



Reentry, Recovery: A Study of Substance Use Services After Incarceration



Issues/Gaps Identified

- **Background:**
 - Substance use remains a top health priority in our region's CHA and CHIP reports. Despite this, individuals leaving incarceration often lack coordination and support for sustained recovery.
- **What Was Found:**
 - Many are released without ID's, housing, or treatment connections. Peer support is inconsistently available. Services exist but are often fragmented and hard to navigate.
- **Why It Matters:**
 - These gaps increase the risk of relapse, overdose, and recidivism, highlighting a need for stronger, community-based recovery support.



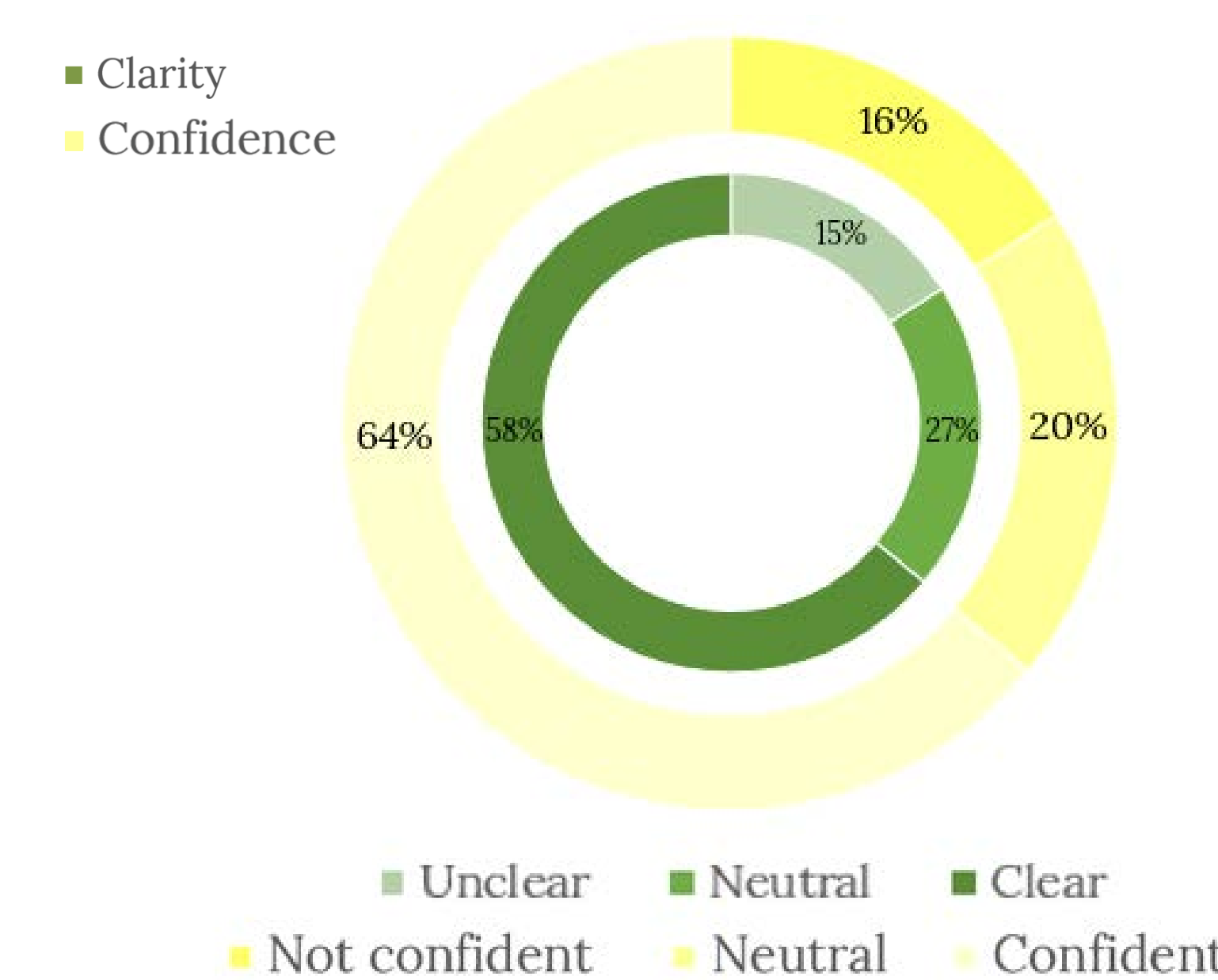
Summary of Findings

- **Study Design:** Mixed-methods approach to identify barriers to substance use treatment during and after incarceration.
 - Included 10 phone interviews with formerly incarcerated individuals.
 - Conducted 2 focus groups and 25 surveys at Virginia Peninsula Regional Jail (male and female).
 - Interviews: 6 with PCOR professionals (first responders, peer coordinators).
- **Key Findings (Triangulated):**
 - **Incarcerated Individuals:**
 - Flexible, individualized treatment plans
 - Inadequate access to **MAT** (Medication assisted treatment) education
 - **Peer support**
 - **Formerly incarcerated individuals:**
 - Exiting without an ID, housing, or treatment.
 - Accessing services.
 - **Stigma and distrust**
 - **Professionals** noted gaps in coordination between jails and community partners, leading to inconsistent referrals and communication.
- **Overall Issues:** Unmet basic needs and insufficient reentry preparation were seen as major contributors to relapse and overdose risk.

Themes Identified by Previously Incarcerated

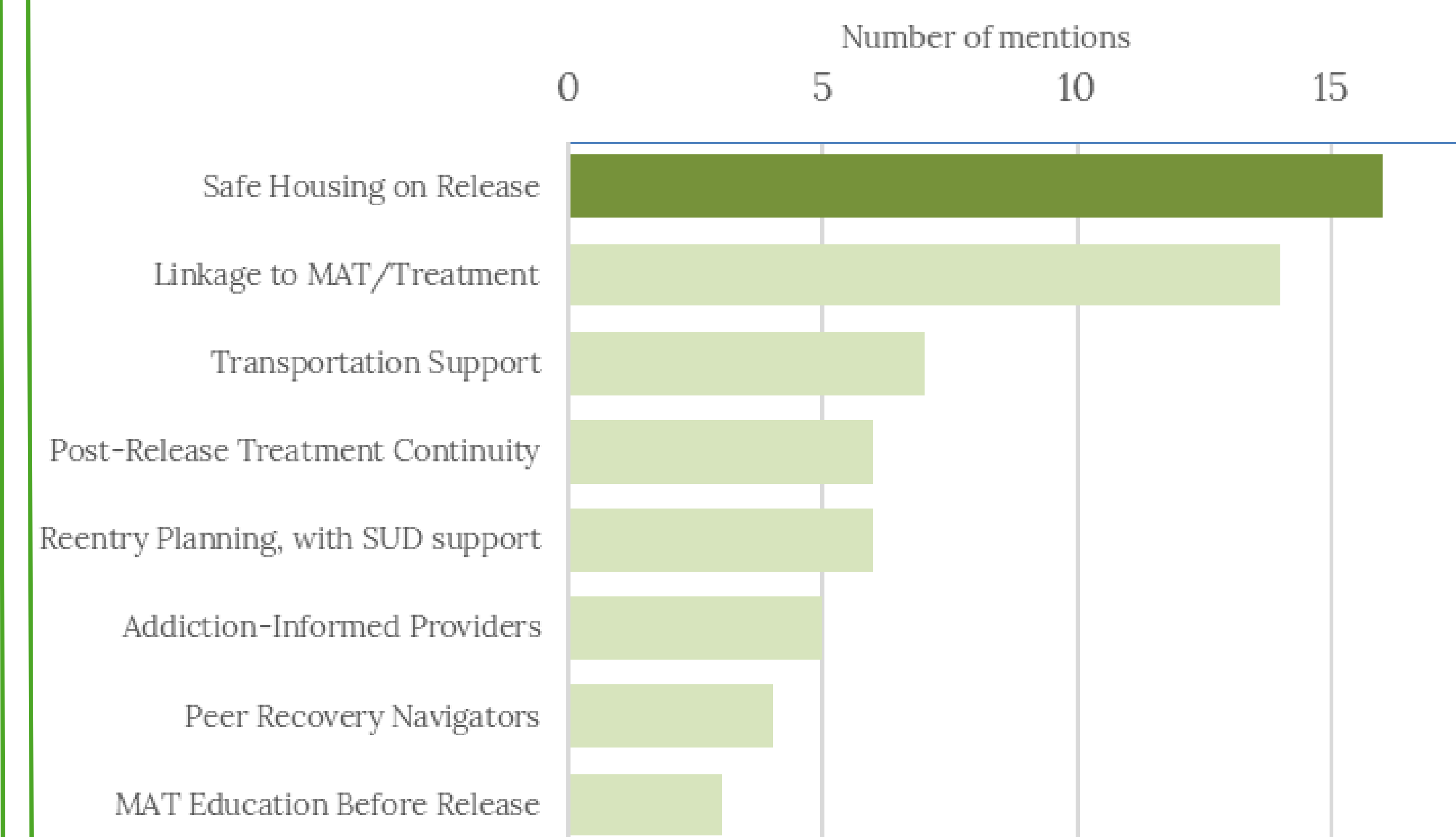


Perceptions of Clarity and Confidence in Recovery Support Systems



Responses collected through incarcerated individuals who used substances (96%).

Top Recovery Priorities Identified by Incarceration Individuals



Recommendations

- **Create structured discharge plans:** Partner with local jails to develop personalized, easy-to-read resource guides for housing, treatment, and IDs and ensure clients leave with a plan.
- **Deliver MAT education through Project LEAD:** Invite Project LEAD to deliver sessions on what MAT is, why it matters, and how to access it post-release, ensuring clients are informed before reentry.
- **Advocate for expanded MAT mobile clinic availability:** Support efforts to increase the frequency and visibility of the MAT van at the health center to better serve individuals post-release.
- **Strengthen connections to peer recovery support:** Promote awareness of in-house peer recovery specialists and help clients find support programs close to them, making ongoing engagement easier post-release.
- **Improve referral coordination through UniteUs:** Use UniteUS to monitor referrals and track follow-up outcomes, helping reduce service gaps as individuals transition from custody to community care.
- **Expand health education sessions at the jail:** Build on existing weekly programming by introducing rotating topics such as overdose prevention, accessing MAT, and navigating reentry services.

Acknowledgments

Thank you to Tes La Dieu for her constant mentorship, support, and for ensuring I had diverse learning opportunities through this internship. Thank you to Samantha Schaefer for always answering my endless questions with patience, and to Megan DeWitt for her steady guidance every step of the way (Picture 3). I also appreciate Adam Hess for offering his resources, and Jeff Stover, Bridget Cochran, and Kelly Reardon for their support. Thank you to my fellow VDHIA interns and the entire HPHD team for being so welcoming and instrumental to my project.

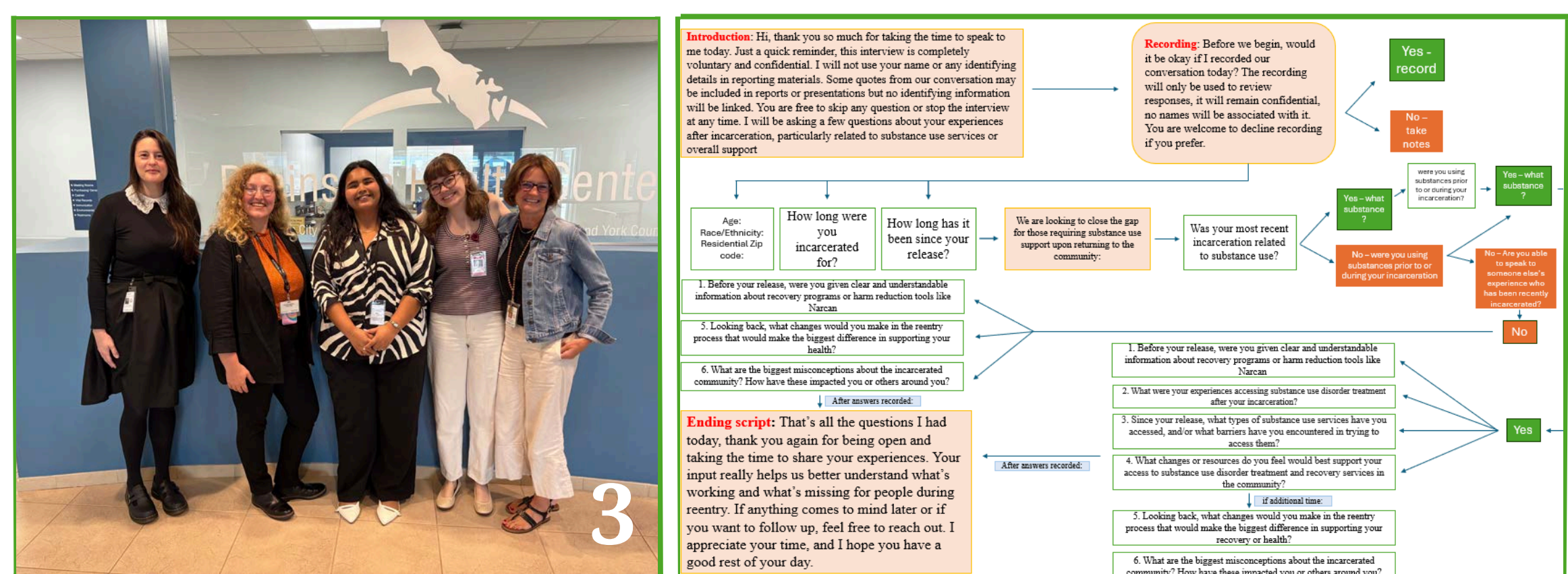


Other Experiences

- Ride along with Newport News CARE team (Picture 1).
- First Spark program operations.
- Taught at Safety Town in Yorktown, community-based child safety program (Picture 2).
- Shadowed departments such as WIC, clinical services, and environmental health.
- Celebrated the opening ceremony of mobile MAT van (Picture 4).
- Canvassing in community.

Challenges & Outputs

- **Challenges:**
 - Unable to standardize questions across three groups.
 - Lacked transcription support for qualitative interviews.
 - Gender-disaggregated analysis was not possible and should be considered in future research.
 - Recruitment of participants was difficult.
- **Outputs :**
 - Completed a multi-source needs assessment.
 - Created thematic visuals to support data storytelling and community engagement.
 - Developed actionable, health department based recommendations.
 - Strengthened partnerships through site visits and shadowing.



The Population Health Team

Model 1: Phone Interview diagram

