Connections to Behavioral Health and Support Services through Reentry

The Council of State Governments Justice Center

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The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.



Presentation Outline

- Organization Overview
- Introductions
- Webinar Overview and Background
- Grantee Presentations
- Questions and Answers

Presenters

- Alison Farringer, Senior Policy Analyst, Behavioral Health, CSG Justice Center
- Cindy Schwartz, Project Director, Jail Diversion Program, Miami-Dade County, Florida
- Victoria Nicolosi, Camden County Jail Reentry Coordinator, Camden County, New Jersey
- Lorraine Washington, Manager of Grants, Shelby County, Tennessee
- Natasha Means, SYNC Coordinator, Shelby County, Tennessee

Attendee Introductions

Please introduce yourself using the chat function:

- Name
- Agency/Jurisdiction

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Webinar Overview: Connections to Behavioral Health and Support Services through Reentry

- People reentering from incarceration often have multiple service needs, including those related to behavioral health, housing, transportation, and other supportive services.
- While there are challenges providing connections to care, there are also success stories that Second Chance Act (SCA) grantees can offer insight on.
- This presentation will feature three SCA grantees who have used innovative ways to provide post-release connections to care for people who are returning to various communities.

Background: Core Correctional Practices

Five dimensions of effective correctional practice:

- Appropriate Use of Authority
- Appropriate Modeling and Reinforcement
- □ Skill-Building and Problem-Solving Strategies
- Effective Use of Community Resources
- Relationship Factors

Donald A. Andrews and Jerry J. Kiessling, "Program structure and effective correctional practices: A summary of the CaVIC research," *Effective correctional treatment* (1980): 439–463.

Craig Dowden and Don A. Andrews, "The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice," *International Journal of Offender Therapy and Comparative Criminology* 48, no. 2 (2004): 203–214.

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Effective Use of Community Resources

- Often referred to as "advocacy and service brokerage"
- Staff should arrange referrals and/or connections to appropriate and supportive services
- Fosters service access, linkages, and continuity for people who often face multiple barriers to care

Challenges in Making Care Connections

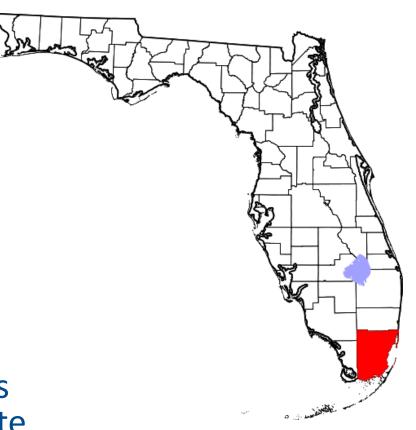
- Availability of services in the surrounding community
- Lack of health insurance can delay timely connections to health care and services
- Access to transportation for participants to attend in-person service appointments
- Access to computers and internet for participants to attend virtual service appointments
- Shortages of staff to make appropriate referrals or provide care and services

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Miami-Dade County, Florida

- Miami-Dade County, Florida
 - □ Population: 2,723,198
 - □ Size: 2,431 square miles
- Eighth-largest jail system in the U.S.
 - □ 4k−4.2k incarcerated daily
- Program Target Population
 - Misdemeanant defendants with serious mental illness and/or COD and moderate to high recidivism risk



Map Source: Public Domain

- Serves 240 participants who are assessed and linked to mental health and substance use treatment, supportive housing, and other services
- Cross-systems collaboration with partners:
 - Miami-Dade Dept. of Corrections and Rehabilitation
 - Jackson Health Systems
 - South Florida Behavioral Health Network
 - Dade Family Counseling
 - Courts, Law Enforcement, State Attorney, Public Defender

Facilitating Connections to Care:

- □ The structure of the program is based on the "APIC" model, which involves assessing participant needs, planning for treatment to address those needs, identifying programs providing needed services, and coordinating linkages to community services and supports.
- Ongoing communication and collaboration with justice, health, and behavioral health partners is a key part of ensuring that participants are connected to services aligning with needs.
- The program uses peer specialists who further guide and support participants upon release from jail in acquiring basic needs and other services.

FY16 SCA Camden County Correctional Facility Co-Occurring Reentry Project

Camden County, New Jersey

FY16 SCA Camden County Correctional Facility Co-Occurring Reentry Project (CORP)

Camden County, New Jersey

- Population: 506,825
- □ Size: 227 square miles

Camden County Correctional Facility (CCCF)

- □ Capacity: 1,267
- □ 12,000 yearly bookings (COVID-19 reduced this number by about half)

Program Target Population

 Individuals with co-occurring mental health and substance use disorders serving a sentence of at least 20 days at the CCCF



FY16 SCA Camden County Correctional Facility Co-Occurring Reentry Project (CORP)

 Provided services 6 months prior to release for 188 adults with COD assessed as medium to high recidivism risk and continued services for 6 to 12 months post-reentry.

Collaborative partnerships:

- The Camden County Reentry Committee
- Volunteers of America
- □ Genesis Second Chance Program
- The Center for Family Guidance
- Board of Social Services, Project Hope, Center for Family Services

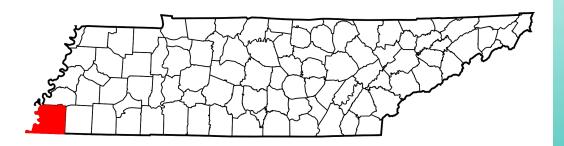
FY16 SCA Camden County Correctional Facility Co-Occurring Reentry Project (CORP)

Facilitating Connections to Care:

- □ The program developed a system for case managers to coordinate immediate transportation for participants upon reentry through adjustment of jail release times.
- □ The multidisciplinary implementation team held weekly case conferences to carefully review participant cases prior to and right after release to ensure adequate transition and connections to care.
- CORP worked to coordinate and support participants with both traditional and non-traditional needs impacting the success of reentry.

Shelby County, Tennessee

- Shelby County, Tennessee
 - Population: 939,569
 - □ Size: 785 square miles
- Shelby County Division of Corrections
 - □ Facility capacity: 2,697
- Program Target Population
 - Adults with co-occurring mental illnesses and substance use disorders



Map Source: Public Domain

 Serves 80–90 adults with co-occurring mental illnesses and substance use disorders by providing assessment, education/training, health care, benefits reconnection, transitional housing, and intensive outpatient treatment.

Collaborative partnerships:

- □ Alliance Healthcare Services (AHS)
- Christ Community Health Services
- Shelby County Office of ReEntry

Facilitating Connections to Care:

- AHS staff begin intake process 60 days pre-release, allow participants to become familiar with therapists, and schedule initial post-release appointments to streamline access to care upon reentry.
- Discharge nurses provide medical service resources and education, including individual meetings about how to obtain and access medical care upon release.
- □ The SYNC program bridges connections to the Shelby County Office of ReEntry for access to benefits, education, and needs not already addressed by AHS and other partners.

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Questions and Answers

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