

NEWSLETTER

Developing an Equity Lens in Criminal Justice Practices

By Anjali Nandi, Ph.D., LAC, MAC



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Evidence of racial inequity abounds in our country, but among the most alarming and detrimental to the fabric of our society is found in the criminal justice system. There are over 2.3 million people incarcerated in America, and approximately 60 percent of these are African American and Latino, despite African American and Latino individuals representing less than 35 percent of the general population. These racial disparities exist at every level of the system, from policing, to enforcement, to sentencing, and to supervision. Black and Indigenous people and all people of color are more likely to live in areas of severe economic disadvantage than White people, and this relationship is exacerbated by the criminal justice system. Issues of race are further complicated by the intersection of class, gender identity, sexual orientation, and other social constructs. If the goal is to build a supportive system that respects the dignity and humanity of everyone, then we need to examine our criminal justice system and the very assumptions upon which decision-making is based. In this article we focus on a more complex and robust understanding of criminogenic needs in general, and criminal thinking in particular, and offer suggestions that encourage an equity-informed lens.

Problematizing the Rational Actor Model and Individualistic Crime Theory

Interventions in our system are largely based on a rational actor model that assumes people have choice prior to engaging in any given behavior. Therefore, they can rationally choose to engage in behavior deemed responsible, and if they choose not to, they are responsible for that choice. This model asserts that crime is the result of isolated decisions of individuals. And therefore, in this model, if certain individuals experience arrest for crime at higher rates, it must be because of individual factors and individual choice.



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CJCares Community Paramedics: Reducing Frequent Emergency Service Use by Connecting High Utilizers to Appropriate Care Services

Community paramedicine enables paramedics or emergency medical technicians (EMTs) to provide a range of services beyond traditional EMT responses to better support the delivery of health care, including behavioral health treatment and services. This model is expanding rapidly across the U.S. as communities seek to provide services that can reduce reliance on hospitals and jails. The Central Jackson County Fire Protection District (CJCFPD) in Jackson County, Missouri, is a perfect example of the community benefit made possible with a community paramedicine program. Theirs is called CJCares.

The CJCares program was started in 2017 to address the issue of frequent and non-medically emergent users of 911 services in Central Jackson County. CJCares operates with two firefighter paramedics available Monday through Friday from 7 a.m. to 5 p.m. One such firefighter-paramedic goes by the name Mickey Hill. Hill is a community paramedic with CJCFPD and a member of the CJCares team. According to Hill, that means he will do everything in his power to keep you out of the hospital and out of jail if you do not need to be there. In addition to being a trained firefighter and paramedic, as a CJCares responder Hill also received Crisis Intervention Team (CIT) training, a training generally reserved for law enforcement.

Hill notes that the CJCares team discovered early on that mental and substance use issues correlated with frequent 911 use. With this relationship in mind, the CJCares program sought to link those in need to community treatment services and mental health care providers. CJCares has since partnered with the State of Missouri, and created a Narcan® leave-behind program, which enables emergency responders to leave free doses of the opioid-poisoning-reversal medication when they respond to a scene where they think opioids may be involved. They also educate police officers and non-transporting fire departments on the use of Narcan® and are able to get the lifesaving medication for free from the state.

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Q&A with Elena Kravitz, CPRP

As one of New Jersey's leading trainers on psychiatric advance directives, you have taken a leadership role on initiatives to bring law enforcement and mental health services together. Psychiatric advance directives allow people with mental illness to make a legal record of their preferences regarding treatment before a mental health crisis occurs. How can these documents help individuals with mental illnesses avoid bad outcomes resulting from contact with the criminal justice system?

In all of my responses, I'm speaking for myself and not in my official capacity with Disability Rights New Jersey.

Years ago, I heard a presentation on psychiatric advance directives, and I was completely floored because I had never heard of anything that gave people who get diagnosed with mental illness this sense of control. This is a legal document, and I believe that everybody needs one.

The outcome of a crisis situation can be so detrimental to a person's future—setting the ball rolling for involvement in the mental health or the criminal justice system—and many people can never extricate themselves from this. I believe that a psychiatric advance directive can put up a barricade for that. It gives a person an opportunity to explain behaviors that may not be what other people think they are. There's a lot of error that happens when something goes wrong and the police are involved, and once that begins, you can't turn that back.

I have met people in forensic facilities and jails and other institutions who really could have used this as a way to navigate or circumnavigate the criminal justice system. So, a psychiatric advance directive is a way to present these things even once somebody may be involved in the criminal justice system.

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Best Practices for Drug Courts: Implementing Effective Programming for People with Methamphetamine Use Disorder (May 13, 2020)
Improving Cultural Competence across the Sequential Intercept Model (SIM) (June 29, 2020)
Supporting Reentry for People with Mental and Substance Use Disorders: Establishing Recovery Housing (July 30, 2020)
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