

# Engaging Black and Latino men in recovery-based reentry programming

Ranjani K. Paradise, PhD<sup>1</sup>, Clarissa Dias, PhD<sup>2</sup>, Benjamin Goldberg<sup>1</sup>, Andres Hoyos-Cespedes, MPH, CPH<sup>1</sup>, Sarah Jalbert, MA, PhD¹, Laura McElherne, MSW¹, Katie Zafft, PhD²

<sup>1</sup>Institute for Community Health (icommunityhealth.org), <sup>2</sup>Crime and Justice Institute (cjinstitute.org)



Race and

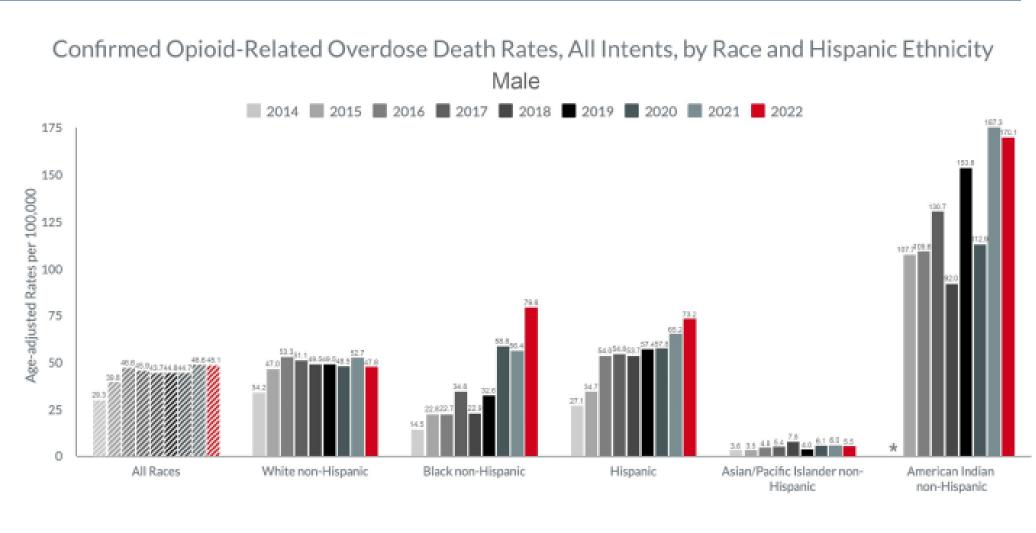
ethnicity

Hispanic/

Latino, 101

### BACKGROUND

- In Massachusetts, the opioid overdoserelated death rate rose 2.5% in 2022, reaching an all-time high of 2,357 deaths. The rate is higher for:
- Formerly-incarcerated people compared to non-incarcerated people<sup>1</sup>
- Black and Hispanic/Latino men compared to White men<sup>2</sup>



<sup>1</sup>MA Dept. of Public Health, Chapter 55 Data Brief, August 2017

<sup>2</sup>MA Dept. of Public Health, Opioid-Related Overdose Deaths report, June 2023

### PROGRAM OBJECTIVE AND DESIGN

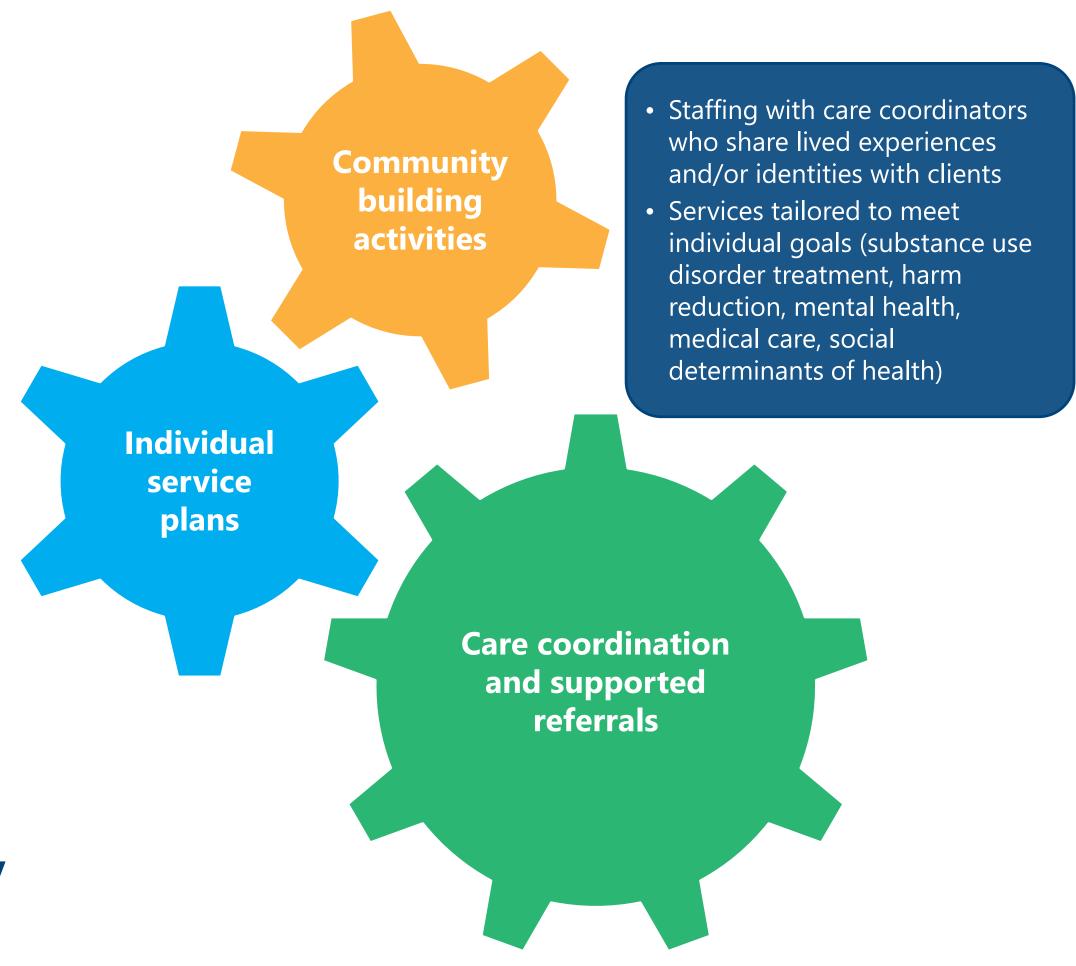
### Recovery-Based Reentry Services for Black and Latino Men (BLM) pilot

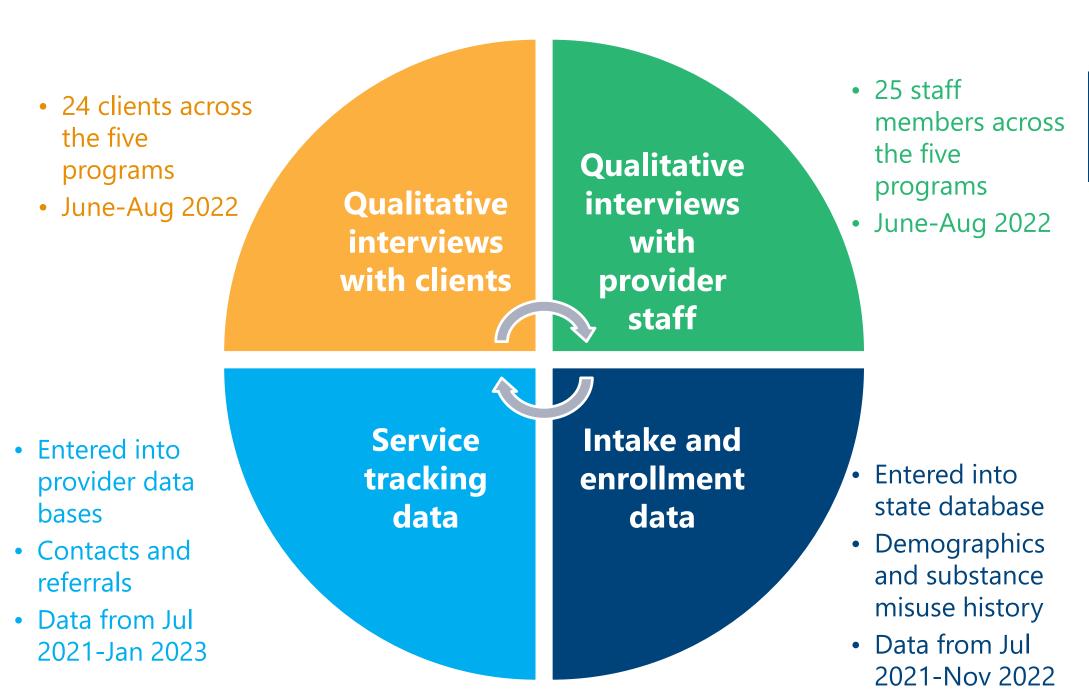
• Goal: Provide culturally-responsive, person-centered support to improve the health and wellbeing of people who have high risk of opioid overdose and death

 Focus population: Black and Latino men with substance misuse history who are re-entering/have re-entered the community from a MA House of Corrections (HOC)

 Five community-based pilot sites "providers") in cities with high overdose death rates

- Program began in July 2021
- Providers recruit clients pre-release at **HOCs** and facilitate connections to community-based programming postrelease, and recruit some clients directly from the community post-release.





**Evaluation components** 

## EVALUATION METHODS

**BLM** program components

- External evaluation team Institute for Community Health (ICH) in partnership with the Crime and Justice Institute (CJI)
- Participatory approach
- Co-developed a mixed methods implementation evaluation in collaboration with providers and clients

### QUANTITATIVE FINDINGS

In the first 17 months, providers enrolled a total of 326 clients

#### **Demographics**

Community enrollment: 209

- 88 (27%) reported having overdosed in their lifetime
- Average age was 38.7 (SD 11.1)
- 244 (75%) clients have children
- 146 (46%) had a high school degree/GED as highest education; 135 (43%) had not completed high school

Still active: 170

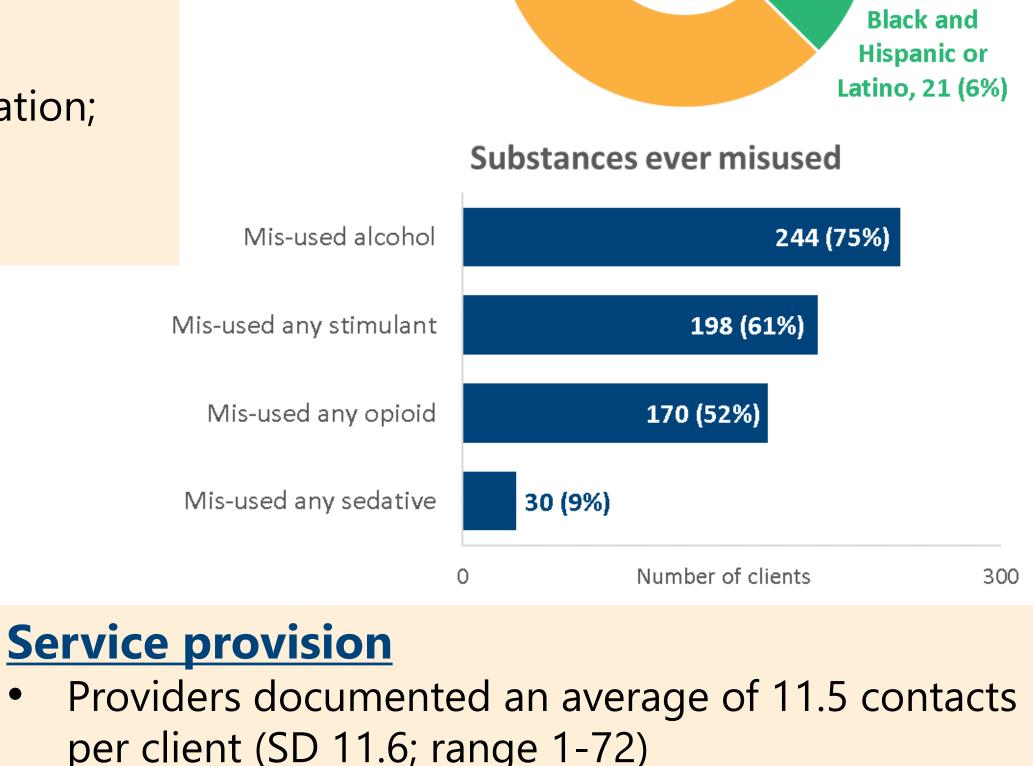
Disenrolled: 114

Re-incarcerated: 2

113 (46%) were unemployed and looking for work

**Enrollment trajectories** 

Re-enrolled in community after release: 40



**Black, 197** 

- per client (SD 11.6; range 1-72)
- Common service categories: mental health, social activity, transportation, housing, benefits

### **STAFFING**

- Building a strong, diverse staff team was a key accomplishment in the first year, but all providers faced challenges including hiring delays, turnover, and difficulty finding the right match for the program values and desired skills
- Strategies: Hiring internally; investing in training, supervision, and staff development; offering flexibility; taking an empowerment approach

And I would say my willingness from a leadership role to be open to feedback, take direction, make changes, empower folks from within the organization to have some say in how we go about structuring and doing the work that we do. [...] Trusting that they have expertise. [...] [Investing in] training, and making sure that staff development is a key focus of what we do. - Provider

#### **CLIENT RECRUITMENT**

QUALITATIVE FINDINGS

Providers encountered challenges working with HOCs to do pre-release recruitment

Still active: 22

Disenrolled: 15

Re-incarcerated: 1

Missing data: 2

- Strategies: Utilizing staff with HOC experience or connections; prioritizing communication; developing streamlined processes
- Community outreach and partnership development facilitated post-release recruitment

[Staff person] was previously employed by another organization who has been in the jail for a very long time. So he was an inside care coordinator before [...] So that in itself was a blessing because he already had the knowledge of the jail, the rules, the computer, the staffing knowledge of who's who there.

#### **ENGAGEMENT**

- Staff with lived experience who are from the communities served were critical for effective engagement
- Trust-building and client engagement was further facilitated by providers' emphasis on community, relationships, individualized services, client choice, flexibility, accessibility, accountability, patience, and non-judgment

They don't judge you. They don't put you down. They're not scared to joke with you. You know? Just for who you are. They make you feel like you're not a piece of shit, that you did some messed up thing. You know? A lot of people see people like us different, you know? [...] They respect. They don't judge at all. We are all the same."

### RECOMMENDATIONS

Recommended areas of focus for the future: 1) recruiting Black men, 2) increasing pre-release recruitment, 3) improving transition into community programming postrelease, 4) tailoring services to people who misuse alcohol and stimulants