

Providing Behavioral Health Services for Criminal Justice-Involved Populations

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Many people involved with the criminal justice system need social and behavioral services. These service needs often entail substance use disorder (SUD) and overdose prevention and treatment. Individuals who are justice-involved tend to have higher rates and severity of SUD relative to other populations. They often have unique challenges and needs due to their justice system contact, which can include barriers to services, collateral stressors, and involuntary loss of substance tolerance. Behavioral health professionals should identify the people involved with the justice system within their communities and consider opportunities to expand services for them.

WHY ARE MORE SERVICES NEEDED?

People who are justice-involved often have significant behavioral health needs, limited access to services, and poor behavioral health outcomes.

- 85% of incarcerated individuals have an SUD or were sentenced for a drug-related crime²



- Risk of fatal overdose is 12.7 times greater in the first two-weeks after incarceration³



- Fatal overdoses during incarceration increased by 400% from 2014 to 2019⁴



- 64% of state probation agencies report barriers to providing medication for opioid use disorder (MOUD) treatment⁵



- Rate of suicide among individuals who are incarcerated is 92% higher compared to the general population^{6,7}



OPPORTUNITIES FOR SERVICES ACROSS THE JUSTICE SYSTEM

Because the justice system is vast, the people who interact with it have diverse needs. "Justice involvement" can include law enforcement encounters, incarceration, community corrections, and many other contexts. Understanding the opportunities for services across these contexts (or "intercepts") where people may interact with the justice system is a key step to planning a service expansion for justice-involved populations.¹

1. **Community Services:** Identify and refer individuals with behavioral health disorders to services prior to potential involvement with the justice system.



2. **Law Enforcement:** Improve law enforcement officers' ability to respond to crisis events, including overdoses.



3. **Initial Court Hearings and Detention:** Develop programs to divert individuals to services prior to formal adjudication and sentencing.



4. **Incarceration:** Expand MOUD programs available during detention in jail or prison.



5. **Re-entry:** Implement programs to reduce risk of overdose during the transition from incarceration back into the community.



6. **Community Corrections:** Offer supportive service programs and pro-social activities to individuals on probation or parole.



HOW TO PLAN FOR SERVICES

Behavioral health professionals must holistically consider potentially unfamiliar factors and conditions when planning service delivery for justice-involved populations, including:

- Availability of EBPs to serve justice-involved populations
- Justice system obligations that limit individuals' access to services (e.g., mandatory probation officer meetings)
- Partnerships with justice system organizations that may be necessary to provide services
- Staff and organizational capacity to serve justice-involved populations
- Individual level factors that may impact the likelihood of achieving successful outcomes

The Four Quadrants of Criminogenic Risk and Need⁸



Providers must balance an individual's treatable factors (**criminogenic need**) against their risk of service failure (**criminogenic risk***) when planning for services. This balance can influence planning decisions across intercepts, for example, determining the most appropriate overdose prevention services during re-entry.

*NOT risk of violence or dangerousness

EXAMPLES OF EVIDENCE-BASED AND PROMISING PROGRAMS

- [Law Enforcement Assisted Diversion](#): Service referral programs for people who commit low-level substance-related crimes
- [Forensic Assertive Community Treatment](#): Intensive outreach and service programs for people with serious mental illness and criminal justice-involvement
- [Crisis Intervention Teams](#): Training programs for law enforcement officers to learn how to better respond to people in behavioral health crisis
- [Breaking the Cycle](#): Screening, indicated prevention, and treatment program for people facing potential criminal charges
- [Jail- and Prison-Based Overdose Education and Naloxone Distribution](#): Overdose prevention programs for people re-entering the community from incarceration
- [Drug Courts](#) and [Mental Health Courts](#): Multidisciplinary, therapeutic programs for justice-involved people with a mental health or substance use disorder
- [Cognitive Behavioral Therapy](#): A psychotherapeutic component of behavioral health programs effectively implemented in many settings, including jails and prisons
- [Supportive Reentry Housing](#): Multidisciplinary service and housing programs for people re-entering the community from incarceration

NOTES

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6. IBID
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8. Taxman, F.S. (2021). Risk-Need Responsivity (RNR) Classification Models: Still Evolving. Aggression and Violent Behavior, 59, 101459. doi: 10.1016/j.avb.2020.101459

