

Testimony of  
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September 21, 2006

Mr. Chairman and Members of the Subcommittee, my name is Cheri Nolan, Senior Policy Advisor to the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services. Among many issues, I advise the Administrator on criminal and juvenile justice programs. I am extremely pleased to be here to testify on the importance of reentry programs and, more specifically, about SAMHSA's role in supporting reentry.

#### THE NEED TO FOCUS ON REENTRY

By mid-year 2004, more than 2.1 million people were incarcerated, and several hundred thousand offenders returned to the community each year from incarceration after serving sentences (Harrison and Beck, 2005). It is estimated that the vast majority of those serving sentences eventually return to the community. Studies have indicated recidivism rates in the three- to five-year period following release range from 67 to 90 percent depending on locale, severity of criminal activities, and length of time out of prison, among other factors. This "revolving door" pattern of arrest, imprisonment, release to the community, and re-arrest has spawned interest in the field of "offender reentry". Because studies over the past two decades have consistently found that over 60 percent of offenders tested at the time of arrest have admitted to using or been found to have used at least one illicit drug (DUF, ADAM Studies, DOJ), and because the rates of substance abuse disorders, mental health disorders, and/or co-occurring disorders for offenders are significantly higher than for the general population, SAMHSA is committed through its multiple justice programs and initiatives to addressing the twin issues of public health and public safety that merge in the criminal and juvenile justice systems. SAMHSA is also committed to partnering with other federal agencies and assisting the States and local communities through our criminal and juvenile justice grant programs.

Criminal and Juvenile Justice is one of SAMHSA's Priority program areas in the agency matrix that drives SAMHSA's policy, budget, planning, and programming activities. SAMHSA is actively involved in a number of public safety/public health initiatives that deal with addressing the needs of individuals with substance abuse and/or mental health disorders who are involved with the criminal and juvenile justice systems. These initiatives address topics and issues across the entire spectrum of the justice system continuum, from prevention and education for those individuals "at risk" of substance abuse, mental health disorders, and potential involvement with the justice system, to screening, assessment, treatment, case management and recovery services for individuals returning to communities from correctional facilities (commonly known as "offender reentry").

As opposed to viewing its role in the criminal and juvenile justice system merely from "arrest" through "return to the community", SAMHSA views the criminal and juvenile justice systems from this broader perspective, where at it can apply the appropriate level of interventions, starting with brief education and prevention efforts and culminating with intensive, regimented treatment modalities, sometimes used in conjunction with justice sanctions and incentives, to attempt to disrupt patterns of involvement with the criminal justice system.

SAMHSA's commitment to and activities in support of criminal and juvenile justice efforts are laid out in our comprehensive FY 2006-2007 Criminal and Juvenile Justice Strategic Plan which is available on our web site at [www.samhsa.gov](http://www.samhsa.gov).

## SAMHSA PROGRAMS

SAMHSA has been involved in reentry programs for several years, beginning with its collaboration with the Department of Justice and the Department of Labor in funding the Serious and Violent Offender Reentry Initiative (SVORI). The SVORI Federal partnership began in January 2002 with a total funding of \$110 million from the contributing agencies. SAMHSA committed \$16.24 million to this initiative in Fiscal Years (FYs) 2002 and 2003 and continues to attend Federal partner meetings.

SVORI is a multi-agency federal initiative designed to fund prototypical model approaches to the successful reintegration of incarcerated offenders into the community. It focuses on three phases of reentry:

- ? Confinement-incarceration stage - assessing the individual's needs and planning for the transition to the community;
- ? Reintegration-return to the community - releasing the individual into the community and linking needs with community services while under criminal justice supervision; and
- ? Sustainability - the period after conclusion of post-incarceration supervision where the individual needs support from family, friends, and community organizations, including faith-based organizations, in order to remain in the community as a productive citizen.

State and local units of government that forge partnerships with institutional and community corrections agencies were eligible for funds. Successful applicants demonstrated a partnership between the state correctional agency and at least one local agency involved in the provision of services and/or supervision of adults/juveniles (as appropriate) returning to the community from adult/juvenile correctional facilities. States received funding to fill service gaps in an existing, comprehensive reentry program, or developed and funded a comprehensive reentry program with federal technical assistance and/or evaluation services.

The goal of SVORI is to provide authorities with effective and appropriate assessment instruments, infrastructures, and resources to develop model reentry programs that begin in prisons, training schools, and other correctional institutions and to continue throughout the offender's transition and stabilization in the community. It provides for the development and implementation of reentry plans that address the issues that impact an offender's opportunity to make a successful transition to the community, including family relationships, housing,

employment, education, mentoring support, substance abuse and mental health treatment, and life skills.

In FY 2006, SAMHSA is providing criminal justice-substance use disorder cross-training to grantees in 69 sites around the Nation through the SAMHSA Addiction Technology Transfer Center (ATTC) Network. The ATTC network is part of SAMHSA's efforts to improve the delivery of substance abuse prevention and treatment services.

SAMHSA is funding the Young Offender Reentry Program (YORP), part of the Criminal Justice Activities within our Programs of Regional and National Significance (PRNS). YORP is a four-year grant program designed to provide funds for States, Tribes and tribal organizations, local governments, and community-based private non-profit organizations to expand and/or enhance substance abuse treatment and related reentry services in agencies. It focuses on providing supervision and services to sentenced juveniles and young adults returning to the community from correctional facilities. The Program's focal point is on community-based recovery services, although limited services inside correctional facilities, such as screening and assessment for substance abuse and for transitional planning, are allowed. Both systems linkages (partnerships between justice agencies and community-based agencies) and services provision are required of grantees. Twelve YORP grants were funded in FY 2004, and 11 YORP grants were awarded in FY 2005. Grantees receive up to \$500,000 per year for a four-year period, contingent upon satisfactory performance from year to year.

The targeted youth populations are sentenced juveniles 14 to 18 years of age under the jurisdiction of the juvenile justice system (with allowances for differing age requirements in each state) and sentenced young offenders up to 24 years of age under the supervision of the criminal justice system.

Through the PRNS, SAMHSA also funds Drug Court Programs that provide a successful alternative to incarceration for defendants who constantly cycle between addiction leading to crime, incarceration, release, relapse, and recidivism. Close supervision, drug testing, and the use of sanctions and incentives help ensure that offenders stick with their treatment plans while public safety needs are met. Specifically, SAMHSA is funding 16 Juvenile Drug Courts and 9 Family Drug Treatment Courts designed to target effective treatment services to break the cycle of child abuse or other criminal behavior, alcohol or drug abuse, and incarceration, by funding alcohol and drug treatment and additional supportive services.

In FY 2002, 10 grants were awarded to support programs in the Jail Diversion program, which diverts persons with mental illness from the criminal justice system to community mental health and supportive services. Seven grants were added in FY 2003 and 3 more in FY 2004, for a total of 20 grants. These are three-year grants of \$300,000 per year. Grantees are responsible for matching the Federal contribution.

Under the program, grantees are to plan programs for diversion at one or more points on the criminal justice processing spectrum, including pre-booking and post-booking programs. All funded diversion programs must refer the person to mental health community-based treatment providers. After initial referral to a mental health care provider, and subsequent to community-based screening and assessment by the provider, persons may be referred to other needed community-based services.

The Technical Assistance Policy Center was funded at the same time as the 2002 Jail Diversion grantees, as a result of the same SAMHSA funding solicitation. The Center serves as the coordinating center for the 17 Jail Diversion grantees and provides them with a number of services.

SAMHSA collaborates on these issues in additional ways besides grants. SAMHSA has been actively involved with the criminal justice initiatives of the Council of State Governments that also deal with offender reentry issues. SAMHSA, as well as other federal agencies, has provided funding for the Urban Institute's Reentry Policy Forum.

SAMHSA regularly attends the Reentry Roundtables that are sponsored by the Urban Institute with funding from Department of Justice. These discussions bring together federal, State and local government officials with national and local experts on reentry policies and practices.

SAMHSA is currently participating in a Bureau of Justice Assistance partnership with the National Association of Counties (NACo). We are working toward the planning and development of a manual that assists local governments in jail-to-community transitional planning for inmates with substance abuse and mental illness or co-occurring disorders. NACo has been charged with researching local best transition planning practices and disseminating information to local governments.

I also want to share with you information about funding sources available to States, local public jurisdictions, and community based organizations, including faith based organizations, for substance abuse prevention and treatment. These funds may be used for a wide variety of applications, including programs that foster offender reentry.

SAMHSA launched the Strategic Prevention Framework in 2004 with the intention to more effectively and efficiently align and focus our prevention resources. SAMHSA awarded Strategic Prevention Framework grants to 25 States and 2 territories to advance community-based programs for substance abuse prevention, mental health promotion, and mental illness prevention. Currently, 34 States and 6 American Indian tribes or tribal organizations have received a grant under this program. These grantees are working with our Centers for the Application of Prevention Technology to systematically implement a risk and protective factor approach to prevention across the Nation. Whether we speak about abstinence or rejecting drugs, tobacco, and alcohol; or we are promoting exercise or a healthy diet, preventing violence, or promoting mental health, we are all working towards the same objective - reducing risk factors and promoting protective factors.

The success of the Framework rests on the tremendous work that comes from grassroots community anti-drug coalitions. We are working with the Office of National Drug Control Policy to administer the Drug-Free Communities Program. This program supports approximately 765 community coalitions across the country. Consistent with the Strategic Prevention Framework and the Drug Free Communities grant programs, we are transitioning our drug-specific programs to a risk and protective factor approach to prevention. This approach also provides States and communities with the flexibility to target their dollars in the areas of greatest need.

SAMHSA supports treatment primarily through the Substance Abuse Prevention and Treatment

Block Grant. Appropriated at nearly \$1.8 billion in FY 2006, these funds are distributed to States using a formula dictated in statute. States have considerable flexibility in their use of the funds.

We also support treatment through competitive grants whereby public and non-profit private entities apply directly to SAMHSA for funds in areas chosen by the agency after consultation with stakeholders. Applications are reviewed and scored by experts from outside Federal government and SAMHSA funds those with the best scores. One such competitive program is our Targeted Capacity Expansion (TCE) program, under which SAMHSA continues to help States identify and address new and emerging trends in substance abuse treatment needs.

In President Bush's 2003 State of the Union Address, the President resolved to help people with a drug problem who sought treatment but could not find it. He proposed Access to Recovery (ATR), a consumer-driven approach for obtaining treatment and sustaining recovery through a State-run voucher program. State interest in ATR was overwhelming. Sixty-six States, territories, and Tribal organizations applied and competed for grants in FY 2004; grant awards of approximately \$100 million were made to 14 States and 1 tribal organization. The President's FY 2007 budget requests \$98 million to continue the ATR program and fund a new cycle of three-year grants to States beginning in FY 2007.

ATR is a valuable program that gives clients the opportunity to participate in deciding their path to recovery, while it gives States an opportunity to inject recovery support services into the current treatment system to improve outcomes. The program's goal is to serve 125,000 clients over a three-year period.

ATR provides for both substance abuse treatment and recovery support services, which means it can be an effective tool in addressing reentry for many of the individuals currently in jails and prisons. For example, data for ATR clients served through June 30 reported that 81.8 percent of clients who were involved with the criminal justice system at intake to ATR reported no involvement at discharge. Thus, SAMHSA is partnering with the Department of Labor and the Department of Justice in order to better provide treatment services for clients enrolled in the President's Prisoner Reentry Initiative (PRI). The partnership will increase the numbers of both ATR and PRI clients serviced because clients under PRI who have substance abuse treatment and recovery support services needs are eligible for ATR vouchers and vice versa. The collaboration will also enhance services being offered by both programs (e.g., PRI provides more comprehensive employment assistance while ATR offers more broad recovery support services). ATR grantees are making every effort to collaborate with the PRI to realize the full benefits of this initiative.

In conclusion, SAMHSA funds a variety of reentry program as part of its commitment to addressing issues along all points of the justice system continuum, from prevention and education for those individuals "at risk" of substance abuse, mental health disorders, and involvement with the justice system, to screening, assessment, treatment, case management and recovery services for those individuals who are returning to the community from a correctional facility.

Thank you for this opportunity to provide this information to you. I would be happy to answer any questions you may have.