Bernalillo County Behavioral Health Initiative (BHI): Resource Re-entry Center (RRC) Review

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INTRODUCTION

This brief review describes the evidence-based practices pertaining to reentry and the current processes of the Resource Reentry Center (RRC) in chronological order, including the first contact with transition planners at MDC, completion of assessments and screens, inmate release and drop off at the resource reentry center (RRC), processes and services provided at the RRC, and referral/follow-up after leaving the RRC. Finally, recommendations are provided in order to highlight current processes which appear to work well and follow evidence-based practices, as well as provide options and opportunities for program improvement.

The goal of the RRC is to improve transition planning and improve linkages of inmates released from custody to community-based services to improve public safety and reduce crime and recidivism. In the first few days after release, individuals returning to the community are at high risk for drug use, homelessness, and other problems that may lead to reoffending (Jannetta et al., 2011). There are two primary components of the RRC; the first is transition planning for clients at MDC. The design focuses on transition planners who target high-risk inmates, administer risk/needs assessments, create transition plans with varying levels of detail depending on the intensity of need, begin implementation of the transition plan as timing dictates, and coordinates with case managers at the RRC to facilitate uninterrupted care and take the first positive steps toward implementing a transition plan. The second component focuses on the Re-entry Resource Center. The RRC provides an immediate opportunity for temporary shelter, brief interventions, connecting with family or community providers, and access to service information. For a subset of individuals flagged by the transition planners at the MDC, case managers are in place to engage them at the Center and oversee the hand-off to community based services more directly. The RRC design allows for additional services to be provided on site by community based providers and Medicaid Managed Care Organizations.

Of key importance, the RRC program and center are based upon evidence-based practices. This includes the Assess, Plan, Identify, Coordinate (APIC) model and Transition from Jail to Community (TJC) initiative.

The APIC model was established in *A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model* (Osher, Steadman & Barr, 2002.), and has been elaborated upon and revised by Osher and others over ensuing years. The model sets forth the components of a re-entry program, but local jurisdictions might provide those components in different manners depending on availability of resources, service delivery structures, and barriers. The APIC model includes four components. The first is an *Assessment* identifying the individual's strengths and needs involving the individual as well as gathering information from other sources. The second is *Planning*, which includes addressing the immediate needs as well as the long term needs of the individual. The plan must include an integrated treatment approach which addresses the multiple needs of the individual. The third component of the model requires *Identifying* the required community and correctional programs responsible for post-release services. Finally, the model requires *Coordinating* the transition plan. The study strongly recommends that this involve the use of case managers to help the individual span the jail-community boundary. The community-based provider should be identified and actively involved in the transition plan and should be kept informed. The discharging inmate should also be fully informed of service arrangements. In-reach by the community provider is recommended.

The National Institute of Corrections (NIC) in collaboration with the Urban Institute (UI) launched the Transition from Jail to Community (TJC) initiative in 2007. The TJC initiative is designed to facilitate coordinated and collaborative partnerships between jails and communities to address re-entry, which could lead to increased public safety, reductions in recidivism rates, and improved outcomes for offenders reintegrating into the community (UI, NIC, 2014). Assessment and screening of risks and needs are key components of targeted intervention. Comprehensive criminogenic risk/need assessment instruments are targeted to those who scored medium to high on the quick screen, indicating that they may need more intensive intervention. Multipurpose risk/needs assessments are advantageous because they not only evaluate the risk of recidivism, but identify categories of needs in areas identified as being the most likely to impact recidivism, including education, employment, financial, family, housing, leisure, substance abuse, criminal thinking, and other personal needs (Jannetta et al., 2011). By identifying these criminogenic needs areas one can then provide accurate targeted interventions.

Another key component of a targeted intervention effort is a transition plan. The transition plan begins during an offender's stay in a correctional institution. In the institutional phase of the re-entry process, offenders who meet target population criteria (based on validated risk/needs assessment) are identified, contacted, further assessed, and participate in the creation of their transition plan (UI, NIC, 2014). The transition plans should be informed by an individual's initial screening and assessment and should be reviewed at regular intervals, being updated in the institution and upon release. The transition plans may address issues such as housing, employment, family reunification, educational needs, substance abuse treatment, and health and mental health services (UI, NIC, 2014). An important point to note that there is not a "one seize" fits all transition plan, each plan should be specific to each individual. A transitional plan specifies the types of interventions an individual needs, when and where interventions should occur and who will provide them, and the activities for which the individual needs to take responsibility (Jannetta et al., 2011).

In order to ensure that the transition plan is being adhered to, a case management process needs to be part of the re-entry process. Case management plays a crucial role in the TJC model. If it is implemented effectively, it can connect services received inside the correctional facility and those received after release in the community. Connecting clients to appropriate services and improving interagency information-sharing and continuity of care (Warwick et al., 2012). To properly provide case management services, each community should have a case manager or a team of case managers working with clients both in the correctional setting and the community (Burke, 2008). Transition plans should include realistic goals directly related to client's needs, a timeline for achieving these goals, and the client's responsibilities in meeting these goals (Burke, 2008). An important point to note about the development of transition plans is that the TJC model asserts that clients themselves should be active participants in the planning process, working with case managers to set short-term and long-term goals.

Ultimately, the APIC and TJC models described above provide a general framework for addressing the needs of discharging inmates. The transition planning activities at MDC and the care coordination at the Re-Entry Resource Center are intended to address the evidence-based practices described in the both the APIC and TJC models. It has yet to be determined whether the RRC follows such practices. Because the RRC is still in the early stages of implementations it is not possible to determine outcomes. Both the implementation and outcomes will be addressed in the upcoming process evaluation and future outcome evaluation. This review is intended to assist the RRC in developing a preliminary understanding of the current program processes, as well as provide important recommendations to prepare for the upcoming evaluations.

METHODS

This review utilizes several different sources of data originating from the RRC, MDC, and shared documents and SharePoint database. Such documents included the RRC Weekly Updates, provided by the County from June 18, 2018 through December 14, 2018, as well as process-flows, diagrams, and agency contracts distributed during meetings, were reviewed. Additionally, this review utilizes information collected through formal and informal meetings, conversations, and structured observations. Specifically, three observations of the transition planners and processes at MDC and four observations of the community health workers and other staff at the RRC. During the seven total observations, informal conversations with staff were documented. Observations of the RRC occurred on October 5th, 15th, 23rd, and the 24th, ranging from 8:00 am to 11:30 pm, for a total of 12.5 hours. Observations of the MDC were more difficult in planning and execution because of the controlled nature of the facility, however, three observations occurred on October 29th, November 19th, and November 29th between 8:00 am and 2:00 pm, for a total of 8.5 hours. Overall, the 21 hours of observations between the RRC and at MDC provided essential information of their daily processes, specifically the types of barriers faced by staff, and the ways in which they were addressed.

The following tables consist of two columns intended to compare the contracted responsibilities and services of this program to the current processes at MDC and the RRC. Comparison tables can be particularly useful in describing and understanding detailed components of a large program by breaking each component into smaller pieces. The following tables follow the same order of the program contracts, breaking up the program components into temporal order of how an inmate might potentially move through and engage in services. This first section consists of several tables which briefly

summarize programmatic plans and current practices pertaining to MDC. The following section follows the same design for describing the program plans and current practices for the RRC.

METROPOLITAN DETENTION CENTER (MDC) PROGRAM PROCESSES

Table 1 addresses proposed processes and current processes pertaining to initial staffing and coordination across agencies. Table 2 will describe the proposed and current processes pertaining to identifying and serving rapid releasers, while Table 3 will describe the same things, but for individuals' not being released immediately. Table 4 will then briefly describe the proposed and current processes pertaining to program administration and operations.

Table 1. Staffing and Coordination at MDC

Proposed Processes & Services at the MDC	**Actual Processes and Services at the MDC**
1.Provide 8 transition planners located at MDC.	As of January 4, 2019, staffing included 7 total transition planners, which included 6 TP's located within MDC and 1 located at the RRC. Additionally, one TP's located at MDC also works within the ATP program, but the specifics are not known.
Pre-existing Jail-based Services Addiction Treatment Program (ATP)	ATP staffing unknown; see above.
12-Social Service Coordinators (SSC's)	As of January 4, 2019, staffing included 9 total SSC's, which included 1 SSC supervisor, 1 SSC administrative assistant and 1 SSC program manager.
Correct Care Solutions (CCS)	Centurion will take over CCS's role.
PAC Psychiatric Services Unit (PSU)	PAC and PSU individuals are filtered out of screening to avoid duplication of services.
Methadone Induction (MI)	Currently unknown whether MI is completing discharge plans.

Table 2. Processes and Services for Rapid Releasers for TPT Staff at MDC

2. Address the needs of rapidly discharging individuals through brief assessment, motivational interviewing, brief intervention and assistance: a. Identify low, medium, and high risk inmates based upon proxy screener tool and other screen score cut-offs	Currently, information to calculate the proxy is completed by CCS inconsistently within ERMA. The first step in the process entails pulling the on-line daily booking list and pasting into an excel sheet. Then, individuals whom are PAC or in the PSU are filtered out. Individual's booked between 0 and 72 hours prior are also filtered out. Then, the remaining individuals are reviewed in ERMA to determine their criminogenic risks and needs scores, including the proxy, DAST, BJMHS, and AUDIT-C. Based upon a combined scoring, individuals are determined to be eligible or ineligible. Screening data to complete the scoring is often incomplete, missing, or incorrect. When the intake screening form (ISF) and risk framework in Sapphire are implemented this process should be quicker and smoother, however it is still unclear whether the proxy appropriately identifies the target population and if there is agreement and understanding among stakeholders of who comprises the target population. As of January 4th, 2019 a total of 1,215 proxy scores had been calculated for inmates with RNA's. Of these, 1,073 were scored as zero, 112 were scored as low (between 1 and 4), and 30 scored as moderate (between 5 and 6). It is unclear whether scores of zero are due to being zero risk or missing data.
b. Attend court first appearances held at the MDC to identify persons getting released that day.	Based upon informal conversations with the MDC TPT's, they were initially allowed to attend court first appearances, however, this is no longer allowed. Prior to arraignment, TPT staff would arrive early to obtain a docket and search for information in NM Courts and Odyssey systems to determine need and triage the population. It is unknown why this is no longer accommodated.
c. Meet with moderate or high-risk inmates being released the same day to conduct brief needs assessment and plan-to use motivational interviewing.	This is not possible as individuals released between 0-72 hours post booking are filtered out.
d. Assist rapidly discharging inmates to the extent possible.	Inmates released between 0-72 hours post booking are not screened, assessed, or given a transition plan. For those screened after the 72 hours post booking, it is not clear whether the

	TPT have the ability to determine who will be rapidly discharged and who will remain in custody longer. Because of this, triaging is not always possible, and some rapidly releasing individuals are not assisted.
e. Alert RRC regarding discharging inmates with moderate or high risk scores.	Based on informal conversations, this is not currently a consistent process. Through phone, email, and SharePoint, there are means in which information can be communicated from MDC to the RRC. Despite this, there is no known formalized policy or procedure which directs this process.
f. Alert Pretrial Services if ordered to pretrial services.	Unknown.

Table 3. Processes and Services for Non-Rapid Releasers for TPT Staff at MDC

3. Identify moderate and high-risk individuals who are not discharging same day and provide transition planning	Similar to #2a above, identification of individuals for whom a transition plan should be completed appears inconsistent. The proxy score is completed inconsistently, the target population appropriateness may be unclear, and there is limited ability to predict length of time an individual will remain incarcerated. For this reason, individuals booked 0-72 hours prior are filtered out of the TPT initial screening. It is not well understood how many individuals' are missed due to quick release, or how many transition plans should be completed in a given amount of time.
a. Complete an assessment (using an agreed upon tool with criminogenic factors) identifying risks and needs	The selection and use of assessments has been inconsistent, including the specific tool used, by whom it was used, when during incarceration it was administered, and in what type of format (i.e. hardcopy versus electronic). Currently, the transition plan and the Risk Needs Assessment (RNA) is being utilized. Both instruments were locally developed and were based upon Nationally recognized instruments. See below for brief description of the two instruments. ***Risk Needs Assessment (RNA)*-**Previously named the Rapid Release Brief Assessment. The rapid release brief assessment was originally conducted for individuals that would be releasing rapidly at their first court appearance. This assessment has now been renamed the risk needs assessment and is no longer completed at the first court appearance. Instead, similar to the

	transition plan, it is completed through pod outreach to non-rapid releasing inmates. As of January 4th, 2019 at 11:30 am, approximately 1,212 RNA's had been started in SharePoint. ***Transition Plan (First half)-***The first half of the transition plan is intended to be worked on by transition planners at MDC, while the inmate is currently incarcerated. Based upon informal conversations and review of SharePoint data, the transition plan appears to be a living document, which can then continue to be completed by staff at the RRC. As so, it is not clear when the transition plan is considered to be 'completed'.
b. Obtain appropriate releases	Drafting of the ROI did not begin until late October 2018; implementation of the approved ROI reportedly began in late December 2018.
c. Identify any current providers the individual is working with and communicate to ensure continuity of care	Per informal conversation with TPT staff, this has not been possible to the fullest extent without an ROI, which was reportedly implemented late December 2018.
d. Communicate with Pretrial Services and/or Probation and Parole when appropriate	Unknown
e. Communicate with Public Defender or defense attorney to identify likely date of release, competency issues, or legal requirements	Unknown
f. Prepare written transition plan	Per 3a. The Transition plan has been completed both using hardcopy format and electronically. Recent conversations suggest provision of a hardcopy to the individual prior to their release might be one way in which RRC staff can better identify them as they are dropped off at the center.
g. Refer to appropriate jail-based services	Per informal conversations with TPT staff, they have begun to try coordinating with jail-based services, like ATP. Unknown if there is any coordination with methadone induction. Some minimal coordination with SSC's whereby TPT's confirm whether inmate is already on the SSC's load. SSC's reportedly received access to the SharePoint database around December 7th, 2018 to improve communication but it is unclear whether there is a formalized process.
h. Coordinate with CCS on any PSU clients	PSU inmates are filtered out of screening process by TPT's and it is unknown if there is

h1. Obtain appropriate info on diagnosis, medication, and treatment h2. Coordinate with CCS discharge planners to avoid redundancy	coordination between CCS and TPT's about PSU inmates.
i. Identify community based providers that can best meet the needs of the individuals. This should include a broad range of providers within and outside of UNM	Can identify and provide community resource information to the inmate, but not reach out to the provider as the ROI was not reportedly implemented until late December 2018.
j. Communicate with community based providers j1. Set appointments j2. Arrange for jail based intake where appropriate	Implementation of the approved ROI reportedly began in late December 2018 Unknown
k. Identify and address immediate needs upon discharge	Yes, to an extent, if TPT's are able to complete the RNA and the Transition plan prior to inmate release, they can identify immediate needs. Those needs can then be addressed by RRC staff.
l. Coordinate with jail based MAT programs	See 'g' above.
m. Complete the coordinated assessment for getting on HUD housing waiting list	No, can provide inmate with information. This can be done by RRC staff at the center once released.
n. Ensure Medicaid Enrollment o. Coordinate with MCO's to complete HRA p. Identify need for civil commitment	Unknown Unknown Unknown
q. Track discharge dates as much as possible by communication with Public Defender, Probation Officer, identifying court dates, and following competency proceedings	Unknown. Based on informal conversations TPT staff do not typically have communication with such individuals' and often have no information about an individuals' discharge and/or release dates.
r. Alert Pretrial Services and/or Probation and identify individuals who are appropriate for special units within those agencies	Unknown
s. Pre-arrange hand-off to RRC s1. Communicate with RRC staff if a navigator will be needed s2. Provide transition plan to RRC s3. Hand off to navigator for on-going implementation	Based on informal conversations, this is not currently a consistent process. Through phone, email, and SharePoint, there are means in which information can be communicated from MDC to the RRC. Despite this, there is no known formalized policy or procedure which directs this process.

Table 4. Internal Administration and Operations for TPT Staff at MDC

4. Participate in Project Re-entry ECHO including participation in pre-service training, weekly and quarterly meetings, providing case studies, and developing and implementing system improvements.	Yes, Project ECHO conducted training CHW courses on Wednesday August 29th, and Friday August 31st; regularly scheduled telecommunication meetings were then scheduled. Both the TPT staff located at MDC and the RRC staff have expressed a need for additional types of training pertaining to operations. Expressed a need for internal staffing and programmatic training, for example, specific to MDC processes, rather than training of clinical practices.
5. Participate in community networking activities to continue to identify appropriate services, inform community providers of the transition planning function, and identify any problems in the re-entry process.	Unknown
6. Provide appropriate training to transition planners including any required jail training. Particular emphasis should be placed on motivational interviewing.	Per observation and through discussion with TPT staff, training has been insufficient. Training pertaining to MDC and jail processes and procedures should be separate from clinical training related to utilizing Motivational Interviewing. Staff requested need for non-clinical training and would benefit from operational training for MDC and for the RRC internal program (i.e. MDC policies and procedures handbook).
7. Work with Program Manager and RRC staff to develop criteria for referral to different agencies.	No, appears to be delayed and minimal coordination from RRC program manager
8. Collect and input data into data system identified by the County, participate in an integrated data system once identified or developed, and provide individually identified data for purposes of outcome evaluation or other research activities.	TPT and RRC staff collect and input data into SharePoint, which is shared. TPT begin the RNA and the Transition Plan, which should then (ideally) is more fully completed by the RRC staff once released. Adjustment of the SharePoint database to collect more meaningful and clear data is necessary. Training for all staff entering and utilizing the SharePoint database is also necessary. Finally, per observation at the MDC, the TPT staff have utilized excel data workbooks (Each staff managed their own workbook) to document their caseloads and inmate information. Specific information tracked is not clear. Because this is currently the only other data source which describes services within the jail, for example, the number of times a TPT staff visits an inmate on their caseload, it is essential the data be de-identified somehow and shared for analysis.
9. Coordinate closely with Program Manager and RRC staff to develop effective business practices.	Historically, there has been very limited communication/coordination from RRC program manager and TPT at MDC.

RESOURCE REENTRY CENTER (RRC) PROGRAM PROCESSES

The RRC is located in the Public Safety Building. While the RRC is typically open 24/7, case management and assessment services are limited to expanded business hours. The RRC is available to all discharging inmates and can provide services at different levels depending on the triage by the social service coordinators at MDC.

Per conversations dating back to June 12th, 2018, it was intended for Pathways to staff the RRC with 6-7 Community Health Workers (CHW's), one Intensive Case Manager (ICM), and four social work majors completing course internships during evening and weekend hours. Current staffing, however, remains somewhat unclear. For example, per informal conversation via email between ISR and the County, there are currently no OCH-Pathways staff at the RRC. Instead, the following staff are reportedly located at the RRC: one MATS program supervisor, one program specialist from an unspecified program within UNM, three community health workers (CHW) from an unspecified program within UNM, one transition planner from UNMH-FCM, and one intensive case manager (ICM) from an unspecified program within UNM. It is assumed, but not definitive, that the UNM-OCH Pathways staff are located at the Pathways local office.

Similar to the prior section, the following three tables briefly describe and compare the proposed processes with the current processes. Table 5 below describes the proposed and current processes of staff at the RRC prior to inmate release, whereas table 6 describes the proposed and current processes of serving individuals as they are released and moving through the RRC. Lastly, table 7 describes the proposed and current administrative and/or operational processes of the program staff at the RRC.

Table 5. RRC Processes and Services Prior to Inmate Release

Proposed Processes & Services at the RRC	Statuses at RRC
1. Communicate daily with Transition Planners to identify risk/needs level of persons being released to the community.	One TPT staff works from the RRC but it unclear how this improves cross agency coordination.
2. Coordinate with CCS on any PSU clients	Unknown
3. Provide services in advance of release as agreed upon with the transition planner. This may include:	No
a. Having a navigator meet with the individual prior to release	No
b. Assisting with appointments made prior to release to be scheduled at the time or shortly after release	Yes, minimally. A note can be left from TPT staff for RRC staff to "keep an eye out for" an individual being released. Based upon review of SharePoint notes, this has been ineffective.
c. Coordinating with service providers or others to be present at the Re-Entry Center at the time of release	No
d. Pre-arranging for transportation when possible to appointments from the Center	No
e. Alerting any current providers of status and likely discharge date	No
f. Coordinating with family or other support when appropriate and with required releases	No.

Table 6. RRC Processes and Services for Releasing Individuals'

4. Greet all discharging inmates, explain services available at the Re-entry Center, and offer immediate assistance with comfort and convenience services. (This may be the role of a peer or greeter employed separately by the county).	Generally, RRC staff meets transport outside to greet individuals'. This is not always possible, however, if they are not made aware of an incoming transport.
a. Attempt to engage all discharging inmates through motivational interviewing or other interactive process.	Yes, attempting to engage, however, this appears to be very difficult. MI is impossible to employ in the time staff have when individuals enter and depart the center.
b. Attempt to engage those individuals at the Center understanding that it is a voluntary service	Proposed services available to all releasing inmates include: use of phone, charging station, place to wait for ride or for PTS to open, coffee/water/snack, resource literature, bus token, information/directions, hygiene items, donated clothing, assistance arranging for a shelter or MATS bed, and prescription drop off if possible. During observations, it appeared that many of these services were provided, but not all. This included bus passes, prescription drop off, and initially, warm clothes. Unfortunately, the main difficulty with this aspect of the program relates to the inability to accurately document these utilizations.
5. Identify those discharging inmates who had a transition plan completed who are discharging to the Re-Entry Center and assist the individual to follow through with the plan. a. Review the transition plan and any case notes prior to release b. Review any case notes or screening or assessments completed at the jail	Generally, it appeared uncommon for transition plans to be looked up prior to transport drop off. It appears this was due to unreliable and inconsistent transport notifications with identifying information for individuals being released. Despite this, the third week of the program, between July 6th and July 12th, 2018, RRC staff did receive access to the releasing matrix, allowing them track the releasing of individuals in real-time. In the case that individuals' were not looked up prior to transports, a transition plan would only then be looked up for an individual if they stopped and requested help. It might be helpful to lookup prior to transport and document individual did not stop for assistance.
6. Identify those discharging inmates who score as moderate or high risk but who were rapidly discharged before an assessment could be completed and address their needs through assessment, motivational interviewing, intervention and assistance	It is unclear how this could be done if an assessment was not completed and the ISF is not well implemented. Because of the short time frame during booking intake, it is not possible to assess everyone, but everyone is screened. The trick is the ISF and having data available at the RRC in near real time with EJS data that includes a picture.

	If staff at the RRC had access to ERMA, which they likely do not have, they could potentially look these scores up. This would be contingent upon receiving a list of names of individuals being transported to the center in a more consistent manner, with proper notification, likely email, and accurate information.
7. If transition plan has not been completed at the jail: a. Complete an assessment if time permits	Yes. As of January 4th, 2019 at 11:30am, approximately 209 transition plans were started.
8. If transition plan has been completed at the jail: a. Communicate with the transition planner	Unknown
b. Review the transition plan with the individual	Unknown
c. Obtain appropriate releases from Transition Planners or have new ones signed	Unknown
d. Complete any needed steps for Medicaid enrollment	Unknown
e. Complete the HUD coordinated assessment if requested.	Per informal conversation, HUD assessments are completed by RRC staff at the request of releasing individuals. As of December 14th, 2018, approximately 105 VISPDAT's were reportedly completed, scanned in, and forwarded to the HMIS tracking. It is noted, however, that VISPDAT training was not completed until December 7th, 2018, so it is unknown who had been completing assessments up until then.
9. Provide immediate assistance as needed	Staff attempt to address immediately, but services needed are often not immediately available, such as housing vouchers.
a. Arrange for detox or other emergent services if needed	Unknown
b. Offer to alert current providers and assist with appointments with those providers	Unknown
c. If requested, alert Pretrial Services if ordered to pretrial services to complete any required reporting at the time	Since August 16th, 2018, the RRC reportedly received 131 Reporting Instructions from Pre-Trial Services. Of these, 108 reported to PTS per their third party reporting instructions.
d. Remind individual of any court requirements	"Return ticket"—used for individuals that must leave the RRC quickly in order to check in with pre-trial services, probation, and other time sensitive appointments, but would like to return

	to receive additional RRC services and supports. This was implemented in the 14th week of operation, around September 21st, 2018.
e. Identify next appointments and identify transportation options	Minimal transportation assistance; was offering bus passes but no longer have passes. Also through an incident, determined a policy was needed to ensure individual's utilizing a taxi or Uber, etc. had sufficient funds at the time of calling the transport service.
f. Arrange for immediate navigator or case management assistance when necessary to follow through with transition plan	Yes, if that staff is available at that given time at the RRC.
g. Identify and address any barriers to implementing the transition plan	Unknown
h. Communicate with community based providers including assisting with making appointments	Minimally, if client is physically present.
i. Coordinate with jail based and community based MAT programs	Unknown
j. Ensure that Medicaid Enrollment was effective	Unknown
k. Coordinate with MCO's to ensure engagement and any available service	Yes, if peers available at that given time at the RRC.
l. Connect with any available peer services on site	Unknown
m. Connect with any other providers or services on site	Unknown

Table 7. RRC Administration and Operations

10. Participate in Project Re-entry ECHO including participation in routine meetings by agreed upon staff, providing case studies, and developing and implementing system improvements.	Yes
11. Participate in community networking activities to continue to identify appropriate services, inform community providers of the transition planning function, and identify any problems in the re-entry process.	Unknown; minimal
12. Provide appropriate training to community health workers and navigators including any required jail training. Particular emphasis should be placed on motivational interviewing.	Unknown; minimal
13. Work with Program Manager and Transition Planning staff to develop criteria for referral to different agencies.	No, appears to be delayed and minimal coordination from RRC program manager to

	outside providers and lack of ROI limits RRC staff's capabilities.
14. Collect and input data into county based data system and participate in an integrated data system once identified or developed.	Both TPT and RRC staff collect and input data into SharePoint which is shared. These types of services and interactions appear to be documented in two different places within the SharePoint database. First, it is documented using open free text within the "Daily Pass-down Report" by various staff (counted almost 30 different staff names) and it is also documented using aggregate counts by unknown staff within the "RRC Utilization Report". It is unclear what training staff received to collect this information and to enter it within the SharePoint system. While the two data lists both report services utilized, the daily pass-down report also generally provides information about whether the MDC informed RRC of an upcoming transport (either through call or email), whether the corrections officer provided a hardcopy list of transport names (and it's format), the total number of transports by shift, the number of people transported, the number of males and females, and any other comments pertinent to their shift.
15. Coordinate closely with Program Manager and MDC based staff to develop effective business practices.	Minimal but in progress to improve. Should have more communication from RRC program manager and TPT at MDC.

SUMMARY AND RECOMMENDATIONS

The following section addresses both broad and specific areas of concern and then provides several recommendations. Broadly, it is apparent that the RRC program has deviated from the original program design, which is a common occurrence. With such occurrences, it is encouraged to revisit the original program design, as well as the best practices and literature the program was developed from. Specifically, the original target population, services to be provided, and processes for which the services are provided should be reviewed carefully.

Limited consistent and reliable communication, coordination, and collaboration within and across agencies: Communication is inconsistent within and across agencies. Currently, communication methods within agencies appear to vary. Across agencies, key players from each agency try to meet bi-weekly at MATS to discuss the program. This was not implemented until October 2018, four months after the program start. Additionally, general updates and summaries are provided by County staff on a weekly basis, with a total of 26 weekly update reports from June 28th, 2018 through December 14th, 2018. This weekly update has typically included programmatic updates, and services provided, which reported counts of Pathways referrals, counseling, VISPDAT's completed, benefits assistance, EBT/Medicaid reinstatements or applications completed, distributed bus passes, shelter referrals, veterans' assisted, vehicle retrieval assistance, legal aid and/or LOPD or PPD, and Narcan trainings for staff. It also included counts of simple supports like coffee, snacks, hygiene, phone, computer use, and overnight cot use.

Recommendation

An automated ISF report with real time data accessible to all pertinent staff, specifically, MDC, RRC, and Pathways, would improve communication and client coordination. Counts of simple services may not be necessary to be provided on a weekly basis.

Lack of written procedures & policies: Based upon discussions with staff at MDC and RRC, there is insufficient documentation on program policies and procedures. Within the SharePoint database, which is discussed in more detail below, a few documents have been provided to staff, one titled Resource Reentry Center Rules and the other titled, RRC Supply Procedure. Additionally, there is a brief guide of how to look up individuals in the Transition Plan list. It does not appear that the policies and procedures have been adequately maintained, nor are they specific enough to the scenarios experienced by the TPT staff and RRC staff. The RRC Rules were implemented the 14th week of operation, around September 21st, 2018. Moreover, communication of programmatic changes have been inconsistently communicated, either through email, through one of several different data lists in SharePoint, in-person, or in a note left at the office desk.

Recommendation

Develop formalized written procedures and policies manual, with general sections that apply to all agencies, and agency-specific sections. This should include definitions, rules, expectations, procedures for conducting all expected work tasks, resources, contact information across agencies. Specific processes and procedures which apply only to one agency should also be addressed. This can also help identify system wide areas needing improvement. For example, establishing and implementing a process for inmate release transports.

Lack of clear process flow and agency involvement: Related to the two gaps described above, it is unclear whether agency roles and responsibilities are well-defined and understood. For example, there is a lack of clear documentation and communication differentiating programs within the UNMH organization. A staffing table in SharePoint lists' the names, work location, job title, "company" and contact information, however, it lacks important information, such as program within the specified company (i.e. FCM versus CHW at UNMH), and does not include any information about Pathways staffing. More broadly, it is not clear how agencies/providers within the MDC interact with each other and with external community providers.

Recommendation

Creation of a formalized process flow across all involved agencies would help identify gaps in the program, or areas which need further clarification and formalized processes. This would also benefit general cross-agency coordination and communication. It can also serve as a starting point to developing formalized procedures and policies.

Lack of consistent and reliable data collection and data entry: Currently, staff have been utilizing SharePoint for data collection and sharing purposes. Gabe Nims led the rollout of Sharepoint as the interim data collection system for the program until a client management system (CMS) could be selected, purchased, and implemented. The SharePoint system is intended to capture a variety of information including: arrival times of transports, number of individuals on each transport, counts of services providing at the RRC, pass on notes, and case notes for those individuals seeing navigators. Unfortunately, the structure of the database and its implementation across agencies has been difficult. This was anticipated early on, as it was agreed upon that SharePoint would likely not be robust enough for the data needs of this project.

The database contains several "lists," of data which in SharePoint, are used to create tables with different and dynamic view options; this might be comparable to larger pivot tables within Microsoft Excel.

Some of the initial list tables in SharePoint included a bus pass log, RRC sign in sheet log, RRC supply request form, RRC supply sign out form, RRC tally sheet, RRC temperature log, a RRC volunteer schedule, utilization log, a service request log, and a pass down report log. Additionally, the SharePoint database contained two separate list tables to collect the Risk Needs Assessment and the Transition Plan.

Initially, the RRC tally sheet and utilization log very broadly tracked the transport of individuals from MDC (total transports during shift, total individuals per transport, their reported gender, etc.) as well as a count of broad services, such as the number of individuals who stopped for coffee, sandwiches, to use the computer, or to talk with RRC staff. Information pertaining to the transport process is actually documented elsewhere, in a different, qualitative, free text list

(Pass Down Log). It is clear the Service Request Log is clearly intended to document services requested by individuals moving through the RRC, but the context and other important variables are missing. For example, it is unclear if this is collected by TPT staff at MDC for the RRC staff, or if it is collected by RRC staff.
In the pass down log, a staff from each shift closes their shift with a narrative summary what occurred during the shift. This includes a very brief description of how many transports arrived, the number of times RRC staff were notified by MDC transport officers, and the method (email or call) and whether the transport officer provided a list of names in person at the transport drop off. It is unclear at what time the RRC email group inbox, intended to be used for communications between MDC transport officers, TPT staff, and RRC staff, was first implemented, but problems getting appropriate access, specifically by the RRC staff, was a persistent problem up through December 2018.

Fortunately, since June 2018 around 11 or 12 small and large revisions have been implemented, which have, in some ways, substantially improved aspects of the database usefulness. For example, a new list table has been created, which appears to have replaced the Service Request Log, named RRC Services and Referrals. This new list table is an improvement from the initial list table. Despite this, there are many areas whereby data appears inconsistent or inaccurate, duplicative, or not relevant.

Recommendation

- SharePoint: Ensure data are collected and entered consistently and reliably by all agencies. This should include developing a way to monitor ongoing SharePoint functioning, creating a SharePoint codebook, and creating and conducting a cross-agency training on general data collection and SharePoint. Regular refresher trainings should be considered.
- A training should occur in which staff are trained in using the SharePoint database and any other database. Policy and procedures and a codebook is provided to each staff would also be important. Trainings are a good time to discuss "common mistakes"/FAQ and so forth, and then making sure the codebook is followed (quality assurance), which involves reviewing entered data in some sort of systematic way. During this meeting/training (which ideally consists of all the staff from the various parts of the program) it can be helpful to pair the rules of the codebook with the "why" of it. In other words, taking the time to show each staff how the data they enter is then used by subsequent staff. By providing context it can become more meaningful and can increase the quality of entry.
- Consider the creation of a data system sub-group comprised of relevant County and agency members that will monitor the SharePoint database structure and its data for quality improvement. This group can then meet on a regular basis to discuss and make such changes.
- SharePoint data lists can be condensed where information is duplicative. Moreover, data lists can be improved by ensuring data fields require the appropriate responses, and have clear directions and options. This might entail more formal documentation of how MDC officers communicate and notify the RRC of an upcoming transport, rather than informally and inconsistently describing it in free text.

Additional data collection and management are operating in siloes: Transition planners within the MDC and staff at the RRC collect and manage additional data aside from the SharePoint database. Very little is known about the specific services inmates receive while incarcerated, as well as after meeting with transition planners once leaving the RRC. This is because existing data that is collected, aside from that of the SharePoint data, is not shared, specifically, that of UNMH data collected within MDC, and UNMH-OCH data from pathways. It is unclear whether staff from the RRC are able to document additional subsequent outputs regarding the individuals they serve once they leave the RRC. Acquiring data or any level of follow up information might be more difficult for outside community partners, but this should be more accessible with UNMH-OCH Pathways. Additional SharePoint lists should be created specifically for the TPT located in MDC and a second for the UNM-OCH Pathways for entry of client information.

Recommendations

Excel data collected by the TPT and RRC staff, which is separate from the SharePoint data, should either be shared with the County in its original excel format, or should also be entered in its own data list within the

SharePoint data system. Based upon very brief look through of the excel databases, changes could be made to improve collected data.

Performance measures are not established, nor are they routinely reported to the County: While the County and ISR have access to the SharePoint database, each contracted program should have a set of performance measures that can be used to report inputs, activities, participants, outputs, and short-term outcomes. This information will be useful for the County in implementing performance based contracting. The SharePoint database does not allow for this type of information.

Recommendation

Determine performance measures for Pathways, UNMH, and RRC which reflect their contracted performances.

MDC-Specific Concerns

1. Inconsistent/unreliable methods of filtering inmates into TPT scoring due to incomplete proxy scores. Each inmate should have a proxy score calculated, which is calculated with their current age, age at first arrest, and the number of prior arrests. These three variables have historically been collected by CCS staff at the booking intake, however, it is done inconsistently. If any of the three variables are missing, the proxy cannot be reliably be calculated. In addition, the proxy is currently scaled with 0-3 considered to be low, 4-6 is considered moderate, and 7-8 is considered to be high. Even though the program identified the target population for transition planning as having high risk/needs, and thus scoring 7 or 8, the majority of those given transition plans are of lower risk/need. It is possible that the proxy will need to be re-scaled after analysis to ensure the target population is actually being captured. This might entail extending the target population to also include those whom score as moderate risk/need, or shifting the scaling of scores whereby 6's are considered to be in the high group.
2. Related to the lack of formalized operational training, procedures, and policies for TPT staff within MDC, based upon informal conversations with staff, there appears to be a possible need for portable communication tools, like walkie-talkies, to improve communication, and for safety purposes.
3. As of December 2018, there was a lack of procedure for assigning return inmates to TPT caseloads. The current process for caseload assignment is to pull the booking list, filter out those who are ineligible, split the remaining inmates as evenly as possible across the other transition planners, and email the assignments to the transition planners. Each transition planner then downloads the list with assigned inmates, identify inmates assigned to them, and copy and paste those inmates into their own excel workbook. Each transition planner maintains their own excel workbook. It is not known what specific information is stored within the excel workbooks or if the workbooks are consistent across transition planners. Because of this, returning inmates, who may have received a transition plan from transition planner A, may subsequently be assigned to transition planner B's caseload. Worse yet, this returning inmate may not even receive a transition plan if their new proxy score is miscalculated or missing.

RRC Specific Concerns

1. MDC transports to the RRC have been inconsistent and difficult to plan for. Efforts to establish a process whereby MDC transport officers' notify the RRC staff prior to departing have been somewhat successful, but certainly leaves room for improvement. Furthermore, provision of a hardcopy list of the individuals' being released prior to departure would be significantly helpful. Ultimately, these types of processes are contingent upon the staff from both the MDC and the RRC to follow procedures, which is not always easy. The alternative might entail providing some form of read-only access to EJIS.
2. One of the many consequences of an inconsistent transport schedule and process is subsequent difficulty determining appropriate staffing schedules at the RRC. During busier times, immediately post-transport, several CHW's might be necessary for greeting and providing services to releasing individuals. During slow times, however, which is the majority of the day, fewer staff are needed. Thus, staffing becomes difficult to predict as it is contingent upon the size and frequency of transport loads.
3. On August 14th, the Director of Risk Management made a site visit to the RRC and made numerous recommendations, and it is unclear whether these changes were implanted; they include:

- *Front desk Sign in sheet should have a sign out section. This provides a record of who is in the building or not at all times. In the event of an emergency/evacuation this allows EMS or staff members to identify who is still in the center or not.*
- *All 24/7 greeters and security staff should be trained to basic CPR/AED First aid training.*
- *Establish an emergency contact list and have available for front desk and staff.*
- *Establish safety protocols for evacuations (risk can help here if needed)*
- *AED cabinet needs to be checked. Alarm buzzer was not working when AED cabinet was opened*
- *Fire extinguisher needs a fire extinguisher sign (Risk can provide but facilities needs to install)*
- *IT closet had no key available. Its suggested Bill or leadership have a key to closet door. This is just in case of a fire in the IT room.*
- *IT room probably needs a halon or computer compatible type fire extinguisher for the IT room. (recommend to ask IT for advise)*
- *Janitorial room closet needs a sign outside of door indicating janitorial closet.*
- *Radios recommended for leadership and staff. If leadership administration staff is sitting upstairs, there is not quick direct communication with staff down stairs. If you can't provide radios, then some kind of quick way of communicating with staff*
- *If cameras to be installed. Recommended providing policy/procedure on the use of cameras and identify who will use and who will pull video if needed.*
- *Badge access/Keys. Recommended that leadership have a list of who has keys and badge access to rooms.*

CONCLUSION

In conclusion, this review outlined evidence-based practices relevant to the RRC, including reentry and transition planning and then described the contracted/proposed processes of the RRC, as well as its current processes. Lastly, in seeking to understand and describe such processes, specific concerns were identified, as well as recommendations to address such concerns. Ultimately, it is the intent of this brief to assist the RRC program with implementation and adherence to evidence-based practices. This type of review should be thought of as technical assistance in preparation for future evaluation. In considering the review, the RRC will be further prepared for the process and outcome evaluation to be conducted in the next year.

In the introduction it was noted that informal observations allowed for identification and understanding of the various barriers faced by staff at the MDC and RRC and the way in which they were addressed. It was informally observed that as problems arose at the different agencies, the manifested issue might have been addressed, but not the underlying cause. Moreover, in handling these problems on a case by case basis and with limited cross-agency communication, the solutions were more like band-aids, which were temporary and inefficient. Perhaps the largest challenge of the RRC program is the number of diverse agencies involved. It is likely that many of the previously addressed concerns stem from this larger challenge, however, they are highly interconnected with each other as well. Ultimately, this review can be used to describe what is known about best practices for reentry and transition planning, to compare the current processes of the RRC program to those best practices and the proposed program design approved by the ABCGC. Moreover, it can be used to review what is known and not known about the current processes, thus identifying program strengths and gaps. This involves all agencies involved in the RRC program, even those not directly identified within the contract, and this should be kept in mind when utilizing this review.

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