

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

# Community Supervision and Treatment of Individuals With Substance Use Disorder

## Challenges and Opportunities for Governors and State Officials

### Executive Summary

Governors recognize the importance of addressing opioid, stimulant, and polysubstance use, as well as the unique needs of justice-involved individuals with substance use disorder (SUD).<sup>1</sup> Governors and senior state officials have led the nation's response to addiction challenges and the opioid epidemic over the last decade.<sup>2</sup> This response has included recognizing that the risk of overdose for individuals returning to the community from incarceration is significantly higher than for members of the general population and that drug overdose remains a leading cause of death following release from jail or prison.<sup>3</sup> With many individuals released from incarceration to probation and parole as well as sentenced directly to supervision,<sup>4</sup> addressing the SUD treatment needs and the risk of overdose within this population is a key priority for governors and state officials.

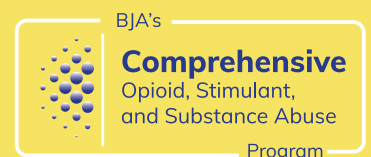
The Bureau of Justice Assistance at the Office of Justice Programs, U.S. Department of Justice, is supporting efforts by states and localities to address these issues through the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). The purpose of this program is to provide financial and technical assistance to state and local governments to

develop, implement, or expand comprehensive efforts to identify, respond to, treat, and support individuals impacted by illicit opioids, stimulants, and other drugs of abuse.<sup>5</sup> A key priority of COSSAP is to promote public safety and support access to recovery services in the criminal justice system.

During a COSSAP-funded roundtable discussion in December 2020, officials from seven states shared their challenges and innovative approaches to improving community supervision of individuals with SUD. The states represented were [Arkansas](#), [Delaware](#), [Iowa](#), [Kansas](#), [Missouri](#), [Pennsylvania](#), and [Tennessee](#).

This policy brief highlights the common challenges and opportunities for governors and state officials to inform state and local policy development and improve outcomes for individuals with SUD who are under community supervision. The common challenges and opportunities articulated by state participants fell under the following three main themes:

- ◀ [Addressing divergent views on public safety risks through cross-agency coordination and partnership.](#) Governors and state officials noted that one overarching challenge to improving



outcomes for individuals with SUD on community supervision is the barrier created when corrections and behavioral health stakeholders define public safety differently. Bridging the gap between these fields and learning to speak the same language with regard to SUD treatment and supervision of individuals in the community can help ensure successful programs and improve outcomes.

- ◀ **Ensuring access to community-based SUD treatment through increased planning and use of innovative strategies.** The second challenge states raised was ensuring continuity of care upon release from incarceration as well as access to treatment within the community. Increasing reentry planning and coordination, leveraging resources to expand capacity, and utilizing innovative strategies such as telehealth services can help improve outcomes for justice-involved individuals with SUD in the community.
- ◀ **Implementing evidence-based practices for community supervision that align with SUD treatment goals.** The third main theme shared by state participants was the need to improve supervision policies and practices to better align with SUD treatment goals. States can review supervision policies to identify barriers to treatment access and implement evidence-based supervision practices to reduce revocations and improve public safety and public health outcomes.

## Background

In 2018, 1 in 58 adults was under some form of community supervision, probation, or parole.<sup>6</sup> Data on the current scope of community supervision indicate that people involved in the justice system, particularly those with SUD, face a number of challenges and barriers in the community. Data from 2012 indicate that 40 percent of male individuals on probation and 38 percent of male individuals on parole had an alcohol and/or other SUD.<sup>7</sup> While these data are not comprehensive, they indicate the significant treatment

and behavioral health needs of individuals under community supervision.

Governors and senior state officials recognize the importance of addressing substance use and the unique needs of justice-involved individuals with SUD. Over the last decade, many states have enacted legislation or executive orders that have sought to reduce overdose deaths.<sup>8</sup> A particularly high-risk population and target for overdose prevention is made up of justice-involved individuals. The risk of overdose for individuals returning and reintegrating into the community is significantly higher than for the general population, since drug overdose remains a leading cause of death following release from incarceration.<sup>9</sup> In addition to their efforts to address SUD, governors have led their states in promoting broad criminal justice system reforms. Over the last decade, states have sought to address pre-trial release processes, implement effective programming within correctional facilities, and increase reentry services and supports to reduce recidivism and improve public safety. More recently, governors and state officials have identified specific needs within the growing community supervision population and looked for ways to improve policies and increase success for justice-involved individuals in the community.

## Improving Outcomes for Individuals With SUD Under Community Supervision

With many individuals under community supervision,<sup>10</sup> there are key challenges and opportunities for governors' offices and senior state officials related to improving outcomes for individuals with SUD in the community. These outcomes vary by state (e.g., reducing overdoses, decreasing violations and revocations), but the discussion reinforced a shared objective of

increasing access to SUD treatment for individuals on supervision. The following outlines current challenges states face in meeting the needs of justice-involved individuals with SUD and opportunities to address those needs and improve outcomes.

## I. Addressing Divergent Views on Public Safety

While state participants differed in their perspectives, one overarching challenge that state officials noted is the barrier that is often created when corrections and behavioral health stakeholders define public safety risks and goals differently. Divergent views on public safety can cause challenges in communication and impede the success of both corrections and treatment programs because of lack of coordination and alignment of strategies.

### Challenge: Defining Public Safety Risks and Goals

A common challenge raised by state officials is the barrier that exists when justice system stakeholders and the SUD treatment community define the goals of public safety differently. This can make balancing and navigating requirements of supervision with the reality of addiction and treatment needs of individuals with SUD a challenge. For example, if an individual on probation with SUD experiences a relapse during his or her treatment, this relapse could result in a positive drug screen. While the conditions of supervision may dictate that any positive drug screen constitutes a violation, a positive drug screen alone may not mean that treatment of the individual is unsuccessful. Thus, identifying a common vision for public safety and determining how health and community corrections systems can work together to further that vision is critical. Divergent views on what constitute public safety risks and the goals of supervision and treatment can lead to a conflict between treatment and corrections stakeholders. This overarching challenge

of defining public safety in the context of SUD treatment and community supervision impacts each state's ability to implement effective programs and policies.

### Opportunity: Increasing Cross-Agency Coordination

Governors and state officials have sought to address this challenge through increased cross-agency partnership and coordination. Governors can bring together behavioral health and public health officials, community-based treatment providers, and state Medicaid agencies along with corrections and community supervision agencies for a stakeholder conversation. Focusing this conversation on defining public safety in the context of community-based SUD treatment for justice-involved individuals can help to align state corrections and behavioral health strategies.<sup>11</sup> Bridging the gap between behavioral health and community corrections and learning to speak the same language when it comes to SUD treatment for justice-involved populations can enable state officials to better assess current barriers to treatment access and implement evidence-based supervision practices.<sup>12</sup>

## II. Ensuring Access to Community-Based SUD Treatment

The second challenge state officials articulated is ensuring access to SUD treatment for justice-involved individuals in the community. While states have made progress in implementing and expanding access to treatment services for justice-involved individuals within correctional facilities,<sup>13</sup> many states continue to encounter significant barriers to continuity of care upon reentry and access to evidence-based treatment in communities. Many states have sought to implement widescale access to medication for opioid use disorder (MOUD) within correctional facilities, including administering all three Food and Drug Administration-approved medications: methadone,

buprenorphine, and naltrexone.<sup>14</sup> Through these initiatives, states have worked to ensure that all individuals are screened for possible opioid use disorder or other SUD upon intake within a facility. Increasing access to treatment for incarcerated individuals has improved the health and safety outcomes for individuals in facilities. States are now looking to ensure continued success when individuals are released back into the community.

### **Challenge: Ensuring Continuity of Care and Identification of Treatment Needs**

This challenge is twofold. First, for individuals released from a facility to community supervision, there is often a delay in connection to treatment upon entering the community. Without systems and processes in place to connect returning citizens to community-based treatment, individuals with SUD are at high risk of relapse, overdose, and other negative health impacts. Secondly, in some cases individuals may be sentenced directly to probation. To ensure access to treatment for all individuals on supervision who need it, states must be able to effectively screen and assess individuals to determine needs and identify available resources.<sup>15</sup> State representatives also highlighted the barriers that can exist when supervision policies or requirements do not allow for the continuation of MOUD or other specific medications for addiction treatment. This can create an obstacle to ensuring continuity of care when an individual initiates a specific medication while incarcerated and is unable to continue that medication upon return to the community.

### **Opportunity: Improving In-Reach Coordination and Screening Processes**

For individuals entering community supervision upon release, states are working to ensure a warm hand-off and continuity of care for those already accessing SUD treatment within facilities. Many states

have developed in-reach coordination processes to connect individuals directly with community treatment providers prior to release. These in-reach programs typically connect community providers to individuals within 30 or 60 days of release. Some states also utilize peer navigators, who are formerly incarcerated individuals able to assist returning citizens in accessing reentry services. Upon release, individuals should be able to continue treatment with a community provider. States have implemented screening and assessment tools to ensure that all individuals sentenced directly to probation are assessed for possible SUD and that treatment needs are identified. States may consider evaluating current assessment tools including those used within correctional facilities to screen individuals upon intake for connection to treatment as well as tools used by community supervision agencies to assess risks and identify treatment needs. States may also seek to review supervision policies to ensure that SUD treatment and medication are not prohibited by the specific conditions or requirements of supervision.

### **Challenge: Addressing Funding Gaps by Braiding and Blending Federal and State Funds**

Availability of sustainable funding for SUD treatment remains a common challenge. While some state officials noted the lack of Medicaid expansion as a limitation, others highlighted the gaps in resources and difficulties of localities with limited capacity to apply for funding opportunities.

### **Opportunity: Leveraging Grant Resources and Looking to Innovative Strategies**

There are a number of opportunities to leverage existing and future grant resources such as substance abuse, prevention, and treatment block grants<sup>16</sup> and State Opioid Response (SOR)<sup>17</sup> grants. Along with opportunities available for states that have expanded Medicaid coverage, state officials have looked to innovative strategies to increase access to funding for SUD treatment. Some jurisdictions are piloting

initiatives in their states through the use of COSSAP resources.<sup>18</sup> In addition to identifying grant resources, states have sought to ensure effective collaboration between state agencies receiving and managing federal grant dollars. This includes collaborations between the State Administering Agencies,<sup>19</sup> responsible for managing criminal justice grant resources, and the Single State Agencies for Substance Abuse Services<sup>20</sup> to coordinate in directing resources throughout the criminal justice intercept points.

### **Challenge: Increasing Treatment Capacity**

Many states noted challenges related to the capacity of SUD treatment providers. Some communities lack available and authorized providers, while others have limited resources to meet treatment capacity needs. The lack of provider capacity also extends to residential treatment, supportive housing, and other related services.

### **Opportunity: Identifying Treatment Gaps and Utilizing Innovative Strategies for Treatment Access**

One first step states may take to address treatment capacity challenges is to conduct a mapping exercise of all SUD services available within their states.<sup>21</sup> This will enable them to identify gaps in provider access and target resources to locations with the greatest need. In addition to identifying gaps and assessing capacity needs, many states also sought to leverage technology and other innovative strategies to expand treatment access. Following the outbreak of the COVID-19 pandemic, SUD treatment providers shifted current practices to limit in-person interaction in order to comply with social distancing measures. These providers ramped up telehealth services to continue to meet the treatment needs of individuals. While telehealth can help improve access to providers, it can also pose other equity concerns for communities with limited access to technology and Internet services. Along with shifts in practice by providers, governors

utilized emergency authority to issue executive orders amending regulations related to telehealth and virtual treatment services.<sup>22</sup> While initiated because of the public health concerns of the pandemic, many of these changes resulted in improved access to providers, particularly in rural settings, and states are looking for ways to continue leveraging telehealth services as one strategy to expand access to SUD treatment.

### **III: Implementing Evidence-Based Supervision Practices**

The third primary challenge state officials noted during the roundtable discussion was the need to implement evidence-based supervision practices that align requirements with treatment goals.

### **Challenge: Improving the Understanding of Treatment Needs Within Community Supervision**

One challenge within community supervision agencies is understanding the unique needs of individuals with SUD. This challenge is particularly acute within marginalized communities of color, where access to SUD treatment may face further barriers, as well as within vulnerable populations with significant mental health or other co-occurring disorders. State participants noted the challenge of racial disparities within supervision populations, where black adults are about 3.5 times as likely as white adults to be on probation or parole.<sup>23</sup> In some jurisdictions, the culture of supervision is focused on monitoring for failures rather than emphasizing incremental successes or improvements over time. This presents barriers for effective supervision of individuals with SUD, who have unique needs and may require different supports or resources compared with members of the general supervision population.

## Opportunity: Addressing the Culture of Supervision and Reducing Stigma

States have begun to address the culture of supervision and reduce the stigma surrounding SUD within corrections agencies through improved training and management of community supervision personnel.<sup>24</sup> Many state and local leaders have sought to create a culture that regards probation and parole officers as coaches, supporting the whole-person success of an individual, rather than as referees, looking only to monitor for failures.<sup>25</sup> State officials can work to change the model of supervision from a deterrent or accountability-only model to one that recognizes that individual behavior change happens over time and is often not linear. This may require states to review and reform supervision requirements through a lens of racial equity and consider how drug testing is used within community supervision—for instance, states working to leverage drug testing to identify treatment needs rather than monitoring for violations of conditions. In addition, governors and state officials are working to reduce the stigma surrounding SUD within justice-involved populations as well as the broader community through education campaigns and other outreach efforts.<sup>26</sup>

## Challenge: Reducing Barriers Within Supervision Policies

Community supervision policies and requirements can create additional barriers to SUD treatment. When conditions of supervision prohibit an individual from accessing MOUD or other forms of medication for addiction treatment, that individual may be less likely to succeed on supervision and be at higher risk of violation and revocation.

## Opportunity: Aligning Supervision Policies and Practices With Treatment Goals

A first step states may consider to address this challenge is to assess current supervision policies and identify any barriers to treatment. By reviewing

conditions of supervision, states may be able to determine whether the conditions are supportive of SUD treatment needs or whether obstacles exist that could be removed or reduced. In addition, many states have sought to improve the use of validated risk and needs assessments for individuals under community supervision. Use of an effective tool is critical in ensuring that individuals receive the correct degree of supervision as well as access to treatment or other services based on their specific needs. Community supervision agencies that can provide appropriate levels of supervision, in accordance with an individual's risk to public safety and SUD, mental health, or other needs, are more likely to support successful completion of supervision and reduce technical violations and revocations.

Many jurisdictions have sought to improve community supervision practices by piloting and implementing evidence-based practices. These practices include shortening probation lengths of stay, evaluating and improving violation matrices, and limiting the use of technical violations and revocations.<sup>27</sup> States are working to increase the use of goal-based supervision practices, such as earned compliance credits, that incentivize success and respond to potential failure through graduated sanctions.<sup>28</sup> Governors have led the way in implementing evidence-based supervision practices by prioritizing justice-involved populations and ensuring that all stakeholders are engaged and collaborative.

## Next Steps

For additional resources on these topics and opportunities for technical assistance and support, see the following:

- ◀ [COSSAP Resource Center](#)

- ◀ NGA Resource: [Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings: A Roadmap for States to Reduce Opioid Use Disorder for People in the Justice System](#)
- ◀ Pew Charitable Trusts: [Policy Reforms Can Strengthen Community Supervision](#)

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## Endnotes

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Visit the COSSAP Resource Center at [www.cossapresources.org](http://www.cossapresources.org).

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