



CalAIM Webinar Series **CONNECTING THE DOTS**

Jail-in Reach Services: What the ECM Provider Needs to Know

July 11th, 2023

Welcome and Housekeeping



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Welcome and Introductions



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Today's Presenters



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Agenda

1. Learning Objectives
2. Getting to Know your County Jail: Sheriff's Office and Treatment Teams
3. Collaboration with In-Custody healthcare staff
4. Community Supervision
5. Re-Entry needs for the Justice-Involved Population
6. Importance of Peer Support for the Justice-Involved Population
7. Group Discussion
8. References
9. Questions



Learning Objectives

At the end of this webinar, participants will have the ability to:

1. Discuss basic structure of jail health services
2. Describe three benefits of collaboration between in-custody and community service providers
3. Name two types of community supervision
4. Discuss three best practices for re-entry planning for the justice involved population
5. Name three benefits of establishing Medi-Cal benefits at the time of release.



Why is it important to learn About the Justice System?



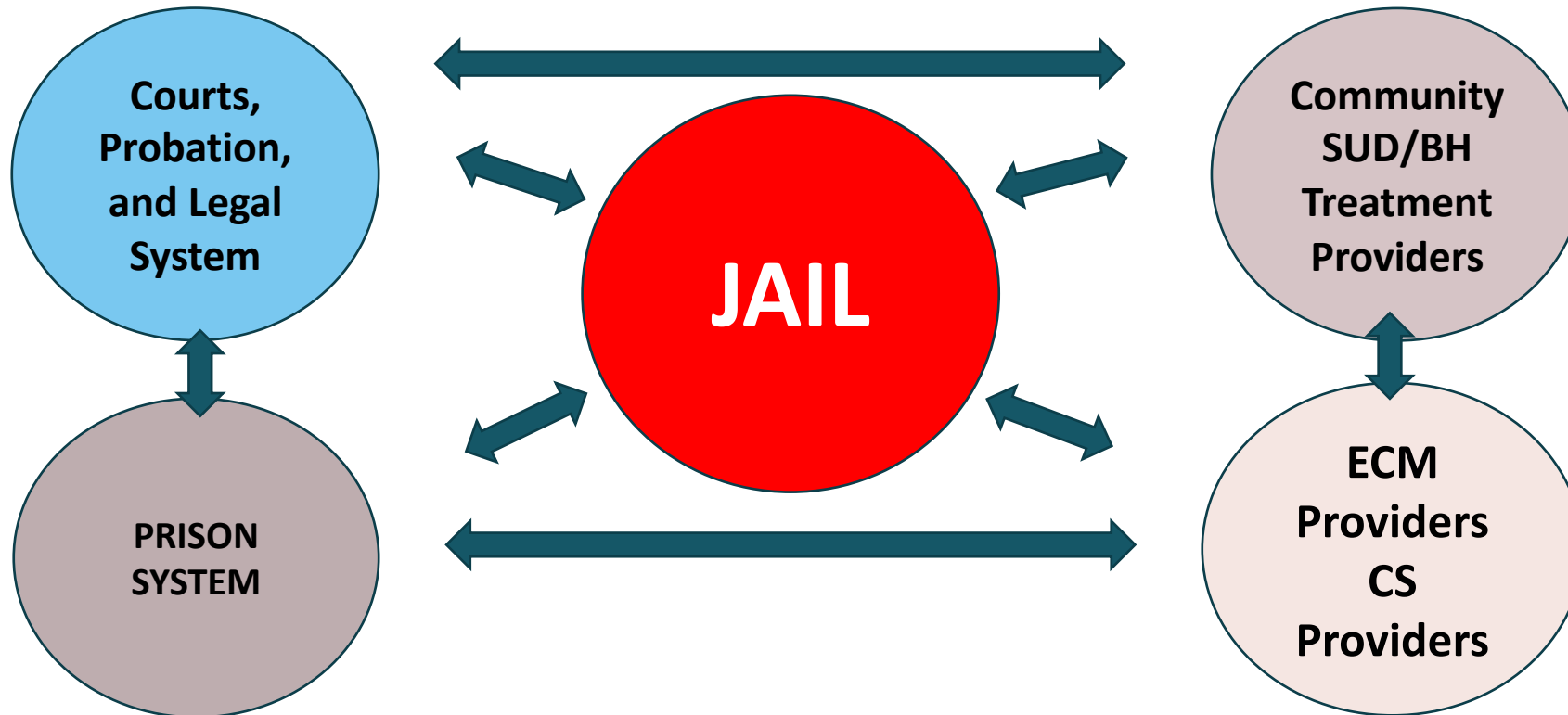
- On January 26, 2023, California became the first state in the nation to receive federal approval to offer a targeted set of services to Medi-Cal eligible youth and adults in state prisons, county jails, and youth correctional facilities.
- Care Management is provided pre- and post-release with the following goals
 - support the coordination of services delivered during the pre-release period and upon reentry
 - ensure smooth linkages to services and supports
 - ensure arrangement of appointments and timely access to appropriate care delivered in the community.

Working within the Justice System

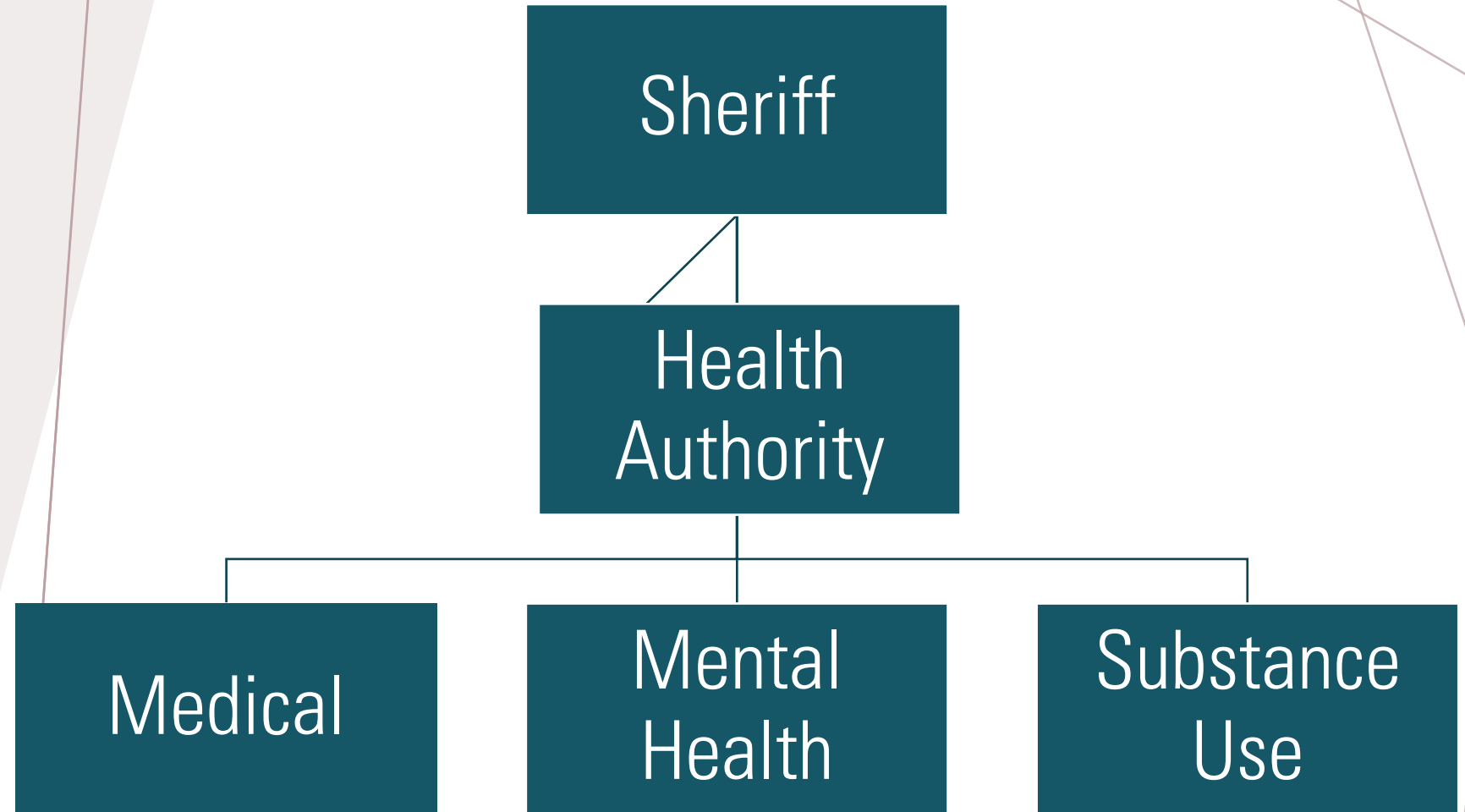
- Effective pre-release services requires ECM providers to have a basic understanding of:
 - The health care system within the jail
 - Contact people within the jail
 - Rules governing jail clearance, visiting, and communication
 - Community supervision- benefits and limitations

Getting to Know your County Jail

Fundamental Connections in the Ecosystem:



Jail Organization Chart



Variables in a Jail

Responsibility for the overall operations in the jail lies within the Sheriff's Office

The Sheriff's Office is required to ensure that basic medical and mental health evaluations and services are provided to all inmates (8th Amendment right)

"Community standard of care" is applicable INSIDE a jail

Medical services include withdrawal management, but jails are not required to offer additional SUD services.

Jails are required to provide basic mental health services which includes evaluation, medication support, and crisis intervention services, but are not defined more clearly than that.

Healthcare Delivery System Models

Direct Care model: State (county)-employed corrections department clinicians provide all or most of all on-site care

Contracted model: Clinicians employed by one of more private companies deliver all or most on-site care

State University model: The state's (county's) public medical school or affiliated organization is responsible for some, most or all on-site care

Hybrid model: On-site care is delivered by some combination of other models

For state prisons (2015):

- ~35% direct
- ~41% contracted
- ~8% university
- ~16% hybrid

Jail Medical

Sheriff Staff

Contracted Provider:
FQHC
University Health System
County Health or Public Health

Correctional Health Vendor

Jail Mental Health

Sheriff Staff

County Mental Health

Contracted Private Provider:
Private Psychiatrist
Private MH Company
FQHC
Telehealth

Correctional health vendor

Jail SUD Therapies

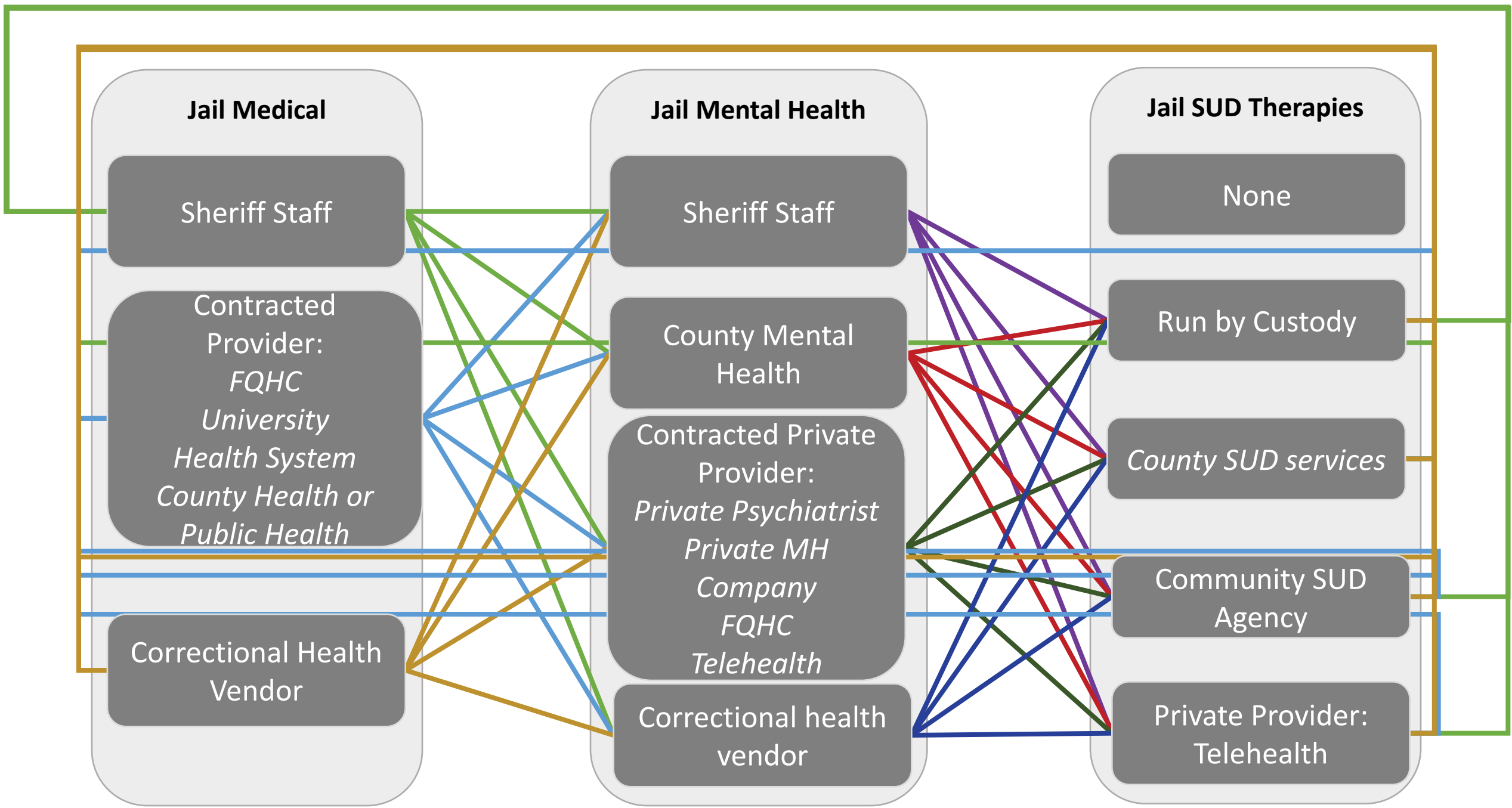
None

Run by Custody

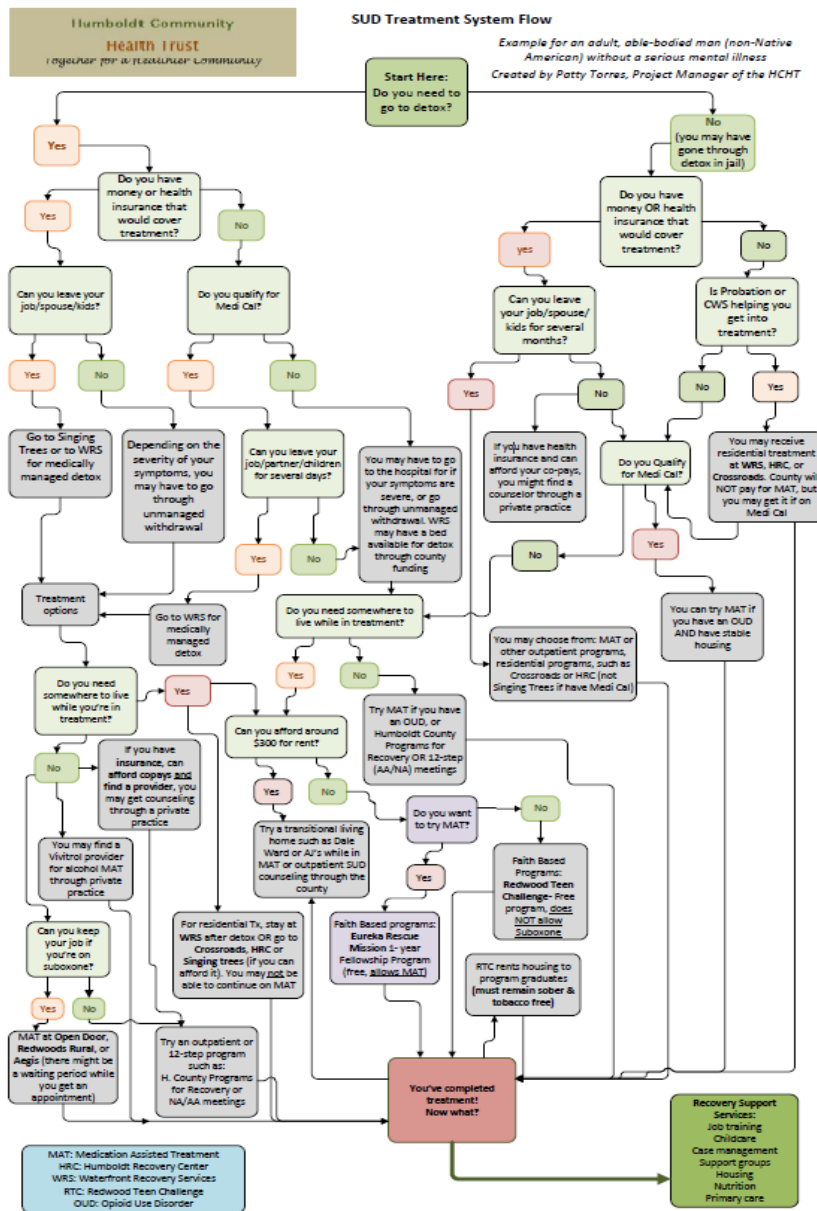
County SUD services


Community SUD Agency

Private Provider: Telehealth



Typical County: Current State





*Collaboration with your Jail teams:
where do you start?*

Goals for Treatment in Jail

**Stabilization
of psychiatric
& substance
disorders**

**Medication for
psychiatric & substance
disorders are an
important aspect of
treatment that may
have been neglected in
the community**

**Medication for
Addiction Treatment
(MAT) stabilizes
dopamine levels,
making it easier to get
something out of
psychosocial treatment**

**Stabilize Dopamine!!!!!!
then CBT can work on
criminal thinking:
attitudes, beliefs and
behaviors that maintain
drug abuse**



**Studies show that the use of MAT in the
CJ system decreases opioid use and
criminal activity post release**

**Overdose are also lower when inmates
received MAT**

The In-Custody Behavioral Health Team

When treatment can be continued in jail, the client will:

- Be less likely to housed restrictively, which means:
- More access to treatment in the facility
- Less likely to act out in jail which can lead to new charges
- Less likely to be referred for evaluation of competency

People referred for a competency evaluation often spend more time in jail

Getting to Know Your Jail

If you know 1 jail....you know 1 jail!!!!

If services are provided by the county health department, there may be a shared electronic health record

Finding out who is providing care is important for re-entry planning, and for understanding potential obstacles in confidentiality.

If the in-custody health team is contracted, they will not have access to historical treatment information without getting a signed release of information form.

Knowing this will allow you to understand communication, identify needs for release of information.

Don't
assume..communicate!

Areas of Collaboration

Does the jail health team have access to community health records in the community?

Community Treatment Plan:

- **Are there services in the jail that he can continue (i.e. medication management? Peer**

Verification of current medication(s)

Is there psychosocial treatment within the jail? SUD/Mental health?

Is there a re-entry plan? Hot handoff on release or plan..?

Will they be on Probation when they are released?

Collaboration Issues

Jail clearance can be challenging:

- Often jail clearance (for outsiders coming into a jail) is provided for one specific date
- It is not always possible to get clearance for a period of time (i.e. Jan-Dec 2023)
- Internal jail security issues can result in unforeseen changes in clearance policies

In-custody services/re-entry planning

- Has your client had treatment in jail? Was it successful? Is a treatment that can be continued? Have there been diagnostic and/or medication changes?
- Do they have telehealth options for case managers/ECM providers?

Treatment concerns

How to Navigate the System

**Communication,
communication,
communication!!**

**Many systemic
barriers to
communication.
So, relationships
between
counterparts are
important**

**Persistence and creativity
are key to effective
collaboration:**

- **Consider having a criminal justice liaison on ECM/CS teams**

Poll

If you are a community provider, have you had a tour of the jail?

- Yes
- No

Do you know what hours mental health clinicians/medical staff are available in the jail?

- Yes
- No

Do you know who is the contact person at your jail if you have medical or behavioral health questions or concerns about your client?

- Yes
- No



Several types of community supervision which have differing levels of authority and supervision (conditions). Some examples:

Drug court

Mental health diversion

- Pre-plea/post plea

Not Competent to Stand Trial

Bail/Own recognizance

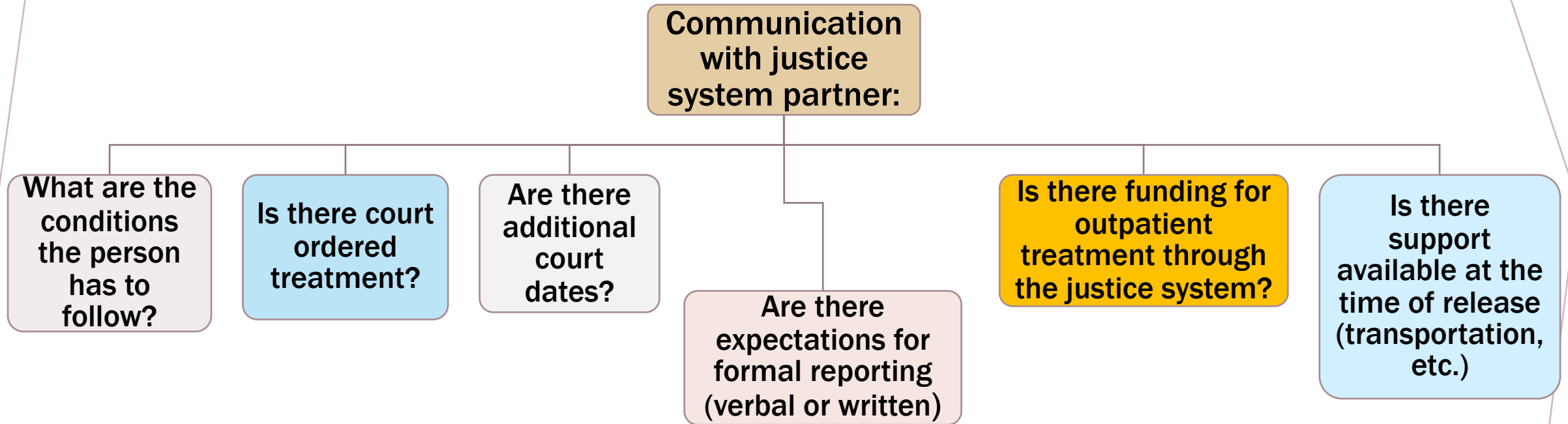
Probation

- Court/Supervised

*Community
Supervision*

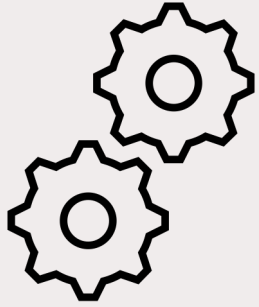


Why is this important?





Re-entry needs for this population



Re-entry Needs: Nuts and Bolts

Re-Entry planning includes the following:

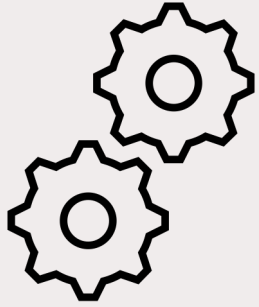
Create and maintain lists of community health professionals

Formalized linkages between the facility and community providers and other community-based organizations

Discussions with the patient that emphasize the importance of appropriate follow-up and aftercare

Appointments and medications that are arranged for the patient at the time of release

Timely exchange of health information, such as problem lists, medications, allergies, procedures, and test results



Re-entry Needs: Nuts and Bolts

Roles and responsibilities for re-entry planning

A comprehensive re-entry plan should include assessing for all SDOH and especially housing options

Where does the responsibility of assessing for re-entry and SDOH needs fall?

Intake/booking assessment?

Mental health assessment?

SUD assessment?

Primary care assessment?

Jail Program assessment?

Jail to community continuum of care

- Decades of research demonstrates that providing comprehensive SUD treatment while incarcerated works, reducing both drug use and crime when people return to the community. (1)
- Inadequate or no treatment while in jail also contributes to overdose and death when the person leaves the prison system (1)
- However, only 5% of people with SUD get treatment in jail.
- Therefore, coordination of care from in-custody to the community is very important to adjustment back in the community.



The Importance of Transition Planning: SAMHSA

- Transition planning by the jail and community providers improves re-entry outcomes
- Planning for re-entry should begin at intake and continue throughout incarceration
- It is important for incarcerated people to have enough medications and prescriptions to allow them to follow treatment plans and avoid relapse until they see their providers.
- People who are picked up upon release from jail and provided transportation directly to services have better outcomes than people who do not.
 - Literal, not figurative, “hot/warm handoff”
- Ideally the community worker providing transportation will have already done some in-reach work with these clients.

Importance of Collaboration

- A seamless transition from carceral settings to the community requires collaboration between in custody and community providers.
- Research has demonstrated the importance of reentry services both in custody and the community:
 - One meta-analysis demonstrated that re-entry programs consisted of both prerelease and post release services reduced recidivism by 11 percent,
 - Reentry services that focused only on post-release programming achieved just half of that recidivism reduction.

Best practices for re-entry for people with SUD: Justice Center of the Council of state governments

Agencies should work collaboratively to share relevant information with each other through uniform release of information practices.

Ensure behavioral health treatment, and medication assisted treatment are delivered in the correctional facility and upon release in the community.

Integrate cognitive behavioral interventions in the correctional facility and in the community to address criminogenic risk and need factors.

Facilitate in-reach by community-based behavioral health treatment providers and probation staff into correctional facilities.

Create a relapse prevention plan, distribute materials on overdose prevention and provide naloxone upon release when possible.

Trauma Informed Re-entry Services

Pre-release planning

- Identify a safe place to go

Assess the client's need for services and support

- Work with the client on goals for successful transition to community
- Assist clients in understanding ongoing supervision requirements (conditions of probation, etc.

Provide ongoing post-release support

- Listen to the client's goals

The Importance of Peer Support

What does it mean to have “lived experience or expertise?”

- Personal experience that is similar to the client.
- In this case, having a person the re-entry team that has been incarcerated or otherwise involved in the CJ System.

Is this effective?

- Research has shown that peer support providers help to
 - Lower recidivism
 - Lower relapse rates

The Importance of Medi-Cal Funding at the Time Of Release

Given the higher rate of many health conditions, including SUD, it is imperative that incarcerated people have active health insurance at the time of release

The expansion of Medi-Cal under the Affordable Care Act led to a decrease in both violent and public order crimes.

There is some evidence of higher treatment rates among previously incarcerated people when they have Medi-Cal coverage.

With CalAIM, people are eligible to apply for Medi-Cal 90 days prior to release.

In Summary:

- Justice involved individuals have high needs for treatment
- Historically there have been barriers to treatment based on siloes and lack of treatment continuum that included jail
- CalAIM requires increased collaboration between the criminal justice system and community healthcare
- Understanding the specific challenges of working in the criminal justice system allows us decrease the barriers and increase treatment access to a vulnerable population group

GROUP DISCUSSION

WE WILL NOW GO THROUGH SEVERAL SCENARIOS THAT
REQUIRE COLLABORATION WITH JAIL STAFF. FOR EACH CASE:

- Is there information that would help you to support this client?
What questions would you have?
- If so, what information, and where would you find the
information?
- How would the development of a collaborative relationship with
the jail staff help this situation?

Scenario 1

You go to do a welfare check on your client, Juanita, who is in jail for ten-day sentence. Juanita tells you she is thinking about suicide.

- 1.What would be your next steps?**
- 2.What information do you need in order to effectively deal with this situation?**

Scenario 2

Your client, Steve, is released from jail, but he is presenting with psychotic symptoms. He tells you he has not been using substances. It is unclear if they are under the influence or have not been taking their medication.

- 1.What would be your next steps?**
- 2.Why is it important to have more information?**

Scenario 3

You find out your client, Mario, was just arrested. Mario is diagnosed with Schizophrenia and, at baseline, remains somewhat symptomatic. Mario's psychiatrist has adjusted his medication several different times and has finally stabilized.

- 1.What would be your concern for Mario while he is in custody?**
- 2.What steps can you take to address these concerns?**

References

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- Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Community Supervision and Treatment of Individuals With SUD: Challenges and Opportunities for Governors and State Officials.
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- Poverty General: <https://www.census.gov/library/publications/2021/demo/p60-273.html>

*THANK YOU!!!!
Before You Go...*

Please Complete the Evaluation of Today's Session

**Complete the pop-up questions
on your screen!**

References

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