

BUREAU OF JUSTICE ASSISTANCE FACT SHEET

SECOND CHANCE ACT CRISIS STABILIZATION AND COMMUNITY REENTRY (CSCR) PROGRAM

The [Second Chance Act](#) (SCA) authorizes federal grants for vital programs and systems reform aimed at improving the reentry process. It was first signed into law in 2008. In 2018, the Second Chance Reauthorization Act built on and strengthened the landmark legislation. SCA provides funding to state, local, and tribal governments and nonprofit organizations to reduce recidivism and improve outcomes for youth and adults leaving detention or incarceration. The U.S. Department of Justice's Office of Justice Programs (OJP) funds and administers SCA grants. Within OJP, the Bureau of Justice Assistance awards SCA grants serving adults.



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Purpose of Program

The Crisis Stabilization and Community Reentry (CSCR) Program provides clinical and recovery support services that establish treatment, suicide prevention, and continuity of recovery in the community for people with mental illnesses, substance use disorders, or co-occurring disorders upon their release from a correctional facility (e.g., jail, prison, juvenile detention). The objectives of the program are as follows:

- Provide training and education for criminal and juvenile justice agencies, mental health and substance use agencies, and community-based behavioral health providers on interventions that support best practices for diversion models; crisis response services; engagement in recovery supports, treatment, and services; access to medication during incarceration; and continuity of care during reentry into the community.

- Ensure that individuals with serious mental illnesses have timely access to appropriate recovery supports, including peer support services, medication management (e.g., long-acting injectable medications where clinically appropriate), case management, and psychosocial therapies.

What Is Unique About This Grant Program?

People reentering the community from correctional facilities face higher rates of death, overdose, suicidality, mental illness, substance use disorders, physical health conditions, and homelessness than the general public.

- People in the justice system have a higher likelihood of dying of an opioid overdose than the general public.¹

¹ Tyler N.A. Winkelman, Virginia Chang, and Ingrid Binswanger, "Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use," *Journal of the American Medical Association* 1, no. 3 (2018).



- In Washington, within the first two weeks after people's release from prison, their risk of death was 129 times that of other state residents. Opioids were detected in nearly 15 percent of all deaths over a 10-year period among those released from prison.² And in Connecticut, 52 percent of people who died from a drug overdose in 2016 had at some point been in jail or prison.³
- From 2001 to 2019, the number of suicides increased 85 percent in state prisons and 13 percent in local jails.⁴
- There is an increased risk of suicide attempts among people transitioning from prison, particularly older adults.⁵
- About 15 percent of people in jail report experiencing homelessness in the year prior to arrest,⁶ and over 50,000 people enter homeless shelters directly from prison or jail each year.⁷
- Rates of homelessness are higher among people who have mental illnesses and co-occurring substance use disorders.⁸

The goal of this grant program is to ensure that crisis stabilization is available to people reentering the community and that the crisis and reentry systems are coordinating to better serve this population.

Why Apply for This Grant Program?

CSCR is an opportunity for communities to try new and innovative approaches and support cross-system coordination. Historically, the criminal justice system has been viewed as a straight line from law enforcement encounters through community supervision. This program

acknowledges that the system is actually a circle, as many people reentering the community are in crisis or experience crisis shortly after reentry, often leading to further crisis and/or justice system involvement. Crisis can include mental illness, substance use disorders, homelessness, and other challenges (e.g., economic, education, or family issues). This program enables collaboration and meaningful stakeholder engagement to further support the success of people reentering the community from prison or jail.

Eligibility

The following entities are eligible to apply:

- States.
- Units of local government.
- Federally recognized tribal governments.
- Nonprofit organizations.

Allowable Uses of Funds

- Screening, assessment, and identification for program participation and clinical services during pretrial detention or as early as possible upon incarceration and prior to release.
- Discharge planning services based on the results of screening and assessment that support continuity of care and long-term recovery in the community.
- Benefit coordination; case management; evidence-based programming; peer support; enrollment in health care coverage; relapse, suicide, and homelessness prevention; and clinically indicated medications.

² Ingrid Binswanger et al., "Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends from 1999 to 2009," *Annals of Internal Medicine* 159, no. 9 (2013): 592–600; Ingrid Binswanger et al., "Release from Prison—A High Risk of Death for Former Inmates," *The New England Journal of Medicine* 356 (2007): 157–165.

³ Kathleen Maurer, "Medication for Addiction Treatment in the Justice System: Connecticut Experience" (PowerPoint presentation, American Association for the Treatment of Opioid Dependence [AATOD] Conference, New York, March 13, 2018).

⁴ E. Ann Carson, "Suicide in Local Jails and State and Federal Prisons, 2000–2019 – Statistical Tables," Bureau of Justice Statistics, October 2021, accessed November 15, 2022, <https://bjs.ojp.gov/library/publications/suicide-local-jails-and-state-and-federal-prisons-2000-2019-statistical-tables>.

⁵ Lisa C. Barry et al., "Increased Risk of Suicide Attempts and Unintended Death Among Those Transitioning From Prison to Community in Later Life," *American Association for Geriatric Psychiatry* 26, no. 11 (2018): 1165–1174, <https://pubmed.ncbi.nlm.nih.gov/30146371/>.

⁶ Greg A. Greenberg and Robert A. Rosenheck, "Jail Incarceration, Homelessness, and Mental Health: A National Study," *Psychiatric Services* 59, no. 2 (February 2008): 170–177, <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2008.59.2.170>.

⁷ Office of Planning and Development, "The 2017 Annual Homeless Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States," U.S. Department of Housing and Urban Development, October 2018, <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-2.pdf>; CSG Justice Center staff analysis of HUD AHAR data, 2019.

⁸ Greenberg and Rosenheck, "Jail Incarceration, Homelessness, and Mental Health."

Examples of Potential Grant Programs

- Pretrial diversion program that supports screening, assessment, or identification services prior to pretrial release from custody along with crisis and reentry services.
- Assessment for youth taken into custody to support diversion from juvenile detention facilities that includes mental health, substance use, and family support services.
- Jail-based reentry program providing permanent supportive housing, including access to benefits, mental health and substance use services, and coordination with the community crisis and hospital system for people who are “familiar faces” or “high utilizers” of the jail and health systems.
- Prison-based reentry program providing relapse and overdose prevention services, including medication-assisted treatment and mental health services for co-occurring disorders.
- Probation and parole program providing pre-release screening and assessment and cross-system coordination with crisis and behavioral health systems to ensure that people reentering the community have access to behavioral health supports in the community.
- Collaborative design of a continuum of treatment, recovery, and transitional services, which ensures that individuals are set up for success prior to transition from a prison, jail, or juvenile detention facility to the community.
- Benefit and care coordination among government stakeholders, community-based organizations, behavioral health providers such as community mental health centers and certified community behavioral health clinics, hospitals, crisis centers, and juvenile assessment centers.
- Recovery support services, access to clinically indicated medication while in an incarceration setting, and continuity of care during reentry based on screening and assessment results.
- Best practices and evidence-based interventions such as appropriate treatment and recovery supports, building coalitions among stakeholders, and training on program implementation, crisis response, treatment adherence, and continuity of recovery in the community.

Deliverables

- A data-driven action plan to be developed with input from the Bureau of Justice Assistance and the assigned technical assistance provider and submitted within 6 months of receiving final budget approval.
- A final report at the end of the project period.

Funding Amount

A maximum of **\$750,000** for each award.

Award Period

36 months

ABOUT BJA

BJA helps America’s state, local, and tribal jurisdictions reduce and prevent crime, lower recidivism, and promote a fair and safe criminal justice system. BJA provides a wide range of resources—including grants, funding, and training and technical assistance—to law enforcement, courts and corrections agencies, treatment providers, reentry practitioners, justice information sharing professionals, and community-based partners to address chronic and emerging criminal justice challenges nationwide. To learn more about BJA, visit bja.ojp.gov or follow us on Facebook (www.facebook.com/DOJBJA) and Twitter ([@DOJBJA](https://twitter.com/DOJBJA)). BJA is a component of the Department of Justice’s Office of Justice Programs.