

Reentry and Renewal

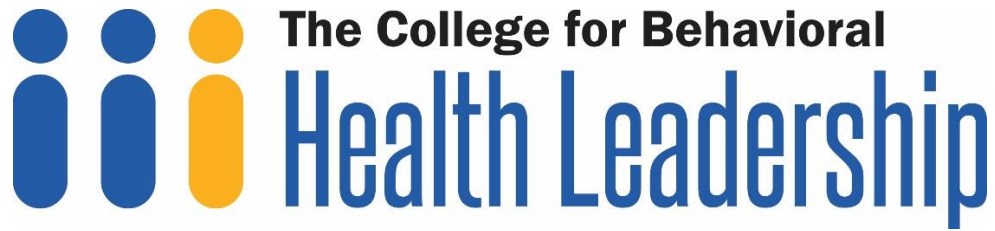
A Review of Peer-run Organizations That Serve
Individuals with Behavioral Health Conditions
and Criminal Justice Involvement

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**Temple University
Collaborative**

On Community Inclusion of Individuals with Psychiatric Disabilities

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Executive Summary and Introduction

There is an enormous need for peer-led programs that serve individuals with mental health conditions who have criminal justice system involvement. The United States has less than 5 percent of the world's population, but it has [almost a quarter of the world's prisoners](#). And [more than half of them have a mental health problem](#), according to the Bureau of Justice Statistics. People who live with mental health challenges are [less likely to be released on bail](#), and have [longer jail and prison terms](#). Even when they are released, they are more likely to incur [technical probation violations](#). And this doesn't even take into account how difficult it is for people coming out of jails and prisons to [get jobs](#) and [housing](#), which are essential to finding their way back to normal lives.

Because of the great need, a survey was developed to identify peer-run programs/services that serve individuals with behavioral health conditions who are returning to the community from jails and prisons. [Peer-run organizations have been, and continue to be, leaders](#) in providing cutting-edge, recovery-oriented mental health services and supports; so there is much to learn from their experience. In addition, [studies](#) have shown that peer support services are effective in reducing hospitalizations.

There were 132 responses to the survey (of which 59 were incomplete). A compendium has been developed that includes the 41 most substantive replies, representing 15 states. The respondents offer a mix of day, residential, mobile and prison-/jail-based services and supports. They serve anywhere between six to 900 individuals, with budgets ranging from zero to \$300,000.

Some programs are just getting off the ground; few have been open for more than a year or two. All of them are on the cutting edge and represent some of the best practices in facing the challenge of the skyrocketing numbers of people with behavioral health issues who come into contact with state and/or federal criminal justice systems.

Peer-run programs that serve individuals with mental health conditions and criminal justice involvement provide both direct programming—including case management services, vocational training and placement, housing resources, and other services—to help the individual returning to community life from incarceration find his or her balance; and ongoing support of their peers.

Following are snapshots of services provided by the programs covered later in this report:

- [Communities for Recovery](#), in Austin, TX, has developed a peer recovery coach program in the Travis County State Jail.
- [Ellis Medicine Forensic Peer Mentor Project](#), in Schenectady, NY, helps clients access mental health and substance abuse treatment, housing, benefits, employment, and connection to 12-step groups and other supports, among other services.

- **1st Day Out**, in San Luis Obispo, CA, works with clients on a one-to-one basis in jail, and then continues to follow them in the community, linking them with “all of the steps necessary to be successful.”
- **Hands Across Long Island**, in Central Islip, NY, also begins working with people while they are still incarcerated, and helps them try to identify those “people, places and things” that were not good influences, and also the opposite: people and places that provide support in the community.
- **Haven House**, in Juneau, AK, operates a housing program for women who have been incarcerated, as well as providing “recovery/reentry coach services” that have served hundreds of people since it opened nearly two years ago.
- **Hope Lives/Vive la Esperanza**, in Phoenix, AZ, includes forensic peer support and community-based suicide intervention and prevention programs. It helps clients with competitive employment and supported employment, education, community resources and referrals, social and community integration, and applying for benefits.
- **The International Association of Peer Supporters**, based in Victor, NY, incorporated the Alternatives to Violence Project training into its Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Recovery to Practice initiative to offer workshops to “build affirmation (strength-based perspectives), communication, cooperation, conflict transformation, collaboration, and community.”
- **The Northern Regional Center for Independent Living** in Watertown, NY, provides peer-supports—both one-on-one and support groups in the jail—and continuation groups for those who have been released from jail.
- The services offered by **PEOPLE Inc.**, Poughkeepsie, NY, include employment, financial management, and rep payee. Also offered are social inclusion activities, including support groups.
- **REACH-Up**, in Middletown, CT, is a peer-run pilot program created by REACH (Re-Entry Assisted Community Housing). REACH operates scattered-site housing in nine Connecticut cities for clients with criminal justice involvement. The clients also receive case management. In REACH-Up, a random sample of the REACH population receives additional support through peer involvement. REACH-Up clients have shown statistically significantly less early recidivism and a higher level of engagement with treatment and case management services than has been true of the other REACH clients.
- **Westchester Independent Living Center (WILC)**, in White Plains, NY, operates a Partners for Success class based on personal awareness, personal responsibility and personal empowerment. WILC is the hub for social services assistance for employment training, anger management, domestic violence, health care/mental health care resources, self-empowerment, substance use treatment, and re-entry into the community from the criminal justice system.
- **Wishing Wellness Center**, in Cortland, NY, helps people find housing, connect to services, set and achieve goals, and find recreational opportunities and music and art

lessons. “We also engage people in treatment services for mental health and substance abuse (both inpatient and outpatient), support services beyond the treatment process, and [assist with] connection to residential treatment services.”

It has also been demonstrated that, to help individuals with both behavioral health conditions and involvement in the criminal justice system, it is important that the peer staff members have had criminal justice involvement themselves. As the director of a community behavioral health agency within the Optum Pierce County, WA, Regional Support Network was quoted in a U.S. Department of Health and Human Services report:

We see that putting peers into situations where they have no lived experience is not helpful. For example, when we put peers without criminal justice experience into the criminal justice system it didn’t work. So then we decided to staff the peer support services with peers who had been arrested, been in jail or prison. Ta da! It was amazingly effective!

(For more information about the Optum Pierce County, WA, program, see pages 35-40 of [An Assessment of Innovative Models of Peer Support Services in Behavioral Health to Reduce Preventable Acute Hospitalization and Readmissions.](#))

The survey was not conducted according to rigorous scientific principles, and the choice of a dozen programs to identify as exemplary was subjective. We have tried to select some of the best and most thoughtfully developed programs in the field. However, there are, undoubtedly, excellent programs that are not included, either because they did not respond to the survey or because their responses did not capture the programs’ details in a way that made them stand out.

The survey indicates that there is an ongoing expansion in the roles played by individual peer specialists and by peer-run programs in addressing the needs of individuals with both mental health conditions and criminal justice involvement. The results suggest a need for effective training programs for peer specialists interested in this important work.

The survey also indicates a need for sound research in this arena to tell us more about what strategies work best in assuring that people leaving jails and prisons receive the support they need to lead active and fulfilling lives in their communities.

This publication is based on the survey results. We hope that it will help stimulate the creation of hundreds or even thousands of peer initiatives that will assist millions of Americans with behavioral health conditions to avoid—or to get out and stay out of—our courts, jails, and prisons, and to instead pursue lives of recovery in the freedom of their home communities.

Summarized below are some of the findings of the survey, under the headings “Descriptions of Exemplary Programs (including Key Elements and Staffing),” “Barriers,” “Effectiveness of the Programs,” and “Conclusions.”

Program Descriptions

Note: All of the quotes throughout this document have been excerpted from the survey responses or from websites.

Communities for Recovery (CforR), Austin, TX

Communities for Recovery's program, funded through a Recovery Supports and Services grant from the Texas Department of State Health Services, is delivered inside of a special substance use unit at the Travis County State Jail. The name of the Unit/Pod is Commitment to Change (CTC).

"We started talking with the program staff from the Travis County State Jail about starting a peer recovery coach program in the jail," CforR executive director Robin Peyson wrote. "We wanted to work on adding peer recovery coaching to an existing program in the jail. We have coaches who have been incarcerated, and could, we believe, be very effective in this work." The coaches have completed the 46-hour peer recovery coach training.

Only the individuals in the [Inside Out of Travis County](#) and the CTC Pod who have signed up to be in this unit are allowed to participate in the program. They participate in a group setting for 90 minutes a week. The average attendance is 17. The topics, related to recovery, are suggested by the participants.

Among many other organizations it partners with, Communities for Recovery is connected with the Del Valle Correctional Facility. "We go into the facility and do one-on-one peer recovery coaching for three individuals once a week," Peyson wrote.

The program is staffed by two certified peer recovery coaches, both of whom have experience with the criminal justice system; one of the coaches was in the program. The coaches are supervised by a peer recovery supervisor, who is also a trained peer recovery coach.

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Ellis Medicine Forensic Peer Mentor Project, Schenectady, NY

The Ellis Medicine Forensic Peer Mentor Project serves men with mental health and substance abuse challenges who have a high rate of recidivism and multiple incarcerations. The program has two settings: the Probation Department and the county jail. Staff members assist with accessing mental health and substance abuse treatment, housing, benefits, employment, and connection to 12-step groups and other supports. The program in the Probation Department is a group with a 12-week curriculum; the jail program involves a group with a three-week

curriculum. There is also individual mentoring before and after release from jail. “We maintain respectful partnerships with jail leadership and connect with participants in the jail in weekly group and individually,” wrote director Lynne Davidson.

The supervisor has an LCSW and prior mental health history and recovery. The staff includes three mentors with a history of criminal justice system involvement and mental health treatment and recovery. Staff members receive 25 hours of training with a strong focus on boundaries, ethics, confidentiality, listening skills, addiction, trauma, medical model and alternative approaches to recovery, the program in the context of the larger peer movement, coping with stress, strategies for maintaining balance, loss and grief, managing anger, and other relevant topics.

For the initial year, the jail project was funded by the Schenectady County Office of Community Services. “For 2016, we are partially funded through a SCAP [Schenectady Community Action Program] Homeless Housing grant and are still pursuing necessary funding,” Peyson wrote.

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1st Day Out, San Luis Obispo, CA

1st Day Out’s program begins with staff engaging clients in jail and working with them in custody to make a plan for when they get out. The program continues to follow clients in the community after release, and links them with services and supports to improve their chances of success and staying out of jail. The population the program serves is “challenging”: San Luis Obispo County Jail uses a Level of Severity Index score to rate how likely a client is to return to jail. “We are given the clients with a high score on this scale AND a mental health diagnosis,” Joe Madsen—the division director of housing and support services for Transitions-Mental Health Association, which operates the program—wrote.

The program, which works with clients on a one-to-one basis, tries to link them with “all of the steps necessary to be successful.” These may include employment, housing, education, finance, family connection, recreation, and faith-based support. “The client chooses from the ‘menu’ of choices and can select as few or as many options as they are comfortable with. The mentor will encourage the client to look at all of the dimensions of recovery, but will respect the client's choices as well.”

Program mentors have lived experience with either the law enforcement system or the mental health system, or both. “The program emphasizes client choice and a progression toward self-reliance and skill-building. The program is not meant to be forever, so clients need to develop a

plan of eventual graduation and self-sufficiency which helps them prevent going back to the jail setting.” Eighty percent of the clients using this program have not gone back to jail, Madsen wrote.

“The staff needs to have patience, understand where the client is coming from, and that they may need new and/or better skills than they had in order to be successful in the community,” Madsen wrote. “They need to inspire hope and have strong boundaries, not an easy combo to have.”

“The intention,” Madsen told [Tolosa Press](#), “is that the program mentor will bring real life experience to issues of incarceration, reentry, and mental health. This individual meets with clients both before and after release, provides peer leadership and counseling, and becomes a proactive resource for linkages to wellness programs that feature life skills and support groups, vocational opportunities, housing, and education.”

The staff have more than 40 hours of shadowing existing staff who work in forensic programming, extensive training on documentation, orientation of the jail and expectations, and case management training. Ongoing training is required of all staff members.

Half of the program’s \$20,000 funding (\$10,000) comes from a county grant focused on recidivism reduction. The other half (\$10,000) comes from a community foundation grant that provides funds for “First-Day-Out” kits that are distributed to program participants.

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Hands Across Long Island, Central Islip, NY

“Back in 2000, we realized many of our community members were being arrested for events caused by the symptoms of their mental health conditions,” wrote Ellen Healion, executive director of Hands Across Long Island (HALI). “As years passed and hospitals were closing, the jail/prison census of individuals with mental health conditions increased at a similar rate.

“The first program we had was providing self-help in the local jails in Suffolk County and Sing Sing Prison in Ossining, NY (a maximum security state prison). We provide support in Manhattan, and operated a Re-entry Pilot project that was successful but the Feds cut the funding.” HALI receives funding from the New York State Office of Mental Health.

HALI receives referrals from the spectrum of criminal justice agencies, such as Parole and Probation, the Re-Entry Task Force, Mental Health Court, and jails and prisons, as well as other

county agencies. In the last fiscal year, HALI served more than 200 people with behavioral health conditions and criminal justice involvement.

“Each person's journey back into the community is different,” Healion wrote. Prior to individuals’ release from prison, the staff work with them to identify people, places and things that get them in trouble and identify safe people and places that provide support. The program works with [Re-Entry Task Forces](#) to arrange for benefits and housing and to get the person settled back into the community, which takes anywhere from three months to a year. A lot of work is done to help the individual change their coping skills from those that worked in prison but won’t work in the community to those skills that will help them in the community.

“We work on changing the body clock from ‘jail time’ to routines most people in the community follow,” Healion wrote. “Once someone is ‘settled’ in housing, benefits and treatment, they start working on employment, obtaining good behavior certificates, supporting the individual with employers, etc. The program also helps the individual determine if their family is healthy for them or if they need to develop a ‘family’ of their own making.”

“Each staff’s qualifications are different; it’s their personal experience and HALI training that makes the services work,” she wrote. Training involves Facility Orientation, HALI training and months of shadowing experienced staff. “Ideally, we would like to have peer specialists with lived experience. Should we consider someone without lived experience, there would be a much more rigorous process. This population will not accept just anyone....”

“Currently, the chief operating officer supervises the coordinator of the forensic programs, who has had years of experience working within the jails and has a CSAC [Certified Substance Abuse Counselor] and Counseling Degree.”

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Haven House Juneau, AK

Haven House Juneau is a faith-based, peer-run grassroots recovery residence that offers “up to two years of safe and stable recovery-focused living,” wrote Kara Nelson, the program’s co-director. Haven House Juneau, which houses six people with four on a waiting list, serves women between 20 and 35 years of age, Alaskan Native, white, and formerly incarcerated. In addition, Nelson wrote, its recovery/reentry coach services have served hundreds of people since it opened on March 17, 2015.

The program—which receives referrals from probation officers, word of mouth, treatment facilities and the Department of Corrections—includes a weekly in-house community meeting, women’s support groups, and volunteerism. “We facilitate reunification of families,” Nelson wrote.

The individual recovery action plan includes financial management, a primary medical care provider, Medicaid application and follow-through, substance use disorder outpatient/inpatient treatment, long-term recovery supports, a mentorship program with women in the community who have long-term recovery, long-term housing transition, physical health scholarships through a local gym, faith-based community meetings and in-house small groups, a peer-based social model within the home, support for all pathways of recovery, communication with probation officers, and bi-monthly meetings with probation officers.

Nelson goes into jails and prisons all over Alaska: “I work reentry plans with individuals upon request whether they are in the Haven House program or not. I also do education based on recovery messaging, recovery movement and reentry services.”

Haven House encourages the hiring of individuals in long-term recovery as well as people who have been incarcerated. The three staff are all “actively involved in a recovery pathway.” [McShin Foundation Recovery Coach](#) training has been a requirement for staff, as well as weekly meetings with the director for individual recovery planning for each staff member. The program does background checks on all mentors and/or staff volunteers. “The greatest key element is the experience and personal experience of the hired individual,” Nelson wrote. “If people do not trust them, do not feel they know what it’s like, then they will just not bond.”

The program’s budget is approximately \$140,000. Start-up funding came from State of Alaska CAPSIS [Legislative Finance Capital Project Submission and Information System] grants. “We have a two-year grant through the Alaska Mental Health Trust. Over half of our budget comes from community donations and mainly our faith community,” she wrote.

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Hope Lives – Vive la Esperanza, Phoenix, AZ

Hope Lives – Vive la Esperanza is funded by Medicaid and serves Maricopa, Coconino and Pinal counties in Arizona. Its constituents include community members with criminal justice involvement. Its services include forensic peer support and community-based suicide intervention and prevention programs. The agency, which served 200 participants in the last year that was reported on, offers assistance with competitive and supported employment,

education, community resources and referrals, social and community integration, and Department of Economic Security/Social Security Administration benefits. The program claims a 95 percent success in reducing recidivism.

Staff must be approved and credentialed under the Regional Behavioral Health Authority. “We hire peers with lived experience with being incarcerated and lived experience (survivors) with suicidal thoughts/behavior,” wrote chief executive officer Christopher Gonzalez. Staff receive Forensic Peer Support Specialist training and Life Support Specialist training (both Arizona State-certified programs); and all staff must have lived experience in the certification they choose.

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International Association of Peer Supporters (iNAPS), Victor, NY

iNAPS participated in the [Recovery to Practice](#) (RTP) initiative of the Substance Abuse and Mental Health Services Administration. Following feedback from pilot participants, iNAPS incorporated in its training elements of the [Alternatives to Violence Project](#) (AVP), a series of workshops that have been offered by community volunteers in prisons for over 40 years. “It traces its origins back to a 1975 prison workshop in Green Haven Prison, in Dutchess County, NY, which was originally developed to train civil rights demonstrators in non-violent approaches,” wrote iNAPS board member Rita Cronise, who until recently was iNAPS director of operations.

According to John Shuford, Ed.S., MBA, of AVP International, “AVP offers three-day full-emersion experiential workshops that enable people to lead more enriching and fulfilling, peaceful lives through attitude change and personal transformation.” He credits the involvement of people in prison as facilitators for the high rate of acceptance by participants. AVP also has proven results with correctional officers and prison leadership, Shuford wrote. There are programs in 37 states and the Virgin Islands, in 98 prisons and in 55 countries worldwide. (Peace Work, in West Camp, NY, also employs the Alternatives to Violence format.)

People with forensic or criminal justice involvement are ideal candidates for the training. “Organizers of the Recovery to Practice training actively seek AVP ‘inside facilitators’ once they are released from prison because they have gained the attitudes, skills, and knowledge to effectively facilitate the Recovery to Practice training, and would be qualified to work on facilitation teams, even if they are not able to be ‘fully qualified’ due to their criminal record to achieve a full certified peer specialist credential in their state,” Shuford noted.

Both [Alternatives to Violence](#) and [Recovery to Practice training](#) prepare peer and non-peer staff to “build affirmation (strength-based perspectives), communication, cooperation, conflict transformation, collaboration, and community. All of the attitudes, skills, and knowledge shared during the training apply equally to a wider range of populations that peer support workers and multidisciplinary teams serve, including those with involvement in the criminal justice system.

A number of research studies on AVP have indicated, among other results, a 46 percent recidivism reduction rate and an 80 percent reduction in felony convictions.

“SAMHSA funded the development of the training, and the participant workbook is available free of charge on the [iNAPS website](#),” Cronise wrote. “Distribution of the in-person training and training of facilitators is currently being managed by the Depression and Bipolar Support Alliance. The International Association of Peer Supporters (iNAPS) continues to manage evaluation data collection, record keeping, and certification on a voluntary basis.”

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Northern Regional Center for Independent Living (NRCIL), Watertown, NY

Northern Regional Center for Independent Living provides peer supports (both one-on-one and support groups) in the jail, and continuation groups in rural Lewis County, in upstate New York, for those who have been released from jail. The program also advocates for admission to rehab services for people in the jail who request such services. The demographics of the participants match the community: mostly white, with Hispanics as the next largest population.

“We get folks to start thinking about engaging in the community as soon as we start working with them in the jail,” wrote Aileen Martin, NRCIL executive director. “Our support groups focus on family communication, anger management, [SMART](#) [Self Management And Recovery Training] Recovery, dealing with depression, and more. We begin independent living services for folks as soon as they are out, including employment, housing, the need for more education or re-training. We talk about budgeting and we engage individuals in a new circle of friends. We encourage spiritual growth but do not connect them to any particular faith community.”

The program employs two full-time staff members, who must have experience with the behavioral health system and criminal justice system. “The other requirement is that they are clean and healthy while working for us,” Martin wrote. “These two staff are supervised by the associate director in Lewis County. They are also supervised in the facility by the jail administrator. There were very frequent and regular meetings in the beginning but they have tapered off to monthly meetings. Our staff complete our agency orientation, which includes the

general independent living history and philosophy as well as county-focused history of the agency office they work in. Then they complete the jail's orientation."

The program's funding comes from the New York State Office of Mental Health through the Jefferson County Community Services Board and the Lewis County Community Services Board.

Describing the program's record of reducing recidivism, Martin wrote, "Many individuals are now living healthier lives in the community. They might have come to this point eventually, but we have reduced the number of multiple convictions for the same charge."

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PEOPLE, Inc., Poughkeepsie, NY

PEOPLE, Inc., works both within jails and in the communities of Dutchess, Orange, Ulster and Putnam counties, in New York. These rural counties are home to a diverse population of whites, blacks, Hispanics and others. The services offered include employment, financial management and rep payee. Also offered are social inclusion activities, including support groups. "Our goal and focus is to connect people to any and all interested services that fall within the [SAMHSA Eight Dimensions of Wellness](#)," wrote PEOPLE chief executive officer Steve Miccio.

PEOPLE also provides [Crisis Intervention Team](#) training to the law enforcement agencies in all four counties served. In addition, Miccio wrote, "we participate and are executive members of the [Criminal Justice Council](#) so that we can offer peer input into all facets of the Council. We hold regular meetings with clear agendas that relate to the implementation plans that we have developed from the [Sequential Intercept Mapping](#). Each county is addressing peer services in the criminal justice system according to local need. We provide bridging, mentoring, advocacy, support, employment, crisis diversion and wellness planning in all counties."

All the staff has lived experience. "We require a minimum of a high school diploma with some college preferred," Miccio wrote. "Staff may have a forensic history. All staff must be fingerprinted under the Justice Center of New York. Staff are certified under the Academy of Peer Services of New York."

All staff have a direct supervisor and receive biweekly supervision in addition to weekly team meetings. "We include a large array of training to all staff that includes [Motivational Interviewing](#), WRAP training, Advocacy Training, Trauma Informed Practice, Sanctuary Model, Team Agreements, listening skills, Applied Suicide Intervention Strategies Training ([ASIST](#)), [Eight Dimensions of Wellness](#), DBT [Dialectical Behavior Therapy] group training, Certified Psychiatric

Rehabilitation Practitioner ([CPRP](#)), [Intentional Peer Support](#), [Moral Reconciliation Therapy](#), [Thinking for a Change](#) and [Seeking Safety](#).”

“The funding comes from the New York State Office of Mental Health, local counties and local legislation,” Miccio wrote. “We also receive foundation dollars.”

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REACH-Up, Middletown, CT

In 2015, REACH-Up was developed by REACH (Re-Entry Assisted Community Housing) as a pilot program through the Bureau of Justice Assistance Second Chance Act.

REACH, funded by the State of Connecticut Department of Correction, operates scattered-site housing in nine Connecticut cities (New Haven, Hartford, Bridgeport, Meriden, New Britain, Waterbury, Norwich, Torrington, and Danbury) for clients involved with community corrections. These clients receive case management and housing services.

In REACH-Up, a random sample of the REACH population receives additional support through peer involvement. These clients have shown statistically significantly less early recidivism and a higher level of engagement with treatment and case management services than has been true of the other REACH clients, according to REACH director Jacob Hasson.

The key elements REACH are creating a secure environment for the clients to re-integrate into the community through stable housing, case management, and peer support services. Clients are helped to connect with employment, education, natural supports, health care providers, and other assistance. The program also collaborates with the [Center for the Treatment of Problem Sexual Behavior](#), where clients with sex offender status receive group treatment and case management.

REACH is staffed by a director, four managers, a property maintenance specialist, an intake specialist, two peer specialists (both of whom have a forensic background), one administrative specialist, and 12 case managers. The program hires “peers who are very familiar with the communities that we serve and have connections within them. We encourage our peers to assist in the facilitation of groups and with our trauma and citizenship initiatives in our agency,” wrote REACH director Jacob Hasson. Staff receive training in Motivational Interviewing and Cognitive Behavioral Therapy, as well as a mental health overview and training in professional boundaries.

In August 2016, the National Criminal Justice Association (NCJA) honored REACH with the Outstanding Criminal Justice Program Award for the Northeast Region in recognition of its work in reducing recidivism.

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Westchester Independent Living Center (WILC), White Plains, NY

WILC operates a Partners For Success program, based on three key tenets: personal awareness, personal responsibility, and personal empowerment. The PFS program involves a class that meets two hours a day for six days, held once a month, in a New York City suburb. Three quarters of the participants self-identify as minorities (African American, Asian, Hispanic/Latino, American Indian/Alaskan, Hawaiian or other Pacific Islander); the other 25 percent identify as European American/Caucasian. “WILC serves combat veterans, chronically homeless and socially disengaged populations, substance users in and not in treatment (harm reduction), at-risk juveniles in and not in placement,” wrote Victor Clark, director of minority outreach.

WILC, which is funded by federal and state grants, notes that it is the area hub for social services assistance for employment training (soft and hard skills); anger management, domestic violence, health care/mental health care resources, self-empowerment, substance use treatment, and re-entry to the community from the criminal justice system.

According to Clark, the program results in lower recidivism, sustaining of employment, and lower incidence of offenders returning to the use of violence in resolving issues.

The director of the program, a Vietnam combat veteran, has extensive training, a criminal justice and behavioral health history, two graduate degrees, and a wide array of experience in the mental health/substance use/homelessness arenas. The director has received [Moral Reconation Therapy](#) training (MRT) as well as training in juvenile justice issues and a special education certification.

All staff must complete WILC’s 12-hour Partners For Success (PFS) program. This training, Clark wrote, includes “teaching one of the sessions of the PFS to evaluate their knowledge base, ability to work with the populations we serve, [and] understanding the difference between what a mentor is and is not.” Ideally, the staff would have a forensic background or have had forensic training, but this is not required. “We have ongoing training and there is constant monitoring and adapting to the situations as they arise,” Clark wrote.

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Wishing Wellness Center, Cortland, NY

Wishing Wellness Center, funded by the New York State Office of Mental Health, operates in rural Cortland County, NY. Most participants are low-income individuals who receive some type of public assistance.

“The key elements are personal connection and attention to an individual’s needs, triaging situations and determining the correct action or series of actions to take,” wrote program director Michael Johnson. “We also role-model true recovery behavior and lifestyles to help mentor those seeking recovery in their own lives. Our primary purpose is to alleviate crisis situations and foster more independence for each individual.”

The program has been successful, Johnson wrote. “We have helped many people with finding housing options, connecting to services for which they qualify, goal setting and realization, recreational opportunities and music and art lessons. We also engage people in treatment services for mental health and substance abuse, both inpatient and outpatient, support services beyond the treatment process, and connection to residential treatment services.”

Staff must have a high school diploma or associate degree with two years of established recovery and a knowledge of the mental health, substance abuse and Department of Social Services systems. Staff are supervised by a peer program manager. Catholic Charities provides fiduciary oversight. All staff are certified as recovery coaches under the Office of Alcoholism and Substance Abuse Services, and half the staff are certified by the Academy of Peer Services. Staff attend regular trainings throughout the year relevant to peer services.

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Barriers

The major barriers that survey participants identified have been a lack of funding and the difficulty in building trust with the staff in correctional facilities. A third barrier is “stigma within the system,” wrote the Zephyr Center in San Jose, CA.

A number of respondents noted “prison staff attitudes” as an impediment. However, they noted that it was possible to overcome this barrier. For example, Hands Across Long Island, in Central Islip, NY, wrote: “The biggest barriers are being accepted in the facilities and then gaining the trust of the correctional officers. The acceptance only came with time. You have to respect that this environment is one of punitive thinking and we are coming in with the idea of recovery. Respecting that balance is of utmost importance.”

Ellis Medicine Forensic Peer Mentor Project in Schenectady, NY, similarly reported that the “initial challenge was to engage with jail leadership.” However, they added, “We met with them, partnered with them, were 100 percent accountable and present, consistent and appreciative of their support and willingness to pilot a new project that could impact the culture in the jail.”

Northern Regional Center for Independent Living in Watertown, NY, wrote, “It took a long time...to build trust with staff in the jail. Patience is key.”

Ironically, getting buy-in from prison staff was at least sometimes made more difficult when programs were staffed with peers who had criminal justice involvement. “The biggest barrier was starting a new program that used peers, especially peers with felony offenses, and getting the warden to approve,” according to Communities for Recovery in Austin, TX. “Every time the coaches walk through the gates, the security guards continue, after six months, to not have the correct paperwork to make this easy.

“At the beginning, it took some time to establish who the coaches were and have any credibility with the group participants,” Communities for Recovery added. “They were initially suspicious.” However, the peers have been able to build trust so that, “now, that is all changed.”

Funding is always a problem. 1st Day Out in San Luis Obispo, CA, noted, “The funding is limited—a total of \$20,000 funds this program—and the employee works 20-24 hours per week. We could do a lot more with a little more funding.” Other respondents concurred.

The time commitment can also be an obstacle. For example, the iNAPS training takes four full days. “Because of the length of the training and the current cost, it is hard to get organizations to sponsor the training,” reported iNAPS, “and challenging to get individuals with an interest in the training to make the time commitment to attend.”

Effectiveness of the Programs

Because many of these programs are relatively new, data on their effectiveness is in short supply. However, the data that were reported were positive.

For example, Hope Lives/Vive la Esperanza, in Phoenix, AZ, reported 95 percent success in reducing recidivism. 1st Day Out in San Luis Obispo wrote: “Recidivism of clients receiving help is at a 20 percent rate; 80 percent of the clients using this program have not gone back to jail.” REACH-Up (Middletown, CT) reported that their program keeps people engaged and that some are employed and almost all are progressing in their recovery. REACH-Up added: “We have anecdotal evidence that the Recovery Learning Community (RLC) keeps people out of jail, out of inpatient hospitalization and involved in the RLC.”

iNAPS extrapolated from a number of research studies of the Alternatives to Violence methodology it uses, as follows: recidivism reduction of 46 percent, felony convictions reduction of 80 percent, reduction in violent attitudes, reduction of behavioral write-ups by 60 percent, trait anger [tendency to get angry] reduced from 8.7 percent above the norming score to 18.5 percent below two years following the workshop.

The Northern Regional Center for Independent Living (Watertown, NY) wrote simply that the program’s record on reducing recidivism is “very good.”

PEOPLE (Poughkeepsie, NY) wrote that preliminary data show improved outcomes in reducing emergency department admissions, and in increased rates of employment.

Westchester Independent Living Center (White Plains, NY), wrote: “After the program has been 10 years in existence, consumers still call and report their growth and continued development. We completed a survey of services provided by WILC and 98 percent of the surveys were returned by the consumers who participated in the PFS [Partners For Success] program; less than 10 percent of the surveys were returned from consumers who didn't participate in the PFS program.”

Conclusion

The main conclusion we have reached is that peer-run programs are beginning to recognize the need to serve individuals with mental health conditions and criminal justice involvement, but much more needs to be done, especially in funding such programs.

One approach is for state mental health authorities and departments of corrections to collaborate. For example, the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) offers a Justice and Mental Health Collaboration Program. Applicants for FY 2016 grants—the 2016 grant deadline has passed—were required to demonstrate that “the proposed project will be administered jointly by an agency with responsibility for criminal or juvenile justice activities and a mental health agency.”

Another approach is to incorporate more effective evaluation approaches in existing programs to prove effectiveness. To quote from [*Prison-based peer-education schemes*](#):

Although there is a paucity of evidence-based literature highlighting the efficacy of prison-based, peer-led programs, research published to date suggests that such programs are well tolerated, effective, and possibly more cost effective than professionally led programs. Not only have these programs had a positive impact on those utilizing the service, but the peer educators themselves have gained heightened insight into their lives... (Keller, 1993; Kerish, 1975; Maheady, 1998; Maruna, 2001; Milburn, 1995; Parkin & McKeganey, 2000; Turner & Shepherd, 1999). The utilization of peer counselors may therefore be one way to augment the rehabilitation process...

It is clear from the excellent work reported by the 12 programs highlighted in this document, as well as by many of the other programs, that peer-run services have an enormous amount to offer individuals with mental health conditions and criminal justice involvement. With more funding, more research, and many more such programs, these individuals have a much better chance to find hope and recovery, and build successful lives on their return to the community.