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ANNIE BICKERTON

SARA ELLIS

EMMI OBARA

“MEET THEM WHERE THEY’RE AT”

How Community Health Workers Help Navigate Reentry

Los Angeles (LA) County has the largest jail system in the world, housing over 13,000 people daily. Prior to the COVID-19 pandemic, the system housed 17,000 people daily.¹ In an effort to divert people from incarceration as well as support those upon release, LA County’s Board of Supervisors established the Office of Diversion and Reentry in September 2015. The office connects justice-involved individuals with housing, employment, physical and behavioral health services, and other supportive services that are intended to improve wellbeing and prevent future system involvement.

The Reentry Division within the Office of Diversion and Reentry was created in late December 2017 and launched its first program, the Reentry Intensive Case Management Services (RICMS) program, in April 2018. The RICMS program aims to remove barriers to successful reentry from jail, prison, or probation by connecting clients to a variety of services. A network of 29 community-based providers enrolled 10,361 clients in the first two years of the program. As LA County government and community stakeholders move to expand upon a “care first” approach to community safety, the RICMS model may be particularly relevant for readers who wish to understand reentry models that are driven by community providers.²

A key component of the RICMS model is the role of Community Health Workers (CHWs) who conduct outreach to engage clients, identify their needs, and help navigate them to needed services. The client-staff relationship is essential to help motivate clients and have them engage in services. A key component of the RICMS theory of change is the role of lived experience in the ability of CHWs to establish a successful relationship with the client that is centered around client goals. As part of their contract with the Office of Diversion and Reentry, RICMS providers commit to hiring CHWs who have lived experience with the criminal legal system, which includes being personally impacted by the legal system (such as individuals who have been arrested and/or incarcerated) or

impacted through others close to them (for example, having family members or close friends that have been arrested and/or incarcerated).

Although the RICMS program has not yet been rigorously evaluated, other research suggests that peer-delivered service models have potential benefits. Using peer-delivered services in reentry programs has been shown to increase program engagement and retention rates and can improve the health and lives of individuals involved with the criminal legal system.³ Peer support also has the potential to improve linkages to services and clinical outcomes, including improved functioning, adherence to medical treatment, and reduced psychiatric symptoms, substance use, and hospitalizations.⁴

This issue brief draws on preliminary implementation research being conducted by MDRC as part of its evaluation of the RICMS program. It explores the role of CHWs and the strategies they use to serve clients. It also offers insights for reentry services providers who are interested in incorporating lived experience into their approach to serving clients. MDRC’s research on the program is still underway—the insights shared below are drawn from preliminary interviews conducted with fourteen CHWs and nine clients.

REENTRY INTENSIVE CASE MANAGEMENT SERVICES PROGRAM MODEL

CHWs in the RICMS program provide clients with case management and support in navigating services—building relationships with clients that foster trust and promote connections to services. Figure 1 illustrates the participation flow that CHWs work through with each client from referral to connection to services.

Referral

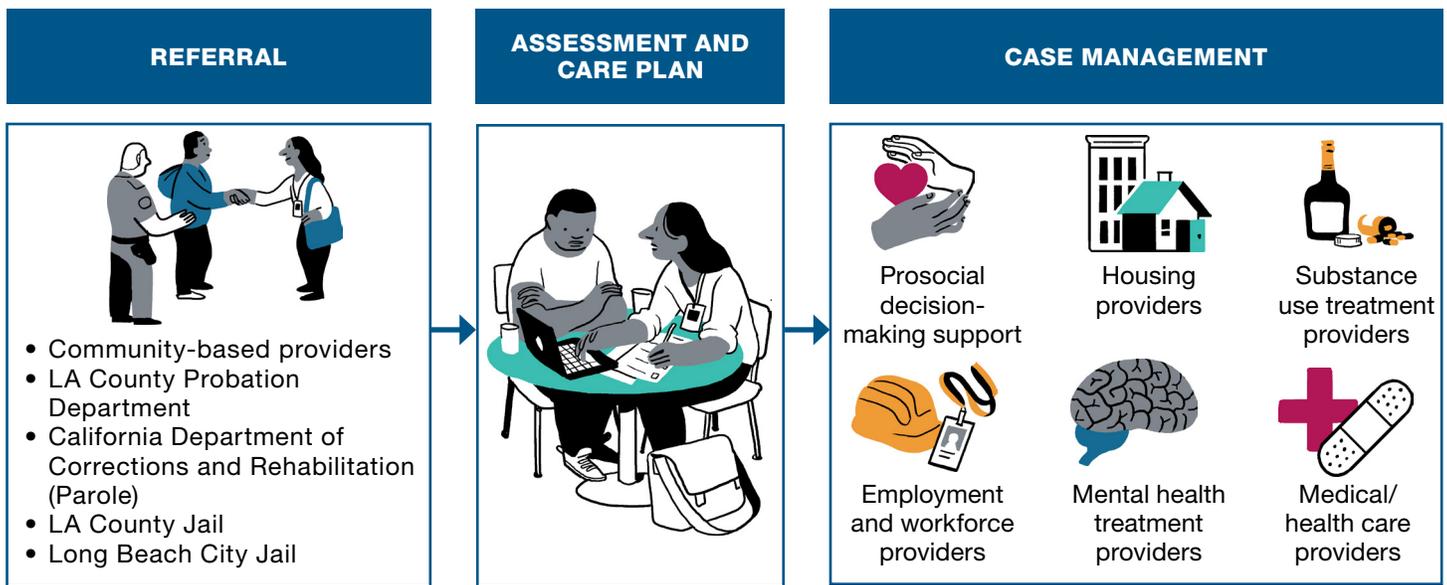
The RICMS program is designed with a “no wrong door” approach that allows clients to access services at any point after interacting with the criminal legal system. Clients may be referred to the program prior to their release from jail or prison, or they may access the program through referral sources in the community, such as by probation offices or community-based organizations.

Assessment and Care Plan

CHWs play a critical role in engaging clients and motivating them to enroll in the program. They conduct a comprehensive assessment when enrolling clients in RICMS and then develop individualized care plans with each client. Care plans address client needs and goals related to physical health, mental and behavioral health, housing, transportation, benefits enrollment, employment, and other supports.

FIGURE 1

REENTRY INTENSIVE CASE MANAGEMENT SERVICES CLIENT SERVICE CONNECTIONS



Case Management

CHWs provide navigation support to connect clients to services that are offered in house at their organization, through a referral into other County programs, or by making referrals to other community-based organizations. In addition to the key service categories that are documented in the care plan, CHWs may also refer clients to services for domestic violence and anger management classes, family reunification services, and assistance with obtaining IDs and other documentation.

ROLE OF THE COMMUNITY HEALTH WORKER

CHWs provide responsive case management support with the goal of centering their approach around clients’ priorities and identified service needs. They manage a caseload of thirty clients, interacting (on-site, by phone, or even at the client’s location) weekly or every other week. This allows for an ongoing and evolving understanding of clients’ ever-changing needs, immediate intervention, referrals to services based on client goals, and the ability to coach clients through any setbacks that may occur in meeting the goals outlined in their care plan. CHWs provide a central link to services and can assist clients with healthcare enrollment and coordination with the County healthcare system, providers, and clinics. Depending on client needs, CHWs sometimes accompany clients, either in person or by phone, to physical health, mental health, or substance abuse services to increase follow-through and help clients feel comfortable navigating these systems.

CHWs recognize that as clients reintegrate into society, their mental and physical capacity to cope with stressors will vary, which is why in interviews with the research team, they all mentioned a similar motto: “Meet clients where they are at.” CHWs accommodate clients by meeting them in locations where clients may be more comfortable or that are an easier commute for the client. In

early interactions, they may focus on attending to clients' immediate needs and will not push goals that may not be of interest to the client. Over time, they leverage their role (for example, access to resources) to build out a care plan with the client. CHWs serve each client for up to 12 months, conducting 6-month reviews to assess progress toward client goals.

CHWs use their initial interactions to help lay the groundwork for relationship-building with clients and to begin to understand the goals a client might want or be able to achieve. For example, in an interview one CHW described emphasizing that they are not a member of law enforcement and have no direct relationship with law enforcement. Most CHWs shared with the study team that they disclose their lived experiences with clients to connect with them or noted that their physical attributes or shared identities serve as a subtle reminder to clients that CHWs have a direct understanding of what the client may be experiencing.

In interviews, clients described a strong relationship with their CHWs. There was an authentic appreciation for the CHWs and the work they do on behalf of their clients. The relationships were strengthened when clients witnessed CHWs who went out of their way to accommodate a client. For instance, one client mentioned that their CHW secured funding from the program to pay for the client's car registration. Other clients mentioned having their CHW accompany them to a social services office or having them fill out applications on their behalf. In another instance, a client mentioned feeling overwhelmed with the number of court-mandated classes required (and costs associated with course enrollment) and described being overcome with appreciation when their CHW mentioned that class fees would be waived.

The feedback shared by clients and staff CHWs suggests that the relationship, once established, contributed to clients' satisfaction with services and their sense of connection to the program. In interviews, multiple RICMS program clients noted that they felt supported by their CHWs, who also echoed the same sentiment. Frequent interactions with clients and relatively low caseloads allowed CHWs to serve clients responsively.

SUPPORT FOR COMMUNITY HEALTH WORKERS

The Office of Diversion and Reentry provides professional development to equip CHWs with a variety of evidence-informed skills and best practices (shown in Figure 2) so that they can address a diverse array of needs. Trainings are provided on effective case management practices, and a monthly schedule of professional development workshops cover a range of topics that are important when working with trauma, mental health, substance use, and cultural differences. The Office of Diversion and Reentry has also trained all CHWs in motivational interviewing, an established technique for helping clients overcome ambivalence about participating in services that require changes in behavior.⁵ In addition to trainings, each RICMS provider is assigned an Office of Diversion and Reentry program manager who provides additional support to CHWs if they need assistance to identify County resources or address unique challenges that arise.

FIGURE 2

COMMUNITY HEALTH WORKER TRAINING IN EVIDENCE-INFORMED PRACTICES



Trauma-informed care



Cross-cultural skills



Individualized care planning



Multi-disciplinary collaboration



Mental health first aid



Motivational interviewing

CONSIDERATIONS

Reentry service providers and policymakers that are interested in developing peer-delivered service models like RICMS should consider the following before determining whether this model can help address reentry service needs in their community.

Hiring staff with lived experience may present unique constraints. A specific challenge CHWs experienced was how to engage clients who were referred before release from jail or prison. Staff members interviewed shared that it was difficult for some CHWs to gain access to facilities early in the program’s implementation due to their own prior justice involvement, and some found it distressing to re-enter a correctional facility.

Successful peer navigation relies on the accessibility and availability of other services when clients need them. In addition to individual efforts by CHWs to forge relationships and identify reliable referral sources, the Office of Diversion and Reentry has invested resources to improve service connections for referrals. As the coordinating agency, the Office of Diversion and Reentry provided training to CHWs to inform them about available services for clients, establishing protocols

for how to enroll clients in publicly funded services and providing resources for scarcer service needs (such as short-term housing and health care), and even contributing funding to address limits in capacity (such as housing and medical care). Agencies implementing a peer navigation approach should expect to help providers understand the system of services that are available and support them in addressing gaps in available services.

Continuous learning can strengthen the efforts of peer navigators. The RICMS program has successfully recruited and enrolled a large number of clients from multiple referral sources, including the LA County’s jail system, community supervision programs, and community-based RICMS providers. However, only a portion of those clients established a care plan with their CHWs and actively participated in the RICMS program. MDRC’s preliminary evaluation of RICMS identified that connecting with clients before release was challenging and made it difficult for staff to successfully engage them after release to begin providing services.⁶ These research findings have since informed new efforts to improve client connections with CHWs during the reentry process.

RICMS as a program continues to adapt in response to key challenges, while keeping the role of the Community Health Worker at the core of its model. Future evaluations of the program’s activities will provide more detailed implementation lessons from the RICMS program and will describe client service connections and outcomes.

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NEW YORK
200 Vesey Street, 23rd Flr., New York, NY 10281
Tel: 212 532 3200

OAKLAND
475 14th Street, Suite 750, Oakland, CA 94612
Tel: 510 663 6372

WASHINGTON, DC
750 17th Street, NW, Suite 501
Washington, DC 20006

LOS ANGELES
11965 Venice Boulevard, Suite 402
Los Angeles, CA 90066

