Implementing a mindfulness-based peer support curriculum with the reentry population in Solano County, CA: Lessons Learned

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Abstract
Implementing a mindfulness-based peer support curriculum with the reentry population in Solano County through past partnerships with community health organizations in North Vallejo had many successes. However, there were also barriers toward sustainability. We present lessons learned in this presentation.

Method
We implemented a mindfulness-based peer support curriculum through two community-based organizations serving the reentry population in Solano County: the Transitions Clinic and House of Acts Substance Abuse treatment center. The curriculum was a 10-course series that was derived from the Prison Mindfulness Institute program and implemented in part from the Prison Mindfulness Institute program and was implemented through an academic-clinical partnership between Touro University California and the Transitions Clinic.

Objectives
This project aims to:
1. Reduce stress as measured by the Perceived Stress Scale and qualitative feedback forms following participation in the mindfulness-based peer support curriculum.
2. Explore the barriers of developing a mindfulness-based peer support curriculum with the reentry population in Solano County.
3. Build community between the reentry population and community health organizations in Solano County.
4. Create a space of understanding, peace, and acceptance for reentry individuals and foster mentorship

Introduction
Past studies show that mindfulness, or the practice of cultivating inner resources to manage stress, pain, and illness, is a promising tool for incarcerated populations to improve health outcomes (1-4). Few studies have looked at the impact it can have in improving health outcomes among the reentry population. The goal of this study was to implement a mindfulness-based peer support curriculum through two community-based organizations serving the reentry population in Solano County: the Transitions Clinic and House of Acts Substance Abuse treatment center. This 10-course curriculum was derived in part from the Prison Mindfulness Institute program and was implemented through an academic-clinical partnership between Touro University California and the Transitions Clinic.

Methods
Community Organizations:
- The Transitions Clinic at La Clínica de la Raza in North Vallejo is part of the larger Transitions Clinic Network providing primary care to formerly incarcerated individuals suffering from chronic disease.
- The House of Acts Substance Abuse treatment center is a sober living program serving formerly incarcerated men and women who suffer from substance abuse disorder.
We offered snacks and raffle prizes as incentives at both locations.

Evaluation Methods:
Qualitative feedback surveys were administered after every peer group. Journaling done by the first author was also conducted following each group. Perceived Stress Scales (6) were used to assess baseline stress levels at the reentry population at these two locations.

Implementation Timeline

Successes
“...my mind was calm and I felt less self-conscious and reassured.”

After individual group sessions, participants reported feeling more calm and supported. At the House of Acts, clients requested more frequent sessions (twice per month, once per week)

Challenges
Recruitment: Barriers included: lack of regular contact with potential clients, separation of group venue from medical appointment office, contacting potential clients between medical appointments, structural barriers (i.e., transportation, housing, etc).

Curriculum Development: Due to issues surrounding recruitment, retention, and differing start points, groups were modified to center around a theme with discussion and review of mindful techniques from previous sessions.

Data Collection: Reconnecting with clients proved difficult as most phone numbers and addresses were no longer current. At the Transitions Clinic, with clients entering the curriculum at different stages and not consistently returning, any stress scores reported could not be used as an indicator of the curriculum or peer support.

Lessons Learned
- Building relationships with other community organizations frequently utilized by reentry can be important resources for future outreach. This includes touchpoints such as local parishes, the county workforce development board, or community centers that do not directly target reentry, but are organizations that often support individuals as they reenter communities.
- Working with a community-based organization like House of Acts that provides housing and a pre-established schedule made it easier to implement a multi-part curriculum.
- Because of exposure during incarceration to mindfulness we found acceptance and desire for these tools during reentry. The familiarity with mindfulness created a knowledge base that connected well with the intention of the curriculum and was generally well received.
- Outcomes of individual group sessions lack longitudinal data due to issues around retention. We can explore process evaluation methods that assess individual sessions as well as 10 month curriculum to understand impact on health and well-being.

A multitude of structural barriers made accessing this population without a frequently trafficked central location difficult. Regardless of the challenges, the framework set down by community-based organizations can be a useful infrastructure in implementing a curriculum of this kind.

Acknowledgements
We would like to thank Touro University Public Health Program for supporting the MHR training of the fellow and the San Francisco Bay Area Albert Schweitzer Fellowship for mentoring this project. We would also like to thank the Transitions Clinic Network and the House of Acts for integrating this curriculum into their respective organizations.

References

Figure 1. Baseline perceived stress scores.

Table 1. Participant attendance

Preliminary Results

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