

**An Evaluation of Three Transitional
Mental Health Re-entry Programs in Iowa:
Fourth Annual Evaluation Report
EXECUTIVE SUMMARY**

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EXECUTIVE SUMMARY

Issues concerning the provision of mental health services for prison inmates and for parolees have become prominent as states and localities face tight budgets and growing prison populations. Nearly all offenders who serve prison time return to their communities, most under conditions requiring supervision by community corrections officials.¹ Returning offenders with mental illness poses special problems for successful reentry.

A. BACKGROUND

Historically and across the nation, prisoners with mental illnesses tend to serve longer portions of their sentences than other prison inmates, meaning there is less time for community supervision upon re-entry. In Iowa, inmates who serve their entire prison sentence are returned to communities with \$100 and, in principle, a 30-day supply of medication or prescription for that amount. Without services and community supervision, many become homeless and quickly return to crime, jail, and prison.

Excerpts from the report of the Criminal Justice/Mental Health Consensus Project² illustrate the issues faced by offenders with mental illnesses:

...Successful completion of a period of community supervision is particularly difficult for offenders with mental illness. ... They must find a mental health provider willing to deliver services to a person who not only has a criminal record but who also is (often) without the resources to pay for treatment and has yet to demonstrate eligibility for Medicaid. ...

Offenders with mental illness recently released from prison also must find housing and, despite not having any savings or a paycheck, pay the first month's rent in advance. Furthermore, to maintain some form of public assistance, they need to demonstrate that they are actively seeking a job. Yet few employers are willing to hire someone with a criminal record, and the stigma of mental illness compounds the problem. Overcoming these obstacles ... while attempting to coordinate appointments with a supervision officer, a mental health clinician, and a peer substance abuse support group is nearly impossible – and especially so for someone without access to transportation. ...

¹ According to the Iowa Department of Corrections, about 96 percent of prison inmates eventually return to the community. Among those, 23 percent of all offenders discharge their sentences, meaning they return with no community supervision. So, about 73 percent return under supervision. Nationally, about 80 percent of sentenced inmates return “under some form of community supervision” according to the (undated) *Criminal Justice/Mental Health Consensus Project*, which appears to have been published in 2002; see project history at <http://consensusproject.org>.

² As noted earlier, this report appears to have been published in 2002. The project was organized and run under the auspices of the Council of State Governments, with many partners.

Persons with mental illnesses require more support and assistance upon re-entry into the community than what a traditional parole officer has the time or the expertise to offer. In order to succeed in the community, they need to quickly connect with a psychiatrist to make sure they have an uninterrupted supply of medication and are linked with a mental health counselor to monitor their mental health on an ongoing basis. Most of these individuals cannot move immediately (if ever) into full-time employment due to their mental illnesses, as well as the barriers to employment that their criminal records create, yet they need to quickly find housing. They may need to apply for disability benefits, SSI, Medicaid, or other programs to pay for their medications, but the processes for applying for these programs can be complicated and difficult to navigate without assistance. They also need the support of a parole officer who understands mental illnesses and how to help the individual manage it effectively in order to prevent relapse and a return to criminal behavior.

B. IOWA'S RESPONSE

In response to the issues faced by offenders with a mental illness who are returning to the community, Iowa's Mental Health Planning Council recommended funding from the state's federal block grant for three transitional mental health re-entry programs. The programs are operated by:

- the Department of Community Correctional Services for the 6th Judicial District, which serves Linn County (i.e., Cedar Rapids and the surrounding area)
- the Department of Community Correctional Services for the 1st Judicial District, which serves Black Hawk County (i.e., Waterloo and the surrounding area); and
- the Black Hawk-Grundy Mental Health Center (BHGMMC), which also serves Black Hawk County.³

Because the BHGMMC is not a community corrections agency, the participants in its program also report to a parole officer in the 1st District. In the 1st and 6th Districts' programs, the parole officer also serves as the mental health re-entry program case manager.

The three programs were funded by the Department of Human Services (DHS), initially each at a level of \$80,000 per year. The amount of funding from DHS has decreased each year with the intention that each program identify strategies and funding to sustain the program beyond DHS funding.⁴ DHS required the programs to fund an evaluation during their second year. ISED Solutions was chosen for this evaluation.

³ The 6th District and BHGMMC programs received grants in the fall of 2000 and began seeing clients in the summer of 2001. The 1st District program received its grant during the summer of 2001 and began seeing clients in January 2002.

⁴ Funding was later reduced to \$58,000 per program, including the funds that were required to be set aside for the program evaluation. During the most recent fiscal year (July 2005 through June 2006), DHS funding for the programs was \$25,000 per program. During the current fiscal year (July 2006 through June 2007), each program will receive \$10,000 in funding from DHS.

The mental health re-entry programs were designed to provide people with mental illnesses the support they need to successfully transition back into the community upon their release from prison. The services offered in the program include assistance with:

- Linking with mental health service providers and medication monitoring
- Applying for SSDI, SSI, Medicaid, food stamps, and other programs that help to pay for medications
- Finding housing and applying for public housing programs
- Monetary assistance for rental deposits, rent, medications, transportation, psychiatric appointments, and individual therapy⁵
- Transportation to appointments or bus passes
- Correctional supervision and urinalysis (1st and 6th District Department of Corrections programs only)
- Linking with other community services
- Enrolling in education or job training programs
- Providing emotional support and guidance

Participants in the three mental health re-entry programs also meet regularly with a Community Accountability Board (CAB). The CAB members help program participants identify community services that would benefit them and explain the process for linking with those services. During the CAB meetings, CAB members are informed about the progress that participants are making as well as any setbacks. The role of the CAB members is to link program participants with community services, to offer encouragement and praise when participants are doing well, and to offer suggestions when participants are not complying with the re-entry program. The CAB is not responsible for sanctioning program participants.

The CAB members are volunteers from the community who represent organizations that have an interest in providing services for prisoners with mental illnesses who are returning to the community. Members of the CABs include representatives of public and private service agencies, advocates for persons with mental illness, and local law enforcement. Services and service providers represented on the CABs include mental health centers, substance abuse treatment programs, psychiatric hospital units, private psychologists, medical clinics, supportive community living, food banks, the county CPC,⁶ Social Security, family counseling, vocational rehabilitation and training, housing, education and training, and workforce development.

⁵ The three re-entry programs may differ on which of these items they can pay for.

⁶ CPC stands for “Central Point of Coordination,” which is the system through which Iowa counties pay for mental health, substance abuse, and developmental disability services for the poor.

C. RE-ENTRY PROGRAM PARTICIPANTS

The mental health re-entry programs are serving a population with many barriers to overcome. By definition, all re-entry program participants have a mental illness, and over one-third (39 percent) have two or more mental illnesses to contend with. On top of that, 86 percent of re-entry program participants have issues with substance abuse in addition to their mental illness(es), and 67 percent⁷ had an Axis II diagnosis (i.e., personality disorder). Two-thirds (67 percent) of re-entry program admissions⁸ have already had one or more probation or parole revocations⁹ when they enter the program. Re-entry program participants are also at a disadvantage educationally—although 71 percent have either a high school diploma or a GED, only 1 percent has four years or more of college education. In addition, their work histories are typically poor—69 percent of re-entry program participants for whom this data is available¹⁰ have never worked at a job for more than one year. (Average age of re-entry program participants was 36.)

D. EVALUATION BACKGROUND AND CONCLUSIONS

Background data for this evaluation is gathered from interviews with program staff, attendance of Oversight Committee meetings, and review of quarterly reports submitted by program staff. The evaluation consists of five primary components: 1) participant feedback (through focus groups and surveys) from participants in the three re-entry programs; 2) an analysis of outcomes for re-entry program participants, 3) a comparison of outcomes for re-entry program participants (i.e., the treatment group) and a comparison group of Iowa parolees with mental illnesses, 4) a survey of Community Accountability Board (CAB) members about strengths and areas of improvement for the re-entry program and the CABs; and 5) the efforts that have been made to promote the mental health re-entry program model and sustain the program despite reduced funding from the Iowa Department of Human Services.¹¹ This executive summary focuses on the evaluation conclusions and recommendations for consideration.

⁷ This data was collected for admissions that occurred after July 1, 2005 (N=88).

⁸ Because a handful of participants have been admitted to the re-entry program more than once, the unit of analysis throughout most of this report is each client admission, rather than each individual participant. Twenty-three people were admitted to the program twice, and three people were admitted to the program three times (i.e., there were multiple service episodes that did not overlap in time). Typically, an individual is admitted to the program more than once because, at some point after participating in the re-entry program, he/she returns to prison. Then, upon release, the individual is admitted to the re-entry program again. In one case, an individual was admitted more than once because he moved to a different county that did not have a re-entry program, and then returned to the county and was readmitted to the program.

⁹ This data was collected for admissions that occurred after July 1, 2005 (N=73).

¹⁰ This data was collected for admissions that occurred after July 1, 2005 (N=88).

¹¹ For more information on the research methodology used, see the full report “An Evaluation of Three Transitional Mental Health Re-entry Programs in Iowa: Fourth Annual Evaluation Report.” This report is available on the ISED website (www.ised.us, go to the publications page, and then criminal justice) or by contacting Maria Hein (mhein@ised.org).

There are seven conclusions for this year’s evaluation. The evaluation recommendations are discussed in the next section of the report (Section E).

1) *The re-entry programs continue to experience successes in many of the outcome areas examined.* Following is a summary of the successes in each area. Several of the positive impacts of the program have been repeatedly shown, not only in this year’s evaluation (the fourth annual evaluation of the mental health re-entry programs), but the second and third annual evaluations as well). Positive impacts that were found in all three evaluations are marked with a *.¹²

- **Program status and completion rate.** Participants of the mental health re-entry program were more likely to successfully discharge from the program and remain in the community (i.e., as opposed to returning to jail or prison) than persons with a mental illness who worked with a traditional parole officer upon release from prison (the comparison group¹³ for this study).^{14*} Only 24 percent of re-entry program participants discharged from the program unsuccessfully, in comparison with 39 percent of the comparison group who were revoked from supervision. [Sixty-nine percent of re-entry program participants successfully complete the program, versus 61 percent of comparison group members who successfully discharge their supervision. The remaining 7 percent of re-entry program participants are categorized as “other discharges” (i.e., neither successful nor unsuccessful).¹⁵] The differences in successful and unsuccessful discharges between the re-entry program participants and the comparison group was statistically significant at the .05 level.¹⁶
- **Housing.** The housing stability of program participants—based on measurements of the number of address changes—shows that their housing stability improves over the course of the program.*

¹² Hein, M. (December 2005). An Evaluation of Three Transitional Mental Health Re-entry Programs in Iowa. ISED Solutions: Washington, D.C.; Hein, M. (December 2004). An Evaluation of Three Transitional Mental Health Re-entry Programs in Iowa. ISED Solutions: Washington, D.C. These reports are available at www.ised.us.

¹³ The members of the comparison group had to meet the following criteria: 1) released from an Iowa prison; 2) released on parole or to a work release or OWI program; 3) have an Axis I diagnosis; 4) could not be a sex offender; 5) would be eligible for the mental health re-entry program (if this program had been available in their county); and 6) has never been admitted to one of Iowa’s mental health re-entry programs.

¹⁴ In the Year 2 evaluation, re-entry program participants were more likely to successfully discharge from the program and remain in the community than offenders with a mental illness in the comparison group, but the finding was not statistically significant.

¹⁵ Discharges were categorized as “other discharges” (i.e., neither successful or unsuccessful) for one of the following reasons: 1) they transferred to traditional supervision, 2) they were no longer available for the program, 3) the person died and the cause of death was not related to a failure in the services of the re-entry program; or 4) the person was also participating in the work release program, and the person did something (e.g., used alcohol or drugs on one occasion) that resulted in an automatic revocation of supervision in the work release program, but would not have resulted in revocation of supervision in the re-entry program, 5) the person was in the re-entry program on pretrial diversion status and was sentenced to prison for a charge that predated their admission to the re-entry program.

¹⁶ In the Year 3 evaluation (Hein, 2005), this finding was statistically significant at the .10 level.

- **Disability benefits.** During their time in the re-entry program, participants are applying for SSDI and SSI. By the time of the last reassessment, more participants are receiving these benefits than had at the beginning of the program.* (However, as is typical with the application process, 53 percent of those who had applied for SSDI or SSI were still not receiving these benefits by the time of the last reassessment. Either the application had not yet been processed or the request had been denied.)
- **Funding for health and mental health treatment.** Over the course of the program, the percentage who have Medicaid benefits, and the percentage who pay for their own care through clients fees, increases. Re-entry program participants are less likely to be accessing county funding to pay for their mental health care at the time of the last reassessment. This may be because more participants have access to Medicaid benefits.
- **Mental health and substance abuse treatment.** Among those for whom this data is available (n=76), mental health therapy was recommended for 76 percent of participants and substance abuse treatment for 51 percent. For those for whom mental health therapy was recommended, the percentage who have continued involvement with their therapy appears to increase over the course of the program. However, there is not enough data at this point to determine if the differences are statistically significant. Similarly, the percentage with continued involvement in substance abuse treatment also appears to increase over time, but there is not enough data to determine if the differences are statistically significant.
- **Psychiatric and substance abuse hospitalizations.** The frequency of psychiatric hospitalizations decreases over the course of the program.* Although there is no evidence that the frequency of substance abuse hospitalizations decreases, there were relatively few of these hospitalizations. Only six percent (or 19 of those admitted) had one or more hospitalizations for substance abuse.
- **Attendance of psychiatric and medical appointments.** The percentage of those admitted who attended all of their psychiatric and medical appointments starts out high (72 percent during the first reassessment period) and increases over the course of the program.*
- **Support systems.** The percentage of participants with family support, support from AA/NA, job-related support, support from a church, and support from a mentor increased from the initial reassessment to the last reassessment. The only type of support that reduced from the initial reassessment to the last reassessment was peer support. Program staff note that at times there is disagreement between program participants and staff as to whether the participant's peers are a source of support, which may explain the drop in peer support from the initial to the last reassessment.
- **Return to prison.** Re-entry program admissions during FY2003 (July 2002 to June 2003) were less likely to return to prison within three years than Iowa

offenders with a mental illness who were released from prison during FY2003.¹⁷ Forty percent of re-entry program admissions during FY 2003 returned to prison within three years, compared with 51 percent of Iowa offenders with a mental illness.¹⁸ Thus, persons with mental illnesses who received specialized mental health services through the mental health re-entry programs were less likely to return to prison within three years than the general population of Iowa offenders with a mental illness. (Although it is possible that some of the latter group may have also received specialized mental health services as part of their parole, it is assumed that most of these individuals did not.)

- **Children.** Although only limited data is available (N=44), there may be some progress in regaining contact with children over the course of the program. The percentage of participants who have custody of their children increases from the initial to the last reassessment.
- **Employment.** The employment rates of re-entry program participants are similar to (and in some cases better than) the employment rates of the other groups of people with similar disabilities. At the time of the initial reassessment, 39 percent of admissions in the re-entry program were employed, and 34 percent were employed at the time of the last reassessment.¹⁹ In comparison:
 - Thirty-seven percent of U.S. mental health consumers ages 21-64 were employed (Mental Health Community Services Block Grant: CMHS Uniform Reporting System: 2004 State Report).
 - Data from the 2005 American Community Survey (ACS)²⁰ show employment rates ranging from 22.8 to 35.8 percent for working-age people (ages 21 to 64) in Iowa with the following disabilities:
 - Nearly 36 percent (35.8 percent) of those who had a mental disability²¹ were employed.

¹⁷ For the re-entry program admissions, those who were admitted to the program whose supervision status was probation or pretrial were excluded from the analysis, and the Iowa Department of Corrections' ICON system was used to determine whether the admission had returned to prison before June 2006. For other Iowa offenders with a mental illness who were released from prison during FY2003, data were provided by Ms. Lettie Prell, the Director of Research of the Iowa Department of Corrections (personal communication, November 2006).

¹⁸ Not surprisingly, Iowa offenders who did not have a mental illness who were released from prison during FY2003 were less likely to return to prison within three years than those with a mental illness. Those without a mental illness had a 29.5 percent return rate versus a 51.4 percent return rate for those with a mental illness. The difference was statistically significant at the .01 level. (Ms. Lettie Prell, Iowa Department of Corrections, personal communication, November 2006).

¹⁹ Although the percentage of participants who are employed drops slightly from the time of the initial assessment to the last reassessment (from 39 percent to 34 percent), some of the change could be accounted for by participants who became students or homemakers. Because the category "not in the labor force" included anyone who was not in the labor force, without breaking out whether they were a homemaker, student, disabled, retired, or incarcerated, it is difficult to explain the reasons for the drop in employment among re-entry program participants.

²⁰ Cornell University, Rehabilitation Research and Training Center on Disability Demographics and Statistics (2005). 2005 Disability Status Reports: Iowa. Cornell University: Ithaca, New York.

- Nearly 25 percent (24.5 percent) of those who had a “Go-Outside-Home disability”²² were employed.
- Nearly 23 percent (22.8 percent) of those with an employment disability²³ were employed.

There are policy and funding issues in Iowa that limit the availability of employment services to persons with mental illness, which, if addressed, could help to improve employment rates for persons with a mental illness, such as participants in the mental health re-entry programs. As members of the Mental Health Re-entry Program Oversight Committee have noted, the employment rates of re-entry program participants have to be considered within the context of the availability of employment services for persons with mental illnesses within the state of Iowa.

- In Iowa, there is a three tiered waiting list to access Vocational Rehabilitation services. Often, persons with serious mental illness may qualify for Vocational Rehabilitation services, but they typically do not meet the requirements for the top tier of the waiting list. Funding limitations mean that those with mental illnesses may have difficulty obtaining Vocational Rehabilitation services, yet persons with mental illnesses may be less likely than those with other types of disabilities to have an income through entitlements that can help to support them.
- In addition, although supported employment is an evidence-based practice that has been recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA)’s Center for Mental Health Services (CMHS), the strategy is not widely available in Iowa. For more information about supported employment and other evidence-based practices in mental health, go to mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp.

2) Through the focus groups and surveys, program participants report positive changes in the manner in which offenders with mental illnesses are viewed and served as a result of the creation of the mental health re-entry programs. These positive changes in the way offenders with mental illnesses are viewed and served are still in place despite the reductions in D.H.S. funding each year. The following themes come from focus groups and surveys conducted with program participants as part of this evaluation:²⁴

²¹ The American Community Survey (ACS) definition of mental disability is based on the question: Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: learning, remembering, or concentrating?

²² The American Community Survey (ACS) definition of Go-Outside-Home Disability is based on the question: Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: going outside the home alone to shop or visit a doctor’s office?

²³ The American Community Survey (ACS) definition of employment disability is based on the question: Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: working at a job or business?

²⁴ In the full report, the findings of the Waterloo and Cedar Rapids participant focus groups and surveys are presented separately, so that the program staff can pinpoint issues for their particular program. The full report, “An Evaluation of Three Transitional Mental Health Re-entry Programs in Iowa: Fourth Annual

- For most participants, the aspect of the program that is most helpful is the relationships that they have with program staff. Participants report that program staff are supportive of them, help them work through problems, stress the importance of treating their mental health, and provide them with the structure and encouragement they need to avoid returning to substance abuse and crime.

“[The program] has been helpful for me. I got in trouble. [Program staff] got me out and gave me a chance. Jeff and Katie told me to be positive, take my medication, and do what I’m supposed to do. Just the fact that they give you a chance makes a difference. They got on me because I hadn’t been taking my medication. I got back on track. I like the fact that they do work with us.”

“Bob has helped me see the mental health thing as big as it is. It’s not just real simple, you take your medication, you go see your psychologist, and everything in your life will be perfect. This program helped me have a better understanding of it, the mental health, how my behaviors influence my mental health, the substance abuse issues, and how all of it ties in together.”

- Participants often report that the parole (or probation) officers in the re-entry program were much more helpful to them than other correctional staff (such as a “traditional” parole or probation officer or work release center staff) have been. They commonly say that re-entry program staff are supportive of them, and that makes them motivated to try harder than they might have with a less supportive staff person. Participants also frequently report that re-entry program staff have been more helpful to them than past correctional officers have been because of their understanding of mental health and how it affects behavior.

“Bob cares. Before [when she worked with other parole officers], I didn’t care what they thought. Now, working with Bob, I don’t want to disappoint him.”

“My probation officer [prior to the re-entry program] thought ‘you have a mental illness, you take your meds and see your therapist and that’s the end of it.’ And if you can’t do those simple things you don’t need to be on probation you need to be in prison. When I tried to talk with her about [concerns related to her mental health], she said, ‘well if you recognize that things are going to get bad then you are planning to fail, and if you fail then I guess that’s your problem.’ Two days later I took my first hit and went on doing that for three months. With Bob, I could tell him ‘I feel I’m slipping.’ He would say, ‘Let’s figure out what we can do to stop this before it becomes a problem.’”

Evaluation Report,” is available on the ISED website (www.ised.us, go to the publications page, and then criminal justice) or by contacting Maria Hein (mhein@ised.org).

“I had problems, and Jeff understood and gave me a chance. I was starting to act up. If I’d been with any other probation officer, they would have sent me up the street. They wouldn’t have given me a chance.”

- Some program participants say that their lives would be more difficult without the re-entry program, and others say that it has helped them to avoid going back to prison (or being sent to prison, for those on probation).

“[Without the re-entry program,] I’d be in the state penitentiary. Jeff gives me moral support. He’s there. He listens. He knows what I’m going through. He gives me the right leeway. Sometimes a person needs an extra push in life.”

“[Without the re-entry program,] I have to figure I’d probably be in jail. Working with him has helped me out. He makes you straighten out your life. Sometimes I might want to drink a beer, and he lets you know you can’t do that. He can’t force you to do anything, but usually he is right.”

“It would be a lot more difficult [without the re-entry program]. Before, I was really good at hiding from my mistakes or hiding from problems. When I came out of prison and was having a hard time finding a job and I couldn’t pay on my fines right away, another parole officer could say that is a violation. I would have been real quick to run from that. Then I would start skipping my appointments, and then they are looking for you.”

- For the most part, persons surveyed who were revoked from the re-entry program were satisfied with the services they received from the program, and attributed at least a portion of the blame for their failure to complete the program on themselves. They said:

“I think that it’s a good service and it helped me to re-establish myself back into the community. The program helped me with all the different community resources that I could access. Through the program, I had appointments with the mental health center, and I went to NA and AA meetings and found other alternatives to drugs and alcohol for a long time....There was nothing the program could have done differently to help me. I reverted back to criminal activity to support me when I didn’t have money.”

“I was very satisfied with the program. I received a lot of information about what the community had to offer me. The program gave me positive ideas and support for my mental health and to resist alcohol.”

“There was nothing else the program could have done. I have to want it for me. Others can only do so much and it was my responsibility to do the rest.”

3) *CAB members also report²⁵ many strengths²⁶ of the mental health re-entry programs.* Overall, the CAB members feel that the re-entry program has had a positive impact on participants who were motivated to take advantage of what the program had to offer. Strengths of the re-entry programs that were mentioned by the CAB members include:

- **Service coordination for program participants.** The program educates participants about the services available to them, and facilitates the linkages between participants and those services by allowing participants to meet several agency representatives who can help them at once. The programs link participants with services that they would be unlikely to access if they did not receive re-entry program services upon release from jail or prison.
- **Assessment of and problem solving for participants.** The re-entry program staff and CAB members collaborate to assess the needs of participants and provide recommendations to address the issues participants are facing.
- **Relationship between program staff and participants.** The positive relationship between the program staff and the participants has also been noted as a strength of the program.

CAB members also commented on their level of satisfaction with the CAB meetings. Overall, ratings were high for both programs. More specific information is provided in the full report “An Evaluation of Three Transitional Mental Health Re-entry Programs in Iowa: Fourth Annual Evaluation Report.”²⁷

4) Even as the D.H.S. funding for the mental health re-entry programs decreases, staff of the 1st District, 6th District, and BHGMHC remain committed to continuing to provide specialized services for offenders with mental illnesses. All three mental health re-entry programs have sustained a full-time case manager for the re-entry program during the past year, despite the reduction in DHS funding. In each program, the case manager continues to carry out the same functions with program participants that they had in the past, again despite the reduction in state funding. The Community Accountability Board (CAB) is still an important component of both the 6th District and Waterloo area re-entry programs. In addition, the 6th District and 1st District programs have secured additional funds for the mental health re-entry programs for the 2006-2007 fiscal year as part of the DOC budget package that was approved by the legislature.

5) The primary result of the reduction in DHS funding has been a reduction in the amount of funding the programs have been able to provide directly to participants to

²⁵ Data was gathered through the CAB member survey. For more details, see the full report “An Evaluation of Three Transitional Mental Health Re-entry Programs in Iowa: Fourth Annual Evaluation Report.” This report is available on the ISED website (www.ised.us, go to the publications page, and then criminal justice) or by contacting Maria Hein (mhein@ised.org).

²⁶ CAB members suggestions about areas for improvement of the re-entry programs are provided on pages xxvii – xxviii of this executive summary.

²⁷ This report is available on the ISED website (www.ised.us, go to the publications page, and then criminal justice) or by contacting Maria Hein (mhein@ised.org).

meet their basic needs. Re-entry program participants who cannot meet their basic needs on their own and cannot access the level of financial assistance needed from community resources or the re-entry program are more vulnerable to stress, relapse, and criminal recidivism. In fact, some of the re-entry program participants who have failed to complete the program report that not having enough money to meet their basic needs led them to either use illegal means to support themselves or stop taking their medications, and eventually resulted in a return to prison.

When the re-entry programs began providing services and were receiving larger grants from the Iowa Department of Human Services,²⁸ the programs provided financial or other assistance to participants who could not meet their needs in the following areas: rental deposits and rent (offered by the 1st District and BHGMHC programs only), medications (e.g., while waiting for applications for county or state funding to be processed), transportation (i.e., bus passes or taxi fares), appointments with mental health providers (i.e., when the county will not pay for services), and retail store gift cards (6th District program only). The availability of such resources through the re-entry programs dropped dramatically during state fiscal year 2005 to 2006:

- **Black Hawk Grundy Mental Health Center program:** The amount of funding available for rental assistance and medications dropped from \$14,000 during state fiscal year 2004 to 2005 to approximately \$3,000 during state fiscal year 2005 to 2006. Now, the BHGMHC program typically pays only one's month's rent or a rental deposit, whereas in the past the program had been able to pay a participant's rent until their disability application had been processed.
- **1st District program:** The amount of funding available for rental assistance dropped from \$7,000 during state fiscal year 2004 to 2005 to approximately \$500 during state fiscal year 2005 to 2006. The program was not able to provide bus passes to participants as it had in past years. [The 1st District mental health re-entry program will receive funding from the legislature (as part of the approved DOC budget package) to provide \$7,000 in rental assistance and \$500 in transportation assistance during the state fiscal year 2006 to 2007.]
- **6th District program:** Funding for bus passes and HyVee and Target gift cards is no longer available. Funding left over from last year (state fiscal year 2004 to 2005) for medications, taxi fare, and mental health appointments (i.e., when the county will not pay for services) is limited to emergencies only. (Rental assistance was never an allowable expenditure for the 6th District program.)

Two of the major areas of unmet need for re-entry program participants (as noted by program staff, CAB members, and the participants themselves) are housing and obtaining a sufficient income source. When participants have no family or friends who can provide a safe and supportive environment and are unable or unwilling to be accommodated in an another housing setting (e.g., work release facility, emergency shelter, transitional

²⁸ The three programs were initially funded by the Department of Human Services (DHS) each at a level of \$80,000 per year. Funding was later reduced to \$58,000 per program, including the funds that were required to be set aside for the program evaluation. During state fiscal year 2005 to 2006, DHS funding for each of the programs was reduced to \$25,000 per year.

housing program, or supportive community living),²⁹ they have to find a way to pay for housing in the community. HUD housing programs may not be an option due to their criminal background. Yet coming up with money for a rental deposit and rent each month can be a real struggle for many re-entry program participants, because many of them do not have a stable source of income. (Of those who successfully complete the re-entry program, 39 percent were employed--either full-time, part-time or in assisted employment--at the time of the first assessment, and 34 percent were employed at the time of the last assessment.) Barriers to working full-time include difficulty finding employment due to a felony record, having a limited work history, and the challenges created by having a mental illness. In addition, many of the program participants apply for entitlements, but the application process is typically lengthy with one or more appeals, and some do not ultimately receive them. (For example, by the time of the last assessment, 57 percent of participants have applied for SSDI, but only 26 percent receive SSDI.)

Re-entry program participants who do not have a safe place to stay with family or friends, another suitable housing alternative, employment that provides a sufficient income, or entitlements, struggle to pay for housing. Yet community resources in Black Hawk and Linn County have not been adequate to replace the resources, particularly in the area of housing, that the re-entry programs are no longer able to provide. As reported by program staff:

- In Black Hawk County, if the individual meets the residency requirements for county relief and is certified as homeless, they can get their first month's rent. They may be able to get the Salvation Army or another local organization to help with a deposit, but beyond the first month's rent typically an individual can only obtain about \$140 toward rent if they have an eviction notice. The CPC's office in Black Hawk County typically will only help with a rental deposit or one month's rent on a pay back basis, based on the discretion of the case manager who considers eligibility, the participant's criminal history, and whether the participant is using alcohol or illegal substances. Re-entry program staff report that entitlement applications and appeals can take up to 18 months to process, leaving participants vulnerable to homelessness for a considerable period of time.

²⁹ These options may not always be available immediately due to waiting lists. For example, the waiting time to get into the work release facility in Black Hawk County is estimated to be about two months long, and the waiting time to get into the work release facility in Linn County is an average of one to two months. For those who do try these housing settings, sometimes the placements are not a good fit. Sometimes placements in the work release centers do not work out because the participant may be unable to find a job, keep a job, or they are not able to work very many hours (and some having difficulty working at all)—thus, they cannot meet the expectations to pay money towards the rent as required by the facility. Sometimes work release center placements don't work out because the participant is dissatisfied with the work release center and/or does not comply with expectations, or the participant may violate the work release center's no tolerance policy on alcohol and drug use and is then revoked and returns to prison. Other types of programs that can provide housing for re-entry program participants have been found to be a poor fit at times. For example, re-entry program participants tend not to do well or stay long at facilities that require participants to be highly committed to the AA philosophy and make a large time commitment to AA based programming.

- In Linn County, if the participant qualifies for General Assistance they can typically receive this assistance until their entitlement applications are processed, unless the funding in the General Assistance program runs out. However, re-entry program participants cannot apply for General Assistance until they are released from prison. In addition, a funding shortfall with the Linn County CPC's office in early 2006 meant that the rental subsidy program was temporarily suspended, until a portion of the funding was reinstated by the legislature later in the year.

When asked about weaknesses of the mental health re-entry programs, CAB members in both the Waterloo programs (1st District and BHGMHC) and Cedar Rapids (6th District) noted that lack of adequate funding to address participants' needs is an issue. Half of the CAB members surveyed in Waterloo mentioned lack of funding as a significant issue for the programs. One CAB member said:

“Several participants who have come before the CAB have the issue of lack of funds. This is an issue the CAB has little control over due to the participant's need to access social security or another income source. Unfortunately, they are caught between a rock and a hard place, so to speak. Some do not have the ability to seek and/or secure employment, due to their disabilities, yet they have been deemed ineligible for social security benefits for several reasons (no defined disability, no employment history, past history of falsifying records involving social security).”

Several of the Waterloo CAB members were concerned about participants' ability to obtain and pay for housing. One CAB member said:

“Housing is very difficult, due to the participant's eviction history, felonies, and bills (e.g., utilities or phone) left unpaid in the past.”

CAB members for the 6th District program (serving Linn County) had similar concerns. They noted that the weaknesses of the program in part reflect the lack of adequate community resources in areas such as affordable, safe housing; transportation; health and mental health care; and employment. One CAB member said:

“The re-entry program should have its own budget from the state to make it less dependent upon the budgets of the counties and what they can pay for.”

Re-entry program participants who cannot meet their basic needs on their own and cannot access the level of financial assistance needed from community resources or the re-entry program are vulnerable to stress, relapse, and criminal recidivism. Re-entry program participants (i.e., individuals who were still in the program) had this to say:

“When I got out of prison, I went to the [work release] facility. I had nowhere else to go at that time. After 30 days at the facility, they had to get rid of me

because I'm a liability because of my medical problems. They put me at the Y, but I can't pay the rent. I can't get housing through HUD because of my criminal background. I'm at a stand still now because I've been on medical restriction since 2003—I can't work. I'm on my third appeal for disability.....It's like I'm right back where I was before I went to prison. Automatically, my criminal thinking is coming back. I have done good so far, but enough is going to be enough. What am I going to do? I may just say 'Well I can go back to prison.' While I was there, I didn't worry about where I was staying, but now that I'm discharged I don't know where I am going to go. I feel like I was let out and have been set up to fail. Each day is a struggle for me. No, I'm not going back to prison. But sometimes it goes through your head that I was better off there.' ”

“I got approved for Section 8, and the lady told me to come today or tomorrow to sign the papers and do the background check. Well, my record is this long! How can I get approved for that? What do I have to do? It makes you depressed, and I can't take it!”

“Last time when I was in the [re-entry] program, there was a lot more help out there. The county paid almost all of my rent. This time, I only got about \$200 toward rent, and then nothing after March. And most of the housing programs put you in bad areas of town where there are people doing drugs.”

Some of the re-entry program participants who have failed to complete the program report that not having enough money to meet their basic needs was one of the reasons that they failed. Some turned to illegal means to support themselves, which ultimately resulted in returning to prison. They said:

“Last time when I was out of prison, I couldn't find a job because I had a felony. Finally, I gave up and sold drugs because I knew I could make a lot of money that way. I had three kids to feed. Most mothers will do what they can to feed their kids.”

“I reverted back to criminal activity to support me when I didn't have money.”

“My meds alone were \$250 a month, and I only made \$8 an hour. No help was available. My meds were too expensive. I had no money left for food, so I went off of my meds.

6) *The process of receiving referrals into the mental health re-entry programs has never worked as it was intended, and this affects the ability of program staff to adequately prepare for the individual's release from prison.* When the program began, the intention was to identify potential re-entry program participants well in advance of their release date from prison, ideally referred by the institutional counselors who work with them in the prisons. Despite significant efforts on the part of re-entry program staff

to educate institutional staff about the program and how to make referrals,³⁰ oftentimes individuals who are appropriate for the program and are being discharged to Linn or Black Hawk County are not referred by the institutional counselor. Instead, many³¹ referrals to the re-entry program happen after the individual's parole paperwork has arrived at either the 1st District or 6th District office, typically giving staff as little as two weeks (and sometimes just a couple of days) to prepare for the individual's return to the community.³² This amount of time is often insufficient to get mental health appointments set up (typically at least one month's advance notice is needed) and funding for mental health services in place, as well as to look into the suitability of the proposed residence, prior to the individual's release from prison.

It is hoped that as the recommendations of the Iowa Department of Correction's Kaizen Project are implemented, improvements in the referral processes to the mental health re-entry programs will occur. The Kaizen Project is a risk reduction effort that seeks to prepare offenders for re-entry into the community (including increasing the amount of notice the institutions provide to the judicial districts about offenders who will be released), build linkages between prisons and communities, and to more fully take advantage of the time of prison release as an opportunity to reintegrate offenders. As a result of the Kaizen Project, eight community release coordinator positions (one for each of the eight judicial districts), three institutional release coordinator positions, and a statewide re-entry coordinator position were funded. The Community Release Coordinators will identify people 60 days in advance of their prison release who will be re-entering the community in their judicial district and ensure that all the necessary arrangements are made to prepare for the individual's release. Community Release Coordinators will not work solely with persons being released who have a mental illness,³³ but such persons will be included on the coordinator's caseload. The Institutional Release Coordinators (for the Mitchellville, Newton, and Rockwell City institutions) will work on facilitating a smooth transition from these institutions to the community, and the Statewide Re-entry Coordinator will be in charge of coordinating prisoner re-entry efforts throughout the state.

³⁰ Re-entry program staff have visited all of the correctional institutions but one (Anamosa) to make presentations about the re-entry program and who is appropriate for referral to the program.

³¹ 1st District staff estimate that 80 percent of his caseload are not referred by the institutional counselors, but instead are routed to him after the parole paperwork reaches the 1st District. 6th District staff estimate that 40 percent are not referred by the institutional counselors, but instead are referred internally by 6th District staff.

³² In addition, efforts were made by the Department of Corrections to generate lists of potential re-entry program participants prior to their release from prison, but the nature of the data system has made it difficult to generate such lists.

³³ Through the Mental Health Strategic Planning/Cost Initiative Project, facilitated by the Department of Corrections Mental Health Director, Dr. Bruce Sieleni, several FY08 Department of Corrections budget priorities will be submitted to the appropriate authorities in DOC administration that would directly address offenders with mental illnesses. The budget priorities are: 1) funding for four mental health courts; 2) a 250 bed facility at the Mitchellville correctional institution for inmates with special needs; and 3) mental health coordinator positions for all eight judicial districts and each of the correctional institutions. The intent is to use this funding to create mental health re-entry programs in all eight judicial districts.

7) The outcomes for the re-entry program participants (i.e., the treatment group) were compared with the outcomes for a comparison group of Iowa parolees with mental illnesses. Re-entry program participants were more likely than comparison group members to successfully complete the program. However, re-entry program participants were less likely to be employed at the time of the last reassessment and more likely to report (or be discovered) using alcohol or drugs during the last six months. There were some differences in the basic characteristics of the treatment and comparison groups which help to account for the differences in outcomes.

- There is a small, but statistically significant difference between the two groups in the LSI score (i.e., level of the criminal risk) with the treatment group being at a higher level of risk. Logistic regression analysis shows that individuals with higher LSI scores (i.e., more criminal risk) are less likely to be employed at the time of the last reassessment³⁴ and are more likely to be arrested during their time in the program.³⁵
- The treatment group (re-entry program participants) are more likely to be members of a minority group (e.g., African-American or Latino) than the comparison group. Logistic regression analysis shows that members of a minority group were less likely to be employed at the time of the last reassessment and more likely to be arrested during their time in the program than Caucasians. Both findings were statistically significant at the .05 level.

The outcomes for the treatment and comparison groups are summarized below:

- As noted earlier in this report, re-entry program participants were more likely to successfully discharge from the program and remain in the community (i.e., as opposed to returning to jail or prison) than comparison group members. Only 24 percent of re-entry program participants discharged from the program unsuccessfully, in comparison with 39 percent of the comparison group who were revoked from supervision. (Sixty-nine percent of re-entry program participants successfully complete the program,³⁶ versus 61 percent of comparison group members who successfully discharge their supervision.) The differences in successful and unsuccessful discharges between the re-entry program participants and the comparison group was statistically significant at the .05 level.
- When the difference between the time periods being measured for the treatment and comparison groups is accounted for, there were no statistically significant

³⁴ This finding was statistically significant at the .10 level.

³⁵ This finding was statistically significant at the .05 level.

³⁶ The remaining 7 percent of re-entry program participants are categorized as “other discharges” (i.e., neither successful nor unsuccessful). Discharges were categorized as “other discharges” (i.e., neither successful or unsuccessful) for one of the following reasons: 1) they transferred to traditional supervision, 2) they were no longer available for the program, 3) the person died and the cause of death was not related to a failure in the services of the re-entry program; or 4) the person was also participating in the work release program, and the person did something (e.g., used alcohol or drugs on one occasion) that resulted in an automatic revocation of supervision in the work release program, but would not have resulted in revocation of supervision in the re-entry program, 5) the person was in the re-entry program on pretrial diversion status and was sentenced to prison for a charge that predated their admission to the re-entry program.

differences between the two groups in the mean number of arrests of any type, the mean number of felonies, the mean number of misdemeanors per day, or the mean number of technical violations per day. However, although the data do not show that re-entry program participants are less likely to be arrested than comparison group members, what is more critical is the end result of the program. Re-entry program participants are more likely than comparison group members to successfully discharge from the program and remain in the community (as discussed in the previous bullet). In addition, because the re-entry programs do not necessarily revoke participants the first time they have a technical violation, a participant could continue in the program and potentially have additional technical violations or arrests. This may be less likely to happen to comparison group members, which could account for the similarity in the arrest rates for the two groups.

- The treatment group (re-entry program participants) had a slightly higher mean number of address changes per day. This finding was statistically significant at the .10 level.
- The comparison group was more likely to be employed at the time of the last reassessment than the treatment group—among those who successfully completed their supervision,³⁷ 57 percent of comparison group members were employed versus 34 percent of re-entry program participants.
 - As discussed earlier, the difference between the treatment and comparison groups in their LSI scores is a factor--treatment group members tend to have higher LSI scores, and logistic regression analysis shows that individuals with higher LSI scores (i.e., less criminal risk) are less likely to be employed at the time of the last reassessment.
 - In addition, treatment group members are more likely to be in a minority group, and logistic regression analysis shows that members of a minority group were less likely to be employment at the time of the last reassessment than Caucasians.
 - It is also important to keep in mind that the re-entry program participants tended to have poor work histories. Sixty-nine percent of re-entry program participants for whom this data is available³⁸ have never worked at a job for more than one year. (Work history data was available for only a handful of comparison group members, making it impossible to make a comparison on this variable.)
 - Finally, staff of the mental health re-entry programs are probably more likely to carefully consider the participant's ability to work and the impact that may have on the stability of their mental health. Traditional parole officers may be

³⁷ Participants who were not successfully discharged were not included because they would be considered unemployed at the time of the last reassessment, even if they had been employed up until the time of their arrest or revocation.

³⁸ Data on employment history has been collected since July 2005.

more likely to encourage work as a general policy without fully considering how mental health and other clients concerns may be affected.

- Re-entry program staff were more likely to report that their participants (i.e., the treatment group) had used alcohol or drugs in the last six months³⁹ than the parole officers who had worked with comparison group members. The data provided by re-entry program staff indicate that 60 percent of re-entry program participants had used alcohol or drugs in the last six months, whereas data provided by the parole officers who worked with comparison group members indicate that 40 percent used alcohol or drugs during the last six months. This finding was statistically significant at the .01 level. One reason for the difference may be that some re-entry program participants, due to the trusting relationships that are often built with their parole officers, will actually report alcohol or drug use to their parole officers before they are caught—whereas such behavior may be more likely to go undetected among the comparison group members. Another reason that alcohol and drug use may be more likely to go undetected among comparison group members is that traditional parole officers may have less contact with their participants (and are less likely to do home visits or meet with participants during the evening) in comparison with re-entry program staff. Finally, data is not available on the frequency of alcohol or drug use during each six month period—therefore, we cannot determine what percentage of re-entry program participants (or comparison group members) relapse briefly but then stop drinking or using.
- Although the treatment group (i.e., re-entry program participants) were less likely to have one or more psychiatric hospitalizations than the comparison group, the difference was not statistically significant. Twelve percent of re-entry program participants had one or more psychiatric hospitalizations during the last reassessment period (an average of 122 days), in comparison with 17 percent of comparison group members who had one or more psychiatric hospitalizations during the last six months. When the difference between the time periods being measured for the treatment and comparison groups is accounted for, there was no statistically significant difference in the mean number of psychiatric hospitalizations per day.
- There were relatively few substance abuse hospitalizations for either group, and there was little difference between the two groups in the occurrence of substance abuse hospitalizations. Three percent of re-entry program participants (i.e., the treatment group) had one or more substance abuse hospitalizations during the last reassessment period (an average of 122 days) versus four percent for the comparison group during the last six months. The difference between the two groups in substance abuse hospitalizations was not statistically significant. (When the difference between the time periods being measured for the treatment and comparison groups is accounted for, the result is the same—there was little difference between the two groups in the occurrence of substance abuse hospitalizations.)

³⁹ Data on alcohol or drug use in the last six months was collected for re-entry program participants who were admitted July 1, 2004 or later.

E. EVALUATION RECOMMENDATIONS

This section briefly reviews the evaluation conclusions. Then it provides recommendations for consideration based on the conclusions.

The seven evaluation conclusions, which were discussed in more detail in the previous section, are as follows:

- 1) The re-entry programs continue to experience successes in many of the outcome areas examined.
- 2) Through the focus groups and surveys, program participants report positive changes in the manner in which offenders with mental illnesses are viewed and served as a result of the creation of the mental health re-entry programs. These positive changes in the way offenders with mental illnesses are viewed and served are still in place despite the reductions in D.H.S. funding each year.
- 3) CAB members also report many strengths of the mental health re-entry programs. Overall, the CAB members feel that the re-entry program has had a positive impact on participants who were motivated to take advantage of what the program had to offer.
- 4) Even as the D.H.S. funding for the mental health re-entry programs decreases, staff of the 1st District, 6th District, and BHGMHC (Black Hawk Grundy Mental Health Center) remain committed to continuing to provide specialized services for offenders with mental illnesses.
- 5) The primary result of the reduction in DHS funding has been a reduction in the amount of funding the programs have been able to provide directly to participants to meet their basic needs [i.e., funding for rental deposits and rent, medications (e.g., while waiting for applications for county or state funding to be processed), transportation (i.e., bus passes or taxi fares), etc.]. Re-entry program participants who cannot meet their basic needs on their own and cannot access the level of financial assistance needed from community resources or the re-entry program are more vulnerable to stress, relapse, and criminal recidivism. In fact, some of the re-entry program participants who have failed to complete the program report that not having enough money to meet their basic needs led them to either use illegal means to support themselves or stop taking their medications, and eventually resulted in a return to prison.
- 6) The process of receiving referrals into the mental health re-entry programs has never worked as it was intended, and this affects the ability of program staff to adequately prepare for the individual's release from prison.
- 7) When the outcomes for the re-entry program participants (i.e., the treatment group) were compared with the outcomes for a comparison group of Iowa parolees with mental illnesses that was designed for this evaluation, re-entry program participants were more likely than comparison group members to successfully complete the program. Although re-entry program participants did

not do as well as the comparison group members in the area of employment, the employment rates of re-entry program participants are similar to (and in some cases better than) the employment rates of other groups of people with similar disabilities (see pp. xii-xiii of this executive summary).

The evaluation recommendations are divided into three sections: 1) evaluator recommendations; 2) program participants' recommendations; and 3) CAB members' recommendations.

Evaluator Recommendations. Four recommendations are offered for consideration in the following areas: 1) funding for participants' basic needs; 2) employment; 3) program referral process; and 4) women's support group. They are described below.

1) Funding for participants' basic needs. Re-entry program participants who cannot meet their basic needs on their own and cannot access the level of financial assistance needed from community resources or the re-entry program are vulnerable to stress, relapse, and criminal recidivism. The primary result of the reduction in DHS funding has been a reduction in the amount of funding the programs have been able to provide directly to participants to meet their basic needs [i.e., funding for rental deposits and rent, medications (e.g., while waiting for applications for county or state funding to be processed), transportation (i.e., bus passes or taxi fares), and appointments with mental health providers (i.e., when the county will not pay for services).]

The re-entry programs have remained committed to serving offenders with mental illnesses despite cutbacks in DHS support for the program. During the upcoming state fiscal year 2007, DHS funding will only provide \$10,000 per year per program, with the expectation that each program continue to engage in program services, make presentations about the program, and participate in the evaluation. After June 2007, there are no plans for DHS to continue funding the re-entry programs, with the intention that they continue to be sustained using other resources. Given the lack of financial resources available in the community to provide financial assistance to re-entry program participants in the areas previously mentioned, it is recommended that a request be made to the Mental Health Planning Council to provide ongoing funding to help meet these needs even if funding is no longer provided to fund program staff.

2) Employment. There are policy and funding issues in Iowa that limit the availability of employment services to persons with mental illness, which, if addressed, could help to improve employment rates for persons with a mental illness, such as participants in the mental health re-entry programs. As members of the Mental Health Re-entry Program Oversight Committee have noted, the employment rates of re-entry program participants⁴⁰ have to be considered within the context of the availability of employment services for persons with mental illnesses within the state of Iowa.

⁴⁰ At the time of the initial reassessment, 39 percent of admissions in the re-entry program were employed, and 34 percent were employed at the time of the last reassessment.

- In Iowa, there is a three tiered waiting list to access Vocational Rehabilitation services. Often, persons with serious mental illness may qualify for Vocational Rehabilitation services, but they typically do not meet the requirements for the top tier of the waiting list. Funding limitations mean that those with mental illnesses may have difficulty obtaining Vocational Rehabilitation services, yet persons with mental illnesses may be less likely than those with other types of disabilities to have an income through entitlements that can help to support them.
- In addition, although supported employment is an evidence-based practice that has been recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center for Mental Health Services (CMHS), the strategy is not widely available in Iowa. For more information about supported employment and other evidence-based practices in mental health, go to mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp.

3) **Program referral process.** The process of receiving referrals into the mental health re-entry programs has never worked as it was intended, and this affects the ability of program staff to adequately prepare for the individual's release from prison. When the program began, the intention was to identify potential re-entry program participants well in advance of their release date from prison, ideally referred by the institutional counselors who work with them in the prisons. However, despite significant efforts on the part of re-entry program staff to educate institutional staff about the program and how to make referrals, referrals to the re-entry program often happen after the individual's parole paperwork has arrived at either the 1st District or 6th District office, typically giving staff as little as two weeks (and sometimes just a couple of days) to prepare for the individual's return to the community. This amount of time is often insufficient to get mental health appointments set up (typically at least one month's advance notice is needed), apply for and obtain county funding for mental health services, as well as to look into the suitability of the proposed residence, prior to the individual's release from prison.

It is hoped that as the recommendations of the Iowa Department of Correction's Kaizen Project⁴¹ are implemented, improvements in the referral processes to the mental health re-entry programs will occur. As a result of the Kaizen Project, eight community release coordinator positions (one for each of the eight judicial districts), three institutional release coordinator positions, and a statewide re-entry coordinator position were funded. The Community Release Coordinators will identify people 60 days in advance of their prison release who will be re-entering the community in their judicial district and ensure that all the necessary arrangements are made to prepare for the individual's release. Community Release Coordinators will not work solely with persons being released who have a mental illness,⁴² but such persons will be included on the coordinator's caseload.

⁴¹ The Kaizen Project is a risk reduction effort that seeks to prepare offenders for re-entry into the community (including increasing the amount of notice the institutions provide to the judicial districts about offenders who will be released), build linkages between prisons and communities, and to more fully take advantage of the time of prison release as an opportunity to reintegrate offenders.

⁴² Through the Mental Health Strategic Planning/Cost Initiative Project, facilitated by the Department of Corrections Mental Health Director, Dr. Bruce Sieleni, several FY08 Department of Corrections budget

The Institutional Release Coordinators (for the Mitchellville, Newton, and Rockwell City institutions) will work on facilitating a smooth transition from these institutions to the community, and the Statewide Re-entry Coordinator will be in charge of coordinating prisoner re-entry efforts throughout the state.

It would be beneficial for re-entry program staff and Oversight committee members to train the new re-entry and release coordinators throughout the state about the special needs of offenders with mental illnesses. Re-entry program staff and Oversight committee members have approximately five years experience developing and refining the mental health re-entry programs. Providing training to new staff hired as part of the Kaizen Project could have a positive impact on the three existing mental health re-entry programs in the form of receiving more referrals and more lead time on referrals. In addition, such training could have a positive impact on offenders with mental illnesses throughout the state, potentially resulting in additional counties or judicial districts implementing aspects of the re-entry programs. Because such training has the potential to benefit offenders with mental illnesses throughout the state, it may be worthwhile for the Mental Health Planning Council to consider funding such a training effort.

4) **Women's support group.** Over the course of the evaluation, there have occasionally been female participants who state they would be more comfortable with a female counselor. (In this year's evaluation, two of the people that had been revoked—both women—noted that they would have been more comfortable with a female staff person.) This issue does not occur frequently enough to warrant adding female parole officers to the program, which would be difficult to do given the amount of funding available. However, it may be useful to provide opportunities for female participants who are interested to attend a women's group. Such a group could be offered by a female staff person and made available to any female offender (not just participants of the re-entry program). The groups could focus on issues that may be more likely to come up with women offenders, such as reuniting with and managing their children.

Program Participants' Recommendations.

Individuals who participated in the re-entry program but did not successfully complete it were asked whether there was anything that the program staff or Community Accountability Board might have done differently that would have allowed them to successfully complete their supervision. Typically, these participants note that there was nothing that the program or CAB could have done differently that would have prevented what happened. However, there were two suggestions. They were: 1) provide more counseling about drug abuse; and 2) do more urinalysis tests and unexpected visits. One participant noted that fear to ask for help and the lack of random urinalysis tests and unexpected visits played a role in failing to complete the program.

priorities will be submitted to the appropriate authorities in DOC administration that would directly address offenders with mental illnesses. The budget priorities are: 1) funding for four mental health courts; 2) a 250 bed facility at the Mitchellville correctional institution for inmates with special needs; and 3) mental health coordinator positions for all eight judicial districts and each of the correctional institutions. The intent is to use this funding to create mental health re-entry programs in all eight judicial districts.

Those who were still participating in the re-entry programs also had a few suggestions for improving the program. They were: 1) provide more funding for rental deposits, rent, and medications; 2) develop a list of employers that are willing to hire felons; 3) have program participants talk with funders about the benefits of the program;⁴³ and 4) keep the program going!

Community Accountability Board (CAB) Members Recommendations.

CAB members also had some useful suggestions for improving the re-entry programs, in the areas of lack of adequate community resources for program participants, use of resources, attendance of CAB meetings, CAB coordination meetings, and program staffing.

- **Lack of adequate resources.** When asked about weaknesses of the mental health re-entry programs, CAB members in both the Waterloo programs (1st District and BHGMHC) and Cedar Rapids (6th District) noted that lack of adequate funding to address participants' needs is an issue. Half of the CAB members surveyed in Waterloo mentioned lack of funding as a significant issue for the programs. One CAB member said:

“Several participants who have come before the CAB have the issue of lack of funds. This is an issue the CAB has little control over due to the participant’s need to access social security or another income source. Unfortunately, they are caught between a rock and a hard place, so to speak. Some do not have the ability to seek and/or secure employment, due to their disabilities, yet they have been deemed ineligible for social security benefits for several reasons (no defined disability, no employment history, past history of falsifying records involving social security).”

CAB members for the 6th District program (serving Linn County) had similar concerns. They noted that the weaknesses of the program in part reflect the lack of adequate community resources in areas such as affordable, safe housing; transportation; health and mental health care; and employment.

- **Use of resources (Waterloo only).** One CAB member noted that it may be most helpful to use the CAB primarily for participants who do not already have funding and services in place. Another CAB member said it would be helpful to know who will be staffed ahead of time so that the appropriate agency staff can attend and be better prepared.
- **Attendance of CAB meetings.** In Waterloo, CAB members not attending the meetings regularly is an issue. In Cedar Rapids, the concern was participants who do not come to the meetings. Checking in with the participants the day before or

⁴³ The re-entry programs have included program participants in presentations about the program to funders and other interested parties.

the day of the meeting to remind them to attend, as well as providing transportation to the meetings, would be helpful. In addition, one CAB member noted that it may be helpful if participants were seen by the CAB more frequently.

- **CAB coordination meetings (Cedar Rapids only).** In the past, there have been meetings of the CAB members and re-entry program staff to discuss CAB and program issues. One CAB member notes that it would be helpful to continue having these meetings at least once per year.
- **Staffing (Cedar Rapids only).** Three CAB members noted that there is not sufficient staff for the program. One CAB member said, “Bob is doing a nice job, but there is insufficient staff.” Additional staff would be helpful to provide the level of intensive case management needed by participants, as well as provide transportation to CAB meetings and manage the CAB component of the program.

CAB members were also asked if there were any other types of organizations or individuals who should be represented on the CAB. The responses in each location are as follows:

Waterloo: CAB members suggested that it might be helpful to include Department of Human Services (DHS) staff in case management and child protective services on the CAB. One CAB member noted that law enforcement is represented on the CAB, but it would be helpful if they attended more regularly.

Cedar Rapids: CAB members suggested it would be helpful to represent legal services and health care providers (not just mental health) on the CAB. CAB members who could address employment issues, such as a representative from Iowa Workforce Development or a private temporary employment agency, may also be helpful. Department of Human Services staff, such as income maintenance staff or child protective services staff, may also be beneficial. In addition, CAB members mentioned adding members to represent the faith community.