



Neighborhood House Association

"A neighbor you can count on...since 1914"



“Engage Me”

Effective Strategies to Welcome, Serve and Support Individuals with Behavioral Health Needs Transitioning from Incarceration

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INTRODUCTION

The Neighborhood House Association (NHA) is one of the largest multi-purpose human services organization in San Diego County, serving thousands of residents (children, families, seniors and youth) each year. The agency has 23 key program areas offered at 125 locations throughout San Diego County.

NHA Programs and Services include:

- *Adult Day Health Care*
- *Black Infant Health*
- *Child Development Education*
- *Early Head Start*
- *Financial Counseling & Coaching*
- *Geriatric Specialty*
- *Head Start*
- *Coordinated HIV Services*
- *CHIVS Person of Color*
- *Homework Center*
- *InnoVisions*
- *NHA College Academy*
- *Nutrition Services*
- *Project Enable, BPSR Clinic*
- *Project Enable, Employment Services*
- *Project In-Reach, CSS/ Sheriff*
- *Project In-Reach, SMI*
- *Resident Services*
- *Safe Connections*
- *Senior Service Center*
- *Quality Preschool Initiative*
- *Youth Fellowship Summer Employment*



MISSION

To enrich lives through a continuum of education and wellness services.

VISION

Healthy and educated communities—where dreams become reality.



Neighborhood House Association



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GOALS

1. Decrease **relapse** and reduce **recidivism**
2. Ensure the **successful linkage** between in-jail programs and community aftercare
3. Increase access to **health care** and **social services**
4. Reduce **stigma** surrounding mental health/substance use treatment & increase **awareness**
5. Address **criminogenic risks and needs**

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WE SERVE

1. Individuals who are **sentenced** and **un-sentenced** in San Diego county jails (Las Colinas Detention and Reentry Facility, East Mesa Reentry Facility, Central Jail, George Bailey Detention Facility, Vista Detention Facility)
2. Individuals with **mild to moderate** or **serious mental illness & co-occurring disorders**
3. Individuals on **high- and medium-risk probation** supervision and occasionally individuals on **Parole**
4. Individuals with **classification levels 1-5**

Project In-Reach



The program provides these services:

- Clinical mental health & substance use assessments.
- Clinical case management.
- Peer support services.
- Transitional housing.
- Transportation assistance.
- Warm hand-off to treatment and support services.
- Support and educational groups.

Project In-Reach Ministry

The program provides these additional services:

- Integrated approach through team of pastor & clinician.
- Pastoral counseling.
- Spiritual guidance.
- Warm hand-off to faith-based services and faith communities.

Referral & Case Management Process



Pre-Release

(10-180 days prior to release)

Referral from Sheriff's Department/ Probation Department.

Participants are screened by Director, assigned to Clinical Case Manager.

Clinical Case Manager (& Pastor) provides 1:1 intervention & develops a post-release plan with focus on participant's preferences.

Participant is released and receives warm hand-off to requested and appropriate services.

Participant receives 90+ days post follow-up services & clinical case management support.

Participant is discharged from services.

Post-Release

(90+ days post)



SMI and COD in General & Jail Population

	SMI	COD
General Adult Population	5% ³	3.7% ¹ (AMI)
Jail Population	17% ³	42% ²
SMI Jail Population	17%	72% ³

¹Center for Behavioral Health Statistics and Quality (2018). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health*. To be retrieved from: [FFR Briefing Slides - Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 NSDUH \(samhsa.gov\)](#)

²Sung, H.E, Mellow, J., & Mahoney, A.M. (2010). Jail inmates with co-occurring mental health and substance use problems: Correlates and service needs. *Journal of Offender Rehabilitation*, 49, 126-145.

³Substance Abuse and Mental Health Services Administration (2017). *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*. To be retrieved from: <https://store.samhsa.gov/shin/content/SMA16-4998/SMA16-4998.pdf>

The Role of Peers



- Peers are invaluable team members:
 - They bring lived experience to the care team.
 - They can assist clients with non-clinical challenges and barriers while also reducing stigma and encouraging clients to access treatment services.
 - They can serve as a critical sounding board for client's reasoning and decision-making based on their own experience.
 - They can help clinical team understand client's perspective.

Research about Peers in the CJS



- Reingle Gonzalez et al. (2019):
 - Pre-release peer programs are effective:
 - For men and women
 - In jails and prisons
 - For those living with serious mental illness & co-occurring disorders

Research about Peers in the CJS



- Reingle Gonzalez et al. (2019):
 - Peers found that
 - Their role in the work environment was undervalued
 - Their job title did not match the duties of their position
 - Clients should be assigned to Peers based upon their strengths and lived experiences instead of gender or language

Research about Peers in the CJS



- Barrenger et al. (2019):
 - Peers with criminal justice history
 - Approach working with justice-involved clients differently with specific regard to
 - Using disclosure
 - Developing relationships
 - Instilling hope

Challenges in the Transition from Jail to the Community



Individual-Level Challenges	System-Level Challenges
Create awareness and acceptance of treatment goals in a relatively short amount of time	Obtain clearance for peers to jails and prisons
Re-connect with family/friends and other support networks	Reduce agency time
Evaluate quality of life and identifying a purpose	Work within jail system and across criminal justice agencies
Obtain documentation (ID, birth certificate)	Effectively address homelessness & affordable housing shortage
Secure financial resources (employment, SSI, SSDI, etc.)	Bridge gaps in treatment capacities
Access social & other types of services	Establish a system of care that addresses all gaps
Address criminogenic risks and needs	Align different providers from different agencies

Available Solutions



Individual-Level Challenges	System-Level Challenges
Establish pre- to post-release care coordination/case management	Establish interdisciplinary discharge planning teams, incl. peer support
Offer pre- and post-release therapeutic intervention	Start structured networking – be able to complete warm hand-offs and prepare for potential rerouting of participant
Assist with transitional housing, linkage to permanent housing, financial support & transportation	Follow Housing First and Harm Reduction principles
Conduct pre- and post-multi-disciplinary team meetings with participants	Build relationships with law enforcement agencies such as Sheriff's Departments, Probation Departments, etc.

Hearing from a Peer



- Introducing Jesus Martinez
- Jesus is a graduate of the San Diego Sheriff's Department & NHA's Peer Reentry Leadership Academy
- He became a Peer at Project In-Reach in November 2021

References



Barrenger, S. L., Hamovitch, E. K. & Rothman, M. R. (2019). Enacting lived experiences: Peer specialists with criminal justice histories. *Psychiatric Rehabilitation Journal*, 42(1), 9-16. <https://doi.org/10.1037/prj0000327>

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