

Lifting Lived Experience Across Criminal Justice Settings

Executive Summary & Report

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Realizing Recovery—Policy & Practice Improvement Series
Office of Recovery
Substance Abuse and Mental Health Services Administration
U.S Department of Health and Human Services

This document was developed by Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Recovery, while the content and themes outlined within were identified by participants—including technical experts and those with lived experience—during the Lifting Lived Experience Across Criminal Justice Settings meeting. Please note that the views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Office of Recovery, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

A special thanks to each participant for their time and dedication towards advancing recovery across the nation.

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EXECUTIVE SUMMARY

From August 15-16, 2023, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Office of Recovery hosted the *Lifting Lived Experience Across Criminal Justice Settings—A Dialogue on Compassion, Innovation, & Recovery Across Court, Corrections, and Reentry Settings* meeting. The gathering brought together over 60 individuals that included people with lived experience of mental health and/or substance use who were also justice-involved; criminal justice personnel; reentry program leaders, researchers; technical assistance providers; staff of federal and state partners; and other allies.

The purpose of this meeting was to bring national awareness to the role that recovery support and lived experience plays across the criminal justice system; and to use these insights to inform the Office of Recovery's efforts to advance recovery across the nation.

Across the two days, speakers in plenary sessions provided background information across three perspectives: lived experience; courts/corrections; and promoting health, wellness, and purpose. Participants had a breakout session as well as group dialogue to identify barriers, solutions, and innovative practices.

Common Themes

The following are common themes identified during meeting discussions. Please note that while this document initially uses the term 'criminal justice' to describe both the legal system and associated settings, any further references to the criminal justice (legal) system will utilize 'system' or 'systems-involved', except when in reference to non-justice systems (e.g., healthcare, education).

- **Transformative and widespread change is needed to address the historical and current harm experienced by systems-involved people.** In the social context of systemic racism and the War on Drugs, the system has disproportionately created intergenerational harm on communities of color due to mass incarceration and the decimation of the communities and family structures where returning citizens will go back. There are built-in financial incentives to maintain the status quo (i.e., the prison industrial complex) and an absence of accountability standards (e.g., equity audits).
- **Peers are the change-makers.** The integration of peers – for prevention, treatment, recovery, and reentry systems – is expanding rapidly. Peers can improve outcomes, reduce stigma, change attitudes, and advocate for expanded rehabilitative approaches. Some states have forensic or justice peers who have been placed in treatment courts, public defenders' offices, and other settings. These programs are not currently to scale and there is still an underutilization of peers at all levels.
- **Systems may resist sharing power and resources.** System stakeholders need to be better educated about the impact and role of peers. In other instances where peers are employed, they can be devalued; used inappropriately (e.g., to provide transportation); and receive low wages. Peers are often tokenized and/or not given real participatory power in decisions.
- **Creative and assertive approaches are needed to tackle systemic reentry barriers and challenges that returning citizens' encounter.** Returning citizens face daunting challenges related to employment (e.g., background checks); housing (e.g., acceptance of medications for opioid use disorder); societal re-entry (e.g., obtaining driver's licenses and birth certificates); and finances (e.g., back payments on child support, court fees, driving violations). Some states have developed policy and approaches to address these barriers which should be shared with others as a model. In other instances, federal leadership is needed to advocate and bring the programs to scale (e.g., attaining birth certificates is often an inter-state issue).

- **More states should be encouraged to develop Forensic/Justice Peer Support programs and incorporate specializations.** Federal funding (e.g., BJA COSSAP) can support such efforts and several states have already established forensic or justice peer specialist certifications, including programs for individuals while they are still incarcerated. Participants also identified several specialized needs for the following subpopulations: women; youth; the LGBTQ+ community; indigenous communities; individuals with immigration issues; families; veterans; and people with sex offenses. Even geographical differences require different approaches (e.g., an African American in an urban setting versus a Caucasian in Appalachia).
- **Reentry and trauma-informed efforts should evolve towards a holistic approach framed in restoration and healing.** Reentry services should begin on the day a person enters the system. Also impacted communities and families need support so that they are prepared for those who will be returning or pursuing recovery in these communities.
- **Research and advocacy will accelerate systems change.** In addition to direct services, peers play an important advocacy role. More data is needed to help with the “storytelling” of peer effectiveness. Corrections Departments are gatekeepers and face challenges in approving research plans by Institutional Review Boards (IRB). In addition, researchers, without the lens of lived expertise, may not formulate appropriate research questions. Several participants advocated not merely for more research, but incorporating lived expertise on research teams, to ensure that the information collected is appropriate.
- **Additional attention and funding are needed to support the well-being of the peer workforce.** In addition to better wages, appropriate supervision, and a career ladder, peer specialists need routinized and intentional self-care support and services. Specifically, organizations should be incentivized to embed these services and funders might allow funds to be used for these services and request a plan as part of the grant application. Peers should also be trained in teamwork and boundary setting; and not be put in difficult situations (e.g., going into unsafe places alone and/or expected to serve as an informant against those they work with).
- **Educational opportunities have a resilient impact.** Educational opportunities do not just expand a person’s employment opportunities, but also contribute to self-worth and recovery. Education should be encouraged and promoted, even behind bars, and extend beyond just a high school diploma. In addition, there have been examples of collegiate recovery programs behind prison walls which have shown promise. It is also important to remove barriers nationwide that prohibit persons who have been systems-impacted from being licensed (as nurses, social workers, teachers, etc.).
- **Reentry is a DEI and civil rights disability issue.** Due to the disproportionate impact on communities of color, successful reentry should be framed as an equity issue. Furthermore, as mental health and substance use conditions are considered disabilities, equitable treatment is also a civil rights concern. In addition, opioid settlement funds should be used to help those with a SUD. One participant advocated for routine equity audits across the system.
- **Providing quality clinical care untethered from legal systems as much as possible.** Systems-involved individuals should have access to quality screening, prevention, treatment, and recovery support services. While treatment courts may keep people out of prison, there needs to be earlier diversion approaches as well. Regarding SUD treatment the detox approach inside jails/prison often lack evidence-based approaches, and medication assisted recovery services (MARS) should be a standard of care.

Solutions for Moving Forward

Following are some solutions and thoughts that may guide the Office of Recovery, SAMHSA, and the justice system as a whole:

- **Bring additional partners into the conversation.** Participants wanted to continue these discussions. Other partners that are integral to change are judges; state and district attorneys; county and local prosecutors; those who fund prisons; juvenile justice; representatives from the civil child abuse, neglect, and dependency system; and individuals involved along the Sequential Intercept Model touchpoints (e.g., police, Crisis Intervention Training, pretrial services, etc.). In addition, it should be noted that federal, state, and local systems all have different policies/practices.
- **Increase adoption of peers across the system.** Federal funding exists for this and there are state implementation examples. However, implementation science approaches and sustainable funding will contribute to more widescale adoption.
- **Work for reciprocity of certification.** While SAMHSA's [National Model Standards for Peer Support Certification](#) is a useful resource, SAMHSA might also encourage states to work towards reciprocity arrangements.
- **Promote research on peer specialists.** Research entities like NIDA, NIMH and NIAAA might provide more research on this issue. In addition, the Department of Justice's [National Institute of Justice](#) might be another resource. SAMHSA and its partners might also ensure that research teams working on justice issues have at least one member of their team who is systems-involved.
- **Share practice-based evidence and establish a learning collaborative.** There currently exists several localized and creative approaches for addressing barriers. Examples include New York's [certification of relief](#) and Arkansas' work to provide inmates with driver's license/birth certificates and fine forgiveness. At the federal level, the Office of National Drug Control Policy (ONDCP) and the Department of Labor has been focused on recovery-friendly workplaces; and SAMHSA, along with its [GAINS Technical Assistance Center](#), have provided a number of resources such as [Best Practices for Successful Reentry From Criminal Justice Settings](#). More implementation science approaches can help bring these efforts to scale. In addition, a learning collaborative might also be helpful.
- **Consider Family Reunification Training and Opportunities.** Often families are the protective factor and material resource for returning citizens. Both the returning citizen and their families would benefit from training on reunification as well as relationship-strengthening opportunities. Further, having a parent incarcerated is an Adverse Childhood Experiences (ACEs) domain, so these programs may help in addressing the intergenerational impact.
- **Tackle Policy and Material Barriers for Returning Citizens.** Examples of policy barriers include the registry for people with sexual offenses and the moral turpitude requirement for certain career-based licenses. Material barriers include the lack of transportation in rural settings and helping an individual take a driver's test if they don't have a car.
- **Expand Focus Beyond Reentry.** With a goal to minimize harms and further trauma, all services and supports provided should be afforded to individuals at any of the systems touchpoints and intercepts.
- **Identify language that promotes recovery and reduces discrimination.** Finding common language that accurately describes the system—including both professionals and people with lived/living experience—has been described as an important step moving forward. Some advocates and professionals utilize the term 'criminal justice system' or 'justice system', while others describe 'criminal legal system' as being more accurate and informative of the system. Furthermore, the term 'forensic peer' may be used by some advocates, while others may prefer the term 'justice-involved peer' or 'criminal justice peer'. Due to the impact of language, identifying and defining an index of terms that promote recovery and reduce discrimination and stigma will be a vital step moving forward.

MEETING REPORT

Opening Themes

After opening remarks were provided by David Awadalla (Public Health Advisor, Office of Recovery) and Tom Coderre (Acting Deputy Assistant Secretary for Mental Health and Substance Use) on SAMHSA and the Office of Recovery, participants were provided with an opportunity to ask questions or address concerns related to systems-involved populations. The following were common themes and associated solutions highlighted from this discussion.

- **Employment Issues.**

Many systems-involved people are unable to find work when re-entering society.

The Office of National Drug Control Policy (ONDCP) has convened a Federal interagency task force which is focused on the development of recovery-ready workplaces. Activities include eradicating stigma and helping companies to better understand how to support employees with SUD and encourage the hiring of individuals in recovery.

- **Bias and Racism**

Even with abundant treatment and recovery support, access across marginalized communities may be compromised due to lack of equity.

SAMHSA affirmed its awareness and commitment to reducing the barriers due to institutional racism and other system disparities. SAMHSA's [Office of Behavioral Health Equity \(OBHE\)](#) currently leads these efforts, and equity is one of the four guiding principles in SAMHSA's Strategic Plan. The need to engage State leaders in these conversations was also discussed.

- **Barriers due to Systems-Involvement**

Those who have been system-involved often have difficulty finding employment.

Some states have initiatives aimed at solving this issue such as New York's certification of relief. The recovery-friendly workplace initiative also focuses on addressing this barrier. The Department of Labor (DOL) has a resource hub of information.

- **Funding for Smaller Organizations**

Smaller agencies are well-poised to connect with communities but often lack critical funding.

Most federal funding is provided to states, which is then pushed out to the counties and communities. Thus, connecting with local and state government was described as an important strategy for smaller organizations. SAMHSA's [grant forecast](#) also shows opportunities including discretionary grant opportunities that smaller agencies may be eligible for. SAMHSA also provides technical assistance to smaller organizations to help them apply for funding and the Office of Behavioral Health Equity's (OBHE) [NNEDLearn](#) provides skill development in evidence-supported and culturally appropriate prevention, treatment, and recovery.

- **Reversing Mass Incarceration**

Many states continue to build new prisons to house people with SUD and/or mental health needs.

SAMHSA works with the Department of Justice and the Federal Bureau of Prisons. However,

the state prisons are a separate system so advocacy needs to be done with the state agencies (e.g., Department of Corrections and Behavioral Health Agencies). SAMHSA also has a Technical Assistance Center ([GAINS Center for Behavioral Health and Justice Transformation](#)) which can support these efforts.

- **Accountability of Larger Organizations**

More accountability is needed for larger organizations that contribute to this work.

Many of the decisions that could impact this issue are made at the state level. Recovery Community Organizations (RCOs) can be great advocates for policy changes.

- **LGBTQI+ Populations**

While some states are actively pursuing policies that are discriminatory towards LGBTQI+ communities, there are also federal resources that can be utilized to strengthen support efforts.

SAMHSA has a [Center of Excellence](#) focused on effectively serving and advocating for these populations. SAMHSA also released a new report "[Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth](#)" related to the needs of youth who are of diverse sexual orientation and gender identity that identified strategies of support.

Introductory Storytelling

Tony Sanchez with Creative Collaborative Solutions facilitated an introductory storytelling exercise that highlights the impact of lived experience. To catalyze the relationship-building, participants were given time to share their personal/ professional connection to recovery and the system and to share any significant experiences that had a positive influence in their life journey. It was noted that more than the information shared today, the relationships developed will have long-term impact. Coincidentally, he and David Awadalla from SAMHSA's Office of Recovery had met 22 years ago when he led a diversion program that Mr. Awadalla participated in. The following themes from this exercise highlight the importance of telling our stories.

"We never know the ripple effect that each of us create in this space by telling our story."

-Tony Sanchez

- Conversations between those with lived experience and those who work in court/corrections highlights their common interest in reforming the current system.
- Passion was a unifying theme among participants. A new framework for addressing the mental health and substance use of individuals who are system-involved was described as important, and it is individuals with lived experience who can best inform that social construct.
- Moving beyond a focus of trauma towards a focus on centered healing is critical.
- Several employment resources are available to returning citizens: vocational rehabilitation and the [WIOA workforce programs](#) which can pay up to 75% of an individual's salary.
- Peers are an approved apprenticeship category through the DOL, and it is possible to create funding to cover those salaries. There are also grants available from the Health Resources and Services Administration (HRSA).
- Society is focused on crisis and there needs to be a focus on services behind the wall and their family members.

- While it is helpful to learn about specific programs and funding opportunities, there should be a follow-up meeting to provide more details on “how” to apply for these services/funding.
- It was noted that in addition to the benefits of peer support, trainings can also help people focus on coming home and looking towards their future.
- The faith community has a lot of resources that can be tapped - individuals who are nurses, lawyers, etc. Community-based advocacy and reaching out beyond the community of peers for support.
- Individuals involved in the system are predominantly black and brown individuals. When they return to society, they still face systematic racism, health disparities and lower socio-economic status. Their families and communities are often unhealthy and need support. There is also the issue of creating intergenerational impact.
- Systems engaged in incarceration often result in harm and create profit. They need to be held accountable. The systems need to be transformed otherwise peers who get hired within them may themselves create harm. Equity audits of systems is a solution; being centered on healing and focusing on language used.
- Powerful and authentic voice of peers can be found with the recovery community organizations (RCOs). They are the advocacy of change. As such, they need to be better funded and elevated in their importance.
- Individuals who are placed under home arrest often can’t get jobs, visit RCOs, or access other recovery services. This group must be included and focused on.

Lived Experience Panel Discussion

Laverne Miller facilitated a panel discussion comprised of people with lived experience (intersection of the justice system and mental health/substance use) using a series of guided questions.

Panelist Overview

- **Stefanie Robinson**
Ms. Robinson is the Executive Director of Hope Recovery Committee, an RCO based in Ohio. She is in long-term recovery from SUD and an eating disorder. She became her county’s first peer following her graduation from drug court.
- **Helen (Skip) Skipper**
For 25 years, Ms. Skipper was involved with the system (Rikers Island) and experienced homelessness on a revolving basis (e.g., “on the installment plan”). She became both a certified SUD and mental health peer and is now a peer specialist supervisor.

“We don’t need to reform the system; we need to transform it.”

- Helen (Skip) Skipper

- **Lindsay Sizemore**
Ms. Sizemore has been in recovery for more than a decade. She noted that her mom died by suicide, and this was a trigger to her involvement with the system. Today, she runs a peer nonprofit and is a forensic peer specialist.
- **Oswald Newbold**
Mr. Newbold serves as the Reentry Case Manager with the City of Riviera Beach in south Florida. Mr. Newbold is also a re-entry advocate and peer specialist. After receiving a life sentence, Mr. Newbold

promised himself that if he was ever released, he would help others who were system-involved, and uses his lived experience to create systems change.

- **Billie Brady**

Mr. Brady ruins an organization that is contracted with Arkansas' Department of Corrections to provide reentry services. They start with an assessment about five months before an inmate is being released. Services include but are not limited to treatment, housing, and budgeting.

Questions and Themes

What are some current barriers or challenges that have negatively impacted those with mental health or SUD who are system-involved. And how would you change it?

- **Housing and unemployment.** A story was shared involving someone who rented a house for a year and when they went to renew their lease, they were rejected because of a background check. As a result, they became homeless.
- **Peers are often used inappropriately.** Peers are sometimes put in compromising positions (e.g., asked to snitch) within court/corrections. Those in the system (e.g., judges, probation staff) need to better understand the value of peers not just in helping returning citizens but reducing stigma and changing the culture.
- **Harm Reduction.** A lack of understanding about harm reduction is a current barrier. In many drug and diversion courts, only one pathway of recovery is allowed. The culture needs to change so that drug courts do not see graduation as a checkbox, but rather the start of long-term sustainable recovery which needs to be supported.
- **Healthcare.** Connections to health care is a concern including access to behavioral health medications. Individuals often struggle to get these medications after release.
- **Background checks.** Background checks can be demoralizing for returning citizens. For example, a recently trained forensic peer mentor was barred from work because they couldn't pass the background check.
- **Lack of Parity.** Stigma related to mental health and substance use conditions often exceeds stigma related to physical health conditions. Despite parity laws, there is still a lack of resources and limited coverage related to treatment and recovery for mental health/substance use which requires local, state, and national advocacy to change.
- **A Punitive System.** With a system that is not rehabilitative (but punitive), the system needs to be limited to the sentence which takes away a person's self-agency and rehabilitation should begin the moment an individual enters a system's setting.

What are some innovative strategies in courts and corrections that you believe could promote wellness and recovery and reduce recidivism? And how could we expand these strategies nationally?

- **Peer mentoring programs.** Getting training placed inside the prisons is important for the peer workforce and broadly for reducing recidivism and promoting recovery. A program was described that has trained 15,000 peers – resulting in a significant drop in recidivism.
- **Education.** Expanding educational opportunities offered to incarcerated populations.
- **Town halls.** System-involved town halls to get feedback.
- **Building social capital.** Pro-social activities like fishing, bowling, softball and motorcycle building for incarcerated populations.
- **Family support.** Providing support to families, including children of returning citizens.

- **Life skills.** Developing life skills through a Recovery Life School.
- **Federal Support for...**
 - **Communications.** Working with SAMHSA to develop and provide messaging that local communities can build upon.
 - **Peer support.** Expand resources for developing forensic/justice peer certifications; working with DOL to develop a labor code for these.
- **Cultural Responsiveness.** Regionally, there are different cultures and acceptance of peers in reentry (e.g., the South is much different than the North or Midwest).
- **Inclusivity.** The people that we don't want to talk to are the one that we most need to talk to.

Court/Corrections Panel Discussion

"We need to not just open the doors but also hold the doors open for others."

- Oswald Newbold

This session, which included professionals working across the court, corrections, or reentry system, was facilitated by Rosetta Taylor with National Association of Reentry Professionals, Inc (NARP). The following barriers and solutions were identified during this discussion.

Panelist Overview

- **Nichole Landrum**
Ms. Landrum began working with Florida's Department of Corrections when she was 20 years old. She currently is the Assistant Bureau Chief for Transition Services. A lot of her work is to bring innovative programming to support returning citizens.
- **Jarrold Self**
Mr. Self is Manager for Reentry Services with the Arkansas Department of Corrections where he oversees 31 facilities.
- **Stephanne Thornton**
Ms. Thornton works in West Virginia where she serves on the Governor's Council on Substance Abuse Prevention and Treatment. The Council seeks to identify innovative approaches to reduce the gaps in serving system-involved individuals with an SUD. They also seek to make these innovations scalable and sustainable.
- **Daryl McGraw**
Mr. McGraw is a system person but also a person in long-term recovery. His organization serves as a community resource center for individuals involved in the system and their families. His organization has worked in Connecticut's public defender's office and was involved in establishing peer services across Connecticut emergency rooms.
- **Dennis Reilly**
Mr. Reilly's main connection with the system is with drug courts and he has served as a deputy sheriff, pretrial service officer, and court clerk. He is now an attorney.

Questions and Themes

What are some ways you use your role to help individuals with mental health and SUD needs and are system-involved?

- **Assessment should be done early and correctly.** If the assessment is incorrect, then so will the programming. The following strategies were also recommended:
 - Ensuring continuity across programs so that there are not any lapses in transitions.
 - Building partnerships. No one person or group can do it all.
 - Being an advocate with legislators. They are the one who hold the purse strings.
- **The value of peers is not just their engagement with individuals in need, but also their engagement with systems.** Peers can improve decision-making through communication and education. Drug Courts are one aspect of SIM, but other aspects (e.g., law enforcement deflection and prosecutor diversion) aren't used enough. As an example, the "flight risk" is the only identified aspect focused on during an individual's arraignment. The state's first opioid treatment courts, including a veteran treatment court, were started in Buffalo, New York. But the goal shouldn't just be to get people into these treatment courts— but also to intercede beforehand. Peers play a strong role in moving individuals to services during their precontemplation phase. In Buffalo, data showed that peers helped reduce the lethal overdose rate by half. In rural locations there is a need to support transportation options, availability of smart phones and allowing remote appearances in court. NIDA has also been working with the Justice Community Opioid Innovation Network (JCOIN) and Columbia University to develop guidelines for Opioid Courts. [NIH's HEALing Communities](#) is another valuable resource. Some of the recommendations to improve the system include:
 - Provide training to systems staff on the use of peers (e.g., ethical and boundary issues).
 - Fund services in rural locations and address stimulant misuse.
- **The system changes itself when they see firsthand what peers can do.** That is why it is so important to embed them in as many spaces as possible. The example of peers being placed in public defenders' offices: as the Judges saw their impact, they began requesting that peers come into their court room.
- **Peers create change, and systems are beginning to listen to them.** For example, there is state legislation that takes effect in January which mandates Corrections and Probations support for inmates to obtain licenses and waive reinstatement fees. This was the result of peer advocacy.
- **Storytelling is essential and it needs to be tailored to the audience.** For example, legislators only allow three- minutes for testimony.

"The recovery movement is often co-opted by systems. They invite us to share, then take our concepts and falsely represent their programs as peer efforts."

- Daryl McGraw

What is a current barrier that you believe is impacting people with mental illness and/or SUD who are system-involved? What would you do to change that?

- **It is universally recognized that medications for opioid use disorder (MOUD) save lives,** and the risk of overdose is heightened during the first 30 days of release from an institution. One barrier is that prisons are overly concerned about diversion. So, they provide buprenorphine in pill form and require it to be crushed into powder, dissolved, and ingested in front a medical person. The time involved is cumbersome. Injectable forms are expensive and have side effects.

- **There are barriers to MOUD after release as well.** Warm handoffs should be made to ensure the individual has an appointment upon release and that there are efforts to ensure that they keep the appointment. The perception of judicial systems has changed significantly regarding MOUD.

Open Q&A

The following themes were identified during open discussion/Q&A between panelists and attendees.

- **Detox in Prison** –policies on detoxing in prison/jail should be developed at the local, state, and federal level. The current approaches can be harsh (e.g., throwing a person in a dry cell with a bucket) and the high doses of Fentanyl exacerbate the process.
- **Stigma of MOUD** –stigma regarding MOUD within the recovery community (e.g., discouragement in 12-step programs) and across court/corrections is an issue that needs to be addressed.
- **The Prison Industrial Complex** –corrections are one of the largest state budgetary line items; yet it does not translate into better care and, in fact, may disincentivize progress. The peer movement needs to challenge politicians and hold prison stakeholders accountable.
- **Wrong People Making the Decisions** –leadership within the system is often a barrier. Anecdotal approaches (stories) work well but there is also a need for persistence and using political levers. Consistent assessments to ensure that the right services are provided (and successful) are important, and approaches should be flexible in nature. (e.g., family unification might not be good in all situations).

“I’m not a person in recovery. But I know how important it is to listen to them.”

-Jerrod Self

- **Training Human Resources** –training human resources departments to better understand how to read system records.
- **Short-Term Offenders** – a program is looking at separating short-term offenders in a cohort rather than mixing them with the general population. This would provide intense services to prepare them for release.
- **Restoration Meetings** –convening local gatherings of all stakeholders, including community partnerships to develop a roadmap/strategic plan.

Roundtable Discussions

During a series of roundtable discussions, participants were asked to write down responses to the following three questions:

- *What was one thing that you heard during this meeting that really stood out? (Theme)*
- *What was one innovative practice surrounding diversity, equity, inclusion, and accessibility (DEIA) in the justice system that you wish you had in your community? And what are some steps that you could take to support it? (Innovation)*
- *What is one barrier that was mentioned that you have also experienced in your work? (Barrier)*

THEMES

- Systems should be both trauma-informed and centered on healing.
- There should be statewide coordination of peers as in Georgia.
- Services for youth and the LBGTO+ community are desperately needed.
- Faith-based involvement can have a positive impact.
- Passion and love for others creates change.
- Peers are under-utilized at all levels.
- New York's Certificate of Rehabilitation.
- Everything we do has the potential for healing.
- Education is liberation.
- SUD and mental health issues are often a reaction to violence, and violence impacts communities, families, and the individual.
- The prison-industrial complex is deep-rooted and driven by profits.

BARRIERS

- Lack of living wages for peers.
- Some housing programs do not allow individuals on MOUD.
- Funding often doesn't end up with the entities that can make the best use of it.
- Lack of housing for returning citizens.
- Limited access to medical and mental health care.
- A lack of research and data is a barrier to effective advocacy.
- Obtaining birth certificates—federal effort to simplify and standardize access is desperately needed.
- Child support places a person in debt and could result in suspension of the driver's license.
- Access to funding varies depending on the location and politics within that region.
- Communities vary (resource rich to resource deserts).
- Peers are often utilized beyond their scope of practice.
- The need for persistent and comprehensive advocacy to change the systems culture.
- The need to have a correct assessment and diagnosis.
- Money is retained by those in power—the system needs more power and resource-sharing.
- Judges may not understand medication-assisted recovery and the multiple pathways of recovery.
- Lack of support for individuals with immigration issues.
- Culturally responsive, evidence-based practices that are reflective of black communities are needed.

INNOVATIONS

- Changing human resource policies for hiring.
- Community task forces at different levels of the system.
- Access to behavioral healthcare (parity with physical health).
- Consistency of language.
- Starting reentry services on day one.
- Continuing the growth of the peer movement.
- Easy access to birth certificates and driver's license during/immediately after systems-involvement.
- Integration of peers in non-traditional legal settings (e.g., prosecutor and public defender offices).
- Promoting multiple pathways of recovery.
- Make medication-assisted recovery services (MARS) as standard of care like MOUD and MAUD.
- Addressing DEI issues.
- Arkansas' approach to provide drivers' licenses.
- Efforts to reduce stigma and bias that are picked up through engagement in the system.
- Peer steering committees that review grant programs.
- Higher education within the system

Planning Committee Overview

- **The GAINS Center**

The GAINS Center was formed in 1995 and is missioned to expand access to services for people with mental health conditions and/or SUD who encounter system. The GAINS Center also applies science to services (e.g., evidence-based practices), supports peer-to-peer sharing, provides trauma-informed services, and supports evaluation of services.

Technical support activities include webinars, toolkits, conferences, expert panels, policy panels, and learning collaboratives. In terms of recent activities, the GAINS Center was engaged in the following:

- 2023 Peer Integration in Treatment Courts Learning Collaborative
- 2023 NADCP/AllRise Conference Sessions
- 2022 Expert Panel on Peer Integration

- **Next Step Recovery Housing**

Mr. McGill is the Director of Next Step Recovery Housing, a peer-run recovery housing. Next Step Recovery Housing accommodates 32 men and, because they don't provide clinical services, they aren't bound by HIPAA requirements. The residents choose to express "recovery out loud" because "the louder we get; the less people die." Towards this end, they manage social media accounts of their recovery journey. Housing for individuals re-entering society was described as more than just having a roof over one's head, and more specifically about community and helping with other life needs (e.g., employment, family reunification, life skills and fun activities). Next Step Recovery Housing does require spiritual growth activities. However, they do not mandate the type of activity or any specific organized religion.

- **National Association of Reentry Professionals (NARP)**

In 2012, Rosetta Taylor founded the [National Association of Reentry Professional \(NARP\)](#). Ms. Taylor is retired from federal service where she supported incarcerated people and veterans in positions with the Federal Bureau of Prisons and Department of Veterans Affairs. Ms. Taylor is also a disabled US Army Veteran herself. This professional and lived experience led to the founding of NARP, which has a three-prong mission: education, collaboration, and inspiration. Some of NARPs activities include:

- Hosts an annual conference. The 2024 Conference will be in April in Nashville.
- Recognizes professionalism in reentry through an awards program.
- Uses system redesign approaches to identify program issues and challenges.
- Promotes opportunities for lowering recidivism.

- **Creative Collaborative Solutions**

Creative Collaborative Solutions is a training and consulting firm focused on peer support and advocacy, founded by Tony Sanchez. This organizations primary work is to be "a connector" to resources.

Understanding the landscape, language, and culture of the system that you are working with was described as critical to effective advocacy and change. A success story he shared was working with the police in Georgia to change their policy to employ individuals who had a systems-involved background.

Other key considerations that were described as central to advocacy in reentry and recovery include:

- Offering multiple pathways of recovery
- Incorporating wellness and recovery support for peers
- Providing continuous training

- Striving for effective integration of peers
- Creating space for new people so that there is sustainability
- Centering the work on those that are unable to have a voice and were detrimentally impacted by the War on Drugs.

- **Finding Purpose Through Higher Education**

Dr. Noel Vest was incarcerated for SUD charges and pursued first an associate degree at a community college and now is a doctoral-level researcher. During his educational pursuit, he co-founded several collegiate recovery programs and faced barriers because of his past incarceration. He also shared a proposed framework on mass incarceration that describes it as a direct byproduct of poverty, racism, and the criminalization of public health concerns (e.g., mental health and SUD).

Dr. Vest used to manage a campus substance-free [Well House](#) at Stanford University, and now works with Boston University conducting research about these issues. Research topics have included the impact of collegiate recovery on social determinants of health (SDoH), and an analysis of early prison release programs in response to the pandemic. Education access both during and after incarceration have been found to be strong protective factors for reducing recidivism and promoting recovery.

- **Transitional Services for New York**

Laverne Miller is an attorney and serves as the Director of Peer Services with the Transitional Services for New York. Given the issue of mass incarceration and systematic racism, communities of color have greater needs for opportunities and achieving justice. Issues such as employment, housing, education, and entitlements are not collateral impacts but direct consequences of these system inequities. Resources and policy changes focused on the following were described as essential to effective reform:

- Funding of peer workforce development
- Integration of peers across SIM
- Inclusion of peers in all policymaking bodies
- A greater emphasis on upstream interventions
- Increase in treatment courts
- Accessibility to health care insurance
- Elimination of prohibitions in housing and employment
- Bail reform
- Career ladders for formerly incarcerated peers
- Reduction in involuntary interventions

Closing Themes & Solutions

The following themes, needs, and solutions were identified during closing discussions.

- **Personal Advocacy**—those with lived experience must often advocate for their own personal needs and learning to share our stories can result in effective and lasting change.
- **Empower and Embrace Research**—getting researchers to understand and incorporate the voices of lived experience effectively—both as part of research teams and as the subjects of research via practice-based evidence. Developing a framework on approaches was described as beneficial. Dr. Vest responded that this is hard to change but instead efforts should focus on chipping away. Potential solutions that were identified include implementation science approaches and working with government to mandate that individuals with lived experience be part of the research teams about those communities.

- **Engage Internally Within Systems**—having a presence within system agencies and looking for champions was described as critical. A participant shared that their organization, [the National Association of State Mental Health Program Directors' - NASMHPD](#), has connections with state specific peer and recovery offices.
- **Family and Youth Policing**—including family and youth policing staff to this discussion was identified as important. It was also noted that in some states, youth are placed in detention facilities for running away from home or skipping school.
- **Fragmentation/Universal Certification** – fragmentation of the system and how different agencies and providers bump heads was described as a barrier to reform. Universal certification standards to elevate the role of peers were described as important. SAMHSA developed the National Model Standards for Peer Support Certification as a voluntary reference of best practices. Reciprocity that allows peers to easily gain certification and practice in other states was also identified as being critical.
- **Prison is Trauma** – it was noted that prison often results in trauma, so universally many (presently and formerly) incarcerated individuals have some sort of trauma.
- **Housing More Than a Roof**—the need for holistic housing with robust wraparound services was described. Some of the for-profit entities are simply warehousing individuals in poor conditions. Parents should also be able to be housed with their children.
- **Invisibility (Indigenous Women)**—the plight of missing and murdered Indigenous women was discussed. The importance of not forgetting or leaving these communities out of the discussion was described as imperative.
- **Higher Education**—the fact that incarcerated persons are eligible for educational funding was identified as important. Additionally, the value of collegiate recovery programs was discussed as a tool for those reentering society and the educational system.
- **Research on Recovery Programs** – it was suggested that SAMHSA work with NIDA and NIAAA to do research on recovery programs, including collegiate recovery programs within prisons. The breadth of research on cancer recovery was noted, and the same efforts should apply for SUD and mental health recovery. Additional training of researchers on recovery and reentry was identified as a potential solutions, as well as the potential creation of a [Clinical Trial Network \(CTN\)](#) project focused on recovery research.
- **Labor Codes** – it was noted that there is a peer labor code under community health workers. This should be expanded but will require national oversight and standards.
- **Specialized Peers for Other Populations** – there is a lack of forensic peer programs specific to women—which have their own unique concerns (e.g., human trafficking). Youth was also described as another specialized population that needs attention.
- **Cultural Training and Responsibility**—cultural differences between populations were described as an important consideration for reentry and recovery. For example, a black person returning to a poor urban setting will have different challenges from a Caucasian returning citizen going to the suburbs. Additionally, it was noted that peer culture can be dramatically different depending on the community or geographic location. For example, a peer in Harlem will be very different from a peer based in a rural Appalachian community.
- **Data Advocacy and Manipulation** – it was stated that data is often the magic lever for funding, specifically related to return-on-investment figures. While data and research were described as critical to funding, the potential for data manipulation was also identified as being a barrier.
- **Self-Care and Teamwork Practices** – self-care being routinized into practice was identified as an important organization-level practice. For example, peers entering correctional facilities should work in pairs for

safety, and grants should ask for the organization's self-care practices and allow funding to be used for these activities. Prison was described as a predatory environment with scarcity—therefore, individuals need to learn/relearn teamwork.

- **DEI Research** – a participant shared that they have been working on the Black Women Care Project, a research study across five states related to mental health and system involvement. It was noted that SAMHSA traditionally has been discouraged from doing major research as there are other federal partners (NIDA, NIAAA) with that responsibility. This disconnect was identified as problematic because the individuals who run the programs and provide the TA understand the work better—which is vital to data collection and analysis. Putting at least 2-3% of grant budgets for evaluation activities was recommended. It was also shared that SAMHSA has a strong partnership with the Department of Justice and it might be possible to get research funding from their research division, the [National Institute of Justice](#). Currently, there is very little research in this space.
- **Mobile Outreach RCO** – a participant's RCO operates mobile outreach units that also provides clinical services. They target lower social-economic community. This service (mobile outreach) was described as an effective strategy for reducing recidivism and promoting recovery.
- **Harm Reduction** – there was some differing opinions about harm reduction across participants. A SAMHSA representative noted that there is a misconception about recovery being co-opted by harm reduction. They shared that SAMHSA has a [Harm Reduction Framework](#), which provides a robust overview of what harm reduction is and isn't. Additionally, the harm reduction framework displays how similar harm reduction and recovery can be. Compassion and commitment to the health and well-being of clients was described as integral to harm reduction.
- **Employment Pathways for Peers** – a participant advocated for building more employment pathways for peers. Career ladders and ensuring that peers are not placed in systems that create or exacerbate harm were also identified as important. These solutions were described as needing a systems culture transformation to take place.
- **Pell Grants for Advanced Degrees** – a participant asked whether Pell grants were available to inmates pursuing an advanced degree. While the answer to this was unknown, contacting the [Formerly Incarcerated College Graduate Network \(FICGN\)](#) was recommended. It was also noted that they helped to advocate for removal of the incarcerated and drug use checkbox on university applications.
- **Reparations and Land-back Example** – a participant shared that their foundation has been part of the Board that is helping to implement Hawaii's apology and reparation plan (including land-back reparations) to native Hawaiians for the overthrow of their kingdom. These types of drastic measures were described as vital to systems change.
- **Integrating Cultural Practices** – a participant shared that their program instills Hawaiian culture into their trainings even for non-natives, noting that individuals need to understand where they come from and the history of where they are now.
- **Research on Native Americans** – a participant noted that indigenous people are still marginalized and underrepresented in meetings like this. Yet, they have been disproportionately hurt by the Fentanyl epidemic and have the highest rates of recidivism. It was also noted that there is a 12-step program tailored to Native Americans, so local representation exists. A SAMHSA representative also shared that including tribal communities is an OR and SAMHSA priority, and that the OR was convening a tribal recovery summit the same week in Dallas.
- **Influence of Lived Experience** – lived experience storytelling was described as critical to reforming the system. It was shared that in Florida, progress was made after the Governor was personally touched by the issue. Another story shared involved a participant speaking at a graduation ceremony in Tennessee where

they made the statement that “returning citizens are given a second sentence not a second chance”. That participant later met a commissioner in the state who said that was an “aha” moment and as a result had worked to get more funding allocated for reentry in the state.

- **Administrative Training for Peers** – a participant requested that SAMHSA/the Office of Recovery provide peers (working in reentry/recovery settings) more training and technical assistance (TTA) on the following:
 - Policy
 - Data collection
 - Grant application strategies
- **Intergenerational Pain** – Two black participants shared that they have sons currently incarcerated. Both had tried to protect their children from the trauma and circumstances that they had. This personal pain drives them to want to make reentry better than the experiences they had.
- **Becoming Elected Officials** – it was noted that policy is made in legislative bodies but there are few elected officials who were formerly incarcerated. Another participant noted that, while the number is small, there are a few lawmakers who have been formerly incarcerated, and their insights have been invaluable in garnering change.
- **Building Social and Recovery Capital** –several tribal traditions related to elders that instill love and confidence towards their children were shared. They and another participant then spoke about the healing power of love and the detrimental impact of feeling alone and/or unwanted. These types of exercises and trainings were described as critical to promoting wellness and recovery across the system.
- **Connections with Fellow Returning Systems** – a participant shared that their former probation officers discouraged him from connecting with other inmates he had met. As a result, they had limited-to-no support. Formerly incarcerated persons who are peers are the type of people that are most needed for returning citizens as they understand the challenges.
- **Impact of Combat** – a participant shared that they were in the military and described the psychological impact that this had. This participant shared that they now teach crisis intervention training to police, which includes trainings on how police work impacts the mental health and worldview of systems-involved populations.
- **Upstream Interventions** – a participant shared that they are formerly incarcerated and now work as an attorney specializing on expungements. They acknowledged that their pathway related to the system was easier because of their white privilege. Their organization, [Rehabilitation Enables Dreams](#), is a restorative justice pre-trial diversion program that trains young people on emotional intelligence and helps them obtain high-paying jobs. They have developed partnerships with the NFL and Google. They advocated for more upstream programs noting that their cost is significantly less than that of housing someone in prison or jail.

About the Realizing Recovery Series

To advance recovery across the nation, the Office of Recovery (OR) forges partnerships to support all people, families, and communities impacted by mental health and/or substance use conditions to pursue recovery, build resilience, and achieve wellness. With this goal in mind, the OR initiated a series of (in-person, virtual, or hybrid) dialogue, technical expert panel, and summit-style convenings, beginning in February of 2023 with SAMHSA's Technical Expert Panel on Peer Support Certification.

The themes across these convenings, which range from strengthening the peer workforce to advancing recovery across tribal and systems-involved communities, each align with an objective, strategy, or priority within [SAMHSA's National Recovery Agenda](#). All convenings, both past and present, reinforce efforts to forge new partnerships while strengthening old. Further, each convening and associated report serves not only as a foundation and guiding light for the Office of Recovery moving into 2024, 2025, and beyond; but also provides SAMHSA, the OR, and our federal, state, local, tribal, and territorial partners with the information that is needed to advance recovery across the nation.

To access materials and publications related to recovery—including other reports within the Realizing Recovery Series, please visit <https://www.samhsa.gov/find-help/recovery>.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

Appendix A – Participant List

- **Billie Brady.** Chief Executive Officer Re-Nu Life Center
- **Amy Brinkley.** Recovery Support Systems Coordinator National Association of State Mental Health Program Directors
- **Waynette Brock.** Chief Executive Officer One New Heartbeat, Inc.
- **Orie Bullard.** Director, The Reentry Center - Riviera Beach
- **Monty Burks.** Deputy Director, Governor’s Office of Faith Based and Community Initiatives
- **Amanda Cassidy-Trejo.** Advocacy & Outreach Program Assistant, Faces & Voices of Recovery
- **Philip Cooper.** Executive Director, Operation Gateway Incorporated
- **Charles Diaz.** CM-LCM / Chairman of the Board Volunteers of America, Alaska Therapeutic Court Alumni
- **Tessa Domingus.** Program Coordinator, Mental Health Association of Nebraska
- **Janie Gullickson.** Executive Director, The Mental Health & Addiction Association of Oregon
- **Andrew Hager.** Board Member, National Association of Re Entry Professionals
- **Melinda Heim.** Executive Assistant & Office Manager, Re-Entry Alliance Pensacola, Inc.
- **Daisy M. Hernandez.** REC Director of Peer Recovery Technical Assistance, C4 Innovations
- **Shon Holman-Wheatley.** Director of Transitional Programs, Tennessee Higher Education Initiative
- **Lee Horton.** Program Development Coordinator, Step by Step, Inc
- **Brandee Izquierdo.** Director of Behavioral Health Programs, Pew Charitable Trusts
- **Tanaine Jenkins.** Florida State Policy Campaign Organizer REFORM Alliance
- **Andre Johnson.** Chief Executive Officer, Detroit Recovery Project
- **Rodney Jones.** Founder, New World Believers HOOPS
- **Nichole Landrum.** Assistant Bureau Chief, Transition Services Unit Florida Department of Corrections
- **G. Gerald Lott.** Executive Director, Sauk Valley Voices of Recovery
- **Christina Love.** Senior Specialist, The Alaska Network on Domestic Violence & Sexual Assault
- **Daryl Manns.** Chief Assistant District Attorney, Gwinnett County District Attorney's Office

- **Ivy Mathis.** Executive Director, Successful imperfections Inc
- **Dana McCrary.** Director, Office of Recovery Transformation, GA Dept of Behavioral Health.
- **Jimmy McGill.** Executive Director, Next Step Recovery Housing
- **Daryl McGraw.** Founder Formerly Inc
- **Bernard Miller.** Assistant Director of Harvest Kitchen Job Training Program, Farm Fresh Rhode Island
- **LaVerne Miller.** New York City District Attorney (former)
- **Mona Miller.** Director, Puyallup Tribe of Indians-Re Entry Program
- **Oswald Newbold.** Reentry Case Manager, The Reentry Center- City of Riviera Beach
- **Chanson Noether.** Director, SAMHSA's GAINS Center Policy Research Associates
- **Kristina Padilla.** Vice President of Education and Strategic Development, California Consortium of Addiction Program and Professionals
- **Jada Peterson.** Program Manager, Management and Training Corporation
- **Joe Powell.** President and Chief Executive Officer, Association of Persons Affected by Addiction
- **Dennis Reilly.** Statewide Drug Court Coordinator, State of New York Unified Court System
- **Stefanie Robinson.** Executive Director, Hope Recovery Community
- **Claudio Rodriguez Coordinator of the Peer Support Program Mental Services Administration Health and Addiction**
- **Ladji Ruffin Forensic Peer Mentor Trainer and Liaison Department of Behavioral Health and Developmental Disabilities**
- **Tony Sanchez Owner Creative Collaborative Solutions**
- **Jarrod Self Area Manager Reentry Services Arkansas Department of Corrections, Division of Community Correction**
- **Lindsey Sizemore.** Forensic Peer Mentor Training Project Director, Georgia Mental Health Consumer Network
- **Helen 'Skip' Skipper.** Executive Director, NYC Justice Peer Initiative
- **Sandra Smith.** Vice President, Mental Health Resource of Texas dba Via Hope

- **Joann Starling.** Residential Substance Abuse Supervisor, Management and Training Cooperation
- **Tarusa Stewart.** Executive Director, iHOPE-Intentional Holistic Opportunities to Promote Empowerment Inc.
- **Kimberly Takata.** Forensic Peer Coordinator, Pu'a Foundation
- **Rosetta Taylor.** Founder and Chief Executive Officer, National Association of Reentry Professionals, Inc.
- **Walter Thompson.** Peer Support Specialist, 11th Circuit Court Mental Health Project
- **Stephanne Thornton.** Clinical Director, West Virginia Judicial and Lawyer Assistance Program
- **Noel Vest.** Assistant Professor, Boston University
- **Debbie Victor Macalino.** Community Outreach and Training Director, Pu'a Foundation
- **Dr. John Watts.** Chief Probation Officer, Connecticut Judicial Branch Court Support Service Division
- **Vince Whibbs, Jr.** Executive Director, Re-Entry Alliance Pensacola, Inc.
- **George Whitehead.** Program Coordinator, South Carolina Department of Probation, Parole and Pardon Services
- **Nina Wilkins.** Probation Officer, Santa Rosa County Probation Department
- **Ashley Wilksen.** Honu Home Program Coordinator, Mental Health Association of Nebraska
- **David Windecher Esquire.** Founder, Rehabilitation Enables Dreams & Windecher Firm

FEDERAL STAFF

- **David Awadalla.** Public Health Advisor, Office of Recovery, Substance Abuse and Mental Health Services Administration
- **Michael Askew.** Deputy Director, Office of Recovery, Substance Abuse and Mental Health Services Administration
- **Joseph Bullock.** Senior Public Health Advisor, National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration
- **Tom Coderre.** Acting Deputy Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration

Appendix B – Resources

- **SAMHSA Resources**

- [Summary of SAMHSA’s 2022 Recovery Summit](#)
- [National Model Standards for Peer Support Certification](#)
- [GAINS Center for Behavioral Health and Justice Transformation](#) (TA Center on Justice Issues)
- **[Best Practices for Successful Reentry from Criminal Justice Settings for People Living with Mental Health Conditions and/or Substance Use Disorders](#)**
- [NNEDLearn](#) (TA program for small minority-focused organizations, through
- [SAMHSA’s Office of Behavioral Health Equity \(OBHE\)](#)
- [LGBTQ+ Behavioral Health Equity Center of Excellence](#)
- [Harm Reduction Framework](#)

- **State Programs**

- [Certification of Relief](#) (New York)
- Justice Peer Curriculum (New York). (Will be available in October 2023 at nycertboard.org)
- Program to provide birth certificates/driver’s licenses and waive driving fees (Arkansas)
- Child support waiver (Mississippi)
- Peers in the court room (Florida)
- Land-back and Reparations (Hawaii)

- **Other Programs**

- [BJA COSSUP funding for peer integration](#)
- [WIOA workforce programs](#) (employment)
- Department of Labor Apprenticeship (peers are a category) and HRSA (employment)
- National Association of State Mental Health Program Directors’ (NASMHPD’s) [Division of Recovery Support Services](#)
- Research projects focused on African American programs – Harvard/NIDA; Brandeis/NIAAA; and University of Maryland/Henry Ford Health System (shared by Andre Johnson)
- Black Women’s Care Project (shared by Tarusa Stewart)
- Mobile Outreach RCOs (shared by Andre Johnson)
- [Formerly Incarcerated College Graduate Network \(FICGN\)](#) (for educational opportunities behind bars)
- [Rehabilitation Enables Dreams](#) (shared by David Windecher)
- [National Association of Reentry Professionals](#) (shared by Rosetta Taylor)
- [NIH’s HEALing Communities](#)