Jail Reentry Practices for People with Mental Illness

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Reentry Guiding Principle

- Access to services while Incarcerated
- Continuity of Care upon Release
- Benefits Assistance
- “Warm Hand-off” to Support Reentry
Reentry Planning begins at Admission

- Information Gathering
  - Screening & Assessment
  - Patient Self Report
  - Data Matching & Information Sharing
- PSYCKES
  - Up to 5 years of Medicaid Utilization Data
  - 3 month lag in data
APIC Model (Osher, 2002)

- **Assess** the individual’s clinical and social needs and public safety risks
- **Plan** for the treatment and services required to address the Individual’s needs
- **Identify** required community and corrections programs responsible for post-release services
- **Coordinate** the transition plan to ensure implementation and avoid gaps in care with community based services
Screening & Assessment

- Clinical Needs
  - Mental health
  - Substance abuse
  - Trauma-informed care

- Social Needs
  - Entitlements (SSI/DI; MGP; Medicaid; Public Assistance)
  - Housing
  - Peer Support
Public Safety/Criminogenic Risks

- Use of Risk and Needs Assessment
- Specialized Screens
- Stages of Change
- Motivational Interviewing
- Cognitive-behavioral Approaches
Reentry Planning

- Continuity of Care & Access to Community-based Care
  - Entitlements
  - Treatment
  - Care Coordination/Health Homes
  - Housing
  - Peer Support
Entitlements

- SSI/SSDI
  - NYS OMH Consumer Affairs
  - SOAR Model
- Medication Grant Program
  - Covers prescriptions for up to 90 days while Medicaid application is pending
  - Non-participating counties
- Medicaid
  - May be submitted up to 30 days pre-release
  - Medicaid Suspension
SSI/DI Outreach, Access & Recovery (SOAR)

- Evidence-based approach designed to increase access to SSI/DI for adults with mental illness who are homeless or at risk of homelessness
- Approval rates for first time applicants can be as low as 10%; SOAR increases it to 70% and approval received in an average of 101 days.
- SOAR Training are available to interested counties by a certified trainer through this initiative
Treatment

- Developed in collaboration with community corrections
- Access to Evidence-based Practices
- Continuity of Care
  - Medication Management
  - Mental Health
    - Clinic, PROS
  - Substance Abuse
- Other Important Considerations
  - Complex Medical Issues; OPWDD/DDSO Services; Veterans
Trauma-Informed Care

• High percentages of justice-involved women and men have experienced serious trauma throughout their lifetime
  • Experience of trauma can increase risk of involvement in criminal justice system
• Trauma-Informed Cross-Systems Training is available through this initiative to
  • Increase understanding of trauma
  • Create an awareness of the impact of trauma on behavior
  • Develop trauma-informed responses
Medicaid moving to Managed Care
- Enrollment for individuals with Active Medicaid
- Health Homes manage the physical health and behavioral health of members
- Opportunity for collaboration pre-release

Care Coordination
- Intensity of services determined by Health Home
- Set-up meetings locally to develop protocols for reentry population
- Non-Medicaid slots available for those not yet enrolled in Health Home
- Role of Single Point of Access (SPOA)
Housing

- Critical for individuals with mental illness
- Engage mental health housing providers to increase access to housing immediately upon release
- Role of SPOA
  - Case Conferences, In-person Interview pre-release/VTC Capacity
- Wrap-around Services
  - Peer Support
  - Community Corrections Partnership
  - Care Coordination
Peer Support

- In-reach prior to release to support recovery and engagement
- Post-release support to assist in reentry transition
  - HALI in-reach support at CORP
  - Recovery Connections
- Benefits Support through OMH Consumer Affairs
Other Supports

- Identify Community Resources & Strengthen linkages with providers
- Develop Reentry Guides
- Establish formal linkages through MOUs with community corrections and other providers
- Reentry Taskforces as mechanism or sub-committee to focus on Jail Reentry
- Information Sharing & Data Matching
- Identification Documents – establish ability for inmates to have picture ID upon release
- Vocational & Education Opportunities
  - Ticket to Work
Transition Management

- Funding provided to Counties through establishment of Kendra’s Law to assist in discharge planning
- How is this funding utilized in your county?
Summary

- Develop seamless plan that promotes direct linkages for post-release treatment and community corrections
  - Warm Hand-off
- Provide resource guides and reentry handbooks
- Set-up intake appointments and communicate critical information to providers (e.g., medication)
- Provide temporary supply of medication (state corrections standard: 2 weeks supply & 2 week prescription)
- Transportation on day of release and coordination of housing