Prevention Collaboration in Action

Exploring Ways to Work Together

Criminal Justice and Prevention: A Shared Approach to Addressing Substance Use

The relationship between substance use and involvement with the criminal justice system (CJS) is complex.[1,2,3] There is extensive evidence that people who use substances are more likely to become involved with the CJS.[4,5] And there is evidence that people involved with the CJS are at greater risk of misusing substances.[6,7,8,9,10]

Reducing both of these risks requires close collaboration between the CJS and substance use prevention field. Establishing and sustaining partnerships between the fields can reduce service siloing and allow for integrated solutions that benefit individuals, their families, and the wider community.

However, these collaborations can be complicated. Preventionists may face conflicting priorities, legal restrictions, and other challenges as they work to build these partnerships. Opportunities may also vary significantly across states and localities, and between adult and juvenile systems.

This resource is a starting point for CJS collaboration—not the end point. It explores opportunities for collaboration across four points, or intercepts, when people might interact with the CJS: (1) law enforcement contact, (2) court contact, (3) incarceration, and (4) community supervision and

Substance Use in the Criminal Justice System

- 5+ million people are involved in the U.S. criminal justice system[11]
- Almost two million people are incarcerated in prisons and jails[12,13]
- 60% of incarcerated people and 50% of parolees have a substance use disorder (SUD) compared to almost 17% of the general population[14,15,16]
- More than 68% of people released from prison with an SUD are re-arrested within three years and returned to the CJS[17]

reentry. It also provides general considerations for partnering with CJS and a glossary of key terms commonly used in the CJS. Importantly, it focuses on collaboration with adult CJS. Separate resources on juvenile justice are available both through SAMHSA and the US Department of Justice (DOJ) Office of Juvenile Justice and Delinquency Prevention.

This resource is designed to be used in conjunction with other SAMHSA resources and guidance. SAMHSA publications such as the Screening and Assessment of Co-Occurring Disorders in the Justice System report are available through the Evidence-Based Practices Resource Center. SAMHSA's GAINS Center for Behavioral Health and Justice Transformation offers tailored training and technical assistance services. And SAMHSA offers dedicated funding for serving people involved with the criminal justice system.

LAW ENFORCEMENT CONTACT

Law enforcement contact is any interaction between an individual and a law enforcement officer (LEO). Contact usually occurs in response to a specific incident, including an overdose, behavioral health event, traffic crashes, or criminal activity. Law enforcement and other first responders handle these incidents by maintaining public safety (e.g., protecting people from violence) and delivering urgent medical care (e.g., reversing an overdose).[18,19]

Key Players and Potential Partners

- Public safety telecommunicators (e.g., 911 operators)
- Emergency medical service (EMS) staff (e.g., technicians, paramedics)
- Local law enforcement officers, including sheriffs

Law enforcement contact can be a one-time event or an entry point into further involvement with the CJS.[20] Sometimes, LEOs resolve incidents without arrest or further CJS involvement. This is often referred to as **diversion** because the person is diverted away from progressing through the CJS. (See box on next page.) Other interactions with LEOs lead to arrest, which is the key entry point for continued CJS involvement.

At this intercept, most collaborative opportunities for prevention focus on improving diversion. Appropriately diverting people can significantly improve health and safety outcomes for individuals and communities.

What is Diversion?[21,22,23,24]

Diversion refers to a set of actions that stops someone from moving deeper into the CJS. Diversion is not a one-size-fits-all approach and is not appropriate for everyone. It is intended for individuals who pose a low risk to public safety and whose circumstances warrant the opportunity for rehabilitation. **Diversion programs prioritize addressing the root causes of people's criminal behavior and avoiding unnecessary punitive actions—which could otherwise be potential new causes of harm to people's well-being.**

Diversion looks different at each intercept. Diversion can mean avoiding initial arrest, going to a non-traditional court, or receiving reduced charges or less restrictive sentencing. It usually involves completing specific requirements set by the CJS. These requirements, such as completing SUD treatment or other supportive services, serve as an alternative to traditional legal consequences. For instance, pre-arrest diversion programs, sometimes called deflection programs, allow law enforcement to redirect individuals to community-based behavioral health or supportive services instead of making an arrest and initiating criminal justice proceedings.

Many communities have well-established prevention and law enforcement partnerships to address overdoses. Preventionists can build on these relationships to expand and support diversion efforts. Opportunities to collaborate at this intercept include the following:

- **Train 911 operators to better recognize behavioral health crises that involve substance use.** With this knowledge, public safety telecommunicators can better dispatch appropriate services (e.g., community health professionals) in combination with law enforcement or emergency medical personnel. Having additional trained service personnel supporting more traditional first responders can help with evaluating the situation, providing substance use-specific recommendations, and assisting in de-escalation techniques. The DOJ Bureau of Justice Assistance offers tips for developing 911 Dispatch Diversion Programs.

988Lifeline.org

The 988 Suicide & Crisis Lifeline connects people experiencing mental health distress to a trained crisis counselor via call, text or chat. The Lifeline's immediate, accessible support can help connect individuals to care and de-escalate mental health crises prior to potential law enforcement contact.

- **Train law enforcement to better identify and divert people who are in behavioral health crisis.** LEOs have wide-ranging discretion to determine the results of initial law enforcement contact. Training LEOs to de-escalate behavioral health crises, recognize when diversion is appropriate, and actively divert eligible individuals can maximize access to services. The Law Enforcement Assisted Diversion model is an example program that trains officers on using their discretion to determine when diversion is appropriate.[25] The Crisis Intervention Team program is another example that teaches law enforcement how to distinguish between criminal behavior and symptoms of addiction or mental disorder.[26]

- **Embed prevention practitioners programming within law enforcement**.[27,28] Many communities integrate, or "embed," personnel or services from community-based organizations directly into the law enforcement response system. For example, in "ride-along" programs behavioral health professionals accompany LEOs when responding to emergency calls. They provide support services such as substance use screenings and referrals. These programs are especially helpful in instances where low-level, nonviolent offenses are driven by SUD. Screening, Brief Intervention, and Referral to Treatment (SBIRT) models can be employed by embedded preventionists or other first responders. SBIRT is a public health approach designed to screen individuals for SUD and mental health needs and connect them to appropriate community-based supportive services.[29]

- **Use first responder data to better identify individuals at high risk for behavioral health challenges.**[30] People with unmet behavioral health needs often have repeated contacts with first responders. Access to real-time incident reports and other first responder data can help preventionists target outreach efforts and allocate resources. For example, preventionists can use real-time data from emergency calls, EMS responses, hospitals, or community reports to geographically plot overdose incidents as they occur.[31] This type of tracking can help to ensure more effective deployment of overdose prevention services. The Centers for Disease Control and Prevention's Field Epidemiology Manual offers guidance on developing real-time data collection efforts.

COURT CONTACT

Court contact occurs after arrest, when individuals first interact with the court system. Courts interpret and apply laws within the CJS. They are responsible for ensuring fair trials, establishing guilt or innocence, and imposing sentences for those convicted of crimes. Courts play a critical role in determining whether a person proceeds further through the traditional CJS or is diverted to other services.

Key Players and Potential Partners

- Pretrial service officers
- Magistrates
- Prosecutors
- Defense attorneys
- Public defenders
- Judges

Collaboration with courts offers opportunities to improve and expand diversion services. Courts often have the authority to redirect eligible people away from traditional prosecution and into specialized programs such as drug courts, mental health courts, or community-based services.[32,33] While these programs generally emphasize treatment, they also provide opportunities for prevention services to support individuals with increased vulnerability to substance use risk.[34]

Opportunities to collaborate at this intercept include the following:

- **Enhance screening practices.**[35] When administered during the court process, standardized, evidence-based screening tools such as SBIRT can identify people who would benefit from substance use prevention or treatment services.[36] Preventionists can train court staff on the value of screening and how to use validated screening tools. Prevention professionals can also be embedded within courthouses to directly provide screenings. Courts can use screening results to inform decisions about an individual's eligibility for diversion services. Results can also inform which services are most appropriate, such as medically managed detoxification, medications for opioid use disorder, counseling services, peer groups, or life skills trainings. The National Institute on Drug Abuse maintains a screening and assessment tools chart.

- **Encourage involving peer support workers in the court process.**[37,38] Peer support workers are individuals with personal experience (in this context, with substance use or CJS involvement) who are trained to lead activities such as mentoring, skill building, and support groups.[39] Peer-led groups offered by or within the courts can educate CJS-involved individuals and their families about substance use risks, strategies to cope with CJS involvement, and tips for navigating the CJS.[40] SAMHSA offers resources and support for developing peer recovery programs.

- **Enhance opioid overdose reversal medication (OORM) distribution.**[41,42] People going through the court process face elevated overdose risk, making courts an ideal setting to expand access to OORMs.[43] These medications, including naloxone, are already used extensively by emergency medical personnel, law enforcement, and prevention professionals to reverse opioid-involved overdoses. Some are also available as over-the-counter products.[44] Preventionists can provide naloxone kits and train court staff on naloxone administration or consider other innovative distribution strategies. SAMHSA offers resources and training on using OORM to prevent and respond to overdoses.

INCARCERATION

Incarceration is the detention of a person in a correctional facility, usually a jail or prison. People can be incarcerated before trial, during trial, or after trial as part of their sentence if they are convicted.[45] The service needs of people who are incarcerated, as well as their personal motivation to participate in services, may vary depending on when in the CJS process their incarceration occurs.

Key Players and Potential Partners

- Correctional officers
- Prison and jail wardens
- Correctional treatment wardens/specialists

Expanding substance use prevention during incarceration is critical. People who are incarcerated face a significantly higher risk of SUD—almost four times greater than the general population.[46,47] This risk is associated with significant health consequences, including high rates of substance-related death.

Correctional facility restrictions, such as reduced freedom of movement, pose unique challenges to service delivery.[48,49] Preventionists can work with facility administrators and other key personnel to identify opportunities for substance use programming and education. Preventionists may also need to adjust service delivery to ensure compliance with the physical and legal restrictions of these highly structured settings.

Opportunities to collaborate at this intercept include the following:

- **Improve correctional staff understanding of the benefits of prevention.** Effective substance use prevention can support CJS goals, such as reducing recidivism and increasing public safety. Preventionists can explain the relationship between substance use and CJS involvement and how substance use prevention can address risk factors for criminal recidivism, such as co-occurring mental health disorders, early initiation of substance use,

low perceptions of harm from substance use.[50,51,52] SAMHSA resources, such as the PTTC Network's What is Substance Misuse Prevention? handout can support these educational efforts. Preventionists can also help correctional staff identify specific, relevant evidence-based programs, such as the National Institute of Correction's Thinking for a Change program. Among other outcomes, this program helps incarcerated individuals develop coping skills to lower tension and rates of conflicts in facilities.[53]

- **Tailor existing substance use prevention programs to the needs of incarcerated individuals.**[54] Preventionists can partner with correctional facilities to provide tailored prevention services that account for facility type and population needs. As short-term detention centers, jails may be well-suited for brief prevention interventions such as workshops on the importance of overdose prevention or skills-building groups focused on stress management, refusal skills, or self-care. Conversely, prisons—which detain people for longer periods of time—may allow for more intensive prevention programs that require sustained participation. Longer-term strategies might include modified therapeutic communities, peer-based recovery support programs, or contingency management interventions.[55] SAMHSA's Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners resource offers guidance for tailoring prevention programs.

- **Use technology to deliver prevention inside correctional facilities**.[56] Telehealth is an important tool for delivering services to people who may have limited access to in-person care. It is especially promising for incarcerated people because it reduces the logistical and security challenges associated with transportation or co-location of providers. Telehealth platforms can deliver prevention programming, counseling services, and other community-based support by connecting people to off-site preventionists via secure video conferencing. The US Department of Health and Human Services Health Resources and Services Administration funds the National Consortium of Telehealth Resource Centers to provide telehealth training and technical assistance.

- **Implement peer specialist interventions**.[57] Peer involvement in program development and delivery can increase program retention, reduce recidivism, and empower individuals who are incarcerated to sustain long-term positive changes. Peer perspectives can lend credibility to prevention programming and generate better participant engagement. Preventionists can consider working with peer service programs that already operate within the correctional setting or community-based peer services that want to expand to these settings. SAMHSA offers resources and support for developing peer recovery programs.

- **Improve overdose responses.**[58,59] The risk of fatal substance-involved overdose during incarceration has significantly increased.[60] Preventionists can train correctional staff on recognizing and responding to an overdose, share strategies with facility leadership for distributing OORMs, and explore opportunities for including OORMs in medical offices, entry and release packages, and elsewhere. SAMHSA's Overdose Prevention and Response Toolkit can be the foundation of overdose training.

- **Enhance access to medications for opioid use disorder (MOUD).**[61] One in five incarcerated individuals have an opioid use disorder (OUD).[62] MOUD is an evidence-based approach for treating OUD through the use of FDA-approved medications in conjunction with comprehensive treatment and recovery services.[63] MOUD is associated with decreased opioid use, recidivism, and overdoses.[64] [65] Preventionists can collaborate with correctional site medical providers to support trainings on the clinically appropriate use of MOUD, including options for safe tapering and discontinuation when indicated. Preventionists can also work with providers to reduce barriers to MOUD access, such as stigma from correctional staff and insufficient awareness of MOUD among people who are incarcerated.[66] SAMHSA resources and guidance can support MOUD collaboration efforts, including preventing diversion of MOUD prescriptions in correctional settings.

COMMUNITY SUPERVISION AND REENTRY

Key Players and Potential Partners

- Transition planners
- Reentry coordinators
- Probation officers
- Parole officers

Community supervision is the formalized and legally mandated monitoring and support for CJS-involved people living in the community. Reentry is the general term for when someone transitions back into the community from incarceration.

Community supervision and reentry take many forms. Community supervision can be imposed as an alternative to incarceration or as a requirement following release from a correctional facility. Reentry can be unconditional, meaning direct release into the community, or can include community supervision requirements. Thus, people may be under community supervision without going through reentry, reenter the community without ever being under community supervision, or reenter the community with required community supervision.

The experience of each of these forms of "return to the community" is meaningfully different. For example, all individuals who reenter the community from incarceration interact with personnel and services at their correctional facility. People who reenter under community supervision remain connected to CJS services and restrictions, but people who receive

unconditional release are under no obligation to obtain follow-up services. Meanwhile, individuals who are under community supervision as an initial sentence (i.e., not post-incarceration) may be encountering their first opportunity to receive CJS-supported services. Collaboration opportunities can vary depending on these circumstances.

Opportunities to collaborate at this intercept include the following:

- **Advocate for prevention as a required element of community supervision.** Community supervision mandates that people meet specific requirements, such as abstinence from substance use, or face (re)incarceration.[67] Preventionists can inform probation/parole boards, state legislators, and others about the value of adding a substance use prevention requirement as a way to expand service delivery.[68] For instance, people under community supervision could be required to participate in an evidence-based prevention education program or skills training course. SAMHSA's Collaborating with Policy Makers to Inform Prevention Planning has resources and guidance that may support such efforts.
- **Advocate for prevention as a required element of all reentry.** During the first two weeks post-incarceration, people are 40 times more likely to experience a fatal overdose.[69] Yet, up to a third of incarcerated people receive an unconditional release each year[70]—meaning there is no guarantee that they will receive services during this critical time. For these individuals, reentry processes within the correctional facility, prior to release, are the only guaranteed opportunity to learn about potential risks and available services. Potential re-entry supports may include overdose education, OORM distribution, and behavioral health screening/referrals. SAMHSA offers guidance and provides local examples of improving reentry for people with behavioral health disorders.
- **Improve and expand screenings and referrals during community supervision and reentry.**[71,72,73,74] Effective community supervision and reentry systems are vital for individuals facing challenges like substance use, housing instability, and unemployment. Implementing standardized screening protocols such as SBIRT can identify and connect people to behavioral health and community services. For instance, preventionists can develop partnerships with transition planners and reentry coordinators to develop "warm hand-off" referral protocols. Warm hand-offs include contact between service providers in the presence of the individual who needs care, in contrast with traditional referrals that rely on self-directed contact from the person in need.[75] SAMHSA offers guidance and provides local examples of improving community supervision for people with behavioral health disorders.

- **Expand peer involvement in community supervision and reentry processes.**[76,77] Preventionists can connect peer support programs with transition planners, reentry coordinators, and community supervision staff. Peer specialists can use their personal experience to engage people who might otherwise avoid traditional services. They can also help identify those individuals who are at greatest risk for substance use or reoffending and connect them to appropriate programming. SAMHSA offers resources and support for developing peer recovery programs.

- **Work with transitional and reentry housing community groups.**[78] Preventionists can collaborate with transitional housing providers to deliver prevention services in residential settings where individuals who were formerly incarcerated may live. Services could include training housing staff on screening and referral practices, providing on-site education programming, and/or implementing evidence-based overdose prevention strategies like OORM kits. SAMHSA's The House That Prevention Can Build: Opportunities for Collaboration Between Prevention and the Housing Sector has resources and guidance that may support such efforts.

Review SAMHSA's Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide for additional information and considerations.

PRACTICAL COLLABORATION TIPS

Effective collaboration creates opportunities to leverage unique strengths, maximize resources, and achieve outcomes that no single organization can accomplish alone. By working together, agencies can break down silos, reduce duplication of effort, and improve community health and safety. Best practices for collaboration, such as establishing shared goals, fostering open communication, and designing programs with community input, ensure that partnerships remain focused and impactful.

Preventionists can use these practical collaboration tips to build successful partnerships with the CJS. Examples include the following:

- **Engage with CJS organizations, agencies, and partners.**[79] Preventionists can identify and seek permission to attend key criminal justice meetings, conferences, and events to build connections and stay informed. These may include law enforcement task force briefings, community corrections board round tables, and/or professional judicial conferences.

Attending these gatherings can help build trust and offer the opportunity to demonstrate how prevention can support the goals of the CJS.

- **Leverage champions.**[80] Having a strong advocate within the CJS who can champion the cause is key to getting institutional buy-in for prevention interventions. Once implemented, sustaining prevention programming requires continued advocacy from a champion to maintain long-term support. Potential champions include retired judges, former prosecutors, and high-ranking law enforcement officers. These advocates can make vital introductions, co-present at meetings and events, and advise on policy changes. Their endorsement can open doors that might otherwise remain closed.

- **Conduct cross-training and share resources.**[81,82,83] Misunderstandings among prevention and CJS professionals often stem from a lack of familiarity with each other's roles and challenges. Targeted training and technical assistance can bridge this gap. Preventionists can educate the CJS on the risk and protective factors for substance use, how prevention works to address them, and where prevention and CJS goals overlap. CJS staff can educate preventionists on the unique challenges of operating in correctional settings and with people at higher risk of engaging in criminal activity. Joint workshops might explore topics such as "community safety as a shared opportunity for collaboration" or "prevention best practices in a correctional setting." Preventionists and CJS specialists can also work together to develop practical tools, such as referral guides for law enforcement officers or fact sheets on community treatment options for re-entry planners.

- **Build collaborations across the behavioral health continuum.**[84] Organizations across the behavioral health continuum—not just prevention— have a shared interest in better serving individuals with CJS involvement. Preventionists should reach out to substance use treatment and recovery providers and mental health providers to gauge their willingness and capacity to work together in pursuit of CJS collaborations. Identifying existing collaborations, such as treatment provider involvement in drug courts, could help pinpoint opportunities for prevention services.

- **Secure funding for collaborative initiatives.**[85,86] Sustainable partnerships often require financial support, and many grant programs explicitly encourage cross-system collaboration. Preventionists can research opportunities that prioritize criminal justice-prevention partnerships. When developing grant applications, preventionists can also include local data on overdose rates and recidivism to justify the collaborative need and demonstrate the potential impact of a prevention-CJS partnership. Review Grants.gov for new funding opportunities from SAMHSA and other federal agencies.

CONCLUSION

Collaboration between substance use prevention professionals and the CJS presents a powerful opportunity for both sectors to reduce substance-related harms and improve public safety. Aligning efforts around cross-cutting themes—such as diversion programs, peer support models, and overdose prevention principles—can help break the cycle of substance use and incarceration. Breaking down barriers to collaboration and enhancing understanding between these two fields can create more effective interventions that support stronger communities.

APPENDIX: GLOSSARY OF SOME COMMONLY USED CJS TERMS

- **Community-based services:** Support programs provided in local settings that help individuals access treatment, housing, employment, and other resources to promote rehabilitation and independence. These services are essential for preventing justice system involvement by supporting individuals at higher risk of SUD or CJS-involvement, and key to reducing recidivism.
- **Correctional officers:** Correctional facility staff who provide supervision and care to incarcerated individuals in jails and prisons, ensuring safety and order.
- **Correctional treatment wardens/specialists:** Managers responsible for developing and implementing rehabilitation programs for incarcerated individuals.
- **De-escalation techniques:** Law enforcement policies and practices aimed at resolving conflict and minimizing an individual's entry and advancement into the criminal justice system. These techniques also seek to stabilize, slow, or reduce the intensity of a potentially violent situation with reduced or no use of physical force.[87,88]
- **Drug courts:** Specialized diversion court programs that focus on rehabilitating nonviolent drug offenders through supervised treatment, counseling, and regular court monitoring, rather than through traditional punishment. Successful completion of these services can lead to reduced charges or dismissed cases, while failure may result in penalties or incarceration.[89]
- **Jails:** Short-term correctional facilities typically operated by counties or cities. Jails detain individuals awaiting trial or serving short-term sentences, usually less than one year.[90]
- **Magistrates:** Judicial officers who handle proceedings for minor offenses, preliminary hearings, and other administrative duties.[91]
- **Mental health courts:** Specialized court programs that divert individuals with mental health disorders away from traditional criminal justice processing and into supervised treatment, counseling, and case management. Successful completion of these services may result in reduced charges or alternative sentencing, while noncompliance can lead to sanctions or a return to standard court proceedings.[92]
- **OORM reentry packages:** OORM kits and accompanying overdose prevention trainings provided to individuals being released from prison or jail. These types of initiatives address the heightened overdose risk of individuals leaving incarceration and reentering the community.

- **Parole:** The conditional early release of a prisoner from incarceration, allowing them to serve the remainder of their sentence under community supervision provided they follow specific rules set by a parole board. Violating these terms can result in being sent back to prison.[93]
- **Parole officer:** Appointed or sworn officers who supervise individuals released from correctional settings on parole. Their duties are generally similar to probation officers (see below). Parole systems vary significantly by state, and not all states continue to offer parole.
- **Pretrial services officers:** Court officers who investigate the background and criminal history of federal defendants to assess whether they can be safely released before trial.[94]
- **Prisons:** Long-term correctional facilities usually operated by state or federal authorities. Prisons detain individuals convicted of serious crimes who are serving sentences exceeding one year.
- **Prison and jail wardens:** Professionals who usually oversee facility operations, including staff management and inmate welfare.
- **Probation:** A court-ordered period during which a person who has been convicted of a crime is allowed to remain in the community while under supervision. People on probation are required to comply with specific conditions set by the court or face incarceration. Probation serves as the punishment in lieu of a prison or jail sentence.[95]
- **Probation officer:** Appointed or sworn officers responsible for supervising individuals placed on probation, usually as an alternative to incarceration. Their duties may include conducting assessments, monitoring compliance, providing counseling, and connecting justice-involved individuals to resources.
- **Recidivism:** A person's relapse into criminal behavior and reoffending after they have received sanctions or undergone an intervention for a previous crime.[96]
- **Reentry coordinator:** Professionals who oversee the programs and services that support individuals during reintegration back into their communities. The distinctions between transition planners (see below) and reentry coordinators vary by state. Often, transition planners work with people while they are still incarcerated, and reentry coordinators work with people after they return to the community.
- **Specialty courts:** These alternative court programs divert individuals with specific needs (e.g., substance use) or from certain populations (e.g., veterans) away from traditional

prosecution and into supervised long-term treatment and support services.[97,98] These are sometimes called "problem-solving courts."

- **Transition planners:** Professionals who work with individuals transitioning from correctional settings back into the community. They can develop personalized release plans, coordinate access to resources, and further support individuals, as needed.[99]

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