

Meeting the Needs of Individuals with Substance Use Disorders:

Strategies for Reentry from Jail



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Nearly two-thirds of sentenced jail inmates meet the criteria for drug abuse or dependence.¹ Individuals leaving jails face many challenges when they return to the community, from finding employment and housing to learning coping skills and receiving treatment for their substance use disorder (SUD). All of these factors, if left unaddressed, can contribute to a person's likelihood of relapse and/or return to jail. As such, it behooves county agencies and community partners such as probation, law enforcement, treatment providers and social services agencies to work collaboratively to meet these diverse needs.

This brief will discuss strategies counties are employing to connect people with SUDs to community-based treatment and services in preparation for and after they are released from jail to help them transition back to their communities and stay engaged in recovery.

Cross-Agency Collaboration and Training

No single agency can meet all the needs of individuals with SUDs, particularly those who are currently or have been involved in the justice system. Collaboration on these efforts starts with the heads of agencies that are working on county-wide policy and practice. Counties may wish to develop a task force or committee to encourage inter-agency cooperation and address ongoing issues facing the county such as lack of treatment resources, barriers to accessing treatment or information-sharing challenges between agencies. Counties that already have a criminal justice coordinating council may want to create a subcommittee to work on this specific issue. Smaller or more rural counties may wish to collaborate with neighboring communities and share resources such as funding and treatment providers to best meet the needs of their residents. Agencies may also choose to leverage cross-training opportunities on topics such as the nature of addiction, how to access resources or law enforcement policies or protocols.

In **Maryland**, the Department of Parole and Probation (DPP) is partnering with the Department of Mental Health and local health departments to share resources and provide trainings to local DPP staff on medication-assisted treatment and how to effectively document observations for appropriate treatment planning and referrals. DPP is also working with local health departments to provide training for volunteer employees to carry and administer naloxone and with local Crisis Intervention/ Crisis Response Teams to begin organizing Mental Health First Aid training for staff.² In addition, a notification process is being developed whereby probation officers would be notified by local first responders of supervised individuals' overdoses.

Veterans Justice Outreach (VJO) Program

The Veterans Justice Outreach (VJO) Program works to avoid the unnecessary criminalization of people with mental illnesses and SUDs and extended incarceration among veterans by ensuring that eligible justice-involved veterans have timely access to Veterans Health Administration services. VJO specialists are in every state and provide direct outreach, assessment and case management for justice-involved veterans in local courts and jails and liaise with local justice system partners. More information on the VJO program is available at www.va.gov/homeless/vjo.asp.



Creating and Implementing a Transition Plan

Integral to the success of individuals with SUDs leaving jails is having a case plan that was developed prior to release by the individual in coordination with his or her parole or probation officer (if he/she has one), a community-based case manager and/or treatment provider, any jail staff or jail treatment provider that are familiar with the individual's needs and family members, as appropriate. Having a plan in place can help individuals to identify and solve any barriers that may impede their recovery and post-release success such as housing, transportation, employment or access to health care and treatment. The case plan should be informed by criminogenic risk assessment and be strengths-based and tailored to the unique competencies and needs of the individual. The plan should include referrals and connections to treatment and services as well as instructions for who to contact or where to go if the individual finds him- or herself in need of assistance.³

Pre-release Planning. Key to the process of developing this case plan is pre-release in-reach by probation and/or community treatment staff who can use this opportunity to create a relationship with the individual and his or her family to build trust and rapport, so they feel comfortable requesting assistance if needed. As so many people are released from jail quickly or without a set release date, it is important to identify individuals who will need this assistance as early as possible—preferably during the jail booking process where individuals can be screened for SUDs—so that connections can be made to community service providers after a person is released to start this process.

To further collaboration, agencies may wish to develop protocols for regular staffing of individual's cases. For example, prior to release, all the people involved in an individual's case would meet weekly to coordinate engagement with the client and potentially his or her family, and also meet with the client to develop and refine a case plan. Counties are also increasingly including peer recovery

support specialists in this process to facilitate engagement while the person is in jail and in the community.⁴ Agencies then continue to discuss progress toward the goals outlined in the case plan after release with the individual and each other. Having everyone at the table allows for coordinated planning to serve the entirety of the person's needs and reduces chances of duplicative efforts.

Marion County, Ore., has made collaboration a key piece of its work to serve individuals with SUDs and co-occurring mental illnesses who are leaving the jail. Corrections staff and community providers share information on each agencies' treatment and case plans to inform the other's plans, and they hold regular multi-system, in-person meetings for real-time information sharing and brainstorming regarding client needs, challenges and progress. Recovery mentors participate in these meetings and also correspond with probation or parole officers and treatment providers in between in-person meetings to share any observations or necessary course corrections. The teams also cross-train to share insights into how trauma and addiction can impact an individual's progress.⁵



Specialized Probation. Many counties are involving probation in their efforts, whether by implementing specialized probation caseloads for people with SUDs and/or co-occurring mental illnesses or partnering with the sheriff's office and health departments to better serve individuals. Specialized caseloads are supervised by probation officers with extra training on how to work with people with these illnesses and often have specific protocols around drug testing for people who are receiving medication-assisted treatment (MAT), closely monitoring people who are at increased risk of overdose and modifying conditions of supervision or sanctions to recognize the unique needs of individuals on this caseload.

The **City and County of San Francisco's** probation department employs a deputy probation officer liaison who is the contact person between the sheriff's office and probation and conducts daily orientations for clients that are released from the county jails. The liaison is also the contact for the Reentry Pod, which is a collaborative effort between probation, the sheriff's office and Five Keys Charter School to provide focused reentry services during an individual's final 30-120 days in custody. People on probation with SUDs can be referred to the public health department's Behavioral Health Access Center or the Community Health Assessment and Services Center, where care coordinators assess for placement in behavioral health treatment and sober living environments. Clients are also connected to health coverage and other benefits.⁶

Meeting Treatment Needs

Access to quality and affordable health care is key to a person's recovery, and continuing treatment once a person is released from jail can be critical to a person's success. This is particularly important for individuals with opioid use disorders, as there is evidence that those with these disorders are at greater risk of overdose soon after release from jail due to a loss of drug tolerance.⁷ Many jails are now enrolling people in health care

upon their release to help ensure this continuity of care⁸ and counties can also set up processes to enroll eligible people in the community.

When possible, counties should offer an array of treatment and services to best meet the complex needs of their residents such as hospitalization, residential treatment or outpatient services. Services should also be culturally and linguistically competent, gender-responsive and trauma-informed to serve counties' diverse populations and be located in accessible neighborhoods, be offered through mobile services or have transportation provided to help alleviate issues with engagement. Finally, services need to be accessible to those who need it in a timely manner and regardless of their ability to pay to have the greatest impact.

Mobile substance abuse treatment services are available in **Erie and Niagara counties** in New York with a two-year grant from the state through federal funding. The mobile treatment teams use RVs that were converted to house fully functioning clinics with a waiting area, lab and examination room. The teams are staffed by nurses, substance abuse counselors and peers and provide for telemedicine to allow for rapid access to MAT within 24 to 48 hours of referral. In addition to counseling and MAT, the teams provide community-based peer-to-peer groups and facilitate linkages to entitlement programs like SSI/SSDI. The team is able to reach individuals in the counties' more rural areas and also serves individuals in the two counties' jails via telemedicine to help start continuity of care. The program served 1,388 individuals in its first year of operation, including MAT prescriptions for 116 individuals.⁹

Housing

Thirty-five percent of adults who are homeless suffer from a chronic SUD¹⁰ and more than half of individuals receiving homeless services have been incarcerated at some point in their lives.¹¹ Housing is a key component of a person's recovery, but many individuals with SUDs experience significant challenges in finding and sustaining housing. Many public housing authorities have blanket exclusions for anyone with a criminal record, and some exclude or evict individuals who are arrested.¹² Additionally, some halfway houses that are intended to serve individuals in recovery who are leaving jails will not accept people who are on most forms of MAT, creating an additional access barrier for those working on their recovery.¹³ Challenges inherent with homelessness such as social isolation and lack of mobility or transportation can hinder accessing and actively engaging in treatment. Housing is critical as part of any community reentry plan, as the first 30 days after release from prison or jail is when people are most likely to experience homelessness or an opioid-related overdose.¹⁴

One strategy that has been effective is supportive housing programs. With supportive housing, individuals are provided affordable housing in conjunction with wraparound services.



The **Mecklenburg County, N.C.**, Frequent Users Systems Engagement (MeckFUSE) initiative is a permanent supportive housing program for homeless men and women with behavioral health treatment needs who have been frequent users of the jail, street camps and shelters.¹⁵ Funded by the county, the program is administered by its community support services department and is operated by Urban Ministry Center in partnership with local shelters, the sheriff's office, the public defender's office and other local and nonprofit service providers. MeckFUSE clients are identified through a data match between the local Homeless Management Information System and the county jail, and once they are accepted into the program individuals are assigned a case manager to help them navigate referrals to services such as medical, mental health and substance abuse treatment, as well as employment training. MeckFUSE also provides 45 units of supportive housing. A three-year evaluation of MeckFUSE found that housed participants were arrested significantly less than a comparison group (4.5 vs. 9.3 arrests) and had much longer average times to re-arrest post-housing.¹⁶

Employment

Individuals who become involved in the justice system face the potential of losing their jobs while in custody and many experience barriers seeking employment after release. Applicants with a history of drug-related offenses are less likely to be offered interviews and, as a result, less likely to be hired.¹⁷

For individuals with SUDs, employment is a critical part of recovery.¹⁸ Having meaningful employment not only helps with basic needs such as housing, food and transportation, but it can give purpose to a person's life. Recognizing the barrier that having a criminal record has on individuals seeking meaningful employment, many counties are offering expungement services to help people eliminate those records.¹⁹ A number of states and counties have also passed legislation to “ban the box,” which prohibits employers from including questions about criminal records on job applications.

Counties can work with individuals before they leave jail to prepare them for finding and obtaining employment while fostering their recovery. Many jails offer employment readiness training, and some allow individuals to search for jobs online before they are released. Others offer work-release programs where an individual leaves the jail to work during the day and returns at night.

Ada County, Idaho, works with individuals in its jail to provide holistic reentry services to prepare people to return to their communities. In addition to providing substance abuse treatment and cognitive-behavioral therapy in the jail, the sheriff's office provides work readiness training and job placement resources. Its Work Search program employs a workforce development specialist that helps individuals search for jobs online and coaches them on interview techniques, including how to speak to potential employers about their conviction. Participants are allowed to attend interviews in person wearing a GPS tracking device and are transferred to a work release program once they are hired.²⁰

Resources

1. J. Bronson, et al. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009. U.S. Department of Justice, 2017. <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>.
2. More information on law enforcement training is available in NACo's Meeting the Needs of Justice-Involved Individuals with Substance Use Disorders: Strategies for Law Enforcement.
3. For more information on Collaborative and Comprehensive Case Planning, visit <https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/>.
4. Peer recovery support specialists are people in recovery from a mental illness and/or substance use disorder who have been trained to work with others on their individual road to recovery.
5. For more information on Marion County's program, visit <https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/>.
6. For more information on San Francisco's specialized probation programs, visit <https://sfgov.org/adultprobation/community-service-specialized-division>.
7. See, for example Strang, J., et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: Follow up study. *BMJ*, (2003) 959-960.
8. See Meeting the Needs of Justice-Involved Individuals with Substance Use Disorders: Strategies for Jails for strategies counties are using to enroll people in health care prior to their release.
9. For more information on this program, visit <https://www.bestselfwny.org/recovery-connections/>.
10. Substance Abuse and Mental Health Services Administration. Current statistics on the prevalence and characteristics of people experiencing homelessness in the United States. Rockville, MD (2011): https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/hrc-factsheet-current-statistics-prevalence-characteristics-homelessness.pdf.
11. Metraux, S., et al. (2007). Incarceration and homelessness. National Symposium on Homelessness Research.
12. For more information on the county role in supporting housing for individuals who are justice involved, visit <https://www.naco.org/resources/housing-justice-involved-case-county-action>.
13. NPR, "Many 'Recovery Houses' Won't Let Residents Use Medicine to Quit Opioids," September 12, 2018. <https://www.npr.org/sections/health-shots/2018/09/12/644685850/many-recovery-houses-wont-let-residents-use-medicine-to-quit-opioids>.
14. See, for example Strang, J., et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: Follow up study. *BMJ*, (2003) 959-960. Metraux, S., & Culhane, D. P. (2006). Recent Incarceration History Among a Sheltered Homeless Population. http://repository.upenn.edu/spp_papers/61.
15. More information on the FUSE initiative, visit <https://www.csh.org/fuse/>.
16. MeckFUSE Program Evaluation Results: <https://www.mecknc.gov/CommunitySupportServices/HomelessServices/Pages/MeckFUSE-Evaluation.aspx>.
17. Pager, D. "The Mark of a Criminal Record," *American Journal of Sociology*, Volume 108 Number 5 (March 2003).
18. See, for example, Gerstein, D.R., et al. Evaluating recovery services: The California Drug and Alcohol Treatment Assessment (CALDATA). Chicago: National Opinion Research Center at the University of Chicago (1994).
19. For more information and examples of counties working to expunge criminal records, visit the Clean Slate Clearinghouse at <https://cleanslateclearinghouse.org/> or view the NACo webinar, "The County's Role in Supporting Record Clearance for Residents." <https://www.naco.org/events/county%E2%80%99s-role-supporting-record-clearance-residents>.
20. For more information on Ada County's reentry program, visit <https://adacounty.id.gov/sheriff/ada-county-jail/programs/>.



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