

# Behavioral Health & Community-Centric Supports for Returning Citizens

## Successful Collaborations in Massachusetts

Presented to:  
International Community Justice Association Conference

Presented by:  
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## Who we are



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 **div** 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.

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## 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



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## Reference List



- 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)

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## Massachusetts Landscape

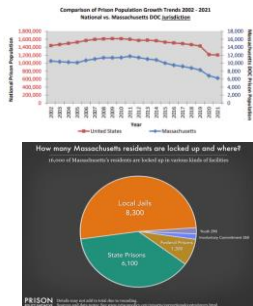
**785 per 100,000 Massachusetts residents** are incarcerated or on community supervision (including jails, prisons, probation, parole).

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.

Source:  
<https://www.mass.gov/info-details/criminal-population-trends-2022-overview>  
[https://www.reentrylab.org/reentrylab/research/comm02023MA\\_incarceration\\_2023.html](https://www.reentrylab.org/reentrylab/research/comm02023MA_incarceration_2023.html)  
US DOJ, MA DPH, MA DOC and FACS



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## Behavioral Health-Justice Involved Program

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## BH-JI Goals



- 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

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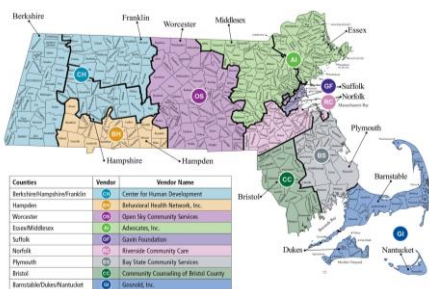
## BH-JI Background and Process



Demonstration	Statewide
<ul style="list-style-type: none"> <li>• Guidance from Council on State Governments – Justice Center at the request of leadership across the Commonwealth</li> <li>• Alignment within MassHealth with larger health reform strategy</li> <li>• Partnered with probation, parole, state and county correction agencies, and public health and mental health agencies</li> <li>• Informed by ForHealth Consulting at UMass Chan Medical School literature review and stakeholder interviews</li> <li>• Used state-only dollars for demonstration that began in 2019 with Advocates and Open Sky Community Services in Middlesex and Worcester Counties</li> </ul>	<ul style="list-style-type: none"> <li>• In February 2022, launched BH-JI statewide (see map for list of providers and service areas)</li> <li>• 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</li> <li>• BH-JI has led to other work for justice populations:             <ul style="list-style-type: none"> <li>• 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</li> <li>• Piloted a program with the Massachusetts Probation Service to assist individuals applying for MassHealth coverage</li> <li>• Implemented 12-months continuous eligibility for individuals upon release from a carceral setting to reduce administrative eligibility churn during the post-release period</li> </ul> </li> </ul>

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## BH-JI Support Areas



## Vulnerability of Target Population



Incarcerated people are <b>10x</b> more likely to meet the criteria for drug dependence or abuse than general population	Formerly incarcerated adults in MA were <b>120x</b> 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%)	

Source: US DOJ, MA DPH, MA DOC and HCSA

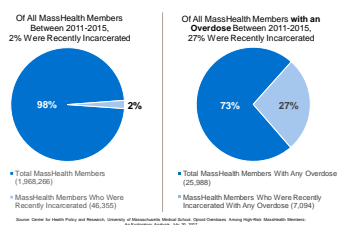
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## Background: MassHealth Members with Opioid Overdoses and Recent Incarceration



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.



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## Eligibility for Participation



- Administrative criteria** – must meet *all* of the following:
  - MassHealth eligibility (ACOMCO 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

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## BH-JI Supports for Individuals Enrolled While Incarcerated



### 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

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## BH-JI Data & Preliminary Findings



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

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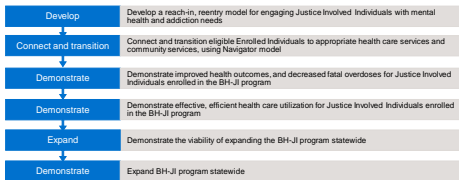
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## BH-JI Goal and Evaluation Question



### Goal



### Evaluation Question

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

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## Enrollees' Behavioral Health Needs – Demo



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%

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## Preliminary Data Trends – Demo



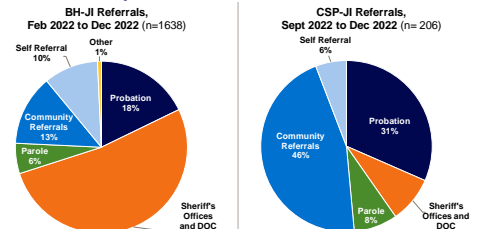
- Enrollees used **fewer** behavioral health **inpatient** hospital and emergency department services than before BH-JI
- Enrollees used **more** behavioral health **outpatient** services
- Pre- and post- costs for MassHealth services were comparable
- Enrollees' housing stability increased over time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

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



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

Characteristic	BH-JI Percent (n=1557)	CSP-JI Percent (n=619)
<b>Age<sup>1,2</sup></b>		
19-29	20.8%	20.7%
30-39	35.4%	38.4%
40-49	24.6%	23.9%
>=50	19.1%	17.0%
<b>Gender<sup>3</sup></b>		
Female	11.7%	13.9%
Male	87.9%	85.6%
Transgender Male or Female	**	**
<b>Education<sup>4</sup></b>		
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%	

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Note: the individual's age is the age at the date of referral.  
<sup>1</sup> 94 missing from BH-JI  
<sup>2</sup> 130 missing from CSP-JI  
<sup>3</sup> 1 missing from BH-JI  
<sup>4</sup> 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.

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

Characteristic	BH-JI Percent (n=1557)	CSP-JI Percent (n=619)
<b>Race<sup>1,2</sup></b>		
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%
<b>Ethnicity (Hispanic origin)<sup>3,4</sup></b>		
Hispanic	21.6%	18.9%
Not Hispanic	78.4%	81.1%
<b>Combined Race/Ethnicity<sup>3,4</sup></b>		
Non-White and/or Hispanic	44.8%	39.2%
White and Non-Hispanic	55.2%	60.8%
<b>Primary Language<sup>5</sup></b>		
English	98.2%	
Spanish	1.5%	
Other	**	

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Note:  
<sup>1</sup> 84 missing, 109 unknown from BH-JI  
<sup>2</sup> 19 missing, 46 unknown from CSP-JI  
<sup>3</sup> 146 missing, 127 unknown from BH-JI  
<sup>4</sup> 21 missing, 58 unknown from CSP-JI  
<sup>5</sup> 239 missing/unknown from BH-JI  
<sup>6</sup> 70 missing/unknown from CSP-JI

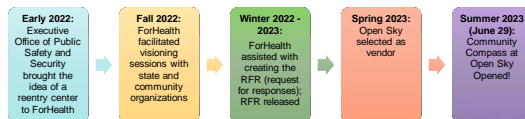
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## After Incarceration Center Community Compass Program

## After Incarceration Center Model & Background

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



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## 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

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## Governance Structure



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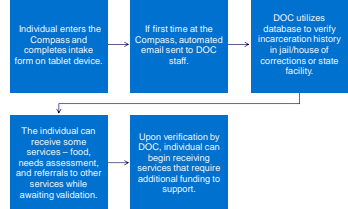
## Eligibility and Verification Process



### 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



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## Creating a Community-Centric Welcoming Space



- 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 un/housed members
- Kitchen for cooking classes
- Community meeting room



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## Programs & Services



Social Determinants of Health	Examples of Services
Food and Nutrition	<ul style="list-style-type: none"> <li>• Kitchennette with single serve snacks and meals</li> <li>• Assistance accessing benefits, like SNAP</li> <li>• Cooking classes</li> <li>• Food pantry</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Computer lab and space for studying/learning</li> <li>• Support for high school equivalency testing</li> <li>• Apprenticeship opportunities</li> </ul>
Employment	<ul style="list-style-type: none"> <li>• Skill building classes (interview skills, resume writing, job retention, financial management)</li> <li>• CORI Sealing</li> <li>• Clothing closet for interview and job attire</li> </ul>
Housing	<ul style="list-style-type: none"> <li>• Referrals to emergency housing</li> <li>• Connections to resources for subsidies, vouchers, financial assistance</li> <li>• Permanent housing search assistance</li> <li>• Flex funding for housing costs</li> </ul>
Healthcare and Substance Use	<ul style="list-style-type: none"> <li>• Onsite substance use counselor and recovery coach for individual and group support</li> <li>• Assistance accessing physical and behavioral health services</li> <li>• Narcan training</li> <li>• Peer mentors</li> </ul>

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## Getting the Word Out!



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



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## Data & Evaluation

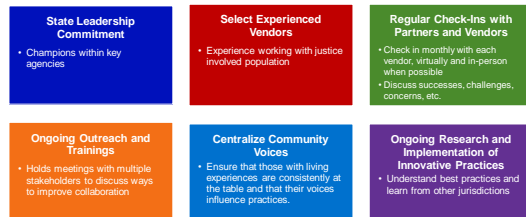


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## Key to Successful Collaborations in Massachusetts



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Q&A

Thank You!

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