



Report to the Law and Justice Interim Committee

Montana Statewide Reentry Task Force

May 2018



Report prepared by:
Marcia Levitan, Reentry Program Manager
Montana Department of Corrections

Table of Contents

Executive Summary	1
I. Introduction: About the Reentry Task Force.....	5
II. Reentry Policy and Task Force Recommendations.....	7
A. Multidisciplinary Reentry Efforts	7
Background, evidence-based practices, and Montana’s progress	7
Internal Task Force Goals	13
Recommendations to Legislature	14
B. Housing.....	15
Background, evidence-based practices, and Montana’s progress	15
Internal Task Force Goals	17
Recommendations to Legislature	18
C. Peer Support.....	19
Background, evidence-based practices, and Montana’s progress	19
Internal Task Force Goals	21
Recommendations to Legislature	21
D. Child Support.....	22
Background, evidence-based practices, and Montana’s progress	22
Internal Task Force Goals	23
Recommendations to Legislature	23
E. Offender Mental Health and Crisis Intervention Training.....	24
Background, evidence-based practices, and Montana’s progress	24
Internal Task Force Goals	25
Recommendations to Legislature	26
F. Opioid Use Disorders.....	26
Background, evidence-based practices, and Montana’s progress	26
Internal Task Force Goals	30
Recommendations to Legislature	30
III. Future Task Force Goals and Directions.....	31
IV. Citations.....	32

Executive Summary

Pursuant to 46-23-903 (5), Montana Code Annotated (MCA), and 46-23-903 (4), MCA, the Department of Corrections must work in consultation with the Montana Reentry Task Force to develop findings and recommendations about reentry and recidivism, and report these findings to the Law and Justice Interim Committee. This document serves as this report.

Reentry topics and findings

In the two years since the last report was delivered to the Law and Justice Interim Committee, the task force examined a broad swath of reentry issues and crafted ideas for alleviating reentry barriers. Topics of discussion fell into six categories:

Multidisciplinary efforts are those that lie at the crossroads of public policy and community-based efforts and involve multi-faceted approaches by professionals and volunteers from governmental and non-governmental entities alike. The task force understands that the linchpin of offender reentry is the community's buy-in to its success. Without it, the reentry system crumbles. The three most recent presidential administrations have endorsed efforts to improve offender reentry and, at the state-level, Montana has also enjoyed support through state legislation and gubernatorial approval. Over the years, community-based reentry coalitions have been established in at least six regions in Montana. These groups bring together volunteers from faith-based organizations, job service offices, health care clinics, housing agencies, law enforcement offices, and other relevant organizations to “catch” offenders arriving in their communities and connect them with the resources they need to succeed. These coalitions can also serve as public education platforms in their communities, and can best identify local barriers to successful reintegration. A multitude of “collateral consequences,” or ancillary regulatory penalties, exist for people with criminal records, which local coalitions often witness while assisting in the reentry process. Overall, several strategies to improve offender reentry fall under the umbrella of multidisciplinary reentry efforts.

Housing remains the most significant barrier to successful offender reentry. Simply put, if someone does not have a stable and safe living environment after release from prison, their chances of successful reintegration significantly decrease. There is a higher demand than there is a supply of affordable housing for *anyone* searching in the market. Despite the unlawfulness of screening applicants based solely on the presence of a criminal record, landlords generally give

priority to renters who do not have a criminal history. Although local coalitions play an essential role in educating the landlord market, Montana should continue to expand effective landlord outreach. Additionally, there are several reentry housing pilot programs and landlord incentive structures used throughout the United States to serve as models for Montana, should additional funding become available to implement similar programs.

Peer support or mentoring performed by someone with lived experience, is becoming a more prevalent practice in assisting people in recovery from chemical dependency or mental health issues. It was declared an evidence-based practice by the Centers for Medicare and Medicaid Services (CMS) and, in 2007, the agency allowed Medicaid to reimburse for peer support services. In 2017, Montana codified the behavioral health peer support specialist into a state-certified profession, for which the Montana Board of Behavioral Health maintains standards and reviews applications. Montana can benefit from utilizing peer supporters during reentry more consistently, so reentering offenders can learn from a peer who experienced similar struggles and persevered during his or her own reintegration process.

For parents who become incarcerated and are ordered to continue paying **child support payments** while in prison, this expanding debt can accumulate to levels the parents will never be able to repay. Once released from custody, the debt follows the parents and further impedes their ability to pay for housing or find employment, which may in turn further harm their children and their chance of reentry success. In light of this, the federal Office of Child Support Enforcement published rules for state agencies to assist incarcerated parents by reviewing and potentially adjusting child support obligations if parents become incarcerated. Montana now has the opportunity to align its child support policies with federal guidelines, while simultaneously addressing a major reentry barrier for parents.

The incarcerated population has a high prevalence of **mental illness**, and justice-involved individuals can significantly benefit from **crisis intervention during mental health emergencies**. As growing numbers of the mentally ill have been arrested, jails and prisons have become society's de facto mental health facilities. National and statewide movements have highlighted the intersection of the criminal justice system and mental illness, and have recommended how to improve overall outcomes. In Montana, both grassroots efforts and statutory language have facilitated the adoption of crisis intervention team (CIT) training for law enforcement officers who respond to those in mental health crises. Going forward, the state is well-positioned to continue its support for CIT usage, and exploring how it can be better integrated into incarcerated settings.

Finally, the **opioid crisis** is intimately intertwined in the mechanisms driving the United States' prison population growth. Drug addiction greatly increases recidivism for those who release from custody then relapse, and mortality from drug overdoses (especially involving opioids) is particularly high for reentering offenders. Nationally, detention centers and prisons have begun experimenting with opioid treatments that begin prior to release from prison and continue into the community. In Montana, there's a statewide effort to strengthen the relationship between the criminal justice system and addiction treatment providers. As such, creating a medication-assisted treatment (MAT) opioid treatment pilot at the Montana State Prison was identified as a goal in the state's strategic plan to address substance use disorders.

Review of legislative recommendations

The task force has identified many opportunities in Montana requiring legislative action to improve offender reentry success in each of the above categories. Therefore, the task force recommends the following:

Multidisciplinary reentry efforts:

- **Assign a temporary appropriation to the Department of Corrections (or another state granting agency) to award to community reentry coalitions and other community partners**, to implement and maintain evidence-based programs that they otherwise cannot afford to complete.
- **The Law and Justice Interim Committee should conduct an interim study of collateral consequences within statute, administrative rule, and agency or community policies** to develop recommended changes for the 2021 Legislative Session.
- **Assign an ongoing appropriation to increase reentry assistance upon release from prison**, to better allow offenders to pay for immediate needs they encounter, including paying for rent, clothing, or transportation. **These funds should be provided directly to service providers through the Department of Corrections or another appropriate third party.**

Housing:

- **Continue providing an appropriation to allow the Montana Board of Crime Control to grant funds for supportive housing projects around Montana**, outlined in Senate

Bill 65 (2017) and 44-7-120 MCA. Consider whether the MBCC should be allowed to disburse funds directly to nonprofit organizations that provide many of the services listed in MCA 44-7-120.

- **Implement monetary incentives for landlords to rent to those with criminal records,** which might include a state-level risk mitigation fund.

Peer support:

- **Create a criminal justice specialization for peer support specialists who have been previously incarcerated,** emphasizing the importance of peer supporters in helping reentering offenders with mental health issues or chemical addictions.
- **Assign a temporary appropriation to the Department of Corrections to start a pilot project incorporating peer support specialists into the probation and parole process,** which might involve staffing a peer supporter in a probation office or having a peer supporter meet with offenders before they release to the community.

Child support:

- **Align Montana statute with child support processes that allow the state to automatically and more efficiently change child support orders when the parent enters incarceration.**

Offender mental health and crisis intervention team (CIT) training:

- To maintain Montana's efforts at responding effectively to the intersection of mental health and incarceration, **continue supporting efforts at encouraging jail diversion for those who are better suited to receive mental health treatment in the community, and crisis intervention training for those likely to encounter offenders in mental health crises,** including law enforcement, detention staff, 911 operators, correctional officers, first responders, and probation and parole officers.

Opioid crisis:

- When necessary, **authorize federal dollars for use on a medication-assisted treatment pilot for offenders transitioning from secure care into communities,** to align with the goals and strategies identified in Montana's state-wide substance use disorder strategic planning document.

I. Introduction: About the Reentry Task Force

Montana’s Statewide Reentry Task Force began its work in August 2013 to address the responsibilities assigned in House Bill 68 as outlined in Title 46, Chapter 23, Part 9 (2013). The act tasked the Department of Corrections (DOC), in consultation with the task force, with the following responsibilities:

- (1) Examine and implement programs that will help bring community resources into prisons to support inmate reentry planning and preparation;
- (2) Develop partnerships with and contract with community-based organizations that provide needed services to released inmates in areas such as mental health, chemical dependency, employment, housing, healthcare, faith-based services, parenting, relationship services, and victim impact panels;
- (3) Coordinate with community restorative justice programs to ensure victim concerns and opportunities for restorative justice practices, including restitution, are considered during an offender’s reentry; and
- (4) Collect data, conduct program evaluation, and develop findings and any recommendations about reentry and recidivism and include this information in an annual report to be made available to the Law and Justice Interim Committee.

The DOC and the task force recognize that more than 95 percent of all offenders are eventually released from prison into the community and it is the responsibility of the DOC and service providers to prepare offenders in an effort to improve their chances of success upon release. The task force has focused on identifying evidence-based practices – the techniques or programs that have proven to reliably reduce the likelihood of criminal behavior – and assessing those practices for possible implementation in Montana.

Recidivism, defined as the return to prison for any reason within three years of release, is a threat to public safety, costly to the state and challenging for Montana families and communities. By utilizing evidence-based practices throughout communities and employing the task force’s recommendations, Montana can anticipate a reduction in the prison population. This change in the prison population will ultimately improve public safety by decreasing recidivism and the cost of crime to taxpayers. As fewer offenders recidivate, the impact will be evident at the state level

as felony offenders supervised by the DOC are more successful in the community. Likewise, we can expect the same trend in the adult misdemeanor population as diversionary programs at the county jail level lead to a decline in the local jail population.

While the DOC has focused for years on integrating returning citizens¹ back into the community, the renewed focus upon reentry emphasizes a collaborative interagency response that creates new connections, provides continuity of services and plans to close the gaps between the efforts of all parties involved. Recidivism reduction in Montana means less crime and fewer victims, safer correctional programs, more tax-paying citizens and a more qualified work force.

The recommendations outlined in this report represent the strategies the Reentry Task Force believes to be important in furthering the state’s offender reentry initiative. Some recommendations may require legislative changes, and others additional funding and staff resources beyond the department’s existing levels.

Task Force Membership

Reginald D. Michael (Chair)	Department of Corrections, Director
Annette Carter	Montana Board of Pardons and Parole, Interim Chair
Dave Clark	Helena Community Offender Reentry Program, community representative
Stacy Collette	Department of Commerce, Housing Executive Operations Manager
Matthew Dale	Department of Justice, restorative justice representative
Dr. Gary Mihelish	NAMI Helena, President, mental health advocate
Ann Miller	Flathead Reservation Reentry Program, Managing Attorney
Steve Olson	Department of Labor and Industry, Workforce Services Director
Diane Sands	Montana Senator, representing Senate District 49 (Missoula)
Siri Smillie	Governor’s Office, Public Safety Policy Advisor
Laura Smith	Department of Public Health and Human Services, Deputy Director
Dr. Timothy Tharp	Office of Public Instruction, Deputy Superintendent
Derek VanLuchene	Ryan United, President and Founder, crime victims’ representative
Dr. Cody Warner	Montana State University, university system representative
Moe Wosepka	Diocese of Helena, faith-based representative

¹ The term “returning citizen” used in this report is synonymous with the term “reentering offender,” and refers to individuals leaving prison who are returning to the community.

II. Reentry Policy and Task Force Recommendations

Montana communities vary in terms of population, readiness to participate in reentry efforts, and available resources. To ensure each community benefits from reentry efforts, regardless of the number of participants, solutions must be broad and adaptable to ensure that different communities can incorporate a framework that assists with recidivism reduction strategies. All strategies should also be based in evidence, to ensure limited resources are dedicated to efforts that will reduce recidivism.

Recidivism reduction strategies:

- must be applied using a scientifically endorsed framework to reduce barriers to reintegration and address risks associated with formerly incarcerated individuals; and
- require multilevel supports to prepare individuals for transition.²

There are different categories of recidivism reduction strategies, several of which the reentry task force examined and has determined show promising results. Information on these categories and strategies are discussed and examined at length below.

A. Multidisciplinary Reentry Efforts

Background, evidence-based practices, and Montana's progress

Multidisciplinary reentry efforts are those involving multi-faceted approaches by professionals and volunteers from governmental and non-governmental entities alike, which interrelate to make offender reentry a success.

Reentry efforts are largely impacted by the **opinions and support from the public and from governmental officials**. Likewise, the allocation of public funds and policymakers' willingness to promote offender reentry-related public policy are impacted by public opinion and constituent preferences.³ Limited research has been completed to quantify the dimensions and impacts of public support for reentry initiatives, but preliminary findings from several states suggest that:

² Woods, L. N., Lanza, A. S., Dyson, W., & Gordon, D. M. (2013). The role of prevention in promoting continuity of health care in prisoner reentry initiatives. *American journal of public health*, 103(5), 830-838.

³ Garland, et al. "Measuring Public Support for Prisoner Reentry Options." *International Journal of Offender Therapy and Comparative Criminology* 60, no. 12 (2016): 1406-1424.

- A large majority of survey respondents support some level of offender reentry initiatives, whether in the form of pre-release services, employment-based reentry programs, or behavioral health programs for inmates recently released from prison.⁴
- Support for reentry programs varies based upon the demographics of the individual giving their public opinion, and the types of crimes committed by those utilizing the programming.⁵
- Public support is enhanced by the understanding that most prisoners will return to society (at least 95%)⁶, and that rehabilitating these offenders is a way to improve public safety.⁷
- Those familiar with offenders are less likely to have stigmatizing opinions about them.⁸

Over the past decades, much public attention has been given to the issue of offender reentry. One of the initial and largest affirmations of its importance came in 2007 when the United States Congress passed the Second Chance Act of 2007, which provides grants to entities that create offender reentry programs that reduce recidivism and improve offender outcomes. Since then, there remains national momentum to find and test responsible strategies to improve offender reentry. The current and prior two presidential administrations have supported the movement, illustrated in part by taking the following actions:

- George W. Bush originally signed the Second Chance Act into law, and stated that, “America is the land of second chance, and when the gates of the prison open, the path ahead should lead to a better life.”⁹
- Barack Obama stated that, “Our prisons should be a place where we can train people for skills that can help them find a job, not train them to become more hardened criminals.” His administration also implemented a variety of programs to support inmate education, employment training, and housing, and established a Federal Interagency Reentry Council to lead the government’s work on inmate rehabilitation.¹⁰

⁴ Survey responses collected from Missouri residents showed 89% support for connecting reentering prisoners with services; 76% support for programming that assisted with offender reentry employment opportunities; and ~90% support for substance and mental health treatment for reentering offenders. See Garland, et al (2016).

⁵ Ibid.

⁶ Timothy Hughes and Doris James Wilson, *Reentry Trends in the United States* (Washington, DC: U.S. Department of Justice, Bureau of Justice Assistance, 2002).

⁷ Garland, et al (2016)

⁸ Ibid.

⁹ State of the Union Address, 2004. Transcript published by The Washington Post, retrieved from http://www.washingtonpost.com/wp-srv/politics/transcripts/bushtext_012004.html.

¹⁰ The White House, Office of the Press Secretary. (2016, June 24). *FACT SHEET: President Obama Announces New Actions to Reduce Recidivism and Promote Reintegration of Formerly Incarcerated Individuals* [Press release]. Retrieved from <https://obamawhitehouse.archives.gov/the-press-office/2016/06/24/fact-sheet-president-obama-announces-new-actions-reduce-recidivism-and>.

- Donald Trump, during a press conference with several governors from around the United States, affirmed that, “My administration is committed to helping former inmates become productive, law-abiding members of society.”¹¹ In addition, Trump signed Executive Order 13826 on March 2, 2018, creating the Federal Interagency Council on Crime Prevention and Improving Reentry to (among other things) examine and improve offender reentry,¹² and designated April 2018 as Second Chance Month.¹³

Montana’s progress (on public opinion and support of reentry): Montana has followed the national trend by participating in and supporting state-specific reentry initiatives. In 2013, the Montana Legislature passed House Bill 68, a bipartisan bill that established a statewide reentry task force. This multidisciplinary group was tasked with supporting evidence-based offender reentry strategies by building partnerships, evaluating programs for success, and producing reports (including the present report) outlining their findings. The creation and continued operation of this task force illustrates, in part, Montana’s dedication to the goals of offender reentry. The group recognizes the importance of public education to garner continued support from the community to improve offender reentry efforts.

To support the public’s understanding of offender reentry, Montana DOC staff conducts reentry simulations throughout the state. These simulations allow community members to put themselves in the shoes of a reentering offender, and gain a better comprehension of the challenges and nuances of rejoining society after incarceration.

Local community coalitions also raise public awareness about offender reentry in Montana. For example, Missoula’s reentry group, Partners for Reintegration, coordinates presentations about reentry that are free and open to public, starting a dialogue with community members about the realities of reentry and the importance of reducing recidivism.

Despite these accomplishments, the task force has learned that Montana can still enhance its public education and awareness efforts. For example, as part of Justice Reinvestment, the legislature created a grant program to help counties develop safe housing plans for returning

¹¹ Trump, Donald J. “Remarks by President Trump in a Meeting on Prison Reform.” Roosevelt Room, White House. Washington, DC. 2018, Jan. 11. Retrieved from <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-meeting-prison-reform/>.

¹² Exec. Order No. 13826, 3 C.F.R. 10771-10774 (2018).

¹³ Trump, Donald J. “President Donald J. Trump Proclaims April 2018 as Second Chance Month.” Proclamation. 2018, March 30. Retrieved from <https://www.whitehouse.gov/presidential-actions/president-donald-j-trump-proclaims-april-2018-second-chance-month/>.

citizens. However, few counties took advantage of the opportunity to apply, seemingly in part due to a lack of understanding about the public safety benefits of the program. This indicates there is more opportunity for public education and outreach to communities and officials across the state.

Reentry efforts are supported and sustained by the **creation and operation of ground-level reentry coalitions or organizations** that work directly with offenders to reintegrate them into society. Communities throughout the United States (including in Montana) have implemented these reentry teams to meet with offenders prior to and upon release from prison. The teams help offenders procure jobs, housing, health care, and other services necessary to lead functional and successful lives.

Various states have implemented successful and evidence-based models that are contingent upon positive performance and utilizing performance-based practices.

- In Missouri, the Department of Corrections has awarded several millions to nonprofit partners through offender-funded intervention fees; over years of partnering, the Missouri DOC has gathered relevant data from each partner, and determined that many of the interventions were statistically significant in reducing re-offense rates.¹⁴
- In Virginia, as part of the Papis: Virginia Prisoner Reentry Program, the Department of Criminal Justice Services finances community projects through a state appropriation to provide support services and guidance to adults upon release from prisons and jails into communities. These projects are required to incorporate research-informed recidivism reduction services that focus on job readiness and employment services.¹⁵
- Finally, in New York, the Division of Criminal Justice Services supports 19 county reentry task forces with state funding through the DCJS County Re-entry Task Force Initiative. This model supports community efforts with community coordinators to ensure use of evidence-based practices including behavioral interventions and employment-focused goals.¹⁶

¹⁴ Missouri Department of Corrections (2014). Community Reentry Funding – Round 5. Final Report. Retrieved March 26, 2018, from <https://doc.mo.gov/Documents/mrp/2012FinalEvaluation.pdf>.

¹⁵ Papis: Virginia Prisoner Reentry Program. Retrieved April 3, 2018, from <https://www.dcjs.virginia.gov/correctional-services/grants/papis-virginia-prisoner-reentry-program>.

¹⁶ DCJS County Re-entry Task Force Initiative. Retrieved April 3, 2018, from http://www.criminaljustice.ny.gov/crimnet/ojsa/initiatives/offender_reentry.htm.

Montana's progress (on local reentry coalitions): Several regions in Montana have established local reentry coalitions that connect returning citizens with resources in the community to support their successful reintegration. These coalitions include:

- Billings: The Billings Area Reentry Task Force
- Bozeman: Fresh Start
- Flathead Reservation: The Flathead Reservation Reentry Program
- Helena: Helena Community Offender Reentry Program
- Kalispell: Flathead Community Reentry Program
- Missoula: Partners for Reintegration

Each community reentry coalition functions in a unique manner, and their efforts have improved reentry in Montana. The coalitions were established independent of the efforts of Montana's Statewide Reentry Task Force, but their existence serves as a lynchpin for Montana's reentry system to function and is required for many of the task force's recommendations to succeed. Many of these groups provide the following services:

- Assistance in finding housing
- Mentoring, social and peer support
- Connections to job services
- Connections to medical or behavioral health resources
- Faith-based services
- Connections to victim services
- Public education about offender reentry

To assist local coalitions in maximizing their efficacy, national organizations have published reference materials outlining relevant details of offender reentry.^{17,18} However, every state faces its own challenges, populations and strategies when addressing offender reentry. **State-specific "reentry tool boxes"** can be created to narrow the materials contained in these national-level kits to localize the guidance. Currently, Montana does not have a fully developed state-sponsored reentry tool box available for communities that are starting their own reentry initiatives.

Montana's progress (on reentry tool boxes): Every year, the Reentry Task Force has embraced the importance of creating a "reentry tool box" to greatly aid the creation and development of

¹⁷ See Report of the Re-Entry Policy Council. Council of State Governments. January 2005. Accessed March 26, 2018 at <https://csgjusticecenter.org/wp-content/uploads/2013/04/1694-11.pdf>.

¹⁸ See TPC Reentry Handbook. US Department of Justice, National Institute of Corrections. August 2008. Accessed March 28, 2018 at <https://s3.amazonaws.com/static.nicic.gov/Library/022669.pdf>.

local reentry coalitions. The following have been identified as essential topics to include within a tool box:

- establishing culturally relevant programs
- pre-release planning
- developing community coordination
- addressing victim concerns
- developing resources such as housing, employment, restorative justice programs, and vocational and educational programs

A criminal record is accompanied by a multitude of collateral consequences, or legal and regulatory penalties that limit someone’s ability to access housing, employment, professional licensing and certification, education, and other opportunities in the community. Some collateral consequences are valuable and designed to increase public safety – yet others apply broadly to anyone with a criminal conviction. Historically, even those involved in the criminal proceedings (namely judges, prosecutors and defense attorneys) are often unaware of the unintended consequences that arise when someone is handed a conviction.¹⁹ Because these consequences are not common knowledge, defendants plead guilty to crimes completely unaware of the sweeping and lifelong consequences that will follow their conviction.²⁰ To address this knowledge gap, the National Institute of Justice funded the creation of a national collateral consequences database, which identifies state laws and policies that create additional restrictions. A current inventory is managed by the Council of State Governments, and can be found at <https://niccc.csgjusticecenter.org/>.

The logic follows that if offenders are faced with more barriers upon reentry (in the form of collateral consequences), they are less likely to succeed in the community and more likely to recidivate. Researchers in other states have conducted analyses of these collateral consequences, their impacts, and opportunities to improve reentry outcomes without sacrificing public safety. One such analysis offers ideas on alleviating undue burden, including tailoring collateral consequences to the specific crime that was committed and implementing mechanisms to relieve offenders of collateral consequences through record expungement.²¹ Another analyzed the interaction between state and municipal policy, then compared methods to ease collateral

¹⁹ Berson, S.B. *Beyond the Sentence – Understanding Collateral Consequences*. National Institute of Justice. Accessed April 5, 2018 at <https://www.ncjrs.gov/pdffiles1/nij/241927.pdf>.

²⁰ Chin, G. & Holmes, R. “Effective assistance of counsel and the consequences of guilty pleas.” *Cornell Law Review*, 87 (2002): 697-742.

²¹ Pinard, M. “Collateral Consequences of Criminal Convictions: Confronting Issues of Race and Dignity.” *New York University Law Review* 85.457 (2010): 457-534.

consequences via state preemption versus municipal ordinances aimed at minimizing undue barriers (for example: local ordinances which “ban the box”).²²

Montana’s progress (on collateral consequences): In Montana, an existing statute provides an excellent example of how to reduce collateral consequences to incarceration. As stated within 37-1-201, MCA:

It is the public policy of the legislature of the state of Montana to encourage and contribute to the rehabilitation of criminal offenders and to assist them in the assumption of the responsibilities of citizenship. The legislature finds that the public is best protected when offenders are given the opportunity to secure employment or to engage in a meaningful occupation, while licensure must be conferred with prudence to protect the interests of the public. The legislature finds that the process of licensure will be strengthened by instituting an effective mechanism for obtaining accurate public information regarding a license applicant's criminal background.

Unfortunately, broad interpretation and infrequent evaluation still allow collateral consequences to occur in statute, administrative rule, and local policy and practice. As of April 2018, 579 examples of collateral consequences existed in Montana, according to the National Inventory of the Collateral Consequences of Conviction.

Internal Task Force Goals

The task force has established internal goals for reentry efforts that are multidisciplinary in nature. These include the following:

- As discussed earlier, public opinion often drives which laws, policies and programs are implemented in a state or local community. Although Montana has enjoyed a heightened national approval for reentry initiatives for over a decade, more support needs to be built at a state and local level. The task force will create opportunities to engage local government officials and discuss the realities of offender reentry, and will identify successful public education strategies that other states and Montana communities have implemented.
- Local independent reentry coalitions have proven to be very successful in their communities without the direction of or resources from the reentry task force. Therefore, the task force

²² Meek, A.P. “Street Vendors, Taxicabs, and Exclusion Zones: The Impact of Collateral Consequences of Criminal Convictions at the Local Level.” *Ohio State Law Journal* 75.1 (2014): 1-57.

will work to better engage with local coalition representatives, learn from their reentry efforts, and support their endeavors however possible.

- The task force will continue recommending materials for the reentry tool box, adding issue topics as they are identified as relevant and important; the Department of Corrections will lead this development initiative and seek input and review from the reentry task force.

Recommendations to Legislature

Either legislation or additional funding is required for Montana to implement or enhance some of the recommended evidence-based best practices. Given that a bulk of reentry efforts are successfully carried out with public support at the local level, the task force recommends the following:

- **Assign an appropriation to the Department of Corrections (or another state granting agency) to award to community reentry coalitions and other community partners**, to implement and maintain programs that they otherwise cannot afford to complete. These proposals should be screened by the DOC to ensure they follow evidence-based methodologies and incorporate high-need elements. These elements might include housing support, employment skills, mentoring, continuity of care by acquiring health services in the community, responsiveness to trauma (and when appropriate, incorporate elements of historical trauma among Native American offender populations), opportunities for gaining professional education and certificates prior to or following release, and other elements identified as important by the legislature or the task force.
- **The Law and Justice Interim Committee should conduct an interim study of collateral consequences within statute, administrative rule, and agency or community policies** to develop recommended changes for the 2021 Legislative Session.
- **Assign an ongoing appropriation to increase reentry assistance upon release from prison**, to better allow offenders to pay for immediate needs they encounter, including paying for rent, clothing, or transportation. **These funds should be provided directly to service providers through the Department of Corrections or another appropriate third party.**

B. Housing

Background, evidence-based practices, and Montana's progress

Lack of access to housing is often cited as the largest barrier that offenders face when transitioning back into society.²³ As noted in the prior Reentry Task Force reports to the Law and Justice Interim Committee, the homeless and offender populations overlap significantly. Homelessness among prior jail inmates is 7.5 to 11.3 times higher than among the general population.²⁴ Similarly, there is a 25% to 50% prevalence of prior incarceration within the homeless population.²⁵ There is also an apparent link between homelessness and recidivism; several studies have demonstrated offenders' homelessness and use of shelters, both before and after spending time in jail or prison, increase re-incarceration rates between 17% and 23%.²⁶ In general, given the large overlap between these populations, Montana could benefit significantly from creating easier access to housing resources throughout the state, including on reservations.

The act of **screening tenants and considering their criminal histories** has a large impact on offenders' abilities to find housing. In relation to the private and public rental market, those who screen tenant applicants based on past criminal convictions must have a specific and legitimate need to do so, or else they may be acting in an unlawful and discriminatory way, according to Fair Housing Act standards. In April 2016, the United States Department of Housing and Urban Development (HUD) released guidance for those involved in real estate-related transactions, and determined the following:

“While having a criminal record is not a protected characteristic under the Fair Housing Act, criminal history-based restrictions on housing opportunities violate the Act if, without justification, their burden falls more often on renters or other housing market participants of one race or national origin over another... While the Act does not prohibit housing providers from appropriately considering criminal history information when making housing decisions, arbitrary and overbroad criminal history-related bans are likely to lack a legally sufficient justification... Policies that exclude persons based on criminal history must be tailored to serve the housing provider's substantial, legitimate,

²³ Gouvis Roman, C. & Travis J. *Taking Stock: Housing, Homelessness, and Prisoner Reentry*. The Urban Institute, 2004. Accessed March 30, 2018 from <https://www.urban.org/sites/default/files/publication/58121/411096-Taking-Stock.PDF>.

²⁴ Greenberg, G. & Rosenheck, R. (2008) Jail incarceration, homelessness, and mental health: a national study. *Psychiatry Services*; 59(2):170-77.

²⁵ Metraux, S. & Culhane, D. (2006) Recent incarceration history among a sheltered homeless population. *Crime and Delinquency*; 52(3):504-517.

²⁶ Michaels, D., Zoloth, S. R., Alcabes, P., Braslow, C. A., & Safyer, S. (1992). Homelessness and indicators of mental illness among inmates in New York City's correctional system. *Psychiatric Services*, 43(2), 150-155.

nondiscriminatory interest and take into consideration such factors as the type of the crime and the length of the time since conviction.”²⁷

Montana’s progress (on tenant screening): As outlined in prior reentry task force reports, Department of Commerce staff has successfully worked to align Montana’s public housing criteria with regulations required by HUD, thus allowing more flexibility for offenders to procure public housing. More recently, in conjunction with the goals of the reentry task force, Commerce has facilitated resource and networking opportunities and participated in various community activities that support reentry housing across the state. Although many of the programs at Commerce (which are HUD-funded) are not directly of benefit to returning offenders, the administration knowledge, community partner network and pursuit of affordable housing have greatly added value to the task force.

Various **supportive housing programs** have been implemented across the country, with the specific goal of housing offenders when they are released from prison. One of the most studied examples is the Returning Home – Ohio (RHO) project, which began in 2007 as a pilot partnership between the Ohio Department of Rehabilitation and Correction and the Corporation for Supportive Housing, aiming to house and treat reentering prisoners who had developmental disorders, severe addiction, or serious behavioral health problems. Following a rigorous analysis done by the Urban Institute, compared to a control group, program participants were:

- 60% less likely be to reincarcerated
- 40% less likely to be rearrested for any crime
- significantly more likely to receive more mental health and substance abuse services (overall, the treatment group received 290% more service days than the control group).

The cost analysis revealed that RHO was more expensive than comparison group subjects by about \$9,500 per person per year – an unsurprising result considering the increased service usage.²⁸ The RHO program in Ohio became permanent after the five-year pilot period, and continues to operate successfully today.

Montana’s progress (on supportive housing): Local reentry coalitions have created relationships with landlords and property owners and, as a result, there are more housing opportunities for

²⁷ Kanovsky, H. U.S. Department of Housing and Urban Development. (2016). *Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions*. Accessed January 11, 2018 from https://www.hud.gov/sites/documents/HUD_OGCGUIDAPPFHASTANDCR.PDF.

²⁸ Fontaine, J. et al. *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home – Ohio Pilot Project*. The Urban Institute, 2012. Accessed March 30, 2018 from <https://shnny.org/uploads/RHO-Urban-Institute-2012.pdf>

reentering offenders. These groups have housing representatives on their steering committees, and frequently discuss strategies to improve housing opportunities for those coming out of prison. The task force is currently unaware of formal evaluations that outline the improvement of Montana reentry housing. However, anecdotally, the connections built between these reentry groups and housing providers have increased the number of housing opportunities for offenders throughout Montana.

During the 2017 Legislative Session, former Montana Senator Cynthia Wolken sponsored a series of bills related to justice reinvestment in Montana – most of which were passed into law. Among these successful bills, Senate Bill 65 appropriated \$400,000 over the 2018-2019 biennium to specifically fund counties, cities/towns, and tribal governments that would assist individuals with criminal records in finding housing. These funds are administered by the Montana Board of Crime Control (MBCC), who specified in its request for proposals that projects were required to incorporate one or more of the following elements²⁹:

- provide case management and housing placement services
- support landlord engagement activities
- hire housing specialists
- build or manage risk-mitigation funds to reimburse landlords for tenant-related property damages or expenses

The MBCC will fund three supportive housing projects in Billings, Missoula and Ravalli County, with all projects period beginning March 1, 2018, and ending June 30, 2019. All three proposals incorporated every objective to varying degrees, and will pass the funding through the government entity to local nonprofit organizations to complete the project activities. All projects are required to submit data measures defined by the MBCC,³⁰ and DOC staff will analyze the data to evaluate the success of each program. The methods and results of these analyses will be shared with the reentry task force to inform future housing recommendations.

Internal Task Force Goals

As is illustrated in all prior reports, permanent and stable housing remains a critical issue for reentering offenders; therefore, the task force will internally focus on the following:

²⁹ Montana Board of Crime Control Request for Proposals. #18-07 (HG) Supportive Housing Grant. Accessed February 23, 2018 from <http://mbcc.mt.gov/Portals/130/Funding/RFP/2018/RFP%2018-07%20FY2018-2019%20Supportive%20Housing.pdf>.

³⁰ Ibid.

- The task force has discussed the importance of utilizing the private landlord market, since relying on public housing mechanisms will not provide the quantity of housing demanded. Therefore, based on stakeholder input, strategies to conduct landlord outreach and education should be a component of a community reentry tool box. (Stakeholders will include private landlords themselves and community housing organizations that already conduct general landlord outreach.) The task force will also look at ways to bring landlords and prospective offender tenants together during “community housing fairs” or similar events, and include this as a component of the reentry tool box.
- The task force will work with the DOC to examine the current process of how offenders secure housing prior to release, and identify ways to increase efficiency and minimize vacant housing units for landlords that are willing to rent to returning citizens.
- In an ongoing effort to better understand chronic homelessness and evidence-based housing solutions, the task force will closely monitor the results of the “Point-in-Time” surveys happening nationwide and throughout Montana.
- To better teach inmates and offenders in the community about responsible housing practices, the reentry task force will work with the Department of Corrections to examine “tenant education” programming options.

Recommendations to Legislature

Legislation or additional funding is required for Montana to improve housing outcomes for those with criminal records. Given that reliable housing is a key component of someone’s ability to successfully reintegrate into society, the task force recommends the following:

- **Continue providing an appropriation to allow the Montana Board of Crime Control to grant funds for supportive housing projects around Montana**, outlined in Senate Bill 65 (2017) and MCA 44-7-120. Consider whether the MBCC should be allowed to disburse funds directly to nonprofit organizations that provide many of the services listed in MCA 44-7-120.
- **Implement monetary incentives for landlords to rent to those with criminal records**, which might include a state-level risk mitigation fund.

C. Peer Support

Background, evidence-based practices, and Montana's progress

There is a very high prevalence of behavioral health issues within the incarcerated population; over half of prison and jail inmates have a mental health problem³¹, and between 50 and 60 percent of prisoners (male vs. female) meet the criteria for having a chemical addiction.³² Peer support has been touted as an evidence-based practice in promoting recovery among people with chemical addictions and mental health issues and, in 2007, the Center for Medicare and Medicaid Services released guidance for state Medicaid directors about the necessary criteria to establish peer support specialists as their own billable provider type.³³

Peer support is provided by a peer worker who “[offers and receives] help, based on shared understanding, respect and mutual empowerment between people in similar situations.”³⁴ When utilizing peer support during offender reentry, the peers might have incarceration history themselves; this unique shared experience can lend trust to the relationship, and the offender may be more likely to accept guidance from his or her peer mentor.³⁵ In general, peer supporters can provide a wide range of services depending on the needs of the client, which may include advocacy, referral to appropriate resources, monitoring client condition, building links to the community, setting goals, facilitating groups, and more.³⁶

In practice, peer support is a promising way to realize beneficial reentry outcomes. In one randomized controlled trial, a peer mentorship model was used while treating high recidivist veterans in a New York VA inpatient unit. In this study, peer mentorship was associated with significantly higher rates of engagement in continued behavioral health treatment.³⁷ In a separate study, women incarcerated in the Rhode Island prison system at highest risk of recidivism and

³¹ James, D.J. & Glaze, L.E. US Department of Justice, Bureau of Justice Statistics. (2006) *Mental Health Problems of Prison and Jail Inmates*. Accessed April 2, 2018 from <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

³² The Council of State Governments, Justice Center. “Health, Mental Health, and Substance Use Disorders FAQs.” Accessed April 2, 2018 from <https://www.csgjusticecenter.org/substance-abuse/faqs/>

³³ Smith, D.G. Department of Health and Human Services, Center for Medicare and Medicaid Services (2007). *SMDL #07-011*. Accessed April 2, 2018 from <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf>

³⁴ Substance Abuse and Mental Health Services Administration. (2015). *Core Competencies for Peer Workers in Behavioral Health Services*. Accessed April 2, 2018 from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/core-competencies.pdf.

³⁵ Umez, C., De la Cruz, J., Richey, M., Albis, K. (2017). *Mentoring as a Component of Reentry: Practical Considerations from the Field*. The Council of State Governments, National Reentry Resource Center.

³⁶ Substance Abuse and Mental Health Services Administration. (2015). *Core Competencies for Peer Workers in Behavioral Health Services*.

³⁷ Tracy, K., Burton, M., Nich, C., & Rounsaville, B. (2011). Utilizing Peer Mentorship to Engage High Recidivism Substance-Abusing Patients in Treatment. *The American Journal of Drug and Alcohol Abuse*, 37(6), 525-531.

HIV infection were enrolled into a program of discharge planning and clinical support, which included working with a peer counselor prior to and after their release. There was a significant reduction in three-month post-release recidivism compared to a control group (5% vs. 18.5%, respectively), a non-significant reduction in recidivism after 12 months when compared again to the control group (33% vs. 45%, respectively), and an overall reduction in risky behaviors like sharing needles or engaging in unprotected sex. Although peer counseling was a key program element, the positive reentry outcomes were likely attributable to a combination of things.³⁸

Montana's progress: Peer support is not new in Montana, although it has been recently enhanced by newly implemented state policy. A Livingston-based nonprofit organization called Montana Peer Network has emerged as the state's peer support leader, coordinating and propelling the peer support movement forward since it arrived in 2006. Since then, Montana Peer Network expanded its services through the creation of peer support manuals³⁹ and projects funded through federal grants. According to the organization, in August 2017, there were over 800 peer support members throughout Montana.⁴⁰

The Gallatin County Detention Center has incorporated peer supporters into its reentry process even prior to an inmate's release from jail. As an ancillary to the jail's Fresh Start program, qualified inmates can meet with peer support specialists contracted through Montana's Peer Network to discuss their shared experience of incarceration and behavioral health recovery.

In 2017, Montana took the important step of solidifying the peer support profession by implementing a state-authorized Behavioral Health Peer Support Specialist (BHPSS) certification. As part of former Senator Cynthia Wolken's justice reinvestment bill package, Senate Bill 62 generally outlined the role of and the requirements to become a BHPSS, and designated the Board of Behavioral Health to oversee the certification and establish detailed standards of a BHPSS. As of April 2017, peer supporters are starting to become BHPSS-certified and, if state-approved, they can receive payment from the Department of Public Health and Human Services through a block-grant administered by the Addictive and Mental Disorders Division.⁴¹ Although Medicaid does not currently pay for BHPSS services, it may in the future.

³⁸ Vigilante, K.C. et al. (1999). Reduction in Recidivism of Incarcerated Women through Primary Care, Peer Counseling, and Discharge Planning. *Journal of Women's Health*, 8(3), 409-415.

³⁹ Montana Peer Support Task Force. (2015). *Montana Peer Support Toolkit*. Retrieved from <http://mtpeernetwork.org/wp-content/uploads/2015/02/Peer-Services-toolkit-Final.pdf>.

⁴⁰ Montana's Peer Network. *About Us*. mtpeernetwork.org/about-us/.

⁴¹ Substance Use Disorder (Chemical Dependency) Non-Medicaid Provider Fee Schedule (March 1, 2018). *Montana Department of Health and Human Services*. Retrieved from

According to the language in Senate Bill 62, BHPSSs may provide services to individuals with behavioral health disorders, which excludes some reentering offenders who do not have a conventional qualifying behavioral health diagnosis. However, many of these excluded individuals would likely still benefit from peer support services. In addition, Montana does not currently have a criminal justice specialization for peer support specialists, but previously incarcerated individuals may still become BHPSSs. To do so, they must meet all criteria outlined by the Board and must not have been incarcerated within two years of the time of application.

Internal Task Force Goals

The reentry task force supports Montana’s movement toward professionalizing the peer support specialist’s role, and will continue its commitment to learning about peer support as it relates to offender reentry. It will do the following things:

- Ensure that the task force has consistent participation from a peer support specialist.
- Work with DPHHS, the Department of Labor and Industry, Montana’s Peer Network, and other relevant organizations to investigate whether all reentering offenders can be determined as eligible to receive reimbursable BHPSS services, rather than only those with a conventional behavioral health diagnosis.

Recommendations to Legislature

The task force recommends that the Montana legislature act in the following ways to tie offender reentry with peer support specialist work:

- **Create a criminal justice specialization for peer support specialists who have been previously incarcerated**, emphasizing the importance of peer supporters for helping reentering offenders who have mental health issues or chemical addictions.
- **Assign a temporary appropriation to the Department of Corrections to start a pilot project incorporating peer support specialists into the probation and parole process**, which may involve staffing a peer supporter in a probation office or having a peer supporter meet with offenders before they release to the community.

D. Child Support

Background, evidence-based practices, and Montana's progress

Most prisoners are parents, and many have child support orders that were established before incarceration. Parents often enter prison with a monthly child support obligation and no realistic ability to pay. As a result, unpaid child support is a significant source of debt for incarcerated parents. This debt is unlikely to ever be collected and adds to the barriers incarcerated parents face when reentering their communities. Debt may impede housing and employment opportunities that would ultimately support children. Child support debt also increases the likelihood that noncustodial parents released from incarceration will enter the underground economy.⁴²

Since 2005, many states changed their laws and policies to reduce or suspend child support orders during incarceration. According to the National Conference of State Legislatures (NCSL), over two-thirds of states currently allow for an adjustment in the monthly child support obligation when a parent is incarcerated. In addition, on Dec. 20, 2016, the Office of Child Support Enforcement (OCSE) published final rules requiring that state child support programs assist incarcerated parents to review and adjust their child support obligations. The update to these rules is intended to increase the effectiveness of the child support program for all families, and provide more flexibility. Specific to the issue of incarcerated parents, after learning that a parent owing support will be incarcerated for at least 180 calendar days, the state child support program may elect to send notice of the right to request a review and adjustment within 15 days. As an alternative to this option, a state may elect to initiate the review and adjustment without the need for a specific request from the incarcerated parent. For example, North Dakota recently passed legislation which, by operation of law, automatically terminates the monthly support obligation of a parent incarcerated for 180 days or longer.⁴³

Montana's progress: The Montana Child Support Enforcement Division (CSED) provides administrative child support related services to over 37,000 families. Approximately 1,200 cases of the open CSED caseload involves a parent that is incarcerated. To conform with the new federal regulations, CSED recently began offering incarcerated parents the opportunity to request assistance with child support through the agency's administrative process. As the parent must petition to have the child support order reviewed, the CSED can address only those cases in which an application for review is received. In addition, when a request is received, the review

⁴² National Conference of State Legislatures. *Child Support and Incarceration*. (2016). Accessed February 1, 2018, from <http://www.ncsl.org/research/human-services/child-support-and-incarceration.aspx>.

⁴³ Ibid.

and modification process is a time-consuming exercise and can take several months to complete. In its first six months of implementing this new process, CSED has received 48 complete requests for review from incarcerated obligors.

Considering this, CSED is exploring the option of seeking a statutory proposal that would, by operation of law, automatically terminate the monthly support obligation of a parent incarcerated for 180 days or longer. When the parent is released from prison, the monthly obligation would be re-established through the CSED administrative process. This process would most likely result in families receiving more consistent child support payments, and the removal of an unrealistic financial burden that most offenders are unable to pay.

Internal Task Force Goals

To better understand the nuances associated with child support payments and their impacts on offender reentry, the task force will continue consulting with CSED to understand how Montana can improve its policies.

Recommendations to Legislature

In line with research examining the operation and impact of child support owed during incarceration, the task force recommends that the legislature take the following action:

- **Align Montana statute with child support processes that allow the state to automatically and more efficiently change child support orders when the parent enters incarceration.** This would require change in two areas: Title 40 Ch 5 part 2, which governs orders established by CSED administratively, and Title 40 Ch 4 part 2, which controls orders established by Montana District Courts. New statutory language should include the following elements:
 - “Incarceration” should be defined: a parent is held in a correctional, detention or treatment facility for more than 180 days.
 - Child support orders will terminate by operation of law beginning the first of the month following incarceration as defined above.
 - If an incarcerated parent receives income while incarcerated from non-prison employment, a support obligation may be established that reflects this income.
 - Arrearages accrued prior to incarceration remain due and owing.
 - For orders terminated by incarceration, a support obligation may be established upon release. The effective date of the new support obligation may be as early as the first of the month following release from incarceration.

E. Offender Mental Health and Crisis Intervention Training

Background, evidence-based practices, and Montana's progress

As stated previously, the prevalence of mental illness among the offender population is high. According to the U.S. Department of Justice's Bureau of Justice Statistics, 56% of state prisoners, 45% of federal prisoners, and 64% of jail inmates had a mental health problem in 2005.⁴⁴ To compare to the rest of the nation, an estimated 11% of the general U.S. adult population had a mental health disorder from 2001 to 2002, according to data from the National Epidemiologic Survey on Alcohol and Related Conditions.⁴⁵

For the community corrections population, researchers have found evidence that recidivism reduction is possible for those with mental illnesses if specialized probation approaches are used. One such study was a longitudinal observational study conducted by University of California Berkeley researchers, from 2005 through 2017. They observed statistically significant results that mentally ill probationers supervised by probation officers with specialized knowledge of mental disease and treatment experienced a decrease in recidivism of 23.1% after two years.⁴⁶

These types of findings are in line with a national trend to divert those with mental illness away from the criminal justice system. This is illustrated by the Stepping Up Initiative, launched in 2015 to decrease the number of individuals with mental illnesses in jails. The initiative is a partnership between the National Association of Counties, Council of State Governments, and American Psychiatric Foundation⁴⁷ and, as of November 2017, 400 counties (including two in Montana) had joined the initiative.⁴⁸ For decades, the National Alliance on Mental Illness (NAMI) has conducted crisis intervention team (CIT) training with law enforcement and first responders, with the goal of bringing community resources (especially mental health providers) together to improve officer safety and to “keep people with mental illness out of jail and *in* treatment, on the road to recovery.”⁴⁹ CIT training works best if implemented for law enforcement officers, detention staff, 911 operators, correctional officers, first responders, and probation and parole officers, and it is a key piece of the Stepping Up Initiative.

⁴⁴ James, D.J., & Glaze, L.E. *Mental Health Problems of Prison and Jail Inmates*. (2006). U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>

⁴⁵ Ibid.

⁴⁶ Skeem, J.L., Manchak, S. & Montoya, L. (2017). Comparing Public Safety Outcomes for Traditional Probation vs Specialty Mental Health Probation. *JAMA Psychiatry*, 74(9), 942-948.

⁴⁷ “Breaking the Mental Health Pipeline to Jail.” *The Crime Report*, 5 May 2015, <https://thecrimereport.org/2015/05/05/2015-05-breaking-the-mental-health-pipeline-to-jail/>

⁴⁸ “400th County Joins Stepping Up.” *The Stepping Up Initiative*, 30 Nov. 2017, <https://stepuptogether.org/updates/400th-county-joins-stepping-up>.

⁴⁹ “Crisis Intervention Team (CIT) Programs.” *NAMI*, <https://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT>.

Montana's progress: The rollout of CIT in Montana began around 2005, and today it has been widely implemented and continues to grow. A nonprofit organization called CIT Montana was founded in 2012, with the goal of establishing consistency in CIT training throughout the state, and expanding the training to be available in many more communities. According to its website, 34 of 56 counties have implemented CIT, and over 600 officers statewide have been trained so far. Law enforcement officers (including probation and parole officers), first responders, detention center staff and prison staff are all welcome to attend.

Legislative efforts have aided the growth of CIT as well. In 2009, the Montana legislature passed House Bill 130, which designated state matching funds for counties to implement or expand crisis intervention services and jail diversion techniques (among other eligible activities).⁵⁰ In addition, during the regular 2017 Montana Legislative Session, House Bill 237 was passed to allow the Board of Crime Control to administer a program to increase the number of CIT trained community stakeholders throughout the state, within the level of available funding.⁵¹ Although no state money was appropriated to the Board to administer such a program, the Board applied for and received federal funding through the U.S. DOJ's Justice and Mental Health Collaboration Program, and those funds in part support CIT Montana's efforts.

Separately, the Montana Department of Corrections received a grant from the Montana Mental Health Trust to begin training probation and parole officers (POs) in CIT in 2016. Although the DOC originally planned to send 20 staff members from around the state to train in Helena, the agency altered its approach to instead have officers trained in their own regions. This reduced the cost of travel and opened additional funding for training spots and, as a result, more than 50 POs have attended CIT training. Regardless of whether POs attend CIT training, all are mandated to receive training to recognize and handle offender mental health issues, both through the law enforcement academy for new officers and through annual refresher courses within the DOC.

Internal Task Force Goals

The President of NAMI Helena sits on the task force, and is a subject matter expert in behavioral health issues in the criminal justice population. He will continue advising the task force and the Department of Corrections on furthering CIT training in the state, and will guide the department in discussions about further implementing CIT inside facilities, if feasible.

⁵⁰ House Bill 130. 2009 Regular Session. (MT 2009)

⁵¹ House Bill 237. 2017 Regular Session. (MT 2017)

Recommendations to Legislature

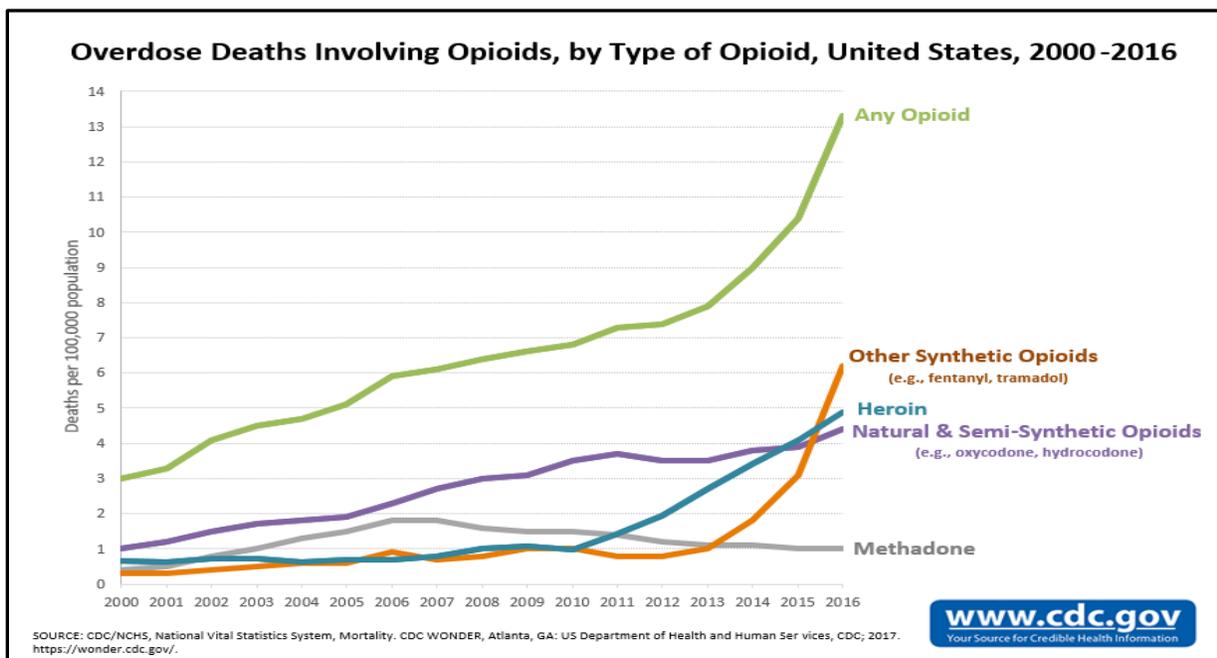
Based on the continuing implementation of CIT in Montana through nonprofit efforts, new laws and federal grant dollars, the state is on a promising path to continue improving the intersection of the criminal justice and mental health system. The task force recommends the following:

- To maintain Montana’s efforts at responding effectively to the intersection of mental health and incarceration, **continue supporting efforts at encouraging jail diversion for those who are better suited to receive mental health treatment in the community, and crisis intervention training for those who meet and manage offenders with behavioral health issues**, including law enforcement, detention staff, 911 operators, correctional officers, first responders, and probation and parole officers.

F. Opioid Use Disorders

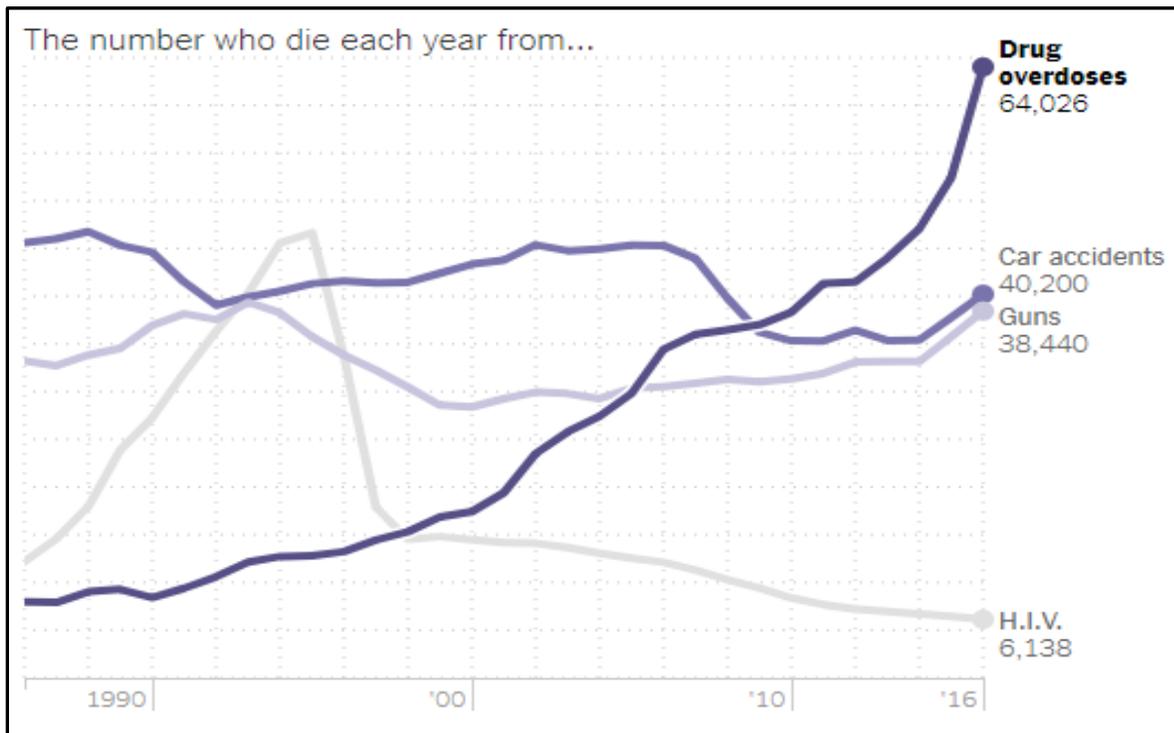
Background, evidence-based practices, and Montana’s progress

The United States has experienced an alarming uptick in opioid usage over the past few decades, as evidenced by the increasing number of opioid-related deaths. This crisis has advanced so far that the federal Department of Health and Human Services has declared it a public health emergency.⁵² The following CDC graph illustrates the rising rate of these deaths nationwide:



⁵² U.S. Department of Health and Human Services, Office of the Secretary. (2017, October 26). *Determination that a Public Health Emergency Exists*. Retrieved from <https://www.hhs.gov/sites/default/files/opioid%20PHE%20Declaration-no-sig.pdf>.

In the figure below, the numbers of drug overdose fatalities over the last few decades nationwide are compared to fatalities in other select categories:



SOURCE: Katz, Josh. "You Draw It: Just How Bad Is the Drug Overdose Epidemic?" *The New York Times*, 26 Oct. 2017. Note: the majority of recent drug overdose deaths are attributable to opioids.⁵³

Recent research has revealed that individuals with substance use disorders are particularly vulnerable to overdose death soon after release from incarceration:

- In Ohio, 75% of recent opioid deaths correlated with incarceration in the six months prior to overdose.⁵⁴
- In Maryland, opioids were involved in over 90% of offender deaths that occurred within seven days of release from incarceration in the Baltimore City jail.⁵⁵
- In West Virginia, 56% of overdose deaths (with opioids being the most common overdose drug) were associated with past incarceration.⁵⁶

⁵³ Centers for Disease Control and Prevention. (2017). *Drug Overdose Death Data*. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

⁵⁴ Carroll, Jennifer. "An Overview of Medication-Assisted Treatment and its Implications for Justice-Involved Individuals." CDC Webinar, 30 January 2018.

⁵⁵ Maryland Department of Health and Mental Hygiene. (2014). *Risk of Overdose Death Following Release from Prison or Jail*. Retrieved from https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/corrections%20brief_V3.pdf.

⁵⁶ West Virginia Department of Health & Human Resources, Bureau for Public Health. (2017). *2016 West Virginia Overdose Fatality Analysis: Healthcare Systems Utilization, Risk Factors, and Opportunities for Intervention*. Retrieved from

In light of this correlation, increasing numbers of programs are being implemented throughout the country to address the heightened risk of post-release overdose. These programs often involve linking offenders with in-prison and post-release treatment. One type of treatment is called medication-assisted treatment, or MAT – an evidence-based best practice according to the World Health Organization (WHO) and the National Institute on Drug Abuse (NIDA), among other groups.⁵⁷ There are three main categories of drugs used during MAT:

1. **Methadone:** an opioid agonist⁵⁸; methadone reduces a user’s craving for illicit opioids and blocks withdrawal symptoms to allow the individual to lead a productive life. Methadone can only be administered under close monitoring by a provider who is federally approved as an Opioid Treatment Program (OTP).⁵⁹
2. **Buprenorphine/naloxone combination:** an opioid partial agonist⁶⁰; buprenorphine medication also reduces a user’s craving for illicit opioids, while naloxone (an antagonist⁶¹) is added to block any euphoric effects if the user tries to abuse the buprenorphine by injecting it. In the community, this MAT medication is more readily available than methadone since it can be dispensed by a provider who has completed an approved training and received a federal waiver.⁶²
3. **Naltrexone (extended-release injectable):** an opioid antagonist that blocks all effects of an opioid; this medication is injected once a month, and can only be taken after an individual has withdrawn from opioid use for at least one week or else they will immediately experience withdrawal symptoms. As the newest MAT medication, less research has been conducted to prove its efficacy in comparison to the other two MAT medications.⁶³

All three drugs should be used as part of a comprehensive treatment plan involving a consistent medication regimen, counseling and social supports to prevent relapse and support recovery.⁶⁴

<https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20WV%20Overdose%20Fatality%20Analysis.pdf>.

⁵⁷ U.S. Substance Abuse and Mental Health Services Administration. (2014). *In Brief: Adult Drug Courts and Medication-Assisted Treatment for Opioid Dependence*. (Volume 8, Issue 1).

⁵⁸ An opioid agonist connects to receptors in the brain to mimic the effects of an opiate response.

⁵⁹ Ibid.

⁶⁰ An opioid partial agonist connects to receptors in the brain to mimic the effects of an opiate response, but with less efficacy compared to a full agonist.

⁶¹ An opioid antagonist completely blocks the receptors in the brain to prevent an opiate response.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ U.S. Substance Abuse and Mental Health Services Administration. (2015). *Methadone*. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>.

Several states are experimenting with and have implemented MAT regimens for justice-involved individuals, including in jails, prisons and treatment courts. For example:

- Rhode Island offers all three MAT medications (methadone, buprenorphine and naltrexone) to all inmates who could benefit from them. A recent study conducted by Brown University found that this MAT program reduced opioid overdose deaths by approximately 66% for those recently released from incarceration.⁶⁵
- Rikers Island jail, in New York City, has the longest-running MAT program in the country, which began in 1987. It offers all three MAT medications.⁶⁶

Montana's progress: Montana's opioid usage has slightly decreased in recent years, which is unlike the average rate nationwide; however, Montana follows the national trend when considering that opioid use is the primary driver of drug overdose deaths in the state. Currently, 44% of all drug overdose deaths are attributable to opioids.⁶⁷ Recognizing the urgency in combatting opioid abuse, the state has acted to combat this rise in overdoses, particularly through federally funded initiatives through the state's health department, DPHHS.

The Centers for Disease Control and Prevention (CDC) awarded DPHHS a grant through the Data Driver Prevention Initiative (DDPI), which has accomplished the following:

- Formed the Montana Opioid Strategic Planning Task Force, bringing together over 100 stakeholders from more than 80 agencies or programs (including the Department of Corrections)
- This task force created the DDPI Plan, focusing on six key areas: partnerships, prevention and education, treatment, monitoring, community resources and law enforcement
- The DDPI task force also adopted a strategic plan that includes starting a Medication Assisted Treatment (MAT) pilot at the Montana State Prison.⁶⁸

In addition, DPHHS was awarded a Strategic Targeted Response (STR) grant through the U.S. Substance Abuse and Mental Health Administration (SAMHSA). The project's main goals are to

⁶⁵ Vestal, C. *New Momentum for Addiction Treatment Behind Bars*. (2018, April). The Pew Charitable Trusts. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/04/04/new-momentum-for-addiction-treatment-behind-bars>.

⁶⁶ Vestal, C. *At Rikers Island, a Legacy of Medication-Assisted Opioid Treatment*. (2016, May). The Pew Charitable Trusts. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/05/23/at-rikers-island-a-legacy-of-medication-assisted-opioid-treatment>

⁶⁷ Montana Department of Public Health and Human Services. (2017). *Addressing Substance Use Disorder in Montana; Strategic Plan: Interim Draft Report*.

⁶⁸ Montana Department of Public Health and Human Services. (2018). *Addressing Substance Use Disorder in Montana*.

support opioid use disorder prevention programs and services, and to develop comprehensive, evidence-based services for opioid use disorder treatment. It targets at-risk populations, which specifically include justice-involved individuals, and it has implemented the following:

- A Peer Support and Recovery Service training curriculum and technical assistance, including the development of an American Indian version;
- A ‘Hub and Spoke’ model to provide a continuum of treatment services for individuals with opioid use disorders involving MAT and social supports;
- MAT training and professional development for currently licensed medical and behavioral health professionals.⁶⁹

The Montana Department of Corrections and DPHHS have entered a data partnership to identify the percentage of Montanans who succumbed to opioids and who had recent incarceration leading up to their deaths. These results will be shared with the reentry task force when they are available.

To align with the goals identified in the Montana-wide SUD strategic plan, the DOC is investigating what is needed to begin a pilot MAT program for inmates prior to and after their release from prison. As startup funding would be necessary, the DOC is consistently searching for grant opportunities and other funding sources for project implementation.

Internal Task Force Goals

The task force will continue learning about the opioid crisis and how it affects the justice-involved population, and will recommend ways DOC can pursue programs and form partnerships with DPHHS to alleviate the opioid crisis in Montana.

Recommendations to Legislature

To help slow the opioid crisis, the task force recommends the following to the Montana legislature:

- When necessary, **authorize federal dollars for use on a medication-assisted treatment pilot for offenders transitioning from secure care into communities**, to align with the goals and strategies identified in Montana’s state-wide substance use disorder strategic planning document.

⁶⁹ Montana Department of Public Health and Human Services. (2018). *Strategic Targeted Response (STR) Grant*.

III. Future Task Force Goals and Directions

The Reentry Task Force will continue focusing on the most impactful reentry interventions and determining which are best suited to succeed in the state of Montana. In the next biennium, the task force will also set the following two goals as it completes its duties:

1. **Define metrics to measure reentry program success in Montana.** Recidivism rate is the most standardized and widely used metric for this purpose; however, recidivism does not necessarily capture other successes a program may yield. For example, even if an offender were to eventually recidivate, he or she might demonstrate success prior to returning to prison by maintaining a job, paying taxes, volunteering for the community, or creating value in other ways. The task force will discuss and alter these metrics as it sees fit, and explore how to design studies that specifically examine reentry outcomes directly connected to DOC policies and programs.
2. **Investigate opportunities for data sharing among government agencies and organizations.** Depending on the metrics identified above, there may be untapped opportunities to share or compare datasets to better track reentry outcomes in Montana, and to evaluate where improvement is most needed. While investigating these opportunities, the task force will consult with legal staff to ensure all data sharing is allowable.

These two goals are consistent with Montana's ongoing efforts to use both quantitative and qualitative evidence to evaluate programs objectively and to identify best practices in offender reentry.

IV. Citations

- “400th County Joins Stepping Up.” *The Stepping Up Initiative*, 30 Nov. 2017, <https://stepuptogether.org/updates/400th-county-joins-stepping-up>.
- Berson, S.B. *Beyond the Sentence – Understanding Collateral Consequences*. National Institute of Justice. Accessed April 5, 2018 at <https://www.ncjrs.gov/pdffiles1/nij/241927.pdf>.
- “Breaking the Mental Health Pipeline to Jail.” *The Crime Report*, 5 May 2015, <https://thecrimereport.org/2015/05/05/2015-05-breaking-the-mental-health-pipeline-to-jail/>
- Carroll, Jennifer. “An Overview of Medication-Assisted Treatment and its Implications for Justice-Involved Individuals.” CDC Webinar, 30 January 2018.
- Centers for Disease Control and Prevention. (2017). *Drug Overdose Death Data*. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.
- Chin, G. & Holmes, R. “Effective assistance of counsel and the consequences of guilty pleas.” *Cornell Law Review*, 87 (2002): 697-742.
- “Crisis Intervention Team (CIT) Programs.” *NAMI*, <https://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT>.
- The Council of State Governments, Justice Center. “Health, Mental Health, and Substance Use Disorders FAQs.” Accessed April 2, 2018 from <https://www.csgjusticecenter.org/substance-abuse/faqs/>
- DCJS County Re-entry Task Force Initiative. Retrieved April 3, 2018, from http://www.criminaljustice.ny.gov/crimnet/ojsa/initiatives/offender_reentry.htm.
- Exec. Order No. 13826, 3 C.F.R. 10771-10774 (2018).
- Fontaine, J. et al. *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home – Ohio Pilot Project*. The Urban Institute, 2012. Accessed March 30, 2018 from <https://shnny.org/uploads/RHO-Urban-Institute-2012.pdf>
- Garland, et al. “Measuring Public Support for Prisoner Reentry Options.” *International Journal of Offender Therapy and Comparative Criminology* 60, no. 12 (2016): 1406-1424.
- Gouvis Roman, C. & Travis J. *Taking Stock: Housing, Homelessness, and Prisoner Reentry*. The Urban Institute, 2004. Accessed March 30, 2018 from <https://www.urban.org/sites/default/files/publication/58121/411096-Taking-Stock.PDF>.
- Greenberg, G. & Rosenheck, R. (2008) Jail incarceration, homelessness, and mental health: a national study. *Psychiatry Services*; 59(2):170-77.
- House Bill 130. 2009 Regular Session. (MT 2009)
- House Bill 237. 2017 Regular Session. (MT 2017)

- James, D.J., & Glaze, L.E. *Mental Health Problems of Prison and Jail Inmates*. (2006). U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>
- Kanovsky, H. U.S. Department of Housing and Urban Development. (2016). *Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions*. Accessed January 11, 2018 from https://www.hud.gov/sites/documents/HUD_OGCGUIDAPPFHASTANDCR.PDF.
- Maryland Department of Health and Mental Hygiene. (2014). *Risk of Overdose Death Following Release from Prison or Jail*. Retrieved from https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/corrections%20brief_V3.pdf.
- Meek, A.P. "Street Vendors, Taxicabs, and Exclusion Zones: The Impact of Collateral Consequences of Criminal Convictions at the Local Level." *Ohio State Law Journal* 75.1 (2014): 1-57.
- Metraux, S. & Culhane, D. (2006) Recent incarceration history among a sheltered homeless population. *Crime and Delinquency*; 52(3):504-517.
- Michaels, D., Zoloth, S. R., Alcabes, P., Braslow, C. A., & Safyer, S. (1992). Homelessness and indicators of mental illness among inmates in New York City's correctional system. *Psychiatric Services*, 43(2), 150-155.
- Missouri Department of Corrections (2014). Community Reentry Funding – Round 5. Final Report. Retrieved March 26, 2018, from <https://doc.mo.gov/Documents/mrp/2012FinalEvaluation.pdf>.
- Montana Board of Crime Control Request for Proposals. #18-07 (HG) Supportive Housing Grant. Accessed February 23, 2018 from <http://mbcc.mt.gov/Portals/130/Funding/RFP/2018/RFP%2018-07%20FY2018-2019%20Supportive%20Housing.pdf>.
- Montana Department of Public Health and Human Services. (2017). *Addressing Substance Use Disorder in Montana; Strategic Plan: Interim Draft Report*.
- Montana Department of Public Health and Human Services. (2018). *Addressing Substance Use Disorder in Montana*.
- Montana Department of Public Health and Human Services. (2018). *Strategic Targeted Response (STR) Grant*.
- Montana's Peer Network. *About Us*. mtpeernetwork.org/about-us/.
- Montana Peer Support Task Force. (2015). *Montana Peer Support Toolkit*. Retrieved from <http://mtpeernetwork.org/wp-content/uploads/2015/02/Peer-Services-toolkit-Final.pdf>.

National Conference of State Legislatures. *Child Support and Incarceration*. (2016). Accessed February 1, 2018, from <http://www.ncsl.org/research/human-services/child-support-and-incarceration.aspx>.

PAPIS: Virginia Prisoner Reentry Program. Retrieved April 3, 2018, from <https://www.dcjs.virginia.gov/correctional-services/grants/papis-virginia-prisoner-reentry-program>.

Pinard, M. "Collateral Consequences of Criminal Convictions: Confronting Issues of Race and Dignity." *New York University Law Review* 85.457 (2010): 457-534.

Report of the Re-Entry Policy Council. Council of State Governments. January 2005. Accessed March 26, 2018 at <https://csgjusticecenter.org/wp-content/uploads/2013/04/1694-11.pdf>.

Seattle City Council, Ordinance 125393. Chapter 14.09 (2017). Accessed January 11, 2018 from [https://seattle.legistar.com/ViewReport.aspx?M=R&N=Master&GID=393&ID=3089232&GUID=49272C76-0464-4C6E-A1FF-140591D00410&Extra=WithText&Title=Legislation+Details+\(With+Text\).140591D00410&Extra=WithText&Title=Legislation+Details+\(With+Text\)](https://seattle.legistar.com/ViewReport.aspx?M=R&N=Master&GID=393&ID=3089232&GUID=49272C76-0464-4C6E-A1FF-140591D00410&Extra=WithText&Title=Legislation+Details+(With+Text).140591D00410&Extra=WithText&Title=Legislation+Details+(With+Text)).

Skeem, J.L., Manchak, S. & Montoya, L. (2017). Comparing Public Safety Outcomes for Traditional Probation vs Specialty Mental Health Probation. *JAMA Psychiatry*, 74(9), 942-948.

Smith, D.G. Department of Health and Human Services, Center for Medicare and Medicaid Services (2007). *SMDL #07-011*. Accessed April 2, 2018 from <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf>

State of the Union Address, 2004. Transcript published by The Washington Post, retrieved from http://www.washingtonpost.com/wp-srv/politics/transcripts/bushtext_012004.html.

Substance Abuse and Mental Health Services Administration. (2015). *Core Competencies for Peer Workers in Behavioral Health Services*. Accessed April 2, 2018 from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/core-competencies.pdf.

Substance Use Disorder (Chemical Dependency) Non-Medicaid Provider Fee Schedule (March 1, 2018). *Montana Department of Health and Human Services*. Retrieved from <http://medicaidprovider.mt.gov/Portals/68/docs/feeschedules/2018/March2018FS/SubstanceUseDisorderCDProposedNonMedicaidFeeSchedule03012018.pdf>.

Timothy Hughes and Doris James Wilson, *Reentry Trends in the United States* (Washington, DC: U.S. Department of Justice, Bureau of Justice Assistance, 2002).

TPC Reentry Handbook. US Department of Justice, National Institute of Corrections. August 2008. Accessed March 28, 2018 at <https://s3.amazonaws.com/static.nicic.gov/Library/022669.pdf>.

- Tracy, K., Burton, M., Nich, C., & Rounsaville, B. (2011). Utilizing Peer Mentorship to Engage High Recidivism Substance-Abusing Patients in Treatment. *The American Journal of Drug and Alcohol Abuse*, 37(6), 525-531.
- Trump, Donald J. "President Donald J. Trump Proclaims April 2018 as Second Chance Month." Proclamation. 2018, March 30. Retrieved from <https://www.whitehouse.gov/presidential-actions/president-donald-j-trump-proclaims-april-2018-second-chance-month/>.
- Trump, Donald J. "Remarks by President Trump in a Meeting on Prison Reform." Roosevelt Room, White House. Washington, DC. 2018, Jan. 11. Retrieved from <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-meeting-prison-reform/>.
- Umez, C., De la Cruz, J., Richey, M., Albis, K. (2017). *Mentoring as a Component of Reentry: Practical Considerations from the Field*. The Council of State Governments, National Reentry Resource Center.
- U.S. Department of Health and Human Services, Office of the Secretary. (2017, October 26). *Determination that a Public Health Emergency Exists*. Retrieved from <https://www.hhs.gov/sites/default/files/opioid%20PHE%20Declaration-no-sig.pdf>.
- U.S. Substance Abuse and Mental Health Services Administration. (2014). *In Brief: Adult Drug Courts and Medication-Assisted Treatment for Opioid Dependence*. (Volume 8, Issue 1).
- U.S. Substance Abuse and Mental Health Services Administration. (2015). *Methadone*. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>.
- Vestal, C. *At Rikers Island, a Legacy of Medication-Assisted Opioid Treatment*. (2016, May). The Pew Charitable Trusts. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/05/23/at-rikers-island-a-legacy-of-medication-assisted-opioid-treatment>
- Vestal, C. *New Momentum for Addiction Treatment Behind Bars*. (2018, April). The Pew Charitable Trusts. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/04/04/new-momentum-for-addiction-treatment-behind-bars>.
- Vigilante, K.C. et al. (1999). Reduction in Recidivism of Incarcerated Women through Primary Care, Peer Counseling, and Discharge Planning. *Journal of Women's Health*, 8(3), 409-415.
- West Virginia Department of Health & Human Resources, Bureau for Public Health. (2017). *2016 West Virginia Overdose Fatality Analysis: Healthcare Systems Utilization, Risk Factors, and Opportunities for Intervention*. Retrieved from <https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20WV%20Overdose%20Fatality%20Analysis.pdf>.

- The White House, Office of the Press Secretary. (2016, June 24). *FACT SHEET: President Obama Announces New Actions to Reduce Recidivism and Promote Reintegration of Formerly Incarcerated Individuals* [Press release]. Retrieved from <https://obamawhitehouse.archives.gov/the-press-office/2016/06/24/fact-sheet-president-obama-announces-new-actions-reduce-recidivism-and>.
- Woods, L. N., Lanza, A. S., Dyson, W., & Gordon, D. M. (2013). The role of prevention in promoting continuity of health care in prisoner reentry initiatives. *American journal of public health*, 103(5), 830-838.