The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show in addition to discussing ongoing research in the field.

Show Description. The GAINS Center estimates approximately 1.1 million persons with serious mental illness are admitted annually to U.S. jails. Among these admissions, 72 percent also meet criteria for co-occurring substance use disorder. Dependence rates of prisoners are more than four times that of the general population, and 15 percent of male and 30 percent of female inmates recently admitted to jail have a serious mental illness. This show explores what services are critical to include in justice intervention, namely: treatment and recovery efforts for people in criminal and juvenile justice systems with mental and substance use disorders; family involvement; recovery support; peer counseling by people who have successfully completed drug court; problem solving court programs; and, education and training for those returning home. Panelists discuss new programs to help people before incarceration, interventions for at-risk populations, and how to improve the juvenile justice system to ensure the provision of appropriate support.

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2 Substance Abuse and Mental Health Administration. Behavioral Health and Justice Involved Populations. By Pamela S. Hyde, J.D. Dependence rates of prisoners are more than four times that of the general population and 15 percent of male and 30 percent of female inmates recently admitted to jail have a serious mental illness. (February 11, 2011). From [https://store.samhsa.gov/shin/content//SMA11-PHYDE021111/SMA11-PHYDE021111.pdf](https://store.samhsa.gov/shin/content//SMA11-PHYDE021111/SMA11-PHYDE021111.pdf) (accessed September 16, 2017).
Segment 1: Understanding Justice Intervention

Key Questions:
1. What is justice intervention?
2. What is the prevalence of mental and substance use disorders among individuals in criminal and juvenile justice systems?
3. What is a jail diversion program?
4. How does jail diversion help to reduce arrests, jail days, and use of alcohol and drugs?
5. What are specialty courts and explain its significance to those with mental illness and or substance use disorder?
6. How do racial and ethnic disparities impact individuals and families involved in the criminal and juvenile justice systems?

Answers:

1. What is justice intervention?

Justice intervention is the treatment and recovery efforts for people in criminal and juvenile justice systems with mental and/or substance use disorders. It involves a collaboration between the criminal justice and behavioral health systems whereby individuals are intercepted as they move through the criminal justice system and moved into treatment.


• Until the mid-1990s, most suspects with mental illness could expect to be processed by the criminal justice system in the same manner as suspects who were not experiencing mental health issues. However, justice system actors increasingly have sought solutions for balancing traditional objectives (e.g., public safety, punishment, incapacitation) with innovative responses designed to meet the special needs of this population.

• Along these lines, Munetz and Griffin conceptualized the Sequential Intercept Model as a framework that identifies a series of points of interception at which interventions can be made to prevent individuals with mental health problems either from entering the criminal justice system or penetrating more deeply over time. The interception are: law enforcement and emergency services; initial hearings; jails, courts, forensic evaluations, and forensic commitments; reentry from jails, state prisons, and forensic hospitalization; and community corrections and community support.

• The idea is to intercept most people at early points, with decreasing numbers at each subsequent point.


• SAMHSA supports treatment and recovery efforts for people in criminal and juvenile justice systems with mental and/or substance use disorders.

• Given the high prevalence of people with mental and substance use disorders involved with the justice system, SAMHSA has prioritized this population. Recognizing that behavioral health treatment and recovery support services are critical but also need to be balanced with the community priority of public safety, SAMHSA has created an array of programs, technical assistance centers, resources, and policy initiatives that take these issues into consideration.

• SAMHSA’s criminal justice work is organized around a framework for intervention referred to as the Sequential Intercept Model. This model identifies five key points for “intercepting” individuals with
behavioral health issues, linking them to services and preventing further penetration into the criminal justice system. 

• This model builds on collaboration between the criminal justice and behavioral health systems; highlights where to intercept individuals as they move through the criminal justice system; identifies critical decision-makers who can authorize movement away from the justice system and into treatment; and delineates essential partnerships among mental health, substance abuse, law enforcement, pre-trial services, courts, judges, jails, community corrections, social services, and others. Through its criminal justice initiatives, SAMHSA aims to:
  o Bring about strategic linkages with community-based behavioral health providers, the criminal justice system and community correctional health
  o Promote effective diversion and reentry programs
  o Foster policy development at the intersection of behavioral health and justice issues.

2. What is the prevalence of mental and substance use disorders among individuals in criminal and juvenile justice systems?


• According to a 2006 Bureau of Justice Statistics report, approximately 74% of state prisoners, 63% of federal prisoners and 76% of jail inmates met the criteria for a mental health disorder.

• An estimated 42% of state prisoners and 49% of jail inmates met the criteria for both a mental health and substance use disorder.

• Studies have found that for youth in the juvenile justice system, 50% to 70% met criteria for a mental disorder and 60% met criteria for a substance use disorder. Of those youth with co-occurring mental and substance use issues, almost 30% experienced severe disorders that impaired their ability to function.

• According to a 2011 report from SAMHSA’s Treatment Episode Data Set (TEDS), the criminal justice system was the major source of referrals to substance use treatment, with probation or parole treatment admissions representing the largest proportion of criminal justice system referrals. Similarly, in SAMHSA’s adolescent substance abuse treatment grant programs, juvenile justice is the most frequent referring agency.

• An estimated 14% of men and 24% of women in jails have a serious mental illness (SMI) such as bipolar disorder or schizophrenia. Treatment for SMI in incarcerated settings is both costly and challenging. Moreover, people with mental illness may remain incarcerated longer than those without mental illness. For example, a 2012 study of New York inmates found that people with mental illness remained incarcerated nearly twice as long as other inmates.


• Estimates of the current and lifetime prevalence of mental illnesses in state prisons varied widely. For example, in the present review, estimates for current major depression ranged from 9% to 29%, for bipolar disorder from 5.5% to 16.1%, for panic disorder from 1% (women) to 5.5% (men and women) to 6.8% (men), and for schizophrenia from 2 to 6.5%.

• This systematic review summarizes 28 studies, published between 1989 and August 2013, of the prevalence of mental illnesses in prisons in 16 U.S. states.

• This review presents a detailed summary of key study characteristics that may be of interest to researchers, policymakers, and practitioners. These details are likely implicated in the overall inconsistency in findings. Nonetheless, reviewed studies generally confirm what researchers, policymakers, practitioners, and advocates have long understood: the current and lifetime prevalence of numerous mental illnesses is higher among incarcerated populations than in non-incarcerated populations, sometimes by large margins.
• According to one recent estimate, correctional facilities confine at least 360,000 men and women with serious conditions such as schizophrenia, bipolar disorder, and major depression. In a federal survey, 15 percent of state prisoners and 24 percent of jail inmates acknowledged symptoms of psychosis such as hallucinations or delusions.


• It has been estimated that half of the United States prison population has an active substance use disorder.

3. **What is a jail diversion program?**


• Jail Diversion/Court Liaison programs provide court-based services to persons with psychiatric and co-occurring (mental illness and substance abuse) disorders who are arrested on minor offenses. The primary function of the program is to facilitate access to appropriate treatment services by providing assessment, referral, and linkage to community mental health services. Diversion staffs work to maintain individuals in community treatment services, inform court personnel of treatment compliance, and facilitate access to mental health services through contacts within the Department of Correction when an individual is incarcerated. Diversion programs:
  o Reduce recidivism of persons with mental illness by providing access to appropriate treatment
  o Reduce incarceration of persons with mental illness charged with low-level offenses by providing alternative programs
  o Enhance public safety by freeing up jail beds for violent offenders
  o Provide humane and confidential care for persons with serious mental illness who are involved in the criminal justice system
  o Provide judges with additional sentencing options
  o Increase cost-effectiveness of the court, DOC, and DMHAS through access to appropriate services for persons with psychiatric disabilities


• Jail diversion programs are set up to be a “positive pipeline” to connect the person with behavioral health supports, while offering the chance to reduce or avoid jail time in exchange for a commitment to pursue wellness and recovery.


• Jail diversion programs for people with mental illness began as a response to the failures of deinstitutionalization, explained Henry J. Steadman, Ph.D., Director of the National GAINS Center in Delmar, NY. The CMHS-funded center, which includes the TAPA Center for Jail Diversion, collects and shares
information about effective services for people with mental or substance abuse disorders who come in contact with the criminal justice system.

- Twenty years ago, said Dr. Steadman, there was just a handful of jail diversion programs scattered around the country. Today there are nearly 500.
- Federal funding from SAMHSA and other agencies has spurred that proliferation, said Dr. Steadman. “Before that,” he explained, “the movement didn’t have much oomph.” Since 2002, SAMHSA has made 34 jail diversion program grants.

4. How does jail diversion help to reduce arrests, jail days, and use of alcohol and drugs?


- Literature shows that placing individuals [with mental and substance use disorders] in treatment programs within their community, where they have the support of family and friends, offers a lower rate of recidivism than does incarceration.
- If we divert them into good health care, whether it’s substance use disorder treatment or mental health care, and we address other deficits, like housing and employment skills, many of them will become great law-abiding, tax-paying citizens.
- Treating a health issue in the community is much more responsible than incarceration. Locking someone up based on the symptoms of an illness produces horrible outcomes.
- By diverting individuals to community resources rather than treatment within a correctional facility, you can leverage the federal dollar and provide more services to more individuals — including the behavioral health services that keep people out of jail.


- How well do [jail diversion] programs work?
- Dr. Steadman [Ph.D., Director of the National GAINS Center in Delmar, NY. The CMHS-funded center, which includes the TAPA Center for Jail Diversion] and his colleagues are ... analyzing the effectiveness of 14 of the first 20 SAMHSA jail diversion grantees.
- Seventy-five percent of participants had fewer arrests the year after their participation than the year before, for example. Factors that increased the likelihood of arrests included prior arrests, prior jail days, and illegal drug use. Housing status also played a big role, with stable housing related to fewer arrests.
- The amount of time participants spent in jail also dropped. Fifty-two percent didn’t spend any time in jail in the year after participating in the program. Almost 76 percent reduced the number of days spent in jail post-enrollment compared with the year before diversion.
- The preliminary analysis also shows that participants experience significant improvements in their functioning and significant reductions in their alcohol and illegal drug use, added Dr. Steadman.
- Data also reveal something else: what Dr. Morrissette calls “an overwhelming number” of program participants who have experienced childhood sexual abuse, rape, or some other extreme trauma. SAMHSA now asks all existing jail diversion grantees to provide trauma services to participants.
- In addition, the focus of the grant program itself has shifted to accommodate the discovery of trauma's importance. The program currently focuses exclusively on offenders with PTSD or other trauma-related mental illness or substance abuse.
5. **What are specialty courts and explain its significance to those with mental illness and or substance use disorder?**


- [Specialty] courts may include drug courts, mental health courts, tribal wellness courts, veterans’ courts, and domestic violence courts. The focus of these courts is to address the underlying mental health and substance use issues and related needs of offenders by using the sanctioning power of the court to connect with treatment and other alternatives to incarceration.
- For example, research has demonstrated that drug courts help reduce recidivism and substance use among offenders and increase their likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment; mandatory periodic drug testing; and the use of appropriate judicial sanctions and linkage with other services and supports.


- Drug courts are a diverse group of specialized programs that focus on adult or juvenile offenders, as well as parents under child protective supervision who have substance use-related disorders. Drug courts provide treatment and other services, overseen by a judge, in lieu of being processed through the traditional justice system. By 2015, more than 3,400 drug courts were in operation across the United States.
- An estimated 55,000 defendants per year participate in adult drug courts, with each court serving a caseload of approximately 50 individuals each year.
- These interventions seek to harness the coercive power of the criminal justice system to persuade drug-involved offenders to cease their problematic drug use. Existing research, including randomized controlled trials, have found positive effects of drug courts, including high rates of treatment completion and reduced rates of recidivism, incarceration, and subsequent drug use.
- Reviews of these evaluations have concluded that the average effect of adult drug court participation is analogous to a drop in recidivism from 50 percent to 38 percent, and that this effect lasts up to 3 years.289 Evaluations of driving under the influence (DUI) drug courts generally find similar reductions as adult drug courts and substantially smaller effects than are found in juvenile drug courts.
- Larger reductions in recidivism were found in adult drug courts that had high graduation rates and that accepted only nonviolent offenders, suggesting that this intervention may be more effective among that segment of the substance-using population.


- Mental health courts for adults and juveniles work with people with mental illnesses who are involved in the justice system. These courts connect people to effective treatment and support after they undergo screening and assessments. Adult and juvenile mental health courts have some similarities, but juvenile mental health courts focus on treatment and rehabilitation, and help divert youth from detention facilities to common-based services. More specifically, juvenile mental health courts address issues such as involving families and schools in treatment.
Drug Courts are judicially supervised court dockets that strike the proper balance between the need to help addicted offenders get free from the grasp of drugs and the need to protect community safety; between the need for effective treatment and the need to hold people accountable for their actions; between hope and redemption on the one hand and productive citizenship on the other.

Drug Courts keep persons with substance use disorders engaged in treatment for long periods of time, while supervising them closely and holding them accountable for their obligations to society, their families and themselves. Participants are regularly and randomly tested for drug use, required to appear frequently in court for the judge to review their progress, and immediately receive rewards for doing well and sanctions for not living up to their obligations. All of this with one simple goal: get the person with a substance use disorder sober.

6. How do racial and ethnic disparities impact individuals and families involved in the criminal and juvenile justice systems?


- [Disproportionate minority contact] has been an ongoing issue in the criminal and juvenile justice system with the over-representation of racial and ethnic population groups detained and incarcerated. This issue is exacerbated for specific populations with mental and substance use disorders that tend to face a disproportionate lack of medical/surgical and behavioral health services; have higher rates of being uninsured; tend not to seek care in the earliest stages of a disorder; or have a regular primary care provider, and tend not to have advocates to help them navigate complex health care systems.

- Minority youth with behavioral health issues are more readily referred to juvenile justice than to specialty primary care compared to other populations of young people. They are also more likely than Caucasian youth to end up in the juvenile justice system due to harsh disciplinary suspension and expulsion practices in schools. The SAMHSA Office of Behavioral Health Equity has addressed this issue through its efforts to address health disparities.


- Whites are a majority of the total U.S. population, but a minority of the prison population. Blacks, Latinos and Native Americans are a disproportionately larger share of the incarcerated population than they are of the total U.S. population.

- We find that 19,000 people are in federal prison for criminal convictions of violating federal immigration laws. A separate 33,000 are civilly detained by U.S. Immigration and Customs Enforcement (ICE) separate from any criminal proceedings and are physically confined in special immigration detention facilities or in local jails under contract with ICE. (Notably, these categories do not include immigrants represented in other pie slices because of non-immigration related criminal convictions.)


- Race is a defining characteristic of the criminal justice system.
- It is common knowledge that Blacks are disproportionately represented in prison. Looking at different types of incarceration sentences shows us how pervasive these disparities really are. This slideshow scrolls
through the various incarceration sentences one may receive compared to the U.S. population, broken
down by race.

- Once a person is sentenced to jail, we see that Blacks are overrepresented and Whites are
underrepresented, compared to the U.S. population as a whole. This disparity endures in state and federal
prison sentences, life sentences, life without parole sentences, and in the death row population.

Sentencing Project. From http://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-

- African Americans are incarcerated in state prisons across the country at more than five times the rate of
whites, and at least ten times the rate in five states. This report documents the rates of incarceration for
whites, African Americans, and Hispanics in each state, identifies three contributors to racial and ethnic
disparities in imprisonment, and provides recommendations for reform.

- The Bureau of Justice Statistics reports that 35% of state prisoners are white, 38% are black, and 21% are
Hispanic.) In twelve states more than half of the prison population is African American. Though the reliability
of data on ethnicity is not as strong as it is for race estimates, the Hispanic population in state prisons is as
high as 61% in New Mexico and 42% in both Arizona and California. In an additional seven states, at least
one in five inmates is Hispanic. While viewing percentages reveals a degree of disproportion for people of
color when compared to the overall general population (where 62% are white, 13% are black, and 17% are
Hispanic), viewing the composition of prison populations from this perspective only tells some of the story.

- The particular drivers of disparity may be related to policy, offending, implicit bias, or some combination.
Regardless of the causes, however, the simple fact of these disparities should be disturbing given the
consequences for individuals and communities.

- Racial disparities in incarceration can arise from a variety of circumstances. These might include a high rate
of black incarceration, a low rate of white incarceration, or varying combinations.

- Proposed explanations for disparities range from variations in offending based on race to biased decision-
making in the criminal justice system, and also include a range of individual level factors such as poverty,
education outcomes, unemployment history, and criminal history.

- The role of perceptions about people of different races or ethnicities is also influential in criminal justice
outcomes. An abundance of research finds that beliefs about dangerousness and threats to public safety
overlap with individual perceptions about people of color. There is evidence that racial prejudice exerts a
large, negative impact on punishment preferences among whites but much less so for blacks.

- Other research finds that assumptions by key decision makers in the justice system influence outcomes in a
biased manner.
Segment 2: Justice Intervention: A Public Solution to a Public Problem

Key Questions:
1. What is the impact of criminal justice activity among families and communities?
2. What are the potential risks to municipalities and states for not instituting treatment-focused policies around incarceration of low level drug and alcohol offenders?
3. What community problems contribute to risks for incarceration among people with behavioral health disorders?
4. How do we begin to address and promote policies that diminish excessively punitive actions that exacerbate the problem of incarceration of persons with mental and substance use disorders?
5. What kind of behavioral health training is available that can benefit adult and juvenile court judges, prosecutors, defense attorneys, probation officers, court managers, and other judicial staff?

Answers:

1. What is the impact of criminal justice activity among families and communities?

- Jails exist in nearly every town and city in the United States. Although rarely on the radar of most Americans, jails are the front door to the criminal justice system in a country that holds more people in custody than any other on the planet. Their impact is far-reaching and profound: in the course of a typical year, there are nearly 12 million jail admissions—almost 20 times the number of annual admissions to state and federal prisons—at great cost to individuals, their families and communities, and society at large. The Human Toll of Jail is an essential part of an emerging national conversation about changing this picture.
- Presented by the Vera Institute of Justice with support from the John D. and Catherine T. MacArthur Foundation as part of the Safety and Justice Challenge, The Human Toll of Jail is a platform for true stories about and by ordinary people, both those who are or have been caught up in the criminal justice system, and those who work on its front lines. It aims to put a human face to the uses and abuses of jails in the United States, to expose the flesh-and-bone reality. Along with every story featured here, Vera brings information about and links to the research, policy analyses, and best practices that address the larger questions and issues.

- Having a parent in prison can have an impact on a child’s mental health, social behavior, and educational prospects. The emotional trauma that may occur and the practical difficulties of a disrupted family life can be compounded by the social stigma that children may face as a result of having a parent in prison or jail.
- Children who have an incarcerated parent may experience financial hardship that results from the loss of that parent’s income. Further, some incarcerated parents face termination of parental rights because their children have been in the foster care system beyond the time allowed by law or have questions about child support. These children require support from local, state, and federal systems to serve their needs.
- Children of incarcerated parents may also face a number of other challenging circumstances. They may have experienced trauma related to their parent’s arrest or experiences leading up to it. Children of incarcerated parents may also be more likely to have faced other adverse childhood experiences, including witnessing violence in their communities or directly in their household or exposure to drug and alcohol abuse.
Families experience significant losses during a family member’s incarceration, such as the loss of wage-earning household members, parenting partners, sources of emotional support, etc. These losses extend beyond the period of incarceration; for example, an ex-offender returning to a neighborhood from prison may be stigmatized due to their criminal justice involvement, and regarded as someone community members distrust or fear, impacting the offender’s family standing in the community, leading to exclusion from neighborhood associations or economic activity.

This type of stigma and ostracism can be imposed on a family by the neighborhood, and on an entire neighborhood or community by the larger society. As the rate of incarceration increases in a community, businesses (i.e., potential employers) may choose to move somewhere else – as might families who feel that their neighborhood is no longer safe for their children. These have obvious impacts on the fabric of neighborhoods and communities.

The impact on children of parental involvement in the criminal justice system is also of great concern. More than 1.7 million American children have at least one incarcerated parent, and it is estimated that more than 5 million children have a parent on probation or parole.

Children of offenders often grow up in difficult environments (e.g., poverty, drug abuse, family violence); having a parent in prison is yet one more challenge to overcome. Mothers and fathers who are confined are greatly impaired and limited in their ability to effectively fill their roles as caregivers, providers, teachers, supporters, and role models.

Research on child development and the few studies that examine the effects of parental incarceration on children demonstrate that these children may suffer from trauma, anxiety, guilt, shame, sadness, and fear among other conditions.

As difficult as the period of incarceration is on families, an offender’s return home presents new challenges. Many families engaged in the transition process experience a sense of strain that results from the following conditions: financial hardships, relationship problems or interpersonal conflicts, changes in the family dynamic, and feelings of anxiety, anger, or resentment if the offender begin or returns to using drugs or alcohol, or to criminal behavior while living in the community.

Jails are far more expensive than previously understood, as significant jail expenditures—such as employee benefits, health care and education programs for incarcerated people, and general administration—are often not reflected in jail budgets, but rather in other county agencies. This report surveys 35 jail jurisdictions in 18 states to tally the actual price of their jails—and discovered that the untallied cost of jail can be sizable. More than 20 percent of jail costs were outside the jail budget in nearly a quarter of the surveyed jurisdictions.

According to the Vera Institute of Justice, incarceration costs an average of more than $31,000 per inmate, per year, nationwide. In some states, it's as much as $60,000. Taxpayers foot the bill for feeding, housing and securing people in state and federal penitentiaries.

There's also the cost to victims and the families of those behind bars — legal fees, phone calls, gas and, in some cases, the loss of income.
• Proponents of stricter sentencing say that the cost — to taxpayers and family members — is worth it to keep the country safer.

2. **What are the potential risks to municipalities and states for not instituting treatment-focused policies around incarceration of low level drug and alcohol offenders?**


- It has been estimated that half of the United States prison population has an active substance use disorder. Many incarcerated individuals will experience a lower tolerance for substances due to abstinence while in prison; upon release, many will return to dangerous use levels, not realizing their tolerance is diminished. This is particularly important as it raises the risk of opioid overdose deaths after release from incarceration; one study found that 14.8 percent of all former prisoner deaths from 1999 to 2009 were related to opioids.
- There is typically insufficient pre-release counseling and post-release follow-up provided to this population to reduce these risks.
- Increased access to opioid agonist maintenance may positively impact the needs of substance use disorders among incarcerated individuals.


- Studies, including the Urban Institute report, have found that the mentally ill in jails suffer assaults at far greater rates than those without mental illness. “Jail is jail,” said Toni Carter, a commissioner in Ramsey County, Minnesota, and chairwoman of the Human Services and Education Policy Steering Committee for the National Association of Counties. “It is not a mental health treatment facility... Generally, they come out worse than when they entered.


- Our jails and prisons are increasingly becoming warehouses for our nation's mentally ill. Untreated mental illness often leads to behaviors that attract the attention of police officers. Because so few communities have an adequate infrastructure to provide mental health treatment and services, many of these individuals slip through the cracks and go untreated. If people do not receive treatment after arrest, their condition will usually worsen when they are in custody, increasing the likelihood of re-arrest after their release.


- Without treatment [for mental and substance use disorders], the behaviors that led to police involvement recur. Over time, police see this cycle of law-enforcement response, ED evaluation, and poor follow-up care as ineffectual, and they begin to consider jail — which at least offers a safe environment for longer-term assessment — a better alternative. Unfortunately, even when patients are arrested with quasi-therapeutic intentions, the consequences of ending up in jail can be dramatic and enduring.

- A jail’s primary goal is security. And many aspects of correctional environments can exacerbate fear, aggravate psychosis, and spark aggression. Incarcerated people are viewed within a framework of their past criminal behavior and their potential future threat to safety and security. They may spend up to 23 hours a day in their cells and are monitored by correctional officers with little, if any, mental health training.
• Detainees who become agitated may wait days or weeks before seeing a psychiatrist, and the measures to keep them safe during psychiatric observation often involve seclusion in a bare cell designed to prevent self-harm, without sheets, blankets, possessions, or even clothes. Mentally ill detainees who remain in the general population of jails are particularly vulnerable to other inmates' brutality, and sometimes to correctional officers’ abuse.


• Alcohol misuse, illicit drug use, misuse of medications, and substance use disorders are estimated to cost the United States more than $400 billion in lost workplace productivity (in part, due to premature mortality), health care expenses, law enforcement and other criminal justice costs (e.g., drug-related crimes), and losses from motor vehicle crashes.

• Furthermore, about three quarters of the costs associated with alcohol use were due to binge drinking, and about 40 percent of those costs were paid by government, emphasizing the huge cost of alcohol misuse to taxpayers. These costs are not unique to the United States.

• A 2010 study examined the global burden of disability attributable to substance misuse problems and disorders, focusing particularly on lost ability to work and years of life lost to premature mortality. Costs were calculated for 20 age groups and both sexes in 187 countries.

• Mental and substance use disorders were the leading causes of years lived with disability worldwide, largely because these problems strike individuals early in their lives and can continue—especially if untreated—for long periods.

• In addition to the costs to society, substance misuse can have many direct and indirect health and personal consequences for individuals.

3. What community problems contribute to risks for incarceration among people with behavioral health disorders?


• The impact of structural disadvantage begins early in life. When looking at juvenile crime, it is not necessarily the case that youth of color have a greater tendency to engage in delinquency, but that the uneven playing field from the start, a part of larger American society, creates inequalities which are related to who goes on to commit crime and who is equipped to desist from crime. More specifically, as a result of structural differences by race and class, youth of color are more likely to experience unstable family systems, exposure to family and/or community violence, elevated rates of unemployment, and more school dropout. All of these factors are more likely to exist in communities of color and play a role in one’s proclivity toward crime.


• Event(s): Exposure to violence, victimization including sexual, physical abuse, severe neglect, loss, domestic violence, witnessing of violence, disasters.

• Experience: Intense fear of/ threat to physical or psychological safety and integrity, helplessness; intense emotional pain and distress

• Effects: Stress that overwhelms capacity to cope and manifests in physical, psychological, and neuro-physiological responses
• About ¼ of state prisoners (27 percent) and jail inmates (24 percent) with mental health problems reported past physical or sexual abuse.
• Youth in residential treatment — 70 percent have past traumatic experience with 30 percent physical and/or sexual abuse.
• 43-80 percent of individuals in psychiatric hospitals have experienced physical or sexual abuse.
• 51-90 percent public mental health clients exposed to trauma.
• ⅔ adults in substance use disorder treatment report child abuse or neglect.


• Significant community-level risk factors for substance misuse and use disorders include easy access to inexpensive alcohol and other substances. Caregiver/family-level risk factors include low parental monitoring, a family history of substance use or mental disorders, and high levels of family conflict or violence. At the individual level, major risk factors include current mental disorders, low involvement in school, a history of abuse and neglect, and a history of substance use during adolescence, among others.

4. **How do we begin to address and promote policies that diminish excessively punitive actions that exacerbate the problem of incarceration of persons with mental and substance use disorders?**


• The principal factors limiting drug court expansion are insufficient funding, treatment, and supervision resources, not a lack of judicial interest. The Commission heard from several organizations, including Advocates for Opioid Recovery, the Addiction Policy Forum, and Young People in Recovery, about the need to implement and oversee these problem-solving courts to create true ‘recovery ready communities.’
• The U.S. Pretrial Diversion Program diverts certain individuals involved in the justice system for a first or second felony offence to a program of supervision and services administered by the U.S. Pretrial or Probation Services. The U.S. Attorney’s Office has the discretion to offer this alternative to eligible individuals. Under the program, diversion typically takes place before charging, although it is possible at any time before trial when a pretrial diversion agreement is executed. The period of supervision is up to 18 months. Drug, reentry, or veterans’ courts can be a central component of the pretrial diversion process.


• While private litigation and the Department of Justice have important roles to play to protect US prisoners, it is ultimately the responsibility of public officials to ensure that the men and women they confine, including those with mental disabilities, are treated humanely and with respect for their fundamental human rights. And it is the responsibility of elected officials to ensure that corrections agencies have the resources and political support they need to fulfill that mandate.

• In brief, we urge federal, state, and local executive branch and legislative officials to:
  o Enact the Comprehensive Justice and Mental Health Act of 2015 in the US Senate and House of Representatives (S. 993 in the Senate, HR 1854 in the House), and similar state and local legislation to increase collaboration among the criminal justice, juvenile justice, mental health treatment, and substance abuse systems. Such legislation should also support and authorize funding for programs and strategies to ensure appropriate interventions for persons with mental health problems at every stage of the criminal justice system.
- Reduce the number of persons confined in prisons and jails who have mental disabilities including by increasing the availability of community mental health resources and access to criminal justice diversion programs.
- Improve conditions in prisons and jails to provide all inmates with more humane and safe conditions of confinement.
- End solitary confinement for persons with mental disabilities confined in jails and prisons.
- Improve mental health services in prisons and jails by ensuring that there are sufficient numbers of qualified mental health professionals, adequate treatment resources, and levels of care that meet community standards.
- Ensure that prisons and jails have sound use of force policies that are enforced through training, supervision, reviews, investigations, and holding staff accountable for violating the policies. Use of force policies should include provisions specifically addressing the unique needs and vulnerabilities of prisoners with mental disabilities.
- Ensure that corrections agencies are led by officials committed to operating safe facilities in which all inmates, including those with mental disabilities, are treated with respect and in which unnecessary, excessive, or punitive use of force is not tolerated.

  - Mental health staff or other negotiators must be given the time and have the determination to connect with the individual to determine what is prompting his distress, what he is seeking, and how the situation can be resolved without violence. Correctional mental health expert Dr. Terry Kupers, for example, believes such interventions ideally should be without time limits, but should last at a minimum 30 minutes before force is initiated.

5. **What kind of behavioral health training is available that can benefit adult and juvenile court judges, prosecutors, defense attorneys, probation officers, court managers, and other judicial staff?**


- The GAINS Center has developed training for criminal justice professionals to raise awareness about trauma and its effects. "How Being Trauma-Informed Improves Criminal Justice System Responses" is a one-day training for criminal justice professionals to:
  - Increase understanding and awareness of the impact of trauma
  - Develop trauma-informed responses
  - Provide strategies for developing and implementing trauma-informed policies.
- This highly interactive training is specifically tailored to community-based criminal justice professionals, including police officers, community corrections personnel, and court personnel.
- Trauma-informed care is an approach used to engage people with histories of trauma. It recognizes the presence of trauma symptoms and acknowledges the role that trauma can play in people’s lives.
- Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals. This increases safety for all, decreases the chance of an individual returning to criminal behavior, and supports the recovery of justice-involved women and men with serious mental illness. Partnerships across systems can also help link individuals to trauma-informed services and treatment.


- Training and then supervision after training can help custody staff understand that force alone cannot keep a facility safe and secure, that unnecessary and excessive force creates the need for more force. Supervisors must constantly impress upon front-line staff the message that inmate violence and misconduct decline and
facilities are safer when staff establish rapport with prisoners, are respectful to them, and are responsive to their legitimate questions and concerns.

- For example, in a recent agreement with the Department of Justice, officials for Muscogee County, Georgia, agreed to provide correctional staff with “Crisis Intervention Team training that includes training on (1) understanding and recognizing psychiatric signs and symptoms to identify inmates who have or may have [serious mental illness], (2) using de-escalation techniques to calm and reassure inmates who have or may have [serious mental illness] before resorting to use of force, discipline, or isolation, and (3) making appropriate referrals of such inmates to mental health staff.”
- Mental health training for correctional officers helps them better understand the contributions mental health staff can make to a safer facility and to overcome stereotypes that often impede effective responses to inmates with mental disabilities.

- The GAINS Center, a SAMHSA-funded technical assistance center that specializes in criminal justice and diversion efforts, provides training on the Sequential Intercept Model, an approach to illustrate the linear and predictable stages of the criminal justice system. Each stage presents an opportunity for identification and intervention for behavioral health needs. The goal of diversion is to move the person out of the criminal justice system (i.e., divert or intercept) and into treatment, and to do that as early in the process as possible.
- To better screen for and identify individuals who could benefit from diversion, SAMHSA developed the Screening and Assessment of Co-Occurring Disorders in the Criminal Justice System toolkit. This publication is particularly useful for professionals along the spectrum of intercepts in the criminal justice system so they can effectively screen for a range of behavioral health disorders, including depression, co-occurring disorders, suicide, trauma, and PTSD. The toolkit also includes an assessment resource to screen for motivation and readiness for treatment.

- Staff training should be provided in the screening and assessment of CODs within the justice system. This training should address signs and symptoms of mental and substance use disorders; how symptoms are affected by recent substance use; strategies to engage offenders in the screening and assessment process; cultural considerations in conducting screening and assessment; approaches for enhancing accuracy of information compiled; implementation of risk assessment; use of evidence-based screening, assessment, and diagnostic instruments; and use of assessment information to develop and update individualized treatment/case plans. A variety of online and other types of modules are available to train staff in the screening and assessment of CODs.

- This document provides a guide for newly assigned judges that are expected to preside over a drug court program to serve as a quick primer to assist them in (a) becoming familiar with the key elements and evidence-based practices that should be reflected in the treatment services provided to drug court participants, and (b) working with local treatment provider(s) to ensure that these services are provided. The Guide is intended to serve as an introductory reference, addressing treatment related issues and practices that are critical to effective drug court program operations.
Segment 3: Supporting Evidence-Based and Recovery-Oriented Practices in Justice Intervention

Key Questions:
1. How have behavioral health practitioners contributed to partnerships in implementing evidence-based practices in justice intervention?
2. What is the role of certified peers and peer-run services within the justice intervention?
3. What are some ways that have been proven to reduce recidivism among those with behavioral health conditions? Explain the sequential intercept model.
4. What are some ways we can improve the legal services and counseling provided to adolescents and adults with mental and substance use disorders who are involved in the justice system?
5. What is the role of policy makers in stemming the incarceration of persons with mental and or use disorders?
6. How can families support their loved ones who are incarcerated and living with a behavioral health condition?

Answers:

1. How have behavioral health practitioners contributed to partnerships in implementing evidence-based practices in justice intervention?


- Evidence-based policy and practice is focused on reducing offender risk, which in turn reduces new crime and improves public safety. Of the many available approaches to community supervision, a few core principles stand out as proven risk reduction strategies. Though not all of the principles are supported by the same weight of evidence, each has been proven to influence positive behavior change.
- To organize the research, these core principles have been compiled... into the 8 Principles of evidence-based practice in corrections. This bibliography is not a complete list of “EBP” citations, but a mere selection based on questions we receive at the Information Center.


- The National Institute of Corrections (NIC), in partnership with the Center for Effective Public Policy, built the Evidence -Based Decision-Making Initiative (EBDM) initiative to create game-changing criminal justice system reform.
- EBDM is a strategic and deliberate method of applying empirical knowledge and research-supported principles to justice system decisions made at the case, agency, and system level and seeks to equip criminal justice local and state policymakers with the information, processes, and tools that will result in measurable reductions of pretrial misconduct, post-conviction reoffending, and other forms of community harm resulting from crime.
- Evidence-based decision making (EBDM) is the practice of using research findings to inform and guide decisions across the justice system.

• Research has firmly established that medication-assisted treatment (MAT) for opioid dependence reduces addiction and related criminal activity more effectively and at far less cost than incarceration. MAT uses medications such as methadone, buprenorphine, or naltrexone.
• Numerous studies have also shown that MAT reduces drug use, disease rates, and criminal activity among opiate-addicted people. However, the use of MAT with justice-involved offenders is unevenly applied and in some circumstances has been denied due to concerns about costs and diversion of the medication.

• The Reentry Education Framework presents an approach for reentry education providers to develop an education continuum that strengthens their services and bridges the gap between facility- and community-based programs.
• An education continuum depends on strategic partnerships among facility- and community-based education providers (if different) and the corrections system. It also requires education providers to work closely with other organizations providing support and employment services to adults while incarcerated and upon release.

• An extensive evidence base documents the effectiveness of a specific employment model for people with severe mental illness: the Individual Placement and Support (IPS) model of supported employment.
• This brief describes the IPS model and its evidence base, identifies current trends in IPS services for justice-involved people, summarizes studies of employment services for justice-involved people, and suggests IPS adaptations for justice-involved people with mental illness.

• Behavioral therapies can be provided in individual, group, and/or family sessions in virtually all treatment settings [including within the criminal justice system]. These structured therapies help patients recognize the impact of their behaviors – such as those dealing with stress or interacting in interpersonal relationships – on their substance use and ability to function in a healthy, safe, and productive manner. These therapies also teach and motivate patients in how to change their behaviors as a way to control their substance use disorders.
• Cognitive-behavioral therapy involve[s] techniques to modify such [maladaptive behavior patterns and dysfunction thoughts] and improve coping skills by emphasizing the identification and modification of dysfunctional thinking. Sessions typically explore the positive and negative consequences of substance use, and they use self-monitoring as a mechanism to recognize cravings and other situations that may lead the individual to relapse. They also help the individual develop coping strategies.
• Contingency management involves giving tangible rewards to individuals to support positive behavior change, has been found to be effective in treating substance use disorders.
• Motivational enhancement therapy is a counseling approach that uses motivational interviewing techniques to help individuals resolve any uncertainties they have about stopping their substance use. MET works by promoting empathy, developing patient awareness of the discrepancy between their goals and
their unhealthy behavior, avoiding argument and confrontation, addressing resistance, and supporting self-efficacy to encourage motivation and change.


- Recovery support services (RSS), provided by both substance use disorder treatment programs and community organizations, help to engage and support individuals in treatment, and provide ongoing support after treatment. These supportive services are typically delivered by trained case managers, recovery coaches, and/or peers. Specific supports include help with navigating systems of care, removing barriers to recovery, staying engaged in the recovery process, and providing a social context for individuals to engage in community living without substance use.
- Individuals who participate in substance use disorder treatment and RSS typically have better long-term recovery outcomes than individuals who receive either alone. Further, active recovery and social supports, both during and following treatment, are important in maintaining recovery.

2. **What is the role of certified peers and peer-run services within the justice intervention?**


- Forensic peer support involves trained peer specialists with histories of mental illness and criminal justice involvement helping those with similar histories. This type of support requires special attention to the needs of justice-involved people with mental illness, including an understanding of the impact of the culture of incarceration on behavior. Recognition of trauma and posttraumatic stress disorder, prevalent among this population, is critical.
- Forensic Peer Specialists assist people through a variety of services and roles. Given the history of stigma and discrimination accruing to both mental illness and incarceration, perhaps the most important function of Forensic Peer Specialists is to instill hope and serve as valuable and credible models of the possibility of recovery. Other roles include helping individuals to engage in treatment and support services and to anticipate and address the psychological, social, and financial challenges of reentry.
- They also assist with maintaining adherence to conditions of supervision. Forensic Peer Specialists can serve as community guides, coaches, and/or advocates, working to link newly discharged people with housing, vocational and educational opportunities, and community services. Within this context, they can model useful skills and effective problem-solving strategies, and respond in a timely fashion to prevent or curtail relapses and other crises.
- Finally, Forensic Peer Specialists provide additional supports and services, including:
  - Sharing their experiences as returning offenders and modeling the ways they advanced in recovery
  - Helping people to relinquish attitudes, beliefs, and behaviors learned as survival mechanisms in criminal justice settings.
  - Sharing their experiences and providing advice and coaching in relation to job and apartment hunting.
  - Supporting engagement in mental health and substance abuse treatment services in the community, including the use of psychiatric medications and attending 12-step and other abstinence-based mutual support groups.
  - Providing information on the rights and responsibilities of discharged offenders and on satisfying criminal justice system requirements and conditions (probation, parole, etc.).
o Providing practical support by accompanying the person to initial probation meetings or treatment appointments and referring him or her to potential employers and landlords.

o Helping people to negotiate and minimize continuing criminal sanctions as they make progress in recovery and meet criminal justice obligations.

o Working alongside professional staff.

o Training professional staff on engaging consumers with criminal justice history.

3. What are some ways that have been proven to reduce recidivism among those with behavioral health conditions? Explain the sequential intercept model.


- In many of SAMHSA’s programs and initiatives focusing on the intersection of behavioral health and criminal justice, trauma is a key component. Increasing the understanding of traumatic responses enables not only behavioral health providers, but also justice system personnel—from frontline workers to probation and parole officers, judges, lawyers and court administrators—to better respond and develop more effective treatment programs for both adults and juveniles in the justice system.

- In most of its justice-focused grant programs, SAMHSA provides extensive training and technical assistance on understanding trauma and implementing trauma-informed approaches for both the behavioral health and criminal justice systems.

- SAMHSA incorporates the evidence-based RNR approach to offender rehabilitation, which is intended to reduce this population’s risk of re-offending and thereby protect the safety of the community. The concept of RNR is considered a best practice for corrections professionals and has been shown to effectively reduce recidivism by as much as 35% in certain settings. Research has shown that non-adherence to the RNR principles in service delivery is not only ineffective but can also be detrimental to offender treatment outcomes.

- The RNR approach integrates the science around effective screening, assessment, and treatment programs to improve individual and system outcomes. It aims to match various justice-involved individuals to behavioral health services that are appropriate for the needs of the offender.

- Research has firmly established that medication-assisted treatment (MAT) for opioid dependence reduces addiction and related criminal activity more effectively and at far less cost than incarceration. MAT uses medications such as methadone, buprenorphine, or naltrexone.

- Numerous studies have also shown that MAT reduces drug use, disease rates, and criminal activity among opiate-addicted people. However, the use of MAT with justice-involved offenders is unevenly applied and in some circumstances has been denied due to concerns about costs and diversion of the medication.


- SAMHSA’s criminal justice work is organized around a framework for intervention referred to as the Sequential Intercept Model.

- This model identifies five key points for “intercepting” individuals with behavioral health issues, linking them to services and preventing further penetration into the criminal justice system.

- This model builds on collaboration between the criminal justice and behavioral health systems; highlights where to intercept individuals as they move through the criminal justice system; identifies critical decision-makers who can authorize movement away from the justice system and into treatment; and delineates essential partnerships among mental health, substance abuse, law enforcement, pre-trial services, courts, judges, jails, community corrections, social services, and others. Through its criminal justice initiatives, SAMHSA aims to:
- Bring about strategic linkages with community-based behavioral health providers, the criminal justice system and community correctional health
- Promote effective diversion and reentry programs
- Foster policy development at the intersection of behavioral health and justice issues


- [Sequential Intercept Model] has several objectives: preventing initial involvement in the criminal justice system, decreasing admissions to jail, engaging individuals in treatment as soon as possible, minimizing time spent moving through the criminal justice system, linking individuals to community treatment upon release from incarceration, and decreasing the rate of return to the criminal justice system.
- We believe that this model—Sequential Intercept Model—can help other localities systematically develop initiatives to reduce the criminalization of people with mental illness in their community.


The [Sequential Intercept Model] outlines five potential “intercept” points:

- **Law enforcement and emergency services.** The first opportunity occurs when the police encounter some sort of problem on the street. To take advantage of that opportunity, communities have developed crisis intervention teams. First developed in Memphis, TN, these programs give officers specialized mental health training and send them out to respond to any call that may involve people with mental illness.
- **Initial hearings and detention.** The first appearance in court is another opportunity to divert low-level offenders. Courts may hire mental health professionals or develop relationships with outside organizations to assess offenders and advise judges.
- **Disposition hearings.** To address more serious misdemeanors or felonies, many communities have developed specialized mental health courts or regular courts that focus on problem-solving and treatment rather than punishment.
- **Re-entry.** Sometimes a person slips through earlier intercepts and winds up in jail or prison. The point when inmates are returning to their communities represents another opportunity to connect them with services.
- **Community supervision.** Many communities have specialized parole and probation programs that ensure former inmates get the treatment they need and stay out of jail.


- State officials point to these and other efforts that incorporated the following strategies and have contributed to the state’s reduction in recidivism:
- **Investing in community-based treatment.** In 2010, the state reclassified certain substance use and possession offenses, reducing the length of sentence associated with these offenses. The first year this law went into effect, it generated $1.4 million in savings for the Colorado Department of Corrections (CDOC), which the state reinvested in mental health and substance use treatment programs in the state. That same year, lawmakers reduced the length of time that certain adults under parole supervision (including those at low or medium risk of re-offense) can serve in prison when they violate the conditions of their parole. More than $4.5 million in savings generated through this change in policy was invested into mental health and substance use treatment and other individualized services for people on parole.
- **Promoting continuity of care from incarceration to the community.** CDOC continues to work toward ensuring that individuals in administrative segregation are not released directly to the community and,
instead, move through a step-down process and receive services to promote a successful transition.

- **Tailoring approaches to individual needs.** Colorado State Board of Parole members receive training in motivational interviewing and apply these skills in parole hearings. An evidence-based practice, motivational interviewing focuses on decreasing resistance and promoting an individual’s readiness for change and commitment to programming.

- **Providing incentives for participation in programs designed to reduce likelihood of a person reoffending.** State law allows adults who are incarcerated and convicted of certain crimes to earn as much as 12 days per month off their sentence by complying with rules and participating in correctional programs such as cognitive-behavioral therapy, mental health or substance use treatment, educational classes, and vocational training.

4. **What are some ways we can improve the legal services and counseling provided to adolescents and adults with mental and substance use disorders who are involved in the justice system?**


- Individuals returning home from prison often identify employment as the most important factor that helped them stay crime free. This section provides an overview and examination of key evaluative research investigating the relationship between reentry employment programs and recidivism reduction. From the review of the literature, researchers identified 24 studies meeting the eligibility criteria.
- These studies fell into one of three broad categories of employment interventions – transitional employment programs, work release, and prison industries and institutional work.
- Eight programs were broadly categorized as providing transitional employment services:
  - Specialized Training and Employment Project (STEP), which provides job training and work assignment within the institution and post-release employment assistance in the community;
  - EMPLOY and Project RIO, which provide pre-release training and employment planning as well as employment assistance in the community post-release;
  - the Kintock Group, Inc. Employment Resource Center and STRIVE, both of which offer community-based job retention, employment readiness training, and job placement services;
  - The Center for Employment Opportunities (CEO) and the Transitional Jobs Reentry Demonstration, which both provide transitional jobs and other employment services;
  - The National Supported Work Demonstration Project, which places participants in community-based work crews.


- In today’s competitive workforce, educational credentials are increasingly important for securing employment, but many people who become confined in correctional facilities have low levels of educational attainment. Recognizing this deficit, many correctional institutions offer educational programs including adult basic education, high school or GED programs, college or post-secondary programs, and vocational training. Research on the degree to which these various educational programs promote reentry success can help jail and prison administrators determine how to distribute their limited resources.
- [This page provides] an overview of research on the effects of participating in educational programming on recidivism and employment outcomes post-release. Based on an extensive and systematic review of the literature on correctional educational programs, 12 studies were identified that met the eligibility criteria for methodological rigor. These studies fall into five main categories of educational interventions: life skills, Adult Basic Education (ABE), post-secondary (or college) education, GED programs, and vocational training.
• Legal empowerment work is being done all across the world, under different guises: as legal empowerment per se, as access to justice, poverty reduction, women’s empowerment, legal aid, human rights, governance, the environment and civil society, among others.
• Legal empowerment seeks to help people find concrete solutions to their daily justice problems, to demonstrate, case by case, that even in an environment marked by arbitrariness and unfairness, justice is possible.
• Legal empowerment encompasses a wide set of tools, flexibly applying grassroots methods such as education, information, organizing, and mediation, similar to those used in social accountability and empowerment, but backed up by the possibility of high level advocacy and litigation when other methods fail.

5. **What is the role of policy makers in stemming the incarceration of persons with mental and/or substance use disorders?**


- Coverage expansion means individuals in/after jails and prisons (generally without health insurance) will now have more opportunity for coverage – exchanges while in; Medicaid expansion upon re-entry.
- [Criminal justice] population with comparatively high rates of mental and substance use disorders [means] an opportunity to coordinate new health coverage with other efforts to increase successful transitions.
- Addressing behavioral health needs can increase recidivism and reduce expenditures in the criminal justice system while increasing public health and safety outcomes
- Offering Consumer Enrollment Assistance (thru BRSS TACS) through outreach and public education’ enrollment and re-determination assistance, plan comparison and selection, grievance procedures, and eligibility and enrollment communication materials.


- Align opportunities for change at each of the five-intercept points.
  - Law Enforcement (crisis intervention training, avoid re-traumatizing, e.g., de-escalation; strip searches)
  - Initial detention/court hearings (screen for trauma; gather trauma histories; what happened to you?)
  - Jails/courts (avoid re-traumatizing behaviors; demeaning, disempowering; personnel training on trauma).
  - Reentry (ensure trauma-informed peer support, transition planning with trauma interventions)
  - Community corrections (trauma training for parole and probation officers; link with community trauma services/supports)

- Jail Diversion Works – Those Diverted:
  - Use less alcohol and drugs (last 30 days)
  - Any alcohol use: baseline 59 percent vs. 6 months 28 percent
  - Alcohol to intoxication: baseline 38 percent vs. 6 months 13 percent
  - Illegal drug use: baseline 58 percent vs. 6 months 17 percent
  - Fewer arrests after diversion compared to 12 months before (2.4 v 1.3)
• Fewer jail days (52 vs 41)
• Improved quality of life with fewer symptoms

- The Attorney General’s Re-entry Council advocated these steps:
  - Identify, research [and implement] evidence-based practices to advance reentry and community safety.
  - Identify Federal policy opportunities and barriers to improving outcomes.
  - Promote Federal policy and practice change to improve well-being of formerly incarcerated individuals and their families.
  - Support initiatives in education, employment, housing, health, faith, and behavioral health treatment.
  - Coordinate messaging and communications regarding prisoner reentry.
  - Remove barriers to employment, access to benefits such as TANF, food assistance, health care, etc.


• Judiciary Treatment Efforts ($172.8 million). The Federal Judiciary provides for court-ordered drug testing, drug treatment, and supervision of Federal defendants, probationers, parolees, and those on supervised release after incarceration. Funding is used by the probation and pretrial services offices for drug testing and treatment of Federal defendants and offenders.

• Probation and pretrial services officers have primary responsibility for enforcing conditions of release imposed by the courts and for monitoring the behavior of persons placed under their supervision. With Executive Office of the U.S. Attorneys oversight, officers administer a program of drug testing and treatment for persons on pretrial release, probation, supervised release after incarceration, and parole.

• The goal is to eliminate substance use by persons under supervision and to remove violators from the community before relapse leads to recidivism.


• Federal, state, and local leaders are looking for innovative ways to improve public health and public safety outcomes while reducing the costs of criminal justice and corrections. The Administration’s National Drug Control Strategy recognizes that addiction is a disease, and that the criminal justice system can play a vital role in reducing the costs and consequences of crimes committed by drug-involved offenders. With an increasing body of evidence suggesting the right combination of policies and strategies can break the cycle of arrest, incarceration, release, and re-arrest, the Strategy promotes several alternatives to incarceration that can save public funds and improve public health by keeping low-risk, non-violent, drug-involved offenders out of prison or jail, while still holding them accountable and ensuring the public safety of our communities.

6. How can families support their loved ones who are incarcerated and living with a behavioral health condition?


• Families have an important role to play in prevention and intervention efforts and ensuring that juvenile justice systems adopt developmentally appropriate, trauma-informed, and evidence-based and evidence-informed approaches. Family involvement can also help to ensure that the system provides youth adequate access to legal representation, medical treatment, and educational opportunities.
[Office of Juvenile Justice Delinquency Prevention] believes that juvenile justice systems should actively engage youth and their families in culturally, linguistically, and developmentally competent and sustainable ways. This can be accomplished through elevating youth and family engagement as a principle and practice in policy and funding decisions; development and support for evidence-based models of practice; and data collection that ensures that effective, intentional, and systematic youth and family engagement is implemented and sustained across the nation.


- New research is emerging that demonstrates that strategies targeting stronger relationships between offenders and their families correlate with better offender outcomes. For this reason, corrections agencies and their partners are becoming increasingly interested in the role families can play in promoting successful reentry. This Coaching Packet addresses a key area in the formula for offender success: identifying and building upon offenders’ pro-social supports from families and other social networks.
- As part of a strategy to engage family members in an overall evidence-based approach to reentry, a number of specific strength-based, family-focused policies and practices can be integrated into the offender management process by corrections and community supervision agencies and their partners.
- **Incarceration Phase:** When offenders enter an institution, the assessment process should not only provide an opportunity for the agency to collect information on offenders’ risk and criminogenic needs, but more comprehensive information about their families as well.
  - Once an assessment is complete, it is critical that information about offenders’ families support feeds into the development of case plans.
  - Throughout their incarceration, facility staff can support increased family ties.
  - Provide offenders with means to call their family members at rates that do not put an unnecessary financial burden on their families.
  - Allowing family visitation in prison is critical to maintaining family ties while offenders are incarcerated.
- **Transition Phase.** As part of a sound case management process, prison and community supervision staff and their partners should share important information about offenders before they are released into the community. To assist with the transition process while offenders are still incarcerated:
  - Develop partnerships to ensure that strategies for continuity-of-care are in place before offenders are released;
  - Notify family members of the expected release date to allow them sufficient time to prepare; meet with incarcerated individuals pre-release to conduct additional assessments that capture current family strengths and social supports;
  - Begin release planning early in this phase, incorporating offenders’ families into the planning process by inviting them to participate in case conferences or in creating offenders’ parole release or transition plans;
  - Offer classes or resources for the families of offenders to help prepare them for the changes that will occur when the offender returns to the community;
  - Prepare offenders who are parents for reunifying with their children and taking over parental responsibilities once again.
- **Community Phase.** Once offenders are released to community supervision, staff can:
  - Ensure that offenders’ risk level guides the level and type of supervision and programming in the community, as well as the level of effort to engage pro-social family members;
  - Review offender case plans and assessment domains about current family strengths and social supports to determine how family support/strengths might assist in addressing offenders’
criminogenic needs;
o Identify sources of support to strengthen offenders’ case plans;
o Conduct orientation sessions for offenders and their families emphasizing the importance of family support to successful reentry, answer questions, and address any concerns;
o Create strength-based goals with offenders and their family members noting how offenders – with their family’s help – will achieve their goals;
o Reinforce offenders’ positive relationships with family members and other pro-social supports.
o Encourage offenders to include supportive family members in meetings with parole officers, including during home visits;
o Familiarize themselves with offenders’ families’ strengths and challenges in order to address conflicts and/or duplication of services, and to make appropriate referrals for offenders’ family members to other human service agencies.

Segment 4: Interventions and Prevention Strategies for At-Risk Populations

Key Questions:

1. What are some state and Federal efforts to make the justice system more sensitive to the needs of individuals and families facing mental and substance use disorders?
2. What are some examples of successful intervention and prevention strategies associated with justice intervention?
3. What are some resources that support the treatment of mental and substance use disorders among individuals who are incarcerated?
4. What are some successful initiatives at the Federal, state and local level of justice intervention to create a coordinated network of community-based services and support that is person-centered and family centered?
5. What SAMHSA initiatives and other resources help specialized court systems to support persons exiting the criminal justice systems to successfully re-enter the community?
6. What is being done to support family members who have loved ones involved in the criminal justice system?

Answers:

1. What are some state and Federal efforts to make the justice system more sensitive to the needs of individuals and families facing mental and substance use disorders?


- In September 2013, SAMHSA awarded three Law Enforcement and Behavioral Health Partnerships for Early Diversion grants. The purpose of this grant program is to: “…address the behavioral health needs of people involved in, or at risk of involvement in, the criminal justice system by providing an array of community-based diversion services designed to keep individuals with behavioral health issues out of the criminal justice system while also addressing issues of public safety.”


- The Second Chance Act of 2007 (SCA) was enacted to break the cycle of criminal recidivism; improve public safety; and help state, local, and tribal government agencies and community organizations respond to the rising populations of formerly incarcerated people who return to their communities.
- Since the first SCA appropriation in FY 2009, more than $475 million has been authorized for grants and training and technical assistance to state, local, and tribal government agencies and community
organizations to provide services that help people returning from prison and jail to safely and successfully reintegrate into the community.

- SCA programming provides support to eligible applicants for the development and implementation of comprehensive and collaborative reentry strategies specifically designed to increase public safety by reducing recidivism.
- BJA has funded seven separate SCA grant programs that provide reentry services to individuals leaving incarceration (with a focus on individuals identified as being at medium to high risk to recidivate) including supports for housing, education, employment, and family relationships, as well as substance abuse and mental health treatment linkages, and therapy that addresses criminal thinking patterns.
- The seven programs are:
  - Targeting Adults with Co-occurring Substance Abuse and Mental Health Disorders
  - Family-Based Prisoner Substance Abuse Treatment
  - Adult Mentoring
  - Technology Careers
  - Adult Offender Reentry Demonstration
  - State, Tribal, and Local Reentry Courts Program
  - Statewide Adult Recidivism Reduction Strategic Planning Program
- Since 2009, BJA has made more than 600 awards to 49 states, the District of Columbia, and U.S. territories, and more than 113,000 people have participated in SCA programs. As Table 1 shows, through March 31, 2015, the largest numbers of program participants have been enrolled in either the Mentoring Program or the Reentry Demonstration Program.


- A coalition including the Council of State Governments Justice Center, the American Psychiatric Foundation and the National Association of Counties kicked off a national campaign to encourage local jurisdictions to collect data on the jailed mentally ill and adopt strategies to avoid incarceration. In February, the MacArthur Foundation announced it would send a total of $75 million to jurisdictions interested in reducing unnecessary incarceration of people, including the mentally ill.
- In King County, Washington, a combination of ACT teams, supportive housing and intensive community-based treatments has resulted in a 45 percent reduction in jail and prison bookings among those participating.
- According to the Council of State Governments Justice Center, more than 300 cities and counties across the U.S. have established mental health or drug courts, in which the mentally ill and those with substance use disorders are sent to treatment rather than incarcerated. Mental health courts have been established in such diverse locales as the Bronx in New York, Akron, Ohio, and Washoe County, Nevada.


- In December 2014, Representative Bobby Scott, submitted a report titled “Democratic Views on Criminal Justice Reforms Raised Before the Over-Criminalization Task Force & the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.” This comprehensive report included a state-by-state summary of the reforms that the 17 states that are involved in the Justice Reinvestment Initiative (JRI) have undertaken. The JRI is a federal program to jurisdictions in “reducing corrections costs and reinvesting funds into high-performing public safety strategies.” The report also includes state-by-state summaries of state criminal justice reforms in the 33 states that did not participate in the JRI.
2. **What are some examples of successful intervention and prevention strategies associated with justice intervention?**


- To reduce the human and fiscal cost and consequences of repeated arrests and incarceration for people with behavioral health issues, improved access to behavioral health and other support services must be made available to individuals involved in the criminal and juvenile justice systems. With its justice and law enforcement partners, SAMHSA addresses these issues through a variety of mechanisms:
  - Grant programs
  - Policy academies
  - Training and technical assistance
  - Experts’ meetings
  - Product development

- The overarching theme of SAMHSA’s work is to support treatment and recovery efforts through evidence-based and best practices in diversion and reentry. These practices are implemented on a robust platform of cross-system behavioral health and justice collaboration. SAMHSA approaches the work through:
  - Identification of individuals with mental and substance use disorders
  - Pre- and post-adjudication using evidence-based screening and assessment to ensure comprehensive treatment, supports, and services
  - Diversion of individuals from the justice system into home- and community-based treatment
  - Using evidence-based and promising practices demonstrated to be less costly and more successful than treatment provided in confinement settings
  - Provision of training and technical assistance for law enforcement officers, juvenile and family court judges, probation officers, and other judicial decision-makers
  - Assurance of equity of opportunities for diversion and linkage to community services and supports for all populations in order to decrease disproportionate minority contact with the justice system.


- There is evidence that a large majority of individuals who have an SUD do not receive treatment. Drug courts are a proven avenue to treatment for individuals who commit non-violent crimes because of their SUD. Drug courts have traditionally been a more effective response for non-violent, low-level offenders with SUDs, rather than lengthy prison sentences. A systematic review of drug courts in 30 states published by the Campbell Collaboration in 2012 found that a combination of comprehensive services and individualized care is an effective way to treat offenders with serious addictions. However, 44% of U.S. counties in 2014 did not have a drug court for adults.


- To better screen for and identify individuals who could benefit from diversion, SAMHSA developed the Screening and Assessment of Co-Occurring Disorders in the Criminal Justice System toolkit. This publication is particularly useful for professionals along the spectrum of intercepts in the criminal justice system so they can effectively screen for a range of behavioral health disorders, including depression, co-occurring disorders, suicide, trauma, and PTSD. The toolkit also includes an assessment resource to screen for motivation and readiness for treatment.
Screening, assessment, and diagnostic information are vitally important in matching offenders to appropriate types of services, and to levels of intensity, scope, and duration of services. Key areas of information that contribute to effective treatment matching include (1) criminal risk level, and criminogenic needs that independently contribute to the risk for recidivism, (2) history of mental or substance use disorders and prior treatment, (3) functional assessment related to mental and substance use disorders, including the history of interaction between the disorders and the effects of these disorders on behaviors that lead to augmented risk for involvement in the justice system, (4) functional impairment related to the CODs that may influence ability to participate in different types of treatment or supervision services, and (5) other psychosocial factors that may affect engagement and participation in these services (e.g., transportation, housing, literacy, major medical problems). In the absence of a comprehensive and evidence-based assessment approach, CODs are often undetected in justice settings, leading to inappropriate placement (e.g., in low intensity services) and poor outcomes related to treatment and supervision.

In addition to the screening, assessment, and diagnostic instruments for use with offenders who have CODs, other instruments have been designed specifically to match people to different types of treatment modalities, or levels of care. Although traditionally considered a part of correctional supervision, the Risk, Need, and Responsivity (RNR) model (Andrews & Bonta, 2010a, 2010b) is increasingly used more systematically in the justice system to identify treatment and recovery needs that are related to criminal recidivism. The RNR model provides an important framework to assist in matching offenders to various levels of treatment and criminal justice supervision, and incorporates areas of criminal risk that are not addressed within typical clinical assessment tools.

SOAR is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

Hawaii’s Opportunity Probation with Enforcement (HOPE) program has implemented coerced abstinence for the entire probation population. Promising results of a randomized trial have sparked interest in broader replication. Observed recidivism rates were dramatically lower than for the prior probation population, and the treatment group was incarcerated for roughly half as many days as the control group. Interventions such as HOPE do not necessarily involve substance use disorder treatment; this reflects the reality that many drug-involved offenders do not meet the criteria for substance use disorders. For many individuals, regular monitoring, alongside the adverse consequences of a failed urine test, provide powerful motivation to abstain.

A further example is the 24/7 Sobriety Project (24/7), a South Dakota innovative program to supervise individuals who were arrested in connection with alcohol-related offenses. It addresses problem drinking by imposing close monitoring, followed by swift, certain, yet modest sanctions when there is evidence of renewed alcohol use. Under 24/7, problem drinkers rearrested for DUI and selected other alcohol-related
violations were subject to intensive monitoring and sanctions. As a condition of bail, participants were required to take morning and evening breathalyzer tests or wear continuous alcohol monitoring bracelets. A RAND Corporation program evaluation found that 24/7 tangibly improved public safety in counties where the program was implemented at scale. In counties where the number of 24/7 participants reached one quarter of DUI arrests, the intervention was associated with a significant reduction in repeat DUI and intimate partner violence arrests. Similar results have been replicated in Montana.

3. **What are some resources that support the treatment of mental and substance use disorders among individuals who are incarcerated?**


- Those new to the implementation of evidence-based practices (EBPs) will find this publication to be a great guide to the process. This manual is designed to be used “both as a checklist of key management concepts and as a reminder of important organizational issues that need to be addressed to achieve positive public safety outcomes in an evidence-based environment.”


- The Center is committed to working to develop more collaborative, evidence-based decision-making practices in justice systems nationwide. The goal of our work in this arena is to equip criminal justice policymakers with the information, processes, and tools that will result in measurable reductions of pretrial misconduct and post-conviction reoffending.


- The Framework identifies the key structural elements of a system informed by evidence. It defines a vision of safer communities. It puts forward the belief that risk and harm reduction are fundamental goals of the justice system, and that these can be achieved without sacrificing offender accountability or other important justice system outcomes. It both explicates the premises and values that underlie our justice system and puts forward a proposed set of principles to guide evidence-based decision making at the local level—principles that are, themselves, evidence-based.

- The Framework also highlights some of the most groundbreaking of the research—evidence that clearly demonstrates that we can reduce pretrial misconduct and offender recidivism. It identifies the key stakeholders who must be actively engaged in a collaborative partnership if an evidence-based system of justice is to be achieved. It also sets out to begin to outline some of the most difficult challenges we will face as we seek to deliberately and systematically implement such an approach in local communities.


- The Center [for Effective Public Policy] developed a series of tools to assist grantees in specific areas of their reentry work. The final products of this work include eleven Coaching Packets in three series. These Coaching Packets offer practical value beyond the jurisdictions involved in this initiative and are available to criminal justice professionals and their partners interested in enhancing their strategies for reducing recidivism and improving offender outcomes.
Each Coaching Packet provides an overview of a specific topic as it relates to successful offender reentry, and offers tools and resources for those interested in exploring the topic in greater depth.


This Step-By-Step Planning Guide was created for community corrections agencies as a result of numerous requests by TCG customers for a simple, short Guide on how to go about building and sustaining an EBP agency.

We have attempted to capture the learnings from these experiences and provide you with a short, concise Guide. We have found that agencies that go through these steps sequentially tend to be more successful in sustaining EBP over time.


This document provides a guide for newly assigned judges that are expected to preside over a drug court program to serve as a quick primer to assist them in (a) becoming familiar with the key elements and evidence-based practices that should be reflected in the treatment services provided to drug court participants, and (b) working with local treatment provider(s) to ensure that these services are provided. The Guide is intended to serve as an introductory reference, addressing treatment related issues and practices that are critical to effective drug court program operations.


- The Judges and Psychiatrists Leadership Initiative (JPLI) released Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs: A Judicial Guide and an accompanying bench card, which were developed with the support of the American Psychiatric Association Foundation and the CSG Justice Center. The resources are designed to assist judges in making informed connections to treatment for people with behavioral health needs who enter their courts.
- The guide and bench card were informed by a May 2017 convening of judges, psychiatrists, people who have behavioral health needs and have been in the justice system, and family members who came together to discuss behavioral health care resources and decision making around conditions of release and sentencing. The convening was hosted by the CSG Justice Center and the American Psychiatric Association Foundation as part of the Judges and Psychiatrists Leadership Initiative, a project that supports efforts by judges and psychiatrists to improve judicial, community, and systemic responses to people in the criminal justice system who have behavioral health needs.


- [This publication] provides behavioral health, correctional, and community stakeholders with examples of the implementation of successful strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community. Highlights prevalence of mental and substance use disorders in correctional settings.
4. **What are some successful initiatives at the Federal, state and local level of justice intervention to create a coordinated network of community-based services and support that is person-centered and family centered?**


- CREST serves up to 30 individuals in New Haven who would not otherwise be diverted from or released from incarceration if not accepted into the program. The intensive day reporting program provides daily monitoring and structured skill building and recovery support services for participants. Services are provided in collaboration with clinical services at the DMHAS-operated Connecticut Mental Health Center to ensure comprehensive, individualized treatment.

- ASIST is the product of a unique collaboration among the Judicial Branch Court Support Services Division (CSSD), the Department of Correction, and the Department of Mental Health and Addiction Services. The program was developed to make existing Alternative to Incarceration Centers an accessible diversionary option to persons with significant psychiatric disorders.

- ASIST is able to meet the unique needs of clients who require both packages of services - judicial supervision and mental health and substance abuse recovery services provided by DMHAS and CSSD treatment service providers. The ASIST clinician forms a stable case management link that coordinates the services delivered by the AIC/service provider partnership, and closely monitors the impact of these services on client functioning and quality of life. ASIST also includes a component of skills training and cognitive behavioral intervention to reduce recidivism.


- Primarily through Models for Change: Systems Reform in Juvenile Justice, MacArthur supports reform in 40 states with a goal of accelerating a national movement to improve the lives of young people in contact with the law, while enhancing public safety and holding young offenders accountable for their actions. After 20 years, support for work in juvenile justice is coming to a close. Through 2017, the focus is on expanding the use of successful tools and approaches developed through Models for Change, including support for the network of resource centers that provide assistance to system leaders in the top areas of concern.

- The premise of our work in juvenile justice is that an understanding of the scientific research on child and adolescent development and mental health will help decision makers develop more effective policies and practices and make more rational choices in individual cases. We support research, training, practical interventions, policy analysis, and public education that promotes a fair, rational, and effective juvenile justice system that recognizes the developmental differences between adolescents and adults; is linked to other relevant agencies and organizations; and is held accountable for public safety and the rehabilitation of young offenders.


**SAMHSA-MacArthur Integrated Policy Academy-Action Network Initiative**

- The Substance Abuse and Mental Health Services Administration and the John D. and Catherine T. MacArthur Foundation have announced the 2015–16 Integrated Policy Academy-Action Network Initiative. They will select as many as four states to improve policies and practices to divert justice-involved youth who have behavioral health disorders to community-based services. The National Center for Mental Health and Juvenile Justice at Policy Research Associates and the Technical Assistance Collaborative will coordinate this initiative.
Treatment Alternatives to Street Crime Program

- The Treatment Alternatives to Street Crime (TASC) program seeks to reduce recidivism by using a case management approach to direct formerly incarcerated individuals to substance abuse treatment in a community setting. Although TASC programs have been implemented in many states, often as pretrial diversion programs, the study reviewed here examines TASC programs in Colorado only, which mainly serve parolees recently released from prison. Colorado’s TASC programs provide case management services (including assessment, urinalysis, treatment referral, and follow-up monitoring) to participants, serving as a bridge between parole officers and service providers. These services are designed to provide clients with the opportunity to address their alcohol and drug abuse problems.


- The Early Diversion Program aims to divert people with mental health, substance use, or co-occurring disorders from the criminal justice system and into community services without the leverage of the court. The program focuses on the role of law enforcement officials working collaboratively with community behavioral health providers to prevent arrest and adjudication. Through this partnership law enforcement and behavioral health agencies design, implement, and oversee comprehensive strategies for diversion and engagement practices. Developed with input from a partnership with the International Association of Chiefs of Police, this program aims to divert individuals at the earliest opportunity into community-based service alternatives, for crisis intervention, screening, assessment, and referral to treatment before an arrest is made, while simultaneously maintaining public safety.

- The Teen Court Program focuses on preventing juvenile crime by diverting youth with substance use treatment needs from deeper immersion in the traditional juvenile justice system to teen courts. SAMHSA’s Teen Court program provides substance use treatment services and related recovery support services to youth with substance use or co-occurring treatment needs. Teen courts are peer-run courts where youth sentence their peers for minor delinquent and status offenses and other problem behaviors, providing positive alternative sanctions for first-time offenders. Expected outcomes from this program include reduced substance use and criminal activity, improved health and better quality of life, and increased productivity.

- The Adult Behavioral Health Treatment Court Collaborative aims to allow local courts more flexibility to collaborate with multiple criminal justice system components and local community treatment and recovery providers to address the behavioral health needs of adults who are involved with the criminal justice system and provide the opportunity to divert them from the criminal justice system. The collaborative will allow eligible individuals to receive treatment and recovery support services regardless of what court they enter. This program will focus on connecting with individuals early in their involvement with the criminal justice system and prioritizing the participation of municipal and misdemeanor courts in the collaborative.
• The Second Chance Act (SCA) supports state, local, and tribal governments and nonprofit organizations in their work to reduce recidivism and improve outcomes for people returning from state and federal prisons, local jails, and juvenile facilities. Passed with bipartisan support and signed into law on April 9, 2008, SCA legislation authorizes federal grants for vital programs and systems reform aimed at improving the reentry process.

• The U.S. Department of Justice’s Office of Justice Programs (OJP) funds and administers the Second Chance Act grants. Within OJP, the Bureau of Justice Assistance awards SCA grants serving adults, and the Office of Juvenile Justice and Delinquency Prevention awards grants serving youth. Since 2009, more than 800 awards have been made to grantees across 49 states.

• The SAMHSA-funded Bridge Program at the Mental Health Association of the New River Valley (MHANRV) in Blacksburg, VA, diverts people with serious mental illnesses or co-occurring substance abuse disorders from the criminal justice system to the treatment system. The program intervenes after people have been booked, but before they go to trial.

• Mental health and substance abuse treatment providers, corrections and pretrial personnel, representatives from the Department of Social Services and the Department of Rehabilitation Services, housing specialists, antipoverty activists, and others are now working together to help the individuals they all serve.

5. What SAMHSA initiatives and other resources help specialized court systems to support persons exiting the criminal justice systems to successfully re-enter the community?

• SAMHSA uses a two-pronged approach to help meet the needs of individuals returning to the community, and the needs of the community, through:
  o Supporting grant programs such as the SAMHSA Offender Reentry Program (ORP) that expands and enhances substance use treatment services for individuals reintegrating into communities after being released from correctional facilities
  o Actively partnering with other federal agencies to address myriad issues related to offender reentry through the implementation of policy changes, making recommendations to U.S. states and local governments, and eliminating myths surrounding offender reentry.

• SAMHSA’s Offender Reentry Program expands and enhances substance use treatment and related recovery and reentry services for adult offenders who are returning to their families and community after incarceration in state and local facilities including prisons, jails, or detention centers. The program encourages stakeholders to work together to give adult offenders with co-occurring substance use and mental health disorders the opportunity to improve their lives through recovery. The program also helps people develop the capacity and skills to become productive members of the community and reduce the probability of re-offending and re-incarceration.

• Some Offender Reentry grantees are using SAMHSA’s Opioid Overdose Prevention Toolkit, which equips communities and local governments with materials to develop policies and practices that help prevent opioid-related overdoses and deaths. It also addresses issues for first responders, treatment providers, and those recovering from opioid overdose.
SAMHSA’s Treatment Locator is an online source of information for people seeking treatment facilities in the United States or U.S. territories for mental and/or substance use disorders. The Locator can be searched by state, city, or address.

Visit the SAMHSA GAINS Center and the SAMHSA store for additional reentry publications and information.

The SAMHSA-funded STAR (Support, Technical Assistance, and Resources) Center has developed a three-part series to support the justice-involved community. These products focus on supporting people with psychiatric disabilities in the criminal justice system, and provide a self-advocacy and empowerment toolkit and a promising practices guide.

SAMHSA is involved in the Federal Interagency Reentry Council, established by the Attorney General in 2011, which works to improve the criminal justice system and connections with the community in order to minimize the challenges for people reentering the community from incarceration. The council consists of cabinet level representatives from 20 federal agencies who work to make communities safer by reducing recidivism and victimization, assisting those who return from prison and jail to become productive citizens, and saving taxpayer dollars by lowering the direct and collateral costs of incarceration.

The Federal Interagency Reentry Council has information and resources related to health care for prisoners, including Snapshot: Health Care and Behavioral Health.

DOJ’s National Reentry Resource Center (NRRC) provides education, training, and technical assistance to states, tribes, territories, local governments, service providers, non-profit organizations, and corrections institutions working on prisoner reentry. The NRRC’s mission is to advance the reentry field through knowledge transfer and dissemination and to promote evidence-based best practices.


This issue of Practicing Recovery explores the clinical importance of safe and secure housing for individuals with mental health conditions and how you can understand, screen for, and assist those experiencing housing instability or homelessness. The following resources are a great starting point to help you learn more about how housing affects the people you serve and what you can do about it.

6. **What is being done to support family members who have loved ones involved in the criminal justice system?**


- NRCCFI is the oldest and largest organization in the U.S. focused on children and families of the incarcerated and programs that serve them. [Their objectives include]
  - Disseminating accurate and relevant information
  - Guiding the development of family strengthening policy and practice
  - Training, preparing, and inspiring those working in the field
  - Including the families in defining the issues and designing solutions.


- The Directory of Programs Serving Children and Families of the Incarcerated is an update of the Directory of Programs Serving Families of Adult Offenders, dated October 2001. This revised directory lists programs in the United States and around the world that offer services specifically for children and families of the incarcerated.

• The CIPL provides free information sheets designed for people serving children of prisoners and their caregivers.


• The Family Resources Inventory was compiled to assist the Mental Health/Juvenile Justice Action Network states in the identification of resources that address the barriers families and caretakers may face when a youth is involved in the juvenile justice system. It provides advocacy tips and information on how best to navigate the intricacies of the justice system. Resources are also included for juvenile justice staff and policymakers seeking to address barriers between families and the justice system, and to improve how systems interact with family and youth.


• From arrest to probation, placement, and reentry, youth in the juvenile justice system deserve to have their families involved in their care. Studies show that kids in the system are much more likely to succeed long-term when they have frequent contact with their families. Unfortunately, juvenile justice agencies often have difficulty working with families and involving them in the decision-making process. This report offers three major steps agencies can take to improve their engagement efforts:
  o Identification: Learning the strength of a youth’s support system and identifying as many positive adult role models as possible.
  o Engagement: Reaching out to a youth’s support system and creating a welcoming environment.
  o Empowerment: Consulting families at various decision-making points, educating families on the juvenile justice process and system, and informing them of their rights.


• The following list includes a series of programs offered by nonprofit organizations, the government and local communities.
  o Angel Tree Program connects parents in prison with their children through the delivery of Christmas gifts, for those who celebrate this holiday. Angel Tree, a Prison Fellowship program, is nationwide.
  o The Sesame Workshop, pioneered by the Administration for Children and Families group, includes multimedia, bilingual (English/Spanish) programs for children of incarcerated parents.
  o SKIP, Inc is a program focused on Saving Kids of Incarcerated Parents. With franchises around the country, this program works with youth and their caregivers to establish a supportive “circle” of positive relationships around every child. They provide behavioral and academic empowerment programs for children who have one or both parents in prison.
  o Assisting Families of Inmates, based in Virginia, specializes in providing programs for children of incarcerated parents. Specifically, they create opportunities for visiting an inmate parent. Creating referrals to community resources and other services also helps families cope with incarceration.
  o Children of Inmates is a Florida-based organization that helps to keep the lines of communication open between children and their incarcerated parents. With a focus on raising children to be happy, healthy and productive citizens, this organization provides a series of services like Bonding Visits.
  o Hour Children is providing practical, comprehensive services to incarcerated and formerly incarcerated women and their families. Through prison- and community-based programs that support these fragile
women and their families, this organization helps them work to transform their lives and achieve self-sufficiency.

- **Foreverfamily** is an Atlanta-based program that works to ensure that all children have the opportunity to be surrounded by the love of family. This organization has several programs designed to nurture kids socially, emotionally, and educationally.