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Behavioral Health & Community-Centric Supports for Returning Citizens

Successful Collaborations in Massachusetts

Presented to:

International Community Justice Association Conference

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Who we are

forHealth™ CONSULTING at UMass Chan Medical School

At ForHealth Consulting, we partner with purposeful organizations to *improve the healthcare experience, making it more equitable, effective, and accessible*. As part of UMass Chan Medical School, we leverage world-class expertise and deep experience to create transformational solutions across the health and human services system.

We **dive deep** into your organization to **understand your goals** and how we can get you there.

We develop **innovative, actionable strategies** that help you do what you do better.

We put **ideas into practice** to **create value** in the real world.

We are **committed to diversity and inclusion** in every aspect of what we do, and in how we measure outcomes and define success.

Agenda

- Welcome & Introductions
- Massachusetts Landscape
- Behavioral Health Justice-Involved (BH-JI) Program
- After Incarceration Center – Community Compass Program
- Key to Successful Collaborations in Massachusetts
- Q&A

Reference List

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- Behavioral Health Justice Involved Initiative (BH-JI)
- Community Support Providers Justice Involved (CSP-JI)
- Executive Office of Public Safety and Security (EOPSS)
- Department of Corrections (DOC)
- House of Corrections (HOC)
- Accountable Care Organizations (ACO)
- Managed Care Organization (MCO)
- Primary Care Clinician (PCC)
- Senior Care Options (SCO)
- Fee for Service (FFS)
- Recovery Support Navigator (RSN)
- Community Support Program (CSP)
- Executive Office of Health and Human Services (EOHHS)
- Serious Mental Illness (SMI)
- Substance Use Disorder (SUD)
- Co-occurring Disorder (COD)

Massachusetts Landscape

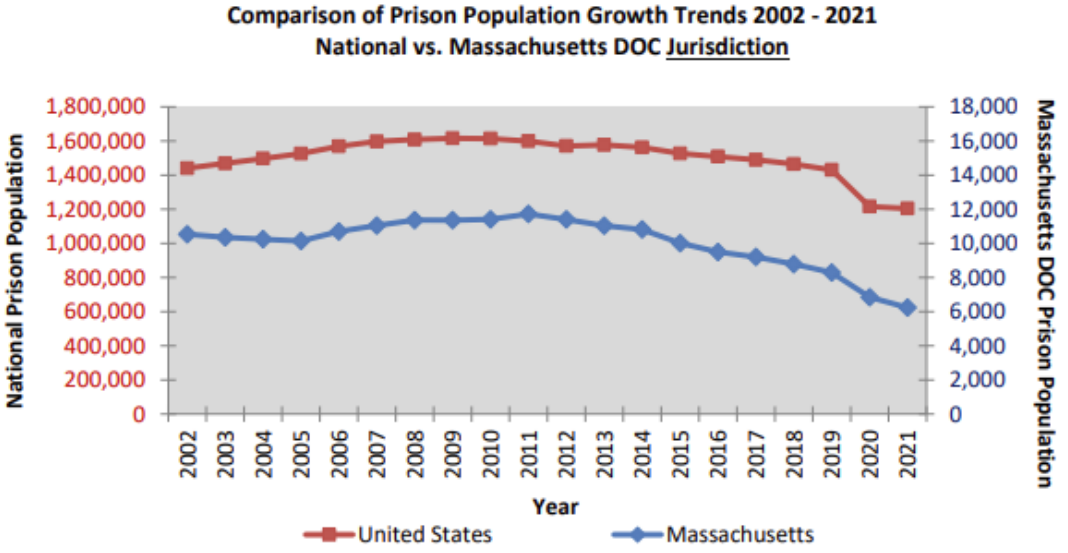
785 per 100,000 Massachusetts residents are incarcerated or on community supervision (including jails, prisons, probation, parole).

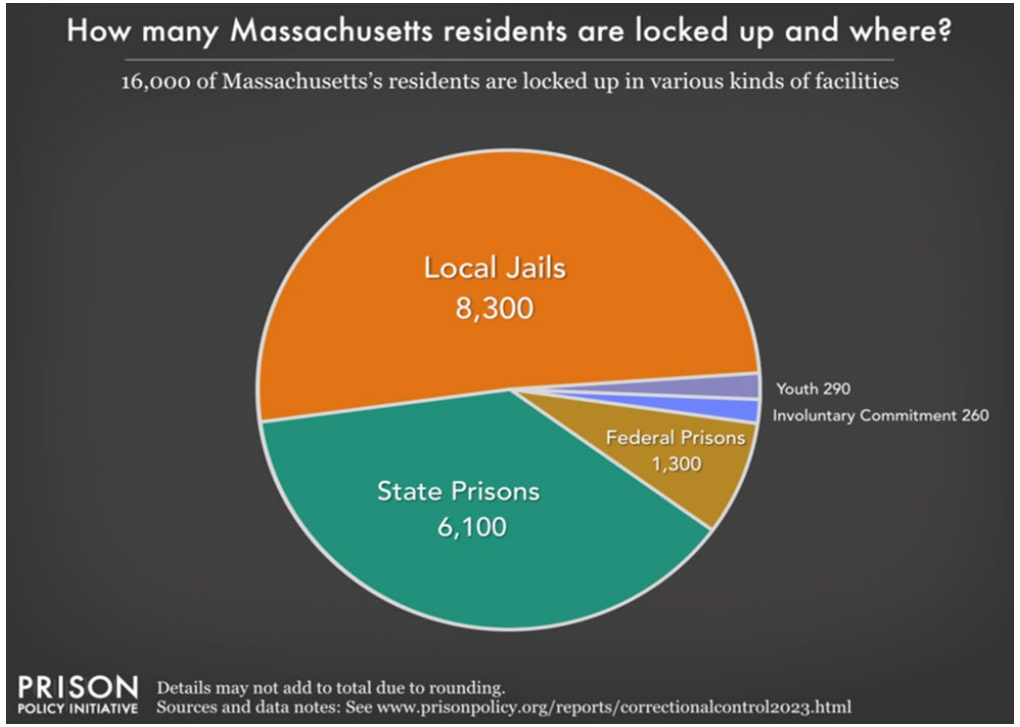
Incarcerated people are **10 times more likely** to meet the criteria for substance use dependency than the general population.

High incidence of mental health conditions among incarcerated people in prisons and jails.

Formerly incarcerated adults in MA are at a **high risk of death** from opioid overdose in the first 30 days post-release.

Sources:
https://www.mass.gov/doc/prison-population-trends-2022/download
https://www.prisonpolicy.org/graphs/correctional_control2023/MA_incarceration_2023.html
US DOJ; MA DPH; MA DOC and HoCs





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Behavioral Health-Justice Involved Program

BH-JI Goals

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- Develop a reach-in, reentry model for engaging Justice Involved Individuals with mental health and addiction needs
- Demonstrate improved health outcomes, decreased fatal overdoses, and effective, efficient healthcare utilization for Justice Involved Individuals enrolled in the Behavioral Health-Justice Involved (BH-JI) program
- Connect and transition eligible enrolled individuals to appropriate health care services and community services, using Navigator model
- Expand BH-JI program statewide

BH-JI Background and Process

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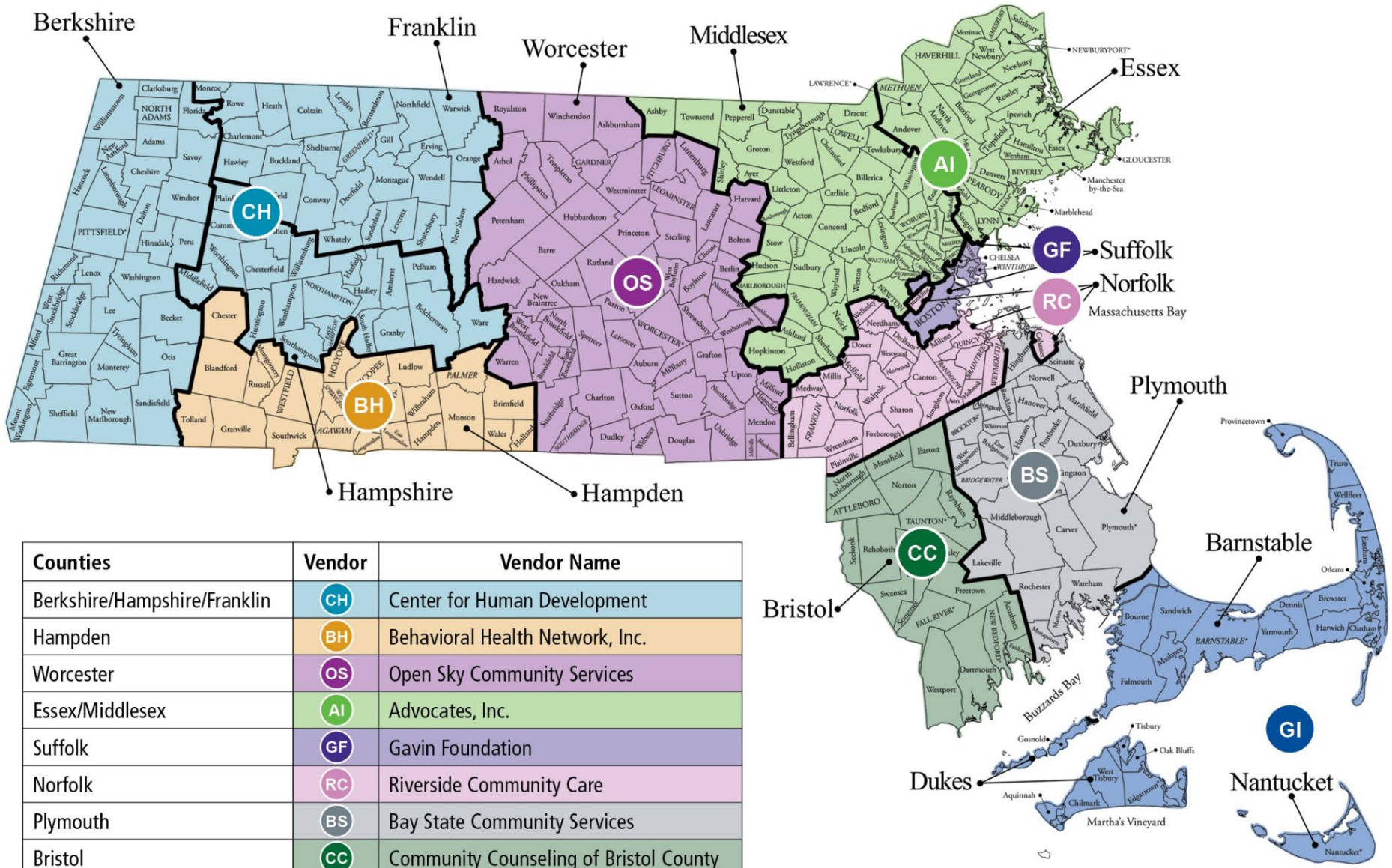
Demonstration

- Guidance from Council on State Governments – Justice Center at the request of leadership across the Commonwealth
- Alignment within MassHealth with larger health reform strategy
- Partnered with probation, parole, state and county correction agencies, and public health and mental health agencies
- Informed by ForHealth Consulting at UMass Chan Medical School literature review and stakeholder interviews
- Used state-only dollars for demonstration that began in 2019 with Advocates and Open Sky Community Services in Middlesex and Worcester Counties

Statewide

- In February 2022, launched BH-JI statewide (see map for list of providers and service areas)
- In August 2022, achieved authority from CMS for the community services component, making Community Support Program services for Individuals with Justice Involvement a permanent part of the benefit, now available for managed care and fee-for-service (FFS) members
- BH-JI has led to other work for justice populations:
  - MassHealth still has a pending request to CMS for certain pre-release services, which would include some of the In-reach services of BH-JI—related to the Medicaid Inmate Exclusion Policy that CMS recently released a State Medicaid Director's Letter concerning
  - Piloted a program with the Massachusetts Probation Service to assist individuals applying for MassHealth coverage
  - Implemented 12-months continuous eligibility for individuals upon release from a carceral setting to reduce administrative eligibility churn during the post-release period

BH-JI Support Areas



Counties	Vendor	Vendor Name
Berkshire/Hampshire/Franklin	CH	Center for Human Development
Hampden	BH	Behavioral Health Network, Inc.
Worcester	OS	Open Sky Community Services
Essex/Middlesex	AI	Advocates, Inc.
Suffolk	GF	Gavin Foundation
Norfolk	RC	Riverside Community Care
Plymouth	BS	Bay State Community Services
Bristol	CC	Community Counseling of Bristol County
Barnstable/Dukes/Nantucket	GI	Gosnold, Inc.

Vulnerability of Target Population

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Incarcerated people are **10x more likely to meet the criteria for drug dependence or abuse** than general population

Formerly incarcerated adults in MA were **120x more likely to die from opioid overdose** than individuals with no incarceration history

Formerly incarcerated adults in MA are at **high risk of death from opioid overdose** in the **first 30 days post-release** (**10x higher** rate in month 1 than between month 1-3)

High incidence of mental health conditions among those incarcerated in prison and jail (**35-45%** with history of mental health problem)

Majority of Justice Involved are **MassHealth Members (90-95%)**

Sources: US DOJ; MA DPH; MA DOC and HoCs

Background: MassHealth Members with Opioid Overdoses and Recent Incarceration

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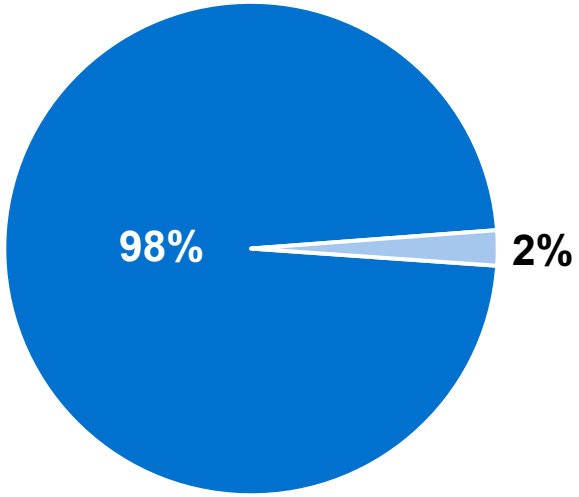
Among all MassHealth Members who had an opioid overdose between 2011 to 2015, **more than 1 in 4 had been incarcerated** in a correctional facility at some point during that 5-year period.

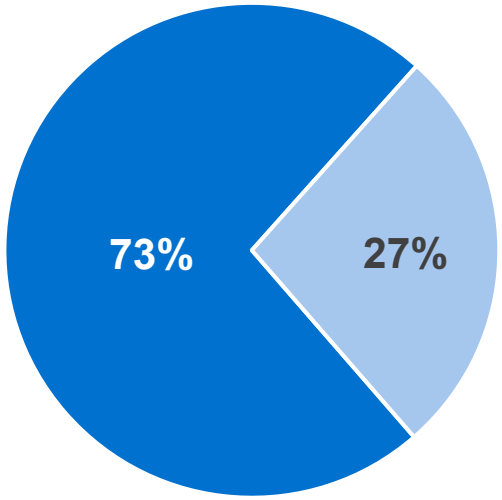
Only 2% of all MassHealth Members were incarcerated at any point during those 5 years.

Of All MassHealth Members Between 2011-2015, 2% Were Recently Incarcerated



- Total MassHealth Members (1,968,266)
- MassHealth Members Who Were Recently Incarcerated (46,355)

Of All MassHealth Members **with an Overdose** Between 2011-2015, 27% Were Recently Incarcerated



- Total MassHealth Members With Any Overdose (25,988)
- MassHealth Members Who Were Recently Incarcerated With Any Overdose (7,094)

Source: Center for Health Policy and Research, University of Massachusetts Medical School. Opioid Overdoses Among High-Risk MassHealth Members: An Exploratory Analysis. July 20, 2017.

Eligibility for Participation

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Administrative criteria – must meet *all* of the following:

- MassHealth eligibility (ACO/MCO members, PCC, FFS, One Care, SCO)
- Not receiving similar supports (CSP, RSN, other reentry program)

Programmatic criteria – must meet *all* of the following:

- Behavioral health diagnosis – mental health condition and/or substance use disorder
- At risk for admission to a 24-hour facility
- Criminogenic risk

Justice involvement criteria – must meet *one* of the following at time of referral:

- Expected to be released within six months from a partner DOC/HOC facility
- Under pre-trial supervision or risk/need supervision
- Released from a DOC/HOC facility within past year

Geographic criteria – must meet the following:

- During Demonstration
  - Being released to or living in Middlesex or Worcester County
  - During COVID-19 pandemic, allow some enrollments in other counties
- Statewide
  - Must be resident of Massachusetts

BH-JI Supports for Individuals Enrolled While Incarcerated

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Supports While Incarcerated

- Identify inmates/detainees with SMI/SUD/COD who meet eligibility criteria
- Provide education to inmates on accessing BH-JI supports, invite individuals to enroll
- In-reach supports
  - Group and individual In-reach sessions
  - Conduct Bio-Psycho-Social needs assessment
  - Develop support plan and safety plan
  - Make appointments with providers
  - Assist with obtaining housing, other services
- Coordinate releases with providers, other supports

Community Supports

- Trained para-professional staff provide intensive supports:
  - Up to daily contact for up to first month, then as needed
  - Plan to meet on day of release
  - Coordinate with health care providers, other supports
  - 24-7 on-call crisis support
  - Supports while in 24-7 facility
  - Navigators receive clinical supervision
- Implement support plan
- Assist with making and keeping appointments
- Assist with obtaining and maintaining housing
- Assist with accessing social services, benefits
- Warm hand-off to post-BH-JI supports

BH-JI Data & Preliminary Findings

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As of May 2023	Demonstration Totals	Statewide Expansion Totals	BH-JI Programmatic Totals
Total Referrals To Date	2193	3344	5537
Total Enrollments To Date	1417	2322	3739
% of Referrals Enrolled	65%	69%	68%
Current Total BH-JI/CSP-JI Caseload			744

BH-JI Goal and Evaluation Question

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Goal

Develop	Develop a reach-in, reentry model for engaging Justice Involved Individuals with mental health and addiction needs
Connect and transition	Connect and transition eligible Enrolled Individuals to appropriate health care services and community services, using Navigator model
Demonstrate	Demonstrate improved health outcomes, and decreased fatal overdoses for Justice Involved Individuals enrolled in the BH-JI program
Demonstrate	Demonstrate effective, efficient health care utilization for Justice Involved Individuals enrolled in the BH-JI program
Expand	Demonstrate the viability of expanding the BH-JI program statewide
Demonstrate	Expand BH-JI program statewide

Evaluation Question

What is the effect of BH-JI on MassHealth health care utilization?

Enrollees' Behavioral Health Needs – Demo

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Mental Health Diagnosis

Diagnosis	Percent (N=441)
Schizophrenia	8.6%
Bipolar	31.3%
PTSD	35.4%
Major Depression	47.6%
Anxiety Disorder	57.1%
Any Mental Health Diagnosis	*81.2%*

Substance Use Diagnosis

Diagnosis (Abuse, Dependence, or Use)	Percent (N=441)
Cannabis	29.9%
Cocaine	32.4%
Opioid	48.3%
Alcohol	48.5%
Nicotine Dependence	66.4%

Preliminary Data Trends – Demo

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- ✓ Enrollees used **fewer** behavioral health **inpatient** hospital and emergency department services than before BH-JI
- ✓ Enrollees used **more** behavioral health **outpatient** services
- ✓ Pre- and post- costs for MassHealth services were comparable
- ✓ Enrollees' housing stability increased over time
- ✓ Enrollees' employment status improved over time

BH-JI and CSP-JI Percentage Referred by Justice Entity

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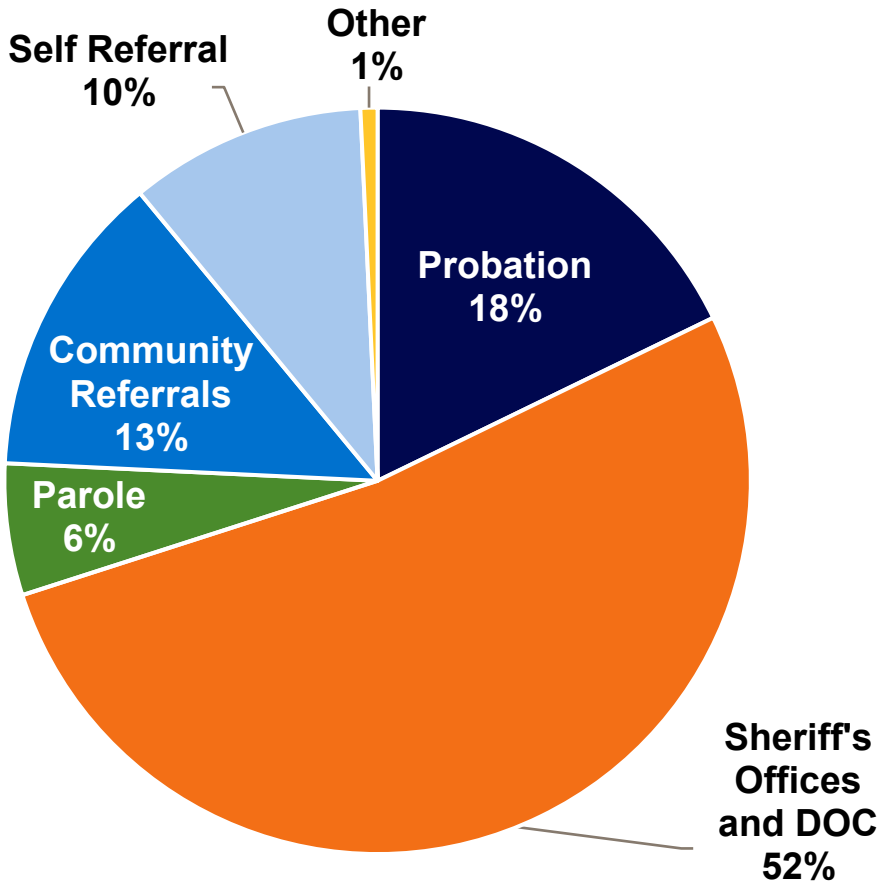
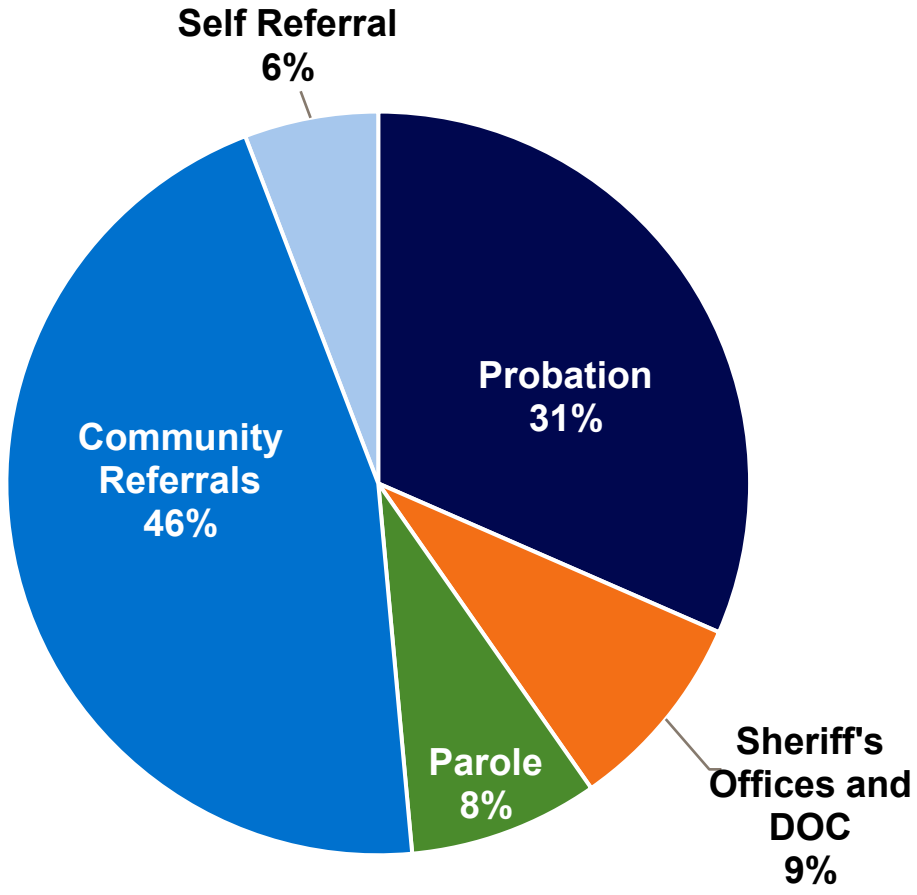
BH-JI Referrals, Feb 2022 to Dec 2022 (n=1638)



CSP-JI Referrals, Sept 2022 to Dec 2022 (n= 206)



BH-JI and CSP-JI Age, Gender, Education

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Characteristic		BH-JI Percent (n=1557)	CSP-JI Percent (n=619)
Age[1, 2]			
	19-29	20.8%	20.7%
	30-39	35.4%	38.4%
	40-49	24.6%	23.9%
	>=50	19.1%	17.0%
Gender[3]			
	Female	11.7%	13.9%
	Male	87.9%	85.6%
	Transgender Male or Female	**	**
Education[4]			
	Less than High School	29.0%	
	High School	24.5%	
	GED	26.9%	
	Some College	11.1%	
	Associates	2.4%	
	Bachelor's or Higher	3.4%	
	Other	2.8%	

Note: the individual's age is the age at the date of referral.

[1] 94 missing from BH-JI
[2] 130 missing from CSP-JI
[3] 1 missing from BH-JI
[4] 132 missing, 196 unknown from BH-JI

** Small number of individuals

The population is those individuals who have an enrolled status in BH-JI at some time between Feb 2022 through Dec 2022.

BH-JI and CSP-JI Race, Ethnicity and Language

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Characteristic		BH-JI Percent (n=1557)	CSP-JI Percent (n=619)
Race[1, 2]			
	American Indian or Alaskan Native	**	**
	Asian	**	**
	Black or African American	21.2%	20.6%
	Native Hawaiian or Pacific Islander	**	**
	Other	4.0%	4.5%
	White	72.9%	73.6%
Ethnicity (Hispanic origin)[3, 4]			
	Hispanic	21.6%	18.9%
	Not Hispanic	78.4%	81.1%
Combined Race/Ethnicity[5, 6]			
	Non-White and/or Hispanic	44.8%	39.2%
	White and Non-Hispanic	55.2%	60.8%
Primary Language			
	English	98.2%	
	Spanish	1.5%	
	Other	**	

Note:

[1] 84 missing, 109 unknown from BH-JI
[2] 19 missing, 46 unknown from CSP-JI
[3] 146 missing, 127 unknown from BH-JI
[4] 21 missing, 58 unknown from CSP-JI
[5] 299 missing/unknown from BH-JI
[6] 70 missing/unknown from CSP-JI

**Small number of individuals

The population is those individuals who have an enrolled status in BH-JI at some time between Feb 2022 through Dec 2022.

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After Incarceration Center Community Compass Program

After Incarceration Center Model & Background

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- Visionary
- Community-centric
- Welcoming
- Judgement-free
- People-first
- Resource rich
- Safe
- Prioritize social determinants of health

Early 2022: Executive Office of Public Safety and Security brought the idea of a reentry center to ForHealth

Fall 2022: ForHealth facilitated visioning sessions with state and community organizations

Winter 2022 - 2023: ForHealth assisted with creating the RFR (request for responses); RFR released

Spring 2023: Open Sky selected as vendor

Summer 2023 (June 29): Community Compass at Open Sky Opened!

Key Project Partners

Department of Correction

- Funder
- Budget and invoicing oversight
- In-reach to facilities

ForHealth

- Fidelity monitoring of model and performance
- Project management

Open Sky

- Day-to-day operations
- Delivery of services, referral to outside programs
- Maintain connections with community

Governance Structure

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Advisory Board

- Statewide board that ensures all After Incarceration Centers now and in the future adhere to the model
- Members: Project partners, Compass staff, state agencies, Credible Messengers, people with lived experiences

Regional Reentry Council

- Advises the vendor in achieving its goals to be a low barrier, people-first, resource center
- Members: Compass staff, project partners, local municipal leaders, local community service providers

HOST (Helping Others with Successful Transitions)

- Advises vendor on programming and day to day operations.
- Members: Compass staff, members of the Compass (people with lived experiences)

Eligibility and Verification Process

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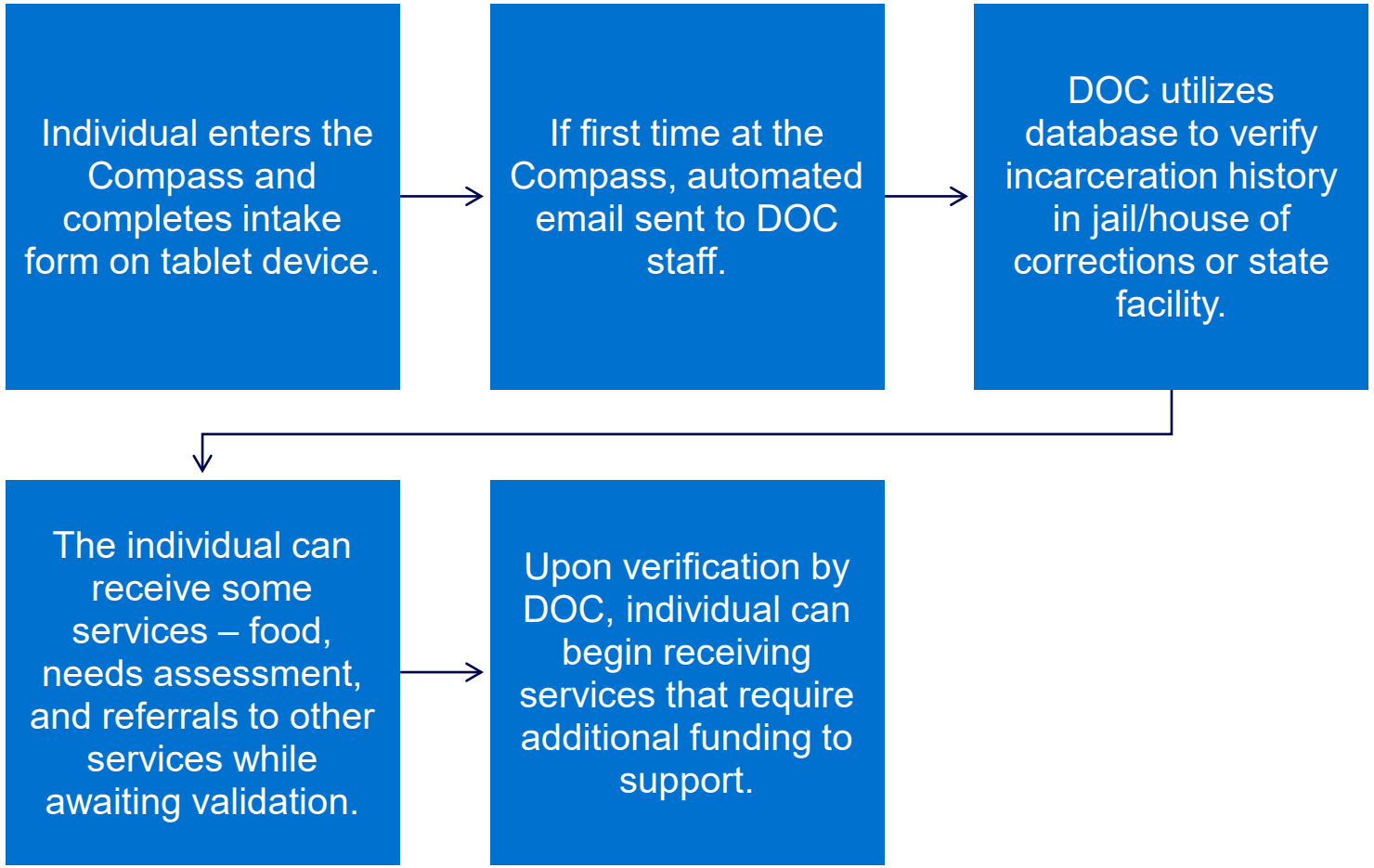
Eligibility

- 100% voluntary
- Previously incarcerated in Massachusetts state prison or local jail/house of corrections
- Section 35 releases (substance use commitment)
- Individuals released after a period of pretrial incarceration

Verification Process



Creating a Community-Centric Welcoming Space

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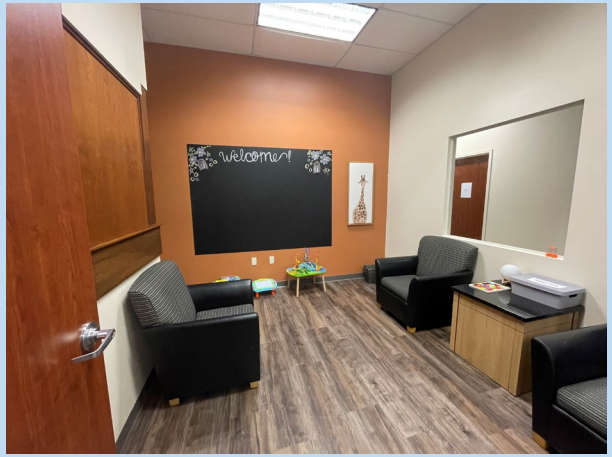
- Staff with living experiences
- Food onsite to meet immediate needs
- Living room space to hang out
- Kids room
- Sensory room
- Clothing closet
- Food pantry
- Computer lab
- Materials and supports for unhoused members
- Kitchen for cooking classes
- Community meeting room



Programs & Services

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Social Determinants of Health	Examples of Services
Food and Nutrition	• Kitchenette with single serve snacks and meals • Assistance accessing benefits, like SNAP • Cooking classes • Food pantry
Education	• Computer lab and space for studying/learning • Support for high school equivalency testing • Apprenticeship opportunities
Employment	• Skill building classes (interview skills, resume writing, job retention, financial management) • CORI Sealing • Clothing closet for interview and job attire
Housing	• Referrals to emergency housing • Connections to resources for subsidies, vouchers, financial assistance • Permanent housing search assistance • Flex funding for housing costs
Healthcare and Substance Use	• Onsite substance use counselor and recovery coach for individual and group support • Assistance accessing physical and behavioral health services • Narcan training • Peer mentors

Getting the Word Out!

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- In-reach to DOC facilities
- Outreach to local service providers and sober homes
- One-page flyer
- Promotional video

Community Compass
at Open Sky
Worcester

The Community Compass at Open Sky is a free, walk-in service, providing supports for successful re-entry for returning citizens after incarceration.

What does the Community Compass have to offer?

- Culturally inclusive **Food and Nutrition** supports to address immediate needs and build a foundation for long term food security.
- **Education** support to pursue high school equivalency, college classes, or vocational training.
- **Employment** services and skill training, to support access to job placement, internship programs, job training opportunities, volunteer work and career pathways.
- **Housing** supports, including housing assessments, housing searches, skill building and connection to resources.
- Assistance accessing **Health Care and Addiction Treatment**, both on-site and through referrals.
- **Quiet Spaces with Technology**, conducive to interviewing, studying, tutoring, partaking in online courses, researching resources and personal enrichment.
- **Connections** to Community Providers for additional services, supports and resources for you and your family.
- Space to connect with **Justice Supports**.
- Assistance with **Setting Goals** for personal and professional success.
- Assistance obtaining **Identification Cards** and other documents.

Data & Evaluation

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Employment & Education
- Resume support
- Interview coaching
- Job search assistance
- Vocational training
- HISET/GED support

Housing
- Referral to Emergency Housing
- Housing supports
- Approved for flex funding

Food
- Accessing onsite emergency food bank
- Referral to nutrition

Health Care & Substance Treatment
- Receiving healthcare navigation
- Recovery coaching

Community Outreach & Engagement
- Engagement events held/attended

Staffing
- Training in topics (e.g., trauma informed, cultural competency)
- % staff with lived experience
- Demographics

Member Experience
- Satisfaction surveys
- Qualitative interviews

Key to Successful Collaborations in Massachusetts

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State Leadership Commitment

- Champions within key agencies

Select Experienced Vendors

- Experience working with justice involved population

Regular Check-Ins with Partners and Vendors

- Check in monthly with each vendor, virtually and in-person when possible
- Discuss successes, challenges, concerns, etc.

Ongoing Outreach and Trainings

- Holds meetings with multiple stakeholders to discuss ways to improve collaboration

Centralize Community Voices

- Ensure that those with living experiences are consistently at the table and that their voices influence practices.

Ongoing Research and Implementation of Innovative Practices

- Understand best practices and learn from other jurisdictions

Q&A

Thank You!

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