

Coordinating Re-entry for individuals with Behavioral Health Needs - Lessons Learned and Next Steps

2025 Rehabilitation and Reentry Conference:

Innovative Strategies for Success

April 2, 2025

Presenters

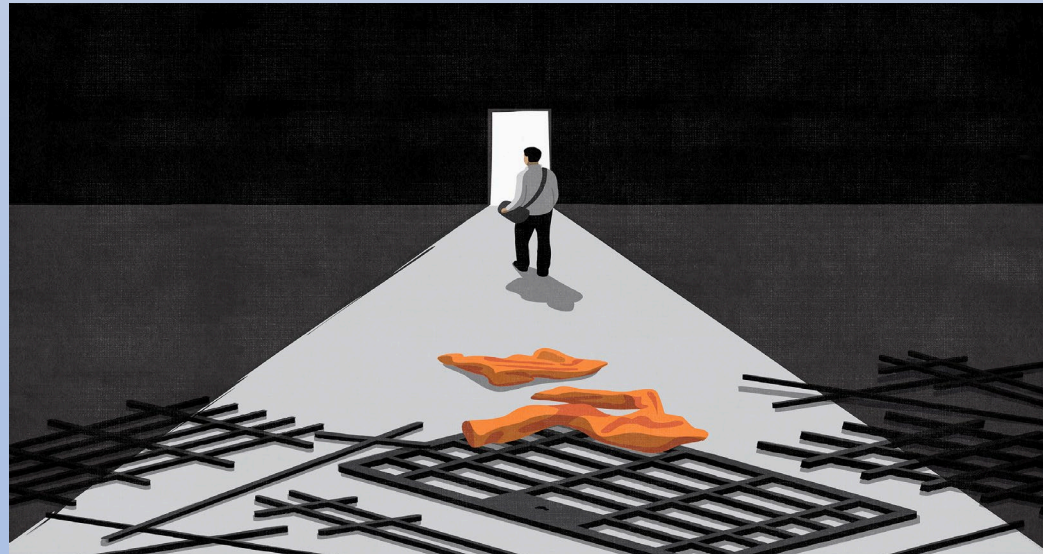
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Agenda

- Reentry Challenges
- Serious Mental Illness in the prison
- Who is eligible?
- Current process flow
- Coordination between agencies
- Specialty Mental Health Probation
- Growth opportunities (lessons learned)
- Future of the program

Reentry

- 95% of people in prison will eventually release to their home communities
- 18,000 releases from NC DAC last year



Reentry Challenges

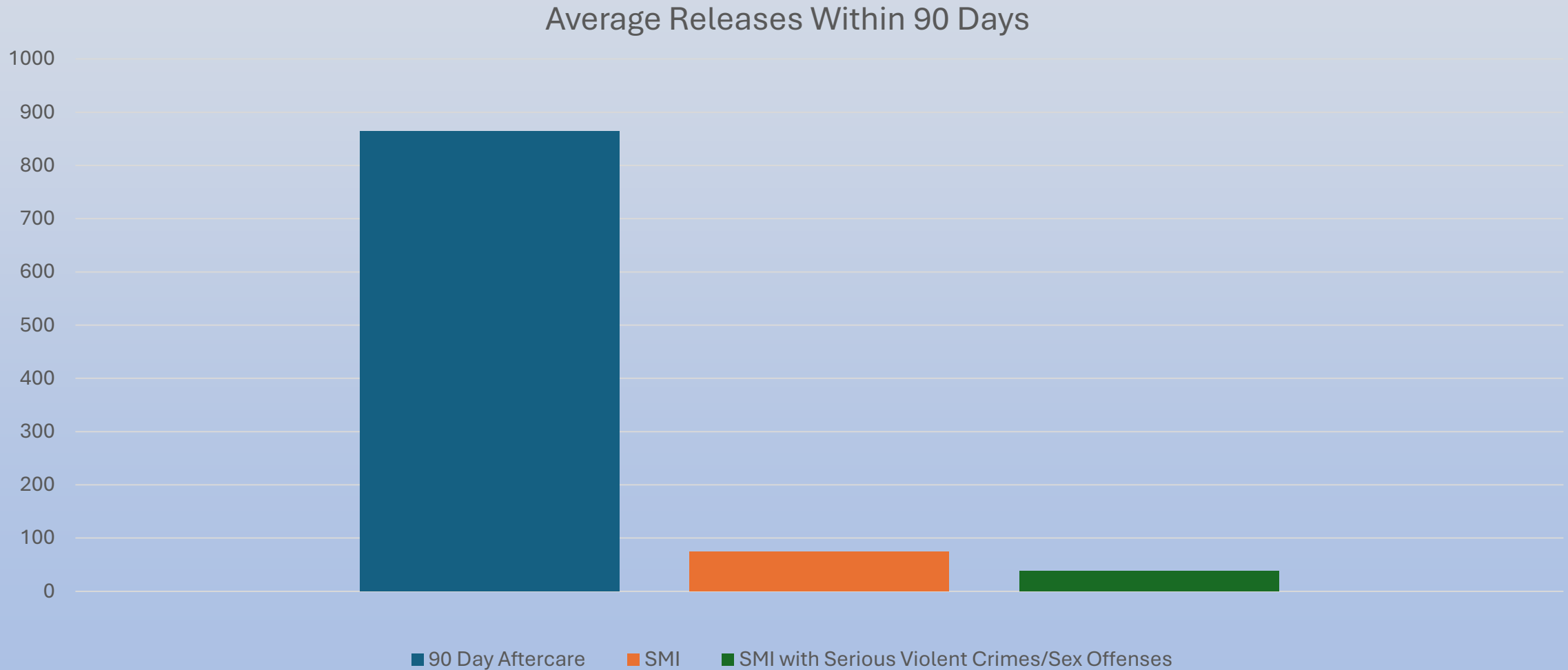
- Reentry into the community is a vulnerable time, marked by difficulties adjusting, increased drug use and an increased risk of death in the first two weeks after release. (Binswanger, et. al., 2007)
- Post-release death by suicide is nearly 3 times higher than jail and prison deaths. (SAMHSA statistics, 2015)
- “Upon release from jail or prison, many people with mental or substance use disorders continue to lack access to services and too often become enmeshed in a cycle of costly justice system involvement.” (Pew Center for the States, 2011)

Serious Mental Illness



- SMI (Serious Mental Illness)
 - DAC has historically included only offenders with psychotic disorders
 - not including substance induced psychosis
 - DAC SMI definition is broadening

Aftercare and SMI Aftercare Planning



Origins of DAC Priority Re-entry Care Management

- Out of tragedy- Action
- Acknowledgement that the system could do better through:
 - Enhanced in reach pre-release from DAC facilities
 - Improved communication between DAC, DMHDDSUS and the MCOs
 - Case conferences and planning for difficult releases

DAC PRIORITY RE-ENTRY PROGRAM ELIGIBILITY

DAC Priority Re-entry provides care coordination to eligible adults releasing from a Department of Adult Correction's prison. The DAC provides referrals to the LME/MCOs, who are responsible for managing the care coordination team and care coordination duties.

Eligibility Criteria

To receive services and supports from DAC Priority Re-entry, individuals must:

- Be 18 years or older
- Have psychotic disorder(s)
- Have violent felony charges and/or sexual offense charges

OR

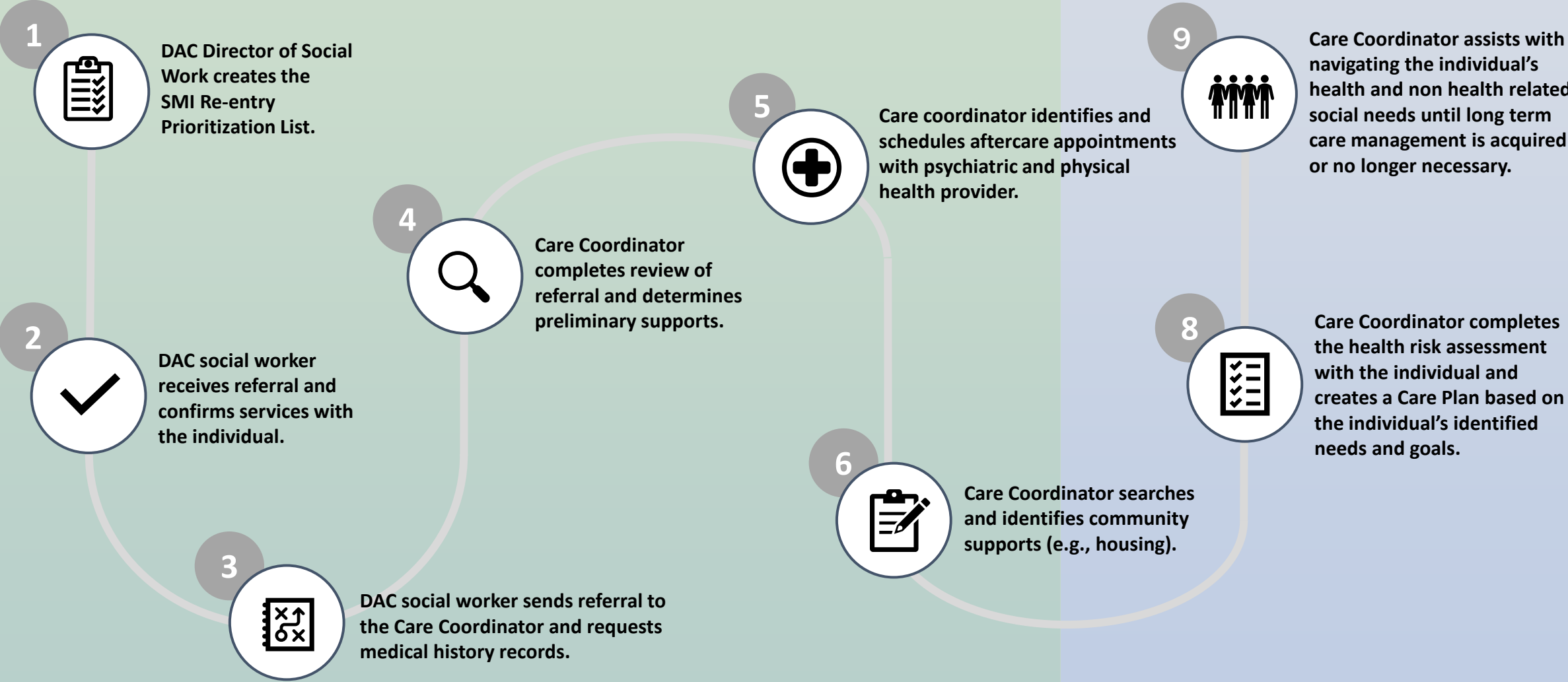
- Be 18 years or older
- Be taking prescribed Clozaril or Clozapine

Participants may have a co-occurring substance use disorder (SUD).

DAC PRIORITY RE-ENTRY CARE COORDINATION SERVICE DELIVERY

PRE-RELEASE

POST-RELEASE



LME/MCO CARE COORDINATION TEAM AND SERVICES

Team Composition

2023 - 2024

- Manager
- Care Coordinator

2024 - beyond

- Manager
- 3+ Care Coordinators
- 2+ Peer Support Specialists

Program Services

The LME/MCOs DAC Priority Re-entry teams are expected to provide the care management services to individuals on the prioritization list.

Care Coordination team activities include:

- Complete a care management assessment prior to release (major deliverable)
- Create a comprehensive care plan including a 90-day transition plan
- Schedule an aftercare appointment with a Psychiatrist post release
- Ensure referrals to all necessary services and supports such as housing, transportation, SSI/SSDI, and other community benefits
- Transitional Support funds to assist with cell phones ,deposits, co-pays for medicine, etc.

Specialty Mental Health Probation in NC

Model of SMHP in NC

5 Core Components:

1. Designated PPO's/CPPO's
2. Reduced Caseload
3. Ongoing Mental Health Training
4. Problem-Solving Approach to Supervision
5. Enhanced Interaction with Community Resource Providers

3 Enhanced Components:

1. Licensed Mental Health Professionals
2. Monthly Clinical Case Consultation Meetings
3. Local Community Engagement Events

How SMHP Supports High Priority Cases

- DCS receives list of justice-involved individuals identified as high priority
- LMHP's conduct a thorough chart review for each individual and send brief synopsis of pertinent information to assigned PPO
 - SMHP Chief PPO also receives this information
- PPO assists the individual to connect with resources identified in the aftercare plan
- PPO supports individuals in communicating with LME/MCO Reentry Coordinators
- LMHP's assist the PPO to identify additional community resources for the individual, when indicated

Why Is This Important?

- PPO knowledge of the individual's treatment while incarcerated:
 - Supports better outcomes for treatment engagement upon reentry
 - Creates awareness of an individual's behaviors and best practices for supervising individuals with serious mental illnesses
 - Drives decisions about supervision assignments
- PPO encourages the individual to attend treatment appointments and assists with transportation and other resources, when needed
- More knowledge of individualistic needs allows a more tailored supervision approach
- PPOs are oftentimes the sole prosocial support for an individual
- PPO ensures that a wholistic plan of support is created throughout supervision and handoff provided to the community prior to the end of supervision period

Opportunities for Improvement?

- Streamline referral information to decrease duplication of information
- Develop one standardized process for assessment and in-reach by the MCOs
 - Service delivery mapping
 - One common assessment tool
- Continue discussions between DAC/DHB and DMHDDSUS on the future process for Care Management under the 1115 re-entry waiver initiative
- Housing
 - Challenges
 - Initiatives

Reentry 2030



- Executive Order 303
- Help offenders navigate the complex transition process
- Health & Behavioral Health Subcommittee

Sources

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- Manchak et al., 2014; Skeem et al., 2006; Skeem & Eno Loudon, 2006; Skeem et al., 2017; Van Deinsen et al., 2021; Wolff et al., 2014