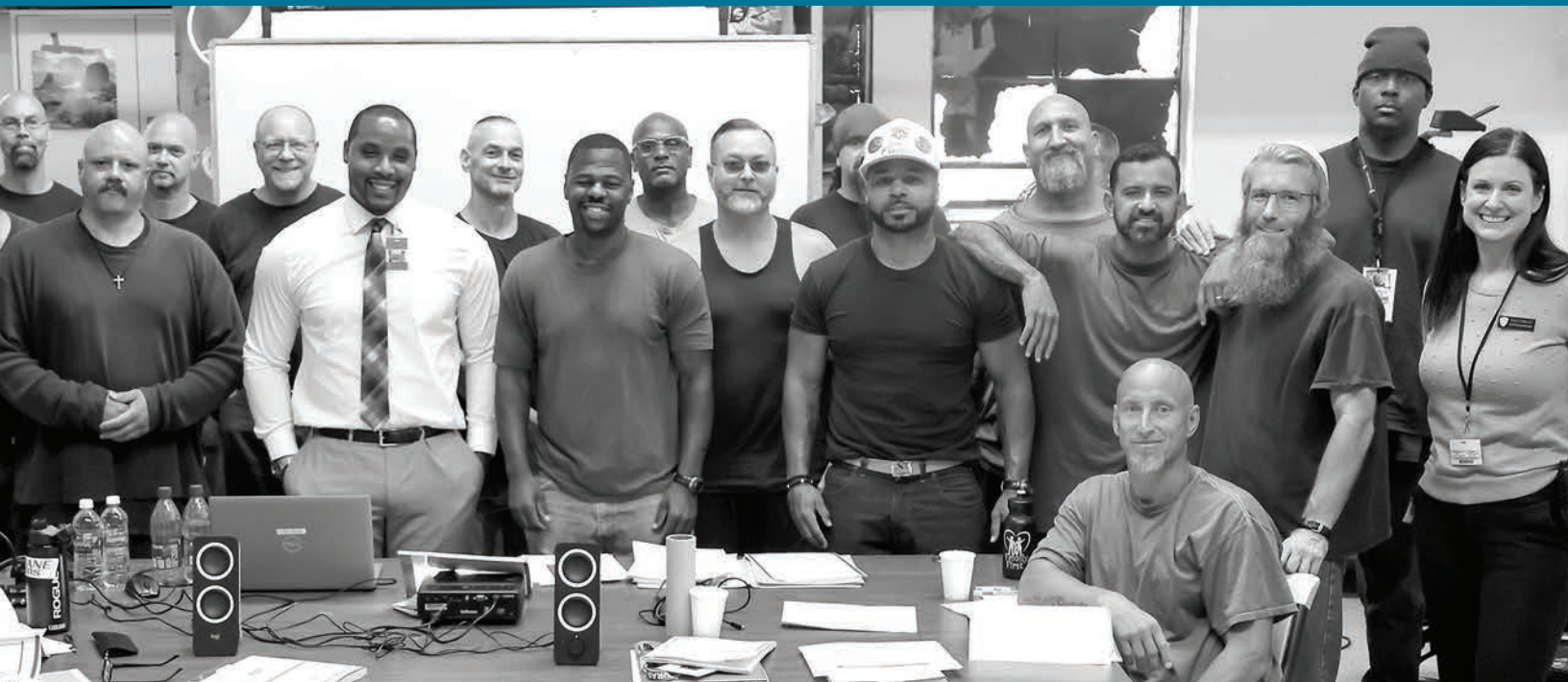


Custody to Counseling Pipeline White Paper



Custody to Counseling Pipeline

The Custody to Counseling Pipeline: Building Oregon's Behavioral Health Peer Workforce

Executive Summary

Lines for Life, the Department of Corrections, Oregon's leading addiction treatment providers, Oregon's mental health certification organization (MHACBO) and United We Heal are teaming up to grow our workforce. We face a behavioral health workforce crisis in Oregon: we don't have enough clinicians, and we don't have clinicians with the cultural skills and diversity that we know -- from evidence and data -- make us better at meeting the needs of our communities.

We are building a program that will give adults in custody – on their way to return in the community – the training, skills and experience to work as peers and clinicians at Oregon behavioral health providers.

We call this the Custody to Counseling Pipeline.

Our goal is to establish a straightforward pathway for adults in custody to earn certification as Certified Alcohol and Drug Counselors – CADCs. This work builds on established opportunities for education, training and experience – and efforts by providers, MHACBO and United We Heal to support workforce efforts for adults in custody.

The C2C Pipeline will not be appropriate for all adults in custody – the program will be extremely rigorous, will require deep commitment from candidates, and we have to recognize that some candidates simply will not be eligible. But there is clearly a large pool of capable, willing and committed adults in custody, already working for a successful return to the community, who will be excellent candidates for this work.

By training and empowering individuals directly impacted by these systems, the pipeline not only supports successful reentry but also helps diversify the behavioral health workforce. This increases the availability of culturally relevant care, builds community trust, and ensures that people seeking help see themselves reflected in the professionals supporting them.

We have identified a number of key transition barriers we need to overcome to successfully launch the C2CP – housing, administrative requirements, and others-- we are dedicated to working together to clear these barriers and build our workforce.

The Custody to Counseling Pipeline is more than a reentry program; By building culturally grounded, clinically rigorous pathways into behavioral health, we not only reduce recidivism but also invest in a new generation of healers rooted in lived experience and resilience.



UNITED WE HEAL



Introduction

Lines for Life is teaming up with the Department of Corrections and Oregon's leading addiction treatment providers, Oregon's mental health certification organization (MHACBO) and United We Heal to grow our workforce. We face a behavioral health workforce crisis in Oregon: we don't have enough clinicians, and we don't have clinicians with the cultural skills and diversity that we know -- from evidence and data -- make us better at meeting the needs of our communities.

We are building a program that will give adults in custody – on their way to return in the community – the training, skills and experience to work as peers and clinicians at Oregon behavioral health providers.

We call this the Custody to Counseling Pipeline.

Objective

Our goal is to establish a straightforward pathway for adults in custody to earn certification as Certified Alcohol and Drug Counselors – CADCs. The primary requirements for CADC span 8 domains and include education, experience, clinical training and supervision. The Custody to Counseling (C2C) Pipeline will create readily available access to each of these CADC components – essentially creating an established path for an adult in custody to follow to become CADC certified and ready to join the behavioral health workforce upon return to the community.

We will start with a group of 20-30 adults in custody, beginning at the Oregon State Penitentiary (OSP).

The participants will represent staggered release times over the years – so that we can expect 2-4 newly-minted CADC clinicians ready to join the workforce every year.

Over time, we expect to grow this program at OSP and expand to other institutions.

Building on Established Work

The good news is that the Department of Corrections has already established opportunities for education, training and experience that build a solid foundation for the C2C Pipeline:

- Education: Adults in custody can currently meet the educational requirements of a CADC through a remote learning firm called Wise Communications Home Study program, which DOC already supports
- Experience: DOC offers a variety of opportunities for adults in custody to get peer support experience, including their Peer Wellness Program which offers training in peer-to-peer support and gives adults in custody experience working with people struggling with their mental health
- Clinical Training and Supervision: DOC provides vital training curricula, including Certified Recovery Mentor, Peer Support Specialist training, and (through Lines for Life) Mental Health First Aid

To meet CADC clinical experience requirements, candidates must perform 1,000 hours of clinical experience. Adults in custody obviously cannot meet this requirement in the traditional internship model. But Oregon's certifying authority, MHACBO, has agreed to permit use of simulated clinical experience to meet this requirement. Accordingly, the C2C Pipeline will create mock clinical simulations, which will be led by clinical supervisors, to take CADC candidates through their required 1,000 hours of experience. MHACBO establishes two tiers of CADC – full CADC clinicians, and CADC-R, who have not completed their full 1,000 hours of clinical experience.

While the first participants to be released will only have time to develop experience for a CADC-R, participants down the road – those with release dates starting in 2029 – will have time to complete their full CADC.

Eligibility

The C2C Pipeline will not be appropriate for all adults in custody – the program will be extremely rigorous, will require deep commitment from candidates, and we have to recognize that some candidates simply will not be eligible as they will not be able to satisfy background check requirements necessary to work in behavioral health.

To ensure candidates are most likely to succeed and ultimately be ready to join the workforce, we will establish screening requirements for suitability.

These will include:

- Positive conduct track record with DOC
- Prior criminal history that will satisfy Oregon background check requirements
- Release date of 3-5 years from beginning the program
- No drug use in the past 24 months
- Successful completion of an interview for assessment of interest and motivation
- Intent to parole to an Oregon county

The Promise of the Custody to Counseling Pipeline

The Custody to Counseling Pipeline is a vital and innovative initiative that acknowledges the systemic inequities that have long excluded people of color from both culturally responsive mental health resources and professional opportunities within the behavioral health field. By training and empowering individuals directly impacted by these systems, the pipeline not only supports successful reentry but also helps diversify the behavioral health workforce. This increases the availability of culturally relevant care, builds community trust, and ensures that people seeking help see themselves reflected in the professionals supporting them.

Core Transition Barriers to Successful Launch

Treatment provider partners have identified a number of key transition barriers we need to overcome to successfully launch the C2CP --- that is, barriers unique to job applicants who are adults in custody returning to their community after years of incarceration. For C2CP to succeed, we need to clear these barriers, which include:

- Employment processes that do not work for applicants in custody (ie, how do you do job interviews?)
- AIC required documentation (eg state ID) and background checks
- AICs needing exposure to individuals opposite of their gender after having limited or no interaction with individuals of a different gender during incarceration

- Housing and transportation instability post-release
- Income for early transition (ie between release and first paycheck)
- Adapting to technology
- Peer support as a new clinician, coming from a very different background from most of your work colleagues

Tailoring Transition Planning

When discussing these barriers with providers, we heard experiences of particular job applicants who face extremely challenging barriers – from homelessness to nightmarishly-long delays in getting required state identification cards.

C2CP will have an important advantage over the valiant efforts of providers to hire adults in custody: we will have a defined universe of participants, most of whom will have more than 24 months of custody remaining at the time we first engage them. This means we will have literally years to develop tailored plans for transition and successful launch at a provider. Not all candidates, for example, will be effectively homeless. For those who are, we can work on solutions – but we don't need to build a program that assumes homelessness for all participants. Instead, we will have time to build out solutions tailored to participants' actual needs.

Meeting and Clearing the Barriers

We can establish systems to help clear some of the more common barriers identified by providers:

Employment processes

- *Clear Statements of Qualifications:* We can support AIC in creating resumes highlighting clinical experience and education toward the CADCC.
- *Interview support:* we will host practice interviews for candidates to help build experience providing thoughtful and accurate answers to employer questions – including challenging questions regarding criminal history.
- *Simplifying interview process for potential employers:* We will work with DOC to ensure employers have multiple interview options to conduct meaningful assessment of potential candidates, including phone, via zoom, or in person
- *Supporting documentation:* Job applications require a variety of supporting documentation that AIC may not be accustomed to providing – we will establish criteria for participating employers and prepare background materials for AIC to help them meet these needs

AIC Required Documentation and Background Checks

State Identification: A state ID is central to being employment ready – but currently, there are obstacles to obtaining a state ID while in custody. We will work with DOC to establish a streamlined system that ensures AICs can obtain their state-issued identification at least three months prior to their transition back into the community. Due to background checks being a prerequisite for most behavioral health training programs and employment opportunities, (can take 2–3 months to process) it is important that IDs are secured early so there is no delay within the pipeline.

Timely Background Checks: In collaboration with DOC, we aim to initiate background checks at the six-month pre-release mark, creating a buffer to address processing delays or possible denials. In cases where a background check is denied, AICs should be ready to appeal. This includes having a prepared appeals packet with necessary documentation such as three letters of recommendation, a personal statement, and any other materials needed for reconsideration. Developing a standardized “appeal readiness deck” will help systematize this process, making it easier to support AICs in clearing this barrier.

Gender-responsive simulations and ethics training

We recognize that AICs face unique interpersonal and ethical challenges during their reentry process—particularly in navigating relationships and boundaries outside of the carceral environment. One consideration is the reality that many AICs have had limited or no interaction with individuals of a different gender during incarceration. Upon release, they are suddenly expected to operate in mixed-gender environments in personal, educational, and professional settings.

To address this, our supplemental curriculum will include gender-responsive simulations and ethical boundary-setting exercises. These will allow AICs to practice healthy, respectful, and professional interactions across genders—building confidence, increasing awareness, and supporting smoother transitions into community life.

Housing and transportation instability post-release

Not all AICs will require transitional housing—many will parole to live with family members, spouses, or other supportive networks—those who do need housing support will be connected to a curated network of transitional housing options.

We will establish partnerships with transitional providers such as Central City Concern, the Imani Center, Oxford Houses, and other residential treatment facilities that specialize in supporting justice-involved individuals.

To ensure successful placement, we will identify and document eligibility requirements for each housing option, such as sobriety standards (as required by Oxford House), program fees, referral processes, and any documentation needed (e.g., ID, parole plan). Our housing support strategy will also prioritize proximity to employment or internship sites when possible, eliminating possible transportation barriers and supporting successful reintegration.

Income for early transition (i.e. between release and first paycheck)

To reduce the financial strain many participants face immediately upon release, the Custody to Counseling Pipeline will seek funding to offer a one-time transitional stipend to each participant. This stipend is intended to help cover essential early reentry needs, including clothing, identification documents, hygiene products, transit passes, phone plans, and initial housing deposits if necessary. The goal of this stipend is to ease the economic burden between release and the receipt of a first paycheck, which can often take several weeks. In addition to the stipend, participants will be supported in applying for and activating SNAP benefits to help ensure immediate food security.

Adapting to technology

To support digital reintegration, participants can use a portion of their transition stipend to buy needed technology such as a smartphone, laptop, and internet access. These tools are foundational for accessing behavioral health training programs, job search platforms, telehealth services, and ongoing peer/ community support networks. In addition, Marcus will lead efforts to develop a tailored technology readiness plan. This will include insights into the types of software, platforms, and digital tools individuals are most likely to encounter upon reentry—particularly in behavioral health work environments.

Peer support as a new clinician, coming from a very different background from most of your work colleagues

To foster an environment of a relatable community and mutual support, we will establish an **optional bi-weekly peer support group** for AICs transitioning into the behavioral health field. This group will offer a safe, affirming space where individuals can speak candidly about their experiences, challenges, and successes as new clinicians. This support group will serve as a space to hear and learn from their peers’ experiences.

The goal is to reduce feelings of isolation, build resilience, and cultivate a community of peer-driven guidance that affirms the value of lived experience as clinical expertise. The group may also serve as a hub for networking, resource sharing, and long-term mentorship, helping participants sustain their careers and continue growing in environments.

Conclusion

The Custody to Counseling Pipeline is more than a reentry program; By building culturally grounded, clinically rigorous pathways into behavioral health, we not only reduce recidivism but also invest in a new generation of healers rooted in lived experience and resilience.

