



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

New England Mental Health Technology Transfer Center (New England MHTTC)

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Yale Program for Recovery and Community Health
in partnership with
C4 Innovations,
Harvard University, Department of Psychiatry, and
the Center for Educational Improvement

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

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

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



Understanding and Supporting Re-entering Citizens

*It's not easy to go home, and
many don't have a home to
return to...*

December 11, 2023

Daryl McGraw, MS

Steven Samra, MPA



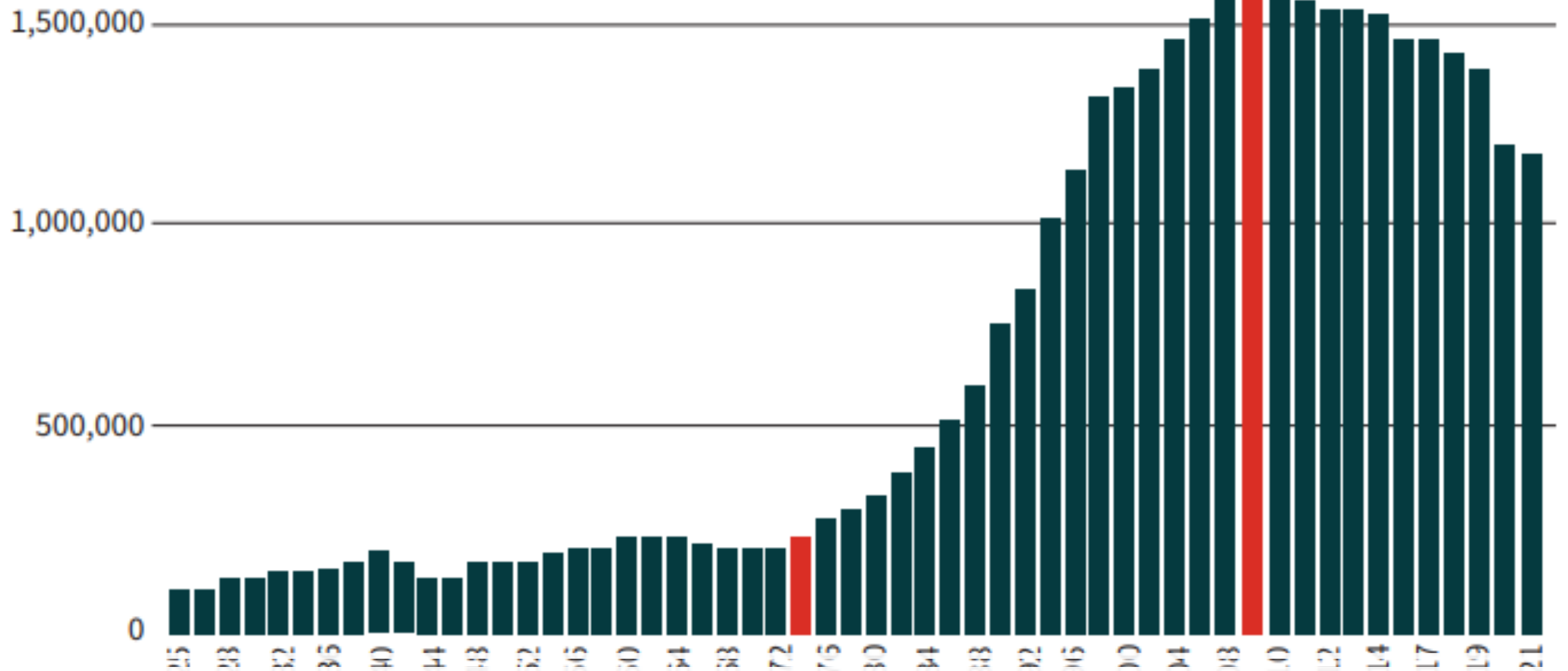


Today's Learning Objectives

- Discuss at least three consequences of a failed reentry effort
- Recall at least four challenges in bringing Medication Assisted Treatment (MAT) into jails and/or prisons
- Identify at least five Best Practices when introducing MAT into jail or prisons
- Describe the impact of stigma and bias on treatment and recovery
- Explain Post-Incarceration Syndrome
- Restate at least six barriers to successful reentry for the returning citizen
- Cite at least five examples of peer support interventions to overcome the barriers to reentry
- Interpret the subcultures of addiction and incarceration and their impact on the pre-contemplative individual
- Describe the importance of building social capital for the returning citizen
- Discuss the rationale for Harm Reduction approaches for the returning citizen
- Differentiate the differences between drug court vs traditional court and why this matters
- Describe at least two reasons drug courts are effective alternatives to traditional courts

DRUG
POLICY
ALLIANCE

What is the **DRUG WAR?**



U.S. STATE AND FEDERAL PRISON POPULATION, 1925-2021

Red bars = Start and peak years for the surge of mass incarceration

Disparate Impact of American Mass Incarceration

79 million have a criminal record of some kind!







The
 “School
 to
 Prison
 Pipeline”
 is Destroying Our
 Childrens’
 Futures

ARE OUR CHILDREN BEING PUSHED INTO PRISON?

THE PIPELINE TO PRISON: THE U.S. HAS THE HIGHEST INCARCERATION RATE IN THE WORLD, AND ITS PRISONS AND JAILS ARE OVERWHELMINGLY FILLED WITH AFRICAN AMERICANS AND LATINOS. THE PATHS TO PRISON FOR YOUNG AFRICAN-AMERICAN AND LATINO MEN ARE MANY, BUT THE STARTING POINTS ARE OFTEN THE SCHOOL AND FOSTER CARE SYSTEMS.

FROM SCHOOL TO PRISON

STUDENTS OF COLOR FACE HARSHER DISCIPLINE AND ARE MORE LIKELY TO BE PUSHED OUT OF SCHOOL THAN WHITES.

- 40%**  OF STUDENTS **EXPELLED** FROM U.S. SCHOOLS EACH YEAR ARE BLACK.
- 70%**  OF STUDENTS INVOLVED IN “IN-SCHOOL” **ARRESTS** OR REFERRED TO LAW ENFORCEMENT ARE BLACK OR LATINO.
- 3.5 X**  BLACK STUDENTS ARE THREE AND A HALF TIMES MORE LIKELY TO BE **SUSPENDED** THAN WHITES.
- 2 X**  BLACK AND LATINO STUDENTS ARE TWICE AS LIKELY TO **NOT GRADUATE** HIGH SCHOOL AS WHITES.

FROM FOSTER CARE TO PRISON

YOUTH OF COLOR ARE MORE LIKELY THAN WHITES TO BE PLACED IN THE FOSTER CARE SYSTEM, A BREEDING GROUND FOR THE CRIMINAL JUSTICE SYSTEM.

- 50%**  OF CHILDREN IN THE **FOSTER CARE SYSTEM** ARE BLACK OR LATINO.
- 30%**  OF FOSTER CARE YOUTH ENTERING THE **JUVENILE JUSTICE SYSTEM** ARE PLACEMENT-RELATED BEHAVIORAL CASES (e.g. RUNNING AWAY FROM A GROUP HOME).
- 25%**  OF YOUNG PEOPLE LEAVING FOSTER CARE WILL BE **INCARCERATED** WITHIN A FEW YEARS AFTER TURNING 18.
- 50%**  OF YOUNG PEOPLE LEAVING FOSTER CARE WILL BE **UNEMPLOYED** WITHIN A FEW YEARS AFTER TURNING 18.

68% OF ALL MALES IN STATE AND FEDERAL **PRISON** DO NOT HAVE A HIGH SCHOOL **DIPLOMA.**



70% OF INMATES IN CALIFORNIA **STATE PRISON** ARE FORMER **FOSTER CARE** YOUTH.

THE COLOR OF MASS INCARCERATION



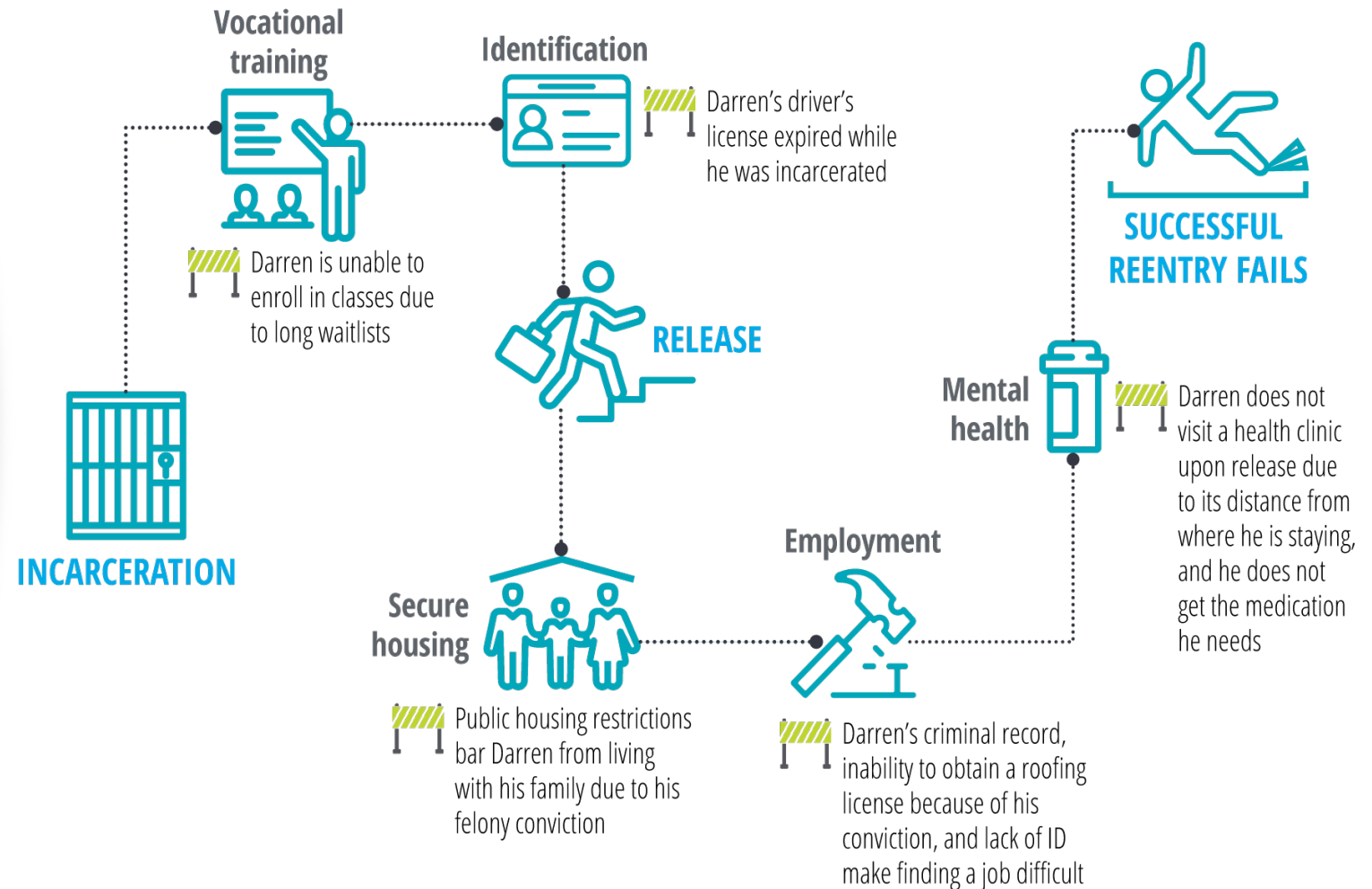
The System: Trying to Prevent Crime *After the Fact*

Strong evidence that those who engage in crime are more likely to have grown up in high crime areas along with poverty:

- Parolees usually return to the same neighborhood/family situation
- Regularly exposed to crime as those close to them may still be involved in a criminal lifestyle
- Heavily influenced by their surrounding community
- Lack of opportunity to get away from that peer pressure keeps them there
- Creates a high risk for recidivism/returning to prison

FIGURE 1

A recently released person typically faces hurdles at every stage of his journey back into society



Source: Deloitte analysis.

Community reintegration & assistance with:

- Lack of or barred from housing
- Lack of employment
- Lack of transportation
- Food insecurity
- Barriers to education
- Cultural considerations
- **Trauma**

Going Home Is Hard



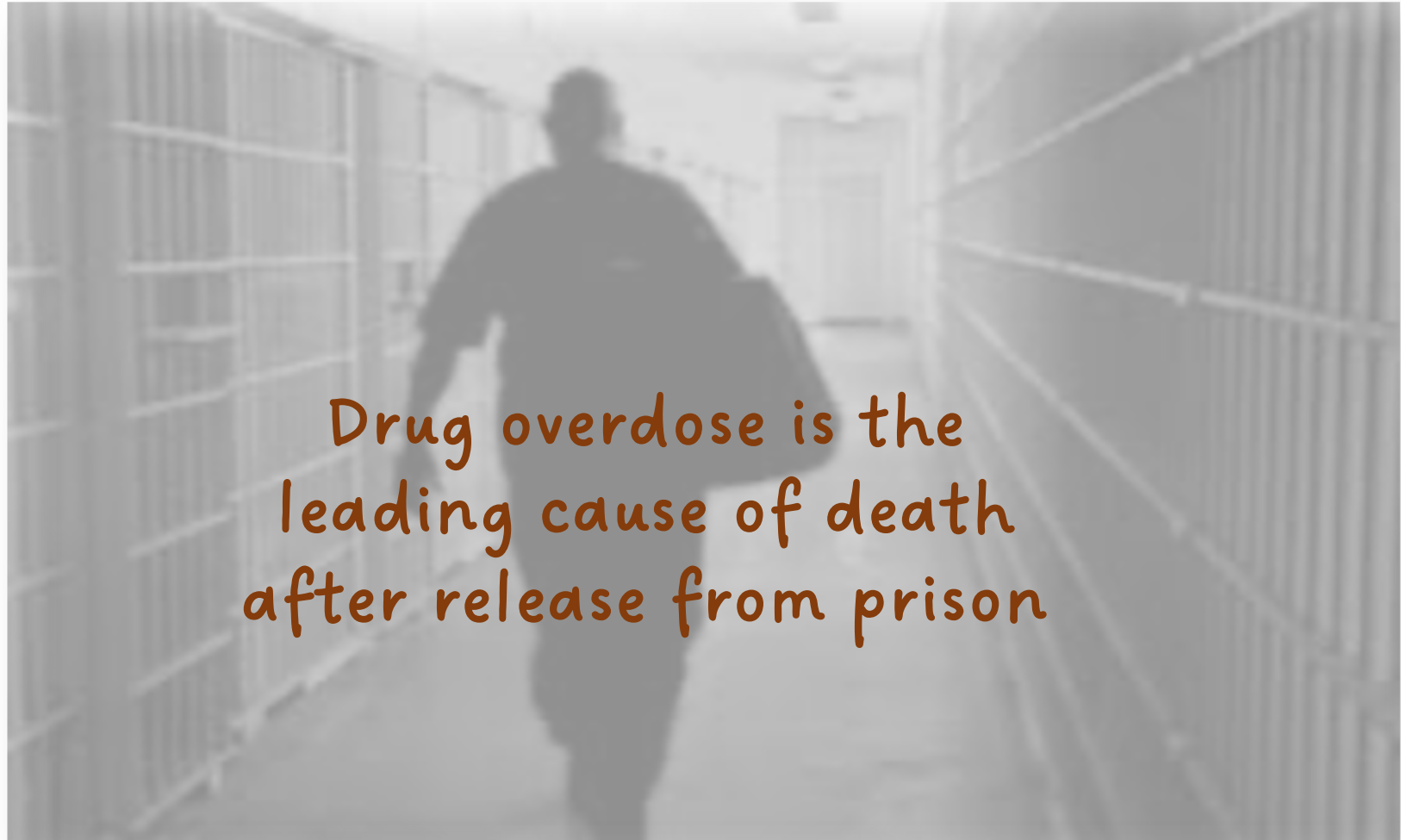
Challenges:

- Severe shortage of housing & rental assistance
- Federal housing assistance is not an entitlement, serves one in five eligible renters
- 91% of people released from prison report food insecurity
- Formerly incarcerated twice as likely to lack high school diploma, eight times less likely to complete college than general public
- Background checks for justice-involved people being removed from the employment process

When Reentry Fails:

- More crime
- More victims
- More pressure on overburdened budgets
- More family distress
- More community instability

Without mass incarceration, 5 million fewer people would have been poor between 1980 and 2014

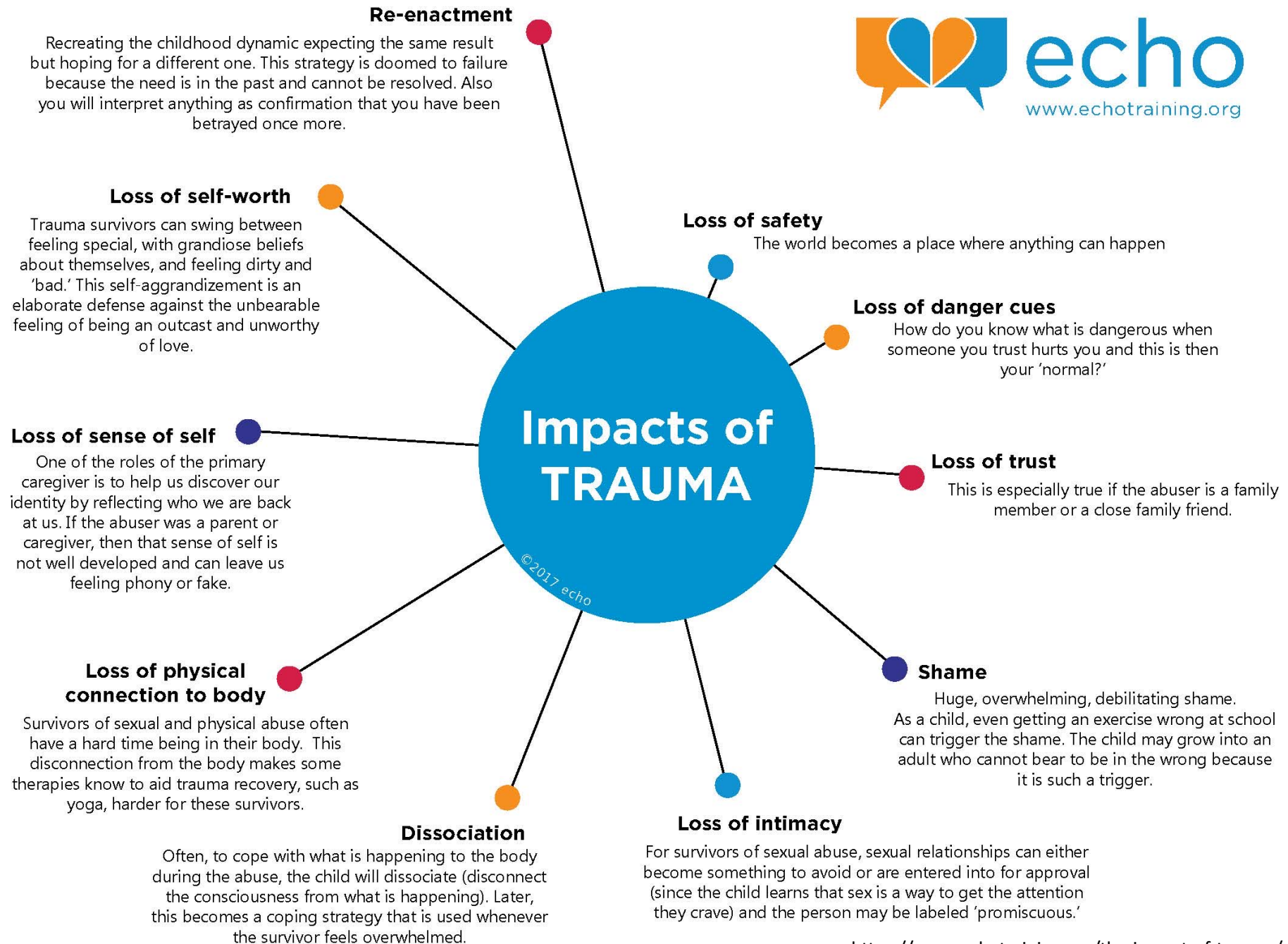


Drug overdose is the leading cause of death after release from prison

*“S/He’s Coming Home.”
Now What?*

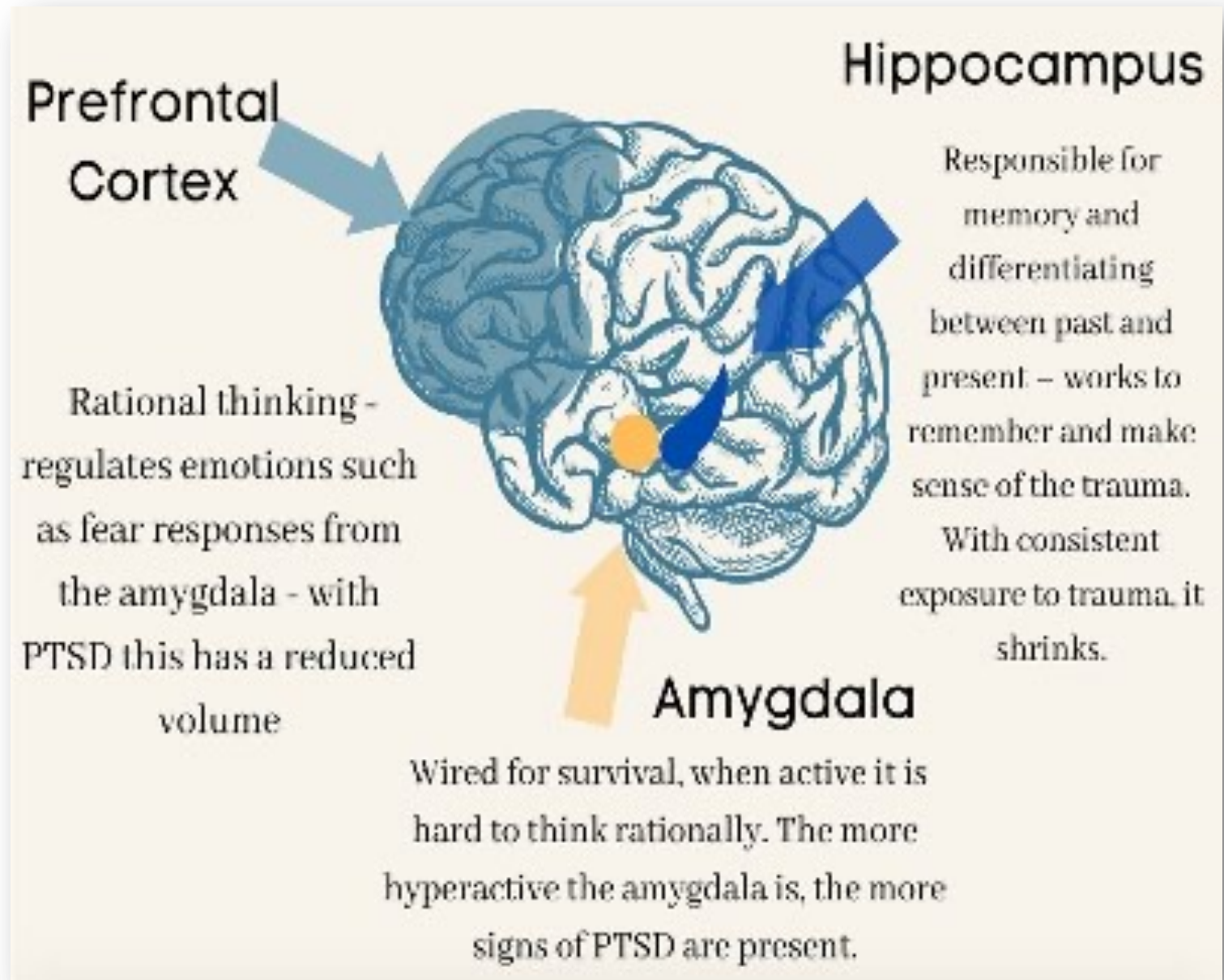
What Is Trauma ?

Individual trauma results from an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or life threatening and that has *lasting adverse effects* on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing. ~SAMHSA



Trauma and the Brain

- Can affect brain's emotion networks
- Creates fixed neural networks
- Avoidance behaviors don't work
- Keeps brain stuck in past
- Makes coping tools harder to access
- Avoidance reinforces trauma-patterns
- Alterations in memory functions
- Changes in cognition and brain structure
- Challenges with short term memory



Secondary Trauma

(Secondary Traumatic Stress/STS)

Secondary trauma can have physical, mental, and emotional consequences as a result of:

- Listening to or learning about distressing experiences
- Caring for or treating those with intense physical injuries
- Bearing witness to survivors' physical or emotional distress

SECONDARY TRAUMA STRESS

Cognitive Impact Secondary Trauma Stress



Source: D.white 2010

Individuals with strong compassionate or empathetic tendencies are at higher risk for absorbing secondary trauma...

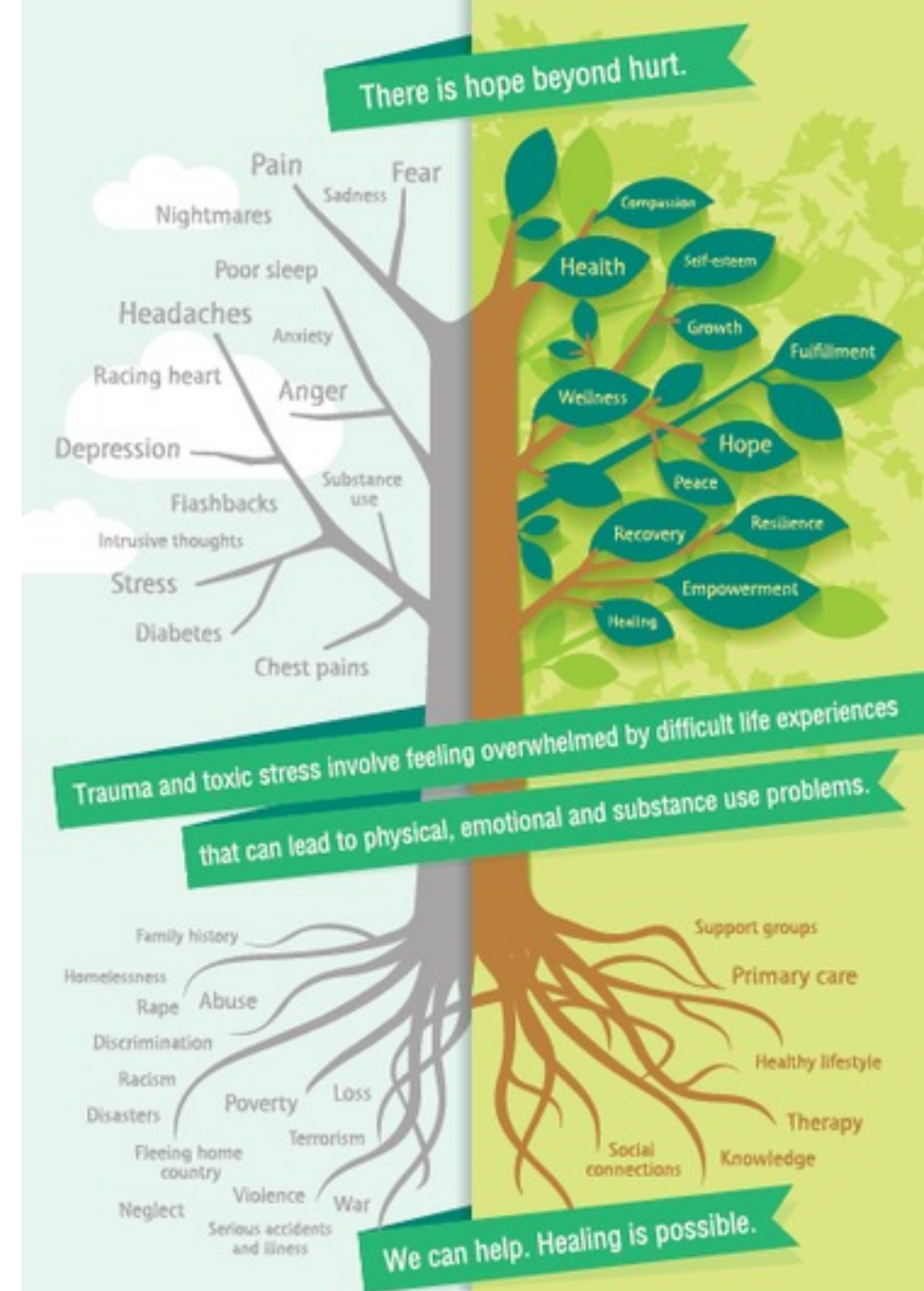
<https://www.centerforanxietydisorders.com/what-is-trauma/>

How Trauma Impacts Client Engagement

- Avoidance due to expectation of not being truly seen
- Fear of placing trust in others
- More comfortable with transactional relationships
- Difficulty following through with appointments, referrals, plans
- Loss of hope, dignity and self respect creates vicious cycle

Ways providers may re-traumatize:

- Lack of privacy
- Unwanted touching
- embarrassing/distressing questions
- Expert vs partnering
- Only one right way
- Personal unresolved trauma
- Institutional inequities
- Staff bias
- Either/or thinking
- Rigid policies and procedures



Post-Incarceration Syndrome

- Institutionalized Personality Traits
- Post Traumatic Stress Disorder (PTSD)
- Antisocial Personality Traits (ASPT)
- Social-Sensory Deprivation Syndrome



Reintegration Principles

Principle 1: Behavior changes will be required

Principle 2: Interventions are individualized/culturally proficient

Principle 3: Participants are partners in the process

Principle 4: Stakeholders are engaged in program development/planning

Principle 5: Working together to transitions from prison to community

Principle 1: Behavior Change

Old



- X Criminogenic
- X Anti-Social
- X Offender

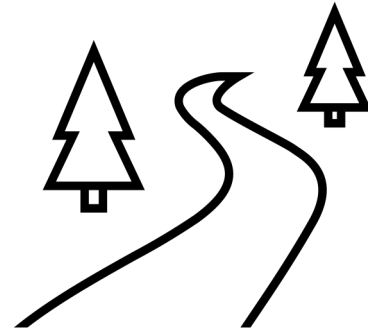
What's New?

Behavior Change: Self-Perception



*I spent 10 years of my life in and out of prison.
I had to change my character first.*

Old



New

*I spent 6 years of my life in and out of prison.
I had to change my character first too.*

Addict, no good, damaged,
anxious, crook,
deadbeat, lazy, hopeless
case, bad parent, useless,
selfish, criminal, mentally
ill, unloved, junkie, stupid,
dope-fiend,
crackhead, violent, easy...

Person in recovery, parent,
partner, honest, tolerant,
compassionate, loving,
caring, hopeful, truthful,
helpful, in control,
hard worker, trying...

Person-centered care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs.

This means putting people and their families *at the center of decisions and seeing them as experts*, working alongside professionals to get the best outcome.

Principle 2: Person-Centered Care
Interventions are Individualized and Comprehensive

Person-Centered Approach

The client (as well as providers, family members, natural supports, etc.):

- Are involved in the recovery and re-entry process.
- Directs the recovery plan as the client knows themselves better than anyone else.
- The forensic peer specialist.
- Assists clients in accomplishing their self-defined goals that promote recovery and reintegration.
- Meets the person where they are in the recovery/change process.



Person-Centered Perspective

- ***Being person-centered*** refers to an approach toward working with others that views the person as an expert on him or herself. Work starts with the goals, hopes and dreams of the person.
- ***Person-centered planning (PCP)*** is at its core all about recognizing that people experiencing mental and/or substance use disorders with a history of incarceration want the exact same things in life as ALL people.



Person-Centered Perspective



Principle 3: Participants are Partners in the Process

Principle 3:

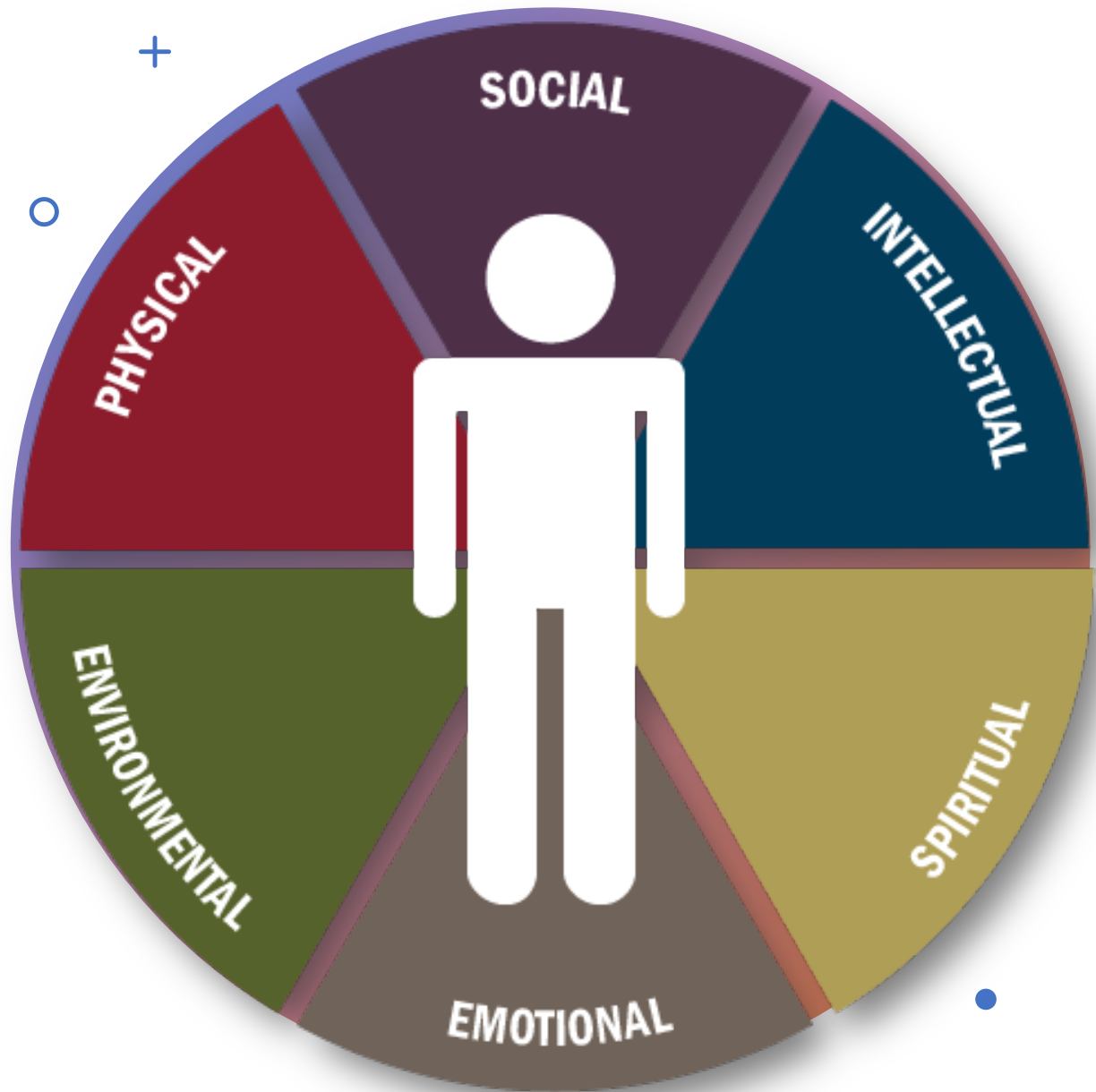
- How do you form partnerships?
- Why only “lip service” paid to this principle?



Principle 4: Stakeholders Engaged in Program Development and Planning



Principle 4: People who are impacted by incarceration have the expertise about what services and supports are needed to reconnect with their lives and communities.



Principle 5: Partnering for Seamless transitions From Prison/Jail to Community

Requires that re-entry planning begins long before the person is released from prison.

Impact on Quality of Care



Improves the experience people have of care and help them feel more satisfied



Encourages people to lead a healthier lifestyle, such as exercising or eating healthily



Encourages people to be more involved in decisions about care to get appropriate services & supports



Improves people's overall health outcomes



Reduces how often people use services to lessen the overall cost of care



Improves how confident and satisfied professionals themselves feel about the care provided



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Questions?

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Contact New England MHTTC

Website:

<https://mhttcnetwork.org/centers/content/new-england-mhttc>

Email:

newengland@mhttcnetwork.org

*Thank
you*



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