

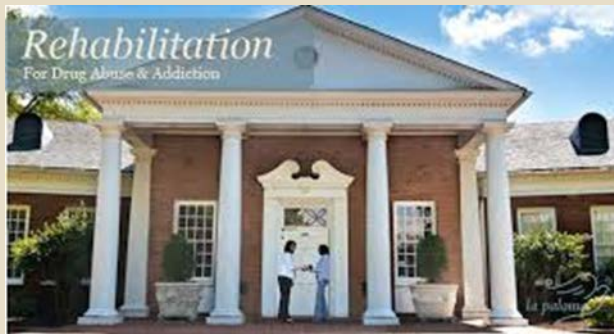
Linkage to Community Services

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Three Key Points

- POINT ONE: Preparation for Effective Community Linkage Begins at Admission to Prison
- POINT TWO: Effective Discharge/Transitional Planning Needs to be Developed and Implemented
- POINT THREE: Linking to appropriate and effective services in the community requires cooperation and support from multiple agencies.

1. Preparation for Effective Community Linkage Begins at Admission to Prison

- Multi-domain assessment of static and dynamic risk factors and behavioral health issues (Belenko, 2016)
- Individualized case planning incorporating motivational and self-efficacy interventions
- Provide appropriate and evidence-based treatments
 - Engage correctional staff
 - Address stigma and discrimination
- Continuum of care approach



2. Develop and Implement Effective Discharge/Transitional Planning

- Repeat assessment of dynamic risk and need factors
 - Potential reintegration challenges
- What services needed during transition to community?
- Consider reach-in models (Project Bridge, Project START, Hampden County model, RI MAT model)
 - Peer support



(Vîlcică & Belenko, 2021)

2. Develop and Implement Effective Discharge/Transitional Planning

- Transition to insurance coverage
- Initiating SUD treatment during incarceration facilitates post-release treatment linkage up to 9 months after release (Hamilton & Belenko, 2019)
- Pre-release needs assessment, case management, insurance assistance significantly increases receipt of post-release treatment (Hamilton & Belenko, 2016)

3. Linking to appropriate and effective services in the community requires cooperation and support from multiple agencies.

- Warm handoff approach
 - Elevated risk of fatal overdose in first weeks post-release
- Motivating returning citizens to access treatment after release
- Reimagine parole as a service delivery agency (Taxman & Belenko, 2012)
 - Incentivize parole officers to support treatment linkage and adherence
- Engage with community agencies
 - Address stigma and discrimination



Barriers to Improving Treatment Linkages

- Stigma and discrimination
- Lack of incentives for patient to participate
- Public health/public safety disconnect
 - CJS emphasis heavily weighted toward “control” and public safety
- Inadequate treatment funding
- Disincentives for treatment providers to accept formerly incarcerated clients
 - Paperwork, supervision requirements

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THANK YOU!

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