A Briefing: Reentry, Fair Housing, and Second Chances

INTRODUCTION

April is both Fair Housing Month and Second Chance Month. The two main tenets of Fair Housing Month focus on ending discrimination and increasing fairness, while Second Chance Month focuses on safety and success. The symbolic—not to mention practical—importance of housing to the reentry population cannot be overstated. These people are leaving behind the confines of a cell hoping to find the welcome of a home.

This briefing explores approaches to support successful reentry for those with mental health challenges and related recovery support needs. For some, those challenges also include co-occurring substance use disorders. Approaches are discussed within a health-based model often referred to as desistance and presented in a framework that is fourfold: addressing **points of discrimination**, increasing our **capacity toward fairness**, and bolstering the **safety of our clients**, all so that they can begin to pursue and enjoy **self-defined success**.

DESISTANCE:
the process by which criminality, or the individual risk for antisocial conduct, declines over the life-course, generally after adolescence.

Rocque, M. (2021, Oct. 4). *But what does it mean? Defining, measuring, and analyzing desistance from crime in criminal justice.* National Institute of Justice.

It will come as no surprise to anyone who works in the mental health field that the central message of this paper will be to meet people where they are. However, as with most truisms, the practice of such intent is more nuanced and complicated. The "who" and "where" for a reentering individual is impacted greatly by factors ranging from an individual's personality to the structure of larger society, and everything in between. The paper will discuss a set of practices to better expose and address the challenges in which each case of reentry occurs, and thus place addressing individual needs as foundational to mitigating mental health concerns and bolstering desistance.

Central East (HHS Region 3) MHTTC
AHP

The complement to meeting others where they are is, of course, recognizing where we are when engaging new people. To more effectively welcome, empathize, and provide services, we must reflect on and address our own biases. While not often easy, this is a necessary practice. The more we name and analyze the factors that inform our own preconceptions, beliefs, and biases, the more we can ensure that a disparity in experience does not translate into a disconnect when offering support. This paper will discuss strategies to direct self-reflection toward professional development—strategies such as exploring person-first practices, redefining success uniquely for each client, and counseling with harm reduction in mind.

The community context adds yet another layer of identity to navigate. As collaboration and partnerships across community resources are integral to providing justice-involved individuals with a fully functional support network, understanding your community context is essential. This paper will also discuss intersectionality, navigating community context, and the practices to better situate an individual for success.

THE HARD FACTS SURROUNDING REENTRY

Each year, approximately 700,000 individuals leave federal and state prisons. The Department of Justice estimates that another nine to ten million individuals enter and leave jails each year.[i] Approximately 68 percent will be rearrested within the first 3 years after release.[ii] Research has consistently shown that people with mental illness recidivate at similar rates to the general population.[iii]

Jails and prisons in the United States are the largest provider of mental health treatment in the country.[iv] Incarceration has many implications for physical and mental health, including a shorter life span,[v] the likelihood of experiencing depressive symptoms,[vi] and a lack of medical coverage and thus access to most health services.[vii]

Sociologist Bruce Western has stated, bleakly, "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."[viii] Fortunately, as research continues, and as the fields of criminal justice and behavioral health continue to evolve, we can redirect our collaborative effort toward improving mental and physical health both inside and outside the criminal justice arena.

According to a national Survey of Prison Inmates,

41% of all state and federal inmates had a history of at least one mental health problem, and

13% met the threshold for serious psychological distress in the

30 days prior to the survey.

Indicators of Mental Health Problems Reported by Prisoners: Survey of Prison Inmates, 2016 (ojp.gov)

A HEALTH-BASED MODEL OF DESISTANCE

In the late 1980s,[ix] criminologists expanded their thinking beyond examining what drives people to commit criminal or antisocial acts to include what drives people to *stop* committing criminal or antisocial acts. This did not mean crime prevention, like locked doors or self-defense tactics. Rather, studies in desistance looked at why individuals decide to stop engaging in antisocial acts altogether. When criminologists investigated what motivates this change, their resulting theories posited increased engagement in "adult" behaviors, such as employment, marriage, and economic stability, as catalysts to the process of desistance.

In 2019, scholars proposed a new model of desistance—one focused on health, both mental and physical.[x] The central idea is that those "adult" behaviors so often found in desistance research depend on overall well-being. If an individual has poor physical and/or mental health, they are more likely to struggle to obtain—and maintain—strong ties to employment, family, partners, and so forth. Physical health problems, for example, may prevent an individual from being able to get to work or to complete their work in a timely manner. A long-term disability, substance dependence, or ongoing mental health concerns may strain personal relationships and community ties. In prior research, health has been seen as a "minor need;"[xi] this health-based model of desistance concludes that these needs are anything but minor.

CO-AUTHORING THE STRATEGIES AND SOLUTIONS

"Person-first" means exactly that. Rather than viewing reentry as a process of coordinating systems (e.g., probation, employment, behavioral health, recovery), putting the person first realigns the focus and prioritizes the reality, challenges, and aspirations of each client. The systems are still pertinent, but the conversations revolve around supporting an individual in identifying, articulating, and pursuing their path.

Staff (service providers, reentry staff, counselors, housing authorities, etc.) can set the tone of this realignment. Using person-first language fosters equity and dignity with each interaction, conversation, and exchange. Person-first language means avoiding labels and literally putting the "person" first, with their experience or condition being secondary—for example, saying "a person experiencing homelessness" rather than "a homeless person." Equally important, using person-first language encourages those you serve to see and speak about themselves with greater fairness, clarity, and equity. Providers should bring this same objectivity into practice when discussing and setting goals with clients. Avoid allowing the values inherent to the many systems in play to override what a client identifies as important or goal-worthy, and therefore as indicative of success. Providers should also encourage clients to see success as relative, informed by the components of their character and impacted by their unique set of circumstances.

> "The intention of the STAAC framework is aspirational and outlines necessary shifts in correctional system policy, procedure, and training to support the intersection of harm reduction for the people detained in the facility and their families, correctional staff and their families, and the larger community."
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> Jones Tapia, N. (2021). *Harm reduction at the center of incarceration.* The Square One Project.

Harm reduction is also an important approach to working with clients reentering their communities. One effective strategy toward harm reduction is the STAAC framework (Safety, Transparency & Trust Building, Agency, Asset-based Approach, Connectedness), in which realistic goals enable clients to remain safe as they continue to navigate challenges. For example, for some clients, sobriety may not be an option or even a viable goal within the context of their current situation. Effective harm reduction strategies, however, would look to take the likelihood of an overdose off the table. Harm reduction broadens the conversation beyond an "either/or" proposition. It allows the individual to initiate important, though incremental, progress toward well-being.

A pivotal piece informing and coordinating such a framework is a recovery coach. A recovery coach contributes to change and growth through strength-based, person-centered interactions and goal setting, and by naming and honoring the innate health and wholeness of every client.

Often, without support, marginalized people become more marginalized. Compared to the general public, justice-involved individuals tend to be poorer, less educated, face more mental health issues, and are more likely to be Black.[xii] Closely tied to a lack of person-first language,

MASTER STATUS: a status that dominates others and thereby determines a person's general position in society.

Schaefer, R. T. (1999). *Sociology: A brief introduction*. McGraw-Hill.

people reentering their communities after being in jail or prison carry labels not of their choosing—labels that limit, almost by definition, how they are able and even allowed to imagine their futures. Labels that become "master statuses" can unfairly inhibit an individual's desire and effort to move forward. For example, community providers might struggle with how to interact with a person who has served a sentence involving a sex offense. There might need to be education, discussion, and negotiation with the community providers; this could involve simply acknowledging that there are categories of offense, that the obligation by law has been fulfilled, where that individual is now, and how to best support their vision of their future. Recent research has confirmed what we instinctively know: People are multifaceted with personalities and expectations informed by context, experience, and the perception of others. This intersectionality needs to be considered when planning for reentry. The nuances and differences across and within cultures, while difficult to pinpoint, can greatly influence an individual's understanding of, feelings toward, and willingness to use treatment, therapy, and harm reduction techniques.

To illustrate this principle, take a moment to catalog all the various faiths that might be held by community members in a 2-mile radius of where you work, and then the range of orthodoxy across each one. Now list what assumptions each might make about the other. What assumptions might they make about a person reentering this community (with their own equally valid belief system)? How does one go about advocating for a client while accommodating so many variables?

While cultural identities create a potential challenge, they also provide a source of strength and opportunity. For example, scholars noted that for the African American community, "historical traumas destroy personal identity and hope, erode cultural sources of resilience, and fuel the appetite for anesthesia," and yet also that "recovery is best framed within the larger framework of liberation and personal/cultural survival."[xiii] Unpacking intersectionality will require strategic conversations with all involved.

Remember to meet folks where they are. Be curious. If it is not already your practice, introduce open-ended questions, such as

- Why do you say that?
- Can you explain your thinking to me?
- What do you feel would work for you?
- Does this expectation/requirement seem fair to you?

Take responsibility to learn about potential cultural challenges and opportunities. Seek out and/or bring in experts who can help better

inform and frame your approach. Be proactive in asking for professional development targeted around diversity, equity, and inclusion (DEI) and cultural humility and competency. When you hit an impasse, when cultures collide, start big and be collaborative in your decision-making. Find the large common ground. Most people agree on deserving respect, wanting to feel safe and content, and, perhaps for the reentry population in particular, a sense of control. With general values established, explore the details and seek input, compromise, and agreement around a viable and sustainable way forward.

Individuals receiving treatment as well as those providing that treatment have multiple obligations and roles that may come in conflict with one another. Being cognizant of these roles can assist with managing and prioritizing actions and reactions. For example, when a staff member learns about an antisocial behavior that stems from a mental illness, they may have conflicting roles to maintain confidentiality and assist the individual through the behavior, as well as to report the behavior to a criminal justice supervising entity. Similarly, an individual, particularly one on community supervision (probation, parole, furlough), will have many roles that often conflict, such as balancing the ability to pay for court fees and mental health services.

The stability of social support during reentry is vital to mental health. A recent study examining the effects of social supports on health found that emotional and instrumental supports from family and friends are essential to positive self-assessments of mental health.[xiv] Moreover, where individuals can further bolster their community support through involvement with family and community members, such involvement decreases the likelihood of recidivism. However, many returning citizens struggle with their familial relationships, particularly with their children. Dargis and Mitchell-Somoza note that many individuals who are incarcerated benefit from assistance understanding how to reunite with children, how to parent well, and how to overcome barriers to reengaging with children.[xv]

For the same reason most of us would rather walk into a room full of strangers with a friend by our side, warm handoffs are an effective strategy for building trust and the capacity to negotiate systems and for fostering connectedness and resilience. Warm handoffs are helpful when adding components to a client's support network. Effective introductions and warm handoffs provide a middle ground between being supported and having more autonomy. They open the door for an individual to feel more comfortable in joining, exploring, and finding the right fit in a new community, from peer recovery support to advocating for fair housing, to navigating their healthcare needs. The practice of warm handoffs underscores the relevance and importance of recovery coaches. In leveraging existing relationships, a coach can model the "how to" of networking both for building and maintaining a healthy matrix of resources.

If we look to engage our clients from a strength-based, future-facing perspective, we're right back to where we began: the need to meet each new client where they are (fully informed with where we are and where our community is). In addition to addressing each person's matrix of needs using evidence-based best practices, be proactive in keeping yourself and your organization abreast of emerging research and changing practices (around stigma, trauma, mental illness, employment, housing, access to services, community inclusion and acceptance, and more). These are some initial keystones to implementing a health-based model of desistance.

RESOURCES

Home - CSG Justice Center - CSG Justice Center

Jobs for the Future (JFF)

The National Reentry Resource Center, Reentry Matters 2022, "giving each individual an opportunity to thrive"

The STAAC Framework, The Square One Project

Harm Reduction at the Center of Incarceration, The Square One Project

A better path forward for criminal justice: Prisoner reentry (brookings.edu)

Opening Doors, Returning Home: How Public Housing Authorities Across the Country Are Expanding Access for People with Conviction Histories | Bureau of Justice Assistance (ojp.gov)

Mental health and substance use among women and men at the intersections of identities and experiences of discrimination: insights from the intersectionality framework | BMC Public Health | Full Text (biomedcentral.com)

RECOVERY RESOURCES

Special Topics and Resources (recoveryanswers.org)

Peer Recovery CoE (peerrecoverynow.org)

PERSON-FIRST LANGUAGE

Addictionary® (recoveryanswers.org).

ENDNOTES

[i] The United States Attorney's Office, Northern District of Georgia, Community Outreach. (n.d.). *Reentry fact sheet*. https://www.justice.gov/sites/default/files/usao-ndga/legacy/2014/12/12/Reentry%20Fact%20Sheet%20_FINAL.pdf#:~:text=Reentry%20Fact%20Sheet%20Each%20year%2C%20more%20than%20700%2C000,ultimately%20be%20released%20and%20returned%20to%20the%20community.2

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