[Upbeat Music]

Matt Clune:

Welcome. I am Matt Clune, your host today. A SAMHSA Public Health Advisor and a person in long-term recovery.

During this program, we will discuss justice intervention. We will take a look at the basics of justice intervention and other alternatives to incarceration, including jail diversion and specialty courts. Then, we will take a deeper dive into related issues like addressing the high rates of substance abuse and mental illness among those in jails and prisons, improving education and training for those who are returning home through offender reentry programs, and examples of other successful strategies.

Joining our panel today is Deana Hoskins, the senior policy advisor for the Department of Justice, Bureau of Justice Assistance division, David Brooks, who's the owner and clinical director of Brooks Behavioral Health Service in Frederick, Maryland. Christopher Poulos is an attorney and the executive director of the Statewide Reentry Council at the Washington State Department of Commerce, and lastly, we are joined by Jessica Hulsey Nickel, the founder and president and CEO of the Addiction Policy Forum in Washington, D.C.

Deana, those who have studied justice know that there's a relationship between those that have behavioral health conditions who end up in our justice system. Can you talk just loosely a little bit about what that intersection looks like and how it's driven up incarceration rates historically?

Deana Hoskins:

Thanks, Matt. So we know historically that individuals in the criminal justice system have a high prevalence of mental illness and substance abuse issues coming into the system. A lot of times, a lot of that is manifest in ways of the lack of treatment beds and also, culturally, some of the mental illness and myths, especially around African-American communities, which don't tap into some of those mental health services in the community, so individuals are arrested for crimes that are directly related to either their substance abuse or their untreated mental illness, which starts to create our jails and our state correctional systems to look more like treatment and mental health hospitals to treat those issues.

Matt Clune:

Those of us who work in the field, but for the public at large, know that there are racial and ethnic disparities regarding sentencing and who goes to jail and who doesn't, and anyone who'd wish to kind of grab onto that, disparities within sentencing. We could do a whole segment on it, I know, but if we could just take a look at that for a second, 'cause I think that's led to the burgeoning jail and prison population.

David Brooks:

A lot of the sentencing that usually occurs doesn't take in place for the mental health or the substance abuse. Say someone is caught selling drugs. They don't look at the substance abuse that then correlates

with that selling of drugs, so when that person is sentenced, they're sentenced as if they are a criminal, but they're not sentenced as if they have a substance abuse issue that then perpetuated the criminal behavior, so that's what I've noticed, that people have had extended periods of sentencing for longer amounts of time without having the proper treatment in place to then subdue that types of behavior.

Matt Clune:

Jessica, I'd like to follow up with that question. What do you think are some programs and policies that we can utilize that are pragmatic to diminish some of the punitive actions we've talked about that are spiking our jail and prison populations and really further exacerbating these problems for folks who have mental illness, substance abuse disorder?

Jessica Hulsey Nickel:

So what we've learned is that people have far better outcomes that have a mental illness or a substance use disorder if they're treated in a community rather than in the criminal justice system. So the earlier that we can intervene, even in the criminal justice system, if that's that first arrest, or it's the first probation, or it's the first time you're before a judge, to make sure that those individuals are connected to the treatment that they need and that there's assessments that are in place. If you think of the criminal justice system as like a subway stop, usually you're at the first stop, which is arrest and interacting with police several times before there might be probation, before there's jail, longer incarceration. So we really need to build the resources and tools in every point of that sort of subway train to make sure that we connect as quickly as possible individuals with behavioral health disorders, with addiction, mental illness, with the programs and treatment they need so we can head that off and get them into the care that's really required.

Matt Clune:

Chris, if I might, I'd like to direct a question to you and kind of pull away a little bit from systemic issues and take a little bit more of a closer look at communities. What are some of the issues that are going on in communities, be it economic, racial, wealth distribution, that may contribute to arrest for incarceration, or increasing spike in focus with behavioral health disorders?

Christopher Poulos:

Yeah, I think we really need to start way upstream with criminal justice system involvement and look at what resources communities have, what levels of education communities have, and the disparities in those issues before we even get to incarceration. And how people of color and lower income people generally are much more likely to be criminal justice system involved rather than a purely behavioral health response. And the way that I think about this, so when I was in my third year of law school, I was able to represent children facing criminal charges. And people of color were disproportionally among my clients, and then every single one of them was from a lower income either neighborhood or town, city, in the Portland, Maine area where I grew up. Without exception, and so the way I see it, and this was actually a friend of mine's quote, Andrew Burki, who started Life of Purpose Treatment, he used to say, "rich kids go to treatment and lower income people, "and often people of color, go to jail." So, policing is a big issue with this too. Policing is not conducted in the same way in Greenwich, Connecticut as it is in

Bronx, New York, for example, there would never be a stop-and-frisk in Greenwich Connecticut in affluent White neighborhoods, so that's how we can begin to answer why certain folks are ending up in front of a judge and other people are ending up at a treatment center in Florida or California.

Matt Clune:

What kind of behavioral healthcare training is available that can benefit all these actors in the system, adult and juvenile court judges, prosecutors, defense attorneys, parole and probation officers, court managers, that might them more mindful and sensitive to the behavioral health issues of those who pass through their doorways every day?

Deana Hoskins:

Looking at this from a wholistic perspective, I think one of the biggest issues that we have to focus on, not only with behavioral health training, is cultural competency, to even evaluate and assess the, say, in front of judges, the defendants that come before me. Not identifying with what that individual trauma experiences may have been, especially coming from some of the communities that Chris spoke of, children of incarcerated parents, the incarceration of your parents is a traumatic point. The actual police coming into your home to arrest your parents is a traumatic experience, telling you your parents will be right back and they don't come back for 20 years. So now you have this child who has been acting out in behavioral ways have grown up and started utilizing substance to deal with some of the issues, none of that traumatic history or experience is even evaluated in the sentencing of the individual standing in front of you, is merely based on the crime and the discretion of the judge. So I really say, outside of behavioral training, we have to really start talking about the cultural competency and the experience of the individual standing in front of you, and what's the best treatment for that individual, instead of trying to create a cookie-cutter approach system.

Matt Clune:

It's been a very thoughtful and rich discussion. Stay tuned for our next segment where we discuss alternatives to incarceration programs as public health solution to a public problem.

[Upbeat Music]

Jessica Hulsey Nickel:

So both my parents struggled with a heroin use disorder, with addiction, and when I was only four, my mom was sent to prison as a result of her addiction. It was so difficult to lose her, and my dad was in and out of jail, and we ended up in the foster care system, and then placed with my maternal grandparents as a result of criminal justice, that sort of cycle of incarceration that you get caught up in. The experience of watching what my mom went through was really, was really critical, and it sort of shaped who I am and what I do for a living and with my life, and I started working in this field when I was just 15 in a prevention coalition. And then I worked here in D.C. even in high school, doing some advocacy work. I worked in treatments and continued prevention focus and did criminal justice work with the Council State Governments Justice Center and policy work on Capitol Hill. So watching how difficult this was to

criminalize a disease and see how my parents struggled with prison and jail sort of hit me in such formative years, it's been a focus of my entire adult career.

One of the other things I don't talk about is sort of what the instability to kids that are impacted by parental substance use disorder and incarceration, losing a parent for, whether that's a couple months or a couple years, and how difficult that is for kids, it's trauma, it's an adverse childhood event that can be a major risk factor for a number of things, from delinquency to criminal justice involvement to, you know, behavioral health issues, addiction, mental health. So I was lucky, because I was, as a ward of the state, was able to get a lot of services, counseling, mental health services, a mentor, a big sister that was assigned to me. Because we need to wrap up the kids that are impacted by this disease, kids that are impacted by incarceration, and make sure that they get the services, 'cause it's really difficult. And before I lost my mom, I worked on a lot of prisoner reentry and how we sort of really change and innovate how we help people transitioning out of prison and jail. She always used to tell me, Jessa, you don't know how hard it is coming out, right, and that just sort of stuck with me. We need to make it easier for people coming home that are coming home with a disease, with substance use disorder, with mental illness, that they need to handle, and we need to make it easier for the families that are impacted and are trying to rebuild their own family structure after that disruption.

[Upbeat Music]

Matt Jaeckel:

I've been working for Mental Health Partners for about five years. And I work in their forensic services. I manage a few different programs, the Edge Program, which is early diversion, get engaged, and that's a co-responder model where we have clinicians working with law enforcement. I manage a team that are in the jail, and those are jail clinicians, as whether as another team in the jail helping people get access to mental health partners upon release. And then I also manage the PACE Program, which stands for Partnership for Active Community Engagement.

Greg Brown:

It's a unique program in that it's a collaboration between mental health partners, community justice services, probation, you know, we have referrals from defense lawyers as well as prosecutors and judges. But it plays a critical role, because mental illness is a huge part of why a lot of people are in the criminal justice system, and it's what keeps them in, and PACE was originally designed to divert people from jail and prison, because we knew that our mentally ill population was spending far more time in jail than people similarly situated that did not have mental illness.

Matt Jaeckel:

And so they created this program to be sort of a one-stop shop, when people released to the community, our way to support them is to provide all the services that they might need, both mental health and probation supervision in one office.

Maigan Oliver:

Mental health Partners offers a full continuum of care. and we offer substance abuse services, outpatient mental health services. We also offer a detox facility for substance abuse care. We offer crisis services where we do community and mobile evaluations for those in need.

Greg Brown:

What the collaboration does is that we start seeing people before they're sentenced often, or while they're still in custody, a treatment plan's put together, they're interviewed by the clinical staff as well as by probation staff to look at, you know, is PACE the right fit for them? Can they meet their needs? And then we actually pick them up from the jail or from the residential facility that they're in and bring them to PACE for their first appointment.

Matt Jaeckel:

We offer an environment where people who are in the criminal justice system can come and exist free of stigma, free of victimization. We offer a safe place to find a sense of connection, belonging, build skills to help with further stability, and really help build purpose and a sense of meaning in their lives.

Mike Engle:

I heard about PACE while I was in jail. When I got out of jail, I immediately started drinking, immediately screwed up, I don't think I lasted a day. So I called PACE, they brought me in for an interview, sat me down and said I could come in, and that's what I did. And so they sent me to detox and cleaned me up and let me back in the next day.

Joseph Dankowski:

Before I got into PACE, I was just getting high every day, I didn't care about my life, I didn't care about myself. And it took me a long time to understand that I have to care about myself.

Mike Engle:

The first thing that guy, the counselor told me, my first day at PACE, and I'll always remember this, he told me, make a gratitude list, update it, and read it every day. That was really the biggest thing at PACE that kicked things off and got me rolling down a path that I've stayed on since.

Joseph Dankowski:

I didn't love myself, I didn't care for myself. I really didn't have family or anyone out there. And so I didn't care about myself, and now, I love myself and I care for my life, and I have people in my life that care for me and I realize that I have to take care of myself before I can take care of anybody else.

Matt Jaeckel:

The average cost back in 2015 of a day of PACE per client was about $52. You know, the average cost of a jail bed at that same time was about $80. So what we're finding over the course of the year of people who successfully graduate PACE is saving the community right around $350,000.

Greg Brown:

PACE was really the first place that we learned what collaborations can do, kind of the synergy of bringing people together. And it really has been a model for us going forward, and a bunch of other partnerships where we have really incredible outcomes and can bring services to where they need to be in our community.

Matt Jaeckel:

We provide an opportunity for people to come in and get a sense of belonging, connection, and from that, they are able to build purpose and meaningful lives. Some of our clients are able to acquire housing, employment, and other stability factors that help keep them on track sustainably.

Joseph Dankowski:

If it wasn't for PACE, I think I'd be dead right now. And I thank everybody in PACE for all their hard work and their help and their believing in me to do this.

[Public Service Announcement titled: *r is for Recovery*]

> What if being in recovery from a mental or substance use disorder was something we proudly showed the world? You might be surprised. Millions of people are in recovery, sharing hope, health, and support with family, friends, and community. Join the voices for recovery. For 24-hour free and confidential information and treatment referral for mental and substance use disorders for you or someone you know, call 1-800-662-HELP.

Matt Clune:

Hello and welcome back. What is justice intervention and other alternatives to incarceration really all about? David, I'd like to direct this first question to you. What is justice intervention and other alternatives to incarceration, and how have they proliferated in our communities?

David Brooks:

I worked as the treatment coordinator for both drug court, veterans court, and what I noticed in that was that most of the people who got into those entities, the probation officers, the judges, the public defenders, lawyers, they always looked at criminal behavior as a separate entity as the mental health and substance abuse. The one thing that I've been trying to speak to a lot of these entities about is about criminogenics, the theory that criminal behavior can be treated through mental health and substance abuse philosophies. The success rate has shown that you can start to change the belief systems.

Matt Clune:

Thanks so much, David. I'd like to turn to you, Jessica, for the next question. Because what I heard in David's response was, we have programs available, those of us in the business know them to be

successful, but there's a little bit of convincing that needs to happen at the core level of judges, DAs, et cetera, how do we sell it?

Jessica Hulsey Nickel:

That's a great question. Well I think that when you give the right tools to your criminal justice professionals, to your leaders, to your policymakers, it really is about having the pathways to access treatment and better training and resources, so you identify that individual who's there as a result of their substance use disorder or their mental illness. And those are tools that we can give everyone, from police and our law enforcement at that first arrest, to those in probation, to courts, to jails, to our sheriffs, to reentry, to prison. So this is really about making sure that we reduce costs, that we have better outcomes in terms of recidivism, or reduced recidivism, and connection to community, and that we're also addressing behavioral health, both addiction and mental illness, sooner, before it worsens, before there are any sort of consequences or fallout for that individual. So good diversion, this is about giving the tools to every sort of component of criminal justice so that they can treat that individual and get them the help that they need.

Matt Clune:

Drug courts. Can you just tell us in plain English, what are they, who do they service, and what kind of benefit do they have for the community?

Jessica Hulsey Nickel:

So drug courts is that toolbox for judges. So they have a specialty docket or a special pathway for folks that come in front of them that have an addiction, they have a substance use disorder, to give them the option of treatment as sort of alternative to following down that subway path. So it's a really important tool, it's worked really well. We need to make sure we utilize our drug courts for the right population, we need to make sure that we're leveling the playing field, make sure they're available to everyone. And it can be incredibly effective and offered not only for those that have substance use disorder, but also folks that have a mental illness with the mental health courts.

Matt Clune:

So mental health, specialty courts example.

Jessica Hulsey Nickel:

And my mom was actually an early recipient of drug courts, before they were actually called that, and she had 20 years, nearly 20 years in recovery as a result of one judge who decided to give her an option, a new pathway, to change her life. And making that connection to treatment and recovery support, 'cause we need to make sure that we're making long-term solutions.

Matt Clune:

Chris, I'd really like to give you kind of free reign here. As recently new executive director to Washington Reentry Council, given the plethora of alternative programs out there, are there one or two that you'd like to highlight for this panel?

Christopher Poulos:

Sure, so for front-end diversion, speaking of Washington State, Seattle was the birthplace of LEAD, which is Law Enforcement Assisted Diversion. And then in Portland, Maine, where I used to live and where I was born and raised, we started LEAAP, which is Law Enforcement Addiction Advocacy Program. And in both of those scenarios, what happens is when someone is breaking the law and it's not a major incident, in happening, the officer has the discretion to redirect the person away from the normal criminal justice process and toward a structured solution. And any type of structure, any type of structure, any type of credible messenger utilization, any type of programs in the community or even in the facilities are, they increase public safety, so that's always an argument that sometimes is lost when people think, oh, these people deserve to be punished. But I'm one of these people, I'm someone who's served a multiple year federal prison sentence prior to going college, prior to law school, and prior to serving in this position. And what would have been great was if one time, a judge, a prosecutor, a defense attorney, had attempted to interrupt my progression. That didn't happen, so by the time I was 24 years old, I was arrested for the first time at age 15. By the time I was 24, I was no longer eligible for a diversion program, I was eligible for the federal penitentiary. But when I was 15, when I had my first possession charge, or when I was 19 and I stole a bicycle, right, at any of those points, I would have been a perfect candidate to at least be offered a solution. And that's what I think diversion does, it offers a solution, it offers the resources, so if people, you know, are able to find housing, and able to get a job, higher education, then we can work on trauma issues, then we can effectively do cognitive behavioral therapy and other stuff. But until basic needs are met, it's entirely, it's very difficult to do that. So law enforcement-assisted diversion on the front end, and then structured reentry programs with wraparound services that have a strong community involvement and community coming into prisons to view people who are incarcerated as people. You know, as fellow human beings and fellow citizens, anything like that is incredibly useful and helpful.

Matt Clune:

Deana, I think we're gonna close this segment with you, if that's okay.

Deana Hoskins:

No problem.

Matt Clune:

We've talked about a range of alternatives out there, but we haven't spent a lot of time talking about drug courts and other specialty courts. And I wonder if you might just illuminate your experience with them nationally. Are they making a difference? Should we throw the baby out of the bathwater? What do you think?

Deana Hoskins:

So, I, definitely being familiar with drug courts and mental health courts, veterans courts, working in Hamilton County, to serve as that intervention for individuals who fit into that category. But one of the things that I don't think the whole idea is bad, I think we have it, again, tacked into the necessity to meet the need and the demands that's coming in. So again, one of the things I know that's going on with drug courts is, when they look at the individuals who enter drug court, they're finding disproportionately African Americans aren't making it into drug court. And with true transparency, I was one of those individuals that would have really benefited from a drug court intervention. Arrested for a theft charge that was directly related to my substance abuse issue, but I was never offered, I was actually convicted based on the theft. So, looking at how do we, again, look at the training opportunities? We've trained on the actual wraparound services, that drug court, veterans court, mental health court, all takes into consideration, bringing behavioral health in, but have we actually looked again at tapping into the cultural competency and not creating another cookie-cutter approach program? Oh, we recognize everyone who comes into drug court doesn't have to be arrested for a drug-related charge by the revised code of that state, that theft or robbery or carjacking, any of those crimes could be an underlying crime that was contributing to the individual trying to get the substance abuse, whatever their drug of choice was, to be able to utilize for that time.

Matt Clune:

When we return, we're going to discuss how to support evidence-based and recovery-oriented practices in justice intervention.

[Upbeat Music]

Christopher Poulos:

When I was about 11 and 12 years old, I found substances, and what I found was that as soon as I put a substance into my system, as soon as I got a drink, or a drug, whatever it may be, all of the anxiety and fear and pain and stress that I felt, it just vanished, it was like, ah. And that served me, that really served as my treatment for underlying issues for about 10 years. And age 24, I got to a point where the alcohol and drugs were no longer providing me any type of relief, and thankfully, I was able to access treatment through the state, I didn't have any resources, and at that time, the state of Maine, where I grew up, in Portland, Maine, I was able to get treatment through the state and I was able to get well and dive into a peer-to-peer recovery program, and thankfully, I've been sober, I've been in recovery ever since. Several months into my recovery, into my new way of life, I was indicted on five federal felony charges for behavior that I took part in prior to my recovery, prior to my sobriety, I had been selling drugs to support my own drug addiction, which is highly common. So I went to prison. But I had, because of being in recovery, I went to prison in a much different state than a lot of people. If I had not gotten treatment before that, I simply would have resumed similar behaviors right in the facility, as I saw happening all around me.

When I came home from prison, I was able to get into college, thankfully, I actually had a prison psychologist help me with the financial aid forms and really go beyond the scope of his job and care. Someone in the Federal Bureau of Prisons helped me through that process. And I did access college at the University of Southern Maine. And my dream to practice law, which was born when I was a child,

and really grew during my incarceration, eventually became a reality when I was accepted into law school, something that I didn't dream possible when I was actually in prison.

I found my passion, I found my path and my purpose through recovery. And I watched President Obama get elected from federal prison, so I was actually sitting there in the unit, watching him get elected, and then almost eight years later, toward the end of his term, got to actually serve in the Obama White House, which was one of the greatest joys of my life. These days, fast forward, I am the executive director of the Washington Statewide Reentry Council, which advises the legislature and the governor on policy changes to promote successful reentry and reintegration for people who have been criminal justice system-involved or incarcerated in Washington State.

[Upbeat Music]

Randy Nichols:

The situation here we find in Knox County involving the opioid crisis and the mentally ill that we have locked up in our detention facility is to the level of crisis without any question, we believe.

Jimmy "JJ" Jones:

We have about 1,500 prisoners, so we say that at any time, we have between 18% and 25% of those people are, have some kind of mental disorder and some kind of dual diagnosis of drug and alcohol dependency.

Randy Nichols:

100% of our property crime is, if you look deep enough, is opioid based. It's to the point that something has got to be done about it.

Jimmy "JJ" Jones:

It's not getting any better, so we know that we have to train our individuals in law enforcement, that's something we've really never had to do before. So with the help of Helen Ross Mcnabb, we've been really able to train our people to deal with those individuals that we see.

Jerry Vagnier:

So the Helen Ross McNabb Center is a community mental health center based in Knoxville that's serving 25 counties in East Tennessee. And our mission's real simple, we're about improving the lives of the people that we serve. And we do that in a variety of ways, through mental healthcare, through substance use and abuse care and social services that we provide on a regular basis.

Leann Human Hilliard:

The Helen Ross McNabb Center has worked with local law enforcement for many years. It's important that we engage with law enforcement for anybody who might come here for treatment in case we need to liaison for them in the legal system.

Jerry Vagnier:

Helen Ross McNabb Center has a large continuum of justice intervention services, working with the sheriff's department to provide mental health and substance use care in those facilities.

Jimmy “JJ” Jones:

Officers are not trained to deal with these type of individuals. And initially when we started this program, we asked for volunteers of officers, men and women who wanted to go through this program. And up until this point, every single one that's been through has been voluntarily. So they won't understand this better, they know that they deal with these people on a daily basis, and with this continued training, it can't get anything but better for our community and for our officers.

Leann Human Hilliard:

We created what we call now is a behavioral health urgent care center. It serves individuals who comply in law enforcement in the community that could be better served than our jail.

Candace Allen:

We chose to provide criminal justice case managers in conjunction with the individuals that worked inside of the jail. Because the best-laid discharge plan, if you don't have someone there that meets you when you walk out of that door and helps you navigate throughout the behavioral health system, sometimes it'll just fall apart.

Nathaniel Brenner:

I got involved with this program, I got into some trouble around 2017. And I actually heard about the program through the jail in Jefferson City.

Candace Allen:

We chose this center to attach case managers to these individuals to help them follow through with a discharge plan.

Rebecca Bowen:

A lot of the ones that are incarcerated, they're not even aware that there are resources out there. Some of them are in there who have no home when they're released. Many of them have no IDs, social security card, or anything, with no means to access these things. It's really important to them just to have somebody for support. Because, you know, sometimes they've built every bridge of support they've had in the past. They know they can call me, and that I'm going to support them, not judge them, and I'm here for them.

Nathaniel Brenner:

The most important thing that I would have to say that I have gained is being able to create a bond, you know, through programs such as having like a case manager. And also, you know, just being able to see the hard work that they go through to be able to put forth effort to help with it throughout the recovery. My life has actually changed tremendously. I see the hard work and the dedication that goes into helping people just coming in and out of jail. People that's going through recovery. And it makes me want to be a better person, because, you know, once you have somebody that's trying to help you be better, you know, you really don't wanna let them down.

Jimmy "JJ" Jones:

These people don't need to be in jail, a jail's not for them, and again, through Helen Ross McNabb, we understand that with a little bit of help and counseling and medication, that these people can ultimately go out on the street and be a productive citizen.

[Public Service Announcement Titled: *Voices for Recovery*]

Female Narrator:

Recovery from mental and substance use disorders is real.

Female #1:

You can recover.

Female Narrator:

It's possible, it happens every day.

Male #1:

Never give up on yourself.

Female Narrator:

Discover hope and help.

Male #2:

I thought I was too far gone, I wasn't.

Female Narrator:

Join the voices for recovery.

Female #2:

The world is a beautiful place again.

Female Narrator:

For 24-hour free and confidential information and treatment referral for mental and substance use disorders for you or someone you know, call 1-800-662-HELP.

Matt Clune:

Thank you for joining us again. Deana, please tell us a little about the sequential intercept model, and why it's such a useful framework for us to think about alternatives to incarceration for those who have both mental health and addiction issues.

Deana Hoskins:

So when we think of the sequential intercept model, you have pivotal points that intervention can take place. So even when a police officer is getting ready to make an arrest, that's a pivotal point that some type of intervention can take place at that point. Your next stop may be to the local jail, and pre-trial services, that may be another pivotal point that intervention can then take place, before and Individual is even, you know, going to trial and different things, working with a judge. There are actual things on the front end that, different stops that can take place around mental health services, substance abuse treatment, out in the community, that won't cost the correction system. And also, throughout the system. Prior to what they call pre-sentencing, there's another intercept that can be done there. Once the individual is sentenced, are they sentenced to serve time or are they sentenced to a community-based correctional that focuses on behavioral health services, mental health, substance abuse, and different things of that nature?

And also on the back end, a lot of times, individuals you will hear reentry starts at the front end, and it does, it starts preparing, a person may commit a crime that they have to serve time for, but can we get to the core issue of why the crime was even committed and start preparing that individual along the way through their correctional sentence for their reentry back into the community.

So when you look at that subway, there are different stops, the things that can happen and take place, and different actors within the criminal justice system play a role, so you have your police officers, your pretrial, your prosecutorial intercept, intervention can happen, judges, correctional staff, reentry staff. There are all these pivotal points that we have to address that would be a reduction in cost on a system and taxpayers as a whole, but also, treating individuals, as Chris said, as individuals, and treating the issue and not the crime.

Matt Clune:

David, can you tell us a little bit more about, specifically, how have behavioral healthcare organization partnered with justice?

David Brooks:

Well, when I first got into treating substance abuse issues while people were incarcerated, when I first got the position, our recidivism rate was roughly right around 38% to 40%. They would re-incarcerate

within one year of leaving a facility. I changed the program into just focusing on the behaviors. I got away from the substance use and just looked at behaviors like trust, being oppositional, those kinds of behaviors was leading to people coming back. And what happened was a lot of the facilities that were doing outpatient outside of the jails, what they were doing was they were catching people that were coming out, and they would focus on the old way of treatment, where they would wanna go back, look at all that trauma, look at all of the reasons why they might've gotten into this predicament, but by the time they started, they were already back incarcerated because the behaviors never changed. So, what I've seen in Frederick County was, we've really kind of taken all of the entities and educated everyone, drug court, when they had veterans court. Just the probation officers, everybody's kinda on that one level of saying, these people really need to address the behaviors. And then what I've noticed is, is looking at real assessments. Taking those assessments, and then, as you said, within the sequential model, assess them at different points to kinda see, where are you at now? Because what's happening is, people sometimes might not be assessed correctly, and they're thrown in levels of care that is unneeded, that's ultimately going to cause harm to them. And so this is one of the things that I think, behavioral health, we've always had that, an inmate versus a client mentality, where people, and on our side, we're looking at them as clients or patients. The people that are on the justice side, they're looking at them as criminal inmate. And so when we start to blend those two models together and just look as people as human beings, we will notice that some of these behavior and the stigma will be taken away.

Matt Clune:

I've heard the word assessment, addressing behavior healthcare needs as early as possible within the system, and I'm wondering, for those who aren't working in the system, who are the people who do that, are they justice employees, are they behavioral health employees that happen to be subcontracted with justice, what's been your experience?

David Brooks:

Well, I mean, I know for most times, it should be like a drug court coordinator should be able to start to assess these types of criminal assessment needs and risk factors. But in the community, I'll be honest, there's not a lot of providers that are assessing criminal behavior. They're just looking at it in the eyes of, what substance are they using? And sometimes they miss some of the pivotal aspects of a person's life, and they're kinda looking over them, and then they end up recarcerated.

Deana Hoskins:

A law was passed in the state of Ohio that every criminal justice entity within the state of Ohio has to use the ORAS, the Ohio Risk Assessment Tool. And what that allows you to do was, everyone, all your criminal justice players, became certified, or had to be certified, so your local jail has to be certified. Because you are actually assessing the risk of returning to jail if they're given bail. At pre-sentencing, what is their risk of re-offending if you sentence them to the community, once they get to the Department of Corrections? What is their risk of re-offending, and what can we provide now to reduce and remove that risk? So when you start utilizing it and mandating it through a state legislation that this is what we're gonna use in our state, we're gonna make sure that anyone that enters the criminal justice system in the state of Ohio, that they're assessed based on their risk and needs, and that those needs are addressed as much as possible. I think one of the disconnects, again, as David said, is we haven't

pulled the community into that. But then, in Ohio, we started looking, and specifically in Hamilton County, if community providers and community partners can't be certified in this, how do we at least share the Information with them? So if I'm returning to the community, and David's gonna be the behavioral health center that I attend, David should be able to understand and know, what is my risk of offending, what was my score on my mental health and my substance abuse, so he can provide me the correct community interventions that are needed for me.

Matt Clune:

Thank you so much, so what I'm hearing is, no matter who's delivering the assessment or the service, as long as the core competency is there and the information's there, be it justice actor or behavioral health that we're delivering.

Deana:

Yes.

Matt Clune:

Chris, if you don't mind, I'd like to address this question to you. Are we at an emerging best practices stage in its development, somewhere in adolescence, or are we further down the road into evidence-based practice, or a little bit of both?

Christopher Poulos:

Sure, well I think that it depends on exactly what the standard for evidence-based practice is. So if it needs to be something where it's evaluated by a research staff, the university, documented over 10 years or something like that, I love the theory of evidence-based practice, I don't like it when it precludes programs and initiatives led by community organizations that don't have the funding or don't have the grant capability to have a program evaluated. That's one issue I see sometimes with when something is, when evidence-based is very narrowly defined. So I also think that we, a promising program, a promising practice, just like any other formal therapy, can be documented, the results can be tracked, and so if, for example, there's a program called Dads in Washington State, it helps reunite fathers who have been incarcerated with their children when they come home, now they are, they don't meet the Washington standard for evidence-based, because they have not been evaluated by a research, nationally recognized research organization. So what I do, I said, how much would that cost, right, if they wanted to become evidence-based? And it was something like $30,000 to $50,000, something like that, I don't remember the amount. But it was overwhelming for them at that point to join that, so what we would like to do is with programs like that, to help, you know, have some kind of, track the results somehow, right, so we can at least look at what's happening in the general population of people who are returning from incarceration versus people who are doing this, and have measures beyond simply recidivism. Did the person complete their GED in this program versus the general, did they get a driver's license? Did they secure housing? Have they gotten back in touch with their family and have all those measures which any of, any of these programs can do for little cost? And I think that's, through documenting that stuff, is how we can eventually help emerging promising practices become, quote-unquote, evidence based.

Matt Clune:

There's been a lot of really great evidence-based practices shared here on this panel during this segment, and I wanna thank you all. Next, we will discuss intervention and other prevention strategies for at-risk populations that we ought to be taking a look at.

[Upbeat Music]

Audra Stock:

Through its criminal justice initiatives, SAMSA aims to bring about strategic linkages with community-based behavioral health providers, the criminal justice system, and community correction health. Jail diversion works. Placing individuals with mental or substance use disorders in treatment programs within their communities where they have support of family and friends leads to lower rates of recidivism than incarceration alone. Addressing other issues like housing and employment skills helps the individual lead a productive, law-abiding life.

It's also important to note, in the midst of our opioid epidemic, access to medication-assisted treatment, also known as MAT, can significantly improve outcomes for addicted offenders. Buprenorphine, Naltrexone, or methadone maintenance administered prior to and immediately after release from jail or prison has been shown to significantly increase opioid-addicted inmates' engagement in treatment, reduce illicit opioid use, reduce re-arrests, technical parole violations, and re-incarceration rates, and reduce mortality and HIV, Hepatitis C infections.

SAMSA's toolkit for screening and assessment for co-occurring disorders in the criminal justice system helps Professionals along the spectrum of intercepts in the criminal justice system effectively screen for and identify individuals who could benefit from diversion.

SAMSA's criminal justice work is organized around a framework for intervention referred to as the sequential intercept model. This model aligns with the basic components of SAMSA's behavioral health priorities, addressing prevention, early intervention, treatment, and recovery support systems.

[Upbeat Music]

Female VO:

For more information on National Recovery Month, to find out how to get involved, or to locate an event near you, visit the Recovery Month website at RecoveryMonth.gov.

Matt Clune:

Welcome back to the show. I'd like to address this next question to Jessica Nickel. While we have talked on this panel through various segments about the nature and extent of the problem among adults, and I feel like we've done a really good job of kind of vetting the various alternatives to incarceration programs that are out there for adults, we've kind of skimmed over the surface of the epidemiology of

what's going on with adolescents and transitional-aged youth. So might you talk a little bit about your understanding of what's happening with that population, and some possible solutions?

Jessica Hulsey Nickel:

Absolutely. So I think I look at it in two different ways, when we go upstream a bit to have interventions, sort of those diversion programs for our adolescents or for our children, the first stop upstream would be for sort of kids that are getting in trouble with substance use disorder, and trouble at school, one of my favorite programs is called "Project Success," in upstate New York, and it's a student assistance program, kind of like an employee assistance program. So you get caught with drugs or there's some behavior problems at school, instead of an expulsion or being kicked out or suspended, it's a program where you would get engaged with the behavioral health services that you need. 90% of those who have a substance use disorder, it began when they were in adolescence, so why don't we treat it then? And Project Success is one of the models that we love that really starts to intervene before criminal justice is even on the scene.

And the other thing I would just mention is, I think we need to go even further upstream, particularly with the opioid epidemic, and all of the struggles that we have as a nation with substance use disorders. We have 18 million kids that are impacted by parental substance use disorder. Nine million are living in a house with a parent that has an addiction issue. Another nine million are in kinship care or foster care placement. And we know that the number of adverse childhood events, how much trauma that you have, that you're at higher risk, not only for mental illness or addiction yourself, but also for criminal justice involvement, and there are amazing interventions further upstream for those kids that we need to really focus on. One of my favorites is in Essex, Massachusetts. It's called the Stars Program that the district attorney set up there, John Blodgett, in coordination with the school district. And it has an intervention or an assessment and real programs and services from the behavioral health community in partnership to make sure that they're getting those kids the services that they need. So go upstream, the adolescents that are starting to struggle with behavioral health issues, and further upstream to really look at the kids that are struggling with this in their families.

Matt Clune:

Are there other programs that intervene at an earlier point in time before kids end up hitting the juvenile justice system that you may be aware of that would be potentially useful, or are useful in addressing behavioral healthcare issues?

Deana:

There is a program in Ohio called Community Connect, utilizing community health workers to go into disadvantaged communities, impoverished communities, to work with mothers who may be pregnant and not connecting to prenatal care. So connecting mothers to women, infants, and children, 'cause we know the research space that individuals who don't receive proper nutritional value during their early prenatal stages, the children are more susceptible to delayed educational, delayed developmental disorders and different things of that nature. So utilizing and going into those communities early on and

even working with parents who are pregnant and working with those children to make sure that they have the best opportunity as they enter into the world is another program.

Matt Clune:

I think I wanna address this question to either David or Chris. I wonder if either one of you or both would be willing to talk a little bit about, how do we get peers engaged more in the justice system? Please cite some examples you're aware of.

Christopher Poulos:

So one of the programs that we are working on developing in Washington State is loosely based on a program called the "Ride Along Program" in California, where people who are returning from incarceration and literally did not have a ride home, men and women who have been incarcerated, would give them a ride home, as simple as it sounds. And taking that model but expanding it to a relationship that begins, depending on sentence length of the person, up to maybe 18 months before release and beginning to build a relationship between a person who lives in the community that the person who is incarcerated will be returning to and start to build that relationship well in advance of release, intensify it, step up the contact around the time of release, and then continue it with no firm stop date, you know, as far as this is when you're completed. And we would, in an ideal world, the people leading that would all be credible messengers. People who had had that experience themselves. And my view is that it's incredibly necessary to have allies involved in all aspects of this work. But there is something unique about being able to say, this was my experience on the day I came home, this is what happened, this is what I encountered, this is how I felt, and this is why it's important, this is why it's important to stay on the right track. This is what my relationship with my son looks like now. And you just can't learn that feeling from purely academic experience, so what we're looking to do is, it's developed this program with the lofty goal of having it available to anyone in the state who is willing and able to begin a mentorship, credible messenger relationship, with someone who has been directly impacted by incarceration themselves and serve as a guide.

Matt Clune:

Thank you, Chris. David, did you have any programs that came to mind, or?

David Brooks:

Well, you know, I was listening to what you said, and one aspect of it that I don't think we've really addressed or talked about was, there was, I used to have many clients that would leave the jails, and they would have their minds set on recovery. And within two weeks I would read their name in the newspaper that they'd passed away. You know, that desire, something, when that fresh air hits them, it just seems like all of the recovery and all of the thoughts are just gone, you know? And so, those types of programs helps kinda give that warm handoff to the community.

The issue is whether or not the community is ready for them. Because sometimes, you know, for me, I've had my charges, I've, you know, when I went through it, my judge cut my driver's license up, told me, can't go to college, can't do this, need to do this, and I felt so overwhelmed, and the only peers that

I had to talk to were people that were in the same thing I was doing. There was no one that was saying, hey, there's a different way. So, for me, I love to see peers. I have peers that walk people straight into my office, no schedule, no appointment, just walk in, and when I see them, I stop everything that I'm doing just to greet them. Because what I've learned is, love is paramount. Yes, we can have all of the programs, we can have all of this, but if someone does not see that you love them or that you care, sometimes they just walk right out of your door no matter what type of program you have. So, that's where I think peers come in, because they truly have that intrinsic motivation to help the next person. And so I think every community, we have it in Frederick, it's called Core, a lot of the peers, as soon as they come in, there's a centralized location that they can go to, and then they kinda spring them out from there to wherever they need help. So, that's my focus on it, is getting the community to kinda stop the stigma, to not put people in boxes, into categories, keep it individual, and meet them where they're at. Some of them are scared, some of them have no employment skills, whatever it is, meet them with the community that can say, I have that issue, I can help you. You know, and if I can't help you, I can take you to someone that can.

Matt Clune:

I'd like to give the other panelist an opportunity to do just a quick wrap-up and final thoughts. Jessica?

Jessica Hulsey Nickel:

There is incredible innovation out there when it comes to diversion, alternatives to incarceration, and real leadership and all of those subway stops in our criminal justice system. And I think we need to work on how to bring that to scale to make sure that we are providing these programs, these new toolboxes to as many of our communities as possible and we can really see some real results to change how we intercept people with mental illnesses and addictions.

Matt Clune:

Deana.

Deana:

So, I think one of the things for me that I would like to hit home about is that this model that we've been speaking about, the peer-to-peer model, the interventions, is not new. We've done it for years with AA, NA, it's the same concept. I think the individuals that we're speaking of are not seen as humans to the individuals who are resistant to the innovative ways. They don't see formerly incarcerated individuals as leaders in this movement or in this moment are people who are returning with substance abuse as mental health. But inviting them to the table to help make those decisions, as some of those rules or design some of those programs, it's gonna be very imperative for the program's success in the different areas.

Matt Clune:

And I know through your programs is increasingly happening.

Deana:

Yes.

Matt Clune:

In no small thanks to you.

Deana:

Yes.

Matt Clune:

Chris, final thought?

Christopher Poulos:

Sure, thank you, the most important thing for me to understand is that I could not get well so long as I felt I was inherently bad. So long as I thought I was a bad person, so long as I thought I was a quote-unquote intentionally here addict, felon, ex-convict, all of these stigmatizing terms. I thought that was my entire identity. I had no idea that those were, in fact I had a treatable condition called a substance use disorder, and once I got well, amazingly, I stopped committing felonies on a daily basis, and began to heal and help my family heal and my community heal. So once I learned that I wasn't inherently bad and that I had a treatable condition, that's when I began to change, and that's what I try to pass on to other people.

Matt Clune:

Lastly, I'd like to pull David in, and I wonder if he might have any final thoughts.

David Brooks:

I think the only final thought that I can truly think of is that criminal behavior is treatable. For so long, people have just felt that you have to just throw them in jail, throw the key away, and just keep them in there and never live again, and that's my final thing is that criminogenics is real, the therapy is real, and people do recover from criminal behavior.

Matt Clune:

This concludes today's episode of the Road to Recovery, where we focused on alternatives to incarceration and other justice intervention programing. I want to thank our panelists, you've all been terrific, and thank you for joining us. I also want to remind you to celebrate Recovery Month each September and throughout the year. For more information, visit the Recovery Month website, and thank you again for joining us today.

[Upbeat Music]