



## Review

# Community-based substance use treatment programs for reentering justice-involved adults: A scoping review

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## HIGHLIGHTS

- Scoping review of substance use treatment for justice-involved adults reentering the community.
- Themes identified participant characteristics, treatment delivery, and treatment benefits.
- More studies showed positive impact for substance use than criminal justice outcomes.
- Few studies examined racial/ethnic disparities or implementation in rural areas.

## ARTICLE INFO

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## ABSTRACT

**Introduction:** For adults involved with the criminal justice system who are reentering their communities post-incarceration, there is a large need for community-based substance use treatment. Little is known, however, about the types, availability, and benefits of programs targeting the reentry population in community settings that operate independently from the criminal justice system.

**Methods:** We conducted a scoping review of community-based treatment programs for substance use among reentering justice-involved adults to examine the contemporary state of literature and identify research gaps. We searched four databases for peer-reviewed articles conducted in the United States and published between 2017 and 2021.

**Results:** The final sample included 58 articles. Interventions varied, but the two most prominent were medications for opioid use disorder (35%) and peer support or social support interventions (22.4%). Studies were more likely to show positive impact on substance use outcomes than criminal justice outcomes. Themes were identified around participant characteristics, treatment delivery, and treatment benefits.

**Conclusions:** Findings from this scoping review suggest that the range of evidence-based strategies for substance use treatment targeting the reentry population is growing, but there is a need for additional research that examines implementation, cost effectiveness, and racial/ethnic disparities.

## 1. Introduction

Ongoing patterns of mass incarceration beginning over 20 years ago have marked consequences not only for people while they are imprisoned, but also once they are released and initiating their reentry into the community. In 2015, it was estimated that close to 650,000 individuals reentered the community from state and federal prisons and that another 10.6 million people cycled through local jails (Carson, 2018; National Institute of Corrections, 2023). Many of those being released present with a host of physical and behavioral health treatment needs

that often go unaddressed in prison, increasing the potential for reincarceration (National Research Council and Institute of Medicine, 2013). Data suggest that between half to two thirds of justice-involved individuals enter the prison system with a substance use disorder (SUD; Puglisi et al., 2022). Nevertheless, prison systems are characterized by a lack of access to up-to-date strategies for addressing substance use, such as medications for opioid use disorder (MOUD; Nunn et al., 2009; Moore et al., 2019). Indeed, research suggests that the adverse opioid treatment experiences in prison may actually create an aversion to MOUD at reentry (e.g., Maradiaga et al., 2016).

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It is also well established that most formerly incarcerated individuals reentering the community will be rearrested for a crime within three years after release (Alper et al., 2018). One key reason for this is that many of the challenges and conditions that those who were formerly incarcerated entered with are not addressed during incarceration. Left untreated or unattended to, substance use treatment needs fester during incarceration and possibly create additional challenges for reentry. Even more problematic and concerning is the notion that substance use creates added risk for post-release mortality among those reentering the community from the criminal justice system (e.g., Binswanger et al., 2013; Mital et al., 2020).

Research on deaths among formerly incarcerated individuals released from the state of Washington between 2014 and 2018 indicated that overdose was the leading cause of death; specific substances identified as increasing mortality risk were psychostimulants (such as cocaine) and opioids (O'Connor et al., 2022). Consistent with prior research, these authors indicate that the riskiest period for overdose mortality is the period immediately after release (within the first two weeks). They also note that while all-cause mortality has been relatively constant in recent decades, the mortality share contributed to overdose has markedly increased (O'Connor et al., 2022).

It is therefore not an exaggeration to say that the availability of community-based treatment targeting a wide range of substance use disorders in the reentering population is of consequential importance. While there is considerable knowledge about the potential benefits of diversion programs addressing substance use that are directly linked to the criminal justice system such as drug courts (e.g., Lloyd and Fendrich, 2020), considerably less is known about the types, availability, and benefits of programs targeting the reentry population and existing somewhat independently of the criminal justice system. Thus, the current study aims to present a scoping review of contemporary community-based substance use treatments for reentering justice-involved adults.

This review is undertaken with the impetus of the Social Work Grand Challenges, which aims to promote “smart decarceration” (Epperson and Pettus-Davis, 2015). Smart decarceration aims to reduce the deleterious and disproportionate impacts of mass incarceration by transforming the justice system while preserving public safety (Grand Challenges for Social Work, 2023). As the mass incarceration era ebbs, social work researchers and policy makers seek to offer “effective, sustainable, and socially just” strategies so that reentering justice-involved adults and the communities they live in will have the necessary scaffolding to help prison reentry succeed in the long term. Despite this effort, previous research has found that after nine years, 9 out of ten reentering persons wind up with a new arrest (Alper et al., 2018). Additionally, the National Institute of Drug Abuse (NIDA) estimates that approximately half of state and federal incarcerated individuals in the United States (U.S.) have SUDs (National Institute on Drug Abuse, 2014), compared to 9 percent of people in the general population (Cloud, 2014), which suggests that sustainable access to community-based SUD treatment remains a serious need.

The current scoping review aims to identify community programs in an area of critical importance, substance use treatment, to guide future researchers and policy makers in the effort to promote the smart decarceration enterprise. To this end, it is critical not only that we identify substance use treatment programs and their potential impact, but also that we pay careful attention to the characteristics of the clients being targeted. In analyzing the nature of the literature on programming, it is also important to understand the extent to which the programs potentially address racial/ethnic disparities that have been deeply embedded in our justice systems.

## 2. Methods

This paper presents a scoping review of the current literature on substance use treatment programs for formerly incarcerated adults

reentering the community. Contrasting from a traditional literature review or systematic review, scoping reviews are especially useful for broad, complex, and under-researched areas (Haight et al., 2016; Tricco et al., 2016). Further, scoping reviews have been underutilized in social work, and can inform future research and practice for emerging topics by identifying gaps in the existing literature (Colquhoun et al., 2014; Haight et al., 2016). The primary purpose of this review is to summarize the current state of literature on community-based substance use treatments for returning citizens as well as to identify potential research gaps. For the purposes of this review, we define reentering criminal justice-involved as any individual who has had direct contact with the criminal justice system through arrest and/or incarceration experience, and who is now reentering back into their community post-involvement (National Academies of Sciences, Engineering, and Medicine, 2017). Further, we recognize that community-based substance use programming may vary in their client population, thus we are interested specifically in programs that directly target justice-involved individuals (i.e., community supervision, reentry, etc.) or include a large number of justice-involved participants.

This study utilizes a methodological framework for conducting scoping reviews put forth by Arksey and O'Malley (2005). To ensure replicability of this work, sufficient detail will be provided according to the framework's five stages: 1) identifying the research questions, 2) identifying relevant studies, 3) study selection, 4) charting the data, and 5) reporting the results. Additionally, this study follows the reporting guidelines put forth by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR; Tricco et al., 2018). Quantitative frequency analyses will be used to collect and analyze descriptive data (e.g., publication trends, etc.) Subsequently, content analysis will be utilized to identify salient patterns, emerging themes, and research gaps from the data (Krippendorff, 2012; Stemler, 2015).

### 2.1. Stage 1: Identifying the research questions

The current scoping review aims to address the following research questions: 1) What is the current state of literature on substance use treatment programs specifically for formerly incarcerated individuals reentering the community? 2) What is known about the effectiveness of substance use treatment programs for formerly incarcerated individuals reentering the community?

### 2.2. Stage 2: Identifying relevant studies

This scoping review was conducted in March of 2022, and included peer-reviewed articles published in academic journals during a five-year period (2017–2021). The parameter of the last five years was chosen to capture the most recent literature on community-based substance use treatment programs for reentering justice-involved adults. Changes in rehabilitative justice programming amidst a broader national shift towards addressing substance use as a public health matter, as opposed to a criminal one, suggests that limiting the scope to the last five years may be better suited to identify the current state of the treatment field for this population. Articles published early in 2022 were not included given the limited number of studies that were available at the time this search was conducted.

To identify relevant studies, we consulted with a reference librarian with subject-area expertise at a large, public university. Based on consultation, four databases were selected: Social Science Citation Index (operated by ProQuest), PsycInfo (operated by EBSCO), and Criminology Collection (operated by ProQuest), which includes the Criminal Justice Database and National Criminal Justice Reference Service Abstracts Database. The databases were selected based on comprehensiveness, advanced searching capabilities, and exhaustive reach across the social science and public health fields.

Articles for inclusion were published in peer-reviewed journals,

written in English, took place in the U.S., and were identified by titles, abstracts, subjects, and keywords. This review does not include dissertations, government reports or other forms of “gray” literature. In identifying relevant studies for inclusion and remaining consistent with the framework for scoping reviews, we were interested in a variety of different study designs to better identify the extent and range of research activity on the topic (Arksey and O’Malley, 2005). Arksey and O’Malley (2005) describe a scoping review as a broader map to visualize the available sources of evidence surrounding a topic and that the inclusion of many different study designs might be applicable in conveying the broader picture.

We used the command line function for ProQuest databases and advanced combine search for EBSCO to search for our key boolean terms (see Appendix A for electronic search strategy of boolean terms). Key search terms were designed to filter the results for community-based substance use treatments targeting reentering justice-involved adults and were selected based on the various conceivable ways that researchers may be discussing the topic. Our search yielded 807 articles from the Social Science Citation Index, 505 articles from PsycInfo, and 337 articles from Criminology Collection, for a total of 1649 articles. All articles were imported into a shared citation management software, Zotero (2022).

### 2.3. Stage 3: Study selection

Our sampling process can be seen in Fig. 1. Two researchers independently engaged in the review process by reviewing abstracts and full text of articles assessing for appropriate inclusion. Any discrepancies were resolved through regular meetings between the researchers throughout the selection process. Results from the databases gave us a sampling frame of 1649 articles. From there, duplicates were removed ( $n$

= 543), which left 1106 independent articles. Exclusion criteria were applied to remove irrelevant articles based on the following reasons: 1) articles not from the U.S. or in English, 2) correctional facility or supervision-related treatments (i.e., jail-based, prison-based, drug courts), 3) primary focus was not substance use treatment (e.g., mental health treatment or HIV treatment), 4) population did not specifically include returning justice-involved adults (i.e., justice-involved youth, no mention of justice-involved persons, etc.), and 5) articles that did not examine a targeted intervention delivered in the community (e.g., conceptual papers, descriptive studies, etc.). After the first round of applying exclusion criteria to article titles and abstracts, 999 articles were excluded, which left 107 articles for retrieval and deeper examination. Further review of remaining articles revealed that 49 articles did not fit into the study’s inclusion criteria, resulting in 58 articles for the final analytic sample.

### 2.4. Stage 4: Charting the data

Charting the data includes organizing and sorting through the sample for key pieces of information (Arksey and O’Malley, 2005). After arriving at our final sample ( $N = 58$ ), the data were charted in Excel. The Excel spreadsheet was organized into columns that included the following information: title, author(s), publication year, journal title, research method (quantitative/qualitative), study design, sample (i.e., diversity, location, justice-involvement), intervention examined, primary substance of interest (i.e., opioid, alcohol, etc.), outcome(s) of interest, and research findings. Once the data were charted, frequencies were calculated to determine descriptive information about sample characteristics. Content analysis (Krippendorff, 2012; Stemler, 2015) was used to identify common themes that emerged across the literature. For each step, the two researchers independently analyzed the data then

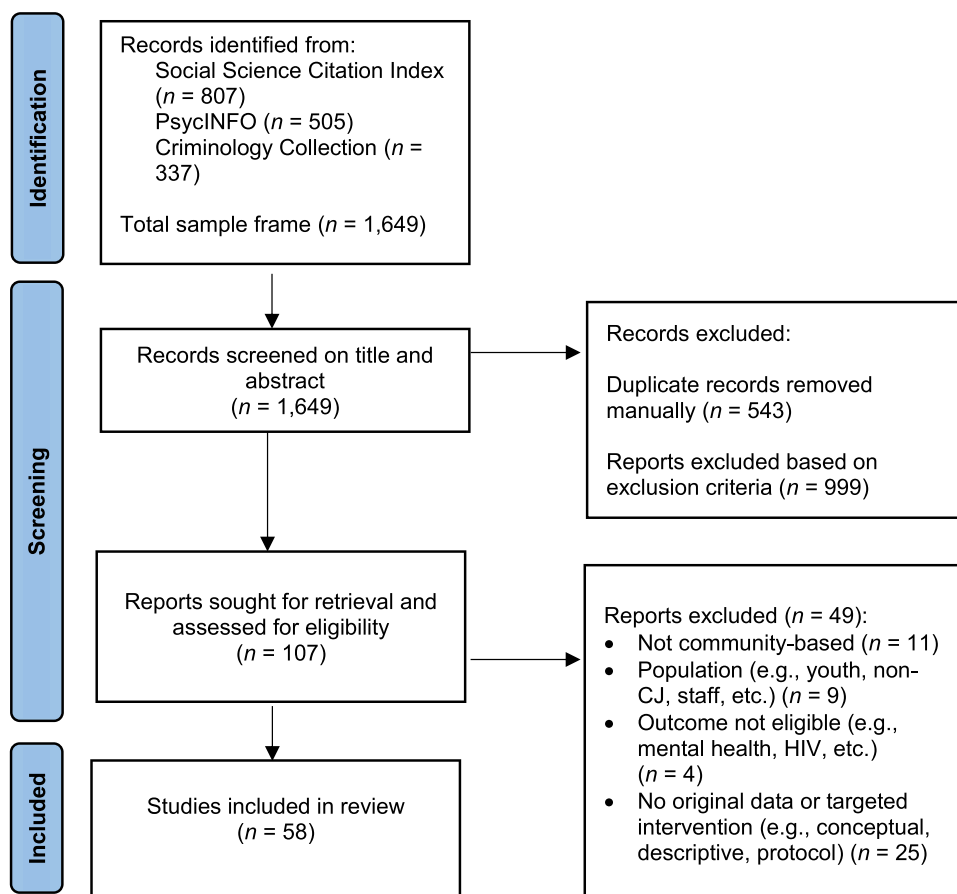


Fig. 1. Flow diagram of the included studies.

came together to discuss commonalities, patterns, and agree on final themes. The derivation of final themes presented in the manuscript was an iterative process whereby one researcher outlined all themes they detected and provided support for that detection with a listing of specific articles. The list of themes was reviewed and augmented, confirmed, rejected, or consolidated by the other in collaborative discussion. A final summary of the themes was created based on mutual agreement of the two authors.

### 3. Results

Fifty-eight articles met inclusion criteria and were included in the final analytical sample. Table 1 displays descriptive characteristics of our sample. Among our sample, the year of publication varied with the highest number of articles, 17 (29.3%), published in 2017. The years of 2018 and 2021 were identical with 11 articles (18.9%) published in both years. Unsurprisingly, 2020 had the lowest number of articles published ( $n = 7$ ). Journals of publication also varied greatly. The *Journal of Substance Use & Addiction Treatment* (formerly known as the *Journal of Substance Abuse Treatment*) had the highest number of articles with 11 (18.9%). As for the research method, 72% ( $n = 42$ ) of the sample were quantitative studies, nearly 23% ( $n = 13$ ) were qualitative, and 5% ( $n = 3$ ) were mixed-method designs. Study design was another area with substantial variation. The most prominent study design was a randomized experimental design, including randomized clinical trials, comprising 31% of the sample ( $n = 18$ ), followed by evaluation studies with 17% ( $n = 10$ ). Nearly 38% utilized other study designs including qualitative interviews, focus groups, or secondary data analyses.

Analysis of descriptive characteristics also revealed differences in studies examining population subgroups. Of the total sample, more than half ( $n = 33$ ) focused on specific subgroups. Six articles (10%) focused on adults with HIV, three articles (5%) focused on gender or sexual

**Table 1**  
Sample characteristics.

| N = 58                     |                                    | %     |
|----------------------------|------------------------------------|-------|
| Year                       |                                    |       |
|                            | 2017                               | 29.31 |
|                            | 2018                               | 18.96 |
|                            | 2019                               | 20.69 |
|                            | 2020                               | 12.07 |
|                            | 2021                               | 18.96 |
| Method                     |                                    |       |
|                            | Quantitative                       | 72.41 |
|                            | Qualitative                        | 22.41 |
|                            | Mixed                              | 5.17  |
| Design                     |                                    |       |
|                            | Pilot                              | 5.17  |
|                            | Randomized experiment              | 31.03 |
|                            | Evaluation study                   | 17.24 |
|                            | Pre-post                           | 8.62  |
|                            | Other (interviews, secondary data) | 37.93 |
| Population subgroup        |                                    |       |
|                            | HIV                                | 10.34 |
|                            | Gender/sexual orientation          | 18.96 |
|                            | Veterans                           | 3.45  |
|                            | Homeless                           | 5.17  |
|                            | Race                               | 1.72  |
|                            | Co-occurring disorders             | 15.52 |
| Primary substance of focus |                                    |       |
|                            | Opioids                            | 32.76 |
|                            | Non-specific                       | 67.24 |
| Intervention type          |                                    |       |
|                            | Medication assisted therapy        | 34.48 |
|                            | Behavioral therapies               | 12.07 |
|                            | Peer or social support             | 22.41 |
|                            | Case management                    | 15.52 |
|                            | Faith-based recovery               | 5.17  |
|                            | Mindfulness                        | 8.62  |
|                            | Innovative service models          | 8.62  |
|                            | Other                              | 13.79 |

orientation more broadly, while seven articles (12%) focused on women compared to one article (1.7%) that focused on men. Additionally, one article (1.7%) focused on race/ethnicity, specifically African Americans. Two articles (3.4%) examined community-based substance use treatment for justice-involved veterans and three articles (5%) examined individuals experiencing homelessness. Finally, nine articles (15.5%) examined treatment for individuals with co-occurring mental health and substance use disorders (CODs).

The primary substance of focus among articles was largely non-specific or included multiple substances ( $n = 39$ , 67%), but when a single substance was targeted, interventions primarily focused on opioids ( $n = 19$ , 32.7%). Intervention type among the sample was quite diverse and some articles focused on an eclectic range of interventions. The most prominent intervention type was medications for opioid use disorder (MOUD), comprising nearly 35% ( $n = 20$ ) of the total sample. Thirteen articles (22.4%) examined interventions that emphasized peer support or social support systems, nine articles (15.5%) examined case management approaches, and seven articles (12%) examined behavioral therapies like cognitive behavioral therapy (Lee et al., 2017), dialectical behavioral therapy (Nyamathi et al., 2017a, 2017b), motivational interviewing (Polcin et al., 2018), contingency management (Lee et al., 2017), and individual, family, or group therapy (McHugo et al., 2021; Miller et al., 2017).

Among more unique interventions, five articles (8.6%) focused on mindfulness interventions such as yoga and grounding techniques, and three articles (5%) examined faith-based strategies to recovery. Five articles (8.6%) included innovative service delivery models such as electronic or digital treatment modalities (Aronson et al., 2017) and mobile vans that administered MOUD (Krawczyk et al., 2019). Finally, eight articles (13.8%) focused on other interventions such as civil commitment (Christopher et al., 2018), an expedited Medicaid enrollment program (Gertner et al., 2019), and self-care management (Maruca et al., 2021). Appendix B displays relevant information for each study including more detailed information on interventions and outcomes.

#### 3.1. Impact on criminal justice and substance use outcomes

Twenty-eight (48.3%) studies provided data indicating a focus of program or intervention impact on substance use outcomes (e.g., days of use, testing positive for drug screenings, abstinence, etc.). Twenty-two (37.9%) provided data focusing on criminal justice outcomes (e.g., recidivism, rearrest, days in jail, time to arrest, etc.). Thirty-one (53.4%) studies provided data indicating impact on other additional outcomes such as treatment utilization or continuity post-release, facilitators, barriers, and other psychosocial outcomes (e.g., mental health, employment, housing, etc.). It should be noted that some studies included all three types of outcomes while some focused only on one or two types.

Scanning our studies, we found that of those that focused on substance use outcomes ( $n = 28$ ), 19 (67.9%) indicated a positive impact of the intervention on substance use. The remaining nine (32.9%) studies revealed mixed findings or no statistical difference with one of those finding a negative impact (i.e., increases in reported use of marijuana among those in a social support intervention; Pettus-Davis et al., 2017). Among studies that focused on criminal justice outcomes ( $n = 22$ ), 11 (50%) reported positive impact, ten (45.5%) reported no difference, and one (4.5%) reported a negative impact (i.e., higher number of days incarcerated). Of those that examined other outcomes ( $n = 31$ ), 13 (41.9%) reported a positive impact. More broadly, the vast majority of studies focusing on substance use outcomes reported positive findings but only half of those examining criminal justice outcomes reported positive findings and less than half of those examining other outcomes had positive findings.

3.2. Themes

We identified at least 13 different themes or topics covered by the articles included in this review (see Table 2). These topics can be classified into three broad categories. One broad topic relates to a focus on the different characteristics of the participants in the intervention. This broad topic includes characteristics surrounding the individual with substance use who is presenting for treatment; this would include information about whether alcohol use co-occurs with other substance use and whether mental health diagnoses are comorbid with SUDs (e.g., Boland and Rosenfeld, 2018; Gertner et al., 2019; Hanna et al., 2020; McHugo et al., 2021; Miller et al., 2017; Morse et al., 2017; Pinals et al., 2019; Robertson et al., 2018; Robertson et al., 2020). It also includes whether the participant was part of a unique or under-served subgroup within the criminal justice system in need of specially designed services such as women (Black and Amaro, 2019; Gorvine et al., 2021; Holmstrom et al., 2017; Morse et al., 2017; Nyamathi et al., 2017a, 2017b; Scott et al., 2017; Thomas et al., 2019), veterans (Finlay et al., 2020; Morse et al., 2021), people who are homeless (Friese and Wilson, 2021; Nyamathi et al., 2017a, 2017b) and people who are HIV or HCV positive (Aronson, et al., 2017; Bachhuber et al., 2018; Bernard 2020; Biondi et al., 2021; Scott et al., 2017; Wimberly et al., 2018).

A second broad topic focuses on the variation in the characteristics of the intervention and how standard interventions were delivered. That is, articles addressed variations that were systematically applied to standard types of treatment such as MOUD (Krawczyk et al., 2019; Schwartz et al., 2020); they also addressed the impact of “add-ons” or variations

in the provider type such as peer support or peer delivery (Ashford et al., 2018; Cos et al., 2020; Gonzalez et al., 2019; Grant et al., 2021; Morse et al., 2017; Nyamathi et al., 2017a, 2017b; Pinals et al., 2019; Ray et al., 2017; Ray et al., 2021; Reingle Gonzalez et al., 2019) strategies to enhance engagement and retention (Bachhuber et al., 2018; Black and Amaro, 2019; Friedmann et al., 2018; Gertner et al., 2019; Hollander et al., 2021; Krawczyk et al. 2021; Maume et al., 2018; Pettus-Davis et al., 2017) and community connections to treatment initiated in the prison context (Gordon et al., 2017; Hanna et al., 2020; Kelly et al., 2020; Lincoln et al., 2018; Martin et al., 2019; Wooditch et al., 2017).

A third broad topic (and perhaps the most prolific among all the articles) relates to the types of benefits accrued to participants in the treatment programs. Many papers focused on outcomes beyond the specific impact on the use disorders themselves ( $n = 31$ , 53.4% of all articles). Clearly, an aim of many interventions is to decrease recidivism and improve criminal justice outcomes (e.g., reducing recidivism and subsequent criminal behavior; Boland and Rosenfeld, 2018; Evans et al., 2019; Friese and Wilson, 2021; Kelly et al., 2020). Nevertheless, studies in this third broad category also evaluated programs’ impact on overall physical and mental health and psychosocial functioning (Bernard et al., 2020; Biondi et al., 2021; Cos et al., 2020; Friese and Wilson, 2021; Lee et al., 2017; Maruca et al., 2021; Morse et al., 2021; Reingle Gonzalez et al., 2019) as well as participants’ engagement in prosocial activities reflecting positive readjustment into society (housing, employment, stable income; enrollment in needed SUD treatment services; Clifasefi et al., 2017; Connolly and Granfield, 2017; Gertner et al., 2019). Also, to be considered in this third category are two papers selected that

**Table 2**  
Themes and subthemes from articles on community-based substance use treatment for justice-involved adults.

| Broader Theme  | Subthemes  |   |  |   |   |
|--|--|---|--|---|---|
| 1. Participant Characteristics<br>Articles identified  | <b>Co-occurring Alc. Misuse; MH Diagnosis</b>  | <b>Special Populations: Women</b>   | <b>Special Populations: Veterans</b>   | <b>Special Populations: Homeless</b>  | <b>Special Populations: PWHIV+</b>            |
|  | Boland and Rosenfeld, 2018; Gertner et al., 2019;  | Black and Amaro, 2019; Gorvine et al., 2021;  | Finlay et al., 2020; Morse et al., 2021.   | Friese and Wilson, 2021; Nyamathi et al., 2017a, 2017b; Nyamathi et al., 2017a, 2017b.  | Aronson et al., 2017; Bachhuber et al., 2018; |
|  | Hanna et al., 2020;  | Holmstrom et al., 2017;   |  |   | Bernard et al., 2020;                         |
|  | McHugo et al., 2021; Miller et al., 2017;  | Morse et al., 2017; Nyamathi et al., 2017a, 2017b;  |  |   | Biondi et al., 2021; Scott et al., 2017;      |
|  | Morse et al., 2017; Pinals et al., 2019; Robertson et al., 2017; Robertson et al., 2020. | Scott et al., 2017; Thomas et al., 2019.  |  |   | Wimberly et al., 2018                         |
| 2. Treatment Delivery Variation<br>Articles Identified | <b>MAT (Variation in Delivery)</b>   | <b>Peer Support</b>   | <b>Engagement and Retention</b>  | <b>Community Connections to Prison</b>  |   |
|  | Krawczyk et al., 2019; Schwartz et al., 2020.  | Ashford et al., 2018; Cos et al., 2020; Gonzalez et al., 2019; Grant et al., 2021; Morse et al., 2017; Nyamathi et al., 2017a, 2017b; Pinals et al., 2019; Ray et al., 2017; Ray et al., 2021; Reingle Gonzalez et al., 2019. | Bachhuber et al., 2018; Black and Amaro, 2019; Friedmann et al., 2018; Gertner et al., 2019; Hollander et al., 2021; Krawczyk et al., 2021; Maume et al., 2018; Pettus-Davis et al., 2017. | Gordon et al., 2017; Hanna et al., 2020; Kelly et al., 2020; Lincoln et al., 2018; Martin et al., 2019; Wooditch et al., 2017 |   |
| 3. Treatment Benefits<br>Articles Identified           | <b>Criminal Justice Outcomes</b>   | <b>MH, PH, &amp; Psychosocial</b>   | <b>Positive Community Readjustment</b>   | <b>Cost Effectiveness</b>   |   |
|  | Boland and Rosenfeld, 2018 Evans et al., 2019;   | Bernard et al., 2020; Biondi et al., 2021   | Clifasefi et al., 2017; Connolly and Granfield, 2017; Gertner et al., 2019.  | Cowell et al., 2018; Murphy et al., 2017.   |   |
|  | Friese and Wilson, 2021; Kelly et al., 2020.   | Cos et al., 2020; Friese and Wilson, 2021; Lee et al., 2017; Maruca et al., 2021; Morse et al., 2021; Reingle Gonzalez et al., 2019.  |  |   |   |

Note. MH = mental health; PWHIV+ = people who live with HIV; MAT = medication assisted treatment; PH = physical health.



addressed cost effectiveness (Cowell et al., 2018; Murphy et al., 2017); this is essentially an “outcome” from the standpoint of the overall community where interventions are being delivered.

#### 4. Discussion

Assessing the characteristics as well as the range of themes and subcategories underscores several key findings and trends regarding research on community-based substance use treatment programs for reentering justice-involved adults. First, the criminal justice reentry population is extremely heterogeneous. As noted, many interventions were targeted towards those with additional challenges, such as more complex addiction situations (e.g., comorbid substance use and mental health diagnoses, HIV or HCV, etc.) or characteristics that may place them at a unique disadvantage with respect to the likelihood of successful community readjustment (e.g., those experiencing homelessness, marginalized group status, etc.).

Surprisingly, we only reviewed two studies (Hollander et al., 2021; Morse et al., 2017) that directly evaluated racial and ethnic disparities; the first study specifically examined barriers to seeking MOUDs among African Americans while the second found disparities among African American women for treatment receipt of a women’s clinic. Overall, however, there was a dearth of studies that examined broader complexities within racial and ethnic disparities - both in terms of access to interventions and with respect to intervention outcomes. Further, the lack of attention to race/ethnicity as a potential moderator of intervention outcomes (i.e., the extent to which intervention outcomes vary by race) is particularly problematic in light of well-documented racial/ethnic disparities in rates of incarceration over the past two decades (Clear, 2009; Western, 2006).

The findings of this scoping review suggest that in addition to substance use and criminal justice, a variety of additional outcomes were examined including, but not limited to, continuity of treatment, knowledge and attitudes, mental health, employment, housing, and others. Overall, most articles examining substance use outcomes revealed positive program or intervention impact, but less so when it came to criminal justice and other outcomes. This finding aligns with the notion that programs included in the sample primarily focused on treating substance use among justice-involved individuals. Criminal justice involvement, although possibly related to substance use, has distinct causes which may not be impacted by substance use treatment. That said, failing to address factors leading to criminal justice reinvolvement is a missed opportunity for substance use treatment programs. Future interventions need to holistically address the wide array of psychosocial challenges and collateral consequences related to criminal justice involvement (Grecco and Chambers, 2019; Peters et al., 2017).

The focus on peers and those with lived experience to either deliver interventions or to enhance success as an adjunct to standard interventions delivered by clinicians (Shalaby and Agyapong, 2020) is rapidly gaining steam throughout the behavioral health treatment field, in both the mental health (e.g., Chinman et al., 2015) and substance use treatment (e.g., Reif et al., 2014) arenas, and the criminal justice system is no exception (Davidson and Rowe, 2008). The engagement of peers has the potential dual benefit of enhancing the effectiveness of interventions for the individual targeted as well adding to the well-being, self-efficacy, and continued success of the engaged peer. Accordingly, the plethora of studies in the peer arena underscores a potentially wise investment of treatment resources. Regarding the notion of resource allocation, the lack of studies examining cost effectiveness issues (we identified only 2) underscores a potential growth area for research on substance use treatment in the criminal justice system; there is a need for increased assessment of costs in future studies. Given the extensive range of benefits beyond treating the substance disorder itself, it is likely that future studies incorporating cost-effectiveness analyses are likely to show positive and encouraging results.

Although we noted that evidenced based treatment strategies such as MOUD were in abundance in the literature, the finding that only a single study examined a well-established efficacious strategy for addressing substance use, contingency management (CM), is notable (Lee et al., 2017). CM implementation challenges in the general population in community settings have been well-documented (Becker et al., 2019a, 2019b). It may be that there are particular challenges and concerns with the application of monetary incentives to reward abstinence in a group with recent criminal justice involvement. There may also be some unique legal concerns that arise as barriers to this type of treatment. Studies illuminating the specific challenges of CM implementation in criminal justice populations, both within correctional and community settings, are clearly needed.

Across all studies where geographic location of intervention or services was mentioned, very few, if any, were located in predominantly rural areas. Instead, the vast majority of locations mentioned consisted of urban, metropolitan, service rich areas such as New York City, Philadelphia, Baltimore, Seattle, Washington D.C., among others. Although there were studies that included several sites spanning multiple counties in a given state or region, we found none that specifically examined intervention efficacy or implementation exclusively in rural areas. Indeed, future research and attention on community-based substance use service provision in rural areas is needed as smaller cities and rural areas tend to lack robust community resources to support people reentering the community from correctional facilities, leading to significant service gaps and greater recidivism (Bailey and Peirce, 2021; Kopak et al., 2019).

##### 4.1. Limitations

The findings of this review highlight the contemporary state and research gaps surrounding community-based substance use treatment for reentering justice-involved adults. Some limitations, however, are noted. First, this review included studies only in the U.S. given the unique national context surrounding the criminal justice and behavioral health treatment systems; a further examination of innovative community-based substance use treatments should include international studies. During the exclusion stage, we located several articles that were conducted in various countries across the globe, which could illuminate unique approaches to substance use treatment for this population. A second limitation is the limited time frame, which covers five years, to examine the contemporary state of community-based treatment for this group. This narrow window limits our ability to detect changes in treatment approaches over time. Finally, while the focus of this review was community-based interventions, there are a range of supervision-related treatments that may take place in the community, such as drug treatment courts, which were excluded from the final sample. As drug courts serve as an extension of criminal justice supervision, and since this review was particularly interested in non-system related treatments in the community specifically for justice-involved adults with SUDs, these programs were excluded from consideration. Additionally, as drug courts have been extensively evaluated (e.g., Lloyd and Fendrich, 2020), drug-court related literature does not meet the scoping review criteria of being “under researched.”

##### 4.2. Conclusions and future directions

Smart decarceration requires a range of effective programming to deal with the unique challenges posed by adults reentering the community from the criminal justice system. It is heartening that while many of the studies reviewed focused on the unique challenges faced by reentering adults, many studies also examined the extensive range of benefits of substance use treatment - benefits that extend well beyond reduction or abstinence of substance use. The persistence of substance use and overdose as major societal challenges along with the disparate impact they have on the criminal justice population underscores the

likelihood that treatment studies of the reentry population are likely to continue to grow in the coming years. As the range of evidence-based strategies for addressing SUDs continues to grow, it would be important to follow up on our findings to investigate the extent to which they are being implemented in the criminal justice field.

**Contributors**

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**Appendix A. . Command line boolean search terms**

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Titles, Abstracts, and Subjects (TI, AB, SU)

(reentr\* OR "re entr\*" OR reintegrat\* OR "re integrat\*" OR "returning citizen\*" OR release OR prerelease OR "pre release" OR incarcerat\*) AND ("substance use" OR substance\* OR SUD) AND (intervention\* OR program\* OR treatment\* OR therapy) AND (correction\* OR justice OR jail\* OR prison\* OR incarcerat\* OR detention OR imprison\*)

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Note. The same boolean terms were used for searches with all four databases.

**Appendix B. . Included studies (2017–2021) on community-based substance use treatments for justice-involved reentering adults (N = 58)**

| Citation                                | Publication                | Research Design                   | Sample & Substance of Focus   | Intervention  | Outcomes  |
|---|----------------------------|-----------------------------------|---|---|---|
| <a href="#">Aronson et al. (2017)</a>   | Frontiers in Public Health | Quantitative Pilot test           | Convenience sample (N = 31) in Bronx, NY Opioids  | Mobile Intervention Kit (MIK), a tablet computer-based intervention designed to provide overdose prevention and response training | Participants accepted HIV and HCV testing, and naloxone training to reverse overdoses. Results showed significant increases in knowledge of overdose prevention, HIV testing procedures, and HCV infection  |
| <a href="#">Ashford et al. (2018)</a>   | Harm Reduction Journal     | Quantitative Evaluation           | Administrative data from Missouri Network for Opiate Reform and Recovery (N= 417) Opioids | Peer recovery support services and peer-based harm reduction services via a syringe exchange program                              | During evaluation, participants had an average of 2.14 engagements with the program, 5345–8995 sterile syringes were provided, and 600–1530 used syringes were collected. Housing status, criminal justice status, and previous health diagnosis were significantly associated with whether they had multiple engagements |
| <a href="#">Bachhuber et al., 2018</a>  | Substance Abuse            | Quantitative Evaluation           | Patients enrolled in STEP program in Philadelphia (N = 124) Opioids                       | Stabilization, Treatment, and Engagement Program (STEP), buprenorphine maintenance treatment                                      | Comorbidities were prevalent (HIV, anxiety, and depression). Most common program outcomes were unplanned self-discharge (23%), incarceration (16%), and administrative discharge (15%). Treatment retention was comparable to retention rates reported from other settings.   |
| <a href="#">Bastiaens et al. (2019)</a> | Psychiatric Quarterly      | Quantitative Pre-post             | Justice-involved individuals with ADHD and substance use disorders (N = 108) Non-specific | Non-stimulant treatment for ADHD  | Moderate response with an effect size of 1.4. According to the Clinical Global Index Severity Scale, 64% responded and 35% remitted   |
| <a href="#">Bernard et al. (2020)</a>   | Plos Medicine              | Quantitative Model-based analysis | King County, Washington Non-specific  | Microsimulation model of a county diversion program   | Over 10 years, the program was estimated to reduce HIV and HCV incidence by 3.4% (95% CI 2.7%–4.0%) and 3.3% (95% CI 3.1%–3.4%), respectively, overdose deaths among PWID by 10.0% (95% CI 9.8%–10.8%), and jail population size by 6.3% (95% CI 5.9%–6.7%).  |

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agencies in the public, commercial, or not-for-profit sectors.

**CRedit authorship contribution statement**

**Brian Graves:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization.  
**Michael Fendrich:** Writing – review & editing, Writing – original draft, Supervision, Investigation, Formal analysis, Conceptualization.

**Declaration of Competing Interest**

The authors report there are no competing interests to declare concerning this work.

(continued)

| Citation                      | Publication   | Research Design                                     | Sample & Substance of Focus  | Intervention   | Outcomes   |
|-------------------------------|---|---|--|--|--|
| Biondi et al. (2021)          | Substance Abuse   | Quantitative RCT                                    | Individuals with HIV and alcohol or opioid use disorders leaving the justice system (N = 193)<br>Alcohol and Opioids                                 | Two double-blind placebo-controlled trials of extended-release naltrexone (XR-NTX)   | Women were younger, had worse mental health severity, and were more likely to be diagnosed with cocaine use disorder. There were no statistical differences between men and women in the prescription of antiretroviral therapy (ART) or ART adherence. MMWR versus attention controls were less likely to leave residential treatment without satisfactory progress. Effect size was medium-to-large suggesting clinical importance |
| Black and Amaro (2019)        | Behavior Research and Therapy   | Quantitative RCT                                    | Women with substance use disorders in residential treatment (N = 200)<br>Non-specific (majority methamphetamine)                                     | Moment-by-Moment in Women's Recovery (MMWR), a mindfulness-based intervention adapted to support women with substance use disorder while in residential treatment. | Outcomes examined 6 and 12 months after program completion revealed those who used substances other than alcohol or cannabis were more likely to have a positive toxicology. Those with schizoaffective disorder or with violent offenses were more likely to be rearrested.   |
| Boland and Rosenfeld (2018)   | International Journal of Offender Therapy and Comparative Criminology | Quantitative Pilot test                             | Individuals with psychotic disorders from a diversion program in NYC (N = 80)<br>Non-specific  | Queens Treatment Alternatives for Safer Communities (TASC) Mental Health Diversion Program   | Those with opioid use disorder who experience civil commitment are a high-risk group with higher rates of injection drug use, drug overdose, and justice involvement. Positive commitment experience and post-commitment medication treatment are associated with longer abstinence  |
| Christopher et al. (2018)     | Drug and Alcohol Dependence   | Quantitative Cross-sectional analyses               | Persons entering a brief, inpatient opioid detoxification in Massachusetts (N = 292)<br>Opioids  | Civil commitment   | Significant improvements in participants' housing status, employment, and income/ benefits. Housing and employment was associated with 17% and 33% fewer arrests during follow-up, respectively.   |
| Clifasefi et al. (2017)       | Crime & Delinquency   | Quantitative Pre-post (single-arm, within-subjects) | Program participants in Seattle, Washington (N = 176)<br>Non-specific  | Seattle's Law Enforcement Assisted Diversion (LEAD) program  | Religious organizations can provide recovery capital that many substance using justice-involved individuals need   |
| Connolly and Granfield (2017) | Journal of Drug Issues  | Qualitative Case study, interviews                  | Individuals involved in the Street Ministry in a mid-sized rust belt city (N = 23)<br>Non-specific   | Addiction services that provide access to recovery capital (faith-based communities)   | Reductions in patients using substances in past 30-days and decreased days using alcohol. Increases in medical service engagement, school enrollment, and employment rates   |
| Cos et al. (2020)             | Journal of Clinical Psychology in Medical Settings                    | Quantitative Evaluation/Pre-post                    | Federally qualified health center covering 46 square miles in a Northeastern US city<br>Non-specific   | Peer recovery specialists  | HOPE DFE group had higher criminal justice costs than probation as usual and was associated with higher rates of incarceration and residential treatment   |
| Cowell et al. (2018)          | Criminology & Public Policy   | Quantitative Evaluation                             | 24 months of data from probationers (N = 625)<br>Non-specific  | Honest Opportunity Probation with Enforcement Demonstration Field Experiment (HOPE DFE)  | No significant difference by randomization in proportion arrested or incarcerated during follow-up. Treatment with either was associated with a reduction in arrests compared to no treatment. Cocaine use, injection drug use, being Hispanic, and being younger were associated with higher likelihood of arrest   |
| Evans et al. (2019)           | Addiction   | Quantitative RCT                                    | Participants in three opioid treatment programs in California (N = 303)<br>Opioids   | Buprenorphine/naloxone or methadone  | Barriers included preference for counseling with or instead of MOUD, concerns about veterans using medications with a prescription, concerns about stigma towards MOUD use, and concerns about medication discontinuation after recurrent opioid use   |
| Finlay et al. (2020)          | Journal of General Internal Medicine                                  | Qualitative Interviews                              | Veterans (n= 18), Veterans Justice Programs Specialists (n= 15), community treatment providers (n= 5), and criminal justice staff (n= 12)<br>Opioids | Barriers to medications for opioid use disorder (MOUD)   | Pre-release group had better treatment retention, greater  |
| Friedmann et al. (2018)       | Journal of Substance Abuse Treatment                                  | Quantitative Pilot study                            | Volunteers from Rhode Island's Adult Correctional Institute (N =   | Extended-release injectable naltrexone (XR-NTX) and six  |  |

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| Citation                    | Publication   | Research Design                 | Sample & Substance of Focus   | Intervention   | Outcomes  |
|-----------------------------|---|---------------------------------|---|--|---|
|                             |   |                                 | 15)<br>Opioids  | months of community XR-NTX treatment   | abstinence, fewer positive drug tests, and more days of opioid receptor blockade  |
| Friese and Wilson (2021)    | Journal of Social Work Practice in the Addictions                     | Quantitative Evaluation         | Homeless individuals with SUDs in Washington<br>Non-specific  | Snohomish County Diversion Center (SCDC) - diversion program in Washington State   | Program evaluation revealed a reduction in incarceration, jail days, psychiatric hospital stays, and homelessness   |
| Gertner et al. (2019)       | Journal of Substance Abuse Treatment                                  | Quantitative Evaluation         | Individuals with a diagnosis of SMI who were released from prison (N = 3086)<br>Non-specific  | Expedited Medicaid enrollment program for substance use disorder treatment   | Referral to expedited Medicaid enrollment was associated with an increase in the probability of using any SUD treatment in the 3 months following release compared to those not in the program. Effect size represents a 61% increase in the probability of using any treatment by 3 months. Results were similar for 6-month and 12-month follow-up. |
| Gonzalez et al. (2019)      | International Journal of Offender Therapy and Comparative Criminology | Qualitative Interviews          | Clients (n = 3) and peers (n = 7) in three Texas municipalities<br>Non-specific   | Outcomes of peer reentry specialists   | Peers' lived experiences were useful in building rapport, assisted clients in seeking treatment, housing, and employment. Structural barriers hindered peers' ability to perform duties.  |
| Gordon et al. (2017)        | Drug and Alcohol Dependence   | Quantitative RCT                | Participants from two Baltimore pre-release prisons. Post-release assessments conducted at 1, 3, 6, and 12-month follow-up<br>Opioids | Buprenorphine treatment, post-release service setting; opioid treatment program (OTP) vs. community health center (CHC)  | Buprenorphine was associated with greater community treatment post-release. In-prison treatment group had a higher average number of days of post-release treatment, but groups did not differ on substance use or criminal behavior outcomes   |
| Gorvine et al. (2021)       | Journal of Alternative and Complimentary Medicine                     | Qualitative Interviews          | Women in recovery from nine sites in the mid-South (N = 17)<br>Non-specific   | Yoga intervention  | Participants had high prevalence of histories of trauma. Barriers to participation included lack of self-efficacy, balancing responsibilities, etc.   |
| Grant et al. (2021)         | Journal of Offender Rehabilitation                                    | Qualitative Interviews          | Participants from Substance Use Programming for Person-Oriented Recovery and Treatment (SUPPORT) in Indianapolis<br>Non-specific      | Peer recovery coaches for the SUPPORT interventions  | Peer recovery coaches aided in enhancing intervention innovation, developing recovery-oriented resources, and helped client-level interactions  |
| Hamilton and Belenko (2019) | Criminal Justice and Behavior   | Quantitative Secondary analyses | Serious and Violent Offenders Reentry Initiative male dataset (N = 1697)<br>Non-specific  | Pre-release services to facilitate post-release SUD treatment  | Only a few pre-release services, along with individual motivation, influenced SUD treatment access post-release. Other services provided later in the reentry process also contributed to improved SUD treatment receipt.   |
| Hanna et al. (2020)         | Journal of Substance Abuse Treatment                                  | Qualitative Evaluation          | Two facilities (one men's and one women's) and three counties of release<br>Opioids   | Cross-system (corrections and community-based) opioid use treatment initiative   | Differences in culture and purpose, as well as high resource needs complicate program implementation. Communication and networking are critical to successful implementation  |
| Hollander et al. (2021)     | Drug and Alcohol Dependence   | Quantitative Secondary analyses | Medicaid enrollees from Allegheny County in Western Pennsylvania (N = 6374)<br>Opioids  | Racial disparities in initiation of medications for opioid use disorder (MOUD)   | Black enrollees were 18% less likely than White enrollees to start MOUD. Each day in the ER or jail was associated with a decrease in odds of initiation  |
| Holmstrom et al. (2017)     | Criminal Justice and Behavior   | Qualitative Interviews          | Women on probation or parole from 16 Michigan counties (N = 284)<br>Non-specific  | Social support from probation and parole officers  | Informational support is most likely; tangible and network support were less reported. Supportive communication was perceived positively  |
| Kelly et al. (2020)         | Journal of Substance Abuse Treatment                                  | Quantitative RCT                | Participants with OUD in Baltimore (N = 212)<br>Opioids   | Metadone treatment in 3 conditions: 1) interim methadone (IM) with patient navigation (PN; IM + PN); 2) IM without PN; or 3) enhanced treatment-as-usual (ETAU). | No differences found in new arrests or time to first arrest 12-months post-release. Half of participants were re-arrested   |
| Krawczyk et al. (2019)      | Journal of Substance Abuse Treatment                                  | Quantitative Evaluation         | Individuals outside of a Baltimore jail (N = 220)<br>Opioids  | Project Connections at Re-Entry (PCARE), a buprenorphine treatment program through a mobile van parked directly outside the Baltimore City Jail                  | 190 people began treatment with a prescription. Of those who began treatment, 67.9% returned for a second visit or more, and 31.6% percent were still involved in   |

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| Citation               | Publication   | Research Design  | Sample & Substance of Focus   | Intervention   | Outcomes   |
|------------------------|---|--|---|--|--|
| Krawczyk et al. (2021) | American Journal of Drug and Alcohol Abuse                            | Quantitative Observational                             | Maryland state-wide sample of justice-involved individuals (N=43,842)<br>Opioids  | MAT (treatment with opioid agonists)   | treatment after 30 days. May help to deliver buprenorphine to hard-to-reach populations<br>Of the sample (80% male), nearly 20% utilized OUD treatment. Of these, 58% received agonist medications. Agonist meds reduced odds of fatal overdose by 60%   |
| Lee et al. (2017)      | Health and Justice  | Quantitative RCT                                       | Participants from 10 outpatient programs across the U.S. (N = 507)<br>Non-specific (drugs and alcohol)  | Web-based psychosocial intervention (Therapeutic Education System) as a part of outpatient treatment<br>Includes contingency management  | Justice-involved participants tended to be young, male, and in treatment for cannabis. Feasibility and effectiveness of intervention did not vary among mandated, recommended, or non-CJ group   |
| Lincoln et al. (2018)  | Journal of Substance Abuse Treatment                                  | Quantitative RCT                                       | Jail releasees from Massachusetts with OUD (N = 67)<br>Opioids  | Extended-release naltrexone (XR-NTX) prior to or post-release  | Receiving XR-NTX prior to release appears to increase retention rate compared to post-release.<br>Treatment attrition and rates of overdose still alarming   |
| Martin et al. (2019)   | Preventive Medicine   | Mixed methods Observational                            | Former prison inmates with OUD in Rhode Island who participated in a follow-up phone survey (N = 214)<br>Opioids  | MAT while incarcerated (examining if it continued after release)   | Results indicate that most participants (82%) linked to treatment post-release. Reasons for not included transportation issues and not wanting to continue   |
| Maruca et al. (2021)   | Journal of Forensic Nursing   | Qualitative Focus groups                               | Four male, two female, and one mixed focus groups (N = 31)<br>Non-specific  | Group discussion about challenges to reentry (self-care management)  | Definitions of self-care varied depending on interview location. Challenges to self-care included transportation, addiction, job and housing instability, and mental illness. Value in applying Rediscovery of Self-Care model to guide interventions  |
| Maume et al. (2018)    | International Journal of Offender Therapy and Comparative Criminology | Quantitative Secondary analyses                        | Referred individuals (N = 1274) in North Carolina<br>Non-specific   | Treatment Accountability for Safer Communities (TASC) program  | Program completion is most important predictor of arrest in 3-year follow-up period. Being female, older at program entry, and higher levels of education decreased odds of rearrest   |
| McHugo et al. (2021)   | The Journal of Nervous and Mental Disease                             | Quantitative RCT                                       | Clients diagnosed with SMI and substance involvement in Washington D.C. (N = 305)<br>Non-specific   | (Algorithm-driven) Dual diagnosis care management plus a tailored add on that included group therapy, CM, or naltrexone (for alcohol); plus post-abstinence AA, NA, supported employment, DDCM | Group by time interaction regressed on substance use outcomes showed that responders had the best outcomes, followed by partial responders and non-responders; Those who show initial impact have better drug and alcohol outcomes   |
| Miller et al. (2017)   | American Journal of Criminal Justice                                  | Mixed method Evaluation/Quasi-experimental design      | Study 1: males in a jail based residential program for substance involved parents of children (N = 34); study 2: incarcerated adults with CODs (N = 81); both in central Ohio<br>Non-specific | Two approaches: Program #1 Community Reinforcement and Family training (CRAFT); Program #2 Moral Reconciliation Therapy  | Program #1: 75% less likely to be revoked; 86% less likely to have new charges; Program #2: 75% less likely to be revoked; 63% less likely to have new charges   |
| Morse et al. (2017)    | Women's Health Issues   | Quantitative Descriptive study of program participants | 200 women were recruited from a mid-sized city in NY, 100 attended the program at least once<br>Non-specific  | Women's Initiative Supporting Health Transitions Clinic (WISH-TC); peer support and health care management (part of the Transitions Clinic National Network)                                   | Most women only attended the program once. High prevalence of health challenges and substance use; African American women had significantly lower odds of receiving SUD treatment compared to White women. In this sample, White women had more extensive SUD history than African American women                |
| Morse et al. (2021)    | Journal of Substance Abuse Treatment                                  | Qualitative Semistructured interviews                  | Veterans with OUD and legal involvement from 9 geographically dispersed VHA facilities (N = 18)<br>Opioids  | Improving the use of medications for opioid use disorder (MOUD)  | 6 factors revealed: 1) need for transportation and telehealth; 2) need for access to MOUD during incarceration; 3) need to reduce physician turnover; 4) need to increase physician education; 5) need to increase education of veterans about MOUD; 6) need to provide social support opportunities to veterans |
| Murphy et al. (2017)   | Addiction   | Quantitative RCT                                       | Criminal justice-involved adults with a history of OUD in the US  | Extended-release naltrexone (XR-NTX; Vivitrol)   | XR-NTX appears to be effective in increasing both quality-adjusted   |

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| Citation                       | Publication   | Research Design                                    | Sample & Substance of Focus   | Intervention  | Outcomes  |
|--------------------------------|---|--|---|---|---|
|                                |   |  | Northeast (N = 308)<br>Opioids  |   | life-year (QALY) and abstinence; but not cost effective using generally accepted value thresholds for QALYs due to high price of the injection  |
| Nyamathi et al. (2017a, 2017b) | Nursing Research  | Quantitative RCT                                   | Female parolees/probationers residing in Los Angeles and Pomona, California (N = 130)<br>Non-specific   | Assigned into either Dialectical Behavioral Therapy-Case Management (DBT-CM) or Health Promotion (HP) using randomization                               | Program participation (DBT-CM) was associated with increased abstinence, for drugs and alcohol at 6 months compared to HP   |
| Nyamathi et al. (2017a, 2017b) | Journal of Addictive Diseases   | Quantitative RCT                                   | Recently released justice-involved men in Los Angeles (N = 600)<br>Non-specific                         | Peer-coach and nurse-partnered interventions  | Those who participated in a SUD program contract in residential drug treatment or who spent 90 days or greater in a residential drug treatment program were less likely to have been rearrested   |
| Pettus-Davis et al., (2017)    | Journal of Clinical Psychology  | Quantitative RCT                                   | Incarcerated men about to be released from one of 10 prisons in North Carolina (N = 57)<br>Non-specific | "Support Matters" which involves 10 weeks of group based cognitive and relational skill training & reentry support vs. general reentry support services | No significant findings suggesting group impact on social support, cognitions, or rearrest. Reverse effects for marijuana - those in the intervention reported more marijuana use.  |
| Pinals et al. (2019)           | Psychiatric Services  | Quantitative Pre-post                              | Participants enrolled in community wraparound services (N = 97)   | Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking – Criminal Justice (MISSION-CJ)                             | Significant improvement from pre to post on all measures  |
| Polcin et al. (2018)           | Criminal Justice & Behavior   | Quantitative RCT                                   | Residents in 49 sober living houses in Los Angeles (N = 330)<br>Non-specific                            | Motivational Interviewing Case Management (MICM)  | No significant improvement on substance use outcomes for treatment condition; positive impact on HIV risk behavior and criminal justice outcomes. All groups in sober living houses showed improvement  |
| Ray et al. (2017)              | International Journal of Offender Therapy and Comparative Criminology | Quantitative Outcome Evaluation                    | Program clients released from prison in Marion County (Indianapolis), Indiana (N = 230)<br>Non-specific | Access to Recovery (ATR) – offers clinical and supportive services for substance use  | Agencies were classified by the extent to which different services were used by clients. The agencies where more services were used had the lowest recidivism rates and had clients who took longer to recidivate   |
| Ray et al. (2021)              | Journal of Substance Abuse Treatment                                  | Quantitative RCT                                   | Recently incarcerated individuals in Marion County, (Indianapolis), Indiana (N =100)<br>Non-specific    | Peer Recovery Coaches plus \$700 in vouchers to cover support services  | No differences in primary outcomes across groups; intervention group showed better outcomes in treatment motivation and general self-efficacy (secondary outcomes).   |
| Reingle Gonzalez et al. (2019) | International Journal of Offender Therapy and Comparative Criminology | Qualitative Implementation (interviews)            | 7 peers and 3 clients in 3 Texas municipalities<br>Non-specific   | Peer reentry specialists  | Peers' lived experience helped to impact successful outcomes for substance use and mental health conditions. Peers also spent time addressing more basic client needs (housing, documentation, health care services) which were viewed as structural barriers to treatment.   |
| Robertson et al. (2018)        | Journal of Substance Abuse Treatment                                  | Quantitative Quasi-experimental                    | Administrative data from several public agencies in Connecticut (N = 8736)<br>Opioids                   | Medications for opioid use disorder (MOUD): methadone, buprenorphine, naltrexone  | All three MOUDs were associated with reductions in inpatient SU treatment. Among the oral naltrexone subgroup, reductions in inpatient MH treatment, as well as improved adherence to SMI medications. Overall, the MOUD group had higher rates of arrest and incarceration at follow-up than comparison group; but those using oral naltrexone had lower rates of arrest (including felonies). |
| Robertson et al. (2020)        | Journal of Substance Abuse Treatment                                  | Mixed methods Propensity matched samples by gender | 5033 men (553 diverted), 1013 women (505 diverted) in Connecticut<br>Non-specific                       | Jail diversion compared to no diversion, by gender  | Diversion associated with decreased probability of jail for both men and women; increased odds of outpatient MH treatment for both men and women; increased inpatient tx for men; qual results indicated issues with lack of MH services and lack of  |

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| Citation                 | Publication                                  | Research Design                          | Sample & Substance of Focus  | Intervention  | Outcomes   |
|--------------------------|--|--|--|---|--|
| Schwartz et al. (2020)   | Drug and Alcohol Dependence                  | Quantitative RCT                         | Detainees in Baltimore treated for opioid withdrawal (N = 225)<br>Opioids  | (1) interim methadone (IM) with patient navigation (IM + PN); (2) IM; or (3) enhanced treatment-as-usual (ETAU)                                 | housing; women w/children had even more barriers<br>Initiating methadone treatment in jail was effective in promoting entry into community-based SU treatment but subsequent treatment discontinuation attenuated any potential impact of such treatment.  |
| Scott et al. (2017)      | Journal of Experimental Criminology          | Quantitative Randomized experiment       | Women released from Cook County jail in Chicago (N = 480)<br>Non-specific  | Recovery management checkups (RMCs)   | During quarters when women were not on probation, RMCs were associated with significant increases in participation in SU treatment and significant reductions in SU and HIV risk behaviors. However, RMCs had no additional quarterly benefits when women were on probation. Higher levels of SU treatment, self-help engagement, and reduced SU predicted reduced recidivism. |
| Stansfield et al. (2017) | Journal of Research in Crime and Delinquency | Quantitative Secondary data analysis     | SVORI sample of adult males in 14 states (N = 1032)<br>Non-specific  | Religious support   | Religious support had strong prosocial effects on both post release employment and SU. The relationship between religious support and recidivism did not reach significance when social support was added  |
| Stansfield et al. (2018) | Justice Quarterly                            | Quantitative Secondary data analysis     | SVORI sample of adult males in 14 states (N = 1040)<br>Non-specific  | Religion/spirituality on reentry success and generalizability among risk level for desistance   | Religious and spiritual support had a strong effect on the likelihood of SU desistance. Religious and social support was associated with lower levels of SU among low-risk offenders, but not among higher-risk offenders. Religious and spiritual support did not significantly relate to criminal offending at any risk level.   |
| Thomas et al. (2019)     | Addiction Science & Clinical Practice        | Qualitative Semi-structured interviews   | 13 women (11 had an SUD) in upstate New York<br>Non-specific   | Women's Initiative Supporting Health Transitions Clinic (WISH-TC), a primary care program that facilitates treatment access for returning women | WISH-TC supported autonomy and women felt empowered to have their health needs met. Program built knowledge to increase health literacy and better understand health needs. Relatedness support was key in women's satisfaction with their care.   |
| Tibbitts et al. (2021)   | Evaluation and Program Planning              | Qualitative Pre-post survey              | 152 Living Yoga students in Portland, Oregon (77 attended trauma informed yoga in corrections and reentry)<br>Non-specific | Trauma-informed yoga  | Students reported perceived improvements in emotional and physical wellbeing and greater use of self-regulation skills afterwards. Findings suggest trauma-informed yoga is perceived as beneficial by vulnerable individuals, especially those in the correctional system or recovering from SU   |
| Wimberly et al. (2018)   | Journal of Substance Abuse Treatment         | Quantitative Randomized trial            | Returning citizens with SU (N = 73)<br>Non-specific  | 12 session, 90 minute weekly hatha yoga intervention or treatment as usual (TAU)  | At three-months, yoga participants reported less stress than participants in TAU. Yoga participants reported less SU than participants in TAU at one, two, and three-months.   |
| Wimberly (2019)          | Complimentary Therapies in Medicine          | Qualitative Semi-structured interviews   | Returning citizens with SU in Philadelphia (N = 28)<br>Non-specific  | Hatha yoga intervention (90-minute class offered once a week for 12 weeks)  | 14 participants reported that yoga either reduced SU or maintained non-use, via mechanisms of purposeful distraction, stress coping, social support, and confidence. Eleven participants reported that yoga did not impact their SU. Three participants did not discuss it.  |
| Wooditch et al. (2017)   | Journal of Drug Issues                       | Quantitative Randomized block experiment | Substance using probationers (N = 251)<br>Non-specific   | "Seamless system of care"-integrated probation model combined with SU treatment intervention onsite at a probation office                       | Those in the seamless system of care group had fewer drug use days overall, less alcohol consumption, improved treatment initiation and adherence, but a higher number of days   |

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| Citation | Publication | Research Design | Sample & Substance of Focus | Intervention | Outcomes   |
|----------|-------------|-----------------|-----------------------------|--------------|--|
|          |             |                 |                             |              | incarcerated. Low-risk seamless system participants had the most favorable outcomes. |

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