

Baton Rouge Reentry Navigation System Design Process

Final Report

Prepared by Consensus Building Institute and Convergence
January 2022



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Table of Contents

Introduction	1
The Reentry Navigation System Design Process.....	2
Outcomes of the Design Process	3
Attachments.....	7
Process Participants	8
Reentry Navigation System (RNS) Design: Outcomes, Actors & Actions	9

Introduction

From August to December 2021, Baton Rouge and Louisiana public, non-profit and foundation leaders and experts collaborated to develop a reentry navigation system to support individuals returning to Baton Rouge from incarceration (a list of participants is attached). Their efforts were facilitated by David Fairman of the Consensus Building Institute, Prof. Keesha Middlemass of Howard University, and Ms. Sherreta Harrison of MetroMorphosis. Convergence Center for Policy Resolution provided convening support, and the Huey and Angelina Wilson Foundation provided financial support and initial guidance on the convening.

This report briefly summarizes the Reentry Navigation System Design process and its key outcomes. Attached to the Report are the following documents:

- Participants in the Design Process
- Baton Rouge Reentry Navigation System Design: outcomes, actors and actions at each of the key stages of reentry: pre-release, time of release, and post-release

In addition, participants and other interested persons can review the meeting agendas, key documents and other information provided for the meetings in [this Dropbox folder](#).

This Reentry Navigation System Design process was the latest in a series of efforts to promote closer coordination and collaboration among the Louisiana Department of Corrections and non-profit agencies, including faith-based ministries, offering reentry services and supportive programs in the Baton Rouge area. Notably, the Capital Area Reentry Coalition (CAPARC) has been working for more than a decade to improve coordination and communication among non-profit service providers and incarcerating facilities (parish and state level). The DOC-supported LA-PRI Baton Rouge Implementation Steering Team (IST) has also been an important catalyst for coordination of reentry services. The IST now operates under the auspices of CAPARC. CAPARC and the LA-PRI IST lent their support to the System Design process and offered valuable advice and guidance to the facilitators throughout the process.

The final key outcome of the System Design process was the consensus selection of CAPARC as the organization to house the Reentry Navigators and manage the Reentry Navigation System. System Design process stakeholders offered several suggestions to CAPARC on ways to develop its organizational capacity for financial management, program management and coordination with other actors, which CAPARC has welcomed.

At the time of this report, CAPARC is aiming to develop one or more grant proposals for piloting the Reentry Navigation System in the next two years. The System Design process participants indicated their commitment to support CAPARC in its efforts to realize their shared vision: well-coordinated reentry processes that improve reentry outcomes, enhance public safety, support the lives of returning individuals, and enhance the wellbeing of their communities.

The Reentry Navigation System Design Process

From February to May 2021, two of the facilitators (David Fairman and Keesha Middlemass) conducted an assessment of reentry coordination challenges and opportunities in Baton Rouge. The assessment was based on interviews with 20 leaders and experts in public and non-profit agencies. Those stakeholders identified the need for one system that would include:

- pre-release in-reach and planning that linked incarcerating facilities and non-profits in Baton Rouge who could provide support to higher-need individuals;
- effective referrals and “warm handoffs” from incarcerating facilities to community-based service providers at the time of release (in coordination with DOC Probation and Parole, where and when appropriate); and
- post-release service coordination to ensure that individuals in need of services could find the right providers, and that providers could maintain contact with each other to coordinate services for individuals with complex needs and situations.

The facilitators circulated an assessment report to those who were interviewed, noting the gaps in current reentry coordination efforts that stakeholders had reported, along with their shared interest in developing a system that could fill those gaps. The report also noted that past efforts to improve coordination had met with mixed results due to misunderstandings and differences in interests among agencies. The facilitators ended the report with a proposal to convene a group of reentry stakeholders to design a “reentry case management/navigation system” for Baton Rouge using a collaborative approach to address the challenges that had been identified.

Nearly all of the stakeholders interviewed, as well as several others identified during the assessment process, agreed to collaborate, building on good past and ongoing work in order to design a fully functioning reentry case management/navigation system. Over a series of five meetings, stakeholders completed the following tasks:

Meeting 1, Aug. 25-26:

1. Confirmed the need for a case management/navigation system in Baton Rouge;
2. Agreed on goal, roles, responsibilities, and work plan for the design process;
3. Agreed on the key design questions for the case management/navigation system;
4. Designed the pre-release phase of case management/navigation system: outcomes, actors, and actions; and
5. Identified outstanding questions and concerns about the system overall, and the pre-release phase.

Meeting 2, Sept. 29-30:

1. Clarified the population and geography to be served by the navigation system;
2. Reviewed ways that some other jurisdictions have used a reentry system with case navigators;
3. Continued designing the navigation system, focusing on outcomes, actors, and actions at the time of release and post-release period; and
4. Began to identify key infrastructure needed for the navigation system.

Meeting 3, Oct. 21-22:

1. Tested the design of the system via case studies, with a focus on the role and tasks of the Reentry Navigators;
2. Clarified key needs for information sharing and communications infrastructure, and clarified the appropriate level of coordination and information sharing needed between the Reentry Navigators and DOC Probation & Parole offices supervising returning individuals; and
3. Developed a process for finding an organizational home for reentry navigators.

Meeting 4, Nov. 18 and 20

1. Reviewed and reflected on comments and ratings made by stakeholders for each of the nominated Reentry Navigator “home” organizations;
2. Determined that CAPARC is the best home organization for the Reentry Navigators; and
3. Provided initial feedback to CAPARC on building its organizational capacity, including its management structure, financial/fiduciary responsibilities, and program management needs, to effectively manage the Reentry Navigation System and Reentry Navigators.

Meeting 5, December 10:

1. Listened to CAPARC responses to initial feedback on building its organizational capacity;
2. Provided additional feedback and guidance to CAPARC on its institutional structure and organizational capacity;
3. Agreed that CAPARC would have the option to re-convene the System Design process participants, as needed, for further advice and support; and
4. Concluded the System Design process with reflections and thanks.

Outcomes of the Design Process

Thanks to the collaboration of the participating stakeholders, building on past and ongoing work by CAPARC, the LA-PRI IST and others, the process produced several important outcomes.

Agreement on Goals for the Reentry Navigation System

Participants agreed on the goal of designing a case navigation system that:

- Substantially increases the number of medium/high need/risk returning citizens with reentry plans and an identified case navigator who works with the individual starting pre-release and continuing post-release;
- Is based on shared information about service providers and their capacity at any given time, so that case navigators can make effective referrals;
- Promotes coordination and collaboration among service providers supporting the same individual, and with Probation and Parole (while maintaining appropriate boundaries

between the support role of the Navigator and service providers and P&P's supervision role);

- Distinguishes the functions and financing of case navigators from that of service providers, so that case navigators are free from conflict of interest in their referral and coordination functions;
- Is adequately funded and staffed, with case navigators employed by an agreed agency or agencies in the Baton Rouge area; and
- Over time, contributes to learning about effective service provision for returning citizens, reduces gaps and duplication of services, and increases the resources available to serve returning citizens.

Agreement on the target population and geography to be served in the pilot phase

After substantial discussion about the returning population profile, the four Probation and Parole districts, and the incarcerating facilities from which the vast majority of individuals return, the participants agreed on the following points:

- 1) The goal of the reentry navigation system is to begin with a relatively tight focus on population and geography, and then expand over time to assist a larger population and wider geography.
- 2) For the pilot phase, the participants agreed that the pilot should focus on individuals who are:
 - adjudicated and in DOC custody;
 - with moderate and/or high needs;
 - with or without Probation & Parole supervision.

In addition, the pilot phase should focus on the DOC facilities (including contracted parish facilities) that release the largest numbers of individuals to East Baton Rouge.

- 3) Pilot phase results will determine the direction of any future expansion of the system.

Agreement on the key outcomes, actors and actions for the Reentry Navigation System

By the end of the third meeting, participants had developed the framework design for the Reentry Navigation system. The framework describes:

- the key outcomes to be achieved in each phase of reentry (pre-release, point of release, and post-release);
- the main actors who should be involved at each phase (e.g., staff at incarcerating facility, reentry navigators, service providers, Probation & Parole, the individual and their family/support network, prior/potential employers, social services, and Medicaid); and
- the actions that each actor should take during each phase to achieve the desired outcomes.

The key new actor in the system is the Reentry Navigator. The Navigator engages with incarcerating facility staff, incarcerated individuals, and service providers to plan for reentry; supports the returning individual with referrals to and connections with providers at the point of release; and provides ongoing coordination among providers and with Probation and Parole for supervised individuals (while maintaining appropriate boundaries). The goal of the on-going coordination is to ensure effective service delivery and mutual accountability between the returning individual and providers for up to one year after release. To ensure that there is no perceived or actual conflict of interest between the Navigator and service providers, Reentry Navigators should *not* work as direct service providers and should *not* be employed by a direct service provider.

The Reentry Navigation System outcomes are presented below. The full matrix, including actors and their actions at each stage, is attached.

Key Reentry Navigation System Outcomes for Each Reentry Phase		
Pre-Release Phase	Time of release (3-5 days before to 3-5 days after)	Post-release (ongoing programming) (up to 12 months; time with RN support may vary based on need)
<ul style="list-style-type: none"> • Pre-release assessment and planning has been completed with significant lead time before release (3-6 months minimum) • Reentry Navigator (RN) has identified priority individuals for re-entry planning w/ medium/high needs • Incarcerated individual has risk-needs assessment, shared w/ incarcerating agency, Reentry Navigator (RN) and providers • Trust built between individual, RN, and DOC Transition Specialist • Individual has a re-entry plan, active participation w/ RN, DOC staff, key providers • Reentry plan is signed off by individual, incarcerating agency, providers and case navigator • Individual has key documents and enrollments, including identification, health insurance enrollment, etc. 	<ul style="list-style-type: none"> • RN and providers have confirmed individual's access or have plan to provide (as needed): housing, clothing, food, transportation, health care, employment/training/ education • Individual has all vital documents before release: Soc. Sec. card, driver's license (may require in-person), birth certificate, Medicaid enrollment • RN and providers (and P&P for those under supervision) have contact tel. number(s) for individual (both own number and relative/friend number(s)), and known address • Individual has prescription meds pre-release • Individual had someone meeting them and providing transportation at time of release • Individual had first appointment for behavioral health services, or in-patient placement, as needed • Transportation provided to initial appointments • Food, clothing, shelter provided as needed • Funds provided as earned during incarceration 	<ul style="list-style-type: none"> • Stable housing • Stable employment • SA treatment/recovery • Medical care for ongoing conditions • No recidivism (convictions) within 6-18 mo. • NOTE: Advisable to create milestones for each longer-term goal at 30, 60, 90, 120+ day marks

<ul style="list-style-type: none"> Tracking system in place to document outcomes for the individual post-release 	<ul style="list-style-type: none"> Family reunification has happened if possible 	
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Agreement on CAPARC as the employer of Reentry Navigators and manager of the Reentry Navigation System

The fourth meeting in the Design process involved reviewing the organizations that stakeholders nominated to be the organizational home for the Reentry Navigators. Based on agreed criteria, listed below, stakeholders commented and provided feedback on each nominated organization. The agreed criteria for the organizational home for Reentry Navigators were the following:

1. Experience in reentry
2. Sole focus on case navigation (not a service provider or a funder)
3. No conflict of interest in making referrals for reentry services
4. Credibility and trustworthiness with reentry stakeholders
5. Management capacity (e.g., financial, administrative, training, supervision)
6. Ability to receive public and private funding

In discussion during Meeting 4, the rating and selection process produced agreement that CAPARC was the best organizational home for the Reentry Navigators and the manager of the Reentry Navigation System. Although CAPARC emerged as the consensus choice of participants, significant questions were raised about CAPARC’s organizational and managerial structure as well as its capacity and capabilities to engage in financial and program management.

The primary questions asked were:

- As currently organized, what is CAPARC’s organizational and managerial structure and capacity?
- How will CAPARC organize itself in the future to govern and manage the RN function?
- How will CAPARC ensure that it has sufficient capacity for grant writing and financial administration needed to support the Reentry Navigators and system as a whole?
- Given past challenges, how will CAPARC manage information sharing between service providers and Reentry Navigators regarding service capacity across the provider network?
- Are there funders who would be supportive of CAPARC taking this role? Which ones?
- Is CAPARC ready, committed, and willing to do the work to build the capacity to implement the Reentry Navigation System?

Participants representing CAPARC’s Board and Executive Steering Team provided initial responses to these and other questions raised by stakeholders during Meeting 4, and additional

responses from CAPARC's Executive Steering Team was shared during the fifth and final meeting. Stakeholders appreciated CAPARC's responses and most were committed to remain available as a resource to CAPARC as CAPARC further strengthens its management systems and develops grant proposals in the coming months.

Attachments

1. Participants in the Design Process
2. Baton Rouge Reentry Navigation System Design: outcomes, actors and actions at each of the key stages of reentry: pre-release, time of release, and post-release

Baton Rouge Reentry Case Navigation System Design

Process Participants

Blake Allen, CAPARC Legal Committee Chairperson and Attorney, Southeast Louisiana Legal Services

Fletcher Bell, Interim Ex. Director, CAPARC

Verna Bradley-Jackson, CAPARC Executive Steering Team; CEO, One Touch Ministry

Lamonica Butler, IST Co-chair; Director, Regional Reentry Program, West Baton Rouge Detention Center

Tristi Charpentier, Vice President, Strategic Initiatives, Huey and Angelina Wilson Foundation

Charlotte Claiborne, CAPARC; Executive Director, Bridge Center for Hope

Chris Csonka, Executive Director, East Baton Rouge Criminal Justice Coordinating Council

Donna Hamilton, CAPARC Executive Steering Team Chairperson

Jared Hymowitz, Director, Mayor's Healthy City Initiative (MHCI), City of Baton Rouge/Parish of East Baton Rouge

Stephen Lasalle, Assistant Director, Reentry Programs, Probation & Parole, DPSC

Sharon Marshall-Jefferson, CAPARC Board of Directors

Scott Peyton, CAPARC Employment Committee Chairperson; Louisiana State Director, Right On Crime

Rev. Dr. Brian Sleeth, IST Co-chair; Executive Director, The Christian Outreach Center

René Taylor, CAPARC; Executive Director, Family Service of Greater Baton Rouge

Debra Thomas, Outpatient Coordinator, O'Brien House

Stacci Tobin, CAPARC Executive Steering Team

Betty Vaughn, Baton Rouge IST Co-chair; CAPARC Executive Steering Team; Reentry Program Manager, Probation and Parole, DPSC

Robert Vehock, Program Manager, Office of Reentry, DPSC

Nicole Walker, Executive Director, UpLIFTD

Derrick Williams, CAPARC Board of Directors

Facilitators

David Fairman, Managing Director, Consensus Building Institute

Keesha Middlemass, Associate Professor of Political Science and Public Policy, Howard University

Sherreta Harrison, Sustainability Catalyst, MetroMorphosis

Reentry Navigation System (RNS) Design: Outcomes, Actors & Actions

Outcomes/ Actors	Pre-Release Phase	Time of release (3-5 days before to 3-5 days after)	Post-release (ongoing programming) (up to 12 months for RN support; time may vary based on need)
Outcomes	<ul style="list-style-type: none"> • Pre-release assessment and planning has been completed with significant lead time before release (3-6 months minimum) • Reentry Navigator (RN) has identified priority individuals for re-entry planning w/ medium/high needs • Incarcerated individual has risk-needs assessment, shared w/ incarcerating agency, Reentry Navigator (RN) and providers • Trust built between individual, RN, and DOC Transition Specialist • Individual has a re-entry plan, active participation w/ RN, DOC staff, key providers • Reentry plan is signed off by individual, incarcerating agency, providers and case navigator • Individual has key documents and enrollments, including identification, health insurance enrollment, etc. (DOC currently prepares for P&P, and provides hard copy to individuals released without supervision) • Tracking system in place to document outcomes for the individual post-release 	<ul style="list-style-type: none"> • RN and providers have confirmed individual's access or have plan to provide (as needed): housing, clothing, food, transportation, health care, employment/training/ education • Individual has all vital documents before release: Soc. Sec. card, driver's license (may require in-person), birth certificate, Medicaid enrollment • RN and providers (and P&P for those under supervision) have contact tel. number(s) for individual (both own number and relative/friend number(s)), and known address • Individual has prescription meds pre-release • Individual had someone meeting them and providing transportation at time of release • Individual had first appointment for behavioral health services, or in-patient placement, as needed (such as Federally-funded MD who serves un-/under-insured and can provide mental, vision, dental health)) • Transportation provided to initial appointments • Food, clothing, shelter provided as needed • Funds provided as earned during incarceration • Family reunification has happened if possible 	<ul style="list-style-type: none"> • Stable housing • Stable employment • SA treatment/recovery • Medical care for ongoing conditions • No recidivism (convictions) within 6-18 mo. • NOTE: Advisable to create milestones for each longer-term goal at 30, 60, 90, 120+ day marks (example for employment: readiness training completed at 30 days, job training at 60, job search at 90, transitional employment at 120, regular employment at 6 months, sustained employment at 1 year)
	Actions by Actors		
Staff at incarcerating facility	<ul style="list-style-type: none"> • Determine eligibility for case navigation based on agreed risk/needs criteria, and possibly others (for example if the decision is to include some of pre-trial population in the system, 	<ul style="list-style-type: none"> • Final turnover of information from transition specialist to navigator • Confirm place of release • Make outstanding referrals • Provide Transitional Document Envelope with ID and other key 	<ul style="list-style-type: none"> •

	<p>jail staff could use likely length of stay plus initial risk/needs assessment (plus other criteria) to make eligibility determination)</p> <ul style="list-style-type: none"> • Notify case navigator that the individual will be released on date X • Initiate reentry planning (should be done by qualified staff with social work or similar work experience) • Conduct assessment (DOC uses TIGER, jails may use other instruments), focusing on risks to recidivate • Participate in re-entry planning • Sign off on re-entry plan, including pre-release programming and other commitments from incarcerating facility • Provide agreed pre-release programming • Use checklist to ensure individual has necessary documents and enrollments prior to release 	<p>docs (NOTE: May experiment with shifting this responsibility from P&P to RN; shift would require individual's approval of sharing private information)</p>	
<p>Reentry navigator</p>	<p><u>General role and qualifications:</u></p> <ul style="list-style-type: none"> • Acts as "point guard" in the process, by communicating and coordinating, guiding and planning • Acts as a coach for the individual, starting with reentry plan, and continuing throughout process (working with P&P and providers, recognizing need for more RN support for indiv. returning without supervision) • Maintains good working relationships with providers, knows their work well, while maintaining impartiality • Has strong interpersonal and planning skills, not 	<ul style="list-style-type: none"> • Review case history, check with facility transition specialist on final referrals and transition documents needed • Complete checklist of services to be provided based on needs, and identify unmet needs for immediate action post-release • Ensure initial addiction and behavioral health appointments are made and kept where needed • Meet face to face with individual within 48 hours of release to go over checklist of needs and provision • Accompany supervised indiv. to first P&P appointment, meet and coordinate with P&P officer (able to be more proactive and 	<ul style="list-style-type: none"> • Meet regularly with the individual • Continue building a relationship with the indiv, based on trust • Provide ongoing, proactive support, identifying opportunities and challenges, offering options and referrals and services • Respond to feedback from individual about the RN's provision of support • Balance between backstopping and intervening, depending on what the indiv seems to need and request from providers for RN assistance, aiming to build the indiv's independence

	<p>necessarily a licensed social worker (could be like a peer support specialist)</p> <ul style="list-style-type: none"> • Does case navigation as a full time job, with a relatively small caseload, to ensure adequate support to higher need/risk individuals dealing with complex challenges and systems <p><u>Pre-release phase:</u></p> <ul style="list-style-type: none"> • Respond to notification from incarcerating facility by contacting individuals who are approaching release to set up appointment for assessment and/or planning • Maintain role clarity with staff at incarcerating facility, so as to avoid duplication and gaps in pre-release planning • Receive or help complete assessment (possibly joint with staff at incarcerating facility) • Have list of available services, and know about them from direct exposure/observation • Establish expectations early during in-reach and screening process with individuals about eligibility for the CNS and maintaining access to CN services • Work with individual to select programs for initial contact pre-release and possible intake post-release • Put needs of the individual first in identifying providers and making referrals • Contact providers who are relevant for this individual • Use shared calendar to schedule appointments for individual post-release with providers 	<p>engaged with the individual than P&P officer can be)</p> <ul style="list-style-type: none"> • Support family reunification (middleman as needed) • Support indiv. in (re)establishing social network • Assist with job search • Assist with housing search • Assist with transportation • Deploy flex funds for transport, clothing [need a budget for this] 	<ul style="list-style-type: none"> • Monitor individual milestones to make sure that person is staying on track with services, case plan, social skill building (need to clarify parameters for reporting to P&P vs. client confidentiality if monitoring identifies relapse, possible infractions, danger to oneself or others) • Monitor providers to make sure they are providing effective services (escalating concerns about providers to supervisors; consider role for CAPARC) • Coordinate and facilitate communication among providers about the individual
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Providers	<ul style="list-style-type: none"> • Integrated into provider database and set of agreements regarding case navigation • Update provider database information regularly so that database reflects current capacity to serve new clients, current services, point of contact, etc. (possible CAPARC role) • Respond to case navigator promptly to set up appointment/review information regarding the individual's needs • Make contact with individual (ranging from scheduling a post-release appointment to inreach (virtual or F2F) and direct assessment pre-release) • Complement and do not duplicate pre-release roles or tasks of incarcerating facility staff and case navigator (for example, do not repeat assessments if information is already available) 	<ul style="list-style-type: none"> • Providers act quickly on referrals, aiming for 48 (?) hours to respond to a referral • Should already have indiv name and appt date • Some providers may be able to offer transportation (Christian Outreach has van and job training) • Database for service providers, for network of service providers to keep everyone 	<ul style="list-style-type: none"> • Provide services in a timely manner so clients are not put on a waiting list; services offered are provided • Maintain close collaboration and share information about services provided (database/info sharing system TBD), client participation and progress with RN and other providers, throughout the period of RNS support • Hold regular (e.g. weekly) meetings with RN and other providers to discuss clients • CAPARC – Steering Committee – could be a forum for providers to discuss the CNS, and could coordinate service provider collaboration at the system level (not the individual level), within and across service areas (such as housing, employment, education)
Probation & Parole	<p><u>For individuals being released to supervision:</u></p> <ul style="list-style-type: none"> • Participate in re-entry planning • Ensure that post-release supervision requirements and supports are integrated into reentry planning • Prepare to receive assessment and reentry plan (REAP) at point of release • Know providers as well as individual and be prepared to work with them 	<ul style="list-style-type: none"> • Provide materials in response to inmate welfare checklist at intake: clothes, shoes, phone, 31 day bus pass • Use Intake form to document demographic info, family contact, employment, SA and treatment • Conduct asset check: family, social network, faith connections • Produce risk/needs assessment • Provide service referrals (if not already covered by the RN): substance abuse evaluation; flyers for employers (req't for employment within 30 days), ETH houses, homeless shelters, One Stop Shop • Provide referral to day reporting center, which supports job readiness and job search 	<ul style="list-style-type: none"> • Maintain communication with RN and providers regarding indiv needs, services provided, progress/challenges • Respond to any reports of criminal activity (n.b. not a legal requirement for indiv to notify service providers that they're under supervision; need to clarify reporting responsibilities of RN, whether "mandated reporter" or other)

Incarcerated individual	<ul style="list-style-type: none"> Learn how pre-release planning will work Meet with case navigator for intake Make appointments with providers, with case navigator's support Meet with service providers who case navigator has identified with them 	<ul style="list-style-type: none"> Those with parole supervision must report within 48 hours, mostly in person 	<ul style="list-style-type: none"> Give feedback on navigator support Give feedback on services provided Respond to feedback and guidance from navigator, providers Follow through on programs and services, complete programs
Family members/ support network	<ul style="list-style-type: none"> Where identifiable and with consent of individual, engage with case navigator for assessment and planning 		
Prior/ potential employers	<ul style="list-style-type: none"> Be clear about capacity to support FIP in the workplace Be prepared to put people before profit when supporting FIP Work with re-entry planning process to the extent feasible (depending on whether work release or other pre-release possibilities for linking to employer can be identified) 	<ul style="list-style-type: none"> Contact with employment coach, if not a potential employer 	
Social services and Medicaid	<ul style="list-style-type: none"> Participate in reentry planning Identify public entitlements and programs for which FIP will be eligible Facilitate enrollment in public programs before release Identify points of contact for follow up and appointments post-release 		