

Lessons Learned from the Reentry Learning Collaborative

BACKGROUND

The Reentry Learning Collaborative (LC) was sponsored by the Texas Health and Human Services Commission Office of Behavioral Health Services and was facilitated by Rulo Strategies in partnership with the Texas Institute for Excellence in Mental Health, University of Texas at Austin.

DESIGN

The Reentry LC ran for a course of nine months. It included one in-person and eight virtual sessions. Each session featured subject matter experts or community stakeholders providing both technical and lived expertise. Sessions also included a community “call out” component, giving participants a chance to highlight progress within their local reentry efforts and get peer support. Topics covered included:

- Reentry models and building reentry partnerships
- Reentry strategy and assessing capacity
- Collaboration and action planning
- Data collection and sharing
- Funding opportunities
- Supporting people with mental illness, substance use disorders (SUD), or intellectual and developmental disabilities during the reentry process

I have been able to advocate more for what we need to do here after talking with someone who has already done the same thing elsewhere. Having a plan of action that has succeeded before seems to entice funders.

- LC Session Participant

Through collaboration, our partnerships have deepened and become more intentional...the collaborative structure has fostered regular communication, which has improved coordination during discharge planning and follow-up.

- LC Session Participant

69 participants, 35 organizations, 23 counties and 14 local teams

Selection criteria:

- Diverse reentry stakeholder applicants
- Minimal to no reentry services in place
- Interest and commitment from local leadership and partners

Average Session Engagement

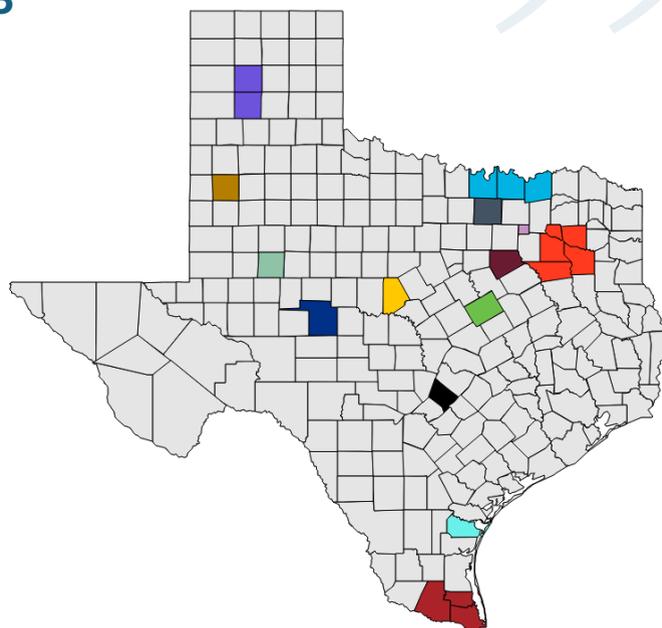


Attendance: N = 28

Drop-offs: N = 4

Cameras on: N = 12

Spoke or Chatted: 19 times



EVALUATION FINDINGS FROM PRE- AND POST-SURVEYS

Most impactful sessions (N=10; 67%)

- 1: Reentry models, implementation, building reentry partnerships and peer support services
- 5: Reentry models and continuity of care

Most useful components of the LC

- Educational presentations by session facilitators
- Trouble-shooting reentry challenges through in-session discussions

CHANGE IN KNOWLEDGE

- Benefits enrollment
- Accessing services related to health-related social needs
- Pathways to employment

Average knowledge **increased** by **at least 0.50 points** on a 5-point scale

CHANGE IN IMPLEMENTATION CAPACITY

- Pre-release reentry services embedded within the corrections agency **(+24%)**
- Reentry services embedded in pretrial/probation agencies **(+23%)**
- Person-level information sharing related to continuity of care **(+18%)**

Measured by increase in percentage of participants selecting "Yes: The activity is up and running."

SURVEY STATEMENTS	Δ mean score
I know how to measure the impact of reentry efforts in my county.	↑ (+0.84)
The reentry services in my county can adequately address the needs of individuals with co-occurring substance use and mental illness.	↑ (+0.82)
I have opportunities to connect with operational reentry programs throughout Texas.	↑ (+0.70)
My team can apply to and receive funding opportunities to support reentry services in my county.	↓ (-0.11)
I have opportunities to discuss implementation (including operational and staffing) planning with stakeholders in my community.	↓ (-0.24)

PARTICIPANT RECOMMENDATIONS

Education:

- Guidance on processes and limitations within the justice system.
- Information on Co-Occurring Psychiatric and Substance Use Disorder and other SUD Services.
- Examples of "one-stop shops" in practice and function.

Enhanced Collaboration:

- Additional opportunities for sharing peer program successes and challenges.
- Practical training on initiating conversations with stakeholders.
- Pairing counties of similar sizes to ensure more relevant resource comparisons.