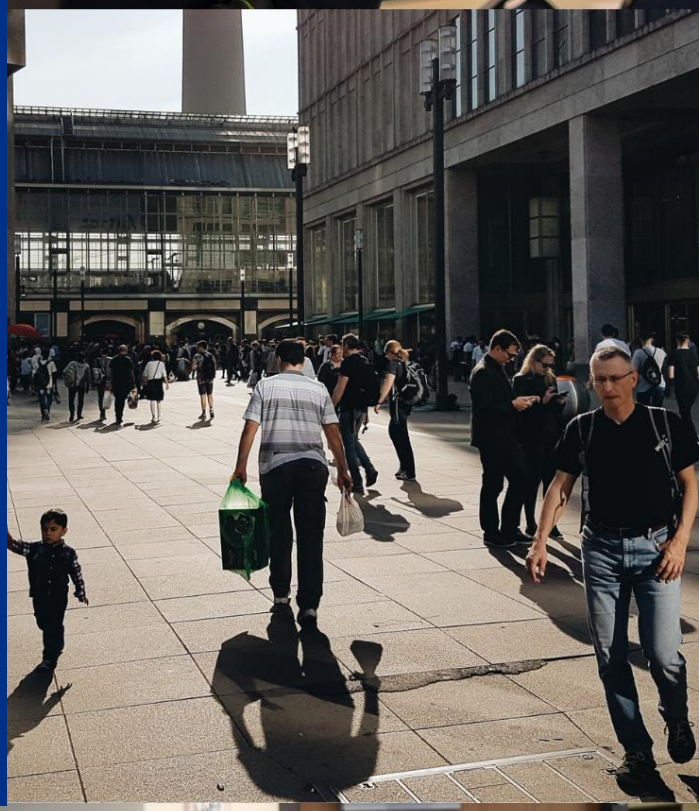
REENTRY RESOURCE GUIDE



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Prepared by
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Table of Contents

Acknowledgements

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Executive summary

The Texas Reentry Learning Collaborative was sponsored by the Texas Health and Human Services Commission (HHSC), Office of Behavioral Health Services, in partnership with the Texas Institute for Excellence in Mental Health at The University of Texas at Austin. The initiative was facilitated by Rulo Strategies. This initiative provided an opportunity for selected jurisdictions across Texas to participate in a structured learning collaborative aimed at supporting the development and implementation of sustainable reentry strategies. The primary goals of the collaborative were to:

- Expose local teams to various effective reentry models,
- Support planning efforts to secure funding for reentry services, and
- Assist communities in identifying methods for measuring the impact of their reentry efforts.

Over the course of nine months, participating teams received hands-on technical assistance from subject matter experts. This included support in exploring appropriate reentry models tailored to local needs, identifying key stakeholders and partners, assessing community readiness, and developing funding strategies to sustain implementation efforts. A total of 15 communities participated in the collaborative. Activities included an in-person kick-off meeting in October 2024, followed by monthly virtual sessions covering a range of topics, including but not limited to building collaborative partnerships, implementing reentry frameworks, and identifying funding opportunities.

Introduction

This guide is designed to serve as a tool for criminal justice, behavioral health, and community stakeholders to adopt evidence-based best practices to improve reentry planning and services for people with mental illness (MI) and co-occurring substance use disorders (SUD) with a focus on people with serious mental illness (SMI). Reentry services for justice-involved people with MI, SUD or SMI require a complex and comprehensive combination of support systems, including therapeutic interventions and community-based services.

Background

The United States experiences a disproportionate number of people living with MI, SUD or SMI overrepresented in the justice system for various reasons. Some of these factors include underfunding of community mental health treatment, deinstitutionalizing psychiatric hospitals, and tightening of involuntary commitment laws. In addition, certain criminal justice policies have disproportionately affected people with SMI, especially those from racial and ethnic minority groups. People with MI, SUD, or SMI face multifaceted barriers to receiving proper care and access to services when they encounter the criminal justice system. This resource guide was developed to outline the intricate interplay between people who are justice-involved and people that experience MI, SUD or SMI while navigating reentry processes. Fortunately, communities can establish or expand reentry efforts through various ***models of reentry programming***. By exploring and adapting these models, local leaders can build strategies that support second chances and foster long-term success for reentry populations. The following sections explore the pipeline to responsive care and provide resources and recommendations for establishing or enhancing reentry services in your community. [1,2]

Examples of Reentry Models

Traditional Reentry Model: • Programs and services are primarily housed under or overseen by the corrections agency (with the possibility of referrals to be independently operated community services). • Providers typically work either within the facility or within the community. Thus, while there may be services provided both pre- and post-release, many cases are transferred over at release.	**Advantages** • Programs rely on referrals being made to treatment and services. • Programs provide strong case management and follow-through into the community, resulting in more positive outcomes.
	Challenges • Programs must be funded internally because traditional reentry operates primarily within the jail and corrections system. • Programs often struggle with post-release follow-through due to limited coordination with community-based providers.
In-Reach Reentry Model • Community-based providers such as case managers, benefit coordinators, peer recovery specialists, or other supportive personnel, meet with an individual prior to release and provide in-person assistance with screening and assessment, care coordination, and discharge planning.	**Advantages** • Incarcerated people build connections with community-based providers making it easier to set appointments in advance of release. • Incarcerated people complete intake steps before release, streamlining post-release engagement.
	Challenges • Facilities' security policies may limit access for people with lived experience to provide in-reach services. • Limited space in smaller facilities can restrict the ability to offer in-reach services.
Reentry Resource centers • Reentry centers meet immediate reentry needs such as clothing, food, and shelter, eliminating the need for transportation to multiple service locations. • Services are co-located in a non-secure area of the jail that people pass through upon release or are provided in a nearby location. • Services are voluntary; Participation is not required. • Centers may include probation and parole representation and services, but their primary focus is not enforcement or compliance with supervision-related services.	**Advantages** • Reentry centers provide a low-barrier source of support immediately after release. • Services offered outside the secure facility reduce staff clearance barriers. • Family and community participation supports successful reintegration.
	Challenges • Reentry centers require significant financial investment. • Some communities lack the space to offer resource centers near jail facilities.

Source: Rulo Strategies, Reentry Learning Collaborative 2024

Understanding the Intersection of Mental Illness and Criminal Justice

In 2023, nearly half of those in United States state prisons had a history of mental health disorders, with an estimated 16-17 percent of inmates living with SMI.[3] In prisons and jails, co-occurring mental health conditions and substance use disorders range from 33 to 60 percent.[4] Those living with SMI have longer pre-adjudication jail stays, extended sentences, higher re-

arrest and recidivism rates, and are more likely to face lifetime incarceration.[5] These statistics reflect a combination of systemic barriers in working with people living with SMI as they encounter the criminal justice system. For example, there is no singular, unified, community-based, behavioral health system in the United States. Across the country, community health systems form a diverse and evolving network shaped by influences such as Medicaid policies, state-level expansions under the Affordable Care Act, changes in mental health governance, and ongoing initiatives to better align mental health and substance use treatment with comprehensive healthcare delivery. [5]

Certain academic theories suggest that policy changes alone account for the trans institutionalization of people from mental health settings to the justice system. Others posit a broader set of criminogenic risk factors that contribute to justice involvement including substance use, socioeconomic status, history of antisocial behavior and other non-medical drivers of health. It is clear there is a need for targeted, holistic services designed to facilitate an effective continuum of care for people living with MI, SUD or SMI who enter and exit the justice system.

Tools for Successful Implementation

The goals of successful reentry implementation should aim to address multiple levels of systems change and to equip communities with the tools and resources to reduce recidivism. The first steps to successful implementation of reentry services are:
(1) Establish a reentry strategy and map reentry data sources to help understand your population,
(2) Assess current capacity,
(3) Collect an inventory of services, and
(4) Establish or expand reentry coordinating groups or coalitions.

1. A well-informed ***reentry strategy*** should include a ***reentry "map"*** that aggregates data in a specific timeframe and in a centralized location. Creating a reentry "map" helps understand the characteristics of your population, which demographics you're serving, the needs of your community and the risks of recidivism. This knowledge in turn helps develop an informed strategy to best serve the community.
2. ***Assessing current capacity*** allows you to identify where and why there might be major gaps in services in your community. Capacity areas should include basic needs, identification, transportation, housing, medication, treatment appointment, recovery support and employment.
3. ***Taking inventory of reentry services*** will help coordinating groups or coalitions identify what currently exists in your community. This can assist in connecting people to programs, reentry services, and interventions easily.
4. ***Establishing or expanding reentry coordinating groups or coalitions*** is integral to implementing multi-level systems change and addressing local reentry needs.

RESOURCES

Reentry Planning Checklists

- Reentry Services Needs Checklist
- Jail Exit Survey Example
- Pretrial Community Corrections Drug Court Survey Example

Assessing Capacity

- Assessing Current Capacity Worksheet

Taking Inventory

- Taking Inventory of Pre-release and Community-Based Services

Reentry Resource Guides

- Best Practices for Successful Reentry From Criminal Justice Settings
- Texas Reentry Resources by County
- Building Second Chances: Tools for Local Reentry Coalitions
- Locked Out: A Texas Legal Guide to Reentry

Technical Assistance Resources

- National Training and Technical Assistance Centers
  - Bureau of Justice Assistance National Training and Technical Assistance Center
  - Office for Victims of Crime Training and Technical Assistance Center
  - Office of Juvenile Justice and Delinquency Prevention National Training and Technical Assistance Center
  - National Institute of Corrections

Key Compenents of Effective Reentry Planning

Continuity of Care

Studies advocate for streamlined continuity of care for people transitioning from jail or prison to the community and have shown that reentry programs that coordinate mental health care for inmates are most effective in addressing their needs both during and after incarceration. [3] Research finds that initiation of pre- *and* post- reentry mental health programing which includes referrals to community agencies, enrollment in health insurance, appointment reminders, and follow-up appointments to ensure the processing of referrals, are hugely beneficial to jail and prison populations.[3] Achieving successful continuity of care for people reentering the community from jail or prison requires collaboration between local and state organizations. Initiating mental health treatment from "day one" is crucial in preventing delays in care, especially when contending with the ongoing bureaucratic challenges during the reentry process. [5]

<u>How to support continuity of care?</u>

Supporting continuity of care involves a coordinated effort across multiple systems of care. Best practices include:

- Cross-system collaboration
  - Establish **information-sharing agreements** between corrections and community behavioral health providers to help ensure data-informed care and practices that lead to continuity of care and services.
- Pre-release planning
  - Begin discharge planning at least 30 days before release.
  - Complete **mental health needs assessments**.
  - Develop personalized care plans that include medications and treatment.
- Enrollment in health coverage
  - Assist with **Medicaid enrollment or reactivation** pre-release.
  - Coordinate necessary documentation needed for healthcare access (e.g., ID, medical records).
- Medication continuity
  - Organize a **30-day supply of bridge medication** upon release.
  - Include a plan for follow-up prescription refills in the community.
- Warm handoffs to community providers
  - Connect people with a **case manager or peer support specialist**.
- Schedule, within seven days of release, a mental health appointment. Peer support and case management.
  - Provide a **peer support specialist** or **reentry navigator**.
  - Conduct frequent check-ins for care engagement and crisis support.
- Housing and Transportation support
  - Coordinate **stable, supportive housing** with mental health resources.
  - Provide **transportation vouchers or services** for appointments.

CALL OUT RESOURCES:

Medicaid: New program effective January 1, 2025. Medicaid available to people who were previously in foster care.

Housing: Local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) can help guide people through the eligibility process. The Home and Community -Based Service – Adult Mental Health website lists eligibility but includes such criteria as: having had three or more arrests in the last three years, two or more crises documented by the LMHA (a safety plan counts), or time spent hospitalized.

Bridge medication: the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) can support probation or parolees with bridge medication, many will also quality for affordable healthcare (leave Texas Department of Criminal Justice (TDCJ) with a referral to Care Guide Services 844-358-3286- Requires a call to activate.)

Transportation: Uber and Medicaid have partnered to provide non-emergency medical transportation services for Medicaid recipients. Uber requires a 24-hour advance appointment, and Medicaid reimburses after the ride is complete.

RESOURCES

Information Sharing

- Information-Sharing Agreements

Medicaid Enrollment

- Medicaid for the Elderly and People with Disabilities Handbook

Housing, Peer and Mental Health Support

- Adult Mental Health Home and Community-based Services

Continuity of Mental Health Care in Action

- Assess, Plan, Identify, and Coordinate Model for MH

Collaboration

Collaboration fosters a holistic approach to tackling complex challenges that require diverse expertise, resources and perspectives. Effective collaboration builds trust and accountability and promotes innovative problem-solving between agencies. [6] Successful reentry initiatives hinge on collaboration between correction agencies, corrections-based mental health and substance use providers, community organizations, and other community members.[6] Creating a sustainable infrastructure for reentry programs is crucial for successful transitions from incarceration to the community. Collaboration is an essential strategy for ensuring program sustainability and efficacy as this might entail multiple facets including consistent funding, staffing, community partnerships, and well-documented policies.
Ongoing collaborative efforts should be regularly evaluated as a best practice. This will ensure they are functioning effectively and continue to help identify areas for improvement and adjustment. [7]

How to initiate or support collaboration in your community: [8;9]

- Leverage existing relationships.
- Tap into federal resources by investing in supporting public safety and public health partnerships.
- Establish data-sharing systems and protocols for foster cross-system collaboration – this facilitates the exchange of information between criminal justice agencies and community organizations, including information like how to address legal requirements for protecting client data related to mental health, substance use, and incarceration history.

RESOURCES

Reentry Action Planning

- Collaborative Action Planning worksheet

Diagnostic Tools

- Wilder Collaboration Factors Inventory – 3rd Ed.
- The Wilder Collaboration Factors Inventory Interpretation Guide

Collaboration in Action

- Thresholds' Prison Aftercare Program
- Connecticut Building Bridges Community Reentry Initiative

Pre-Release Programs

Studies indicate that overall, pre-release programs have a positive impact on lowering recidivism rates for participants. Arguably these programs provide critical support to previously incarcerated people when reintegrating into society.[10] Unfortunately, pre-release programs aren't universally available which contributes to access barriers. Additionally, pre-release programs face challenges of uptake when they are offered, as it is based on voluntary participation. However, the absence of pre-release preparation for many released incarcerated people prompted the need to develop "pre-release handbooks" that offer practical support for community reintegration.[11] While not a comprehensive solution, pre-release handbooks have the potential to be valuable tools in supporting previously incarcerated people during the reentry process.

While not used in every jurisdiction, reentry handbooks have increasingly become recognized as a low-cost, high-impact tool to support successful reintegration. These handbooks serve as valuable supplements to pre-release programs or, in areas with minimal programming, can act as primary guides for people who have been incarcerated previously.[11] As the number of unconditionally-released incarcerated people rises, the importance of strong discharge planning materials becomes more significant. These materials, including reentry handbooks, provide essential information for those lacking community supervision. Reentry handbooks should be area-specific and address distinct challenges with practical advice. They can be integrated into training curriculums and be distributed well ahead of release.

Designing an Effective Reentry Handbook: According to an article in the journal "Federal Probations" where over 15 reentry handbooks from different regions around the United States were examined, it is recommended that states and localities develop pocket-sized community transition handbooks that provide essential information and contacts in accessible language. A proven way to build trust and credibility with people preparing for reentry is to include an honest and hopeful introduction, along with letters of support from previously incarcerated people who were able to successfully re-integrate into their communities. Together these can offer an inspirational and approachable entry point to the reentry process. [10].

Key elements to include in the handbook:[13]

- **An outline of first steps in the reentry process:**
  - **Include checklists for what to do before release, what to do during the first week after returning "home", and what to do in the first month of reentry.**
  - **Incorporate practical guidance on how to obtain or replace identification and legal documents, how to open bank accounts, how to access certain benefits, etc.**
- **Local resource maps:**
  - **Housing resources, employment support, health and mental health services, transportation, financial and social services.**
- **Clear descriptions of community supervision policies such as:**
  - **Community supervision and legal obligations.**
  - **Include emergency contacts and crisis hotlines.**

RESOURCES

Reentry Handbook Examples

- Eastern District of Texas Reentry Success Guide
- Federal Bureau of Prisons: Reentering Your Community – A Handbook
- Washington State Department of Corrections: Reentry Center Handbook
- Office of Juvenile Justice and Delinquency Prevention: Reentry Starts Here – A guide for Youth in Long-term Juvenile Corrections and Treatment Programs

Crisis Intervention and De-Escalation Training

Crisis Intervention Team (CIT) training is associated with an increased likelihood of correctional officers (COs) making mental health referrals for people experiencing mental health issues during CIT incidents. CITs are trained through a crisis response and intervention training (CRIT) model in which officers receive 40 hours of training designed to prepare their response to people experiencing crises related to behavioral health conditions including mental health conditions, SUD and intellectual and developmental disabilities (IDD).[14]

Studies indicate that CIT trained officers have greater success in gaining compliance from incarcerated people and in de-escalating situations.[15] Furthermore, studies examining CIT in reentry settings for people with SMI show that CIT-trained COs demonstrate significantly lower stigmatization attitudes, greater mental health knowledge, and better understanding of response options compared to their non-CIT-trained counterparts. Providing adapted and specialized CIT training and fostering collaboration between COs and mental health stakeholders, equips COs to better manage crises involving people with MI or SMI and has the potential to contribute to smoother reintegration processes.

How to enhance or advocate for increased CIT training in your community:

- ***Partner with mental health organizations:*** Collaborate with local National Alliance on Mental Health chapters, behavioral health centers, or peer-run groups to design and improve training programs.
- ***Promote co-responder models***: Advocate for programs where mental health professionals accompany law enforcement to de-escalate crises safely.
- ***Organize community forums:*** Hold town hall meetings or focus groups to gather lived-experience stories and highlight the need for trauma-informed crisis responses.
- ***Educate and provide CRIT training for law enforcement and first responders:*** Provide workshops and trainings that specialize in Mental Health First Aid, de-escalation, and cultural responsiveness.
- ***Leverage peer support specialists***: Encourage agencies to include peer support workers in crisis-response teams; lived experience adds critical insight.
- ***Launch awareness campaigns***: Use social media, flyers, and local media to raise awareness about the importance and impact of well-trained CITs.
- ***Evaluate and improve existing programs:*** Work with stakeholders to assess current training effectiveness and identify gaps or areas for improvement.
- ***Apply for grants and funding:*** Seek out federal, state, or nonprofit funding opportunities to support the expansion of training programs.
- ***Build cross-sector coalitions:*** Unite law enforcement, educators, healthcare providers, and community leaders in a shared mission to create safer, more compassionate crisis response systems.

RESOURCES

CRIT Toolkit

- Crisis Response and Intervention Training (CRIT) Toolkit

CIT Trainings

- Virtual Reality Training Program
- Crisis Intervention Team Training
- (#1850) Texas Commission on Law Enforcement (3503): Interpersonal Communications in Jail Setting (Licensed peace officers only)
- (#5900) Texas Commission on Law Enforcement (3843): Crisis Intervention Training – Refresher (Created for jailers but open to others as well)
- Mental Health First Aid (MHFA)

CIT in Action

- Amarillo Crisis Intervention Team

Housing and Social Support

Access to stable and affordable housing is a cornerstone for successful reentry, reliably contributing to reduced recidivism and improved outcomes for people with a history of incarceration.[16] In 2022, the Council of State Governments (CSG) Justice Center conducted a comprehensive housing questionnaire among Department of Correction (DOC) reentry coordinators, seeking insights into current policies and programs to better address the complex landscape of reentry housing.[17] A noteworthy 76 percent of the DOC coordinators conduct housing needs assessments, and 47 percent perform homeless screenings, utilizing various tools such as the Justice Discharge Vulnerability Index. DOCs also showed active engagement in cross-system partnerships such as criminal justice-led planning bodies and collaborations with housing agencies, especially transitional and recovery housing providers. However, findings revealed significant barriers to housing placements including lack of affordable housing (95 percent), discrimination and stigma (84 percent), and restrictive housing policies (74 percent) among others. These challenges are often exacerbated for people with mental health needs. While case management (89 percent) and housing search/navigation assistance (81 percent) are widely provided, short-term and transitional housing options are only somewhat effective. Overall DOCs are encouraged to explore diverse funding sources, foster ongoing partnerships with housing providers, and collaborate extensively with communities to expand overall housing availability.

Breaking down the categories of need:

- **What was the housing situation in the 30-days prior to entry? (e.g., living with friends, homeless)**
- **With whom do/did they live? (e.g., children, family members)**
- **What type of housing were they living in? (do they need extreme structure, are they a sex offender?)**
- **What is their income level?**

Embracing housing-first approaches through transitional housing programs, second-chance rentals, or partnerships with reentry-focused nonprofits, Texans can help to reduces barriers for individuals reentering society. The key lies in building intentional partnerships, aligning data and funding streams, and advocating for policy reforms that prioritize access to housing.

Texas Housing Resources for Reentry Support

Resource	Service Offered	Access Resource
TDHCA Reentry Assistance Pilot Program	Rental assistance, security deposits, housing navigation for formerly incarcerated individuals	Texas Housing Agency Program Overview
Second Chance Rentals – Texas Directory	Emergency shelters, transitional housing, felon-friendly apartments	Felon Housing Guide
Grace Place Properties (Dallas)	Christ-centered transitional housing and employment support	Grace Place Website
The Way Back House (Dallas)	Case management and housing placement for individuals released within the past 12 months	The Way Back House Info
Texas Department of Criminal Justice (TDCJ) Reentry Hotline	Referrals to housing and reentry services statewide	📞 Call 877-887-6151 or view the TDCJ Reentry Resource Guide

Creative Model Idea:

Reentry housing should include skills building. For example, a second-hand store could be incorporated into the home/living space, or a trades/skills home could be created, where you learn a skill that helps you pay rent as you renovate the next home. This would allow the program to be self-sustaining.

RESOURCES

Support Services

- Housing support services
- Building Connections to Housing During Reentry
- Rapid Rehousing through ESG Funds (Salina, KS)

Peer Support Services

Certified Peer Specialists can make a substantial difference in easing the reentry period for people released from incarceration because they can offer both practical and emotional support through lived experience. Studies show that peer support from people with lived experience, especially when pairing those with mental illness with those who have undergone recovery, can lead to faster access to services, supportive environments, increased accountability and lower recidivism. [18;19] Peer support can greatly reduce the threat of reoffending, proving that peer intervention is crucial for long-term success.

The Role of Peer Support:

Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Peer support workers bring deep empathy, first-hand insight, and hope that the recovery process is possible. This kind of support can extend the reach of treatment and coping strategies into the everyday environment of those seeking a successful and sustained recovery process [20].

Peer support specialists' roles include:

- **Advocating for people during the reentry process**
- **Building community and relationships**
- **Sharing resources and building skills**
- **Leading recovery groups**

How to Become a Certified Reentry Peer Specialist in Texas:

Becoming a certified peer support specialist offers a powerful way to transform your lived experience into hope and practical support for others. Peer supporter specialists can work in diverse settings with different populations. Some examples include mental health peer specialists, recovery coaches, forensic peer specialists, youth peer supporters, veteran peer specialists and family peer advocates.

Getting certified:

1. Find a certified training program
2. A certified peer specialist must:
   - Be at least 18 years of age
   - Have lived experience related to the certification you are seeking
   - Have a high school diploma or General Equivalency Diploma
   - Be willing to appropriately share his or her own recovery story with participants
   - Be able to demonstrate current self-directed recovery
   - Complete 250 hours of initial supervised work experience

Upon completing 250 hours of supervised work experience a 2-year certification is awarded.

RESOURCES

Peer Support Services

- Peer support services
- Peer Support Workers for Those in Recovery
- "A Resource for Change": The Role of Peer Recovery Support Specialist in Reentry Programs
- Peer Support as a Reentry Model

Peer Support in Action

- Via Hope

Peer Support Specialist Certification

- Certification for Peer Support as a Medicaid Benefit
- Certified Training Entities

Data Collection & Evaluation

Consistent and uniform data collection is an important element to accurately assess and evaluate community reentry needs and services. It is an integral step in conducting needs assessments, understanding your population, and to accurately complete resource mapping. Collecting data on reentry populations and services helps monitor progress and make informed decisions to effectively measure outcomes. This process often involves data sharing of protected health information (PHI) that requires delicate handling and ethical practices but can greatly inform policymaking, strategic planning, and program evaluation. Other common scenarios for data sharing include (1) sharing client assessment information, (2) tracking referrals made at release and follow-up (e.g., referrals to housing providers, community-based appointments, medication information), (3) tracking data required for grant reporting (e.g., services provided, screenings conducted, client demographics), and (4) developing a shared database of community-based providers. Ultimately, data-informed care and practices lead to continuity of care and services.

<u>When considering collecting PHI, here are some questions you should be asking:</u>

- What is the intended purpose for sharing PHI?
  - If the purpose is data analysis, can aggregate data be used instead of PHI?
- Who needs access to the PHI?
  - How can access be limited to the minimum necessary?
  - Can partial medical records be shared instead of full records?
  - What tools or systems will be used to share the records?
  - Would a Data Use Agreement (DUA) be appropriate?
- What PHI must be shared?
  - How can we ensure only the minimum necessary information is disclosed?
  - Should access be conditional?
  - How often will access be needed?
  - Would a Memorandum of Understanding (MOU) help define limits?
- Is the information being shared only between mental health providers?
  - If shared only between mental/behavioral health providers, is the process simplified under state law?
  - Does the information include SUD data? If so, does 42 CFR Part 2 apply?
- What is the status of the case?
  - Are charges pending?
  - Is the person on probation or community supervision?
  - Has the case been dismissed?
- Is this information being shared to support continuity of care and services?
  - Am I sharing information in compliance with applicable laws?

Methods to consider:

- Establishing an MOU or DUA.
  - Use an MOU or DUA to formalize data sharing.
- Using a broad release of information for reentry purposes:
  - Include social service providers for housing, benefits, counseling, and job readiness.
  - Ensure timely exchange of data.
  - Consider a separate release of information if sharing SUD-related records.

UNDERSTAND THE LAW

Applicable Federal Laws **Applicable State Laws**

RESOURCES

Best Practices

- Best practices for Collecting Data from Reentry Populations for Program Evaluation

Information Sharing Resources

- Data Collection Across the SIM: Essential Measures. Intercept 4: Reentry
- Data-Driven Justice and HIPAA
- Point-Of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions
- HIPAA FAQ's for Professionals, from the US Department of Health and Human Services
- HIPAA Disclosures for Law Enforcement Purposes, from the US Department of Health and Human Services
- Information Sharing in Criminal Justice – Mental Health Collaborations: Working with HIPAA and Other Privacy Laws
- HIPAA Privacy Rule and Sharing Information Related to Mental Health, from the US Department of Health and Human Services Office for Civil Rights
- Legal Agreements and Supporting Documents from Actionable Intelligence for Social Policy
- NACO Data-Driven Justice Playbook

Applications for Data Sharing

- REDCap – a secure web application for building and managing online surveys and databases
- Notion – a low-cost tool that can be used to share documents, calendars and forms.

Data Informed Care

- National Recidivism and Reentry Data Program

Funding Opportunities

1. Funding Corner resource

Reentry in action: Community Stories

See what the Reentry Learning Collaborative Participants have to say about the reentry progress in their communities?

"The reentry team has been actively working to rebuild relationships with three county jails, including reestablishing in-person access to a facility that had been inaccessible for nearly four years…The team has also hired a new peer reentry specialist to guide inmates through their transition back into the community and connect them with appropriate services. Efforts in the jail include implementing a prescriber contract to support mental health care in addition to existing medical services." – *Reentry Collaborative Participating Community*

"The collaborative efforts have led to noticeable improvements in client outcomes, such as increased inmate engagement in recovery, better coordination of post-release services, and a decline in incident reports among those interacting with [our] staff. Additionally, these efforts have revealed both the positive impact of reentry and behavioral health services and the gaps in community resources." – *Reentry Collaborative Participating Community*

"Support from HHSC has been instrumental in launching the initiative, especially through funding and community collaboration. One major success has been the team's focus on best practices and regular communication, including weekly meetings with jail staff and community partners to troubleshoot and refine process. While the program is still new, initial impacts include visible increase in hope and engagement from participants, with some even expressing interest in supporting others through peer—led initiatives." - *Reentry Collaborative Participating Community*

"The team has also built strong community partnerships, resulting in donations and volunteer support that help cover essential costs like IDs, Social Security applications, and transportation. A peer-initiated donation fund has grown to about $1000, intended to assist clients with logistical barriers to reintegration." - *Reentry Collaborative Participating Community*

"Community partnerships have grown substantially. The [Reentry] Pilot is building a comprehensive resource list and establishing connections with mental health providers. The [local adult probation] has supported several community grant applications and continues to work closely with local agencies to expand housing access. [Our] behavioral health alliance plays a central role in organizing monthly workgroups, providing technical assistance, and offering staff training on topics such as Mental Health First Aid and WRAP." - *Reentry Collaborative Participating Community*

"[Our] county has recently entered into a partnership to implement the 'Pathways to Hope" reentry program for incarcerated individuals. This initiative is being fully funded through opioid settlement funds, with additional grant support being sought to sustain the program into the next fiscal year. The program aims to improve reentry outcomes by offering structured support, including 18 months of follow-up care and coordination after release, to help bridge gaps in services and reduce recidivism." - *Reentry Collaborative Participating Community*

"A key success was the launch of a small but meaningful jail navigation program, where a mental health clinician visits the [county jail] one a week to advocate for inmates with mental illness, link them to treatment, and provide resources." - *Reentry Collaborative Participating Community*

"A major success in the past year was hiring a discharge coordinator housed directly in the jail, who focuses entirely on warm handoffs and transition planning for incarcerated individuals. This has helped reduce rapid recidivism, especially among individuals deemed incompetent who are stuck waiting for mental health services." - *Reentry Collaborative Participating Community*

"over the past three months, reentry program participation has grown significantly, thanks in large part to case managers meeting with inmates before their release and building trust by treating them with dignity and compassion. This human-centered approach has encouraged more individuals to engage with available resources upon reentry. Additionally, partnerships with community agencies like the probation office have strengthened, resulting in smoother transitions and improved outcomes such as employment and stable housing. A coordinated team – including case managers, peer providers, and psychiatrists – supports these individuals, with jail staff also contributing valuable communication about upcoming releases and needs." - *Reentry Collaborative Participating Community*

Resources

List of full resources:

Tools for Successful Implementation

Reentry Planning Checklists

- Reentry Services Needs Checklist
- Jail Exit Survey Example
- Pretrial Community Corrections Drug Court Survey Example

Assessing Capacity

- Assessing Current Capacity Worksheet

Taking Inventory

- Taking Inventory of Pre-release and Community-Based Services

Reentry Resource Guides

- Best Practices for Successful Reentry From Criminal Justice Settings
- Texas Reentry Resources by County
- Building Second Chances: Tools for Local Reentry Coalitions
- Locked Out: A Texas Legal Guide to Reentry

Technical Assistance Resources

- National Training and Technical Assistance Centers
  - Bureau of Justice Assistance National Training and Technical Assistance Center
  - Office for Victims of Crime Training and Technical Assistance Center
  - Office of Juvenile Justice and Delinquency Prevention National Training and Technical Assistance Center
  - National Institute of Corrections

Continuity of Mental Health Care

Information Sharing

- Information-Sharing Agreements

Medicaid Enrollment

- Medicaid for the Elderly and People with Disabilities Handbook

Housing, Peer and Mental Health Support

- Adult Mental Health Home and Community-based Services

Continuity of Mental Health Care in Action

- Assess, Plan, Identify, and Coordinate Model for MH

Collaboration

Reentry Action Planning

- Collaborative Action Planning worksheet

Diagnostic Tools

- Wilder Collaboration Factors Inventory – 3rd Ed.
- The Wilder Collaboration Factors Inventory Interpretation Guide

Collaboration in Action
- Thresholds' Prison Aftercare Program
- Connecticut Building Bridges Community Reentry Initiative

Pre-Release Programs
Reentry Handbook Examples
- Eastern District of Texas Reentry Success Guide
- Federal Bureau of Prisons: Reentering Your Community – A Handbook
- Washington State Department of Corrections: Reentry Center Handbook
- Office of Juvenile Justice and Delinquency Prevention: Reentry Starts Here – A guide for Youth in Long-term Juvenile Corrections and Treatment Programs

Crisis-Intervention and De-escalation Training
CRIT Toolkit
- Crisis Response and Intervention Training (CRIT) Toolkit

CIT Trainings
- Virtual Reality Training Program
- Crisis Intervention Team Training
- (#1850) Texas Commission on Law Enforcement (3503): Interpersonal Communications in Jail Setting (Licensed peace officers only)
- (#5900) Texas Commission on Law Enforcement (3843): Crisis Intervention Training – Refresher (Created for jailers but open to others as well)
- Mental Health First Aid (MHFA)

CIT in Action
- Amarillo Crisis Intervention Team

Housing and Social Support
Support Services
- Housing support services
- Building Connections to Housing During Reentry
- Rapid Rehousing through ESG Funds (Salina, KS)

Peer Support Services
Peer Support Services
- Peer support services
- Peer Support Workers for Those in Recovery
- "A Resource for Change": The Role of Peer Recovery Support Specialist in Reentry Programs
- Peer Support as a Reentry Model

Peer Support in Action
- Via Hope

Peer Support Specialist Certification

- Certification for Peer Support as a Medicaid Benefit
- Certified Training Entities

Data Collection and Evaluation

Best Practices

- Best practices for Collecting Data from Reentry Populations for Program Evaluation

Information Sharing Resources

- Data Collection Across the SIM: Essential Measures. Intercept 4: Reentry
- Data-Driven Justice and HIPAA
- Point-Of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions
- HIPAA FAQ's for Professionals, from the US Department of Health and Human Services
- HIPAA Disclosures for Law Enforcement Purposes, from the US Department of Health and Human Services
- Information Sharing in Criminal Justice – Mental Health Collaborations: Working with HIPAA and Other Privacy Laws
- HIPAA Privacy Rule and Sharing Information Related to Mental Health, from the US Department of Health and Human Services Office for Civil Rights
- Legal Agreements and Supporting Documents from Actionable Intelligence for Social Policy
- NACO Data-Driven Justice Playbook

Applications for Data Sharing

- REDCap – a secure web application for building and managing online surveys and databases
- Notion – a low-cost tool that can be used to share documents, calendars and forms.

Data Informed Care

National Recidivism and Reentry Data Program

Technical Assistance Resources

- National Training and Technical Assistance Centers
  - Bureau of Justice Assistance National Training and Technical Assistance Center
  - Office for Victims of Crime Training and Technical Assistance Center
  - Office of Juvenile Justice and Delinquency Prevention National Training and Technical Assistance Center
  - National Institute of Corrections

Citations

[1] Natalie Bonfine, Amy Blank Wilson, and Mark R. Munetz, "Meeting the Needs of Justice-Involved People with Serious Mental Illness within Community Behavioral Health Systems," Psychiatric Services 71, no. 4 (2020): 355–63, https://doi.org/10.1176/appi.ps.201900453.

[2] Elaine Gunnison and Jacqueline Helfgott, "Critical Keys to Successful Offender Reentry: Getting a Handle on Substance Abuse and Mental Health Problems," The Qualitative Report, 2017, https://doi.org/10.46743/2160-3715/2017.3260

[3] https://link.springer.com/article/10.1007/s10597-021-00820-x

[4] ibid

[5] ibid.

[6] https://utexas.app.box.com/file/1343197485152

[7] Rulo Strategies, (2024, December). Reentry Learning Collaborative December Virtual Meeting Minutes.

[8] "Policing Mentally Disordered Suspects: A Reexamination of the Criminalization Hypothesis," Policing Mentally Disordered Suspects: A Reexamination of the Criminalization Hypothesis | Office of Justice Programs, https://www.ojp.gov/ncjrs/virtual-library/abstracts/policing-mentally-disordered-suspects-reexamination-criminalization

[9] Natalie Bonfine, Amy Blank Wilson, and Mark R. Munetz, "Meeting the Needs of Justice-Involved People with Serious Mental Illness within Community Behavioral Health Systems," Psychiatric Services 71, no. 4 (2020): 355–63, https://doi.org/10.1176/appi.ps.201900453.

[10]https://www.uscourts.gov/sites/default/files/70_1_10_0.pdf#:~:text=These%20preliminary%20findings%20demonstrate%20that,preparing%20prisoners%20to%20return%20home

[11] ibid.

[12] https://nij.ojp.gov/topics/articles/five-things-about-reentry

[13] ibid.

[14] https://www.informedpoliceresponses.com/crit-toolkit

[15] https://journals.sagepub.com/doi/full/10.1177/0093854820959394

[16] https://csgjusticecenter.org/publications/building-connections-to-housing-during-reentry/#:~:text=Access%20to%20stable%2C%20affordable%20housing,to%20obtaining%20housing%20at%20release.

[17] ibid

[18] https://hogg.utexas.edu/via-hope-community-re-entry

[19] ibid

[20] Citations: Substance Abuse and Mental Health Services Administration. Peer Support Workers for Those in Recovery. SAMHSA, November 11, 2024. https://www.samhsa.gov/technical-assistance/brss-tacs/peer-support-workers

APPENDIX A.

Applicable Federal Laws

These federal laws set a minimum standard for PHI. State law may be more restrictive. (Texas does have more restrictive laws.)

• HIPAA (Health Insurance Portability and Accountability Act) Privacy Rule

- What is HIPAA? Individually identifiable health information. It includes:
    a. Information created or received by a healthcare provider.
    b. Past, present or future physical or mental health condition of an individual.
    c. The provision of healthcare to an individual
- Who does HIPAA apply to? Who are you sharing with? Who are you receiving information from? Are you bound by HIPAA?
    a. Covered Entities: Health plans, Healthcare clearinghouses, healthcare providers.
    b. May Be Covered Entities: Jail medical providers, emergency response health providers, LMHAs or LBHAs.
    c. May Not Be Covered Entities: Probation Officer, Court, Prosecutor or Defense Counsel, Law Enforcement Officer.
- When do I not need consent?
    - Treatment
        - The provision, coordination, or management of healthcare and related services by one or more health care providers, including: coordination or management of healthcare by a healthcare provider with a third party; consultation between healthcare providers relating to a patient; or referral of a patient from one healthcare provider to another.
    - Healthcare Operations
        - The person sharing the information must do so based on a relationship with the patient about whom they are sharing. The reason for sharing must fall under one of the following categories:
            - Case Management and care coordination.
            - Contacting of health care providers and patients with information about treatment alternatives.
            - Also included: Conducting quality assessment and improvement activities, patient safety activities, population-based activities relating to improving health or reducing health care costs, and protocol development.
    - Correctional Institution (includes jails) or Law Enforcement – May disclose to a correctional institution or Law Enforcement official having lawful custody of an individual if PHI is necessary for:
        - Provision of healthcare to the individual.
        - Health and safety of individuals or other inmates.

        - Health and safety of the employees or others at a correctional institution.
        - Health and safety of the individual and officers responsible for transporting the individual to a different setting.
        - Law enforcement on the premises of the correctional institution.
        - Administration and maintenance of the safety, security and good order of the correctional institution.
        - Note: this only applies when the inmate is in the custody of the institution. When they are on parole, probation or supervised release, or no longer in lawful custody, this law is no longer applicable.
    - SUD Records – 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records)
        - More restrictive than HIPAA Privacy Rule.
        - Most disclosures of SUD records require patient consent. Make sure you confirm what that specific consent needs to look like.
        - Applies to records maintained by a Part 2 Program. Aka, any Federally assisted program (includes being a recipient of federal financial assistance in any form). Almost all HHSC SUD providers receive federal funding.
        - Applies to records that would identify a patient as having or having had a SUD.
        - Take away: You'll need to check 42 CFR Part 2 and consider it separately from your mental health records as the laws are different.

Applicable State Laws

- 45 CFR Parts 160 and 165 o
    - Chapter 181 – Confidentiality provisions. 1. Comply with HIPAA.
    - Chapter 611 – Defines a professional as: person licensed or certified to diagnose, evaluate, or treat any mental or emotional condition or disorder, including a person authorized to practice medicine. Records include the identity, diagnosis, or treatment of a patient created and/or maintained by a professional, including any communications between a patient and that professional.
- When can a professional disclose confidential information – Mental Health Records. Under state law, exchanging information is only allowed for the purpose of treatment for providing mental healthcare services.
    - To other professionals who participate in the diagnosis, evaluation or treatment of the patient.
    - To designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and healthcare to the person in custody.
    - To an employee or agent of the professional who requires mental healthcare information to provide mental healthcare services.
    - If there is written consent, disclosure outside these boundaries is allowed.
- Health and Safety Code 533.009 – Provision: One Service Delivery System.
    - Department facilities, local mental health authorities, community centers, other designated providers, and subcontractors of mental health services are component parts

of one service delivery system within which patient records may be exchanged without the patient's consent.

- Health and Safety Code 614.017 – Exchange of Information: Provision for a child or adult who is arrested or charged with a criminal offense and who has mental illness or IDD.
    - An agency may accept information that is sent to serve the purposes of continuity of care and services.
    - Disclose information, including information about the vocational history, supervision status and compliance with conditions of supervision, and medical and mental health history, if the disclosure serves the purpose of continuity of care and services.
    - Agency is defined as follows: If you are on this list, you can share and receive information if it is for the purpose of continuity of care.
        - State Agencies: TDCJ, Department of State Health Services**,** HHSC, Texas Education Agency, Texas Commission on Jail Standards, Department of Family and Protective Services.
        - Community supervision and corrections departments, local juvenile probation departments.
        - Personal bond pretrial release offices.
        - Local jails.
        - Judge with jurisdiction over juvenile or criminal cases.
        - Attorney who is appointed or retained to represent the individual.