

## NEWSLETTER



### Alisha Moreland-Capuia, M.D.

Director, Program for Culturally and Trauma-Informed Community Outreach, Associate Medical Director, Hill Center for Women; Psychiatrist, LEADER Outpatient McLean Hospital

*You are an expert in trauma-informed systems change and have interacted with numerous and varied aspects of the criminal justice system, training judges, probation officers, and district attorneys. Why is it so crucial that the judicial system applies a trauma-informed lens, especially when dealing with people who experience mental and substance use disorders?*

We know from literature and practical experience that a large proportion of individuals who become entangled with the law also have significant trauma histories. We know these individuals have experienced higher rates of post-traumatic stress disorder, childhood trauma, poverty, and lack of education.

We realized that if the system itself did not account for these things, we really couldn't get to the optimal system outcome, which is to reduce recidivism and to guide people onto a path of healing. So, it seemed like a natural thing to do to help every member of the system—including judges, lawyers, police officers, and parole officers—have a shared understanding and a shared language about what might be happening to individuals within the context of their system. I help people understand that you can place humanity at the center of what you do and still hold people accountable if the system's goal is to help people get better.

Finally, I struggle with the notion of rehabilitation because it assumes that individuals who become entangled with the criminal justice system have the set of skills that they needed to survive in the first place. It is a profound assumption. So, one of the things that I have been doing with justice system partners is to get them to think about this idea of habilitation. Habilitation focuses on helping individuals acquire skills so they can thoughtfully participate in society and not become re-entangled with the criminal justice system.

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### Port Gamble S'Klallam Tribe's Welcome Home Program: Using Native Practices to Promote Healing

"Renewed hearts." "Renewed lives." "A future filled with hope." These are the bywords of the Port Gamble S'Klallam Tribe (PGST) Reentry Program, now known as the Welcome Home Program. Begun in 2015 with a federal Second Chance Act grant, the PGST Reentry Program focused on tribal members coming out of the Kitsap County Jail in western Washington State. Continued in 2018 with a second federal Second Chance Act grant, the Welcome Home Program now serves both Native and non-Native individuals in the Kitsap County Jail through a program of in-reach and extensive community support. Native programs and principles are woven throughout the program.

The PGST's 1,700-acre reservation is located in the northern part of Kitsap County, Washington, with its headquarters in Kingston. There are more than 1,200 enrolled members of the PGST, with over half of tribal members residing on the reservation and many others living nearby. Due in large part to years of historical trauma, American Indian and Alaska Native populations disproportionately experience high rates of substance use, suicide, violence, domestic abuse, and incarceration.

"We are a human dignity reentry model," says Janel McFeat, reentry program manager for the Welcome Home Program. "What this means is that we do a lot of restorative practices. The whole idea is to move as far away as possible from a punitive kind of institutional model."

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### Meeting Health Needs at Reentry: North Carolina's FIT Program

People leaving incarceration are disadvantaged in many ways, not the least of which is finding health care for chronic conditions, including mental and substance use disorders. Evan Ashkin, M.D., discovered this when he began running a family medicine residency track that worked with underserved individuals at a community health center in Caswell County, in rural North Carolina. "I mistakenly thought that when you're released from prison, if you have chronic medical conditions, including mental illnesses and substance use disorders, you would be referred for follow-up care, and that's just not true, not only in North Carolina, but around the country," Dr. Ashkin explains. He is a professor of family medicine at the University of North Carolina, Chapel Hill, and director of the North Carolina Formerly Incarcerated Transition (FIT) program.

His community health center treats many people with barriers to care, but among those, one recurrence was notable: incarceration kept leading to large gaps in accessing even basic, essential medical services. That was in 2014. The next year, Dr. Ashkin found the California-based Transitions Clinic Network, a national network of medical homes for individuals with chronic health conditions recently released from incarceration. The Transitions Clinic model was developed to focus on insufficient continuity of care between prison or jail and community services, as well as on mental illnesses, substance use disorders, and trauma histories that may not be addressed adequately in traditional primary care.

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### Upcoming Webinars

#### Supporting Family Drug Court Participants through Comprehensive Case Plans: We're in This Together

February 22, 2021, 2:30-4:00 p.m. ET

This webinar will explore the research supporting family-centered case plans; discuss ways to actively involve the parent, child, and family support system in both case planning and monitoring; and explain which elements the family-centered case plan should include.

Presenters will share ideas on how community-based organizations can collaborate effectively with child welfare and other public agencies—enabling them to meet the requirements of regulations and funding—while creating a meaningful and manageable case plan for families.

[Register Today](#)

#### Supporting Peers Providing Services at Intercept 0

February 25, 2021, 2:30-4:00 p.m. ET

This webinar will present practical information from the field and highlight new innovations to support peers who respond to mental and substance use crises at Intercept 0 of the Sequential Intercept Model. Presenters will discuss safety considerations, opportunities for leveraging technology, and promising practices that have emerged in response to the COVID-19 pandemic.

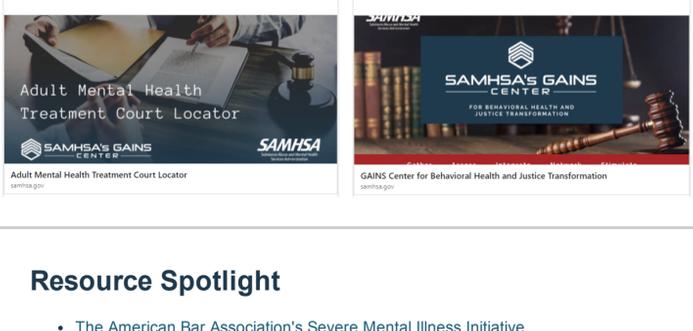
#### Presenters

- **Karen L. Fortuna, Ph.D., LICSW**, Assistant Professor of Psychiatry, The Geisel School of Medicine, Dartmouth College, New Hampshire
- **Daryl McGraw, M.A., CAC, CCJP**, Founder, Formerly, Inc., Connecticut

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### Resource Spotlight

- [The American Bar Association's Severe Mental Illness Initiative](#)
- [Rehabilitative Justice: The Effectiveness of Healing to Wellness, Opioid Intervention, and Drug Courts](#)
- [How Benton County Law Enforcement Works with Mental Health Providers](#)
- [BJA FY 21 Solicitation: Residential Substance Abuse Treatment \(RSAT\) for State Prisoners Program](#)



SAMHSA's GAINS Center for Behavioral Health and Justice Transformation is funded by the Substance Abuse and Mental Health Services Administration.

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