

Presentation for  
**State of Minnesota**  
**Legislative Days on Drug Policy Agenda**

**The NetWork for Better Futures**  
Health-Housing-Employment-Community

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**OUR EXPERIENCE AND RESULTS**

- ❖ Served nearly 400 high risk men since 1-1-08. All were homeless, chronically employed and had histories of drug abuse and/or mental illness
- ❖ Most enrolled after release from prison or county facility; over 60% were convicted of violent crimes
- ❖ Technical violations related to using drugs or alcohol was one the major reasons for men becoming inactive
- ❖ While enrolled, over 80% of the men were employed or in school; 70% paid their child support; all men received health and behavioral health services
- ❖ Review of BCA records shows 11% return to prison for a new crime since 12-1-09

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**BARRIERS TO BETTER HEALTH**

- ❖ Extreme isolation; not in a process of "reentry" but have been outside of "normal" civil society for much of their lives
- ❖ Violent lives and lifestyle; murder is leading cause of death for young black men
- ❖ Chronically poor and unemployed
- ❖ Poorly educated and low literacy rates
- ❖ Disproportionate rates of chronic illnesses, high rates of STD, and traumatic brain injuries
- ❖ High rates of substance abuse and mental health issues
- ❖ Lack of culturally appropriate health care providers and practices
- ❖ Multiple/fragmented systems deal with only one aspect of mens' lives

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### KEY OBSERVATIONS

- ❖ Re-entry is a misnomer
- ❖ Drug use/abuse is only one problem and may be a symptom
- ❖ Stable housing and work offer a necessary platform for recovery
- ❖ Recovery is not a linear process; simple “fixes” will likely fail
- ❖ Substance abuse/addiction is treatable and relapse is typically an expected part of the recovery process
- ❖ We must – AND CAN! – improve outcomes by reducing spending

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### CREATING A NEW MODEL OF SUCCESS

- ❖ **Re-image** a much more effective (and less expensive) way to improve the lives of a high risk group of people
- ❖ **Re-engineer** the way essential, core services are organized, delivered and financed
- ❖ **Re-direct** the use of scarce public dollars by reducing use of institutions
- ❖ **Re-frame** the “problem”, a more accurate description will drive a better approach and results

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### FEATURES OF A MORE EFFECTIVE MODEL

- ❖ A tightly integrated range of essential services
- ❖ Immediate access to housing and work serves as a portal to better health and recovery
- ❖ Savings from reduced use of institutions can be reinvested in less expensive, community-based alternatives
- ❖ Treatment for high risk adults must include a broad set of behavioral health interventions, including cognitive behavior therapies
- ❖ Community-based alternatives must be built around proven strategies
- ❖ Models must set high expectations and hold people accountable

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**POLICY REFORMS TO CONSIDER**

- ❖ Apply sanctions and restructure release conditions for technical violators in the community
- ❖ If imprisonment for technical violation is necessary, cap the number of days to be served
- ❖ Review sentencing guidelines for some alcohol and drug related crimes
- ❖ Insist on pay for performance contracts with risk sharing

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