

RSAT Promising Practices Guidelines: 2025 Learning Community Series

Continuing Care and Reintegration

Wednesday, June 11, 2025

Bureau of Justice Assistance (BJA)







Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No.15PBJA-22-GK-01132-RSAT awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.



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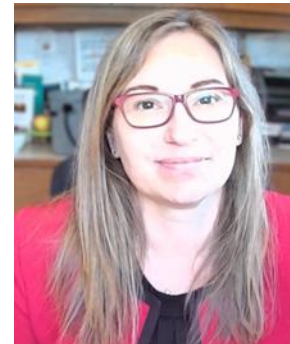
RSAT-TTA Presenter & RSAT Community Best Practice Expert



Erin Allain, MS

Consultant

Advocates for Human Potential, Inc.



Donna Magee, MSW, LADC

Program Director

Sullivan County Department of
Corrections, NH

Learning Objectives

Upon completion of this webinar, the participant will be able to:

1

Explain the importance of continuity of care for individuals with SUDs and mental health disorders during reentry.

2

Identify key partners involved in effective reentry planning and aftercare.

3

Describe strategies to ensure seamless coordination of post-release services.

Today's Agenda

- Presentation by RSAT-TTA staff
- Best Practice Highlight
 - Sullivan County, NH
- Breakout Discussion
- Open Q&A

Continuing Care and Reintegration

Why is continuity of care important for reentry?



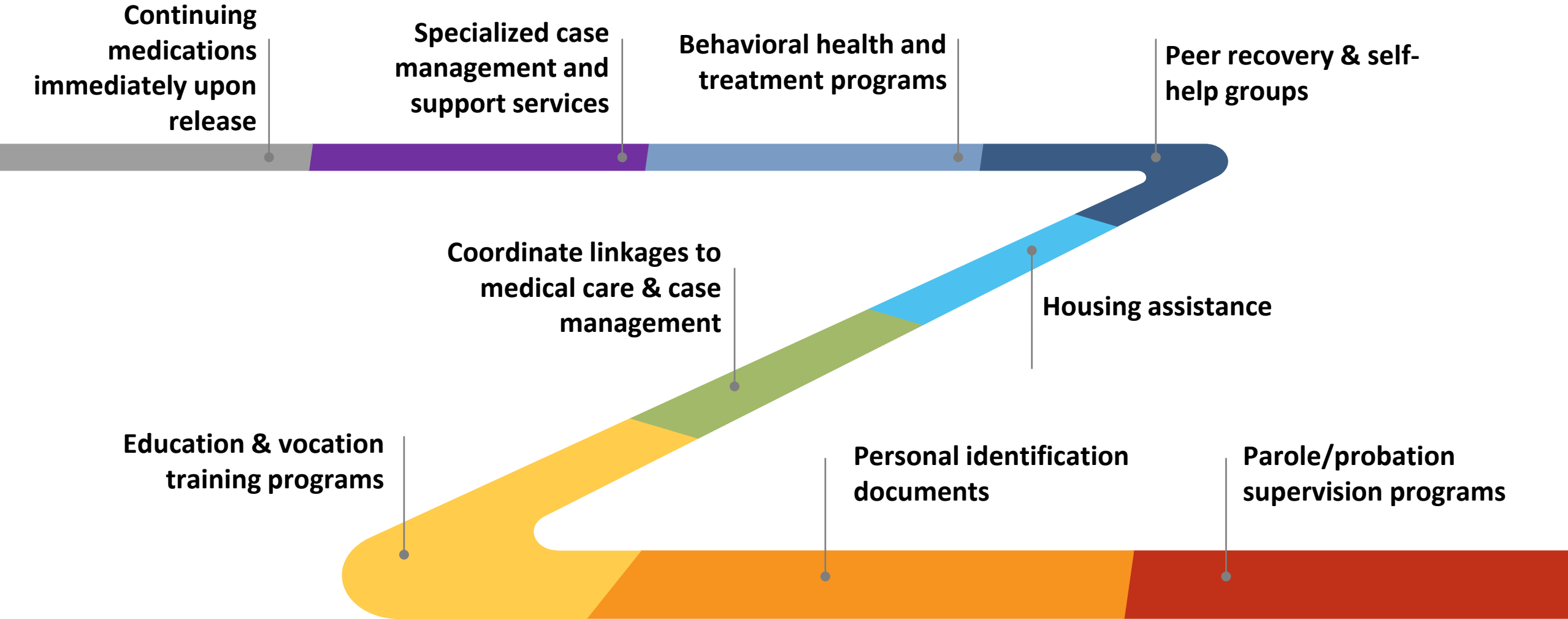
VII. Continuing Care and Reintegration

Promising Practice Guidelines Section Reference

- **A. Continuity of care is essential for people with SUDs and mental health disorders who are reentering the community. Residential SUD treatment programs should assist participants with post-release services, which can include case management services and a full continuum of support services, including medical treatment and other health services (p. 38).**

https://www.rsat-tta.com/Files/Manuals-Curricula/RSAT-PPG_February2023

What does care continuity look like?



Who are the key partners in effective reentry planning and aftercare?

- Medical, mental health, & MAT
- Reentry staff
- Parole and probation departments
- Treatment court
- State, regional, and community-based agencies
- Community partners responsive to individual backgrounds



How is care continuity done seamlessly?

Planning for reentry as soon as incarceration begins

Regularly scheduled meetings with partners

Incentivize graduates' participation in aftercare upon release

Plan for health insurance and public benefits upon release

Create opportunities for peer support

Create avenues for information sharing between partners

Schedule appointments for post-release and plan logistics

What else is on YOUR list?

Facility Best Practice Highlight

Sullivan County Department of Corrections in New Hampshire

TRAILS PROGRAM (Transitional Reentry and Inmate Life Skills) :

- Rural jail with average daily population running a 50-60 inmates
- Second highest poverty rate in the state, with higher than national average for drug and alcohol usage per capita
- TRAILS population is incarcerated at the Sullivan County DOC with sentences generally ranging 8-12 months
- In-house program is 90 days with 4 classes/groups day M-F
- Strong community partnerships with local providers and stakeholders



Sullivan County Department of Corrections

Transition from Jail to Community Model

TRAILS first started in 2010

Intensive Portion includes (90 days while in jail):

- 240 hours of intervention
- Fidelity based curricula (well trained staff with supervision)
- Reviews with the client every 30-60-90 days (Franklin County Mass)
- 8 hour and 24-hour furlough
- Case Management checklist is to be driven by the inmate
- We have Recovery Center, Domestic Violence Shelter, Dartmouth Health, Claremont Savings Bank, Adult Learning partnerships to teach classes and groups

Case Management Checklist

Transition from Jail to Community (TJC) Case Management Principles

1. Case management services are provided to clients who have been **assessed as medium or high risk** to reoffend.
2. Clients receive a **comprehensive case plan** that builds upon needs assessment by specifying interventions that **address the client's identified criminogenic needs**.
3. A **single case plan** is used by **all agencies** interacting with the client—including the jail, probation, and community-based service providers—and the case plan **follows the client into the community upon release** from jail.
4. Jail staff **coordinate** with staff from community-based organizations to ensure that clients are referred to appropriate programs and services.

TRAILS Release Readiness Checklist

Name _____		Date _____	
TRAILS Release Readiness LIST			
WHAT	WHO/WHERE	NOTES	DONE / INITIALS
Health Insurance / NH Medicaid	Case Manager		
SSN Card	Case Manager		
Birth Certificate	Case Manager		
Picture ID	Case Manager		
HS Diploma / HiSet	Case Manager		
Primary Care Provider	Case Manager		
VA Support	Case Manager		
Participation Rubric	Self Sign		
Treatment Plan	Individual Clinician		
Letter to Self	Prime For Life		
Triggers List	Relapse Prevention Class		
Relapse Prevention Plan	Relapse Prevention Class / Individual Clinician		
Resume	Case Manager / Starting Out		

Employment	Case Manager	
Housing	Case Manager	
8-hour Furlough	Individual Clinician	
24-hour Furlough	Individual Clinician	
Letter to Superintendent (Good Time)	Self	
Electronic Monitoring Paperwork	Case Manager	Request from Case Manager 2 weeks prior to graduation
Transition / Case Plan	Case Manager	This is based on release date, request from Case Manger prior to ER
Aftercare Goal Sheet	Individual Clinician	
Aftercare Packet	Aftercare Clinician	Complete at 90 day review
Aftercare Date & Time		
Probation Appointment	Case Manager	This is based on release date, request from Case Manger prior to ER
Probation Date & Time		
		*use N/A if it does not apply

Transition from Jail to Community Model

Aftercare: Post release, often on Electronic Monitoring/Home Confinement



- Meet weekly
- Staffed by contract with the local Recovery Center, but that person is on the TEAM
- Support based group
- Weekly Urine Drug Screenings (Random)
- Non-compliance letters tracks problems and dismissals
- On-site case manager is provided for Aftercare
- Work cooperatively with probation
- Gender specific
- Out of district options available and tracked by us

Sullivan County Treatment Flow

Assessment

Staff complete ORAS Risk/Needs Assessment and ASAM placement assessment
Inmates are placed in program based on level of Risk/Need

Track 1

Attends all classes, 12 months post release Aftercare

Track 2

Attend all classes, 0 to 6 months of aftercare

Track 3 Work Release/Programming

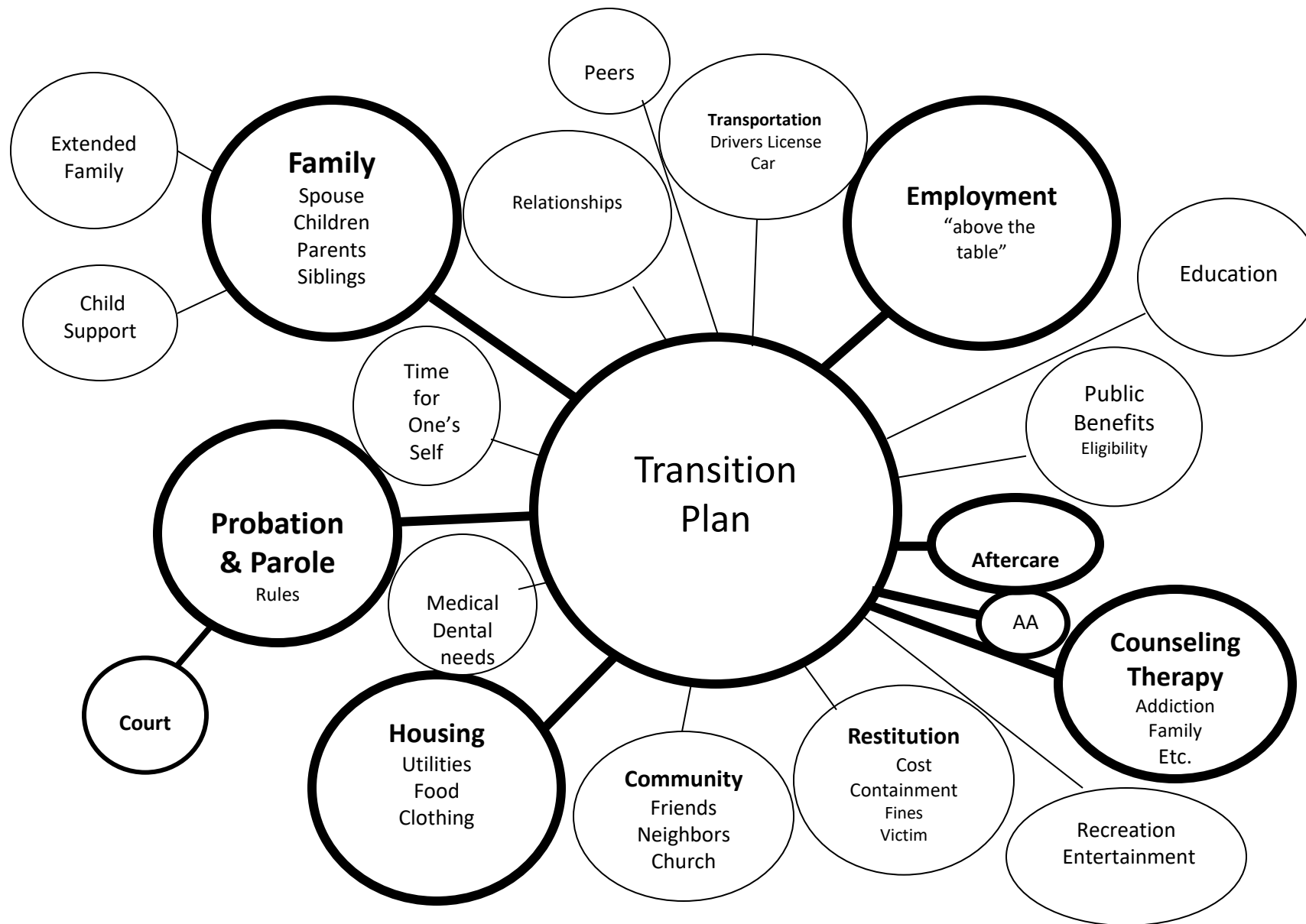
Inmates work full time and participate in treatment groups

Track 4 Post Release

Inmates are transitioned to Electronic Monitoring or Probation Supervision with weekly Aftercare groups

Track 5 Relapse Prevention

Intensive program 30-60 days at Community Corrections ~ enhanced aftercare for minor violations



Sullivan County Department of Corrections

Lessons Learned

Encourage buy-in from correctional staff

- Encourage cross training and participation with clinical and correctional staff
- Teach Motivational Interviewing basics, make sure all staff use and understand MI

Connection with courts and probation staff is vital

- Talk openly about aftercare throughout the intensive phase
- Meet regularly with partners to discuss programming

Maintain good records and communication with letters

- Non-compliance is documented, shared with probation for swift and certain consequences

Be consistent

Breakout Session

Breakout Session

Time to chat!

- Two breakout rooms - Jails and Prisons
- ~25 minutes of discussion
- Report back to the group after
- **Discussion Questions**
- Share examples from your facility or program on how you coordinate post-release care. What's working well, and what barriers have you faced in building strong community partnerships?
- How can we better tailor reentry planning and aftercare to address the needs of different populations, including considerations of background and risk level?

Breakout Session – Report Back

Open Q&A

What questions do you have for:

- RSAT-TTA staff
- Facility practice highlight presenter
 - Larger RSAT community



Additional Resources



[The National Reentry Resource Center](#)



[SAMHSA's Intercept 4: ReEntry](#)



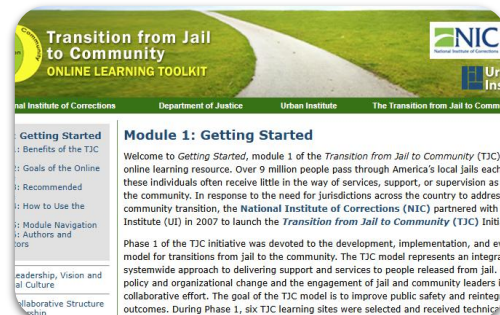
[RSAT Training Tool: Reentry Strategies to Reduce Recidivism and Sustain Recovery](#)

Additional Resources



RSAT-TTA

[Promising Practices Guidelines](#)



National Institute
for Corrections

[Transition from Jail to Community Online Learning Toolkit](#)



Bureau of Justice
Assistance

[National Reentry Resource Center](#)



National Institute
of Justice

[Crime Solutions](#)

Contact Information

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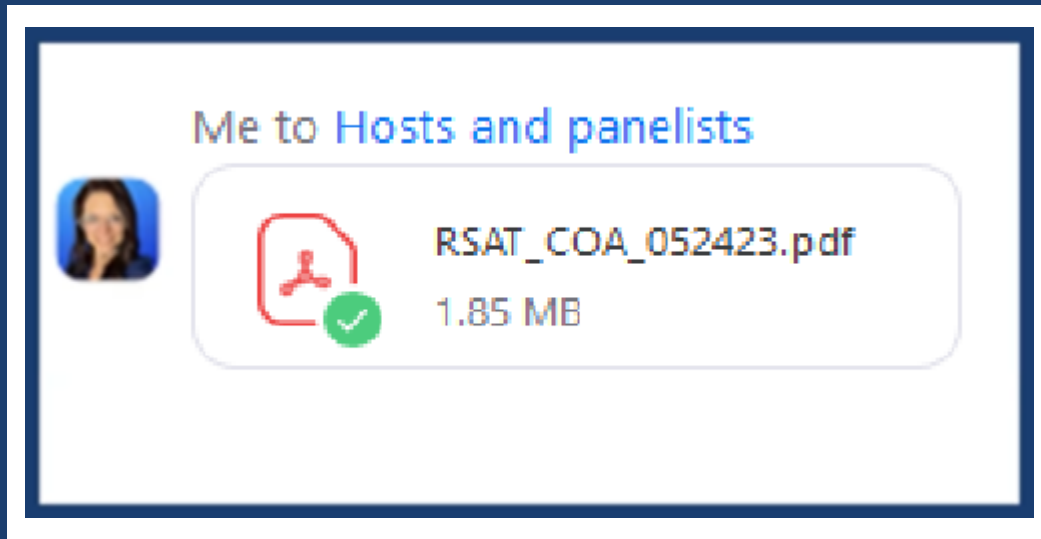
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You can download the certificate of attendance from the chat.





CERTIFICATE OF CONTINUING EDUCATION



1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



Pass 10-question quiz with 7 correct answers



Download certificate upon completion of the quiz

June 11, 2025 RSAT webinar CEH quiz link:
<https://survey.alchemer.com/s3/8341526/June-11-2025-RSAT-Webinar-CEH>

Upcoming in this Series

- Program Administration
- Facility-Level Interventions

Wednesday, June 25

Wednesday, July 9

CONTACT



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