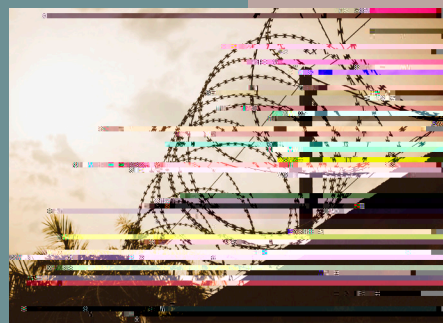


Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison:

Implementation Guide



assess plan identify coordinate

Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide



Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Policy Research Associates, Inc. under SAMHSA IDIQ Prime Contract #HHSS283200700036I, Task Order #HHSS28342003T with SAMHSA, U.S. Department of Health and Human Services. The author is a representative of the contractor.

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Recommended Citation

Substance Abuse and Mental Health Services Administration. Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide. FGA 51-16-4998. FcWj jYzA 8. Gi VgUbw 5Vi gY UbX A YbU <YU h Gyf jWg 5Xa jbgfUjcbz 2017.

Contact Information

5600 Fishers Lane, FcWj jYzA 8, & \$,) + " < G Di V jWjcb Bc fGA 51 16-4998

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Introduction

The purpose of *Guidelines for Successful Transition of People with Mental and Substance Use Disorders from Jail and Prison: Implementation Guide* is to provide behavioral health, recovery-oriented, and evidence-based strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community. This guide serves as a direct successor to the 2013 publication *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison* (Blandford & Osher, 2013), a collaborative product of the SAMHSA's GAINS Center with the Council of State Governments Justice Center, and the 2002 report *A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-Occurring Disorders: The APIC Model* (Osher, Steadman, & Barr, 2002). The guide is intended to promote the use of various jurisdictional strategies that have been adopted in efforts to facilitate successful re-entry of individuals with mental and substance use disorders.

The prevalence of substance use disorders is notably more disparate, with estimates of 8.5 percent in the general public (aged 18 or older) but 53 percent in state prisons and 68 percent in jails (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Ainsworth et al., 2012). The prevalence of substance use disorders has been higher among people who are incarcerated in prisons or jails (33 percent to 60 percent) compared with people who are not incarcerated (14 percent to 25 percent) (Kessler et al., 1996; Ditton, 1999; Metzner, 1997; Steadman, Osher, Robbins, Case, & Samuels, 2009). The prevalence of substance use disorders is notably more disparate, with estimates of 8.5 percent in the general public (aged 18 or older) but 53 percent in state prisons and 68 percent in jails (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Ainsworth et al., 2012). The prevalence of substance use disorders has been higher among people who are incarcerated in prisons or jails (33 percent to 60 percent) compared with people who are not incarcerated (14 percent to 25 percent) (Kessler et al., 1996; Ditton, 1999; Metzner, 1997; Steadman, Osher, Robbins, Case, & Samuels, 2009). The prevalence of substance use disorders is notably more disparate, with estimates of 8.5 percent in the general public (aged 18 or older) but 53 percent in state prisons and 68 percent in jails (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Ainsworth et al., 2012). The prevalence of substance use disorders has been higher among people who are incarcerated in prisons or jails (33 percent to 60 percent) compared with people who are not incarcerated (14 percent to 25 percent) (Kessler et al., 1996; Ditton, 1999; Metzner, 1997; Steadman, Osher, Robbins, Case, & Samuels, 2009).

The high prevalence of mental and substance use disorders in correctional settings produces poorer outcomes for both affected individuals and correctional agencies. Compared to people

without mental or substance use disorders, individuals with mental and substance use disorders are less likely to make bail (Council of State Governments Justice Center, 2012), and more likely to—

have longer jail stays (Council of State Governments Justice Center, 2012),

Upon release from jail or prison, many people with mental or substance use disorders continue to lack access to necessary services and, too often, become enmeshed in a cycle of costly justice system involvement
—Pew Center on the States (2011)

focus on criminogenic risk factors. Realization of enhanced system and individual outcomes depends upon effective coordination of the efforts of behavioral health, correctional, and community stakeholders. *Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery* (Osher, D'Amora, Plotkin, Jarrett, & Eggleston, 2012), funded by the National Institute of Corrections (NIC), the Bureau of Justice Assistance (BJA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and supported by the Association of State Correctional Administrators (ASCA), the American Probation and Parole Association (APPA), the National Association of State Mental Health Program Directors (NASMHPD), and the National Association of State Alcohol and Drug Abuse Directors (NASADAD), was developed to provide procedural guidelines for recidivism reduction, successful reentry and individual recovery.

This framework (Osher et al., 2012) directs behavioral health, justice system, and community programming to forward the dual goals of individual recovery and risk reduction. The APIC model (Osher, Steadman, & Barr, 2002) provides guidance to assist jurisdictions in this task. The acronym APIC stands for Assess, Plan, Identify, and Coordinate. The 10 associated guidelines are listed on the following pages.

access plan identify coordinate



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Anticipate that the periods (hours, days, and weeks) are critical and identify appropriate interventions as part of transition planning practices and substance use disorders leaving correctional settings.

Develop policies and practices that facilitate continuity of care through the implementation of strategies that promote direct linkages (i.e., warm handoffs) between supervision agencies.

Support adherence to treatment plans and supervision conditions through coordinated strategies.

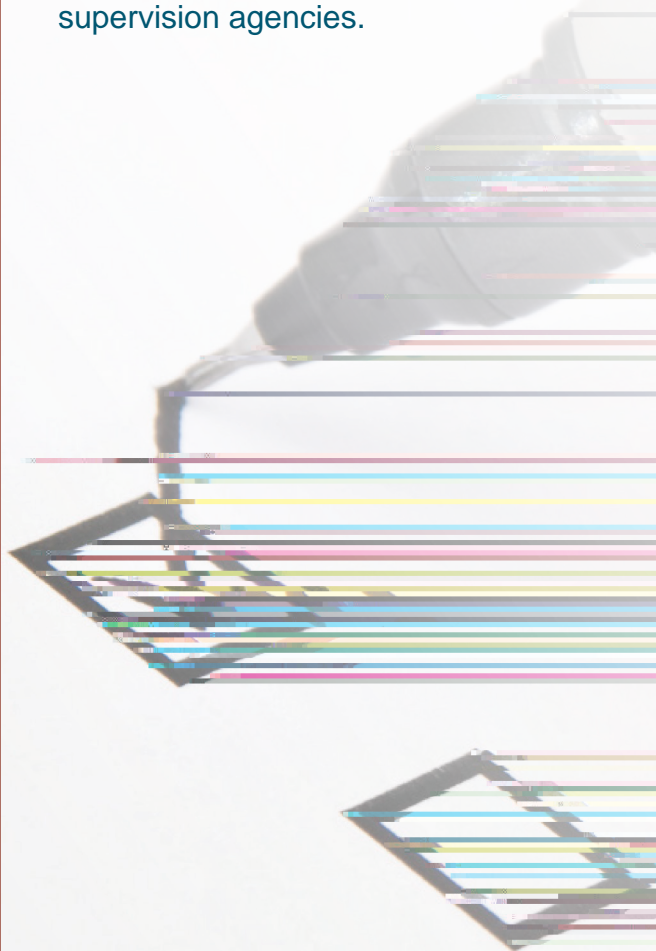
Provide a system of incentives and graduated sanctions to promote participation in treatment; maintain a “firm but fair” relationship style; strategies to encourage compliance, promote public safety, and improve treatment outcomes.

Establish clear protocols and understanding across systems on handling behaviors that constitute technical violations of community supervision conditions.

Develop mechanisms to share information from assessments and treatment programs across different points in the criminal justice system to

Encourage and support cross training to facilitate collaboration between workforces and agencies who are involved in the criminal justice system.

Collect and analyze data to evaluate program performance, identify areas for improvement, and ensure long-term sustainability.



of the nature and severity of a targeted problem. The results of assessment instruments, including the *Substance Use and Mental Health Assessment* (SUMHA), are used to inform decisions about placement, treatment, and supervision. The SUMHA is a comprehensive assessment tool that is used to assess the needs of individuals with mental and substance use disorders. It is designed for professional administration to adults (age 16 and older), this tool has been adopted by several sites in their efforts to implement APIC Guideline.²

K Y`cj Yf`hk c`XYWXYg`U[cž GHYUXa Ubž`A WUfma`UbX`A cff]ggYmf% , - E`]XYbh]UYX`hfUbg]hcb` planning as the weakest link in the effective reentry of individuals with mental or substance i gY`X]gcfXYfg`]bhc`h`Y`Wta a i b]m`5`Z`ck`i`d`YI`Ua]bUh]cb`VmGHYUXa Ub`UbX`J`YngYmf% - +E` fYWtbUfa YX`h`Uh`h`]g`fYa U]bYX`h`Y`YUghXYj`Y`cdYX`Y`Ya`YbhcZ`U]!`VUgYX`gYfj`]Wg`k`]h`4`gh` cj`Yf`cbY!`Zci`fh`cZ`U]`g`bUh]cbk`]XY`fYdcfh]b[`h`Uh`h`Ymdfcj`]XYX`UbmX]gWUf[`Y`d`Ubb]b[` mechanism. However, initiatives launched in the 2000s have focused more attention on jail reentry, especially following the 2003 agreement in the *Brad H. v. City of New York*⁶ WUgg!`UW]cb` lawsuit regarding the release practices for jail inmates with mental illness. Since that time, the Transitions from Jail to Community Initiative of the National Institute of Corrections and the

Interventions may be the responsibility of internal or contract staff; may occur in general population or in specialized housing units; may be voluntary or court ordered; and may emphasize medication management, counseling, education, employment, transitional planning, or other factors.

A comprehensive approach to individualized treatment and service planning has been adopted by the facility. Phase protocols are illustrative of APIC Guideline 3. This continuum of supervision and care addresses mental and substance use disorders, and delivers appropriate treatment interventions. Noting that there is an optimal time frame for effecting meaningful behavioral change prior to reentry, discharge planning begins as early as possible during an individual's period of incarceration. Upon admission, all individuals enter Phase 1: Fundamental Planning. This is essentially an institutional orientation after which individuals are relocated to another unit within the Hampden Medium Security Facility. Here they enter Phase 2: Transitional Program. During this period, they participate in a program that addresses cognitive thinking skills, victim impact, family relationships, religion, health education, and educational orientation. Upon successful completion of this general inmate program, individuals proceed to Phase 3: Program Mapping. Results from the administration of the Level of Service Inventory-Revised addresses behavioral health and criminogenic risk factors. The individualized treatment plans

interventions with the assessments for criminal risk and need and behavioral health.

has implemented a comprehensive strategy for placement and treatment planning that matches an individual's risk level and behavioral health needs with

Anticipate that the periods following release (the first hours,

7

In one Midwestern state, justice system personnel estimate that nearly one in four individuals incarcerated in the state prison system takes prescribed medications in response to behavioral

Lack of access to medication, employment, housing, food, social supports, and health care

The system planning and practice for individuals with mental or substance use disorders. A local study had revealed that the jail housed a large population of homeless people for whom

provisions for additional supplies to bridge any gap before scheduled appointments. In addition, the Community Bridge caseworker coordinates with the community mental health treatment and service provider to recommend diversion, as appropriate, to Pretrial Diversion (for misdemeanor cases), Mental Health Court (nonviolent felony cases), or Veterans Court (nonviolent felony cases). The Community Bridge Liaison and the Director of Mental Health serve on the advisory committees of the mental health court and the veteran's court.

Within the Jail, individualized treatment plans are designed and as being in crisis or who present with serious behavioral health issues are immediately assigned to the Evaluation and Stabilization Unit, one of only two intensive psychiatric units in the state jail system. While here, they receive appropriate crisis intervention until their conditions clinical interviews to identify needs and to design individualized service plans. As release After Incarceration Support System (AISS). The mentors introduce prospective releases to the services and treatment options available through the regional Behavioral Health Network health services to adults and children in western Massachusetts. BHN reviews the treatment plans developed by institutional clinicians and assumes the delivery of this care upon reentry, promoting personal recovery and improving overall individual outcomes. Peer mentors follow discharged individuals into the community, transporting them to appointments and encouraging compliance with treatment plans (see Guideline 7 description). Institutional personnel are working to streamline the treatment delivery continuum by facilitating the reactivation of private or public insurance coverage.

diminished if intervention services are terminated or disrupted when the individual transitions from one institution to another or from an institutional setting back into the community. Program termination may be the result of restricted budgets or narrow philosophical approaches that view institutional and community interventions as limited in time and place. Nevertheless,

Participants in the AISS program (jail) are linked with, and closely monitored by, one of two specially trained program managers. These AISS program managers encourage compliance with established service plans and encourage participants to attend appointments and mandatory meetings with justice system personnel.

The AISS program is housed in a residential center that promotes education, treatment, and recovery through an emphasis on abstinence.¹⁰ This facility has 182 beds, 18 of which are reserved for females. All participants who remain under the jurisdiction of the justice system may be relocated to the PMC. For males who are no longer justice involved, and for whom there is a real risk of homelessness, the AISS program provides a safe and secure living environment. For each individual, a case manager will be assigned to provide support and resources. Each individual may access AISS staff and resources.

Beginning in 2010, the federally funded Behavioral Health Treatment Court Collaborative was established in the jurisdiction. The primary focus of the initiative was the Drug Treatment Alternative to Prison (DTAP) Program, with goals of individual recovery, crime reduction, and cost savings. The program is designed to provide treatment and support for individuals with substance use disorders who are charged with a felony property crime, such as possession of a controlled substance, for whom a prison term would otherwise be legislatively mandated.

need, highly motivated, and presenting with severe addiction ¹² 'a UmV'cZfYX'U' !nYUf'dcgh

(MHPAEA)¹⁸ have bolstered efforts to broaden the nature and scope of healthcare coverage enhancing parity in the treatment of behavioral health issues) and to establish protocols for the for information sharing, working towards compatibility of management information systems, and systematically employing multiple medical releases to satisfy legal thresholds).

The justice system and behavioral health representatives to the Justice and Mental Health Collaboration Program (JMHCPC) grant in (see discussion of Guideline 6) proposed a cluster of solutions to address barriers to effective data sharing and connectivity between justice agencies and treatment and service providers that would allow justice which these individuals risk suspension of Medicaid coverage due to repeated justice system have correctional authorities provide NYSID information on previously incarcerated individuals to allow insurers to more easily identify people who might be Medicaid eligible. In terms of other collateral professionals. The implementation of such a system could provide community care had come into contact with the justice system. Similarly, upon booking, justice system employees could have immediate information on the nature and intensity of an individual's previous behavioral health utilization.

Individual and system outcomes are more easily achieved when correctional and behavioral health personnel work as a team, within facilities, in the community, and during reentry (Osher appreciation of the language, goals, and processes of all stakeholders. Correctional personnel

¹⁸ [https://www.cms.gov/CCIIO/Dfcl/Ua_gUbX!-b\]Uj\] Yg#Ck.Yf!-bg\] fUbW!DfchV\]cbg#a \dUYUSZUMg\YYh\ha](https://www.cms.gov/CCIIO/Dfcl/Ua_gUbX!-b]Uj] Yg#Ck.Yf!-bg] fUbW!DfchV]cbg#a \dUYUSZUMg\YYh\ha)

criminogenic factors and correctional management issues contributing to public safety concerns. : cf Vch Vcbghh YbVYgZ Vfcgg! U[YbVhYI WUb[Yg Wb fYXi W'a Jgrfi ghUbX hYbgjcb"

In the design and implementation of strategies grounded in APIC principles, there are numerous cddcfh b]hYg Zcf j Ui UVY]bHYfX]gVd]bUfm]b_U[Yg h.UhU`ck`dYfgcbbY`hc`gdUb`XYXd!fcchYX` X]gVd]bUfmVci bXUf]Yg`" H\Y`i`h`]nU]cb`cZ]b!fYUW`VY\Uj]cfU` \YU`h`Vzi bgY`cf`g`UbX`WgY` managers who operate alongside correctional staff is a common approach. In other sites, personnel from behavioral health and correctional agencies meet regularly to discuss barriers to recovery and public safety and to devise procedural protocols that serve the interests of individuals and agencies. A bolder approach at implementing APIC principles entails active Vfcgg! X]gVd]bUfm]b]b[`cZU[YbVhdYfgcbbY"

7fcgg! hfU]b]b[`cZgUZZ\Ug VYyb`Ya VfUWX`h.fci [\ci h` , in large part due to the efforts of the Justice and Mental Health Collaboration Project (JMHCP). In an increasing number of counties, the week long Emotionally Disturbed Persons Response Team (EDPRT) hfU]b]b[`]g'a UXY Uj U]UVY`hc`Uk`YbZcfWa YbhczUWfgZ`UbX`Vta a i b]hYg`h.fci [\ci h`h.Y`ghU`h` UfY`XYj`Y`cd]b[`7f]g]g`-bhYf] Ybh]cb`HYUa g`f7`H`"7ci bmidfcVU]cb`cZUWfg`k`c`Vta`d`YH` training in Motivational Interviewing, the impact of trauma, assessment, and dynamics of mental illness are credentialed as supervision specialists. In Monroe County, home to the city of FcWYghYfz`hfU` a U]bZcfa YX`WfY`hfU]b]b[`Ug`VYyb`dfcdcgYX`Zcf`U`) \$\$`Uj`Ya`d`cnYyg`

Research over the past two decades has found that early life trauma can impair decision a U]b[ž`bY[Uh] Y`mUZZV`bYi fU`XYj`Y`cda`Ybž`UbX`]bU` YbW`h`Y`XYj`Y`cda`YbhczVY\Uj]cfU` disorders, all of which can contribute to engagement in risky behavior, and in some cases, criminal offending.¹⁹ 7cbg]ghYbhk`]h`Yj`]XYbW!VUgYX`dfUW]WZ`VtffYV]cbU`dYfgcbbY`]b` gca`Y`f`f]gX]V]cbg`\Uj`Y`]bghh`hYX`i`b]j`YfgU`gVYyb]b[`Zcf`hfU` a U` \]g`cf]Yg`UXcdhYX`hfU` a U` informed strategies for treatment planning with the goal of bolstering resiliency, promoting dYfgcBU`fYVtj`Yfraz`UbX`fYXi`V]b[`h`Y`f]g`_cZg`VgYei`YbhW]a`]bU`cZYbX]b[/`UbX`]bVtfdcfUHYX` Vta`dfY`Ybgj`Y`Vfcgg! hfU]b]b[`hc`Zla`]]Uf]nY`VtffYV]cbU`ghUZZ`V]b]V]UbgZ`UbX`Vt`UHfU` professionals with the sources and effects trauma histories.

One strategy adopted in provides jail personnel with an understanding cZVY\Uj]cfU` \YU`h`]gg] YgZ`f]g`_UggYgga`Ybh#a`UbU[Ya`Ybhž`UbX`hfU` a U]bZcfa`YX`fYgdcbgYg`" 5`VtffYV]cbU`ghUZZ`bck`Vta`d`YH`h`Y` (\$!\ci`f`A`Ya`d`]g'a`cXY`7`H`hfU]b]b["" : UY]hmVt`bhUW]g` UbYVX`cU`mfYdcfh`h`Uh`h`Y`dcg]h]j`Y`ZZYV]g`cZ`h`]g`Vfcgg! hfU]b]b[`k`YfY`Yj`]XYbhk` \Yb`U` VtffYV]cbU`cZUWf`gi`VWggZ` `nā`UbX`k`]h`ci`h`h`Y`i`gY`cZ`ZcfWZ`XY!YgW`UH`X`U`V]g]g`]bj`c`j`]b[`Ub` inmate with a trauma history.

¹⁹ H\Y`ZZYV]cZ`hfU` a U`cb`d`ng]W]z`gcWUz`UbX`VY\Uj]cfU` \YU`h`UbX`k`Y`!VY]b[`Ug`VYyb`h`Y`ZcW`g`cZU[`fck`]b[` VcXmicZ`]hfU`h`fY`": cf`YI`Ua`d`Yz`gY`h`Y`k`YVg]h`cZG5A`<G5G]BU]cbU`7YbhYf`Zcf`hfU` a U]bZcfa`YX`7UfY`Uh`<http://www.samhsa.gov/nctic>" : -b`UXX]h]cbž`h`Y`a`U`cf`UbX]b[g`Zca`h`Y`5Xj`YfgY`7\]X\ccX`9l`dYf]YbWg`f579L`gi`Xnā` conducted jointly by the Centers for Disease Control and Kaiser Permanente, can be viewed at [http://www.cdc.\[cj.#\]c`YbWdfYj`Ybh\]cb#UW\]gi`Xn#Uvci`fSUm`"ha`](http://www.cdc.[cj.#]c`YbWdfYj`Ybh]cb#UW]gi`Xn#Uvci`fSUm`)

In the Women’s Community Correctional Center (WCCC) has instituted a statewide inconsistency in the administration of trauma screening, WCCC administrators, in collaboration with a diverse group of institutional, civic, academic, clinical, and religious stakeholders, piloted the Trauma Informed Care Initiative (TICI) (Patterson, Uchigakiuchi, & Bissen, 2013). In contrast to the traditional correctional setting, but consistent with native Hawaiian cultural beliefs, WCCC is guided by the belief in the transformative nature of a *pu’uhonua*, a protected site for healing. The behavioral health staff administered universal screening for trauma histories as well as for mental and substance use disorders. While funding and personnel reallocations have delayed utilization of screening results in individualized treatment planning, WCCC remains committed to the provision of intensive training for staff, institutional contractors, treatment and service providers. WCCC provides several days of training for staff:

- Identification of systemic sources of trauma;
- Recognition of the psychological, physiological, neurobiological, and social effects of trauma;
- Minimization of further trauma caused by incarcerative practices such as seclusion and restraint.

For correctional staff, the trainings provide knowledge and develop skills that mitigate the trauma of incarceration. WCCC provides training for staff, institutional contractors, treatment and service providers. WCCC provides several days of training for staff:

7ca dfY\Ybgjj Y'dfc[fUa 'd'Ubb]b['Wb'VY'YI dYVhX'hc 'VY'hja Y'UbX''UVcf']bhYbgjj Y''6VWti gY'

Conclusion

People with mental and substance use disorders are disproportionately represented in jails and prisons. Research has shown that the high prevalence of these disorders in jails and prisons consistently produces poor outcomes for both affected people and correctional agencies. In &\$\$&ž gh_Y\c`XYfg [YbYfUHx`Yj]XYbW! VUgYX`5D=7` [i]XY`]bYg`hc`Ugg]gh`hfYUha`Ybh`UbX`gYfj]W` practitioners, case managers, and justice system personnel in the development of effective strategies to improve behavioral health outcomes by promoting personal recovery and reducing criminogenic risk for individuals transitioning to the community (Osher, Steadman, & Barr, 2002). While an increasing number of jurisdictions have embraced the guidelines, practitioners \Uj`Y`fYei`Ygh`YX`Z`fh`Yf`Ugg]gh`UbW`]b`h`Y`XYg][`b`c`Z`Y`Z`Y`V`j`Y`g`f`U`H`[`]`g`z`d`U`h`]`W`U`f`m`]b`h`Y`U`f`Y`U`

<YfH^žB"f&\$% žBcj Ya Vyf%\$L"A YbH^m]`YI!]ba UH^g`UW`fYUha Ybž'a YXg"

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This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Policy Research Associates, Inc. under SAMHSA IDIQ Prime Contract #HHSS283200700036I, Task Order #HHSS28342003T with SAMHSA, U.S. Department of Health and Human Services (HHS). David A. Morrisette, PhD, LCSW, and Kenneth W. Robertson, PhD, were instrumental in the development of this publication, and SAMHSA would like to acknowledge the individuals below.

Policy Research Associates

- Maureen McLeod, PhD
- Travis Parker, MS, LIMHP, CPC
- Chanson D. Noether, MA

Substance Abuse and Mental Health Services Administration

- David Morrisette, PhD, LCSW
- Kenneth W. Robertson

In addition, interviews were conducted with representatives of criminal justice agencies and behavioral health treatment and service providers to gather information for this publication: Mary Jo Dickson, Allegheny County Health Department (PA); Jesse Jannetta, Senior Research Associate, Urban Institute (DC); Levin Schwartz, Director of Clinical and Reentry Services, Franklin County House of Correction (MA); Kevin Warwick, President, Alternate Solutions Associates (MA); Colonel Donald Pinkard, Jail Commander, Gwinnett County Sheriff's Department (GA); Celia Brown, Health Services Administrator, Corizonro [(CC35 /na128aets Dr)5.CeditiepartmentPChan1istryon3Health Services Admi5istrator,



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Printed in 2017