

BEHAVIORAL HEALTH REINTEGRATION (BHR)
PROGRAM:
CLINICAL CASE MANAGEMENT CARE FOR
FORMERLY INCARCERATED “LONG TERMERS”

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1



OVERVIEW

- I. Scope of BHR services
- II. Pathways through BHR by parole clients
- III. Common reentry needs among “long termers” parole clients
- IV. Case examples

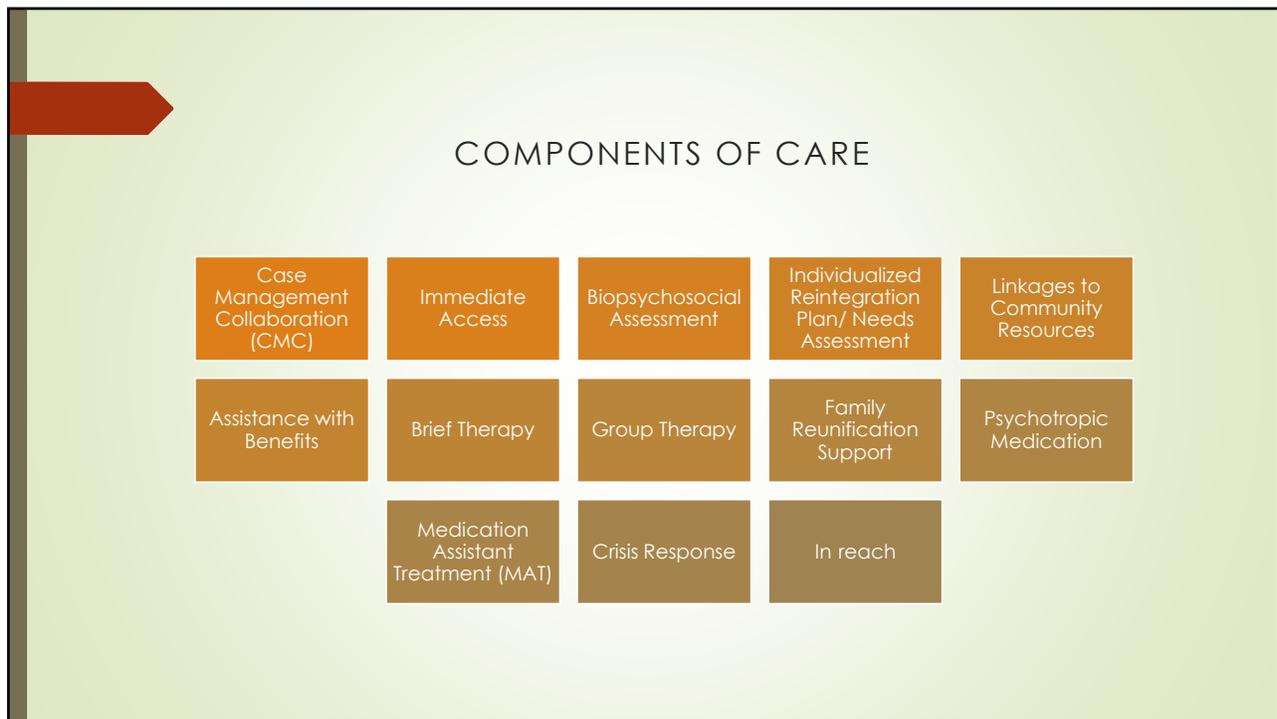
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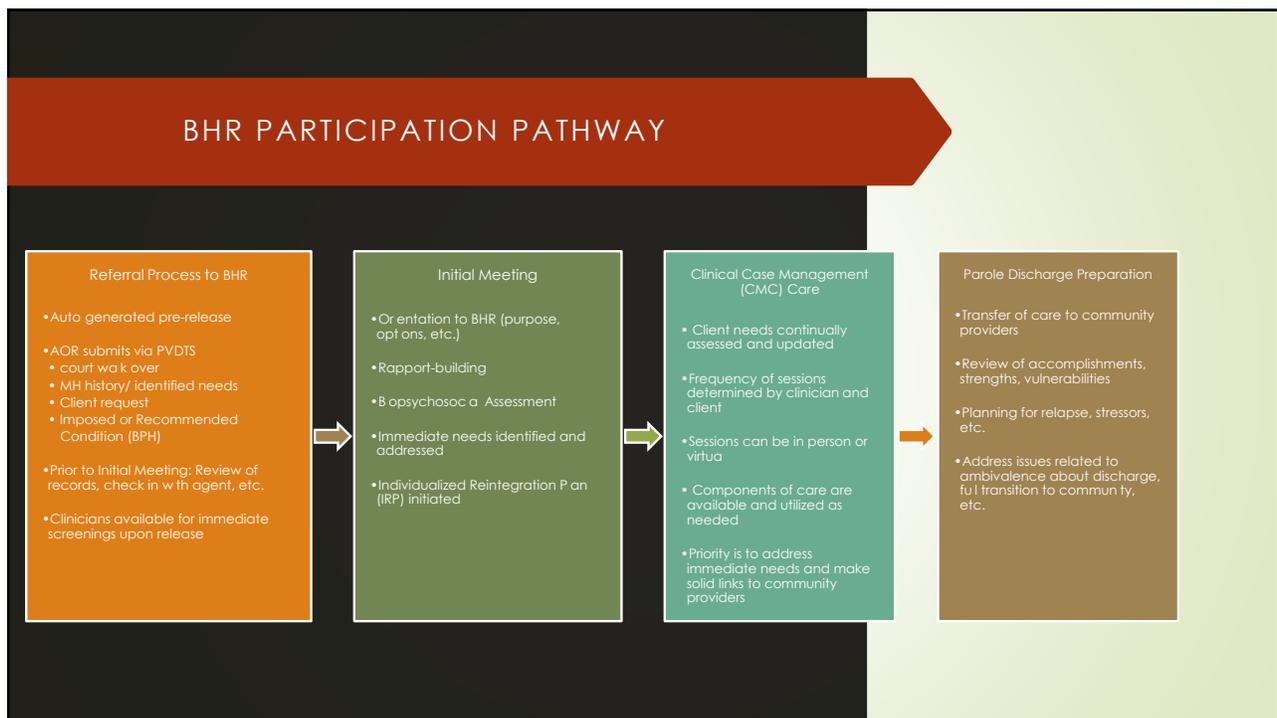
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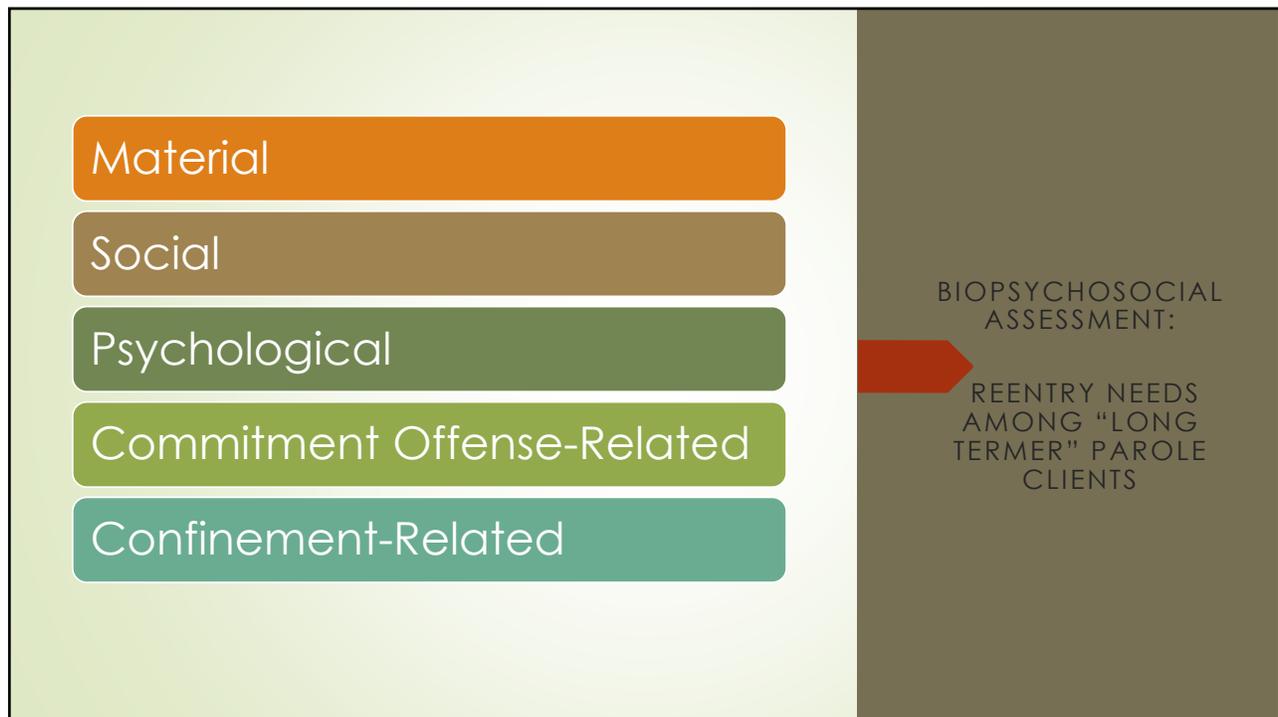
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7

MATERIAL CHALLENGES

- Employment and/or career (including education)
- "I did my 401k years in prison" – financial stability, planning, etc.
- Housing – medium and long term
- Technological literacy – phones, scams, etc.
- Benefits – SSDI, Medi-Cal, etc. - and decentralized systems of care

8



SOCIAL CHALLENGES

- Building "social capital"
- Relationships with family/friends
- Reconfiguring relationships
- Adapting to cultural changes/norms over time
- Forming/solidifying new identity as "formerly incarcerated"

9



PSYCHOLOGICAL CHALLENGES

- Managing mental health
- PTSD and/or PICS (Post Incarceration Syndrome)
- Adapting to changed environment
- Updating identity ("transformation narratives")
- Adjusting to non-institutional life
- Living amends/reparative capacities

10



COMMITMENT OFFENSE-RELATED CHALLENGES

- Resurgence of guilt (amid absence of punishment)
- Reckoning with "second chance at life" versus victim
- Stigma/complexity of disclosing commitment offense
- Felony disenfranchisement laws
- Working through effects of BPH hearings

11



CONFINEMENT-RELATED CHALLENGES

- PTSD/PICS
- Loss of community and support systems/"survivor guilt"
- Addressing impact of "lost time"
- Navigating resources in community (i.e., health care system, banking, etc.)
- Developing new routines and breaking old associations/habits

12

TRANSITION FROM RISK ASSESSMENT TO RISK MANAGEMENT: HOW BHR HELPS

Clinicians have forensic (often institutional) expertise (and access to institutional records)

Immediate access provides "soft landing" in community after long-term confinement

Agents and clinicians collaborate to ensure participation/accessibility (especially in crises/potential crises)

Clinical Case Management model provides individualized range of services – priorities and foci shift in response to changing needs

Risk factors can be mitigated/managed via clinical case management needs being met

13

BHR: LOOKING FORWARD

✓ Integration of recommendations from LTO Advisory Group

👥 Continual development of and training to Lifer Responsivity principles

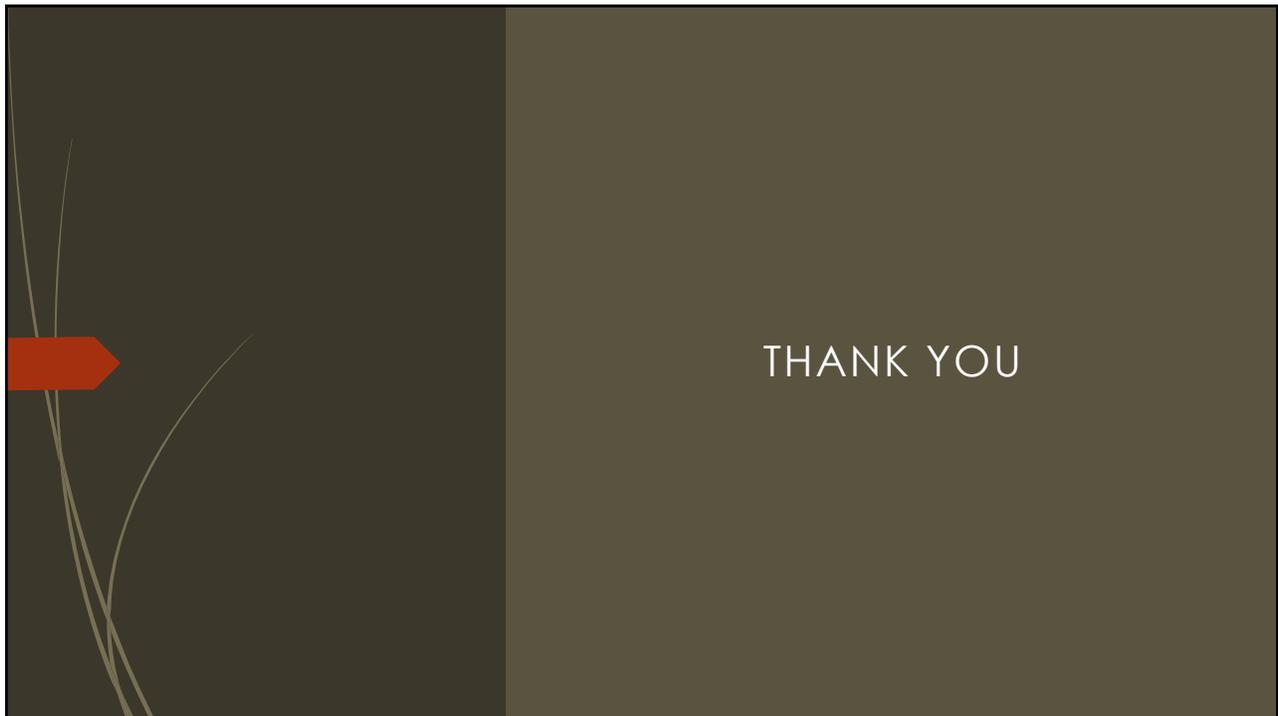
👤 Collaboration with BPH Forensic Assessment Team

🧠 Implementation of California Model & trauma-informed practices

14



15



16