

Expedite Resolutions and Improve Outcomes

ESSENTIAL ELEMENT 3: Reentry Practices

POLICY

People who are leaving incarceration face a significantly higher risk of relapse, overdose, or exacerbation of their mental health condition. Effective reentry practices are critical to provide rapid access to pre- and post-release treatment and to ensure that those who provide supervision are trained and informed in evidenced-based practices. The challenges for individuals with behavioral health needs who are reentering the community can often have dangerous and life altering consequences. In addition to health and personal safety risks, there can also be public safety concerns as individuals without appropriate services are more likely to relapse and engage in criminal activity than those without behavior health challenges. Collaboration between the court and community partners is essential.

EVIDENCE-BASED PRACTICES

The foundation for starting a reentry plan is screening and assessment upon entry into the correctional facility. Correctional agencies should establish processes to refer individuals to further assessment and treatment based upon individual needs which may include substance use and mental health conditions. Assessment results form the basis of the reentry plan and can inform the treatment services that should be continued upon the person's

return to the community. Importantly, medication continuity must be maintained from the community to the correctional facility, if relevant, and back again to the community.

Reentry plans should be developed by the correctional facility, community-based behavioral treatment providers, and probation or parole. A collaborative comprehensive case plan should be established that should address criminogenic risk and behavioral health needs based upon screening and assessment results. The plans should include referrals and connections to ongoing treatment and recovery support services as well as to ensure that all persons involved in the reentry have the necessary information to promote a smooth transition.

When developing the reentry plan, staff from community-based behavioral health treatment providers and probation and parole should begin to engage people as they approach their release date. In-reach efforts help to establish connections and to ensure that treatment continues seamlessly as they move from the correctional facility to the community. Ideally, all who are a part of the treatment team should be introduced prior to reentry (e.g., peer recovery support specialist, case manager, therapist, care coordinator, and probation or parole officer).

Individuals with behavioral health needs should be connected to healthcare coverage and services. Staff from correctional facilities, community-based behavioral health treatment providers, and others should ensure that individuals being released from a correctional facility are either enrolled in healthcare or will have their coverage reinstated immediately upon their release from a facility. This will reduce the likelihood of interruptions in coverage and services.

Probation and parole officers should be trained on how to work with people who have behavioral health needs and, when possible, specialized caseloads should be created for these individuals with officers specifically trained in evidenced-based supervision techniques.

Coordination leading up to release so there is no break in connection during this high-risk time of transition to the community is crucial. Recovery support services should be provided immediately upon release which include resources that will support a stable lifestyle and behavior change, include government issued identification, active health insurance, a supply of prescription medication, financial support, and connection to health and treatment services.

Cultural competency and gender responsiveness should be ensured in providing services.

Equally important are the long-term needs which focus on prosocial thinking and the prosocial skills needed to navigate everyday conflicts, building a network of prosocial associates, vocational training as well as services to sustain health and treatment services.

NEXT GENERATION

Innovation, Technology, New Practice

Particular attention should be paid to the 988 crisis hotline and to new text messaging applications that can help individuals with behavioral health needs remember appointments and court dates. Positive reinforcement can be provided such as travel passes and grocery and other debit cards for positive behavior. Increasingly, navigators are being used in the courts to connect individuals to services and community-based resources. States should embrace these efforts.

Courts should develop a platform for information sharing between those who have a mental illness. In Arizona, the [Justice and Mental Health Coalition](#) has at its center a database sharing tool for law enforcement, jails, courts, probation, mental health service providers and others to share critical information about those who come in contact with the justice system.

Institutionalization, Sustainability, Funding

Structure should be provided to ensure that all individuals regardless of their race or ethnicity receive the same reentry services. Data should be collected to support increased levels of funding for reentry efforts.

RESOURCES

Health and behavioral health benefits enrollment sustains an individual's access to medications and treatment that are critical to successful reentry in the community. Enrollment can be facilitated by enrollment officers and case managers. Medicaid eligibility can be key to obtaining behavioral health services, and a number of states are receiving waivers related to providing increased eligibility to justice-involved individuals.

Learn more about benefits enrollment:

[A Toolkit for Case Managers: Submitting SSI/SSDI Appeals Using the SOAR Model:](#) (SAMHSA)

[Promoting Reentry Success Through Increased Access to Social Security Benefits](#) (American Jails)

[Medicaid Eligibility and Enrollment for Justice-Involved Populations](#) (Medicaid and Chip Learning Collaborative)

Peers provide individualized support to those reentering a community. Sharing unique experiences and challenges is helpful in navigating common challenges. Moreover, peer support groups can provide insight to identify potential triggers and relapses.

Learn more about peer support:

[Peers](#) (SAMHSA)

[Core Competencies for Peer Workers](#) (SAMHSA)

[Peer Support Toolkit](#) (City of Philadelphia Department of Behavioral Health and Intellectual Disability Services)

[Lessons from Peer Support Among Individuals with Mental Health Difficulties: A Review of the Literature](#) (Yuki Miyamoto and Tamaki Sono)

[What Clubhouses Do](#) (Clubhouse International)

[Jury is Out on Paid Peer Support for People with Mental Illness](#) (Psychiatric Times)

Transition plans offer guidance for community reentry. A comprehensive plan identifies expectations, resources, and services to guide individuals toward independence. Individuals should play an active role in creating their transition plan.

Learn more about transition plans:

[Instructions for Completing GAINS Jail Reentry Checklist](#) (SAMHSA GAINS Center)

[Guidelines for the Successful Transition of Individuals with Behavioral Health Disorders from Jail and Prison](#) (Policy Research Associates)

[Collaborative Comprehensive Case Plans: Addressing Criminogenic Risk and Behavioral Health Needs](#) (National Reentry Resource Center)

[Reentry After a Period of Incarceration](#) (NAMI)

[Planning to Prevent Relapse? A New Tool Can Help](#) (Council of State Governments Justice Center)

[Community reintegration of prisoners with mental illness: A social investment perspective](#) (International Journal of Law and Psychiatry)

This document was developed under the Mental Health Initiative: Phase II Grant #SJI-20-P-054 from the State Justice Institute and approved by the Task Force Executive Committee. The points of view expressed do not necessarily represent the official position or policies of the State Justice Institute.

May 2022

