in direct clinical service, operations management, contracting, and quality/process improvement. She has extensive experience with and is a certified trainer in motivational interviewing/motivational enhancement therapy (MI/MET) and cognitive behavioral therapy (CBT) treatment programs. She is also a certified Network for the Improvement of Addiction Treatment (NIATx) process improvement coach with consultation expertise in criminal justice, primary care, and behavioral health service settings. She is from a family in recovery and is experienced in co-occurring treatment.

Presenters (cont.d)

Jen Christie jchristie@ahpnet.com

Jennifer Christie, M.A., is a senior program associate II at AHP. She has extensive expertise in applying evidence-based practices in criminal justice settings. She works with probation and parole agencies toward changing from a punitive to a research-driven, supportive, behavior-change approach through collaboration, relationship-building, and translating research into pragmatic solutions.

Ms. Christie works to improve criminal justice services nationwide and has provided training and technical assistance to 18 states. She led the implementation of juvenile justice reform in Kansas, Kentucky, and Iowa and the implementation of Adult Probation and Parole in Utah. Her work spans multiple agencies where she has been involved in developing, advancing, and implementing policy changes that reduce recidivism and improve outcomes for individuals (both juvenile and adult) in and leaving the justice system.

Ms. Christie earned a master's degree in criminology from the Victoria University of Wellington in New Zealand.

Agenda

01 About Reentry

02 Understanding Systems

03 Realities of Supportive Housing

04 Working with Individuals Within These Systems and Realities

About Reentry

What is Reentry?

- When individuals are leaving a detention setting (jail, prison, detention center, etc.), they are said to be “reentering.”

- Often, reentering citizens are placed on probation, parole, or other forms of community supervision as part of their reentry, but not always.

- “[R]eentry is a nearly universal experience for criminal defendants, not just returning prisoners. . . . Everyone who is arrested, charged with a crime, and then released from custody moves from a state of imprisonment to a state of liberty. Everyone who is released on bail, placed on probation after a period of pretrial detention, sentenced to weekend jail, or released to a drug treatment facility experienced a form of reentry.” (Travis, 2000)

Reentry Information

01

Approximately 10 million individuals enter and leave jails and prisons in the United States each year.

02

Approximately 41 percent of all state and federal inmates had a history of at least one mental health problem.

03

Jails and prisons have become known as the largest mental health treatment systems in the country.

The United States Attorney's Office, Northern District of Georgia, Community Outreach. (n.d.); Al-Rousan, T., Rubenstein, L., Sieleni, B., Deol, H., & Wallace, R. B. (2017)

Reentry Difficulties

“Much of the agency—the will to change—that even our most humane rehabilitative programs ask of people in prison is compromised by precisely the physical and mental difficulties that place them at risk of incarceration in the first place. The people we ask to make the largest changes in their lives often have the least capacity to do so.”

-Bruce Western, sociologist (Western, 2018)

Understanding Systems

Systemic Biases

Structures, policies, and institutions that serve to oppress specific groups

- Race
- Gender
- Class
- Sexual orientation
- Housing status
- Behavioral health concerns
- Disability

Stigma

INDIVIDUAL

- Shame or reluctance to seek help. Stigma against individuals with behavioral health needs

INTERPERSONAL

- Using or endorsing negative stereotypes. Discussing behavioral health in negative, stereotyping ways

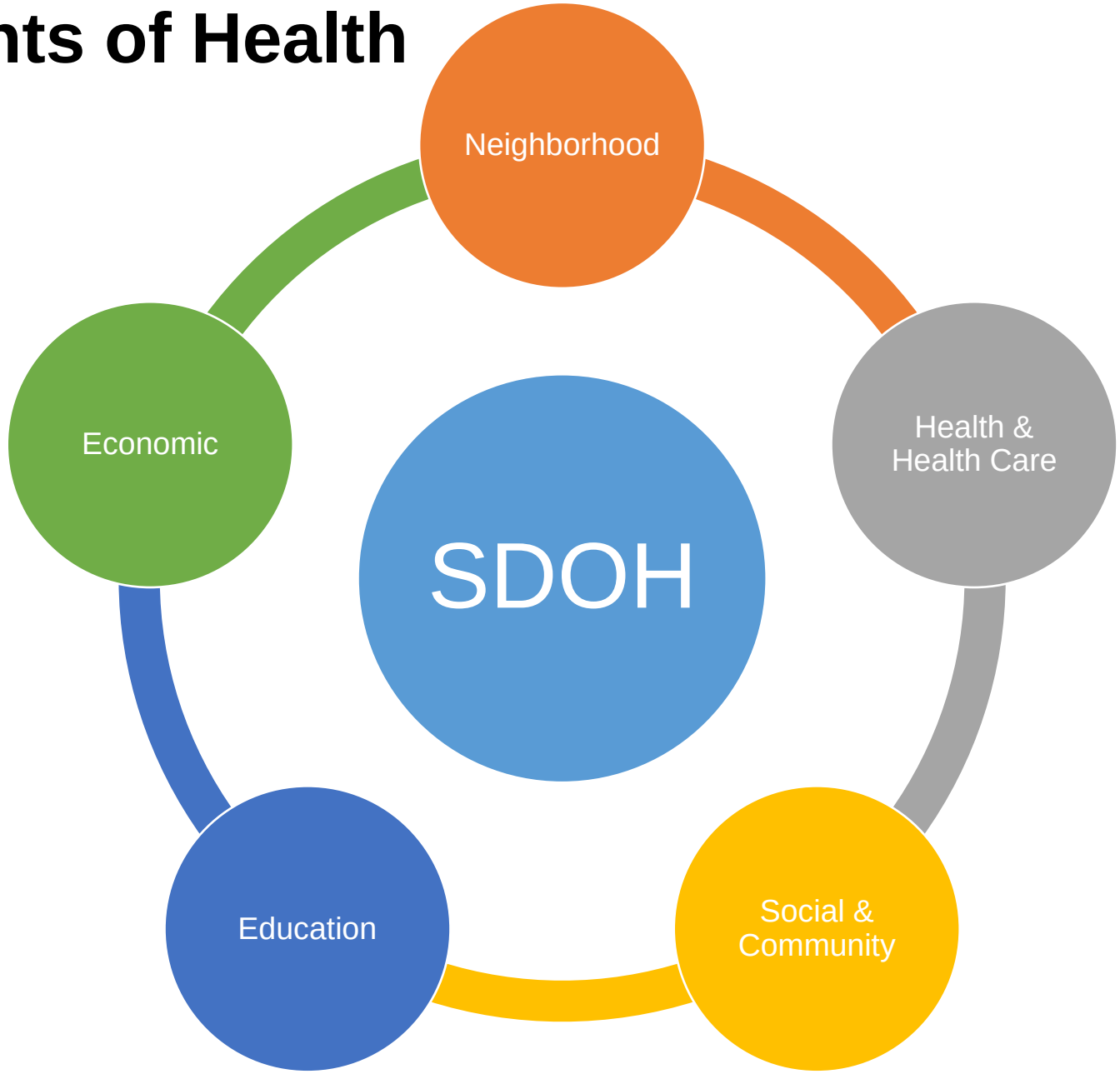
STRUCTURAL

- Policy, rules, and informal norms that create or enhance stigma

Social Determinants of Health

"Health disparities are systematic, plausibly avoidable health differences according to race/ethnicity, skin color, religion, or nationality; socioeconomic resources or position (reflected by, e.g., income, wealth, education, or occupation); gender, sexual orientation, gender identity; age, geography, disability, illness, political or other affiliation; or other characteristics associated with discrimination or marginalization. These categories reflect social advantage or disadvantage when they determine an individual's or group's position in a social hierarchy." (Braveman et al., 2011)

Social Determinants of Health



6 Social Determinants of Health (SDoH) Insights | Icario (icariohealth.com)

Health-Based Model of Desistance

- Health-based model of desistance:
  The behaviors that drive (or accompany) desistance require individual well-being.
- For example, mental or physical illnesses can make work, prosocial relationships, marriage, etc., more difficult to attain and maintain.

DESISTANCE: *"The process by which criminality, or the individual risk for antisocial conduct, declines over the life-course, generally after adolescence"* (Rocque, 2021)

Societal and Family Expectations

01 “You just have to quit drinking!”

02 “If you would just take your meds…”

03 “That person just needs to…”

Individual Abilities

01

Society holds a lot of expectations for adults.

02

Those expectations may or may not be appropriate or possible for everyone.

Behavioral Health Symptoms and Behaviors

01 At times, individuals with behavioral health concerns may exhibit behaviors that are outside of norms and expectations.

02 These behaviors can make others feel nervous, awkward, or scared.

03 Some of these behaviors may also affect whether, how, and what kind of work, social engagement, or housing situation is appropriate and manageable/attainable for the individual.

Realities of Supportive Housing

Supportive Housing Difficulties

- Staffing shortages
- Expensive to operate
- Requires political support
- Restrictive rules
- Low housing stock

NIMBYism

Reynoldstown residents push back against supportive housing for homeless

Story by Thomas Wheatley • Mar 10

A developer's plan to build permanent supportive housing in Reynoldstown for people transitioning out of homelessness is facing pushback from neighbors over concerns about parking, traffic and the project's design.

(Wheatley, 2023)

Local

Pine Street Inn president says opposition to supportive housing is 'mostly based in fear'

Volunteers talk to a sleeping homeless man in South Station duing the annual point-in-time homeless census in 2016.

(Cervantes, 2022)

Difficulties in Accessing Housing

01 Onerous application process

02 Restrictive approval process

03 Matching the right person with the right provider

04 “[F]or every person who gets a supportive housing apartment, there are four eligible applicants who are turned away, according to the Supportive Housing Network of New York.” (Chen, 2021)

Nearly 2,600 Apartments for Mentally Ill and Homeless People Sit Vacant

Mayor Eric Adams is opening more supportive housing in New York, but filling it can be a challenge.

Give this article

Mayor Eric Adams has made addressing homelessness a focus of his administration, but has faced many challenges. Benjamin Norman for The New York Times

(Newman, 2022)

Using Evidence-Based Techniques to Support Reentry Within These System Realities

Person-First Language

Removing labeling language can build self-efficacy and reduce stigma.

Using person-first language humanizes the individual.

People who have been incarcerated often feel that society demonizes them.
Using appropriate language supports a sense of self-worth.

Identity-first language	Person-first language
Offender	**Justice-involved individual, client**
Addict	**Person with a substance use disorder, person who uses drugs**
Mentally ill	**Person with a mental health disorder, person with a mental illness, person living with a mental health concern**

(*Addictionary*, n.d.)

Solution-Oriented Communication

01

Solution-oriented conversations enhance possibility.

02

Qualities:

- Future focused
- Goal directed
- Progress promoting
- Hopeful
- Confidence building

Value-Neutral

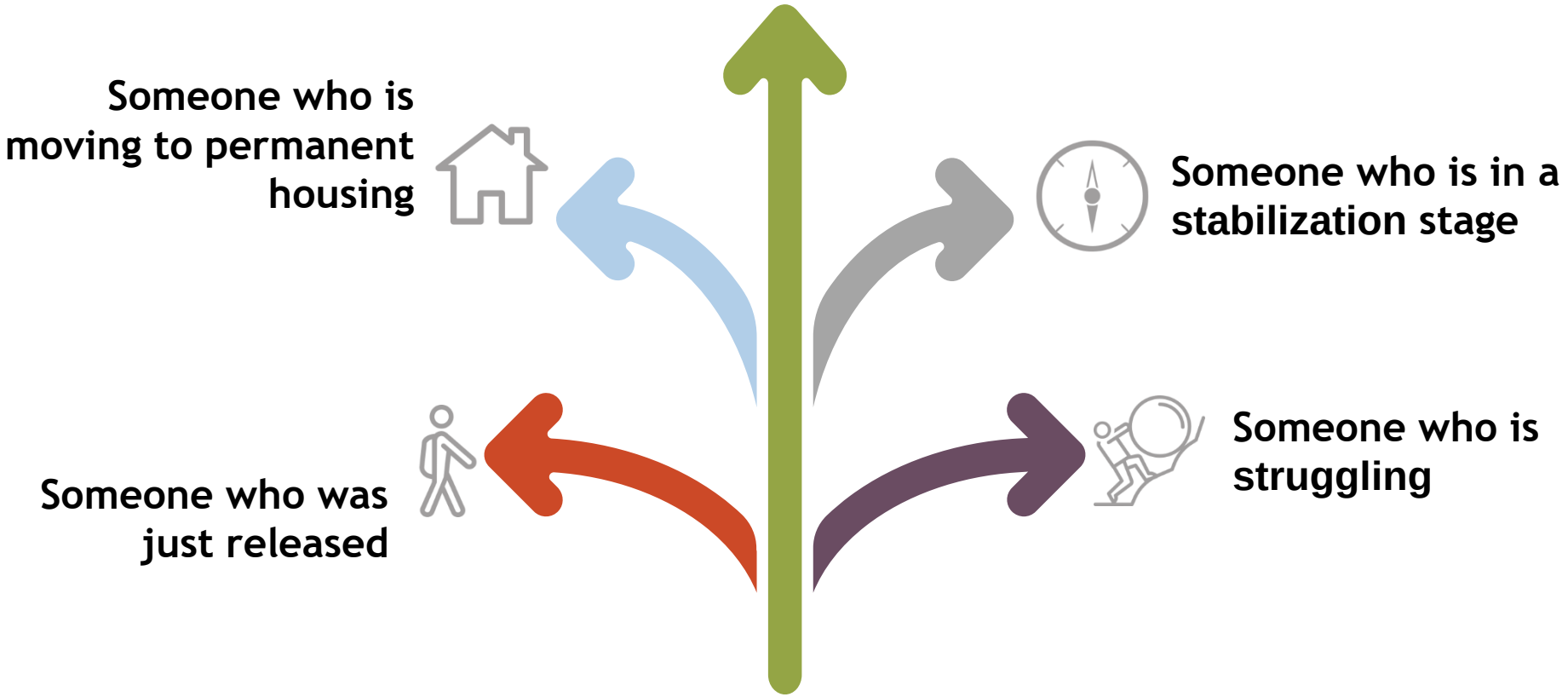
01 People may or may not share your values

02 Bolster harm reduction

03 Prioritize safety

04 Focus on what the individual wants

Trauma Responsiveness at Different Stages



Core Values of Trauma-Responsive Environments

Safety	Choice	Sharing Power	Trustworthiness	Empowerment
• Ensuring physical and emotional safety	• Emphasizing individual choice and control • **Collaboration:** • Providing equality in participation	• Creating a sense of belonging	• Maximizing trustworthiness • Modeling openness • Maintaining appropriate boundaries • Making tasks clear	• Striving for empowerment and skill building

(Fallot & Harris, 20011)

Prioritizing Safety Through Harm Reduction

Empower clients to prioritize target harm reduction goals:

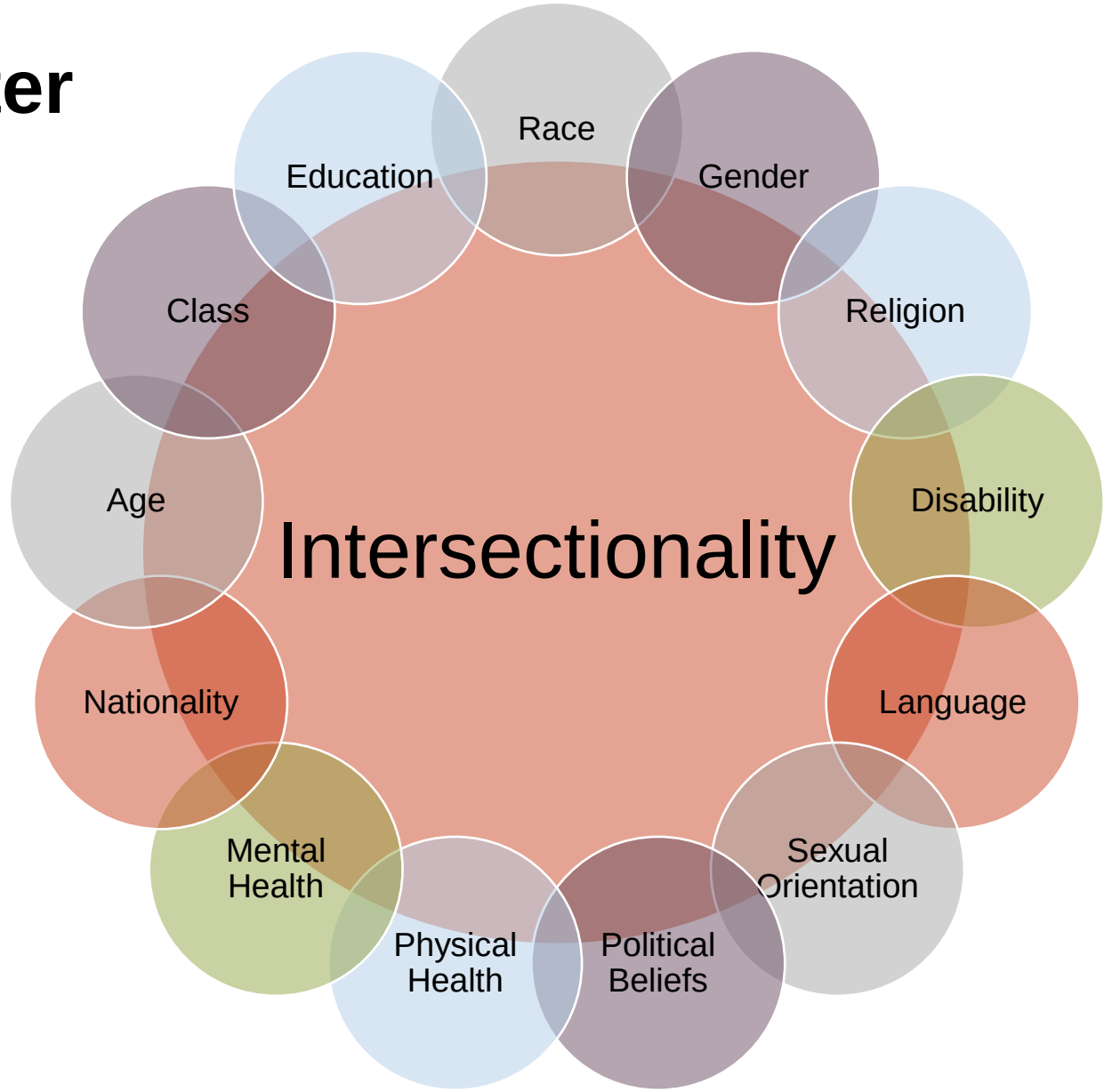
- Naloxone and not using alone
- Safer substance use practices
- Meds (PrEP/Hep C, etc.)
- Crisis and recovery supports
- Social supports
- Wound care
- Housing support

Context and Community Matter

- Use a strengths-based approach.
  - Many programs look at deficits—this causes a feeling of inadequacy.
  - Focusing on strengths increases motivation to change and assets to rely on.
  - This approach demonstrates respect and support for clients.

- Cultural identities offer sources of strength and opportunity.
  - But you must pay attention!

(Hunter et al., 2017)




Probation/
Parole Officer
Recovery
Coach
Jail Staff
SUD
Treatment
The Client
Doctor
Housing
Assistance
Counselor

Build Community Safety Networks

- **Set realistic expectations**—a person-centered approach
- **Expand peer support options**—build recovery capital
- **Address basic needs**—food, clothing, shelter
- **Meaningful engagement**—housing, work, community/family connections
- **Ongoing access to care for all conditions**—chronic physical and mental health needs.
- **Care coordination across social support network components**

Connections Across the Existing Safety Net

- Collaboration and cooperation are necessary!
  - Warm handoffs
  - Communication across providers
  - Recovery supports in the jail
  - Recovery supports in the housing environment

Why Self-Defined Success?

01 Everyone sees success differently!

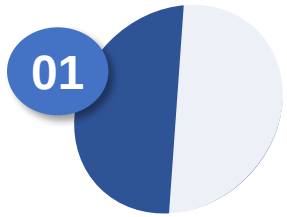
- This is, at least in part, due to the different systems we live within.

02 Increases motivation.

03 Meaningful to the individual.

04 Providers should encourage clients to see success as relative, informed by the components of their character and impacted by their unique set of circumstances.

What Is Successful Reentry for Staff?



Within a health-based model of desistance, successful reentry work means:

- **Bolstering the safety of our clients,**
- **Increasing our capacity toward fairness, and**
- **Addressing points of judgment and inequity—**
- **Self-defined success.**

Summary

We live within many systems that impact individual, interpersonal, and systemic ideals, behaviors, and beliefs.

Supportive reentry housing comes with many challenges.

The situation is not hopeless! There are techniques you can use to assist returning citizens.

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Appreciation

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