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. As part of criminal justice system reform, many people in prison for non-violent drug offences will be released early. Although some of these individuals may have received treatment while incarcerated, others may not have. This show will discuss how communities are addressing prisoner re-entry, including the efforts of states and municipalities to establish programs to assist those in need of services for mental and/or substance use disorders. Panelists will explore how communities can engage people in treatment and recovery programs when they re-enter society. The discussion will cover the types of services needed to address behavioral health conditions and reduce recidivism among justice-involved individuals—as well as vital recovery supports for housing, education/training, and health. This show will also discuss some effective practices that are in place in various communities to address the needs of prisoners re-entering their communities.
Panel 1: Preparing for Prisoner Re-entry: Understanding the Issues Faced by Individuals, Families, and Communities

Key Questions:

1. As communities prepare for the re-entry of individuals from the criminal justice system, what are the likely critical physical health and behavioral health needs that they will need to address upon release?
2. Why is it particularly important to acknowledge the impact of trauma among people who have been in the criminal justice system?
3. What are some of the special considerations for the behavioral health of women returning to the community from the criminal justice system?
4. What are some of the behavioral health challenges faced by individuals who have been in the criminal justice system and are re-entering rural communities?
5. Why is family support critical for people who are re-entering the community? What kinds of support do families themselves need when helping a loved one re-enter the community?
6. Why are other types of support (e.g., housing, health, and employment, training, and education) critical for those re-entering the community?
7. Given the current level of resources, how are community-based organizations and service providers working together to ensure that people re-entering the community remain outside the criminal justice system?

As communities prepare for the re-entry of individuals from the criminal justice system, what are the likely critical physical health and behavioral health needs that they will need to address upon release?


- Overall, data on the income and insurance status of people moving into and out of the criminal justice system are limited. However, [data suggest that the population is largely uninsured].
- Chronic disease is prevalent among the population with higher rates of tuberculosis, HIV, Hepatitis B and C, arthritis, diabetes, and sexually transmitted disease compared to the general population.


- Many individuals who come in contact with law enforcement and the criminal or juvenile justice systems have a mental and/or substance use disorder. 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 [condition]. An estimated 42% of state prisoners and 49% of jail inmates met the criteria for both a mental health [condition] and substance use disorder.
- An estimated 14% of men and 24% of women in jails have a serious mental illness (SMI) such as bipolar disorder or schizophrenia.
- According to the Office of National Drug Control Policy, only 4 in 10 offenders needing treatment reported receiving treatment services while incarcerated. Among those who do receive treatment, the quality of those services varies from state to state.
[A cohort study of 76,208 people released from prisons in the Washington State Department of Corrections between 1999 and 2009 found that the all-cause mortality rate was 737 per 100,000 person-years (n = 2462 deaths).

- Opioids were involved in 14.8 percent of all deaths.
- Overdose was the leading cause of death (167 per 100,000 person-years), and overdose deaths in former prisoners accounted for 8.3 percent of the overdose deaths among persons aged 15 to 84 years in Washington from 2000 to 2009.

**Why is it particularly important to acknowledge the impact of trauma among people who have been in the criminal justice system?**


- SAMHSA recognizes that the majority of people who have behavioral health [conditions] and are involved with the justice system have significant histories of trauma and exposure to personal and community violence. Involvement with the justice system can further exacerbate trauma for these individuals. Traumatic events can include physical and sexual abuse, neglect, bullying, community-based violence, disaster, terrorism, and war.
  - Challenge a person’s capacity for recovery
  - Pose significant barriers to accessing services
  - Result in an increased risk of interacting with the criminal justice system

**What are some of the special considerations for the behavioral health of women returning to the community from the criminal justice system?**


- The following points are excerpts from the article:
  - Women typically enter the criminal justice system for nonviolent crimes that are often drug and/or property-related.
  - Women entering jails are much more likely to have experienced poverty, intimate partner violence, sexual abuse, and/or other forms of victimization often linked to their offending behavior. Justice-involved women are also much more likely to have co-occurring disorders—in particular, substance [use disorders] interlinked with trauma and/or mental illness.
  - Transition and reentry from jail to the community can be challenging for women. Because of their overwhelming needs, transition and reentry can be especially challenging for women. In addition, consider that more than 66,000 women incarcerated in jails and prisons nationwide are mothers of minor children. They are more likely than men to have primary child-rearing responsibilities and are often single parents. Women report greater levels of poverty than men and less employment history
immediately preceding incarceration. Finding “safe” housing where women can live and support their children is very challenging.


• [This White Paper discusses the opioid epidemic and describes promising practices for addressing opioid use disorder prevention and treatment among women.]

What are some of the behavioral health challenges faced by individuals who have been in the criminal justice system and are re-entering rural communities?


• Inmates face many obstacles as they transition from the institution back into the community, ranging from meeting basic survival needs such as shelter and employment to addressing long-standing problems with [mental and/or substance use disorders]. Not only do these barriers present problems for the transitioning offender, they also ultimately “present serious risks to the communities to which large numbers of prisoners return.”
• Due in large part to the unavailability of support services and the unique features of rural life, the barriers rural offenders face are often more challenging and require distinct policy interventions.
• “Current research suggests that homelessness and incarceration are linked.”
• In addition, not having a residence will likely make it more difficult to establish connections with [behavioral health or substance misuse treatment providers].

Why is family support critical for people who are re-entering the community? What kinds of support do families themselves need when helping a loved one re-enter the community?


• Families of offenders can serve as critical partners to corrections and supervision agencies in a number of ways. Family members have an intimate knowledge and understanding of each other, and are frequently available to provide support or intervention at any hour, day or night. Family support does not cost money to access, unlike most programs and services. Also, family members usually share regional, ethnic, and family culture, which is not necessarily true of the agency or organizational staff that provide services or supervision.


• From incarceration through reentry, [social services can] reach out to locate families of those in prison and assist them in maintaining ties, involve them in the release plan, and provide them with support.
• Neighborhoods can embrace these families in ways large and small: For example, the library can stock books aimed at children with a parent in prison, or the mental health center can post information about family support groups. Youth development programs (such as scouting, after-school programs, church youth groups, or sports programs) also can address the special needs of children of prisoners.
At the very least, existing youth and family programs can get specialized staff training to ensure that they deliver competent help to families facing this painful circumstance.

- [A discussion of the evaluation framework and outcomes related to the Making Connections project can be found at http://www.aecf.org/m/resourcedoc/aecf-ReentryHelpingFormerPrisoners-2005.pdf#page=12].
- [A discussion of the importance of kinship care for the children of individuals who are incarcerated can be found at http://www.aecf.org/resources/kinship-care-when-parents-are-incarcerated/].
- [A report on the toll of parental incarceration on children is available at http://www.aecf.org/resources/a-shared-sentence/].

Why are other types of support (e.g., housing, health, and employment, training, and education) critical for those re-entering the community?


- Upon release from incarceration, individuals with behavioral health [conditions] face many barriers to successful reentry into the community, such as lack of health care, job skills, education, and stable housing, and poor connection with community behavioral health providers, which may jeopardize their recovery and increase their probability of relapse and re-arrest.
- Individuals leaving correctional facilities often have lengthy waiting periods before attaining benefits and receiving services in the community. Progress has been made in some state correctional systems, which now suspend rather than terminate benefits such as Medicaid or Social Security, while individuals are incarcerated, and then immediately restart their benefits post-release. However, waiting periods and termination of benefits have devastating effects on the lives of offenders who need to connect with treatment providers to maximize the likelihood of recovery and prevent re-incarceration.
- These barriers are especially challenging for minority groups, which rank highest among the uninsured and are disproportionately represented in the criminal and juvenile justice systems.


- From 2001 to 2006, the Urban Institute’s longitudinal, multistate study Returning Home: Understanding the Challenges of Prisoner Reentry explored the pathways of prisoner reintegration. The study examined the factors contributing to successful (or unsuccessful) reentry, to understand the reentry experiences of returning prisoners, their families, and their communities.
- Prisoners who participate in job training and educational programs are less likely to return to prison after release.
- Additionally, former prisoners who participate in an employment program or substance abuse treatment are better able to avoid re-incarceration within a year of release.
- Despite extensive substance-use histories, few returning prisoners participate in substance-abuse treatment during incarceration. Those who participate in substance-abuse treatment are less likely to use drugs after release. [Treatment is also critical to help reduce deaths from overdose among former prisoners.] Besides drug treatment, other inhibitors of substance use during the first year postrelease include being on parole supervision and receiving tangible support from one’s family.
- After release, former prisoners have limited success finding employment; about half find work the first year postrelease. Most former prisoners owe debt at release, which few manage to pay during the year following their release.
• Former prisoners who held an in-prison job, participated in job training while incarcerated, earned a GED during prison, or participated in an employment program soon after release work a greater percentage of time the first year postrelease than those who did not.

Given the current level of resources, how are community-based organizations and service providers working together to ensure that people re-entering the community remain outside the criminal justice system?


• System Change #1: Partnerships Are Growing—Because state and local agencies and nonprofits often lack the capacity to deliver re-entry services by themselves, partnerships can be crucial. [Second Chance Act] SCA funding has led to new partnerships, which are increasing the delivery of re-entry services. Coordination between probation and parole departments and service providers has significantly improved. Case managers and parole officers are connecting with community groups that they did not know existed before SCA. Weak or limited partnerships that existed before SCA have been made stronger and more inclusive.

Panel 2: Seizing Opportunities: Engaging People With Mental and/or Substance Use Disorders at Re-entry in Treatment and Recovery

Key Questions:

1. What are some examples of community-based efforts to assist those with mental and/or substance use disorders who are re-entering their communities from the criminal justice systems?

2. How can behavioral health providers engage individuals who are re-entering the community in treatment and recovery programs?

3. What are some good practices that help to meet the needs for housing, employment training or education, and health care among people who are re-entering the community? How do these services help support individuals in recovery who are re-entering the community?

4. What are some practices that help meet the unique behavioral health and other needs of women who are transitioning back into the community?

5. What practices are particularly effective for meeting the behavioral health and other needs of people who are re-entering rural communities?

6. What role can peer-support specialists play in engaging people re-entering the community in treatment and in promoting their long-term recovery? What does the “in-reach model of services” provide for people preparing to transition to the community?

7. How are behavioral health programs and providers poised to manage the increased flow of individuals re-entering the community who are in need of services? What does the already taxed system need to do to try and cope with the increase in demand?

What are some examples of community-based efforts to assist those with mental and/or substance use disorders who are re-entering their communities from the criminal justice systems?


• A significant share of individuals confined in correctional institutions experience severe mental illnesses; of those, many have co-occurring physical health and substance use issues. These individuals do not always receive
needed treatment or medication to address their mental health needs, either inside or outside the correctional institution. The barriers they must overcome in order to access care are significant and can present serious consequences. For instance, a period of incarceration may result in suspension or loss of Medicaid eligibility and restoring eligibility can take several months. This can result in an interruption in receiving prescriptions and put a person at a higher risk of relapse and recidivism.

• [This website lists a summary of evaluations and outcomes, as well programs that support the mental and physical health of people returning to the community from prison.]


• For people transitioning from incarceration back to their communities, substance [misuse] is often closely related to their difficulties with housing, employment, and mental health. Research on the effectiveness of various in-prison and community-based substance [misuse] intervention programs in improving reentry outcomes has begun to show what approaches reduce recidivism, promote public safety, and improve the lives of the formerly incarcerated and their families. However, more research is needed to develop a better understanding of what works, for whom, and under what circumstances.

• [This website lists a summary of evaluations and outcomes, as well programs that support the treatment of substance use disorders among people returning to the community from prison.]

How can behavioral health providers engage individuals who are re-entering the community in treatment and recovery programs?


• To increase post-release stability and self-sufficiency, and to decrease offenders’ likelihood of recidivism, there is a need for the deliberate management of services to align with the mandates of corrections and parole.

• At the Sheridan Correctional Center and Southwestern Illinois Correctional Center, which are specifically designated as prison drug treatment and community reentry programs, TASC case managers provide assessments and connections to substance [misuse] treatment, mental health services, housing support, education, job training, emergency food and shelter, primary healthcare, and transportation. These programs serve as national models for reducing drug use and recidivism.

• Upon release from these institutions, TASC provides placement into community-based rehabilitative services and clinical reentry management as former offenders navigate the complex transition from supervision to community reintegration and self-sufficiency. Our continued case management services help reduce recidivism, support recovery, encourage productive self-sufficiency, and maintain long-term public safety.

What are some good practices that help to meet the needs for housing, employment training or education, and health care among people who are re-entering the community? How do these services help support individuals in recovery who are re-entering the community?


• Research has shown that the types of living arrangements and neighborhoods to which exiting prisoners return are often related to the likelihood that they will recidivate and return to prison. While many of the formerly incarcerated stay with family members—at least early on, others are confronted by limited housing options. This is especially true for those with [mental and/or substance use disorders]. Obtaining housing is complicated
by a host of factors, including the scarcity of affordable and available housing, legal barriers and regulations, landlords’ prejudices against formerly incarcerated individuals, and strict eligibility requirements for federally subsidized housing.


• It is vital that communities ensure that all people reentering the community have a place to call home. This means:
  ▪ Working with housing providers such as housing authority and private market landlords to lower their screening criteria and provide housing to people with criminal records.
  ▪ Offering legal and housing support to formerly incarcerated people experiencing homelessness
  ▪ Creating discharge plans with the criminal justice system so no one is released to shelter or the streets.


• [The National Supported Work Demonstration Project, which places participants in community-based work crews, was found to have significant effects on recidivism].


• Education is a core resource for release preparation, and is an evidence-based tool for reducing recidivism among adults and juveniles. For example, empirical research in the federal prison system, where literacy education programming is mandatory for most inmates, has demonstrated that participation in education programming is associated with a 16-percent reduction in recidivism. Education is also a critical building block for increasing employment opportunities.


• To reduce the human and fiscal cost and consequences of repeated arrests and incarceration for people with behavioral health [conditions], improved access to behavioral health and other support services must be made available to individuals involved in the criminal and juvenile justice systems.


• [The authors point out that substance use disorders are treatable and that decades of scientific evidence support the efficacy of treatment to improve clinical outcomes, save lives, and reduce societal costs.]
• Treatment for opioid use disorder during incarceration with [medication-assisted treatment] such as buprenorphine or methadone has been shown to reduce recidivism, improve treatment retention, reduce illicit drug use, and decrease criminal activity.
• [One type of medication for opioid use disorder,] buprenorphine, has also been shown to decrease the risk of overdose death by more than 50 percent.
• However, despite the overwhelming evidence, treatment remains variable between correctional facilities and few prisoners receive these life-saving [medications].
What are some practices that help meet the unique behavioral health and other needs of women who are transitioning back into the community?


- Across the country, many communities have shown a new awareness of these women and their trauma histories, and they have responded by developing trauma-informed criminal justice systems to better serve these women. [The] “Sequential Intercept Model” has been shown to benefit women, the criminal justice system, and other service systems by:
  - Enabling women to recognize the impact of trauma in their lives, get support, and move ahead toward healing;
  - Helping women lead stable lives and restore relationships with children in the system;
  - Reducing recidivism and related costs, such as foster care; and
  - Enabling women who are incarcerated to reduce conflict with other inmates, as well as with prisoners and guards.


- Punitive drug laws and policies pose a heavy burden on women and, in turn, on the children for whom women are often the principal caregivers.
- Prohibitionist policies impede access to and use of HIV and hepatitis C prevention and care services for everyone, but women and girls virtually always face a higher risk of transmission of these infections.
- Treatment for drug dependence is of poor quality in many places, but women are at especially high risk of undergoing inappropriate treatment or not receiving any treatment at all.
- All people who use drugs face [discrimination], but women are often more likely than men to be severely vilified as unfit parents and “fallen” members of society.
- In drug policy reform debates and movements happening around the world, the rights of women should be a central concern. Less punitive laws for minor and nonviolent drug infractions are the best single means of reducing incarceration of women and thus incarceration-related abuse. Such measures will also reduce stigma and enable women to have better access to services in the community.

What practices are particularly effective for meeting the behavioral health and other needs of people who are re-entering rural communities?


- Rural inmates should be aggressively targeted for participation in treatment programs, especially if they require services that are not offered in their communities.
- The availability of interactive video technology allows clients in rural areas the ability to connect with mental health professionals. This system has shown promise for delivering services to inmates in rural prisons and should be further explored as an option to provide offenders returning to rural areas the specialized treatment they need.
• Especially in times of crisis, the parole officer may be the only source of support. Therefore, it is crucial that community corrections staff in rural areas have the ability to meet these needs. This may require correctional administrators to hire staff in rural areas that possess more service oriented qualities.

What role can peer-support specialists play in engaging people re-entering the community in treatment and in promoting their long-term recovery? What does the “in-reach model of services” provide for people preparing to transition to the community?


• The use of specially trained peer mentors—supportive mentors who have similar life experiences to their mentees—is increasingly popular among reentry service providers nationally. In the case of reentry, peer mentors have been previously incarcerated and have successfully rejoined the community, attaining housing, employment, and other hallmarks of stability.

• With special certification, peer mentors can help with a mentee’s clinical recovery process in addition to offering specialized advice and support based on their own experiences navigating the complex systems of reentry services.


• Peer support encompasses a broad spectrum of peer-provided services, ranging from assisting with community connections and integration to more informal individual or group support sessions. All peer support, however, is founded upon the principles of mutual support, respect, empathy, empowerment, personal responsibility, and the sharing of personal stories. Peers who provide these services may be referred to as peer support specialists or peer providers.

• Additionally, peer support specialists make contributions to recovery above and beyond what is provided by traditional mental health staff. Three of these unique contributions are: role modeling, street smarts, and empathy.


• [In the in-reach model, community providers go into prisons to offer needed services.]

• Prison in-reach teams were intended to be the main vehicle for improvements in mental health services for prisoners, especially those with severe and enduring mental illness.


• The Jail Inreach Project was initiated in 2007 as a pilot program by Healthcare for the Homeless-Houston, an FQHC serving homeless individuals in Harris County, Texas, as a collaborative effort with the Harris County Sheriff’s Office and the Mental Health Mental Retardation Authority of Harris County. It addresses the disproportionate number of homeless individuals with behavioral health diagnoses cycling through the Harris County Jail without provisions for continuity of care.
Throughout the years, several evaluations have been conducted to inform programmatic planning and assess the success of the program on affecting patterns of recidivism of mentally ill homeless clients being served.

Findings reinforce the importance of linking releases to services immediately upon release as a measure for breaking the cycle of repeated incarceration and chronic homelessness.

This paper illuminates characteristics of a successful intervention by examining three program evaluations conducted at different times in the program's history.

How are behavioral health programs and providers poised to manage the increased flow of individuals re-entering the community who are in need of services? What does the already taxed system need to do to try and cope with the increase in demand?


- [This article discusses key issues faced in helping prisoners with substance use disorders prepare for re-entry—including the need for medication-assisted treatment and overdose prevention].


- [This webpage describes the process of re-entry support available in Michigan.]


- [This webpage describes employment services available for ex-offenders in New Jersey.]


- The overall scope of reentry can overwhelm and paralyze a government official, community leader or advocate who is eager to improve prisoner reentry in their community. A critical first step is getting the right people together to assess the problem and collecting the right information to inform your strategy. A few of the critical steps include:
  - **Encouraging Collaboration among Stakeholders**
    - The first step to developing a reentry initiative must be getting the appropriate people to the table and eliciting a commitment to working together on a particular aspect of the issue.
    - **Recognize the complexities of the different systems.**
      - Before getting representatives of these groups to the table, it is important to be familiar with the culture, funding, philosophy, service-delivery structure, and oversight of each system.
    - **Identify key stakeholders and engage them in a discussion regarding reentry.**
    - Determining who to engage, when a jumble of groups, individuals, and organizations has a stake in reentry in each state, city or county, is likely to be particularly vexing.
    - **Define the scope of the problem.**
      - Convening a broad range of stakeholders to diagnose existing problems regarding prisoner reentry is an essential first step to launching a reentry initiative.
Developing a Knowledge Base

Once the appropriate decision makers are convened, the next step is to build a knowledge base about the people affected by reentry, the inventory of community resources available to meet individual and communal needs and to ensure safety, and the laws and policies that govern aspects of reentry in their particular jurisdiction.

- **Understand who is being released from prison.**

In order to design and implement reentry initiatives that meet the needs of returning prisoners, as well as the public safety concerns of the communities at risk, policymakers must identify the characteristics of the reentry population.

- **Identify what state and local policies influence and govern re-entry.**

Developers of reentry initiatives should become familiar with local laws, regulations, and various agencies' policies and procedures, so that they may align initiatives within those parameters or determine which ones should be modified.

- **Identify where released prisoners are returning, and understand the characteristics and service capacities of those communities.**

Policymakers should seek to inform the development of any reentry initiative with data such as the locations to which prisoners return in their jurisdiction and where reentry services and resources and supervision offices are sited.

- **Understand why released prisoners are reoffending.**

Not all released prisoners re-offend at the same rate, and understanding why some re-offend and others do not can inform the design of effective re-entry initiatives.

- **Examine how prisoners are prepared for re-entry, supervised, and aided in the transition from prison to community.**

In order to assess returning prisoners' needs and how best to address them, it is important to obtain information about access to programs and services both in prison or jail as well as within the community.


**Key Questions:**

1. What are some things people re-entering the community can do prior to prison release, immediately after returning to the community, and in the longer term to facilitate the sustainment of their recovery? What role can families play to help loved ones have a successful transition back into the community?

2. How can families help to engage the individual in treatment and recovery if they did not receive adequate behavioral health treatment services in the criminal justice setting?

3. How can community-based organizations, including faith-based organizations, play a role in supporting people who are re-entering the community, both at initial prison release and over the longer-term?

4. How can behavioral health providers enhance services for people with mental and/or substance use disorders who are re-entering the community in ways that boost long-term recovery and reduce recidivism?

5. In the area of health, why is integrated care an important part of supporting long-term recovery for those coming out of the criminal justice system? What particular health risks are more prevalent in correctional facilities and should be considered when re-entering community?

6. What kinds of supports do people re-entering the community need to sustain workforce participation and avoid recidivism?
What are some things people re-entering the community can do prior to prison release, immediately after returning to the community, and in the longer term to facilitate the sustainment of their recovery? What role can families play to help loved ones have a successful transition back into the community?


- There has been increasing attention to the need for “transitional services” to prepare people in prison to reenter their communities. Very often, however, people in prison receive these services only a few months before release.
- Comprehensive life-skills programs work to help formerly incarcerated people function better in their roles as family member, employee, and citizen.
  - The fundamental elements of effective pre-release transitional services are consistent. They include:
    - Employment skills
    - Practical living skills
    - Personal growth skills
    - Social skills
- For those about to be released: Prepare a comprehensive discharge plan that includes living arrangements, medications, identification, transportation, emergency funds, escorts, and linkage to community or faith-based organizations and mentors.
- For formerly incarcerated people: Make sure that individuals have access to supports and mentoring related to housing, substance [misuse] treatment, medicine and health care, education, job training, employment, child care, identification, transportation, and emergency funds.
- [A report on the importance of housing for people who are released from prison is available at http://www.aecf.org/resources/housing-as-a-platform-for-formerly-incarcerated-persons/].
- [A report on the importance of work mentoring is available at http://www.aecf.org/resources/mentoring-formerly-incarcerated-adults/].
- [A report on barriers to employment is available at http://www.aecf.org/resources/reentry-and-barriers-to-employment/].


- The literature demonstrates that families and social networks provide significant support to incarcerated and reentering offenders. Studies indicate the following:
  - Families are the major provider of housing for offenders upon release, which is the most critical and immediate concern of offenders leaving prison.
  - Aside from employment, families are the most common source of financial support for offenders after release.
  - Many offenders [turn to] family members, relatives, or friends in order to secure a job following release.
  - Offenders rely heavily on family members for their transportation needs once they are living in the community.
  - In the vast majority of cases, family members—such as the non-incarcerated parent, grandparents, or other relatives—take over responsibilities for child rearing in the absence of the incarcerated parent.
  - Family members provide emotional support to offenders during a stressful transition in their lives.
  - Surveys of offenders in prison and in the community cite family support as important to keeping them from recidivating.
How can families help to engage the individual in treatment and recovery if they did not receive adequate behavioral health treatment services in the criminal justice setting?


- Offenders and ex-offenders [with substance use disorders] have better outcomes when their families are involved in helping them overcome [these disorders]; however, these families need to be provided with a range of support services to increase their capacity to address the needs of their family member [with a substance use disorder].
- The literature shows that offenders who perceive that they have close family relationships or family support—that their family will assist them with housing or financial support, or that their family accepts them—exhibit better employment and substance [misuse] outcomes.

How can community-based organizations, including faith-based organizations, play a role in supporting people who are re-entering the community, both at initial prison release and over the longer-term?


- In some jurisdictions, faith-based and community organizations may be the only resource for this population. They offer shelter, housing services, food, clothing, employment training, treatment [for mental and/or substance use disorders], mentoring opportunities, and countless other supports.
- In particular, staff and volunteers at these organizations have been successful at fostering positive and lasting relationships with people released from prisons and jails. These kinds of relationships can be strong motivating factors for people to engage in reentry programs, seek ongoing support, and remain committed to rejecting a life of crime.

How can behavioral health providers enhance services for people with mental and/or substance use disorders who are re-entering the community in ways that boost long-term recovery and reduce recidivism?


- [A good transition plan is essential in order to continue treatment without interruption from incarceration to community.]
- The use of incentives and sanctions is an integral part of community supervision, although sanctions are generally less powerful than incentives in changing behavior. Offenders should be told exactly which sanctions will be used in response to particular noncompliant behaviors at orientation.
- Fostering Accountability—Offender accountability is demonstrated by responsible behavior that helps an offender build a crime- and substance free lifestyle. Accountability develops when an offender... [follows] rules, [adapts to] a work culture, and [adopts] community norms.
- The case manager should ensure continuity of medical care [for any medical problems.] The case manager should notify any recipient agency of the offenders’ medication needs. Confidentiality issues must be addressed so that they do not interfere with the receipt of records by the agencies that need them.
Offenders can learn to recognize thinking errors [or criminal thinking] and to understand how those errors can lead to behavior that gets them into trouble. Strategies include—

- Involvement in specialized therapeutic community (TC) programs
- Cognitive–behavioral group interventions focused on correcting and eliminating criminal thinking errors
- Self-monitoring exercises through keeping a journal and “thought logs”
- Staff and peer confrontation regarding criminal thinking patterns and related behaviors observed within treatment programs.

Relapse prevention: Relapse prevention training must be provided ... throughout treatment, and stressed prior to release.

In the area of health, why is integrated care an important part of supporting long-term recovery for those coming out of the criminal justice system? What particular health risks are more prevalent in correctional facilities and should be considered when re-entering community?

The [Bureau of Prisons] BOP contracts with residential reentry centers (RRCs), also known as halfway houses, to provide assistance to inmates who are nearing release. RRCs provide a safe, structured, supervised environment, as well as employment counseling, job placement, financial management assistance, and other programs and services. RRCs help inmates gradually rebuild their ties to the community and facilitate supervising ex-offenders’ activities during this readjustment phase.

Residential Reentry Centers provide programs that help inmates rebuild their ties to the community and reduces the likelihood that they will recidivate.

RRCs offer drug testing and [substance use] programs. Based upon the inmate’s needs and substance [use] history, they may be referred for substance [use] treatment by contracted treatment providers. In addition, inmates who have completed the Residential Drug Abuse Program (RDAP) while confined at a BOP institution are expected to continue their drug treatment with these certified community treatment providers under contract with the BOP.

RRC contractors provide offenders an opportunity to access medical and mental health care and treatment. The intent is to assist the offender in maintaining continuity of medical and mental health care and treatment. Inmates ordinarily transfer from an institution to an RRC with an initial supply of required medications.

Chronic disease is prevalent among the [criminal justice] population with higher rates of tuberculosis, HIV, Hepatitis B and C, arthritis, diabetes, and sexually transmitted disease compared to the general population.
• Using strategies such as progressive sanctions that hold ex-offenders accountable but that also keep them in the community connected to family and employment, can be just as effective, if not more effective, than a costly revocation. When ex-offenders are productively engaged in their communities, working and supporting their families, the community is safer and their families are more economically secure.

• Some of the strategies for improving access to work supports include:
  - **Promote access to transportation by amending driving restrictions.** Driving privileges are often essential to finding and maintaining work, yet many states ban ex-offenders’ access to driver’s licenses.
  - **Promote access to health care.** Medical care is essential to work preparation and has been shown to reduce recidivism. Many ex-offenders are eligible for Medicaid but face expiring eligibility due to time limits that continue during their incarceration.
  - **Support opportunities for affordable housing.** Access to affordable housing presents perhaps the greatest challenge to reentering the workforce. To promote access, policymakers can require that applicants are considered without undue attention to criminal records and can eliminate "one strike and you’re out" rules that ban ex-offenders from public housing
  - **Lift or minimize bans on income subsidies.** Federal law prohibits Temporary Assistance for Needy Families (TANF) subsidies and food stamps for individuals convicted of state or federal felony drug offenses.


• This white paper was written to guide leaders across all branches of government; juvenile justice system administrators, managers, and front-line staff; and researchers, advocates, and other stakeholders on how to better leverage existing research and resources to facilitate system improvements that reduce recidivism and improve other outcomes for youth involved in the juvenile justice system. The focus of the white paper is to promote what works to support successful reentry for youth who are under juvenile justice system supervision. It outlines the following core principles:
  - The first core principle for reducing recidivism and improving other youth outcomes—which sets an evidence-based foundation for everything that follows—is for juvenile justice systems to use validated risk assessments as the most objective way to identify youth who are least and most likely to reoffend. Policymakers should require juvenile justice systems to use assessment results to minimize system interventions for youth with a low risk of reoffending and to focus the most restrictive and intensive system interventions on youth most likely to reoffend.
  - Validated assessments help improve youth outcomes by identifying who the juvenile justice system should supervise and prioritize for intensive supervision and services and what needs should serve as the focal point for case planning and system interventions. Juvenile justice systems should build upon this foundation by using research to guide how they effectively address youth’s needs. Programs and practices designed to promote youth’s positive development, particularly through cognitive behavioral and family/community-centric approaches, have proven to substantially reduce recidivism and improve other outcomes for youth who are at high risk of reoffending.
  - If juvenile justice systems implement validated risk assessments and divert low-risk youth from system supervision, most of the youth who end up in confinement will have an array of challenges impacting their transition to a crime-free and productive adulthood. Indeed, the majority of youth involved with
the juvenile justice system has significant mental health, substance use, child welfare, and education needs. Policymakers and system administrators can improve service access, speed, and quality, and use system resources most efficiently by ensuring that the juvenile justice system collaborates with other service systems to address youth’s comprehensive needs in a coordinated fashion and in ways proven by research to be effective

- A growing body of research confirms that the differences between adolescents and adults are not happenstance but are developmental—the result of biological and neurological conditions unique to adolescence—and that ignoring these distinct aspects of adolescent development can undermine the potential positive impact of system interventions and even do more harm than good. As such, a developmentally appropriate approach to working with youth should undergird all policies, programs, and supervision in the juvenile justice system. Juvenile justice systems should more deliberately and systematically engage families, other supportive adults, and even youth themselves in system decisions and interventions.


- Reentry MythBusters are fact sheets designed to clarify existing federal policies that affect formerly incarcerated individuals and their families in areas such as public housing, employment, parental rights, Medicaid suspension/termination, voting rights and more.
- [This organization offers the following publications on juvenile reentry:]

Panel 4: Resources To Support Successful Community Re-entry From Prison

Key Questions:

1. What are some resources to guide people who are re-entering the community and facilitate their transitions? How can people re-entering the community overcome barriers to locate and access additional services and supports related to health, employment or education, and housing?
2. What resources are available to help families support loved ones re-entering the community?
3. What are some resources for behavioral health providers who work with people re-entering the community?
4. What are some resources to help behavioral healthcare providers address trauma among people who have been in the criminal justice system?
5. What resources on facilitating successful re-entry are available to communities and municipalities?
6. What are some resources for communities looking to implement or augment their peer support programs for people re-entering the community?
7. What are some policy-oriented resources on community re-entry?
What are some resources to guide people who are re-entering the community and facilitate their transitions? How can people re-entering the community overcome barriers to locate and access additional services and supports related to health, employment or education, and housing?


- [This website offers assistance on employment, education, and disability benefits.]


- [This website offers the names and information on re-entry programs in all 50 states.]


- [This website provides a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for [mental and/or substance use disorders].


- [This website offers guidance and resources for finding employment.]


- [This website offers guidance and resources on finding housing.]


- [This website provides information on financial aid for college.]

What resources are available to help families support loved ones re-entering the community?


- [This website offers a variety of resources and links for families of those in the criminal justice system.]


- Community reentry programs [are based on an] innovative, research-based nonresidential model [that] results in the successful reintegration of formerly-incarcerated persons into their families and communities.
What are some resources for behavioral health providers who work with people re-entering the community?


- [This presentation] discusses the impact of behavioral health on the American population as well as the criminal justice system. [It] examines the changes that are taking place in the field, the impact of health reform, and the challenges related to trauma and justice.


- [This presentation] describes a public health model for behavioral health that focuses on people and communities, considers current budget constraints, and explores opportunities resulting from health reform. [It] considers State benchmark plans and essential health benefits.


- As the population of women offenders has grown, so has an appreciation for the differences between male and female offenders. As such, the following Resource Package has been developed to assist paroling authorities to consider their current practices with justice-involved women, and the degree to which they mirror the National Parole Resource Center’s practice targets for enhancing community safety and the wise use of resources.


- The STAR Center is one of the five National Technical Assistance Centers funded by [the Substance Abuse and Mental Health Services Administration] to support mental health systems transformation. The purpose of the overall program is to provide technical assistance that facilitates the restructuring of the mental health system by promoting recovery and consumer directed approaches. [From [https://recoverymonth.gov/organizations-programs/star-center](https://recoverymonth.gov/organizations-programs/star-center).]
- [The STAR Center has compiled resources on justice-involved individuals at [http://www.consumerstar.org/site/?q=cultural-diversity](http://www.consumerstar.org/site/?q=cultural-diversity).]


- [This document] helps substance [misuse] treatment clinicians and case workers to assist offenders in the transition from the criminal justice system to life after release. [It] discusses assessment, transition plans, important services, special populations, and confidentiality.

[This document] gives treatment providers working in the criminal justice system and community-based programs key guidelines to ensure reentry support and continuity of care for offenders with substance abuse problems. [It] includes assessment tools and sample transition plan.

What are some resources to help behavioral healthcare providers address trauma among people who have been in the criminal justice system?


• [This document] introduces a concept of trauma and offers a framework for how an organization, system, service sector can become trauma-informed. [It] includes a definition of trauma (the three “E’s”), a definition of a trauma-informed approach (the four “R’s”), 6 key principles, and 10 implementation domains.


• [This report], developed with support from [the Substance Abuse and Mental Health Services Administration’s] National Center for Trauma-Informed Care, clearly demonstrates the application of trauma-informed approaches across a wide range of settings and systems and encourages other governmental and nongovernmental agencies to implement a cross-sector, interagency, inter-systems’ realization, recognition, and response to trauma.

What resources on facilitating successful re-entry are available to communities and municipalities?


• [This document, specifically for those who work in corrections systems, explains the vital role these professionals have in helping people involved with the criminal justice system obtain healthcare coverage.]


• [This website discusses two programs to assist employers who hire ex-offenders as well as the benefits of involving these individuals in the workplace.]

• [This website provides links to information and programs related to vocational training in the criminal justice system, including publications for corrections administrators.]


• [This resource] outlines the essential components of supportive housing services and programs for people with mental illness. [It] discusses how to develop new programs within mental health systems that are grounded in evidence-based practices. [This] kit includes eight booklets.


• This document identifies strategies that communities, providers, and policymakers can use to address the intersection of homelessness and the opioid crisis and highlights resources developed by federal and national partners to support such efforts.


• [This document] offers practical advice for how to end homelessness for people with serious mental illness, including those with co-occurring disorders, by planning, organizing, and sustaining a comprehensive, integrated system of care.


• [This document] describes a model program in Oklahoma designed to ensure that eligible adults leaving correctional facilities and mental health institutions have Medicaid at discharge or soon thereafter. [It] discusses program findings, barriers, and lessons learned.

What are some resources for communities looking to implement or augment their peer support programs for people re-entering the community?


• The intense 80-hour university level course, delivered by Recovery Innovations, consists of a 230-page textbook, nightly reading and homework assignments, a substantial mid-term exam, an oral exam, and a comprehensive final exam.

• [The authors] explore the use of mental health peer support services as one way to support recovery, improve continuity of care, and reduce recidivism for inmates with mental illness during the re-entry process. [They present a successful peer support re-entry program model and offer policy recommendations.]


• [This policy brief discusses the role of forensic peer specialists and issues surrounding training and other aspects of this workforce.]


• The Justice Center, with funding support from the Bureau of Justice Assistance, U.S. Department of Justice and the Center for Faith-Based and Community Initiatives, U.S. Department of Labor, developed a guide that offers practical recommendations for how state government officials and community-based service providers can better use limited resources to help people released from prisons and jails successfully and safely rejoin neighborhoods and families.

What are some policy-oriented resources on community re-entry?


• [This resource is] intended to provide states and other payers with information on the prevalence and use of behavioral health services; step-by-step instructions to generate projections of utilization under insurance expansions; and factors to consider when deciding the appropriate mix of behavioral health benefits, services, and providers to meet the needs of newly eligible populations.


• [This resource describes the variety of innovative approaches that states are using to finance and deliver medications for alcohol and opioid use disorders, including those re-entering the community.]


Source:

A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 12/5/16. However, we acknowledge that URLs change frequently and may require ongoing link checks for accuracy. Last updated: 12/5/16.