

**Grant Proposal: Bridging the Gap: Developing Trauma Informed Training for
Correctional Staff to Support Successful Reintegration and Reduce Recidivism**

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This grant proposal requests \$185,000 from SAMHSA's GAIN Center for Behavioral Health and Justice Transformation, known as Gather, Assess, Integrate, Network, Stimulate, and \$65,000 from the Bureau of Justice Assistance(BJA) to fund the development and implementation of trauma-informed training for correctional staff to support successful reintegration and reduce recidivism.

Problem Description:

In the United States, the incarceration rate is reported to have increased by 700%, with the incarceration rate reportedly being sevenfold higher than in any other developed Western country (Ferguson et al., 2016). Incarceration disproportionately affects people of color living in low-income and poverty-stricken communities. According to available research, for all men who were born between 1965 and 1999, the risk for criminal justice involvement leading to incarceration was 3.2 percent for white men and 22 percent for black men (Ferguson et al., 2016). There are years of racial disparities within the criminal justice system that contribute to systemic structural disadvantages and health inequities (Ferguson et al., 2016). There is a higher prevalence of mental illness taking place in prisons versus non-incarcerated settings; incarcerated individuals are not receiving adequate mental health services, leading to recidivism. People of color with addiction and mental illness are overrepresented in the criminal justice system, with 16 percent of men and 31 percent of women in jails and prisons having a mental illness, compared to 5 percent of the general population (Cloud et al., 2014).

According to one study, approximately 75% of those individuals released from prison are arrested again within five years post-release (Ferguson et al. 2016). This social problem is caused by the mental health system's inability to provide adequate mental health care for people of color with mental illness during and after incarceration. Research shows the contributing factors include homelessness, housing instability, unemployment, lack of access to treatment services, society's misunderstanding of mental illness, criminogenic environments, lack of access to pre-incarceration and post-incarceration mental health services in the criminal justice system, and poor coordination of services while in the criminal justice system (Ricciardelli et al., 2022). We acknowledge that recidivism has several contributing factors, including untreated mental illness is one of the significant factors.

As we examine the causes and consequences of rising recidivism rates, we aim to increase awareness of inadequate mental health services in both community and carceral settings. To reduce recidivism, increase access and utilization of mental health services, and increase successful reintegration into society for released inmates, we have developed a pilot intervention aimed at engaging the correctional staff in prisons and jails.

Problem Analysis:

Lack of funding for these services limits the availability of mental health resources and treatment in incarcerated settings. The limited financial resources in incarcerated settings also cause understaffing in these facilities of qualified mental health professionals. This then creates a high caseload dilemma for these professionals, meaning that inmates are unable to receive sufficient individualized attention for effective treatment. As a result of understaffing and underfunding, resources for proper training in mental health awareness for the correctional staff then become a

struggle. To respond effectively and appropriately to the needs of inmates with mental health issues, there must be adequate training in mental health awareness and crisis intervention. However, without ample funding, this becomes difficult to accomplish. Thus, this becomes an enduring cycle of underfunding leading to understaffing, which impacts individual inmates at the micro level as they must face inadequate and low-level mental health care. Limited mental health resources and services for inmates also lead to worsening symptoms for inmates.

Moreover, at the mezzo level, this cycle of underfunding to understaffing results in a challenging environment for staff and inmates. Understaffing within these facilities poses a challenge in providing adequate mental health support and treatment. Inadequate staff training indicates that the available resources may not be utilized properly and effectively, contributing to an environment that neglects mental health.

Racial Disparities:

People of color are disproportionately represented in jails and prisons. They are reportedly at a higher risk for chronic diseases, infectious diseases, addiction, and mental illness compared to the general population (Wennerstrom et al., 2020). Incarcerated individuals may not actively be part of the communities and society, but they remain human beings with fundamental needs. By focusing on the mental health needs of these individuals within incarcerated settings, their reentry into society can become an easier transition to navigate, having benefited from those resources. While this problem impacts all incarcerated individuals, people of color and low-income populations are disproportionately represented within the criminal justice system. These marginalized groups are continuously facing barriers to accessing and receiving appropriate and sufficient mental health services. The systemic inequities and stigmatization of mental health can contribute to the ability of these groups to receive treatment. Some researchers concluded that people who were formerly incarcerated experience intersecting stigmatization because of race, substance use, and mental disorders (LeBel, 2012). These disparities also play a role in the perpetuating cycle of incarceration as these communities struggle with reintegrating into their communities. Reintegration of previously incarcerated individuals is a costly burden that takes a toll on the community as resources, funds, and taxpayers are allocated to cover the financial aspects of the process.

For most African Americans and Latinx populations, poverty is linked to their communities, which is a direct result of racial residential segregation (Cole et al., 2018). Underfunding of mental health care resources in prisons results in a multitude of inadequacies that drastically impact incarcerated individuals. People of color living in underserved communities are considered low-opportunity communities that include a lack of access to healthcare services, which in turn leads to adverse health outcomes (Cole et al., 2018). While half of the incarcerated individuals in the United States struggle with mental illness, only one-third of these individuals receive mental health services during incarceration, increasing the likeliness of recidivism, isolation, loss of services, and lack of support (Cole et al., 2018). When released, many of these individuals return home with deteriorating mental health conditions and low-income communities, leading to reoffending and getting harsher sentences (Cole et al., 2018).

Contributing Factors:

Inadequate mental health care in incarcerated settings is a social problem that contributes to rising recidivism rates. Leaving these individuals with untreated mental health issues only leads to worsening symptoms due to the nature and environment of prison and jail settings; the Bureau of Justice Statistics found that incarcerated individuals had a significantly higher rate of chronic and infectious diseases than the general population (Ferguson et al., 2016). Likely, what is contributing to the lack of access to mental health services is the prioritization of safety over mental health. Inaccessible mental health services are further exacerbated by a shortage of mental health professionals in correctional settings, stressful conditions, and limited, underfunded, and inconsistent mental health services (Ricciardelli et al., 2022). There is a gap in accessing mental health services. As of 2018, most counties nationwide did not have a psychiatrist in their correctional facilities (Morris & Binder, 2022).

Incarcerated settings are characterized by violence, isolation, and overcrowding, signifying that these environments prioritize safety over mental health care, as evidenced by the National Institutes of Health's funding allocated to prison health, with only 0.1 percent of its financing given to correctional facilities from 2007-2012 (Ferguson et al., 2016). So, when these individuals are released from incarceration, it can become challenging to transition back into society. Having not accessed and utilized mental health resources in incarceration, released inmates endure difficulties in finding employment, shelter, and mental health treatment. Without the appropriate support and treatment, released inmates resort back to familiar behavior that leads to reoffending actions, perpetuating a continuous cycle of incarceration. Each year, 700,000 people are released from prisons; many of those people coming home from prison experience health-related issues because of incarceration and return to impoverished communities, adding to health disparities and inequalities (Wennerstrom et al., 2020).

Needs Statement:

Correctional staff need the appropriate training and resources to support incarcerated individuals in empathetic and trauma informed approaches to facilitate successful reentry into society and decrease recidivism rates upon release. People of color are disproportionately incarcerated within the United States, with Black Americans imprisoned at five times the rate of white individuals, American Indians at 4.2 times, and Latinx individuals at 2.4 times their white counterparts. And within these incarcerated settings, only 30% of state prison inmates and 17% of jail inmates receive treatment. But, for people of color, they are even less likely to receive mental health treatment while incarcerated and even in the community. A 2018 study shows that 68% of people released from state prison were rearrested within three years, 79% within six years, and 83% within nine years, demonstrating how recidivism rates are lower for those who avoid contact with the law for at least three years post-incarceration. Lack of housing and employment opportunities, lack of support and resources for mental health care and substance use and underfunding of these resources are merely some factors that contribute to recidivism. Utilizing enforcement and incarceration as the best solution to ensure public safety, our society prioritizes criminal justice over mental health. Prioritizing criminal justice leads to insufficient funding for mental health care services within communities and incarcerated settings, which perpetuates a cycle of untreated mental illness amongst formerly incarcerated individuals, especially those of color. Without the proper support and care, upon entry into incarceration, these individuals' symptoms only worsen in jails and prisons that are characterized by violence and overcrowding. These symptoms lead to high recidivism rates. As this cycle continues, so does the strain it

places on public resources, society, and the economy, as the process of reincarceration is costly. We must prioritize mental health care; we must break this cycle to decrease recidivism rates because a reduction in recidivism means an increase in successful reintegration into society for these formerly incarcerated individuals.

Theoretical Framework:

Social support theory argues that the more supportive a community is, the lower the crime rate within that community, emphasizing the importance of social connections for one's well-being (Orrick et al., 2011). Social support theory argues that social networks and support help individuals meet their emotional and practical needs, reducing crime and adverse outcomes of stress on mental health (Orrick et al., 2011). Without the appropriate and sufficient social support, formerly incarcerated individuals would be more likely to re-offend. Social support networks-such as family, friends, communities, and governmental social programs, reduce criminal involvement by offering stability support and reducing the pressures and challenges that might lead one to re-offend (Orrick et al., 2011). Therefore, through the lens of this theory, addressing the social problem of recidivism would require an emphasis on the role of relationships and community as key factors in the problem and integral solution.

Existing Interventions:

Research has shown multiple evidence-based interventions at the micro, mezzo, and macro levels to address the complexities of social, mental health, and behavioral challenges associated with reducing recidivism rates. A restorative justice intervention (RJI) focuses on repairing the harm caused by crime by addressing the needs of victims, offenders, and the community (Richner et al., 2023). The RJI model offers a micro-level approach to reducing harm and recidivism rates by focusing on "in-person direct dialogue in which the offender and victim or other members of the community work with justice professionals to resolve matters arising from a crime" (Richner et al., 2023). While this intervention aims to reduce recidivism, the hope of this program is that offenders gain personal growth outcomes. This intervention utilizes structured lessons, positive modeling and reinforcement, and group discussions that engage the participants with the hope that offenders will learn and develop skills such as self-efficacy, empathy, and accountability (Richner et al., 2023). A study by Richner et al. (2023) deduced that delivering restorative justice interventions closer to one's release does delay the before that individual reoffends, creating an opportunity to reduce recidivism further by allowing more time for other community resources to intervene. However, the timing of delivery for restorative justice interventions (RJIs) does not significantly affect recidivism rates; individuals who received RJIs closer to their release did exhibit a delay in reoffending, suggesting that this approach has some effectiveness. However, this intervention lacks support for victims navigating the emotional difficulties of interacting with offenders, which would most likely be distressing and or retraumatizing. It is important to note that for this intervention to be effective, all parties involved must agree to participate, which may be a limiting factor.

Other interventions advocate for a more comprehensive, multi-faceted approach that targets several elements within the criminal justice system to prevent the worsening of inmates' mental health before it reaches the level of grave disability. According to Morris & Binder (2022), grave disability is one's inability to provide basic needs and or informed decisions due to their mental

illness, to the point of risk for physical harm. Morris & Binder (2022) call for a multidisciplinary collaboration approach that involves the collaboration between custody staff and mental health professionals in incarcerated settings. Custody staff and mental health professionals may approach inmates experiencing psychosis or mental health episodes completely differently; therefore, a collaboration between these staff members will provide a balance between security and psychiatric care. In addition, proper training and education of custody staff in handling inmates, identifying warning signs, and providing appropriate accommodations can also provide support for individuals at risk (Morris & Binder, 2022). The main intervention highlighted by Morris & Binder (2022) is the emphasized need to screen inmates upon entry for their psychiatric symptoms and connect them to the appropriate care and services. The lacking piece in the intervention is connecting inmates to those resources and ensuring they receive the care they need. Nonetheless, connecting individuals to mental health services while incarcerated will prepare them for reintegration into society upon release. Intervening while individuals are housed in carceral settings can benefit them in a smoother transition upon release, which contributes to reducing recidivism as these individuals will have knowledge and experience of utilizing mental health services.

Research suggests that an empathetic supervision intervention between probation and parole officers (PPOs) and adults on probation or parole (APPs) plays a significant role in reducing recidivism rates (Okonofua et al., 2021). Also, focusing on the psychological processes of probation and parole officers (PPOs) can result in long-term reductions in violations and recidivism (Okonofua et al., 2021). A recent study of this mezzo-level approach found a 13% reduction in recidivism after curbing collective blame among probation and parole officers toward adults on probation and parole (Okonofua et al., 2021). Empathetic supervision intervention allows for a more positive relationship between APPs and PPOs by targeting the bias and collective blame attitude utilizing psychological strategies. This approach focuses on post-release resources to decrease recidivism, translating into lower taxpayer costs and more successful reintegration for these individuals.

Stakeholder Information:

After interviewing three unique candidates related to our social justice issue of incarceration and recidivism, we identified common themes amongst their responses to address recidivism. Some of the common things amongst these candidates include a need for continued follow up upon an incarcerated individual's release, appropriate communication between correctional staff and incarcerated individuals, and addressing the lack of proper education and training amongst corrections staff in carceral facilities. One candidate was an individual with lived experience who recounted that lack of communication within the carceral setting made it extremely difficult to have the proper support, resources, and services upon release which resulted in over fifteen arrests following. Another candidate was a King County Superior Court Judge who, with his experience in court, noticed a growing trend of needing the appropriate professionals to provide services to inmates post-release including mental health services. In addition to the need of mental health professionals, it was also noted that there is a need for substance use professionals to assist the incarcerated individual within these settings. Amongst these candidates, it was significantly stressed that incarcerated individuals are not receiving the proper care, resources, and direction to services while incarcerated let alone once released. This was noted as a major contribution to the ongoing cycle of incarceration for these individuals. Therefore, early

intervention and addressing the root cause of each individual's incarceration journey on the first arrest was emphasized greatly when considering interventions.

Statement of Need:

Based on the literature and current interventions for recidivism, we push for collaborative intervention that takes place directly in these incarcerated institutions. While other interventions have focused on a preventative method or community-based efforts post-incarceration for these individuals, we believe that direct intervention while individuals are housed in carceral settings would be most effective. By focusing resources and services on individuals while incarcerated, it allows staff and professionals an opportunity for direct interaction in a secure environment and an ample amount of time for collaboration. Not to mention that this rehabilitative approach, while being housed in carceral settings, will prepare inmates for a successful reentry upon release with skill sets and knowledge to utilize resources and support within communities. We propose a multidisciplinary collaborative approach in which correctional staff and mental health professionals collaborate in their approach, treatment, and support towards incarcerated individuals. For this approach to be effective, correctional staff in these institutions must receive training in how to effectively de-escalate situations related to individuals with mental health illness, substance use disorder, and or developmental disabilities. This collaborative approach addresses the intersectionality of mental health and safety within these settings, providing balance with security and care. Correctional staff training would be similar to training that mental health professionals receive, allowing these staff members to be on the same page and enhance communication and coordination skills.

In addition to this intervention that allows for balance between security and care is the emphasized need for an early screening and intervention method. Noted earlier was that the prioritization of security is what contributed greatly to the delay of behavioral health care for incarcerated individuals. However, with proper training amongst all staff members in these facilities, early identification and intervention can now become more effective and efficient. In the early stages of the incarceration process, inmates are screened and assessed upon entry to evaluate their physical health, mental health, potential for violence, substance abuse issues, and other factors to help determine their housing and treatment needs. Unfortunately, in some cases, this is as far as the assessment goes. We propose that at this point of the incarceration process, in addition to the mandatory mental health screenings, is to implement mandatory intervention of connecting inmates to the appropriate behavioral health care services immediately. Early identification and intervention allow no room for delay in treatment and services for individuals needing support. This early intervention could also mean a less likely chance of issue escalation in these settings. We believe this multidisciplinary collaborative approach and early intervention will address recidivism directly amongst the impacted population we strive to assist.

Discussion of Experiences:

Personal experiences that have motivated us to propose this intervention stems from our passion to address the systemic inequalities that minority and vulnerable populations face on a daily basis. My passion for the field of forensic social work and criminal justice began in a Sociology course of undergrad that exposed the field of social work to me and the injustices that incarcerated individuals face. Unable to comprehend the treatment that incarcerated individuals

face while in these facilities only to be let down upon release due to lack of resources and support, ignited a passion in me to address the root causes of recidivism. How can we successfully reintegrate these previously incarcerated individuals and support them on the journey to become active members of society once again? I strongly believe in a future where the criminal justice system will emphasize rehabilitation over punishment. However, this future is unattainable by two graduate students creating a Capstone project. This intervention and the goal it strives to achieve, require support from numerous professionals in the criminal justice system, social work, correctional facilities, and the support of the community resources and members. To reduce recidivism and promote successful reintegration for incarcerated individuals, a collective effort is needed beginning with the correctional staff in these carceral settings.

My passion for this topic stems from my lived experience with substance use disorder, mental health challenges, and criminal justice involvement. I understand firsthand the devastating impact these issues can have on an individual's life. A staggering 86 percent of individuals who are incarcerated report untreated trauma, undiagnosed mental health disorders and substance use disorder before their incarceration, emphasizing the need for this social problem to be addressed. This is a dark reality for many who, like me, find themselves trapped in a vicious cycle. I was fortunate to have access to a treatment program that helped lay the foundation for my recovery, but many people do not have this opportunity. I started my journey in graduate school to become a licensed clinical social worker to support individuals struggling with the same challenges I experienced. I want to break down barriers to ensure individuals receive the services they need. In my experience, without adequate mental health and substance use disorder treatment, individuals continue to cycle through the criminal justice system. This lack of care only perpetuates this cycle, leading to higher recidivism rates, and increasing the cost to the criminal justice system, and the healthcare system, with devastating effects to communities.

Description of Project:

This project will include a 8 hour, 5 day trauma informed training seminar for correctional staff to support successful reintegration and reduce recidivism by providing base level training to all correctional staff regardless of education and background. This program will be aimed at the correctional staff employed within prison and jail facilities. If approved, this pilot intervention project will be situated in the Washington State Penitentiary located in Walla Walla, Washington, known to be one of the oldest and largest prisons of Washington State. This pilot program will take place in this facility as it is one of the largest correctional facilities in the state, therefore providing an ideal ground to test the pilot program with correctional staff of seniority status and experience. This training seminar will include a six module agenda that will cover the definition of trauma, the principles of trauma informed care, empathy and communication skills, practical application and role playing scenarios, self care for correctional staff, and creating a trauma informed environment. This seminar will be administered by three paid, full time trained professionals, a case manager, program assistant, and a Licensed Independent Clinical Social Worker (LICSW) to fifteen to twenty correctional staff within the correctional facility. The appropriate personnel will be recruited through collaborating with local universities and colleges. We will reach out to University career services, faculty, and department heads to partner on building connections with students, professionals, recent graduates, and professors who are passionate about criminal justice reform and rehabilitation. The activities of this program include a training seminar with a six module agenda format that include interactive training modules and

role-playing scenarios to practice communication techniques and conflict resolution. These seminars will incorporate group discussions and guest speakers as well. Evaluations and workbooks will also be utilized to test skill development, knowledge, and understanding of materials presented at the seminar. To advertise this training seminar program to correctional staff in the prison and jail facilities, we plan to collaborate with these facilities to leverage the industry-specific job boards and forms where correctional staff can typically turn to for professional development opportunities. We will collaborate with the specific carceral facilities to see which websites and or platforms are best utilized by their staff to create engaging advertisements that will highlight the benefits of the training program including the free food provided.

Goals and Objectives:

The long-term goal of this pilot program is to create a holistic support program that trains correctional staff in empathetic and trauma-informed approaches to engage incarcerated individuals to bridge a connection between prison and communities, resulting in a reduction in recidivism rates. This program will shift the prison culture starting with the staff in these facilities.

This program will be evaluated with two outcomes, and each outcome will have two indicators. Outcome one is that released individuals of incarceration will continue to engage in wrap-around services within the community within 1 month of release every week for one year upon release. Criteria for achievement of Outcome one will be achievement of both Indicator 1A and Indicator 1B. Indicator 1A is that at least 90 percent of individuals released from incarceration engage in wrap-around services every week within 1 month of release, as evidenced by case notes by providers in the community to track engagement, and attendance logs for individuals to sign in to track engagement. Indicator 1B is that released offenders will experience an increased period of at least 5 years between their release and reoffending, as evidenced by referring to service provider logs and case management notes. Outcome two is that at the end of training programs, correctional staff will learn how to engage incarcerated individuals using empathetic, trauma-informed approaches. Achievement for Outcome 2 will be achievement for both indicator 2A and 2B. Indicator 2A is that at least 90 percent of correctional staff are able to list/describe three trauma-informed approaches they can use in their everyday practice. Achievement of indicator 2A is evidenced by conducting a post-test after each training to assess changes in the understanding of trauma-informed care principles and empathetic engagement techniques such as collaboration, empowerment, and choice. Indicator 2B is that at least 90 percent of documented case notes reflect empathetic and trauma-informed engagement approaches used by correctional staff to connect incarcerated individuals to wrap-around services and are evidenced by case notes.

The service providers will collect data and report to the case managers of the individuals who are incarcerated and released. Trainers will consist of one bachelor level case social worker, and one master level licensed independent clinical social worker conducting the training and distributing the training packets, which will incorporate section quizzes that include the principles of a trauma-informed approach and empathic techniques to correctional staff. The individuals who

are incarcerated and the correctional staff will be the source of data collected. The data will be collected on a yearly basis, with monthly check-ins with correctional staff.

Data will be collected by the end of each training seminar completed by correctional staff, focusing on behavioral change monthly. The sampling strategy data will be limited to a selected group of 5-10 incarcerated individuals willing to participate in a longevity tracking of services engagement. Data will be collected on all program recipients, all correctional staff participating in seminars, indicating the staff complete the entire program packet, including the designated quizzes, to track progress and complete the course.

Achievement of the indicator data will be evaluated and reviewed with correctional staff to report that staff are trained, and are utilizing the training objectives, and the incarcerated and released individuals are receiving services within correctional facilities, and engaging in wrap-around services upon release.

Evaluation:

Success of this program will ultimately be measured by the time gap between the date of release and the date of reincarceration, with the goal of increasing the current average of a five year gap. But to measure the success of this program solely will be determined by at the end of this training seminar program, correctional staff will have increased knowledge and skillset of engaging incarcerated individuals with empathetic, trauma informed approaches.

This program will be evaluated with two outcomes, accompanied by two indicators each.

Outcome 1 is that released incarcerated individuals will continue to engage in wrap around services within the community within one month of release every week for one year upon release. Achievement of this outcome will be recognized by Indicator A and Indicator B. Indicator A is that at least 90% of individuals released from incarceration will engage in wrap-around services every week within one month of release by tracking appointment attendance from services providers. This will require a Release of Information (ROI) to be completed by these released individuals. Indicator B is that released offenders will experience an increased period of at least five years between their release date and reoffending. This indicator requires continuous communication and follow ups with released inmates at least once a year to ensure any reoffending incidents are accounted for. In the event that continuous communication and follow ups prove difficult to maintain, case managers must follow up and track these released individuals within public records and government databases.

Outcome 2 is that at the end of the training seminar programs, correctional staff will learn how to engage incarcerated individuals using empathetic, trauma-informed approaches. This may look like empathetic communication, respecting boundaries of incarcerated individuals, creating a safe environment, recognizing behavioral cues of incarcerated individuals, providing choice and

control, and utilizing trauma-informed conflict resolution techniques when conflicts arise. Indicator A is that at least 90% of correctional staff are able to list and or describe three trauma-informed approaches they can use in their everyday practice. Indicator B is at least 90% of documented case notes reflect empathetic and trauma-informed engagement approaches, such as those mentioned earlier, used by correctional staff to engage and connect with incarcerated individuals to wrap-around services.

To ensure that this program will productively respond to the identified need of trauma informed care training for correctional staff, we will continue to evaluate and adapt the training program as needed. Conducting continuous evaluation will help to identify what is successful and what our areas of improvement are within the program to ensure that the program is efficient and effective. Part of this evaluation will also include the feedback of correctional staff that partake in the training. Utilizing the input of the target population will be crucial in developing the most effective training program to identify concerns, barriers, and other challenges.

Timeline and Scope:

The training seminar program will take place for one full forty hour work week. This program will be offered once a month for one calendar year for correctional staff to partake in. There will be a total of twelve training programs offered with a goal of 75% of correctional staff in each facility attending these programs. Three trained professionals will mitigate these training seminar programs with fifteen to twenty correctional staff per each training seminar. Within three months of this training program, 50% of incarcerated individuals will schedule appointments in the services provided in these correctional facilities. Released individuals of incarceration will then continue to engage in these wrap-around services within the community within one month of release on a weekly basis for one year upon release.

Resources:

There are several resources available within Washington State that serve currently and or formerly incarcerated individuals with a focus on mental and behavioral health. On a national scale is the National Alliance on Mental Illness (NAMI), an organization that strives to raise public awareness about mental health conditions and reduce mental health stigma through education and outreach. Although NAMI is limited in individualized care and services, this organization works on a national, state, and local level scale for all individuals and families affected by mental illness. NAMI offers education programs, support groups, advocacy for public policy, and leading public awareness events. Regarding incarcerated individuals, NAMI demonstrates its belief in quality mental health treatment by supporting public policies and laws that push to improve access to mental health resources within incarcerated settings, such as the Stepping Up Initiative. Another effort of NAMI is their Overlooked campaign, which promotes awareness of the impacts on mental health that the criminal justice system poses through the sharing of personal experiences. NAMI provides a national example for other communities on the state and local levels to follow.

At a statewide level is the Washington State Department of Social and Health Services (DSHS) - Behavioral Health Administration (BHA). This organization services Eastern and Western State hospitals by providing funding and support for effective prevention and intervention services for youth and families. A division of the WA DSHS BHA includes the Office of Forensic Mental Health Services for adults involved in the criminal justice system. The Office of Forensic Mental Health Services partners with communities and law enforcement to support individuals who have been in contact with the criminal justice system and also live with mental illnesses. The services provided range from competency evaluations to workforce development. A program introduced by the Office of Forensic Mental Health Services is the SCORE Clinical Intervention Specialist Pilot Program, created in 2023. This program directly assists incarcerated individuals charged with a crime and awaiting competency services, also known as Trueblood class members. As part of this program, DSHS clinical intervention specialists and clinicians collaborate with medical and behavioral health staff to assess and offer additional treatment options. The purpose of this program is to ensure that Trueblood class members are utilizing their time served towards their process of recovery for successful reintegration upon release.

Another Washington State resource is the Washington State Department of Corrections (DOC) - Behavioral Health Services, which offers a wide variety of evidence-based treatment programs, such as therapy and crisis interventions, and provides a multitude of options for individuals seeking assistance. In addition, the department offers comprehensive training programs for correctional staff on mental health issues to help staff improve their response to individuals with mental health conditions. However, the department's ability to provide timely access to care is a gap within its services as individuals experience delays in receiving mental health assessments and treatment. The lack of staffing and resources within these incarcerated settings causes this delay in treatment. As the populations increase and overcrowding, a lack of sufficient staffing grows. Nevertheless, the department is growing in recognizing the impact of substance abuse disorders may concur with mental health disorders that can cause significant impairment for individuals. The department can expand and adapt its current services to become more inclusive by identifying the possible overlap of the two conditions within these populations.

Potential Barriers:

When considering the social problem of recidivism, there are multiple challenges to consider in determining a solution. These challenges include resource and funding limitations, staff training and capacity, continuity issues with follow-up care, and the associated mental health stigma. Currently, Senate Bill 3388, also known as the Mental Health Justice Act of 2023, is a bill that would amend the Public Health Service Act to authorize grants for states, tribal organizations, and Indian tribes to hire, train, and employ mental health professionals to respond to mental health emergencies and crises in lieu of law enforcement. This bill would also require these groups to collaborate with law enforcement to provide training in de-escalation and developmentally appropriate techniques when assisting individuals with mental illness, substance use disorders, and or developmental disabilities. This bill is an example of current interventions being set in place to reduce the incarceration of mental health, which in turn will help to reduce recidivism by providing a preventative method approach. However, this intervention is also an example of some of the challenges that recidivism faces. While this bill provides funding to hire and employ mental health professionals, there is no guarantee that there is a sufficient amount of available mental health professionals to employ in multiple regions. This factor would play a

detrimental role in the effectiveness of this bill if it becomes implemented. This bill also focuses on a preventative approach by diverting individuals away from the criminal justice system and towards mental health services for support and treatment. While diversion is effective and beneficial for reducing recidivism, this intervention does not address the currently incarcerated individuals struggling with access to mental health care services and treatment. There are other existing policies, such as the Medicaid Inmate Exclusion Policy, which revokes any access to Medicaid benefits for medical services for individuals while incarcerated. This policy provides a glimpse into the possible obstacles that inmates may face while in carceral settings. Having benefits revoked while incarcerated presents another barrier for inmates needing and wanting to access behavioral health services. Previous interventions emphasized the importance of community involvement in reducing recidivism, such as empathetic supervision or restorative justice. Therefore, a multidisciplinary collaboration model might be the most efficient intervention to implement.

Like the other interventions, ours still proposes the challenges of sufficient funding for the training programs, resources, staffing, etc. Another challenge is the likely understaffing in these facilities and finding ample mental health professionals to employ, similar to the challenges mentioned by other policies. There is also the need to address the role that insurance coverage and costs play regarding inmates receiving any medical and or behavioral health care while incarcerated. While we may push for adequate mental health care and support and services, the challenge of costs of services and funding becomes an important factor to consider.

Budget

The annual expenses for this project amount to \$250,000. The \$204,152 allocated for personnel expenses includes one full-time Licensed Independent Clinical Social Worker, and one full-time bachelor's level case manager and ten percent of the Program Assistant's time each year. Expenses also include \$23,121 in non-personnel costs and \$22,727 in Administrative Indirect costs. With this grant proposal, we are requesting a total of \$185,000 from SAMHSA's GAINS Center, and a total of \$ 65,000 from the Bureau of Justice Assistance (BJA). Please see Appendix A for additional details.

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Appendix A

Capstone Annual Budget for Developing and Implementing a Trauma Informed Training for Correctional Staff to Support Successful Reintegration and Reduce Recidivism							
Revenue					\$ 250,000		Notes
Individual Contributions							
Private Grants					\$ -		
Grant 1					\$ -		
Grant 2					\$ -		
Government Grants					\$ -		Grant for SAMHSA ad BJA to cover training program annually
Grant A				SAMHS A	\$ 185,000		
Grant B				BJA	\$ 65,000		
Program Fees							
In-Kind							
Other							

TOTAL REVENUE					\$ 250,000	
Personnel Expenses	FTE	Hourly Wage	Annual Wages	Taxes & Benefits	Cost to Program	
LICSW	1.0	\$ 41.00	85,280	25,584	\$ 110,864	
Case Manager	1	\$ 32.00	66,560	19,968	\$ 86,528	
Program Assistant	0.1	\$ 25.00	5,200	1,560	\$ 6,760	
Total Personnel Expenses	0.1				\$ 204,152	
					\$ -	Space will be provided by the designated jail and prison
Non-Personnel Expenses					\$ 25,000	
Space						
Communications					\$ 1,800	3 cell phones at \$50 per month for 12 months
Supplies					\$ 2,400	\$200 per month for printing workbook,pens,paper
Travel					\$ 2,520	IRS mileage .70 per mile for all 3 personnel, 100 miles each per person per month
Equipment					\$ 3,520	3 laptops \$1,100 each, \$220 3D printer
Client Support					\$ 1,500	Case note and client engagement tracking system program

General Operating						
Food					\$ 11,381	8-12 participants and trainers lunch,snacks, beverage per year
Admin/Indirect Costs					\$ -	
Subtotal Non-Personnel Expenses					\$ 23,121	
Subtotal All Expenses					\$ 227,273	
Admin/Indirect Costs					\$ 22,727	10% Admin/Indirect
TOTAL EXPENSES					\$ 250,000	
Net Revenue (Deficit)					\$ (0)	