

Reentry Centers: Innovative Recovery Support

More than two-thirds of individuals in jail custody have a substance use disorder (SUD), and slightly fewer have co-occurring SUD and mental illness.¹ These conditions complicate the already formidable challenges of re-establishing housing, finding employment, and arranging transportation for them when they transition to the community. Reentry centers can help individuals address those needs and facilitate continuity of care. Bernalillo County, New Mexico, and Franklin County, Ohio, have put their own spin on this innovative and collaborative way to provide support.

Resource Reentry Center, Bernalillo County



Bernalillo County Resource Reentry Center

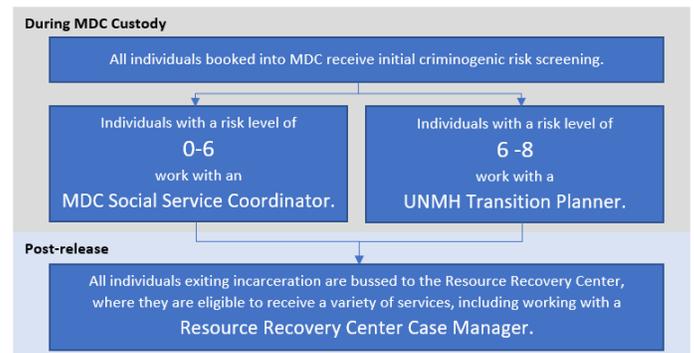
In Bernalillo County, individuals released from the [Metropolitan Detention Center](#) (MDC) are shuttled to the [Resource Reentry Center](#) in downtown Albuquerque's public safety building. The

Resource Reentry Center opened in June 2018, partly in response to high incarceration numbers, an ongoing class action lawsuit around jail conditions,² and concerns for the safety of individuals who are newly released. The Resource Reentry Center provides a safe landing spot and is accessible 24 hours a day, every day. On a daily basis, 50 to 100 individuals who have been released from jail come to the Resource Reentry Center.

Support Begins on Day 1

MDC, the University of New Mexico Hospital (UNMH), the Bernalillo County [Office of Criminal Justice and Behavioral Health Initiatives](#) (CJBHI), and medical contractor Corizon Health work together to support clients from the day they are booked into MDC through post-release. The process starts at intake. Corizon Health clinicians use the [behavioral health framework](#) to screen new arrivals for

criminogenic risk, substance use, behavioral health, and suicidality. Results are scored on a risk scale to determine the level of care required. Individuals who score 0–6 are assigned an MDC social service coordinator; those who score 6–8 (moderate to high needs) are assigned a UNMH transition planner, who helps them develop a reentry plan and connection to Resource Reentry Center-provided resources. Jail partners and Resource Reentry Center teams meet weekly around each case. All individuals receive electronic tablets for messaging with their social service coordinator or transition planner and exploring resources.



At release, all individuals, regardless of risk level, take a van to the Resource Reentry Center, where staff members greet them outside and offer assistance, using a rehearsed script to acclimate them, then escort them into the center. Inside, Resource Reentry Center case managers help them access housing, job opportunities, shelter, and medical treatment. The Resource Reentry Center also offers a place to charge cell phones, make calls, use email, get a snack or cup of coffee, and change into donated clothing, if needed. The jail sends the Resource Reentry Center a list of arrivals ahead of time, so case managers are up to date on individual transition plans, court cases, and other conditions of release.

In 2021, 84 percent of individuals chose to engage with the Resource Reentry Center on release. Everyone on the arrivals list receives a phone call from a case manager the next day, even if they initially chose not to access Resource Reentry Center services. Senior Manager of CJBHI Pamela Acosta says, "We just want to touch base

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Donated clothing available to clients of the Bernalillo County Resource Reentry Center

to see how they're doing and if there's anything they need, because they may not realize what they're going back to. They might be excited just to get out." Case managers then follow up with

all receptive clients for up to 6 months post-release. However, the only opportunity for an in-person visit to the Resource Reentry Center is the day of release. In 2021, 7 percent accepted longer-term support.

Working with the Resource Reentry Center is voluntary, but individuals who opt out at release cannot come back to the building. However, they can call for services, which Ms. Acosta says happens often. One exception that the Resource Reentry Center makes is for any individual required to connect with pretrial services. Ms. Acosta says, "We do some rapport-building with them on how to interface with their pretrial officer, escort them there, and give them a [same-day] return ticket. As long as they present this ticket, they can come straight back to use our phones, wait for their ride, or eat a sandwich. We do this on purpose because we really want to help keep noncompliance rates and warrants down."

Partners in Progress

Ms. Acosta, who worked in case management and was instrumental in founding the Resource Reentry Center, credits partnership among county commissioners and other agencies for bringing the center to fruition. She also credits Cook County, Ohio. Both counties worked with [Treatment Alternatives for Safer Communities \(TASC\)](#)³ to build reentry programs, helping one another along the way. Ms. Acosta says, "We would learn something and share it with them. They would learn something and share it with us. I think their program opened a month or two before ours did."

The Resource Reentry Center's yearly operational budget of \$1 million is financed by community partnership and support. Medical contractors are funded by UNMH; all other expenses are covered by a voter-approved tax that funds the county's behavioral health initiative.

Lessons Worth Sharing

The launch of the Resource Reentry Center has not been without growing pains, challenges, and lessons learned. For example, the intake screening at MDC is being re-evaluated for integrity after clinicians noticed wide score variances. Ms. Acosta notes, "If somebody scores an '8' (the highest risk score) . . . and the next time scores a '1,' we know something is wrong."

The COVID-19 pandemic impacted how many clients the Resource Reentry Center could serve and how staff members served them. Individuals who tested positive or were under quarantine were diverted away from the Resource Reentry Center, so alternative solutions were needed to keep them safe and connected. MDC agreed to send individuals to a "COVID wellness hotel" and offered overnight waivers to those released in the middle of the night, providing a safe place to stay until the hotel opened in the morning.

Ms. Acosta offers three lessons for prospective programs: (1) make sure policies and procedures are in place before opening, (2) have a database up and running on day one to capture key datapoints such as participation and recidivism rates, and (3) tap the power of in-reach. "The Resource Reentry Center did a great job of educating county commissioners, jail employees, and the public but didn't focus on the population in detention," she says. "Consider distributing marketing material, giving in-house presentations, and using media to let them know the service is there for them." Having the foresight to collect datapoints on marketing efforts also has the potential for measuring impact.

Rapid Resource Center, Franklin County

Franklin County's Rapid Resource Center connects to individuals in jail custody through video promotions, letters, in-reach visits, and other means. Launched in 2021, the Rapid Resource Center is housed in a nonconfined area of the Franklin County Corrections Center (FCCC II) in Columbus, Ohio, and is open to any interested individuals who have recently been released and anyone visiting or picking them up.

Establishment of the Rapid Resource Center is a direct response to an epidemic of opioid-related deaths in the Columbus area. In 2020, more than 150 individuals who were previously incarcerated died of accidental drug overdoses within a year of being released from a Franklin County jail.⁴

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In-reach flyer from the Rapid Resource Center

Data collection and analysis has played a pivotal role from the beginning. Franklin County Office of Justice Policy and Programs' (OJPP) Chief Operating Officer Melissa Pierson reflects, "The jail management

database tracks the number of individuals who trigger the [Clinical Opiate Withdrawal Scale](#) protocol at the intake screening. We also started looking at the number of people in the county that overdose and die in a calendar year and overlaid that with the jail management system data. What we learned was pretty profound: between 20 and 25 percent of individuals who died in a calendar year had been in jail during the 12 months prior."

Holistic Approach to Reducing Recidivism

The data revealed an opportunity to act, but how to reach such a large population was a big question. Case managers could only meet with about 7 percent of individuals in detention, and jail stays often maxed out at 3 days. So, OJPP and the Franklin County's Sheriff's Office collaborated to explore options. Ms. Pierson says, "The Rapid Resource Center really was born out of the notion that we needed to get more services to individuals being released from our jail, and we had to do it very quickly."

Offering day and evening hours, 7 days a week, the Rapid Resource Center increases access to transition planning, treatment referral, harm reduction education, and other services by linking individuals with appropriate community resources and supplying necessities at the time of release. Staff members at the center are available in person only on the day of release but are happy to answer questions anytime by phone.

"Our initial goals were to increase treatment referral and linkage for medication-assisted treatment [MAT] and behavioral health services, reduce the number of opioid-related deaths, and reduce recidivism," Ms. Pierson explains. "We quickly learned that this center is not just for getting folks linked to treatment. We can also address social determinants of health that play a huge factor in whether somebody is going to be healthy and whether they're going to return to the criminal justice system."

Most requests at the Rapid Resource Center are for hygiene kits, clothing, bus passes, state identification vouchers and birth certificates, and referrals for MAT or mental health services, but clients can also get help with transportation and employment.

Selective Staffing

The center is growing fast. When launched, it was open 8 hours daily and had up to two staff members on-site. Three months later, more staff members were hired, hours expanded, and community partners brought on board. Currently, OJPP staff include a social services coordinator, contract peer support specialists, and a reentry social services specialist. Clinical staff are employed by health care partners. They focus on the population at medium-to-high risk for mental illness and SUD. An MAT coordinator explores treatment options prior to release.

At least 60 percent of Rapid Resource Center staff have lived experiences. Ms. Pierson says, "Whether they're in recovery or formerly justice-involved, they get it. They are the ones that really can offer hope and say, 'Look, I've been there, too.'"



Rendering of new Rapid Resource Center

The Rapid Resource Center now has enough staff to conduct in-reach visits at the jail and is in the process of adding new transportation options, increasing peer support, and moving to a 24/7 schedule.

Coming Soon

The new detention center that Franklin County is planning will include a larger rapid resource center. It will occupy its own part of the building with an interior door to the jail and an exterior door, which will increase accessibility for those individuals who are interested at release.

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Harm reduction vending machine

The Rapid Resource Center also plans to add a vending machine, perhaps offering naloxone, fentanyl test-strip kits, safer sex kits, and harm reduction kits (syringes, alcohol prep pads, cotton, clean water, Band-Aids, antibiotic ointment, tourniquets, a cooker/caps, and a sharps disposal box). Other possibilities include test kits for human

immunodeficiency virus (HIV) and other sexually transmitted infections, wellness products, and information cards on substance use treatment options for individuals who may not otherwise engage in services. Products will be free but will require a code for extraction from the machine.

Future hopes for the Rapid Resource Center include offering telehealth access and running a bridge program pilot for individuals at risk of homelessness who are released in the middle of the night. While the Rapid Resource Center will be open around the clock, community resources commonly are not. The pilot will allow Rapid Resource Center staff to transfer individuals to a safe location and help them connect with services in the morning.

Lessons Learned

Rapid Resource Center staff have learned more than one lesson along the way. The first is the need to set boundaries. They cannot safely serve all populations, especially those experiencing severe mental illness. Ms. Pierson advises, "If you're opening a rapid resource center, be very clear about the populations you can serve, as well as those you can't serve."

Another lesson is the importance of data. It has been critical to the growth of the Rapid Resource Center, particularly for securing county support to supplement funding from the [Comprehensive Opioid, Stimulant, and Substance Abuse Program \(COSSAP\)](#) and [Substance Abuse and Mental Health Services Administration](#) grants. The goal is to serve as many newly released individuals as possible. Currently, about 40 percent of the Franklin County jail population visit the Rapid Resource Center; the hope is that number will reach 80 percent.

For More Information

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To request training and technical assistance related to recovery among individuals with criminal justice involvement, contact the Bureau of Justice Assistance's (BJA) COSSAP Resource Center at <https://www.cossapresources.org/Program/TTA>.

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Endnotes

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