

# A Relationship-Focused Approach for Reentering Individuals in Drug or Alcohol Recovery



CASE STUDY

## DOUGLAS COUNTY COMMUNITY MENTAL HEALTH CENTER

### About Douglas County Community Mental Health Center

*The Douglas County Community Mental Health Center (CMHC) provides mental health and substance use services to adults in Douglas County, Nebraska (which includes Omaha). Services include a psychiatric outpatient program, group meetings based on cognitive behavioral therapy, a day treatment program, inpatient services, and a mental health diversion program. In 2014, CMHC developed the Matrix Intensive Outpatient Program (IOP), which uses a social capital approach and is the focus of this case study. In operating the program, CMHC works in close partnership with the county's Department of Corrections and its Re-entry Assistance Program, which offers an intermediate sentencing option that can be used as "an initial sanction, an alternative sentence, a graduated sanction, or an early release mechanism."*

### Program Overview

In nearly every aspect of its programming, IOP intentionally emphasizes social capital and relationships. IOP clients build connections while receiving 10 weeks of structured substance use and mental health programming and then 6 months of case management. Clients are almost always incarcerated when they begin IOP; however, many clients are released before completing the program, in which case they return to the incarceration facility for services. The 10 week portion of the program serves about 20 clients at any one time (all adults; see sidebar ), with new clients and graduations every week. The program fosters relationships between these active clients and graduates. It is run by four full-time staff: a director, two therapists, and a case manager.

IOP's emphasis on social capital and relationships helps reentering individuals in drug or alcohol recovery build ties with other clients and graduates, family members, program staff, and individuals at partnering organizations throughout Douglas County. This case

This case study is part of a project on "Strengthening Human Services through Social Capital" that aims to offer insight on programs that use social capital to reduce poverty, increase employment and economic self-sufficiency, and improve child and family well-being. For more resources, visit <https://aspe.hhs.gov/how-human-services-programs-can-use-social-capital-improve-participant-well-being-and-economic-mobility>.



study describes IOP's specific social capital activities and approaches, as well as key considerations that emerged for integrating a social capital approach to recovery and reentry.

## **IOP Client Characteristics and Priority Populations**

### **Characteristics of the 454 clients accepted into IOP from 2015 to 2020:**

- **60% male**
- **71% white**
- **75% with co-occurring substance and mental disorders**
- **57% with more than one substance use disorder**
- **76% had no insurance**

### **Priority populations include...**

- **People experiencing chronic homelessness (35% of all served)**
- **Pregnant women (1% of all served)**
- **Residents of high-crime ZIP Code 68111 (9% of all served)**

## **Social Capital: Components in Practice and Innovative Approaches**

Many IOP clients enter the program socially isolated, and some have not talked with any family members “for months or years.” Through the program, clients develop and restore different types of relationships through an array of activities.

**Bonding: Connections with People Like Me.** “Coffee chats” are a distinctive component of IOP beginning at the 5-week mark, when active clients and graduates voluntarily gather each week at the same coffee shop located near a bus line to talk through their similar struggles, concerns, and successes. During these coffee chats, clients form new connections, strengthen existing ones, and support one another in recovery. A staff member is present but does not facilitate discussion because “It’s their [clients’ and graduates’] group.” About 20 to 25 people join most weeks,

**“[When clients get discouraged or face challenges,] they’re going to call either their friends or their drug dealers. We hope it’s their friends.”**

**— IOP staff member**

including about 10 regulars. Clients and graduates regularly find jobs or housing through the coffee chats; a common practice is to ask for and share information about employment opportunities and housing openings in a sober living facility.

Clients also build bonding social capital by sharing struggles and celebrations during weekly group sessions and by interacting with graduates who return to support active clients. Clients regularly find sponsors—confidants to whom they can turn with problems associated with substance use and recovery—in this way. One staff member emphasized, “Clients know more about each other than we would ever [know as staff],” and along with that greater knowledge come opportunities for support and accountability. A staff member observed, “Clients still support each other even if they’re not friends.”

Improving or restoring family relationships can also have a profound impact. The program facilitates this reconciliation through family therapy sessions and sessions in which clients hand-write letters to family members. As one staff member put it, “Part of their story is rebuilding those relationships.” One client reported that, since participating in IOP, his relationship with his dad is so much better that it is almost unrecognizable, and his relationship with his children is “slowly getting better.”

**Bridging: Connections with People Different from Me.** A variety of activities facilitate trusting relationships between staff and graduates. After clients graduate from the formal 10-week program, case managers call them weekly for 6 months to check in and offer individualized assistance—for example, help finding a job, obtaining food assistance, or working through custody issues. Staff members, who come from different backgrounds than clients, often interact with clients and graduates outside of the regular programming, including during weekly coffee chats. Staff members regularly attend clients’ court hearings to show support and solidarity, and this gesture can be particularly meaningful to the clients who do not have other people to accompany them. Other seemingly small actions can go a long way, such as moving meeting times so clients have time to go to the YMCA. Some graduates regularly return to the correctional facility to interact with staff and remain part of the community.

Additionally, clients sometimes form bridging relationships with partners and volunteers who visit the facility to speak or offer programming.

**Linking: Connections with People in Positions of Power in the Community.** Clients and graduates are connected with employers, housing providers, and others in positions of power through referrals from various sources. A key IOP partner is the social services coordinator from the public defender’s office, who can connect clients and graduates with various community resources. Some clients and graduates have had the opportunity to share their story with county commissioners to highlight the difference these programs make.

## Key Outcomes and Impact

IOP's primary outcomes of interest include helping clients begin or restart substance use recovery, reduce recidivism, and lead healthier and happier lives. Case managers track data on demographics, number of dependent children, employment and housing status, mental health and substance use diagnoses, and recidivism risk scores. From June 2015 to March 2020, IOP had 225 graduates, 203 of whom completed 6 months of post-graduation case management services. Of these 203 graduates, 175 did not have new criminal charges during that time. No formal evaluations of the program have been conducted yet.

**In the 6 months after graduation, 86% of graduates had no new charges.**

As one staff member put it, "If they are dedicated to change, we see that change." Staff members have anecdotally observed changes in graduates' state of mind, confidence, and even physical health. One graduate described his own transformation as going from being "fast to fight on everything, waiting for one wrong thing, and then attacking" to becoming receptive to suggestions, more even keeled, and happier. "People like being around me now," he said.

## Lessons Learned and Key Considerations for Social Capital Integration

Through conversations with program leaders, staff, clients, and partners, several considerations emerged for integrating a social capital approach into reentry and substance use programming.

**Recognize healthy connections as a potentially powerful component to substance use recovery.** Program staff members view drug use as often symptomatic of a greater problem, and a graduate echoed this sentiment when he said he entered the program deeply depressed and wanting to die, and that "Drugs were my path to death." Similarly, program staff viewed the development of meaningful connections as one key pillar of real, sustained recovery.

**Instill relational culture at the leadership level with staff through hiring and supervision practices.** When hiring, the IOP director looks for candidates who have "that connection focus" and really see the value of relationships. Similarly, in his regular supervision meetings with staff members, he rarely raises any issues regarding "productivity" (billing or numbers served) and instead asks how he can help staff and clients. These actions set and continually reinforce the program's relational culture.

**Demonstrate genuine care for clients, including in seemingly small ways.** Building safety, trust, and mutual care between frontline staff and clients is likely a key part of what makes the program work. A graduate said that what makes IOP unique from other programs he participated in is that the staff members genuinely care. For example, accompanying clients to court hearings can be a very meaningful gesture. The graduate also cited numerous examples of staff doing "little things" that meant a lot to him, such as playing a requested song or asking him for computer help, which made him feel useful and appreciated. Staff members view their task as being strong, trusted allies; being available; and being relatable. They emphasized that, to effectively build relationships, what matters is "the spirit in which you do your work.... You have to really believe in your clients [and] you have to love what you do." They understand that "recovery is not linear," so they are careful to avoid shaming clients for mistakes or relapses. They advise staff in similar positions, "Don't be afraid to have hard conversations" and "Don't be afraid to say that you don't know."

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**— IOP staff member**

**Offer a way for clients and graduates to regularly connect and support one another, ideally in a closed group that is run by participants and that gathers outside the facility.** IOP's unique weekly coffee chats are a valuable complement to regular programming. Staff found that the coffee chats work best as a closed group (i.e., no spouses, friends, or other visitors) and that gathering outside the facility is often a draw for clients who are still incarcerated. Staff also found it helpful to encourage referrals among clients by prompting the group to raise any needs or opportunities. Staff stressed that this group belongs to clients and graduates, so the staff members do not stay in a facilitator role for long. The director said that regular programming provides active clients with "elements of trust and safety," while coffee chats provide "the element of hope" by facilitating interactions with graduates who are farther along the recovery path and who can offer tangible supports such as work or housing referrals. For graduates, the coffee chats offer a valuable way to build new connections and strengthen or sustain existing ones. Staff and graduates also noted a strong element of mutual accountability that is apparent in these gatherings.