

Annotated Bibliography – September 2025 Edition

This document highlights resources to support your work in reducing drug related crime.

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Juvenile Justice System

Background Information

1. Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of general psychiatry*, 59(12), 1133-1143.

This study found that most youth in juvenile detention have at least one mental health or substance use disorder. Nearly 60% of boys and over two-thirds of girls met criteria for a psychiatric disorder other than conduct disorder, and about half had a substance use disorder.

2. Fazel, S., Doll, H., & Långström, N. (2008). Mental disorders among adolescents in juvenile detention and correctional facilities: a systematic review and metaregression analysis of 25 surveys. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(9), 1010-1019.

This review of 25 surveys found that mental health problems are very common among adolescents in detention or correctional facilities. Over half of both boys and girls had conduct disorder, and nearly 30% of girls and 10% of boys had major depression. Adolescents in detention were about 10 times more likely to experience psychosis compared to adolescents in the general population.

3. Kim, B. E., Gilman, G. B., Thompson, C., & De Leon, J. (2021). Statewide trends of trauma history, suicidality, and mental health among youth entering the juvenile justice system. *Journal of Adolescent Health*, 68(2), 300–307.

This study examined over 16,500 youth in Washington State who were placed on probation between 2011 and 2015. Nearly 80% reported at least one traumatic experience, and rates of mental health problems increased from 56.8% to 63.3% over the study period. Suicide risk also increased from 21% to 29%.

4. Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., ... & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(10), 980-989.

This study surveyed over 10,000 U.S. adolescents and found that nearly 1 in 4 have experienced a mental disorder with severe impairment during their lifetime. Anxiety disorders were the most common (31.9%), followed by behavior disorders (19.1%), mood disorders (14.3%), and substance use disorders (11.4%).

5. Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf>

The 2022 National Survey on Drug Use and Health (NSDUH) found that 17.3% of people aged 12 or older (48.7 million people) had a substance use disorder (SUD) in the past year, with alcohol use disorder being the most common. Mental health challenges were also widespread, with 6% of adults (15.4 million) experiencing serious mental illness, and 19.5% of adolescents (4.8 million) reporting a major depressive episode in the past year. While nearly 1 in 4 adults received mental health treatment in 2022, most people with SUDs—especially youth—did not seek or receive treatment.

6. Barnert, E. S., Abrams, L. S., Tesema, L., Dudovitz, R., Nelson, B. B., Coker, T., ... & Chung, P. J. (2018). Child incarceration and long-term adult health outcomes: a longitudinal study. *International journal of prisoner health*, 14(1), 26-33.

This study examined over 14,000 people to understand how being incarcerated as a child (ages 7–13) affects long-term health. Those incarcerated as children were more likely to report poor overall health, physical limitations, depression, and suicidal thoughts as adults compared to those first incarcerated at older ages or never incarcerated.

7. Teplin, L. A., Potthoff, L. M., Aaby, D. A., Welty, L. J., Dulcan, M. K., & Abram, K. M. (2021). Prevalence, comorbidity, and continuity of psychiatric disorders in a 15-year longitudinal study of youths involved in the juvenile justice system. *JAMA pediatrics*, 175(7), e205807-e205807.

This 15-year study followed 1,829 youth who were detained in juvenile justice facilities and found that psychiatric disorders often persisted well into adulthood. About 64% of males and 35% of females who had a mental health disorder during detention continued to have a disorder 15 years later.

8. Welty, L. J., Hershfield, J. A., Abram, K. M., Han, H., Byck, G. R., & Teplin, L. A. (2017). Trajectories of substance use disorder in youth after detention: A 12-year longitudinal study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(2), 140-148.

This 12-year study tracked 1,829 youth after juvenile detention and found that over 80% developed a substance use disorder (SUD) at some point. Three main patterns emerged: some youth showed temporary SUDs, some had persistent but decreasing SUDs, and a smaller group had severe, long-lasting SUDs involving multiple drugs.

9. Seiter, L. (2017). *Mental health and juvenile justice: A review of prevalence, promising practices, and areas for improvement*. Washington, DC: National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth.

This report reviews how common mental health problems are among youth in the juvenile justice system and highlights the challenges of addressing their needs. It shows that up to 70% of justice-involved youth have at least one mental health disorder, often multiple, and many have experienced significant trauma. The report emphasizes the importance of early screening, trauma-informed care, and collaboration between juvenile justice, mental health, and educational systems to reduce recidivism and improve outcomes.

10. Beaudry, G., Yu, R., Långström, N., & Fazel, S. (2021). An updated systematic review and meta-regression analysis: Mental disorders among adolescents in juvenile detention and correctional facilities. *Journal of the American Academy of Child & Adolescent Psychiatry*, 60(1), 46-60.

This review of 47 studies involving over 32,000 adolescents across 19 countries found that mental health disorders are widespread in juvenile detention. Among boys: 2.7% had psychotic illness, 10.1% had major depression, 17.3% had ADHD, 61.7% had conduct disorder, and 8.6% had PTSD. Among girls: 2.9% had psychotic illness, 25.8% had major depression, 17.5% had ADHD, 59.0% had conduct disorder, and 18.2% had PTSD.

11. Ackerman, E., Magram, J., & Kennedy, T. D. (2024). Systematic Review: Impact of Juvenile Incarceration. *Child Protection and Practice*, 100083.

This review examined 18 studies on the impact of juvenile incarceration on life outcomes such as mental health, education, employment, and recidivism. The review found that incarceration during adolescence often leads to long-term negative effects, including poorer mental and physical health, reduced educational and job opportunities, and higher chances of reoffending.

12. Johnson-Kwochka, A., Salgado, E. F., Pederson, C. A., Aalsma, M. C., & Salyers, M. P. (2022). Treatment completion among justice-involved youth engaged in behavioral health treatment studies in the United States: A systematic review and meta-analysis. *Journal of Clinical and Translational Science*, 6(1), e86.

Johnson-Kwochka et al. (2022) conducted a systematic review and meta-analysis of 13 studies involving justice-involved youth to examine rates of behavioral health treatment completion. They found that overall treatment completion was high (about 83%), with family- or group-based treatments showing higher completion rates (nearly 88%) compared to individual treatments (61%), though results may be affected by publication bias and inconsistent reporting across studies.

13. Petrich, D. M., Pratt, T. C., Jonson, C. L., & Cullen, F. T. (2021). Custodial sanctions and reoffending: A meta-analytic review. *Crime and justice*, 50(1), 353-424.

Petrich et al. (2021) conducted a large meta-analysis of 116 studies and found that custodial sanctions like imprisonment do not reduce reoffending and may even slightly increase it compared to noncustodial sanctions such as probation. Their findings show that incarceration does not improve public safety by lowering recidivism and suggest that prisons need major reform to effectively rehabilitate offenders.

Sequential Intercept Model

1. Heilbrun, K., Goldstein, N. E., DeMatteo, D., Newsham, R., Gale-Bentz, E., Cole, L., & Arnold, S. (2017). The sequential intercept model and juvenile justice: Review and prospectus. *Behavioral Sciences & the Law*, 35(4), 319-336. <https://onlinelibrary.wiley.com/doi/abs/10.1002/bsl.2291>

Heilbrun et al. (2017) reviewed how the Sequential Intercept Model (SIM), originally designed for adults, can be adapted to address the behavioral health needs of justice-involved youth. The article outlines five key intercept points where interventions can divert youth toward rehabilitation such as police diversion programs, juvenile problem-solving courts, and probation reforms.

Law Enforcement Deflection

1. Anderson, S., Petis, L., & Snider, J. (2022). *Overview of Juvenile Deflection in the United States: A State-by-State Comparison*. R Street Institute.

This report by R Street Institute (2022) provides a nationwide overview of law-enforcement-led juvenile deflection programs by analyzing state-level support, juvenile arrest, detention, and commitment rates, and the presence of deflection initiatives in the largest city of each state. The study highlights the lack of centralized information, varying state policies, and gaps in formal deflection programs.

2. Seacrest, L. (2023). Data-Driven Deflection: A Systems Approach to Reducing Juvenile Arrests. Obtained from <https://www.rstreet.org/research/data-driven-deflection-a-systems-approach-to-reducing-juvenile-arrests/>. Accessed on May 13, 2025.

The R Street Institute (2022) policy paper highlights pre-arrest diversion (“deflection”) as an effective strategy to reduce juvenile arrests and their long-term negative impacts. Using case studies like Florida’s civil citation program and the Cambridge Safety Net Collaborative, the report shows how strong data collection and cross-agency collaboration can lower recidivism, reduce racial disparities, and save millions in costs while keeping youth out of the justice system.

3. Wilson, D. B., Brennan, I., & Olaghere, A. (2018). Police-initiated diversion for youth to prevent future delinquent behavior: A systematic review. *Campbell systematic reviews*, 14(1), 1-88.

Wilson et al. (2018) conducted a systematic review and meta-analysis of experimental and quasi-experimental studies comparing police-initiated diversion (warnings, cautions, brief counseling) with traditional court processing for 12–17-year-olds. Across 19 evaluations, police-led diversion modestly reduced later delinquent behavior for low-risk youth, supporting its use as an early alternative response in youth crime policy.

4. Mears, D. P., Kuch, J. J., Lindsey, A. M., Siennick, S. E., Pesta, G. B., Greenwald, M. A., & Blomberg, T. G. (2016). Juvenile court and contemporary diversion. *Criminology & Public Policy*, 15(3), 953–981.

Mears et al. (2016) reviewed traditional and contemporary diversion efforts, focusing on civil citation programs as a modern approach to juvenile diversion. They highlight that while diversion can benefit youth by avoiding formal court processing, it also carries risks like net-widening—where low-risk youth who might have otherwise received no formal sanction end up under increased supervision. The authors stress that diversion should be implemented carefully and guided by research to maximize benefits and avoid unintended harms.

5. Illinois Juvenile Justice Commission (2020). Preventing Youth Arrests through Deflection: Best Practices and Recommendations. Obtained from <https://ijjc.illinois.gov/resources/publications/reports/preventing-youth-arrests-through-deflection/>. Accessed on 5/12/2025

The Illinois Juvenile Justice Commission (2020) recommends replacing ineffective police diversion programs with research-based deflection models that engage community stakeholders and prioritize pre-arrest intervention. They stress that services should be voluntary, high-quality, and managed by community-based agencies rather than law enforcement. The report also calls for robust monitoring using clear metrics, a logic model to track short- and long-term outcomes, and transparent data reporting—particularly regarding racial disparities—along with infrastructure for ongoing community dialogue and accountability.

Deferred Prosecution

1. Wright, R. F., & Levine, K. L. (2021). Models of prosecutor-led diversion programs in the United States and beyond. *Annual Review of Criminology*, 4(1), 331-351.

Wright and Levine (2021) review prosecutor-led diversion programs in the United States (U.S.) and internationally. However, because prosecutors control these programs without needing judicial input, risks include inconsistent application and net widening. The authors highlight that most evaluations are local and call for broader research to better understand how prosecutor-led diversion impacts fairness and effectiveness.

2. Fabelo, T., Arrigona, N., Thompson, M. D., Clemens, A., & Marchbanks, M. P. (2015). Closer to home: An analysis of the state and local impact of the Texas juvenile justice reforms. Council of State Governments Justice Center.

Fabelo et al. (2015) conducted a comprehensive policy analysis of juvenile justice reforms in Texas. Youth involved in the Texas juvenile justice system faced high rearrest rates overall, but those committed to state-run facilities were more than twice as likely to be reincarcerated within five years and three times more likely to commit a felony as their first re-offense compared to youth supervised in the community. Youth diverted to county probation showed notably better outcomes, with lower rates of reoffending.

3. Cauffman, E., Beardslee, J., Fine, A., Frick, P. J., & Steinberg, L. (2021). Crossroads in juvenile justice: The impact of initial processing decision on youth 5 years after first arrest. *Development and psychopathology*, 33(2), 700-713.

This longitudinal study found that youth who were formally processed through the juvenile justice system following their first arrest experienced significantly worse outcomes over the next five years than those who were informally diverted. Formally processed youth were more likely to be rearrested and incarcerated, exhibited more violent behavior, had lower educational attainment, and reported weaker self-regulation and fewer perceived life opportunities.

Juvenile Drug Court

1. Stein, D. M., Homan, K. J., & DeBerard, S. (2015). The effectiveness of juvenile treatment drug courts: A meta-analytic review of literature. *Journal of Child & Adolescent Substance Abuse*, 24(2), 80-93.

This meta-analysis of 31 studies found that youth participating in juvenile drug treatment courts (JDTCs) experienced modest reductions in recidivism compared to youth in comparison groups. Effect sizes varied depending on when recidivism was measured (during, during plus post-program, or post-program only), but overall results suggest JDTCs provide small but positive benefits.

2. Belenko, S., Dennis, M., Hiller, M., Mackin, J., Cain, C., Weiland, D., ... & Kagan, R. (2022). The impact of juvenile drug treatment courts on substance use, mental health, and recidivism: Results from a multisite experimental evaluation. *The Journal of Behavioral Health Services & Research*, 49(4), 436-455.

This multisite experimental evaluation assessed the effectiveness of Juvenile Drug Treatment Courts (JDTCs). The study found that JDTCs led to small to moderate reductions in cannabis use and recidivism, and improved access to mental health services, particularly among high-risk youth. However, the overall impact was limited, likely due to inconsistent implementation of best practices and overlap between JDTCs and traditional juvenile courts.

3. Tanner-Smith, E. E., Mojekwu, F., & Frankel, L. (2024). Examining the effects of Juvenile drug treatment courts: A systematic review and meta-analysis. *Criminal Justice and Behavior*, 51(1), 148-170.

Tanner-Smith and colleagues (2024) conducted a systematic review and meta-analysis of 55 U.S.-based studies to evaluate the effectiveness of Juvenile Drug Treatment Courts (JDTCs) compared to traditional juvenile adjudication. Their findings indicate that JDTCs produce modest reductions in general recidivism during court supervision; however, these effects do not appear to persist following program completion. The average graduation rate across JDTC participants was 54.74%.

4. Tanner-Smith, E. E., Lipsey, M. W., & Wilson, D. B. (2016). Juvenile drug court effects on recidivism and drug use: A systematic review and meta-analysis. *Journal of Experimental Criminology*, 12, 477-513.

Tanner-Smith, Lipsey, and Wilson (2016) conducted a meta-analysis of 46 U.S.-based studies to evaluate the effectiveness of juvenile drug courts on general recidivism, drug-specific recidivism, and drug use. Overall, juvenile drug courts showed no significant difference in outcomes compared to traditional court processing. Despite significant variability in effects across studies, no clear characteristics of more effective programs were identified, partly due to the generally low methodological quality of the research.

Peer Support and Mentoring

1. Tolan, P. H., Henry, D. B., Schoeny, M. S., Lovegrove, P., & Nichols, E. (2014). Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of experimental criminology*, 10, 179-206.

Tolan and colleagues (2014) conducted a meta-analysis of 46 rigorous studies evaluating mentoring programs for youth at risk of delinquency. The findings showed significant positive effects on delinquency and related outcomes, including aggression, drug use, and academic achievement, with effect sizes ranging from small to moderate. Mentoring programs emphasizing advocacy and emotional support, as well as those motivated by professional development, were particularly effective.

2. Hawkins, S., Karcher, M. J., Stewart, K., & DuBois, D. L. (2020). Mentoring for preventing and reducing delinquent behavior among youth. Washington DC: Office of Juvenile Justice and Delinquency Prevention.

Hawkins and colleagues (2020) reviewed research on mentoring as a way to prevent or reduce youth delinquency and found that mentoring relationships often help reduce problem behavior. Mentoring may be most effective when young people feel they matter—that they are noticed, needed, and important—and when it helps them build skills to set and achieve goals. However, difficulties in delivering and coordinating mentoring programs limit how many young people benefit.

3. DuBois, D. L. (2021). Mentoring programs for youth: A promising intervention for delinquency prevention. *National Institute of Justice Journal*, 283, 38-49.

DuBois (2021) provides a comprehensive literature review of youth mentoring programs, highlighting their potential to prevent delinquency and promote positive outcomes. The article discusses program effectiveness, common challenges like mentor recruitment and implementation fidelity, and suggests future research directions to enhance impact and scalability.

Additional References

1. Jennings WG, Maldonado-Molina M, Fenimore DM, Piquero AR, Bird H, & Canino G (2019). The linkage between mental health, delinquency, and trajectories of delinquency: Results from the Boricua Youth Study. *Journal of Criminal Justice*, 62, 66–73. 10.1016/j.jcrimjus.2018.08.003

Jennings and colleagues (2019) analyzed data from the Boricua Youth Study to explore how depression relates to patterns of delinquent behavior in Hispanic youth. While much of the link between depression and delinquency appeared to be due to other factors, depression still significantly increased the likelihood of following a high and rising path of delinquent behavior over time.

2. Schwalbe, C. S., Gearing, R. E., MacKenzie, M. J., Brewer, K. B., & Ibrahim, R. (2012). A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical psychology review*, 32(1), 26-33.

Schwalbe and colleagues (2012) conducted a meta-analysis of experimental studies on juvenile diversion programs to assess their impact on recidivism. Overall, most diversion programs did not significantly reduce reoffending, except for family-based interventions and some restorative justice programs with strong research involvement. The findings suggest that program type and quality of implementation matter.

3. Belenko, S., Knight, D., Wasserman, G. A., Dennis, M. L., Wiley, T., Taxman, F. S., ... & Sales, J. (2017). The Juvenile Justice Behavioral Health Services Cascade: A new framework for measuring unmet substance use treatment services needs among adolescent offenders. *Journal of substance abuse treatment*, 74, 80-91

Belenko and colleagues (2017) introduce the Juvenile Justice Behavioral Health Services Cascade as a framework to track and improve how youth under community justice supervision receive substance use treatment. The model highlights major gaps in identifying behavioral health needs and connecting youth to care, due in part to poor coordination between justice and health systems. The Cascade helps pinpoint where breakdowns occur and offers a roadmap for improving service access and engagement.

4. Funk, R., Knudsen, H. K., McReynolds, L. S., Bartkowski, J. P., Elkington, K. S., Steele, E. H., ... & Scott, C. K. (2020). Substance use prevention services in juvenile justice and behavioral health: results from a national survey. *Health & Justice*, 8, 1-8.

Funk and colleagues. (2020) found that only about one-third of juvenile justice and behavioral health agencies offer substance use prevention (SUP) services, with behavioral health providers more likely than justice agencies to provide them. Agencies were less likely to offer SUP if their youth had lower levels of substance use or lacked staff with advanced degrees.

5. Janopaul-Naylor E, Morin SL, Mullin B, Lee E, & Barrett JG (2019). Promising approaches to police–mental health partnerships to improve service utilization for at-risk youth. *Translational Issues in Psychological Science*, 5(2), 206–215.
10.1037/tps0000196

Janopaul-Naylor and colleagues (2019) studied a police–mental health partnership in Cambridge to see if it helped youth involved with the justice system get more mental health care. They compared youth who were diverted to services versus those who were arrested. Both groups had similar mental health needs, but youth who were diverted had more outpatient mental health visits afterward. There were no differences in emergency or hospital visits.

6. Olsson, T. M., Långström, N., Skoog, T., Andrée Löfholm, C., Leander, L., Brolund, A., ... & Sundell, K. (2021). Systematic review and meta-analysis of noninstitutional psychosocial interventions to prevent juvenile criminal recidivism. *Journal of Consulting and Clinical Psychology*, 89(6), 514.

Olsson and colleagues (2021) conducted a systematic review and meta-analysis to see if noninstitutional psychosocial programs help reduce repeat offenses in youth ages 12–17. They reviewed 35 studies but found no strong evidence that these interventions worked better than control treatments. Some individual programs showed small positive effects, but overall, the results were uncertain. The study suggests we need more reliable research to know what works best to prevent youth from reoffending.

7. Barrett JG, Janopaul-Naylor E, Rose J, Progovac AM, Hou SSY, & Lê Cook B (2019). Do diverted kids stay out of trouble? A longitudinal analysis of recidivism outcomes in diversion. *Journal of Applied Juvenile Justice Services*, 125–137. <http://npjs.org/ajjs/wp-content/uploads/2019/02/Do-Diverted-Kids-Barrett-Final.pdf>

Barrett and colleagues (2019) examined whether youth who participated in diversion programs were less likely to reoffend over time. Using longitudinal data, they found that diverted youth had lower rates of recidivism compared to those who went through the traditional juvenile justice system.

Adult Justice System

Background

1. Baranyi, G., Scholl, C., Fazel, S., Patel, V., Priebe, S., & Mundt, A. P. (2019). Severe mental illness and substance use disorders in prisoners in low-income and middle-income countries: a systematic review and meta-analysis of prevalence studies. *The Lancet Global Health*, 7(4), e461-e471. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30539-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30539-4/fulltext)

This study looked at how common serious mental illness and substance use problems are among people in prison in low- and middle-income countries. Researchers reviewed 23 studies from 13 countries and found that prisoners had much higher rates of mental health issues than the general public. For example, psychosis in prisoners was 16 times more common than the general population, depression and drug use were about six times more common, and alcohol problems were about twice as common.

2. Baranyi, G., Fazel, S., Langerfeldt, S. D., & Mundt, A. P. (2022). The prevalence of comorbid serious mental illnesses and substance use disorders in prison populations: a systematic review and meta-analysis. *The Lancet Public Health*, 7(6), e557-e568. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00093-7/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00093-7/fulltext)

This study reviewed 50 studies from around the world and found that about half of people in prison with psychosis or major depression also had a substance use disorder. The authors recommend that prisons screen for both conditions and provide combined treatment.

3. Bedaso, A., Ayalew, M., Mekonnen, N., & Duko, B. (2020). Global Estimates of the Prevalence of Depression among Prisoners: A Systematic Review and Meta-analysis. *Depression research and treatment*, 2020(1), 3695209 <https://onlinelibrary.wiley.com/doi/10.1155/2020/3695209>

This study reviewed 32 studies from around the world and found that about 37% of people in prison have depression. Rates were slightly higher in developing countries. The study recommends regular mental health screening and treatment for depression in prison settings.

4. Bronson, J., & Berzofsky, M. (2017). Indicators of mental health problems reported by prisoners and jail inmates, 2011–12. Bureau of Justice Statistics, (Special Issue), 1–16. <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>

This national U.S. report found that more than 1 in 4 jail inmates (26%) and 1 in 7 prisoners (14%) showed signs of serious psychological distress (SPD) in the past 30 days. Prescription medication was the most common treatment for SPD.

5. Emilian, C., Al-Juffali, N., & Fazel, S. (2025). Prevalence of severe mental illness among people in prison across 43 countries: a systematic review and meta-analysis. *The Lancet Public Health*, 10(2), e97-e110. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00280-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00280-9/fulltext)

This global study looked at mental illness in prisons across 43 countries. It found that about 1 in 8 people in prison had depression (12.8%), and about 1 in 25 had psychosis (4.1%). Rates were higher in lower-income countries. Diagnoses varied depending on who made them, and psychiatrists found slightly fewer cases than other professionals.

6. Fazel, S., Yoon, I. A., & Hayes, A. J. (2017). Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction*, 112(10), 1725-1739. <https://onlinelibrary.wiley.com/doi/10.1111/add.13877>

This study reviewed 24 studies from 10 countries to estimate how common substance use disorders are when people first enter prison. It found that about 1 in 4 people had an alcohol use disorder (24%), and drug use disorders were even more common, affecting 30% of men and 51% of women.

7. Fentahun, S., Takelle, G. M., Rtbey, G., Andualem, F., Tinsae, T., Tadesse, G., & Melkam, M. (2023). Common mental disorders and associated factors among Ethiopian prisoners: a systematic review and meta-analysis. *Frontiers in Psychiatry*, 14, 1214223. <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2023.1214223/full>

This review looked at eight studies with over 3,500 people in Ethiopian prisons and found that about 62% of prisoners had a common mental disorder, such as depression or anxiety. Rates were higher in some regions, like Amhara (72%). People with a history of mental illness, poor social support, or trauma were more likely to have these disorders.

8. Substance Abuse and Mental Health Services Administration. (2024). 2023 Companion infographic report: Results from the 2021, 2022, and 2023 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP24-07-020). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-2022-2023-nsduh-infographic>

This report highlights a survey of the US population and describes various prevalence rates for behavioral health conditions and behavioral health treatment engagement.

9. Busse, A., Suhartono, S., Fritz, H., Kashino, W., Singleton, N., Hedrich, D., ... & Campelloa, G. (2024). Health and justice coordination for increased access to health and social services for people with drug use disorders in contact with the criminal justice system. <https://www.unodc.org/unodc/drug-prevention-and-treatment/publications/data/2023/june/scientific-poster-health-and-justice-coordination-for-increased-access-to-health-and-social-services-for-people-with-drug-use-disorders-in-contact-with-the-criminal-justice-system.html>

This UNODC report collected data from 77 countries between 2016 and 2021 on alternatives to conviction or punishment for people with drug use disorders involved in the criminal justice system. Most countries (65) offer at least one type of alternative for drug-related offenses. Alternatives exist at multiple stages: pre-arrest (24 countries, mainly diversion to treatment or education), pretrial (37 countries, mostly treatment-focused interventions), trial and sentencing (51 countries, with conditional suspension of sentence common), and post-sentencing (23 countries, mainly early release programs).

10. Livanou, M., Furtado, V., Winsper, C., Silvester, A., & Singh, S. P. (2019). Prevalence of mental disorders and symptoms among incarcerated youth: a meta-analysis of 30 studies. *International journal of forensic mental health*, 18(4), 400-414.

This meta-analysis of 30 studies with over 8,000 incarcerated youth found high rates of mental disorders among this population. Females showed higher rates of depression, separation anxiety, and suicide risk, while males had higher rates of conduct disorder and emerging antisocial personality disorder.

11. Lynch, S. M., DeHart, D. D., Belknap, J. E., Green, B. L., Dass-Brailsford, P., Johnson, K. A., & Whalley, E. (2014). A multisite study of the prevalence of serious mental illness, PTSD, and substance use disorders of women in jail. *Psychiatric services*, 65(5), 670-674. <https://psychiatryonline.org/doi/10.1176/appi.ps.201300172>

This study of 491 women in jails across several U.S. states found that 43% had experienced serious mental illness (such as depression, bipolar disorder, or psychosis) in their lifetime, and 32% had it within the past year. Many women also had posttraumatic stress disorder (53%) and substance use disorders, with significant overlap: nearly one-third had both serious mental illness and PTSD, over one-third had serious mental illness and substance use disorders, and about one-quarter had all three.

12. Maruschak, L. M., Bronson, J., & Alper, M. (2021). Alcohol and drug use and treatment reported by Prisoners: Survey of Prison inmates, 2016. *Bureau of Justice Statistics, Issue*. <https://www.issup.net/knowledge-share/resources/2025-07/alcohol-and-drug-use-and-treatment-reported-prisoners-survey>

Among about 1.4 million state and federal prisoners in the US, 38% reported using drugs and 30% reported drinking alcohol at the time of their offense. Nearly two-thirds (64%) used at least one drug in the 30 days before their arrest. Among prisoners not incarcerated for the full year before prison admission (around 917,000 people), nearly half (47%) met DSM-IV criteria for a substance use disorder in the year before entering prison.

13. DeMatteo, D., LaDuke, C., Locklair, B. R., & Heilbrun, K. (2013). Community-based alternatives for justice-involved individuals with severe mental illness: Diversion, problem-solving courts, and reentry. *Journal of Criminal Justice*, 41(2), 64–71.
<https://doi.org/10.1016/j.jcrimjus.2012.09.002>

This article examines three community-based alternatives—diversion, problem-solving courts, and reentry into the community—and offers best practice recommendations for their development, implementation, and refinement. While these alternatives show promise for adults with severe mental illness in the justice system, research findings remain inconsistent, highlighting the need for more empirical studies to identify the most effective interventions.

Sequential Intercept Model

1. Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric services*, 57(4), 544-549. <https://psychiatryonline.org/doi/10.1176/ps.2006.57.4.544>

This article describes the Sequential Intercept Model (SIM). The SIM is a framework that helps communities address how people with serious mental illness become involved in the criminal justice system. It identifies key points—called intercepts—where interventions can stop or divert individuals from entering deeper into the system. These points include police contact, initial hearings, jail and courts, reentry after incarceration, and community supervision. The goal is to catch most people early to reduce criminalization and connect them to mental health treatment. Communities can use this model to plan and improve diversion strategies over time.

2. Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://onlinelibrary.wiley.com/doi/10.1002/bsl.2300>

Abreu et al. (2017) propose expanding the Sequential Intercept Model by adding “Intercept 0,” which focuses on early interventions before arrest. This new front-end stage aims to better address how people with mental health and substance use disorders interact with systems before law enforcement involvement. Intercept 0 helps mental health, substance use, and criminal justice stakeholders work together across traditional boundaries to prevent criminalization earlier in the process.

3. Bonfine, N., Barrenger, S. L., & Munetz, M. R. (2024). Approaching jail diversion and prevention of criminal legal system involvement simultaneously. *Psychiatric services*, 75(5), 489-491. <https://psychiatryonline.org/doi/full/10.1176/appi.ps.20230218>

Financial Costs (Supplemental Material)

1. Mueller-Smith, M. (2015). The criminal and labor market impacts of incarceration. Unpublished working paper, 18. <https://www.issup.net/knowledge-share/resources/2025-06/criminal-and-labor-market-impacts-incarceration>

This study uses data from Harris County, Texas, and a novel estimation method leveraging random courtroom assignment to examine incarceration's effects on criminal behavior, employment, and family outcomes. Findings show incarceration temporarily reduces crime (incapacitation), but increases the likelihood of reoffending long-term. It also reduces post-release employment and wages, increases reliance on food stamps, lowers marriage chances, and raises divorce rates. The estimated social costs of one year of incarceration for marginal defendants range from \$56,200 to \$66,800.

Pre-sentence Diversion

1. Ozturk, B., Bell, A., McLeod, D., & Gentzler, R. (2022). Criminal justice diversion and the importance of program retention. *Journal of Forensic Social Work*, 6(1), 43-56. https://www.researchgate.net/publication/359499032_Criminal_Justice_Diversion_and_the_Importance_of_Program_Retention

This study evaluates the impact of a justice navigation-based diversion program on recidivism in a mid-sized U.S. city. Among 757 individuals released from jail in 2021, only 3.7% of those who completed the diversion program were rearrested within a year, compared to 28.4% in the general community. However, non-retained participants had a recidivism rate of 31.2%, highlighting the importance of program retention.

2. St. Louis, S. (2024). The pretrial detention penalty: A systematic review and meta-analysis of pretrial detention and case outcomes. *Justice Quarterly*, 41(3), 347-370.

This systematic review and meta-analysis examined 57 studies to evaluate how pretrial detention influences case outcomes. Results show that detained defendants consistently face harsher outcomes than those released pretrial. Detained individuals were more likely to be convicted, to plead guilty, and more likely to be incarcerated and to receive longer sentences.

3. Mueller-Smith, M., & T. Schnepel, K. (2021). Diversion in the criminal justice system. *The Review of Economic Studies*, 88(2), 883-936.

This study investigated the long-term effects of diversion in Harris County, Texas. The authors found that diversion reduced reoffending rates by 50% and increase employment rates by 50% over 10 years.

4. Labriola, M., Coe, J., Sobol, D., & Mahler, A. (2023). Testing the Efficacy of Pretrial Diversion: RAND. https://www.rand.org/pubs/research_reports/RRA3059-1.html#citation

This study looked at Neighborhood Courts, a diversion program in San Francisco that uses restorative justice to handle certain criminal cases outside of regular court. Although the program seemed to reduce reoffending, the change was not large enough to be statistically certain.

5. Rempel, M., Labriola, M., Hunt, P., Davis, R. C., Reich, W. A., & Cherney, S. (2018). NIJ's multisite evaluation of prosecutor-led diversion programs. Center for Court Innovation. <https://www.ojp.gov/pdffiles1/nij/grants/251665.pdf>

This study looked at 16 prosecutor-led diversion programs across 11 places in the U.S. People who went through diversion were less likely to be convicted or sent to jail compared to similar people who went through regular court. The study also found that diversion programs saved money, especially when they diverted people early—before any court processing began.

6. Viljoen, J. L., Jonnson, M. R., Cochrane, D. M., Vargen, L. M., & Vincent, G. M. (2019). Impact of risk assessment instruments on rates of pretrial detention, postconviction placements, and release: A systematic review and meta-analysis. *Law and Human Behavior*, 43(5), 397. <https://psycnet.apa.org/fulltext/2019-46921-001.html>

This study looked at whether risk assessment tools—used to help decide who should stay in jail before trial or be released—affect how people are treated in the justice system. The researchers reviewed 22 studies covering over 1.4 million people. They found that using these tools was linked to a small drop in the number of people held in jail or prison, especially for those considered low risk. There was also a small drop in people committing new crimes. But when the most biased studies were removed, these results were no longer clear or strong.

Post-sentence Diversion

1. Koehler, J. A., Humphreys, D. K., Akoensi, T. D., Sánchez de Ribera, O., & Lösel, F. (2014). A systematic review and meta-analysis on the effects of European drug treatment programmes on reoffending. *Psychology, Crime & Law*, 20(6), 584-602. <https://www.tandfonline.com/doi/abs/10.1080/1068316X.2013.804921>

This meta-analysis reviewed 15 high-quality evaluations of drug treatment programs for offenders across six European countries. Results showed significant reductions in both reoffending and illicit drug use, especially in substitution therapy programs. However, most studies came from the UK, highlighting the need for broader research across Europe.

2. Zarkin, G. A., Cowell, A. J., Hicks, K. A., Mills, M. J., Belenko, S., Dunlap, L. J., & Keyes, V. (2015). Lifetime Benefits and Costs of Diverting Substance-Abusing Offenders From State Prison. *Crime & Delinquency*, 61(6), 829-850. <https://doi.org/10.1177/0011128712461904>

This study used a lifetime simulation model to estimate the impact of diverting substance-abusing offenders from prison to community-based treatment. Results showed significant cost savings for the criminal justice system and overall societal benefits. The findings support expanding access to community treatment as a more effective alternative to incarceration.

3. Tomaz, V., Moreira, D., & Souza Cruz, O. (2023). Criminal reactions to drug-using offenders: A systematic review of the effect of treatment and/or punishment on reduction of drug use and/or criminal recidivism. *Frontiers in Psychiatry*, 14, 935755. <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2023.935755/full>

This systematic review examined 23 studies on how treatment and punishment affect recidivism and drug use among justice-involved substance users. Findings show that treatment is more effective than punishment in reducing both reoffending and substance use.

4. Lindquist-Grantz, R., Mallow, P., Dean, L., Lydenberg, M., & Chubinski, J. (2021). Diversion programs for individuals who use substances: A review of the literature. *Journal of Drug Issues*, 51(3), 483-503. <https://journals.sagepub.com/doi/abs/10.1177/00220426211000330>

This scoping review analyzed 31 studies on diversion programs for people who use substances. The evidence found some evidence that diversion can reduce recidivism, substance use, and improve psychosocial outcomes, though results are limited by variation in program types and study designs.

5. Shapiro, G. K., Cusi, A., Kirst, M., O'Campo, P., Nakhost, A., & Stergiopoulos, V. (2015). Co-responding police-mental health programs: A review. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 606–620. <https://link.springer.com/article/10.1007/s10488-014-0594-9>

This review examined co-responding police-mental health programs and found they strengthen connections to community services and reduce justice system burden. However, evidence on broader impacts remains limited, and more research is needed to understand mechanisms of success and improve program effectiveness.

6. Lindquist-Grantz, R., Mallow, P., Dean, L., Lydenberg, M., & Chubinski, J. (2021). Diversion programs for individuals who use substances: A review of the literature. *Journal of Drug Issues*, 51(3), 483-503.

7. Pinals, D. A. (2017). Jail diversion, specialty court, and reentry services: Partnerships between behavioral health and justice systems. In R. Rosner & C.L. Scott (Eds.), *Principles and practice of forensic psychiatry* (pp. 237–246). Taylor & Francis.
8. Belenko S, Foltz C, Lang M, Sung H. Recidivism among high-risk drug felons: a longitudinal analysis following residential treatment. *J Offend Rehabil.* (2004) 41:105–32. doi: 10.1300/J076v40n01_06
9. Maume, M. O., Lanier, C., & DeVall, K. (2018). The effect of treatment completion on recidivism among TASC program clients. *International journal of offender therapy and comparative criminology*, 62(15), 4776-4795.

Adult Drug Courts

1. Sheeran, A. M., & Varline, J. (2024). The effect of drug treatment court on recidivism: a comparison with traditional court intervention. *Journal of Offender Rehabilitation*, 63(6), 367-386. <https://www.tandfonline.com/doi/full/10.1080/10509674.2024.2370286>

This study compared drug treatment court participants to those processed in traditional courts in Milwaukee County, Wisconsin and found that drug courts were more effective at reducing recidivism. It also explored differences within groups, showing that the type of intervention influenced outcomes, with graduates of drug court having the lowest likelihood of reoffending.

2. Trood, M. D., Spivak, B. L., & Ogloff, J. R. (2021). A systematic review and meta-analysis of the effects of judicial supervision on recidivism and well-being factors of criminal offenders. *Journal of Criminal Justice*, 74, 101796. <https://www.sciencedirect.com/science/article/abs/pii/S0047235221000167?via%3Dihub>

This meta-analysis found that problem-solving courts with judicial supervision significantly reduced recidivism compared to traditional justice processes. Mental health courts, individualized treatment plans, and frequent judicial supervision early in treatment were linked to stronger effects. However, high variability among studies highlights the need for more rigorous and detailed research.

3. Belenko, S., LaPollo, A. B., Gesser, N., Weiland, D., Perron, L., & Johnson, I. D. (2021). Augmenting substance use treatment in the drug court: A pilot randomized trial of peer recovery support. *Journal of Substance Abuse Treatment*, 131, 108581. [https://www.jsatjournal.com/article/S0740-5472\(21\)00307-X/fulltext](https://www.jsatjournal.com/article/S0740-5472(21)00307-X/fulltext)

This pilot randomized trial tested peer recovery specialist (PRS) support in a drug court setting and found that PRS participants had fewer rearrests and better drug court engagement than those receiving usual services. However, no effects were found on substance use recurrence or treatment engagement. The findings suggest promise for PRS in justice settings, but further research is needed with more diverse, higher-risk populations.

4. Joudrey, P. J., Howell, B. A., Nyhan, K., Moravej, A., Doernberg, M., Ross, J. S., & Wang, E. A. (2021). Reporting of substance use treatment quality in United States adult drug courts. *International Journal of Drug Policy*, 90, 103050. <https://www.sciencedirect.com/science/article/abs/pii/S0955395920303881?via%3Dihub=>

This systematic review examined the quality of U.S. adult drug court evaluations and found a strong emphasis on criminal justice outcomes over substance use treatment measures. Fewer than 10% of evaluations included key health-related indicators like service utilization, overdose, or mortality, while nearly half of process measures had poor data reliability. These findings raise concerns about the courts' capacity to improve substance use health outcomes.

5. Gallagher, J. R., Nordberg, A., Marlowe, D. B., Zongrone, C., & Szymanowski, S. (2022). A qualitative interpretive meta-synthesis (QIMS) of women's experiences in drug court: Promoting recovery in the criminal justice system. *Journal of Social Work Practice in the Addictions*, 22(3), 212-232. <https://www.tandfonline.com/doi/full/10.1080/1533256X.2021.1945870>

This qualitative meta-synthesis analyzed 79 women's experiences in drug courts and identified four key themes supporting recovery: supportive relationships with judges and counselors, improved parenting and mother-child relationships, access to gender-specific trauma and mental health services, and consistent monitoring that fostered accountability and motivation. The study highlights the unique needs of women in drug court and suggests tailored interventions can enhance outcomes.

6. Marlowe, D. B., Theiss, D. S., Ostlie, E. M., & Carnevale, J. (2022). Drug court utilization of medications for opioid use disorder in high opioid mortality communities. *Journal of substance abuse treatment*, 141, 108850. [https://www.jsatjournal.com/article/S0740-5472\(22\)00132-5/abstract](https://www.jsatjournal.com/article/S0740-5472(22)00132-5/abstract)

This study surveyed drug courts in high opioid mortality communities and found significant progress in medication for opioid use disorder (MOUD) access: 73% offered all FDA-approved medications and over 90% provided agonist treatments like buprenorphine or methadone. However, only a minority of eligible clients actually received MOUD, and many jails still lacked access, highlighting a persistent gap between policy and practice.

Mental Health Court

1. Fox, B., Miley, L. N., Kortright, K. E., & Wetsman, R. J. (2021). Assessing the effect of mental health courts on adult and juvenile recidivism: A meta-analysis. *American journal of criminal justice*, 46(4), 644-664. <https://link.springer.com/article/10.1007/s12103-021-09629-6>

This study reviewed 30 studies to see how mental health courts (MHCs) affect recidivism. The authors found that MHC contributed to a 74% decrease in recidivism.

2. Jalain, C. I., Lucas, P. A., & Higgins, G. E. (2024). Assessing the effectiveness of mental health courts in reducing recidivism: A systematic review with meta-analysis. *Justice Evaluation Journal*, 7(2), 212-230. <https://www.tandfonline.com/doi/full/10.1080/24751979.2024.2373245>

This meta-analysis found that participation in Mental Health Courts (MHCs) significantly reduces recidivism, with a 42% decrease among MHC participants.

3. Lowder, E. M., Desmarais, S. L., & Baucom, D. J. (2016). Recidivism following mental health court exit: Between and within-group comparisons. *Law and Human Behavior*, 40(2), 118. <https://psycnet.apa.org/record/2015-52473-001?doi=1>

This study examined recidivism one year after exiting Mental Health Court (MHC) and found that MHC participants had significantly fewer jail days compared to those receiving treatment as usual, though no differences were observed in charges or convictions. Among MHC participants, longer program participation, graduation, and co-occurring substance use were linked to greater reductions in jail days, suggesting MHCs may be especially beneficial for higher-risk individuals.

4. Lowder, E. M., Rade, C. B., & Desmarais, S. L. (2018). Effectiveness of mental health courts in reducing recidivism: A meta-analysis. *Psychiatric services*, 69(1), 15-22. <https://psychiatryonline.org/doi/10.1176/appi.ps.201700107>

This meta-analysis of 17 studies found that participation in Mental Health Courts (MHCs) is associated with a small but statistically significant reduction in recidivism compared to traditional criminal processing. MHCs were most effective in reducing jail time and charges, particularly when recidivism was measured after program exit. The study highlights considerable variability in outcomes across studies and calls for further research to understand the factors influencing MHC effectiveness.

Family Dependency Court

1. Zhang, S., Huang, H., Wu, Q., Li, Y., & Liu, M. (2019). The impacts of family treatment drug court on child welfare core outcomes: A meta-analysis. *Child abuse & neglect*, 88, 1-14.

This meta-analysis of 17 studies found that caregivers participating in Family Treatment Drug Courts (FTDCs) were significantly more likely to achieve child reunification compared to non-participants, with no increased risk of foster care reentry or maltreatment.

2. Logsdon, A. R., Antle, B. F., & Kamer, C. (2021). Family Treatment Drug Court Cost Analysis: An In-depth Look at the Cost and Savings of a Southeastern Family Treatment Drug Court. *Child Welfare*, 99(5), 51–74.

This cost–benefit analysis of a Family Treatment Drug Court (FTDC) in a southeastern urban county found overall savings between \$168,993 and \$837,993, driven by reduced time in care, fewer substance-affected births, and lower Medicaid and ER costs. The FTDC featured trauma-informed components, including parent psychoeducation and trauma-focused CBT, highlighting the potential financial and therapeutic value of expanded FTDC models.

3. Abarno, C. N., De Leon, A., Sharp, A. G., Moore, K., & Boothroyd, R. (2022). The impact of traumatic stress, social support, and substance problems on graduation among female offenders in a prescription drug court program. *Journal of Traumatic Stress*, 35(1), 42-54.

This study examined factors affecting graduation rates among 210 women in a prescription drug court program. Higher levels of posttraumatic stress, substance use problems, and nonmedical prescription drug use were all linked to lower chances of graduation. The findings highlight the need for trauma-informed, gender-responsive interventions in drug courts.

Re-entry: Short-term Detention

1. Miller, H. V., & Miller, J. M. (2015). A promising jail reentry program revisited: Results from a quasi-experimental design. *Criminal Justice Studies*, 28(2), 211-225.

This study evaluated the effectiveness of the Auglaize County Transition (ACT) reentry program for jail-involved individuals. The study found that participants in the reentry program had lower rates of rearrest and probation violations when simply compared to non-participants. However, after accounting for other factors, the difference in rearrest rates was no longer significant. Still, program participation was linked to fewer probation violations even after these adjustments.

2. Hayhurst, K. P., Leitner, M., Davies, L., Millar, T., Jones, A., Flentje, R., ... & Shaw, J. (2019). The effectiveness of diversion programmes for offenders using Class A drugs: a systematic review and meta-analysis. *Drugs: Education, Prevention and Policy*, 26(2), 113-124.

This systematic review and meta-analysis found that community-based diversion programs for Class A drug-using offenders had a modest positive effect on reducing drug use. However, the evidence for reducing criminal offending was unclear due to inconsistent outcome measures and study quality. Additionally, Class A drug users were less likely to complete treatment than users of other substances.

3. Moore, K. E., Hacker, R. L., Oberleitner, L., & McKee, S. A. (2020). Reentry interventions that address substance use: A systematic review. *Psychological services*, 17(1), 93.

This systematic review examined 34 reentry interventions that addressed substance use among justice-involved individuals and found that only a portion provided direct treatment, most commonly using cognitive-behavioral therapy or psychoeducation. While about half of the studies showed reductions in recidivism and substance use, results varied across treatment modalities.

4. Graves, B. D., & Fendrich, M. (2024). Community-based substance use treatment programs for reentering justice-involved adults: A scoping review. *Drug and Alcohol Dependence Reports*, 10, 100221.

This scoping review of 58 U.S.-based studies highlights a growing variety of community-based substance use treatments for reentering justice-involved adults, especially medications for opioid use disorder and peer support interventions. Programs more often showed positive effects on substance use than on criminal justice outcomes.

5. Grella, C. E., Ostlie, E., Watson, D. P., Scott, C. K., Carnevale, J., & Dennis, M. L. (2022). Scoping review of interventions to link individuals to substance use services at discharge from jail. *Journal of substance abuse treatment*, 138, 108718.

This scoping review of 14 studies examined interventions linking individuals with substance use disorders to treatment at jail discharge. Most interventions involved case management, peer navigation, or motivational strategies, with some focused on initiating or referring individuals to medications for opioid use disorder (MOUD). While results support the effectiveness of these approaches for initial treatment linkage, evidence was limited for long-term outcomes like treatment retention, adherence, recidivism, and substance use reduction.

6. Scott, C. K., Dennis, M. L., & Lurigio, A. J. (2017). The effects of specialized probation and recovery management checkups (RMCs) on treatment participation, substance use, HIV risk behaviors, and recidivism among female offenders: Main findings of a 3-year experiment using subject by intervention interaction analysis. *Journal of Experimental Criminology*, 13(1), 53–77. <https://doi.org/10.1007/s11292-016-9281-z>.

This study tested whether Recovery Management Checkups (RMCs) and specialized probation helped women with substance use disorders after release from jail. RMCs were effective in reducing drug use and risky behavior, but only when women were not on probation. While probation increased treatment participation, it was also linked to higher rates of arrest and incarceration. Overall, more treatment engagement and reduced substance use were associated with lower chances of reoffending.

Re-entry: Prison

1. Martha R. Plotkin and Alex M. Blandford, *Critical Connections: Getting People Leaving Prison and Jail the Mental Health Care and Substance Use Treatment They Need* (New York, NY: Council of State Governments Justice Center, 2017).

This discussion paper outlines how states can improve continuity of behavioral health care for individuals reentering the community after incarceration by leveraging Medicaid, SSI/SSDI, and VA benefits. It offers a framework for cross-system planning to identify eligible individuals, support benefit enrollment or reinstatement, and expand community treatment capacity. The paper aims to guide policymakers in strengthening reentry outcomes and making more effective use of public health and justice resources.

2. Hopkin, G., Evans-Lacko, S., Forrester, A., Shaw, J., & Thornicroft, G. (2018). Interventions at the transition from prison to the community for prisoners with mental illness: a systematic review. *Administration and Policy in Mental Health and Mental Health Services Research*, 45, 623-634.

This systematic review examined interventions for individuals with mental illness transitioning from prison to the community. While interventions such as Medicaid enrollment and assertive community treatment improved access to mental health and related services, their impact on reoffending and reincarceration was mixed, with some programs associated with increased returns to prison. The review highlights the need for more high-quality research to assess clinical outcomes and clarify how these interventions affect long-term justice involvement.

3. Edwards, L., Jamieson, S. K., Bowman, J., Chang, S., Newton, J., & Sullivan, E. (2022). A systematic review of post-release programs for women exiting prison with substance-use disorders: Assessing current programs and weighing the evidence. *Health & Justice*, 10, 1-32.

This systematic review evaluated post-release programs for women with substance use disorders exiting prison. While only a minority of programs showed significant reductions in recidivism or substance use, effective programs tended to be transitional, gender-responsive, and provided individualized support along with mental health and trauma services. The authors emphasize the need for improved measurement practices and call for future programs to prioritize continuity of care and address co-occurring needs to better support women during reentry.

4. Osher, F. (2007). Short term strategies to improve re-entry of jail populations: expanding and implementing the APIC Model. *American Jails*, 20, 9-18.

This article outlines the APIC model—Assess, Plan, Identify, and Coordinate—as a strategy to improve jail reentry outcomes. It emphasizes early assessment of needs, reentry planning that includes housing and healthcare, and coordinated service delivery upon release. Successful implementation depends on local priorities and a commitment to using incarceration as an opportunity to support health and community reintegration.

5. Osher, F., Steadman, H. J., & Barr, H. (2003). A best practice approach to community reentry from jails for inmates with co-occurring disorders: The APIC model. *Crime & Delinquency*, 49(1), 79-96.

This article presents the APIC model as a best-practice approach for jail reentry planning for individuals with co-occurring mental health and substance use disorders. It argues that inadequate planning leads to serious public health and safety risks, including relapse, hospitalization, homelessness, and recidivism. While outcome studies are limited, the model draws on multisite research to guide structured, coordinated reentry efforts starting at jail intake.

6. Stewart, A. C., Cossar, R. D., Quinn, B., Dietze, P., Romero, L., Wilkinson, A. L., & Stoové, M. (2022). Criminal justice involvement after release from prison following exposure to community mental health services among people who use illicit drugs and have mental illness: A systematic review. *Journal of Urban Health*, 99(4), 635-654.

This systematic review examined whether community mental health services reduce criminal justice involvement for people with co-occurring mental illness and illicit drug use after release from incarceration. Of the 13 included studies, 11 found that access to these services was associated with reduced reoffending. The findings highlight the importance of expanding and improving post-release connections to community mental health care, especially for individuals with complex needs.

Case Management

1. Vanderplasschen, W., Rapp, R. C., De Maeyer, J., & Van Den Noortgate, W. (2019). A Meta-Analysis of the Efficacy of Case Management for Substance Use Disorders: A Recovery Perspective. *Frontiers in psychiatry*, 10, 186.
<https://doi.org/10.3389/fpsy.2019.00186>

This meta-analysis evaluated the effectiveness of case management compared to treatment as usual (TAU) for people with substance use disorders. Results showed that case management had a small but significant positive effect overall, with notably larger benefits for treatment-related outcomes such as linkage to and retention in substance use treatment. However, effects on personal functioning outcomes like actual substance use reduction were minimal. The study concludes that case management is a valuable adjunct to standard care primarily by improving engagement in treatment, but more research is needed on its long-term impact on recovery.

2. Hicks, D. L., Comartin, E. B., & Kubiak, S. (2022). Transition planning from jail; treatment engagement, continuity of care, and rearrest. *Community Mental Health Journal*, 58(2), 288-299.

This study examined a jail-based mental health transition planning program and found it was associated with increased behavioral health treatment use, especially case management, after release. Individuals with high program engagement had greater odds of treatment engagement and continuity of care, which in turn delayed time to rearrest. Findings suggest such programs can improve post-release outcomes by enhancing service continuity and reducing recidivism.

3. Gerhardt, T. F., Ellenberg, E., Carlson, M., & Moore, K. A. (2025). Moving Beyond Referrals: Addressing Multilevel Barriers to Substance Use Treatment Engagement Through Police-Led Recovery Management Check-Ups. *The Journal of Behavioral Health Services & Research*, 52(1), 64-85.

This study evaluated a police-led recovery support and case management services, which aimed to improve treatment engagement among overdose survivors. Quantitative results showed the RMT successfully connected participants to support services, while qualitative data indicated improvements in recovery capital and reduced stigma. The findings support the

use of police-led RMCs to strengthen treatment engagement and long-term recovery outcomes.

4. Orrick, E. A., & Askew, L. N. (2024). The impact of specialized referral services on recidivism and length of stay among halfway house residents. *Journal of Offender Rehabilitation*, 63(5), 311-327.

This study assessed the effects of specialized case management services on outcomes for individuals with severe mental health needs and moderate-to-high criminogenic risk living in community residential facilities (CRFs). Using a randomized experimental design with 349 participants, the study found that those who received tailored referrals for treatment, housing, and employment had significantly shorter stays in the CRF. Moreover, successful completion of the program was linked to both a reduced length of stay and a significantly lower likelihood of returning to prison.

Specialize Community Supervision

1. Skeem, J. L., Manchak, S., & Montoya, L. (2017). Comparing public safety outcomes for traditional probation vs specialty mental health probation. *JAMA psychiatry*, 74(9), 942-948.

This longitudinal study compared traditional and specialty probation for 359 individuals with serious mental illness. While specialty probation did not significantly reduce violent behavior, it substantially lowered rearrest rates—28.6% (specialty probation) versus 51.8% (traditional probation) over two years—with effects lasting up to five years. These findings suggest specialty probation may be a promising strategy for reducing recidivism and supporting criminal justice reform for individuals with mental illness.

2. Matejkowski, J., Severson, M. E., & Manthey, T. J. (2015). Strategies for postrelease supervision of individuals with serious mental illness: Comparing specialized community corrections officers to those not serving on a specialized team. *Journal of Offender Rehabilitation*, 54(7), 520-537.

This study surveyed 222 community corrections officers to compare the supervision strategies of specially trained officers (STOs) and non-specialized officers working with adults with serious mental illness (SMI). STOs reported smaller caseloads and greater knowledge and support for rehabilitative approaches focused on risk, strengths, and mental health. While support for integrated supervision strategies was common, clear models for combining these approaches in practice—and evidence on which combinations work best for whom—remain limited.

3. Powell, N. K., Gunter, A., Roberts, M., & Van Deirse, T. (2024). Specialized Mental Health Supervision: Revocations and Risk Composition. *Criminal Justice and Behavior*, 51(6), 919-933.

This study used statewide data and propensity score matching to examine probation/parole outcomes for individuals with mental illness (MI), focusing on revocation rates and the role of Specialized Mental Health Supervision (SMHS). Findings show that people with MI face higher revocation rates—especially for technical violations—and that SMHS did not significantly reduce revocations after adjusting for caseload characteristics. Additionally, individuals with higher risk scores were less likely to be assigned to SMHS, raising concerns about equitable access to these specialized services.

4. Zortman, J. S., Powers, T., Hiester, M., Klunk, F. R., & Antonio, M. E. (2016). Evaluating reentry programming in Pennsylvania's Board of Probation & Parole: An assessment of offenders' perceptions and recidivism outcomes. *Journal of Offender Rehabilitation*, 55(6), 419-442.

This study evaluated Pennsylvania's reentry program, which provides intensive supervision and support to individuals transitioning from incarceration to the community. Based on 261 surveys and 226 interviews with participants across four counties, the program showed short-term benefits—such as positive perceptions of staff and support with substance use—but its effectiveness diminished over time. The findings suggest that while the program may aid initial reentry, enhancements are needed to sustain long-term reductions in recidivism. Policy implications include the need for continued support beyond the early reentry period and adjustments to strengthen long-term outcomes.

Peer Support and Recovery Capital

1. Ashford, R. D., Brown, A., Brown, T., Callis, J., Cleveland, H. H., Eisenhart, E., ... Whitney, J. (2019). Defining and operationalizing the phenomena of recovery: a working definition from the recovery science research collaborative. *Addiction Research & Theory*, 27(3), 179–188. <https://doi.org/10.1080/16066359.2018.1515352>

This article presents a consensus definition of “recovery” developed by the Recovery Science Research Collaborative to address the lack of clarity and consistency across the substance use and mental health fields. The collaborative effort aimed to operationalize recovery as a measurable concept for research and evaluation purposes in behavioral health. By establishing a unified definition, the authors seek to improve the study and application of recovery-related outcomes.

2. Hennessy, E. A. (2017). Recovery capital: a systematic review of the literature. *Addiction Research & Theory*, 25(5), 349–360.
<https://doi.org/10.1080/16066359.2017.1297990>

This systematic review examines the concept of recovery capital (RC), which refers to the various personal and social assets that support recovery from substance use disorders. Reviewing 35 studies, the author found that while RC has been studied in diverse adult populations, there is inconsistency in how it is defined and measured. The review highlights the need for future research to consistently use core RC domains, explore community-level factors, and focus more on specific populations such as youth and culturally diverse groups.

3. Bunaciu, A., Bliuc, A. M., Best, D., Hennessy, E. A., Belanger, M. J., & Benwell, C. S. Y. (2023). Measuring recovery capital for people recovering from alcohol and drug addiction: a systematic review. *Addiction Research & Theory*, 32(3), 225–236.
<https://doi.org/10.1080/16066359.2023.2245323>

This systematic review examined how recovery capital (RC) is measured quantitatively in research published between 2016 and 2023. It identified 69 studies, with 46 using one of ten established recovery capital questionnaires and 25 using alternative measurement approaches. While these questionnaires are generally valid and reliable for adults in various recovery settings and cover 41 different recovery capital constructs, more research is needed to confirm their psychometric properties across diverse populations and contexts. The review highlights the importance of both questionnaire-based and alternative methods for advancing recovery-oriented addiction care and research.

4. Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse*, 43(12–13), 1971–1986.
doi:10.1080/10826080802289762

This foundational paper by Cloud and Granfield (2008) expands on their original introduction of the recovery capital construct, which refers to the personal and social resources individuals can draw on to support recovery from substance misuse. The authors further develop the concept by exploring how access to high levels of recovery capital is associated with more sustained recovery, while limited access can impede it. Importantly, they introduce the notion of negative recovery capital—factors that hinder recovery, such as poor health, mental illness, incarceration, and structural disadvantage. The paper also discusses how demographic factors like gender and age intersect with recovery capital, offering a more nuanced understanding of the barriers and facilitators to long-term recovery.

5. Best, D., Higham, D., Pickersgill, G., Higham, K., Hancock, R., & Critchlow, T. (2021). Building recovery capital through community engagement: A hub and spoke model for peer-based recovery support services in England. *Alcoholism treatment quarterly*, 39(1), 3-15.

Best and colleagues (2021) examine a peer-based recovery support model in Cumbria, England. The model centers on peer champions and group-based recovery supports, highlighting how recovery spreads socially and may be considered contagious. Through three case studies, they demonstrate how assertive linkage and strong community connections help sustain individual recovery and strengthen broader recovery ecosystems. The study concludes that long-term success of recovery communities depends on ongoing, meaningful engagement with local communities and responsiveness to their needs.

6. Sells, D., Curtis, A., Abdur-Raheem, J., Klimczak, M., Barber, C., Meaden, C., ... & Emigh-Guy, M. (2020). Peer-mentored community reentry reduces recidivism. *Criminal Justice and Behavior*, 47(4), 437-456.

Sells and colleagues (2020) conducted a pilot randomized controlled trial to evaluate the impact of peer mentorship on recidivism during community reentry. Among 55 formerly incarcerated men, those who received peer mentorship in addition to standard reentry services had significantly lower rates of recidivism. The mentorship emphasized early intervention, relationship building, criminal desistance, social navigation, and pathways to citizenship. While results are promising, the authors recommend larger-scale studies to confirm findings and identify which components of the mentorship model are most effective.

7. Bellamy, C., Kimmel, J., Costa, M. N., Tsai, J., Nulton, L., Nulton, E., ... & O'Connell, M. (2019). Peer support on the "inside and outside": building lives and reducing recidivism for people with mental illness returning from jail. *Journal of Public Mental Health*, 18(3), 188-198.

Bellamy and colleagues (2019) evaluated a forensic peer support program aimed at reducing recidivism among individuals with mental illness returning from jail. They found that the estimated risk of reincarceration within one year was 21.7% for participants, compared to 43.4% for the general U.S. prison population. These findings suggest that peer support can significantly improve reentry outcomes for people with serious mental illness.

8. Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., . . . Delphin-Rittmon, M.E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*, 65(7), 853–861.

This review assessed the evidence base for peer recovery support services for individuals with substance use disorders. Although studies showed benefits such as reduced relapse, improved treatment engagement, and greater satisfaction, methodological limitations led authors to rate the overall evidence as moderate. More rigorous research is needed to isolate the effects of peer support and clarify its role in the treatment continuum.

9. Burden, E., & Etwaroo, E. (2020). Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for Effective Integration. *Federal Probation*, 84(2), 50–59.

Burden and Etwaroo (2020) describe the integration of Peer Recovery Support Services (PRSS) within Opioid Intervention Courts (OICs)—a specialized type of treatment and recovery court designed to address the opioid crisis. OICs differ from traditional drug courts in that they are voluntary, pre-plea, and emphasize immediate stabilization, crisis intervention, and rapid connection to treatment, including medication-assisted treatment (MAT) and peer support. The authors argue that PRSS are an essential component of effective OICs, offering participants lived-experience-based guidance and helping disrupt the cycle of overdose and reincarceration.

Law Enforcement/Community Deflection

1. Labriola, M., Peterson, S., Taylor, J., Sobol, D., Reichert, J. A., Ross, J., ... & Juarez, S. (2023). A multi-site evaluation of law enforcement deflection in the United States. RAND.

Labriola and colleagues (2023) conducted a multi-site evaluation of law enforcement deflection programs across six U.S. sites to understand how these initiatives are implemented and identify key facilitators and barriers. Using interviews, administrative data, and program records, the study offers insights into local models of deflection—programs that redirect individuals with substance use issues away from arrest and toward treatment. Outcome analyses at two sites suggest potential benefits, including reductions in drug-related deaths, overdoses, arrests, and increased treatment admissions, though results varied by location.

2. Harmon-Darrow, C., Afkinich, J., Franke, N. D., & Betz, G. (2023). Police diversion at arrest: A systematic review of the literature. *Criminal justice and behavior*, 50(3), 307-329.

Harmon-Darrow and colleagues (2023) conducted a systematic review of 47 empirical studies on police-initiated pre-arrest diversion programs for adults. The review found that such programs are generally associated with reduced recidivism and lower system costs, though evidence of improvements in behavioral health outcomes is limited. The authors emphasize the need for more rigorous research.

3. Zhang, A., Nyland, J. E., Balles, J. A., Henningfield, M. F., & Zgierska, A. E. (2025). Pre-Arrest Diversion-To-Treatment for Adults with Substance Use Disorder: Health Outcomes and Predictors of Program Completion. *Justice Evaluation Journal*, 1-18.

Zhang and colleagues (2025) evaluated a law enforcement-led pre-arrest diversion-to-treatment program (MARI) for adults committing drug-related offenses. Participants who completed the program showed significant improvements in mental health and treatment engagement. Baseline predictors of completion included prior treatment involvement, fewer recent incarcerations, and specific depression/anxiety profiles.

4. Nyland, J. E., Zhang, A., Balles, J. A., Nguyen, T. H., White, V., Albert, L. A., ... & Zgierska, A. E. (2024). Law enforcement-led, pre-arrest diversion-to-treatment may reduce crime recidivism, incarceration, and overdose deaths: Program evaluation outcomes. *Journal of Substance Use and Addiction Treatment*, 165, 209458.

Nyland and colleagues (2024) evaluated a pre-arrest diversion-to-treatment program for adults facing low-level drug-related charges. Program completers had significantly lower rates of re-arrest, incarceration, and overdose death compared to non-completers and those who did not engage. Findings underscore the potential of treatment-based diversion to reduce criminal justice involvement and overdose mortality.

5. Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2015). LEAD program evaluation: Recidivism report. Washington: University of Washington.

Collins and colleagues (2015) evaluated the Law Enforcement Assisted Diversion (LEAD) program in Seattle, which diverts individuals suspected of low-level drug and prostitution offenses away from jail and prosecution and into case management and supportive services. Compared to a control group, LEAD participants had significantly fewer arrests and felony charges, indicating both short- and long-term reductions in recidivism.

6. Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2019). Seattle's law enforcement assisted diversion (LEAD): Program effects on criminal justice and legal system utilization and costs. *Journal of Experimental Criminology*, 15, 201-211.

Collins and colleagues (2019) evaluated the effects of Seattle's Law Enforcement Assisted Diversion (LEAD) program on criminal justice system utilization and costs. They found that Seattle's LEAD program led to significantly fewer jail bookings and days spent in jail per year, as well as lower odds of prison incarceration. Participants also experienced a reduction in legal system costs, highlighting LEAD's potential as a cost-effective alternative to traditional prosecution.

7. Schucan Bird, K., & Shemilt, I. (2019). The crime, mental health, and economic impacts of prearrest diversion of people with mental health problems: A systematic review. *Criminal behaviour and mental health*, 29(3), 142-156.

Schucan Bird & Shemilt (2019) conducted a systematic review of pre-arrest diversion for individuals with mental health problems. While cost savings were commonly reported, evidence on mental health and criminal justice outcomes was limited and mixed. The authors emphasize the need for stronger evaluations before broader implementation.

8. Bailey, A., Harrington, C., & Evans, E. A. (2023). A scoping review of community-based post-opioid overdose intervention programs: implications of program structure and outcomes. *Health & Justice*, 11(1), 3.

Bailey, Harrington, & Evans (2023) conducted a scoping review of five U.S.-based studies on community-based post-opioid overdose interventions, most of which involved multidisciplinary outreach teams using first responder data to connect individuals to care. Programs commonly offered treatment referrals and recovery support, with engagement facilitated by strong communication and leadership across sectors. While promising, the literature is limited, and more research is needed—especially in rural and underserved communities.

9. Friese, B., & Wilson, C. (2022). Diverting homeless substance users from hospitalization and incarceration: an innovative agency collaboration. *Journal of Social Work Practice in the Addictions*, 22(2), 137-142.

Friese and Wilson (2022) describe the Snohomish County Diversion Center, a collaborative program that connects homeless individuals with substance use disorders to treatment and housing instead of incarceration or hospitalization. Using police and embedded social worker outreach, the program led to reductions in jail time, psychiatric hospital stays, and homelessness.

Criminal Thinking

1. Bonta, J., Blais, J., & Wilson, H. A. (2014). A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders. *Aggression and violent behavior*, 19(3), 278-287.

Bonta, Blais, and Wilson (2014) conducted a meta-analysis to examine what predicts recidivism among mentally disordered offenders (MDOs). They found that general personality and social learning risk factors were significantly related to both general and violent recidivism, while most clinical variables were not. This highlights the importance of targeting criminogenic needs rather than focusing solely on mental health symptoms in managing MDOs.

2. Peters, R. H., Young, M. S., Rojas, E. C., & Gorey, C. M. (2017). Evidence-based treatment and supervision practices for co-occurring mental and substance use disorders in the criminal justice system. *The American Journal of Drug and Alcohol Abuse*, 43(4), 475-488.

Peters and colleagues (2017) reviewed research on offenders with co-occurring mental and substance use disorders (CODs) in the criminal justice system. They highlight several evidence-based frameworks and interventions—such as Integrated Dual Disorders Treatment (IDDT), Risk-Need-Responsivity (RNR), and Cognitive-Behavioral Therapy (CBT)—that effectively address CODs alongside recidivism risk. Despite these advances, significant gaps remain in implementing these services widely across justice system settings to meet the treatment and supervision needs of this population.

3. Beaudry, G., Yu, R., Perry, A. E., & Fazel, S. (2021). Effectiveness of psychological interventions in prison to reduce recidivism: A systematic review and meta-analysis of randomised controlled trials. *The Lancet Psychiatry*, 8(9), 759-773.

Beaudry and colleagues (2021) conducted a systematic review and meta-analysis of 29 randomized controlled trials to evaluate psychological interventions delivered in prison aimed at reducing recidivism after release. While initial analyses including all studies suggested a modest reduction in reoffending, this effect was not significant when smaller studies were excluded. Therapeutic community programs showed promise in reducing recidivism, highlighting the need for interventions that ensure continuity of care post-release and focus on modifiable risk factors to improve outcomes.

4. Papalia, N., Spivak, B., Daffern, M., & Ogloff, J. R. (2019). A meta-analytic review of the efficacy of psychological treatments for violent offenders in correctional and forensic mental health settings. *Clinical Psychology: Science and Practice*, 26(2), e12282.

Papalia and colleagues (2019) conducted a meta-analysis of 27 controlled studies with 7,062 violent offenders in correctional and forensic mental health settings to evaluate the effectiveness of psychological treatments. The results showed that these treatments significantly reduced violent and general recidivism, though they did not significantly reduce institutional misconduct. Multimodal treatments appeared most effective, but the authors note the need for more high-quality research to clarify which treatment components work best, for whom, and why.

5. Magill, M., Ray, L., Kiluk, B., Hoadley, A., Bernstein, M., Tonigan, J. S., & Carroll, K. (2019). A meta-analysis of cognitive-behavioral therapy for alcohol or other drug use disorders: Treatment efficacy by contrast condition. *Journal of consulting and clinical psychology*, 87(12), 1093.

Magill and colleagues (2019) conducted a meta-analysis of 30 randomized controlled trials to evaluate the efficacy of cognitive-behavioral therapy (CBT) for alcohol and drug use disorders. They found that CBT was moderately more effective than minimal or no treatment and nonspecific therapies, particularly at early follow-up, but showed no significant advantage over other specific therapy modalities. These results suggest CBT is an effective treatment option, though not clearly superior to other established therapies.

6. Andrews, D. A., & Bonta, J. (2014). *The psychology of criminal conduct*. Routledge.

This book offers a comprehensive overview of why people engage in criminal behavior, integrating general personality theory with cognitive-behavioral and social learning perspectives. Structured in four parts, it covers theoretical foundations, key risk factors, approaches to classification and intervention, and broader issues in understanding crime.

Cognitive Behavioral Treatment

1. Walters, G. D. (2025). The effect of direct interventions for antisocial cognition on recidivism in antisocial populations: a meta-analysis. *Journal of Experimental Criminology*, 1-17.

Walters (2025) conducted a meta-analysis of seven studies evaluating interventions directly targeting antisocial cognition in offenders. Results showed significant reductions in pro-criminal attitudes and criminal thinking, and a 34–35% lower likelihood of recidivism among treated individuals compared to controls. These findings support the effectiveness of antisocial cognition-focused interventions in reducing reoffending.

2. Yoon, I. A., Slade, K., & Fazel, S. (2017). Outcomes of psychological therapies for prisoners with mental health problems: A systematic review and meta-analysis. *Journal of consulting and clinical psychology*, 85(8), 783.

Yoon and colleagues (2017) conducted a systematic review and meta-analysis of 37 RCTs evaluating psychological therapies for prisoners with mental health issues. Overall, therapies—especially CBT and mindfulness-based approaches—showed moderate effectiveness for depression and anxiety, with larger effects in studies using no-treatment or waitlist controls. However, effects were not maintained at follow-up, and significant implementation challenges were identified within prison settings.

3. Hsieh, M. L., Chen, K. J., Choi, P. S., & Hamilton, Z. K. (2022). Treatment combinations: The joint effects of multiple evidence-based interventions on recidivism reduction. *Criminal Justice and Behavior*, 49(6), 911-929.

Hsieh and colleagues (2022) examined the joint effects of multiple evidence-based interventions on recidivism among incarcerated individuals. They found that receiving a combination of at least three treatments—specifically basic skills, vocational training, and cognitive behavioral therapy—was associated with greater reductions in postrelease reconvictions compared to single-intervention participation.

4. Capellan, J. A., Koppel, S., & Sung, H.-E. (2022). The effects of cognitive behavioral therapy on recidivism among parolees in Central America: Evidence from a Honduran experiment. *Journal of Experimental Criminology*, 18(1), 115-128.

Capellan and colleagues (2022) conducted a randomized controlled trial to evaluate the impact of cognitive behavioral therapy (CBT) on recidivism among parolees in Honduras. Results showed that participants in the CBT group were 69% less likely to reoffend over 14 months compared to the control group, highlighting CBT's effectiveness even in challenging socio-economic contexts.

Reasoning and Rehabilitation

1. Ross, R. R., & Fabiano, E. (1985). *Time to think: A cognitive model of delinquency prevention and offender rehabilitation*. Institute of Social Sciences & Arts, Incorporated.

Ross and Fabiano (1985) introduce a cognitive model for delinquency prevention and offender rehabilitation that emphasizes restructuring thought patterns associated with criminal behavior. Their approach focuses on helping individuals develop greater self-control and pro-social thinking to reduce recidivism and support reintegration.

2. De Ribera, O. S., Urzúa, V. C., & Pienaar, G. (2024). How effective is the “Reasoning and Rehabilitation”(R&R) program in changing cognitive and behavioral skills? A systematic review and meta-analysis. *Aggression and Violent Behavior*, 76, 101950.

De Ribera, Urzúa, and Pienaar (2024) conducted a systematic review and meta-analysis of the Reasoning & Rehabilitation (R&R) program and found it significantly improves cognitive and behavioral skills such as problem-solving, empathy, and impulse control among individuals who commit offenses. However, it showed limited impact on altering criminal attitudes, and more research is needed to assess long-term effects and outcomes across diverse offender groups.

Thinking for a Change

1. Bush, J., Glick, B., & Taymans, J. (2016). Thinking for a change 4.0. National Institute of Corrections. <https://info.nicic.gov/t4c40/>

Bush, Glick, and Taymans (2016) developed Thinking for a Change 4.0 (T4C), a cognitive-behavioral program designed for justice-involved adults and youth. Rooted in cognitive restructuring, social skills, and problem-solving, T4C consists of 25 lessons typically delivered over 30 sessions, emphasizing group work and homework to reinforce learning. T4C is facilitated by trained professionals and integrates into existing intervention strategies to address cognitive, social, and emotional rehabilitation needs.

2. Lowenkamp, C. T., Hubbard, D., Makarios, M. D., & Latessa, E. J. (2009). A quasi-experimental evaluation of Thinking for a Change: A “real-world” application. *Criminal Justice and Behavior*, 36(2), 137-146.

Lowenkamp, Hubbard, Makarios, and Latessa (2009) conducted a quasi-experimental evaluation of Thinking for a Change (T4C). Results showed that participants in the T4C program had significantly lower recidivism rates compared to similar offenders who did not receive the intervention.

3. LaPlant, E. G., Bellair, P. E., Kowalski, B. R., Addison, D., & Starr, S. (2021). Assessing the delivery of the thinking for a change program in modified formats: An experimental approach. *International journal of offender therapy and comparative criminology*, 65(8), 832-857.

LaPlant, Bellair, Kowalski, Addison, and Starr (2021) tested *Thinking for a Change* in prison using a randomized experiment. Participants significantly improved social problem-solving skills across delivery methods—classroom, video conferencing, and inmate co-facilitated formats. Greater program dosage drove improvements, while program completion did not, suggesting dosage matters more than finishing the program.

Manualized Treatment

1. Texidor-Maldonado, C., & Dykeman, C. (2024). Recidivism Treatment Manuals: A Corpus-based Examination for Public Offender Counselors. *Available at SSRN* 4689246.

Texidor-Maldonado and Dykeman (2024) analyzed the curriculum of two recidivism treatment manuals—CBI-CA and Thinking for a Change (T4C)—to identify linguistic patterns relevant to counseling practice. They found that CBI-CA emphasized words like “module,” “session,” and “worksheet,” while T4C was more likely to pair “crime”-related terms with “systems” and “justice.” The study underscores how language in treatment manuals reflects program focus and can influence how clients and counselors engage with recidivism interventions.

Seeking Safety

1. Najavits, L. M. (2002). *Seeking safety, a treatment manual for PTSD and substance abuse*. New York, NY: Guilford Press.

Najavits (2002) describes *Seeking Safety*, an evidence-based manual for treating co-occurring PTSD and substance use disorders. The program emphasizes present-focused coping skills to help clients reduce substance use, manage symptoms, and build healthier relationships. It includes 25 flexible, skills-based topics such as setting boundaries, coping with triggers, and asking for help.

2. Tripodi, S. J., Mennicke, A. M., McCarter, S. A., & Ropes, K. (2019). Evaluating seeking safety for women in prison: A randomized controlled trial. *Research on Social Work Practice, 29*(3), 281-290.

Tripodi and colleagues (2019) conducted a randomized controlled trial to evaluate *Seeking Safety* among incarcerated women (N = 40). Compared to a treatment-as-usual control, women in the *Seeking Safety* group showed greater reductions in depression and PTSD symptoms at posttest and 4-month follow-up, though the depression effect diminished over time.

3. Agarwal, I., & Draheim, A. A. (2024). *Seeking Safety for women in incarceration: a systematic review*. *Archives of Women's Mental Health, 27*(3), 317-327.

Agarwal and Draheim (2024) conducted a systematic review of *Seeking Safety* for incarcerated women. The review found significant limitations across the literature, including small, predominantly White samples, high attrition, contamination risks, lack of follow-up data, and limited evidence of impact on substance use.

4. Sherman, A. D., Balthazar, M., Zhang, W., Febres-Cordero, S., Clark, K. D., Klepper, M., ... & Kelly, U. (2023). Seeking safety intervention for comorbid post-traumatic stress and substance use disorder: A meta-analysis. *Brain and Behavior, 13*(5), e2999.

Sherman et al. (2023) conducted a meta-analysis of *Seeking Safety* for treating co-occurring PTSD and substance use disorder (SUD) across seven RCTs. *Seeking Safety* showed small

to medium effects on reducing substance use and medium to large effects on PTSD symptoms.

5. Lenz, A. S., Henesy, R., & Callender, K. (2016). Effectiveness of seeking safety for co-occurring posttraumatic stress disorder and substance use. *Journal of Counseling & Development*, 94(1), 51-61.

Lenz, Henesy, and Callender (2016) conducted a meta-analysis of 12 studies evaluating the effectiveness of Seeking Safety for individuals with co-occurring PTSD and substance use. Compared to waitlist/no treatment and alternative treatments, Seeking Safety showed medium effects in reducing PTSD symptoms and small effects for substance use symptoms.

6. Roberts, N. P., Roberts, P. A., Jones, N., & Bisson, J. I. (2016). Psychological therapies for post-traumatic stress disorder and comorbid substance use disorder. *Cochrane Database of Systematic Reviews*, (4).

Roberts and colleagues (2016) conducted a systematic review of 14 randomized controlled trials assessing psychological interventions for individuals with comorbid PTSD and SUD. Most evidence was rated as low to very low quality due to methodological limitations and small sample sizes. The review found that individual trauma-focused therapy delivered alongside SUD treatment was modestly effective in reducing PTSD symptoms post-treatment and at follow-up. Seeking Safety showed reduced drug/alcohol use post-treatment, but not at subsequent follow-ups.

Anger Management and Problem-Solving

1. Laitano, H. V., Ely, A., Sordi, A. O., Schuch, F. B., Pechansky, F., Hartmann, T., ... & Kessler, F. H. (2021). Anger and substance abuse: a systematic review and meta-analysis. *Brazilian Journal of Psychiatry*, 44(1), 103-110.

Laitano and colleagues (2021) conducted a systematic review and meta-analysis of 12 studies comparing anger levels between psychoactive substance users and non-users. Results showed that substance users had significantly higher anger scores than non-users.

2. McDonagh, T., Travers, Á., Armour, C., Cunningham, T., & Hansen, M. (2024). Psychological Predictors of Recidivism for Intimate Partner Violence Perpetrators: A Systematic Scoping Review. *Trauma, Violence, & Abuse*, 15248380241284793.

McDonagh et al. (2024) conducted a systematic scoping review of 25 longitudinal studies to identify psychological predictors of intimate partner violence (IPV) recidivism using criminal justice samples. They categorized predictors into five groups: personality, anger/hostility, beliefs/attitudes/motivation, neurocognitive deficits, and trauma (including childhood abuse and PTSD). Personality emerged as the most studied and promising predictor of IPV reoffending. Other significant predictors included anger, childhood maltreatment, PTSD, implicit attitudes, and neurocognitive impairments.

3. Henwood, K. S., Chou, S., & Browne, K. D. (2015). A systematic review and meta-analysis on the effectiveness of CBT informed anger management. *Aggression and violent behavior*, 25, 280-292.

Henwood, Chou, & Browne (2015) conducted a meta-analysis to evaluate the effectiveness of CBT-based anger management programs in reducing recidivism among adult male offenders. They found that CBT treatment reduced general recidivism by 23% and violent recidivism by 28%. Subgroup analyses showed moderate-intensity anger management programs were more effective than high-intensity correctional programs for reducing violence.

Criminal Conduct and Substance Use Treatment

1. Wanberg, K. W., & Milkman, H. B. (2008). *Criminal Conduct and Substance Abuse Treatment-The Provider's Guide: Strategies for Self-Improvement and Change; Pathways to Responsible Living*. Sage.

Wanberg and Milkman (2008) present a structured, standardized treatment for judicial clients with substance abuse issues. The authors emphasize that the therapeutic relationship between client and provider strongly influences treatment outcomes across approaches.

Moral Reconciliation Therapy

1. Little, G. L. (2005). Meta-analysis of moral reconnection therapy recidivism results from probation and parole implementations. *Cognitive-Behavioral Treatment Review*, 14(1/2), 14-16.

Little (2005) conducted a meta-analysis of nine studies examining the effect of Moral Reconnection Therapy (MRT) on recidivism among parolees and probationers. The analysis included 2,460 MRT-treated individuals and 7,679 controls. Results showed a statistically significant reduction in recidivism (rearrests or reincarcerations) for those receiving MRT

2. Little, G. L., & Robinson, K. D. (1989). Effects of Moral Reconnection Therapy upon moral reasoning, life purpose, and recidivism among drug and alcohol offenders. *Psychological Reports*, 64(1), 83-90.

Little and Robinson (1989) evaluated Moral Reconnection Therapy (MRT) with 40 incarcerated DWI offenders and 62 drug offenders, assessing moral reasoning, sense of life purpose, and recidivism. Findings showed that as participants advanced through MRT, their moral reasoning and perceived life purpose significantly improved.

3. Blonigen, D. M., Cucciare, M. A., Byrne, T., Shaffer, P. M., Giordano, B., Smith, J. S., ... & Smelson, D. (2022). A randomized controlled trial of moral reconnection therapy to reduce risk for criminal recidivism among justice-involved adults in mental health residential treatment. *Journal of consulting and clinical psychology*, 90(5), 413.

Blonigen et al. (2022) conducted a randomized controlled trial (RCT) to evaluate Moral Reconnection Therapy (MRT) for justice-involved adults in mental health residential treatment. Among 341 mostly male patients, participants were randomly assigned to usual care (UC) or UC plus MRT twice weekly for 12 weeks. Follow-ups at 6 and 12 months showed improvements over time in both groups, but no significant differences in criminal thinking, criminal associates, or rearrest rates.

4. Ferguson, L. M., & Wormith, J. S. (2013). A meta-analysis of moral reconnection therapy. *International Journal of Offender Therapy and Comparative Criminology*, 57(9), 1076-1106.

Ferguson & Wormith (2013) conducted a meta-analysis of Moral Reconciliation Therapy (MRT) effects on recidivism across 33 studies with 30,259 adult and juvenile offenders. They found a small but meaningful overall effect ($r = .16$), indicating MRT reduces recidivism. Moderator analyses showed MRT was more effective for adults than juveniles and in institutional settings versus community.

5. Harrell, S., Johnson, C., Boys, C., Suslovic, B., Anderson-Nathe, B., & Botts, K. (2023). "The Broker of Reality": A Scoping Review of Moral Reconciliation Therapy. *Journal of Evidence-Based Social Work*, 20(1), 72-83.

Harrell and colleagues (2023) conducted a scoping review to assess the evidence base for Moral Reconciliation Therapy (MRT). While MRT is widely used in correctional settings and facilitated by social workers, the review found no peer-reviewed studies on its effectiveness published between 2011 and 2021. The authors critically evaluated the reliability of the most recent meta-analysis and concluded that claims about MRT's effectiveness are not well supported by rigorous, peer-reviewed research.

Integrated Dual Disorder Treatment

1. Peters, R. H., Young, M. S., Rojas, E. C., & Gorey, C. M. (2017). Evidence-based treatment and supervision practices for co-occurring mental and substance use disorders in the criminal justice system. *The American Journal of Drug and Alcohol Abuse*, 43(4), 475-488.

Peters and colleagues (2017) reviewed research on treatment and supervision practices for justice-involved individuals with co-occurring mental and substance use disorders (CODs). They identified several evidence-based approaches, including Integrated Dual Disorders Treatment (IDDT), Cognitive-Behavioral Therapy (CBT), and the Risk-Need-Responsivity (RNR) model. Effective interventions span the justice continuum—e.g., Crisis Intervention Teams, diversion programs, specialty courts, and Modified Therapeutic Communities. However, despite the availability of these models, services remain underused and insufficient to meet the needs of this high-risk population.

2. Pinals, D. A., Smelson, D. A., Sawh, L., Harter, J., & Ziedonis, D. (2014). The MISSION-criminal justice treatment manual. *Worcester, University of Massachusetts Medical School*.

Pinals and colleagues (2014) created a guide for using the MISSION-CJ program, which helps people in the justice system who also have mental health and substance use disorders. The manual includes step-by-step instructions for staff, explains how to run the program, and covers key topics like case management, peer support, trauma-informed care, and job or education support. It's designed to help criminal justice staff and treatment providers work together to support recovery and reduce reoffending.

3. Shaffer, P. M., Rodriguez, C. P., Gaba, A., Byrne, T., Casey, S. C., Harter, J., & Smelson, D. (2021). Engaging vulnerable populations in drug treatment court: Six month outcomes from a co-occurring disorder wraparound intervention. *International Journal of Law and Psychiatry*, 76, 101700.

Shaffer and colleagues (2021) studied how well a program called MISSION-CJ works for drug court participants who have both mental health and substance use issues. These individuals are often hard to keep in treatment. After six months, participants who were highly involved in the program showed improvements, including fewer nights in jail, less opioid and substance use, and better mental health.

Motivational Interviewing

1. Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. Guilford press.

Miller and colleagues (2012) present a clear and practical guide to Motivational Interviewing (MI), a counseling method used to help people make positive changes. The book explains the four core steps of MI—engaging, focusing, evoking, and planning—and offers real-life examples to show how it works.

2. Pederson, S. D., Curley, E. J., & Collins, C. J. (2021). A systematic review of motivational interviewing to address substance use with justice-involved adults. *Substance Use & Misuse*, 56(5), 639-649.

Pederson and colleagues (2021) reviewed studies on Motivational Interviewing (MI) to see if it helps justice-involved adults reduce substance use. They found only five high-quality studies, and none showed long-term differences between people who received MI and those who did not.

3. Pinto e Silva, T., Cunha, O., & Caridade, S. (2023). Motivational interview techniques and the effectiveness of intervention programs with perpetrators of intimate partner violence: A systematic review. *Trauma, Violence, & Abuse*, 24(4), 2691-2710.

This review looked at whether using Motivational Interviewing Techniques (MIT) helps people who have committed intimate partner violence (IPV) engage more effectively in intervention programs. The authors analyzed 15 studies that used MIT either before treatment, on its own, or alongside other intervention programs. Overall, MIT helped increase participants' motivation to change, their attendance and participation in programs, and their willingness to stick with treatment.

4. e Silva, T. P., Gouveia, C., Santirso, F. A., Cunha, O., & Caridade, S. (2025). Effectiveness of motivational interviewing with justice-involved people: a systematic review and meta-analysis. *Psychosocial Intervention*, 34(2), 89.

This review looked at whether Motivational Interviewing (MI) helps improve outcomes for people involved in the justice system including those in jail, prison, or on probation. It combined results from 22 studies with people convicted of various offenses like violence, drug use, and drunk driving. The authors found that programs using MI were more successful at keeping people engaged in treatment than programs without MI. People who received MI were also less likely to reoffend.

5. Abdel Moneam, M. H. E. D., Mohsen, N., Azzam, L. A., Elsayed, Y. A. R., & Alghonaimy, A. A. (2023). The outcome of integrated motivational interviewing and cognitive-behavioral therapy in Egyptian patients with substance use disorder. *Middle East Current Psychiatry*, 30(1), 106.

This study compared two group-based treatments for people with substance use disorder in Egypt: one combining Motivational Interviewing and Cognitive Behavioral Therapy (MICBT), and the other based on 12-step facilitation (like Narcotics Anonymous). Sixty participants were randomly assigned to receive either MICBT or the 12-step approach. People in the MICBT group stayed in treatment longer, used substances less often, stayed abstinent for more days, waited longer before relapsing, and improved coping strategies to resist urges.

Impulsive Lifestyle Counseling

1. Hesse, M., del Palacio-Gonzalez, A., & Thylstrup, B. (2022). Impulsive Lifestyle Counselling versus treatment as usual to reduce offending in people with co-occurring antisocial personality disorder and substance use disorder: a post hoc analysis. *BMC psychiatry*, 22(1), 392.

This study found that people with both antisocial personality disorder and substance use disorder who received Impulsive Lifestyle Counselling (ILC) had significantly fewer total, violent, and property-related convictions compared to those who received treatment as usual. The brief psychoeducational intervention did not significantly impact DUI or drug-related offenses.

2. Thylstrup, B., Schröder, S., & Hesse, M. (2015). Psycho-education for substance use and antisocial personality disorder: a randomized trial. *BMC psychiatry*, 15, 1-12.

This randomized trial found that adding Impulsive Lifestyle Counselling (ILC) psycho-education to usual treatment led to modest short-term improvements in drug use and percent days abstinent among outpatients with antisocial personality disorder and substance use disorders. Both groups showed reductions in aggression, but no significant differences between ILC and usual care were found for aggression or alcohol problems.

3. Gibbon, S., Khalifa, N. R., Cheung, N. H., Voellm, B. A., & McCarthy, L. (2020). Psychological interventions for antisocial personality disorder. *Cochrane Database of Systematic Reviews*, (9).

This review evaluated 19 studies on psychological treatments for antisocial personality disorder (AsPD) and found very limited, low-quality evidence to support their effectiveness. While a few interventions like contingency management, schema therapy, and dialectical behavior therapy showed some potential benefits, no treatment consistently improved key outcomes like aggression or reoffending. The review highlights the need for more rigorous research to guide care for people with AsPD.

4. Thylstrup, B., & Hesse, M. (2016). The impulsive lifestyle counseling program for antisocial behavior in outpatient substance abuse treatment. *International journal of offender therapy and comparative criminology*, 60(8), 919-935.

This article describes the Impulsive Lifestyle Counseling (ILC) program, a brief, structured intervention adapted for people with antisocial behavior in outpatient substance use treatment. ILC includes four weekly sessions and one booster, focusing on helping clients recognize how impulsive thinking and behavior contribute to problems with drugs, relationships, and the law. The authors share implementation experiences and clinical examples from real-world settings.

Mindfulness-based Interventions

1. Grant, S., Colaiaco, B., Motala, A., Shanman, R., Booth, M., Sorbero, M., & Hempel, S. (2017). Mindfulness-based relapse prevention for substance use disorders: A systematic review and meta-analysis. *Journal of addiction medicine*, 11(5), 386-396.

This systematic review and meta-analysis of nine randomized controlled trials found limited evidence that Mindfulness-Based Relapse Prevention (MBRP) may reduce craving and negative consequences of substance use, though effects were small and confidence in the estimates was low. No significant effects were found for relapse rates, frequency of use, dropout, or symptoms of depression or anxiety.

2. Li, W., Howard, M. O., Garland, E. L., McGovern, P., & Lazar, M. (2017). Mindfulness treatment for substance misuse: A systematic review and meta-analysis. *Journal of substance abuse treatment*, 75, 62-96.

This systematic review and meta-analysis of 42 studies found that mindfulness treatments significantly reduced substance use, cravings, and stress, with effects ranging from small to large. The interventions also improved abstinence rates for cigarette smoking compared to other treatments.

3. Ramadas, E., Lima, M. P. D., Caetano, T., Lopes, J., & Dixe, M. D. A. (2021). Effectiveness of mindfulness-based relapse prevention in individuals with substance use disorders: A systematic review. *Behavioral Sciences*, 11(10), 133.

This systematic review of 13 studies found that mindfulness-based relapse prevention (MBRP) is generally effective for individuals with substance use disorders (SUD). Most studies showed MBRP helped reduce cravings, lower substance use frequency, and improve depressive symptoms. However, the interventions were not tested across diverse settings or populations.

4. Per, M., Spinelli, C., Sadowski, I., Schmelefske, E., Anand, L., & Khoury, B. (2020). Evaluating the effectiveness of mindfulness-based interventions in incarcerated populations: A meta-analysis. *Criminal Justice and Behavior*, 47(3), 310-330.

This meta-analysis reviewed 22 studies on mindfulness-based interventions (MBIs) in incarcerated populations. MBIs showed small to moderate benefits in reducing depression, anxiety, and other risk factors in pre-post studies, but controlled studies only confirmed improvements in depression and anxiety. The findings suggest promise for MBIs in improving mental health among incarcerated individuals, but more rigorous research is needed to assess their impact on recidivism and other criminogenic outcomes.

Considerations for Research and Practice

1. Skeem, J. L., Winter, E., Kennealy, P. J., Loudon, J. E., & Tatar, J. R. II. (2014). Offenders with mental illness have criminogenic needs, too: Toward recidivism reduction. *Law and Human Behavior*, 38(3), 212–224.
<https://doi.org/10.1037/lhb0000054>

Skeem and colleagues (2014) examined recidivism among offenders with mental illness (OMIs) compared to those without mental illness, following 221 parolees for over a year. They found that OMIs were just as likely to be rearrested but more likely to return to prison custody. Importantly, general criminogenic risk factors (like antisocial behavior) predicted recidivism for OMIs, while mental illness–specific risk factors did not add predictive value, suggesting that interventions should target general risk factors to reduce recidivism in this population.

2. Paquette, C. E., Daughters, S. B., & Witkiewitz, K. (2022). Expanding the continuum of substance use disorder treatment: Nonabstinence approaches. *Clinical Psychology Review*, 91, 102110.

Paquette, Daughters, and Witkiewitz (2022) argue for expanding substance use disorder (SUD) treatment to include nonabstinence approaches, especially for drug use disorders. They highlight that many individuals with SUD avoid treatment due to the prevailing abstinence-only focus, and suggest that nonabstinence psychosocial treatments could enhance early engagement, retention, and treatment outcomes. While there is promising evidence supporting nonabstinence approaches in alcohol treatment, research on their effectiveness for drug use disorders remains limited and urgently needed.

3. Best, D., & Hennessy, E. A. (2022). The science of recovery capital: where do we go from here?. *Addiction*, 117(4), 1139-1145.

Best and Hennessy (2022) review the concept of recovery capital (RC), which reflects the resources that support addiction recovery. They highlight that although RC has gained attention over the past 20 years, its key domains, measurement, and applications remain unclear and inconsistently developed. The authors call for rigorous empirical research, improved measurement tools, and collaboration among researchers, practitioners, and individuals with lived experience to advance a culturally relevant and impactful science of recovery capital.

4. Boksán, K., Dechant, M., Weiss, M., Hellwig, A., & Stemmler, M. (2023). A meta-analysis on the effects of incarceration-based opioid substitution treatment. *Medicine, Science and the Law*, 63(1), 53-60.

Boksán and colleagues (2023) conducted a meta-analysis examining the effects of opioid substitution treatment (OST) administered during incarceration on post-release outcomes. Analyzing 15 studies, they found that incarceration-based OST was associated with reduced opioid and other drug use, increased treatment engagement after release, and lower rates of re-incarceration. The authors note the need for further research on secondary outcomes like health and social integration, as well as factors that may influence treatment effectiveness.

Detention-Based Substance Use Treatment

1. Friedmann PD, Taxman F, Henderson CE. Evidence-based treatment practices for drug involved adults in the criminal justice system. *J Subst Abuse Treat*. 2007;32(3):267–77. [https://www.jsatjournal.com/article/S0740-5472\(07\)00018-9/fulltext](https://www.jsatjournal.com/article/S0740-5472(07)00018-9/fulltext)

Friedman and colleagues (2007) surveyed 384 correctional and community-based programs treating drug-involved adults to examine the use of evidence-based practices (EBPs). Most programs offered fewer than 60% of recommended EBPs. Programs with more EBPs were typically community-based, accredited, well-connected, had supportive leadership, and emphasized training and a nonpunitive culture.

2. Lowder EM, Ray BR, Gruenewald JA. Criminal justice professionals' attitudes toward mental illness and substance use. *Community Ment Health J*. 2019;55(3):428–39. <https://link.springer.com/article/10.1007/s10597-019-00370-3>

Lowder and colleagues (2019) surveyed 610 criminal justice professionals to understand their attitudes toward mental illness and substance use. Defense attorneys and community corrections officers generally had more positive attitudes than jail staff and prosecutors, and personal contact with people affected by substance use shaped those views. The findings suggest that targeted training and contact-based programs could help improve attitudes toward behavioral health in justice settings.

3. Macdonald, C., Macpherson, G., Leppan, O., Tran, L. T., Cunningham, E. B., Hajarizadeh, B., ... & Degenhardt, L. (2024). Interventions to reduce harms related to drug use among people who experience incarceration: systematic review and meta-analysis. *The Lancet Public Health*, 9(9), e684-e699.
[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00160-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00160-9/fulltext)

This review and meta-analysis synthesized 126 studies on interventions for people who use drugs during or after incarceration. It found that opioid-agonist treatment (OAT) significantly reduces the risk of death both in prison and shortly after release. Therapeutic community programs were effective in lowering re-arrest and reincarceration rates.

4. Manchak, S. M., Strange, C. C., Farringer, A., & Lancaster, M. (2023). Assessment and Treatment of Substance Use Disorders in Jails. In *Handbook of Mental Health Assessment and Treatment in Jails*. Oxford University Press New York.
<https://academic.oup.com/book/46083/chapter-abstract/404587701?redirectedFrom=fulltext>

This chapter reviews best practices for assessing and treating substance use disorders in jails, including screening, detox services, medication-assisted treatment, and psychosocial interventions. The authors discuss challenges such as managing acute intoxication, resource limitations, and implementation barriers. They conclude with policy and practice recommendations to strengthen jail-based treatment and improve care for incarcerated populations.

5. Zaller, N.D., Gorvine, M.M., Ross, J. et al. Providing substance use disorder treatment in correctional settings: knowledge gaps and proposed research priorities—overview and commentary. *Addict Sci Clin Pract* 17, 69 (2022). <https://doi.org/10.1186/s13722-022-00351-0>

This commentary highlights major evidence gaps in understanding the effectiveness of substance use disorder treatment in correctional settings. The authors call for more longitudinal and multi-site studies to assess outcomes during and after incarceration, as well as greater attention to contextual and institutional factors. They emphasize the need for replication and reproducibility to build a stronger, more reliable evidence base for criminal justice-based substance use disorder treatment.

6. Chandler RK, Fletcher BW, Volkow ND. Treating drug abuse and addiction in the criminal justice system: improving public health and safety. *JAMA*. 2009;301(2):183–90. <https://jamanetwork.com/journals/jama/article-abstract/183208>

This article highlights the need for treating addiction as a brain disease within the criminal justice system. The authors argue that evidence-based treatment can reduce both substance use and criminal behavior, offering a public health approach beyond punishment. They emphasize that integrating neuroscience and proven therapies into correctional settings could improve outcomes for individuals and communities.

7. Koutoujian, P. J., Bohler, R. M., Senst, T., Siddiqi, K., Rochani, H., & Kolodny, A. (2025). Evaluation of an in-jail and post-release comprehensive treatment model for opioid use disorder in Massachusetts. *Drug and Alcohol Dependence*, 270, 112616. <https://pubmed.ncbi.nlm.nih.gov/40020641/>

This study evaluated MATADOR 2.0, a Massachusetts jail-based program combining extended-release naltrexone with recovery navigator support before and after release. Results showed mixed overall effects on opioid-related mortality, but participants who completed the program had significantly lower risk of overdose death. Findings suggest that comprehensive models using extended-release naltrexone may benefit individuals declining agonist treatments.

8. Miller, H.V., Miller, J.M. Lessons Learned from a Mixed Methods Evaluation of a Jail-based Co-Occurring Disorders Treatment Program. *Am J Crim Just* (2025). <https://doi.org/10.1007/s12103-025-09850-7>

This study examined the SMART Program, a jail-based reentry initiative in Florida for people with co-occurring substance use and mental health disorders. Using interviews, observations, and outcome data, researchers found challenges to program implementation but also positive results—participants were less likely to be re-arrested, especially for new charges, compared to a comparison group. Importantly, demographic, diagnostic, and criminal history factors did not predict recidivism, suggesting the program’s benefits applied broadly across participants.

9. De Andrade, D., Ritchie, J., Rowlands, M., Mann, E., & Hides, L. (2018). Substance use and recidivism outcomes for prison-based drug and alcohol interventions. *Epidemiologic reviews*, 40(1), 121-133. <https://doi.org/10.1093/epirev/mxy004>

This systematic review of 49 studies evaluated prison-based substance use interventions and their effects on recidivism and post-release drug use. Findings show that therapeutic communities reduce recidivism, opioid maintenance treatment lowers relapse risk for opioid users, and continuity of care after release strengthens treatment outcomes. The review underscores both promising practices and the challenges of conducting rigorous research in prison settings.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

1. Prendergast, M., Cartier, J., & Lee, A. B. (2014). Considerations for Introducing SBIRT into a Jail Setting. *Offender programs report*, 17(6), 81–86. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4340079/>

Prendergast and colleagues (2014) examine considerations for implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) in jail settings. They draw on two SBIRT studies in Los Angeles jails and over 15 years of experience with offender treatment programs. The paper highlights practical factors such as staff selection, inmate screening, brief intervention techniques, and referral strategies to increase participation and support successful transitions to community-based treatment.

2. Prendergast, M. L., McCollister, K., & Warda, U. (2017). A randomized study of the use of screening, brief intervention, and referral to treatment (SBIRT) for drug and alcohol use with jail inmates. *Journal of substance abuse treatment*, 74, 54-64. [https://www.jsatjournal.com/article/S0740-5472\(16\)30375-0/fulltext](https://www.jsatjournal.com/article/S0740-5472(16)30375-0/fulltext)

Prendergast and colleagues (2017) conducted a randomized study of 732 jail inmates to test Screening, Brief Intervention, and Referral to Treatment (SBIRT) for alcohol and drug use. The intervention used the ASSIST tool to screen inmates and deliver brief in-jail interventions for low- and medium-risk individuals, with referrals to community treatment for high-risk individuals. After 12 months, the study found no significant differences between the SBIRT and control groups on substance use, treatment participation, rearrest, HIV risk behaviors, or quality of life. The total cost of delivering SBIRT over the study period was \$133,821, with more than 80% of costs for personnel, yielding an average cost of \$567 per participant. The authors recommend caution in applying SBIRT in jail settings and suggest future adaptations to better fit the jail population.

3. Gette, J. A., Regan, T., & Schumacher, J. A. (2023). Screening, brief intervention, and referral to treatment (SBIRT) for cannabis: A scoping review. *Journal of substance use and addiction treatment*, 146, 208957. DOI: [10.1016/j.josat.2023.208957](https://doi.org/10.1016/j.josat.2023.208957)

Gette and colleagues (2023) conducted a scoping review of 44 studies on SBIRT for cannabis use. They found that screening and brief interventions for cannabis are generally well accepted, but implementation is inconsistent and outcomes on behavior change vary. The review also highlights low engagement in recommended treatment, particularly for adults with primary cannabis use, and identifies gaps in research on referrals for adolescents and emerging adults.

4. Reilly, J., Meurk, C., Heffernan, E., & Sara, G. (2023). Substance use disorder screening and brief intervention in routine clinical practice in specialist adult mental health services: A systematic review. *Australian and New Zealand Journal of Psychiatry*, 57(6), 793–810. <https://doi.org/10.1177/00048674221148394>

Reilly and colleagues (2023) reviewed 17 studies on substance use screening and brief intervention in adult mental health services. They found wide variation in screening practices, with community settings mostly screening for alcohol and other drugs, and inpatient settings focusing on tobacco. Only two studies reported using brief interventions, suggesting the need for more consistent and standardized approaches, including better use of electronic health records.

5. van der Westhuizen, C., Myers, B., Malan, M., Naledi, T., Roelofse, M., Stein, D. J., Lahri, S., & Sorsdahl, K. (2019). Implementation of a screening, brief intervention and referral to treatment programme for risky substance use in South African emergency centres: A mixed methods evaluation study. *PloS one*, 14(11), e0224951. <https://doi.org/10.1371/journal.pone.0224951>

van der Westhuizen and colleagues (2019) evaluated the implementation of a Screening, Brief Intervention, and Referral to Treatment (SBIRT) program in South African emergency centers. In the first year, more than 13,000 patients were screened, with 37% identified as having risky substance use and most receiving the intervention. The program was feasible, acceptable, and adopted into routine services, though challenges included skepticism about behavior change and limited engagement with stakeholders during rapid rollout.

6. van der Westhuizen, C., Malan, M., Naledi, T., Roelofse, M., Myers, B., Stein, D. J., Lahri, S., & Sorsdahl, K. (2021). Patient outcomes and experience of a task-shared screening and brief intervention service for problem substance use in South African emergency centres: a mixed methods study. *Addiction Science & Clinical Practice*, 16(1), Article 31. <https://doi.org/10.1186/s13722-021-00239-5>

van der Westhuizen and colleagues (2021) examined patient outcomes and experiences with an SBIRT service in South African emergency centers. Among more than 4,800 eligible patients, alcohol and cannabis were the most common substances reported. At three-month follow-up, patients showed significant reductions in substance use and over 95% expressed satisfaction, highlighting the value of non-judgmental counseling and psychoeducation. Participants recommended expanding the program to reach more people and settings.

7. Sorsdahl, K., Myers, B., Ward, C., Matzopoulos, R., Mtukushe, B., Nicol, A., & Stein, D. J. (2014). Screening and brief interventions for substance use in emergency departments in the Western Cape province of South Africa: views of health care professionals. *International Journal of Injury Control and Safety Promotion*, 21(3), 236–243. <https://doi.org/10.1080/17457300.2013.811267>

Sorsdahl and colleagues (2014) interviewed 24 emergency department providers in South Africa to explore views on implementing screening and brief interventions (SBIs) for substance use. Providers agreed that screening was feasible but emphasized the need for dedicated staff with appropriate education and background.

8. Ghosh, A., Pillai, R. R., Vij, J., Maulik, P. K., Bhanker, N., Thakur, U., Rani, R., & Basu, D. (2025). Effectiveness of Extended Screening and Brief Intervention (X-SBI) on Substance Misuse and Related Outcomes in Correctional Settings. *Indian Journal of Psychological Medicine*, 02537176241313210. <https://doi.org/10.1177/02537176241313210>

Ghosh and colleagues (2025) conducted a controlled trial of extended screening and brief intervention (X-SBI) in two Indian correctional facilities. X-SBI combined coping skills, risk counseling, and stigma reduction, while controls received brief psychoeducation. Among 376 incarcerated men, X-SBI produced greater reductions in substance use, illicit drug use, overdose and HIV risk behaviors, mental distress, and internalized stigma over six months.

9. Karno, M. P., Rawson, R., Rogers, B., Spear, S., Grella, C., Mooney, L. J., Saitz, R., Kagan, B., & Glasner, S. (2021). Effect of screening, brief intervention and referral to treatment for unhealthy alcohol and other drug use in mental health treatment settings: a randomized controlled trial. *Addiction* (Abingdon, England), 116(1), 159–169.
<https://doi.org/10.1111/add.15114>

Karno et al. (2021) tested SBIRT in mental health treatment settings through a randomized controlled trial with 718 adults in California. Compared to a health education control, SBIRT reduced heavy drinking days and stimulant use at three months, with effects sustained through one year. SBIRT did not reduce cannabis use or increase addiction service utilization, suggesting it works best for alcohol and stimulant misuse in this population.

10. Jones, M., Seel, C. J., & Dymond, S. (2024). Electronic-Screening, brief intervention and referral to treatment (e-SBIRT) for addictive disorders: Systematic review and Meta-Analysis. *Substance Use & Addiction Journal*, 45(4), 736-752. <https://journals.sagepub.com/doi/10.1177/29767342241248926>
11. Prendergast, M. L., McCollister, K., & Warda, U. (2017). A randomized study of the use of screening, brief intervention, and referral to treatment (SBIRT) for drug and alcohol use with jail inmates. *Journal of substance abuse treatment*, 74, 54-64. [https://www.jsatjournal.com/article/S0740-5472\(16\)30375-0/fulltext](https://www.jsatjournal.com/article/S0740-5472(16)30375-0/fulltext)

Substance Use Treatment – Probation

1. Galvin, M. A., Davidson, K. M., & Kleiman, M. (2022). Substance involvement and probation outcomes: Evidence from a cohort study. *Journal of Drug Issues*, 52(3), 329-348. <https://journals.sagepub.com/doi/10.1177/00220426211062560>
2. Lerch, J., Walters, S. T., Tang, L., & Taxman, F. S. (2017). Effectiveness of a computerized motivational intervention on treatment initiation and substance use: Results from a randomized trial. *Journal of substance abuse treatment*, 80, 59-66. [https://www.jsatjournal.com/article/S0740-5472\(17\)30007-7/fulltext](https://www.jsatjournal.com/article/S0740-5472(17)30007-7/fulltext)

3. Rodriguez-Monguio, R., Montgomery, B., Drawbridge, D., Packer, I., & Vincent, G. M. (2021). Substance use treatment services utilization and outcomes among probationers in drug courts compared to a matched cohort of probationers in traditional courts. *The American Journal on Addictions*, 30(5), 505-513. <https://onlinelibrary.wiley.com/doi/10.1111/ajad.13208>
4. Demir, B., Kocamer Sahin, S., Altındağ, A., Elboga, G., & Unal, A. (2021). Substance use profile, treatment compliance, treatment outcomes and related factors in probation: a retrospective file review. *Journal of Ethnicity in Substance Abuse*, 20(3), 490-505. <https://www.tandfonline.com/doi/full/10.1080/15332640.2020.1808873>
5. Reichert, J., & Gleicher, L. (2019). Probation clients' barriers to access and use of opioid use disorder medications. *Health & Justice*, 7(1), 10. <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-019-0089-6>
6. Ma, J., Bao, Y. P., Wang, R. J., Su, M. F., Liu, M. X., Li, J. Q., ... & Lu, L. (2019). Effects of medication-assisted treatment on mortality among opioids users: a systematic review and meta-analysis. *Molecular psychiatry*, 24(12), 1868-1883. <https://www.nature.com/articles/s41380-018-0094-5>
7. Zettler, H. R., & Martin, K. D. (2020). Exploring the impact of technical violations on probation revocations in the context of drug court. *American Journal of Criminal Justice*, 45, 1003-1023. <https://link.springer.com/article/10.1007/s12103-020-09529-1>

Medication Assisted Treatment – Jails

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