

CHAPTER 4

REFERRALS

Introduction

This chapter aims to provide resources to assist communities in building capacity for promoting justice-involved individuals' linkages to substance use treatment services. Based on system needs, these resources may be useful for corrections staff, community behavioral health (CBH) providers, and medications for opioid use disorder (MOUD) clinicians.

Criminal justice (CJ) systems and CBH providers share a responsibility to ensure justice-involved individuals are positioned to achieve success, sustain recovery, and maintain a drug- and crime-free lifestyle. To this end, CJ staff and behavioral health (BH) staff should identify the factors that impact these areas and offer guidance to maximize the referral process. Making referrals that will sufficiently support justice-involved individuals starts with agency staff possessing a working knowledge of the resources available for CJ systems and BH organizations. This level of understanding can enhance an organization's ability to provide evidence-based services and establish a foundation based on best practices for connecting clients to services.

Chapter Objectives

1. Discuss primary indicators associated with promoting the justice-involved individuals' linkage to community-based substance use services. This chapter presents three primary indicators as essential elements of the referral process that ideally would be present to ensure continuity of care. Primary indicators include:
 - Refer the justice-involved individual with a substance problem to treatment services.
 - Select a treatment option that addresses the justice-involved individual's specific level and type of need.
 - Encourage the justice-involved individual to access treatment after a referral is made using active referral practices.
2. Discuss secondary indicators as quality indicators for each primary indicator to promote treatment referral.
3. Discuss practical applications for each primary indicator to provide the CJ system and CBH organizations with a quick review of processes that can augment current services or be implemented as new practices to better support the SUD/OD justice-involved individuals.
4. Provide a resource appendix by category that can be used by CJ, BH, and other community organizations to enhance efficacy, build skill sets, and improve outcomes for the justice-involved SUD/OD individual.

Refer the Justice-Involved Individual with a SUD to Treatment Services

Within this indicator, it is imperative to align the decision to refer a justice-involved individual to treatment with information gathered during the screening and assessment process to ensure an accurate and timely referral is made.

Supporting secondary indicators include:

- Initiating referrals as soon as possible after justice-involved individual needs have been identified.
- Continuing the treatment of substance use disorders at the time of community reentry.
- Continuing treatment of opioid use disorders at the time of community reentry.
- Referring justice-involved individuals to treatment providers that are accredited by the state or a national accreditation agency.
- Referring justice-involved individuals to treatment providers that use evidence-based practices.
- Providing the justice-involved individual with the treatment provider's contact information (phone number, address).

Practical Applications of the Indicators:

- Develop Memorandums of Understanding (MOUs) or contracts among collaborating agencies that strengthen the referral process among the CJ staff and BH providers.
- Implement referral teams that are inclusive of key stakeholders, including case management, clinical (CJ and BH), and supervision staff.
- Create a multidisciplinary oversight team composed of CBH staff and CJ staff, to review, develop, and implement policies around service delivery.

Select a Treatment Option that Addresses the Justice-Involved Individual's Specific Need

This indicator focuses on decisions made after the determination of the justice-involved individual's need for treatment services has been established. Referring systems should ensure the justice-involved individual is referred to the right type and level of treatment to meet the justice-involved individual's particular needs. As an example, justice-involved individuals may have similar drugs of choice, but the dynamics that lead to their use may differ, in which case, making an informed decision of what level of treatment will best benefit the justice-involved individual becomes key. In addition to establishing the justice-involved individual's level of treatment, it is important to evaluate their ability to access the services they are being referred to and their willingness to pursue the treatment option.

Supporting secondary indicators include:

- A justice-involved individual's referral to treatment should consider provider location, and client accessibility (for example, hours, transportation, and distance).
- Physicians should consider the justice-involved individual's preferences, past treatment history, current state of illness, and treatment setting when determining medication options.
- Do not impose time limits on pharmacological treatment when extended treatment is warranted.
- Couple MOUD with counseling and other treatment services when the treatment is for individuals with an OUD.
- Consider the wide range of justice-involved individual's other needs, such as the need for mental health services when determining which treatment setting is most appropriate.
- If appropriate, initiate treatment with methadone or buprenorphine (rather than withdrawal management or psychosocial treatment alone) as early as possible during pregnancy.

Practical Applications of the Indicators:

- Integrate various methods of treatment as part of the initial program structure or add to existing structure (i.e., MAT, Telehealth)
- Consider expanding contractual services to include vendors who offer technology-assisted treatment and/or opioid treatment programs to expand the justice-involved individual's access to treatment services.
- Incorporate treatment protocols that allow the flexibility to individualize treatment timeframes.

There has been a need to use seemingly unconventional treatment options that CJ and BH providers may not be accustomed to. A treatment option that is moving to the forefront of care for the justice-involved population, is medication-assisted treatment (MAT). In the process of including the CJ system as a path to MAT, states may see an increase in access to and retention in treatment and a decrease in overdoses, re-offending, and re-incarcerations (SAMHSA, 2019b). This treatment option is addressed in detail in the Treatment chapter of this manual.



Key Term: Medication Assisted Treatment (MAT)

MAT is an evidence-based treatment for opioid use disorders that SAMHSA defines as "The use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a 'whole-patient' approach to the treatment of substance use disorders" (SAMHSA, 2022b).

Reference

Substance Abuse and Mental Health Services Administration. (2022b). Medication-assisted treatment (MAT). SAMHSA. <https://www.samhsa.gov/medication-assisted-treatment>

Encourage Justice-Involved Individuals to Access Treatment After a Referral is Made by Using Active Referral Processes

Case management is key in this indicator in that it provides a holistic approach to addressing the justice-involved individual's basic needs and can assist the justice-involved individual in re-establishing or establishing support systems. The National Association of State Mental Health Program Directors (NASMHPD) defines case management as a "range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other essential services and supports" (Martone et al., 2022, p. 6).

Supporting secondary indicators include:

- Confirm that the justice-involved individual has the means to pay for treatment (either through Medicaid, private health insurance, or some other means).
- Assist the justice-involved individual in making the initial contact/appointment with the service agency.
- Assist with arranging transportation to the initial appointment.
- When possible, accompany the justice-involved individual to the initial appointment.
- Follow-up with the treatment provider after a referral is made to ensure the justice-involved individual attended the first appointment and collect any other necessary information. Follow-up with the justice-involved individual if the appointment was missed.

Practical Applications of the Indicators:

- Partnering or employing peer recovery coaches/specialists and connecting them with the justice-involved individual during treatment and after. For more information on peer recovery coaches, see this [infographic from SAMHSA](#).
- Pair case managers with supervision officers to create teams to conduct needs assessments and follow-up with the SUD/ODJ justice-involved individuals.
- Incorporate motivational interviewing training as a required training for community supervision staff. For more information on MI, see [this page](#) and associated resources from Case Western Reserve University.
- Utilize Recovery Oriented Systems of Care (ROSC) organizations as part of the treatment and aftercare services. For more information on ROSC, see [this guide](#) from SAMHSA.

One of the most important indicators of a successful transition to community-based SUD/ODJ treatment for the justice-involved individual is attendance at the first SUD/ODJ treatment appointment. Research has shown that if the justice-involved individual makes their first appointment, the likelihood of them continuing in treatment increases exponentially. Evidence-based practices around advocating, supporting, and referring the justice-involved individual to the appropriate behavioral health treatment provider identify the importance of a "warm hand-off"- in other words the justice-involved individual is supported in person by a recovery coach, a CJ professional, a family member, or significant other. The justice-involved individual knows where they are going, has the

address, time of appointment, the name of the counselor that is seeing them, and is physically supported to get to the appointment. In addition, the physical presence of the CJ professional at the initial SUD/ODU appointment, helps create a bridge of transition for the justice-involved individual. The CJ professional will/should be able to address any questions/concerns the SUD/ODU professional might have regarding the justice-involved individual's prior facility-based treatment, the monitoring and reporting requirements that the justice-involved individual might be operating under, the expectations regarding sharing information regarding the justice-involved individual's progress in treatment, or other collaborative needs.



Key Term: Warm Hand-Off

Warm hand-offs are a more personal transition of one clinician or service provider to another. The Agency for Healthcare Research and Quality (2017) suggests this process be done in-person while the client is present. This enables the client to be part of the transition of healthcare information, ask questions, and correct information if needed. Warm hand-offs ensure accurate information is given to clinicians and service providers to determine the best course of treatment and patient care.

Reference

Agency for Healthcare Research and Quality. (2017). Warm handoff: Intervention. AHRQ. <https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html>

Primary/Secondary Indicator guided questions for the active referral/warm hand-off:

- Does the CJ staff ensure the SUD/ODU justice-involved individual continues his/her treatment in the community as they transition to parole/probation?
- Is there collaboration with the corrections-based SUD, BH treatment staff, case management staff, and other community providers?
- Is there a multi-disciplinary team working with the justice-involved individual and their family?
- Does the CJ professional encourage the justice-involved individual's treatment participation?

Elements of an active referral/warm handoff:

- The CJ system should work to develop a multi-disciplinary team inclusive of community and facility-based resources, and peer and family support services that meet at least once a month to review the justice-involved individual's status.
- CJ staff and BH providers should develop an extensive community resources referral guide in conjunction with the community, faith-based, educational/vocational, and service-oriented agencies.
- CJ staff and BH providers should develop cross-training opportunities in the community to ensure that all entities involved with the SUD/ODU justice-involved individual are educated regarding roles, expectations, EBPs, and commonalities.

- The CJ system and BH providers should possess a general understanding of the processes of treatment, transition, progression, recovery process, and the importance of collaboration.
- The CJ system and BH providers should develop systems that promote collaboration and the sharing of information about the justice-involved individual.
- The CJ system and BH providers should attend training specific to the concepts of relapse, MAT, and the stages of recovery.
- The CJ system and BH provider should foster a true attitude of collaboration and coordination through the use of a Multi-disciplinary Advisory Board.
- Conduct multi-disciplinary team staffing prior to the justice-involved individual's release to ensure a smooth transition and access to needed services.
- Collaboration and communication between the family, the justice-involved individual, and the service providers should be fostered.

Case Management and the Referral Process

Case management is an integral part of the referral process and encompasses a variety of activities necessary for successful treatment engagement. In most jurisdictions, supportive services are fragmented and unable to meet the needs of the SUD/ODJ justice-involved population; therefore, case management would be beneficial (SAMHSA, 2015a). One of the principal goals of case management is to keep justice-involved individuals engaged in treatment and on the path to recovery (SAMHSA, 2015a). Treatment retention leads to better outcomes; therefore treatment is more likely to succeed when a justice-involved individual's other needs are addressed simultaneously with the SUD/ODJ (SAMHSA, 2015a).

It is essential that the justice-involved individual identify their programming needs and work with the parties to prioritize the goals and services identified. Referrals are not generic and should be individualized based on the justice-involved individual's circumstances. This section discusses the principles of case management, services planning, and the coordination of care that are inherent to integrating case management into the referral process.

Principles of Case Management

Adhering to the case management principles ensures the transition from facility to community-based services is a seamless process, and that the justice-involved individual maximizes their recovery potential and is successful on community supervision.

These principles are as follows:

- Case management involves advocacy
- Case management is community-based
- Case management is anticipatory
- Case management is culturally sensitive
- Case management must be flexible
- Case management is pragmatic (SAMHSA, 2015a)

Service Planning

Service planning across agencies is grounded in three major tasks: 1) making the initial referral; 2) calling to confirm service access; and 3) communicating with BH, CJ, and other service providers about progress. This section provides a list of strategies for these tasks and explains why they are an important part of the case management process.

Task 1: Making the Referral

- A referral form is recommended:
 - It creates a paper trail
 - It gathers important information about the justice-involved individual in one concise form
- Make the call
 - What to ask during the call:
 - Who should you call in the future?
 - Who will be the therapist or case manager? This should be recorded in your records or on the referral form.
 - Let BH/CJ and other service providers know that you will be calling to confirm access and review progress
 - Discuss how your agencies should accomplish this

Task 2: Confirming Service Access

- Must complete a release form
 - Under HIPAA, all personal health information (PHI) is confidential.
 - To communicate health needs and treatment plans, both the BH provider and CJ agency must have the consent of the justice-involved individual to disclose PHI.
 - Let justice-involved individual know what information will be released by both parties.
- Call the BH/CJ provider directly and in a timely manner
- Ask if the justice-involved individual made the initial appointment
- Ask if the justice-involved individual was referred for further services and get contact information for those agencies.



Key Term:

Personal Health Information

Sometimes called protected health information, this is information protected under HIPAA. Examples of this information include name, address, age, phone number, social security number, and any other personal identifying information (Office for Civil Rights, 2013). This information must be kept private and confidential, except for clinicians and those individuals/agencies listed on the Release of Information (ROI) who are granted access to the medical records.

Reference

Office for Civil Rights. (2013). Summary of the HIPAA privacy rule. HHS.gov. Retrieved March 15, 2022, from <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Task 3: Ongoing Communication with BH, CJ, and other Service Providers

- Communication will occur throughout all points in the timeline

- What BH and other service providers need to know from CJ:
 - Is the justice-involved individual violent?
 - Is there a risk to the provider's staff?
 - Is the justice-involved individual a risk to themselves?
 - Is the justice-involved individual involved in a gang, or do peers mostly include those known to CJ?
 - What are the justice-involved individual's strengths?
 - Is the justice-involved individual interested in treatment?
 - Does the justice-involved individual return phone calls?
 - Does the justice-involved individual have a history of domestic violence?
 - What is the current condition of probation/parole?
 - What other conditions must be met?
 - Is CJ doing drug testing?
 - Does the justice-involved individual have a known treatment history?
- What BH and other service providers should provide to CJ:
 - What does BH see as the current problem?
 - What are the goals of BH treatment?
 - What services is the justice-involved individual being offered?
 - Current medications
 - Compliance with treatment plan (barriers)
 - Will BH be referring for other services?
 - Psychosocial stressors (deaths, divorce, abuse, etc.)
 - Progress and attendance
 - Who is the BH case manager?
 - Liaison or contact person between CJ and BH for follow-up (if not BH case manager)
 - Do other service providers provide case management services?
 - Any cognitive limitations that may impact CJ compliance?

Coordination of Care

Coordination of care ensures all parties involved are working collaboratively, sharing information, pooling resources, and maximizing treatment efficacy. Coordination of care is the road map for pre and post-service delivery.

Active referral/warm hand-off encompasses:

1. Contracts: may specify which agencies you most commonly work with
2. Agreement on information-sharing practices
3. Referral forms
4. Release forms
5. Confirming service access
6. Ongoing communication with BH providers
7. Expectations checklist.

Unstructured hand-offs may result in:

1. Delay in treatment
2. Inappropriate treatment
3. New or worsening BH problems (due to delayed/inappropriate treatment)
4. No treatment
5. Increased costs (to justice-involved individuals, CJ agency, and BH agency)
6. Inefficient due to replication of screen/assessment/further referrals

Multi-disciplinary Team Staffing/Team Meetings

Many SUD/ODD individuals receive screenings, assessments, and treatment while incarcerated; although research has shown that the demand for SU treatment far exceeds the capacity for those services. As the justice-involved individual transitions from incarceration back into the community, the continuity and need for ongoing SUD/ODD treatment (as well as other services) is extremely important. "To reduce the risk of relapse to illicit drugs and criminal recidivism, criminal justice agencies may need to establish collaborations with substance use treatment and other community-based providers" (Fletcher et al., 2009, p. S54). To strengthen the referral process, collaborative partnerships are essential for the effectiveness of the continuity of care. Community supervision staff and community-based case managers should be working with the local community SUD/ODD treatment providers, community mental health, community health departments, local clinics, community organizations, support and self-help groups, churches, community leaders, and family support members. Development of these multiple-entity coalitions improves outcomes, increases effective communication, decreases the chance of duplication of services, and spreads a wider safety net for the justice-involved individual. Below are some of the key responsibilities to consider as part of the multi-disciplinary process.

Table 4.1 MULTI-DISCIPLINARY STAFFING/TEAM RESPONSIBILITIES

Team Staffing/Team Meetings	<ul style="list-style-type: none"> • The purpose of this meeting is to begin the transition process from facility to community-based services and familiarize the justice-involved individual, his/her family, and the community service providers with the needs, goals, and plans for reentry. • Members include, but are not limited to: facility-based treatment staff, on-site corrections facility staff (educators, vocational training staff, mental health, medical, counselors, pastoral), as well as the designated community-based "team" (parole, case management, treatment, family support members). • Information is shared with all partners regarding the justice-involved individual's ongoing treatment goals, their diagnostic impression, and other additional service needs.
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Collaborative Comprehensive Care Plans

- Pooling a team that includes CJ and BH staff, as well as the participant and their support system. "The Criminogenic Risk and Behavioral Health Needs framework introduced state leaders and policy makers to the concept of prioritizing supervision and treatment resources for people based on their criminogenic risk and needs, as well as their behavioral health needs. Since then, the framework has been used as a foundational tool by federal grantees of the Second Chance Act (SCA) and the Justice and Mental Health Collaboration Program (JMHCPC)" (NRRC, 2017; Osher et al., 2012).
- The plan must be based on the justice-involved individual's strengths and identified service needs. It is the justice-involved individual who identifies and prioritizes the services needed.
- The plan needs to include comprehensive information from BH (SUD/ODD and mental health), criminogenic risk, and psychosocial, educational, and vocational assessments.
- "Lead case planners must identify the appropriate people from the agencies who will comprise the case management team for the participants....and should include representatives from criminal justice, behavioral health, and social service agencies..." (NRRC, 2017).
- Community transition and reentry need to begin immediately once an offender enters a facility-based Licensed Treatment Facility.
- The facility-based treatment provider works individually and in group sessions to ensure that offenders understand the importance of continuing treatment and programming upon release into the community.

Information Sharing

- Copies of the substance use assessment, treatment plan, discharge summary, and reentry plan should be shared with the appropriate community-based service providers.
- Additional reports for other service needs should also be forwarded to involved service providers.
- Signed consent for release of information (ROI) forms (see Sample 1 and Sample 2) should be completed by facility-based treatment program staff (or contractual case manager), for identified community-based programs for each justice-involved individual and include releases for parole, and other community-based programs (i.e. community mental health, county health department, domestic violence or anger management programs) as needed.

Individual Service Needs: Responding to Justice-Involved Individual Needs that may Impact Active Referral Approach

The following section highlights the individual needs that often impact whether a justice-involved individual will successfully connect with and start treatment. These needs are typically identified during the justice-involved individual's screening and assessment and may be imperative to their recovery and lifestyle success. Changes in the service needs of justice-involved individuals may occur at any point within the treatment and reentry process. Therefore, continuous review of where the justice-involved individuals are in their treatment and recovery is imperative.

Referral decisions that could lead to better outcomes for the justice-involved individual should focus on applying the indicators to the service needs that drive the justice-involved individual's referral. The practical application for the various service needs can then be addressed through primary and secondary indicator-guided questions to better focus the referral decision. A common need of most justice-involved individuals (that is not always evaluated or assessed) is the justice-involved individual's ability to access the treatment services to which they are referred. The questions in this section can serve as a starting point for CJ and BH providers, but it is not all-inclusive of the questions that can be asked to better individualize the justice-involved individual's referral needs.

Appendix E provides links to the various resource categories within this chapter that can assist CJ and BH providers in identifying solutions to the indicator-guided questions below. These resources may be needed to accommodate the justice-involved individual's treatment and reentry needs.

Primary/Secondary Indicator-Guided Questions for a Justice-Involved Individual's Focused Referral

The guided questions below refer to specific resources to consider for each question section. Some example resources can be found in **Appendix E**, grouped by resource type. Alternatively, you can click the resource type that follows the questions to be taken to the appropriate section of **Appendix E**.

Access to Treatment

- Does the justice-involved individual live in a rural area or a location with limited or no treatment providers?
- Does the justice-involved individual have employment obligations that may interfere with their ability to attend on-site treatment services?
- Does the justice-involved individual have an alternative means (i.e., computer, smart phone, internet) to participate in technology-assisted treatment services?
- Does the justice-involved individual have social support that would assist in gaining access to treatment (e.g. friends/family that could drive the justice-involved individual to appointments)?
- Is the justice-involved individual willing to engage in treatment? If not, what are the barriers to their willingness?
- Would the high cost of programming decrease the likelihood of program participation and completion?

Resources to Consider:

- [Tele-Behavioral Health Resources](#)
- [Transportation Resources](#)
- [Employment Resources](#)

Family, Relationships, and Support

- Does the justice-involved individual have a support system?
- Is the justice-involved individual's support system equipped with the information and resources needed to assist the justice-involved individual?
- Does the justice-involved individual's family participate (or are they willing to participate) in services that connect them to the justice-involved individual during treatment?
- Does the justice-involved individual's support system know how to respond to the justice-involved individual's needs in a crisis (i.e., opioid overdose, etc.)?
- Are the justice-involved individual and their family members familiar with the types of support groups available?
- Is the justice-involved individual informed on practices for minimizing contact with social network members who may hinder recovery?

Resources to Consider:

- [Case Management Resources](#)
- [Family Support Resources](#)
- [Peer Support/Peer Navigation and Social Networking Resources](#)

Housing Status and Safety Concerns

- Does the justice-involved individual have a drug-free environment to live in?
- Can the justice-involved individual afford alternative housing?
- Are there Oxford Houses or Sober Living Environments that can be accessed?
- Do justice-involved individuals have access to information about the various alternative housing options available to them?

Resources to Consider:

- [Housing Resources](#)
- [Transition Resources](#)
- [Peer Support/Peer Navigation and Social Networking Resources](#)

Socioeconomic

- Does the justice-involved individual have the economic resources to pay for treatment?
- What are the available financial resources (i.e., Medicaid, veteran benefits, etc.) available to the justice-involved individual upon release?
- How can CJ staff and BH providers help the justice-involved individual prioritize their financial resources to obtain or sustain their treatment and reentry needs?

Resources to Consider:

- [Community-Based Financial Resources](#)
- [Case Management Resources](#)

Cultural Background, Race/Ethnicity

- How are language barriers addressed for the justice-involved individual?
- Is cultural diversity training conducted for CJ staff, BH staff, and justice-involved individuals?
- Are there recovery resources specific for the justice-involved individual in his/her community that match in terms of race, ethnicity, or culture?
- Is there training in place that discusses how policies and program practices can inadvertently contribute to racial/ethnic inequality in treatment access, participation, and completion?

Resources to Consider:

- [Cultural Competency Resources](#)

Employment History:

- Does the justice-involved individual have an employment history?
- Are programs or components of the program offered to the justice-involved individual that enhances employment skills?
- Are justice-involved individuals offered services that include job fairs to assist and educate the justice-involved individual about the available employment opportunities?

Resources to Consider:

- [Employment Resources](#)

Justice-Involved Individuals' Ability to Manage Money

- Does the justice-involved individual have life skills training?
- Are there community resources for life skills training available to the justice-involved individual?
- Are the justice-involved individuals required to participate in life skills groups as a part of their supervision requirements?

Resources to Consider:

- [Financial Resources](#)

Recreational and Leisure Activities

- Are recreational and leisure activities addressed with the justice-involved individual as a part of their post-treatment plans?
- Are justice-involved individuals educated on different types of activities that can positively or negatively impact their recovery?
- Are the justice-involved individual's post-treatment recreational and leisure activities discussed as a part of their supervision follow-up?
- Are there support groups that offer recreational and leisure activities available to the justice-involved individual?

Resources to Consider:

- [Mutual Help and Support Group Resources](#)
- [Case Management Resources](#)

Transportation:

- Is the justice-involved individual's access to transportation evaluated prior to referrals?
- Do the justice-involved individuals in rural areas have access to technology that can be utilized to provide community-based services?
- Is the justice-involved individual provided information about various transportation resources (i.e., bus passes)?
- Is there a one-stop shop that offers a myriad of services in one location to maximize referrals for justice-involved individuals with limited transportation options?

Resources to Consider:

- [Transportation Resources](#)
- [Tele-Behavioral Health Resources](#)

Gender Appropriateness:

- Are referrals for programs centered around gender-sensitive issues (i.e., gender identity, gender-based, and those justice-involved individuals who identify as non-binary) available?
- Is there an attitude of non-judgment and gender acceptance present in the referral process?
- Is there training in gender inclusivity available to CJ and BH staff working with the SUD/ODD population?
- Are there anti-discrimination policies in place addressing gender bias, gender shaming, and gender-appropriate language?

Resources to Consider:

- [Gender Specific Resources](#)
- [Cultural Competency Resources](#)

Domestic Violence:

- Do the justice-involved individual's treatment services provide a domestic violence intervention component?
- Does the screening and assessment process include tools that explore the need for domestic violence services?
- Does the justice-involved individual's treatment and release plan include objectives and resources for domestic violence assistance?

Resources to Consider:

- [Trauma Informed Care Resources](#)
- [Family and Support Resources](#)

Child Care/Child Custody/Child Rearing:

- Are family reunification programs provided to justice-involved individuals with children?
- Does the justice-involved individual have a history of child protective service involvement?
- Are children included in the treatment approach?
- Are parenting skills classes required as a part of the justice-involved individual's treatment and release planning?

Resources to Consider:

- [Family and Support Resources](#)

Medical Services:

- Are justice-involved individuals educated on how to access medical services?
- Are justice-involved individuals provided assistance with applying for programs (i.e., Medicaid, insurance) that will help with their medical needs?
- Are justice-involved individuals informed of the types of medical programs available in their communities?

Resources to Consider:

- [Case Management Resources](#)
- [Tele-Behavioral Health Resources](#)

Co-Occurring Mental Health Services:

- Are justice-involved individuals who are dually diagnosed informed of special services available to them in their communities, and how to access those services?
- Are justice-involved individuals connected to mental health services prior to completing SUD/OD treatment programs?
- Are justice-involved individuals connected to self-groups that are knowledgeable in supporting justice-involved individuals who are dually diagnosed?

Resources to Consider:

- [Case Management Resources](#)
- [Tele-Behavioral Health Resources](#)

Trauma Informed Care

- Are treatment services provided in an environment that is safe for the justice-involved individual?
- Are the justice-involved individuals periodically screened to identify potential barriers to their engagement because of past trauma?
- Are the justice-involved individuals educated on how to connect to services in the community that are sensitive to working with justice-involved individuals who have experienced a traumatic event?

Resources to Consider:

- [Trauma Informed Care Resources](#)
- [Case Management Resources](#)

Summary

This chapter was structured around the appropriate care indicators found in **Appendix C**. The chapter also notes the importance of utilizing all information about the justice-involved individual when making referrals to needed resources. Using all of the screening and assessment information provided should help CJ staff and treatment providers determine the appropriate treatment for the client.

Once the client is referred to treatment, CJ staff and treatment providers should determine if additional referrals may be needed to overcome barriers to treatment. The chapter then concludes with a series of questions to address and screen for treatment barriers. Should a client express that they are in need of services, a list of treatment resources can be found in **Appendix E**.

REFERENCES

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