

Series: *Justice Today* podcast

Episode: Recovery Month: What We've Learned

Guest: Elizabeth "Betsi" Griffith, Associate Deputy Director, Bureau of Justice Assistance (BJA)

Description: Reflecting back on Recovery Month, BJA's Betsi Griffith discusses BJA's work in this area and some of the lessons learned from it.

This transcript has been edited for clarity and brevity.

KAREN FRIEDMAN: Welcome to *Justice Today*, the official podcast of the United States Department of Justice's Office of Justice Programs, or OJP, where we shine a light on cutting edge research and practices, and offer an in-depth look at what we're doing to meet the biggest public safety challenges of our time. Join us as we explore how funding, science, and technology help us achieve strong communities.

I'm your host, Karen Friedman. I am the Director of Criminal Justice Innovation Development and Engagement at OJP's Bureau of Justice Assistance, otherwise known as BJA.

Today we bring you the final episode of *Justice Today's* series on Recovery Month, which concludes today. Recovery Month is a national celebration of the remarkable and inspiring journeys millions of Americans have successfully undertaken to overcome addiction.

Our guest is Elizabeth "Betsi" Griffith, Associate Deputy Director at BJA. She is part of a team that administers the Comprehensive Opioid Stimulant and Substance Abuse Program, otherwise known as COSSAP, which is the largest United States Department of Justice-funded program that addresses substance abuse in American communities. Over the course of Recovery Month, COSSAP has released dozens of videos, podcasts, toolkits, and articles in an effort to spread the word about successful practices related to recovery.

Betsi previously served as the Director of the Mayor's Office on Criminal Justice in Baltimore and started her career at DOJ as Director of Development at the National Institute of Justice. Welcome to *Justice Today*, Betsi. It is such a pleasure to have you here. Thanks for joining me.

ELIZABETH "BETSI" GRIFFITH: Thank you, Karen. I'm happy to be here with you today.

KAREN FRIEDMAN: This is a heavy Baltimore podcast today.

BETSI GRIFFITH: Yes.

KAREN FRIEDMAN: Love it. Baltimore is in the house. Earlier this month, I spoke to the legendary Judge Robert Russell, who you know and adore as much as I do. He was instrumental in launching drug courts, which are especially dear to my heart. And, specifically, drug courts supporting American veterans. You've been working with a COSSAP grantee in Cincinnati that's doing similarly exceptional work with veterans and the Department of Veterans Affairs (VA).

BETSI GRIFFITH: We're so excited to support the Cincinnati Police Department and their partners, including the Department of Veterans Affairs. At BJA, we try to figure out what are those innovative or effective programs that are happening out there, and let peers teach other peers about the work that they're doing. You'll hear from me today about a number of different ways we support that work.

In Cincinnati, we've been able to elevate this innovation from a gentleman named Sergeant Dave Corlett, who himself is a veteran and who has spent decades working for the police department. What he recognized was that a lot of times when officers respond, if they understand and have a military background, they have a different way to reach people who may be at a point of crisis.

It's really that personal connection of someone who has walked in the same shoes and maybe dealt with similar issues around trauma from their military service that allows them to connect. In some cases, they can deescalate the situation and help that person get into the types of support services and treatment they might need that will keep them from overdosing.

In this program that we've been supporting with the Cincinnati Police Department, Sgt. Corlett discovered that over 30 percent of the officers in the department were veterans themselves. He's been able to train them and work with them and really build that capacity across the police department. We've also been able to support their work to build a deeper relationship with their colleague, Ron Michaelson, at the Department of Veterans Affairs, in the regional office there, so that they can also refer and offer services and treatment and assistance to veterans in a culture that reaches them where they are.

Judge Russell really innovated well before veteran's treatment courts were common in this country. He was an early leader in western New York and in Erie County, Buffalo, to build one of the original drug courts in this country. But he kept thinking about ways he could improve it. As he talks about in your interview with him, he had this ability to take his own experience and to connect with his relationships with the VA, and build that early model and really support that innovation. In many places across the country, we're doing things so that folks can learn from leaders like Judge Russell and Sergeant Corlett.

KAREN FRIEDMAN: One of the things I talked to Judge Russell about was this issue of peer recovery support specialists. These are people with the lived experience of

addiction and recovery. I could stand on my head in a courtroom and say the best things and be as supportive as possible and use all my experience on the bench to help support people in recovery. But at the end of the day, they know that I don't have that lived experience.

So, no matter how much I can empathize and how much I can support, it's not the same as someone who has actually been through it, and gone through it, and has come out the other side. I think the whole field has found that peer specialists are really an essential component of the recovery process.

BETSI GRIFFITH: Absolutely. I think your point is so well taken that someone who has been there is able to talk to others at that point of crisis, where they're really struggling. Recovery is a lifelong process. Peer specialists can speak with honesty, as someone who understands where they've been. And they can value that advice.

Peer specialists help create an alternative community for others because they're having to change their lives. They may have to change their peer relationships, their family relationships, or work through some of those challenges. So, having someone who understands where they're coming from can be so powerful and really support long-term recovery.

KAREN FRIEDMAN: I know another innovative thing that you're working with is the Court Navigator Program.

BETSI GRIFFITH: Just kind of coming back to the other program we've been talking about, BJA oversees our adult drug court and our veterans treatment court programs, which are really designed to work with people who are at very high risk for committing additional crimes. Because they have very significant substance use disorder needs, and sometimes co-occurring mental health issues.

We want to make sure that our criminal justice colleagues – whether it's the work that's happening in Cincinnati, or in our court systems – are able to reach everybody that comes into the system, every defendant, at the moment they need it. I love this innovation coming out of places like western Massachusetts, where they're placing social workers or other subject matter experts in the courthouse. It doesn't matter, "Have you been assessed for a program? Are you in a program yet? Have you been referred?" Right now, right here, you can go and talk to someone, get an initial assessment, and get referred immediately into services. Because one of the big challenges that we're facing, unfortunately, is an increase in overdoses.

Immediate access to treatment and referrals without having to wait for being accepted or having a resolution of your case are so key. Because if we can get folks into treatment, get folks stabilized, it gets them on that path to success.

And in many cases, it's not just the defendants, it's maybe other folks from that community or family members who can also get referred to services. Courts can be this place in the community that help people connect with services, and we can prevent criminal justice involvement completely through those kinds of strategies.

KAREN FRIEDMAN: I used to see it in the court all the time, where someone would be there to support an individual who was in front of me. I would be trying to get that person a job, and then the person in the audience would be like, "Well, you know, I need a job, too. Could you refer me?" I would always follow up and try to help in any way that I could. So, I really appreciate the concept of the court trying to support the community as a whole.

There are many, many people who are affected by the criminal justice system besides the defendant that's actually standing in front of that judge, right? There's a ripple effect. That individual has a family, and that family has a community, and so on and so on. They're all affected by that individual's experience and need services, even though they themselves may not be in front of that judge.

Over the course of Recovery Month, the COSSAP Resource Center focused each week on specific priorities facing American communities in their response to substance abuse. One week addressed responses to substance abuse in rural and tribal communities. That's definitely not my expertise. It's not something that I have a lot of experience with, being originally from New York and then Baltimore. I'm used to big city, big urban problems. I would love to hear your perspective, because I know you work so much in rural and tribal communities.

BETSI GRIFFITH: There are some tribes up in New York State who are doing amazing work. They've had long-standing relationships, which BJA supported, between state courts and tribal courts to tackle these projects together. Under COSSAP, we've focused on building those relationships with tribal communities and being able to increase the number of tribes that are coming to us for resources. We recently did a demonstration program to dig in on the increasing impact of overdoses, which data from the CDC unfortunately shows are a rising problem with tribal communities.

One of the things that we highlighted during Recovery Month was the work of the White Earth Band of Chippewas, who have really been working around peer recovery, and getting people referred or diverted into treatment. They're very interested in leveraging things in our programs around, "How do we get data? How do we figure out and identify the new drugs that might be out there?" We see this increase in unexpected drugs like fentanyl that are really impacting tribal areas. So, we're helping them build skills there.

Tribes also have been trying to incorporate a lot of cultural practices within this range of responses. Really bringing things that connect with the culture and history of that tribe, which we know can be so supportive of one's long-term recovery. A sense of one's identity, a positive community you can connect with. There's so much value and

richness in tribal culture and tradition. We're so happy to be able to support tribes incorporating that into what they're doing.

We've also been doing some really interesting work in rural communities, which have their own unique challenges and have been very impacted. We funded a number of demonstration programs that let rural communities do some strategic planning and figure out how to leverage things from diversion and harm reduction, all the way into programming in their jails or in their court systems.

This fall, we held a national listening session at the Rx Summit Meeting, to get an opportunity with our colleagues at the Centers for Disease Control – who we do a lot of work with, along with the State Justice Institute – to think about how we can support that work. Jurisdictions can apply through a technical assistance provider for a more targeted program where we can support them for planning around their needs and rural communities.

KAREN FRIEDMAN: Another emerging priority that BJA and COSSAP are addressing is the impact of substance abuse not only on individuals with substance use disorders, but also on their families and their children. What are some of the specific challenges and the strategies that are working to address them?

BETSI GRIFFITH: This is such a challenging issue. Unfortunately, we're now seeing situations where first responders are coming to the scene of an overdose, sometimes an overdose death, and the children are there and absorbing it. There really is this trauma.

KAREN FRIEDMAN: Sure.

BETSI GRIFFITH: We need to think about the family and the children that are impacted. So, we're doing quite a bit of work with our sister agencies at the Office for Victims of Crime and the Office of Juvenile Justice and Delinquency Prevention to train jurisdictions on how to respond, how to think about the connections between family court-related issues, child welfare, child-in-need and assistance.

KAREN FRIEDMAN: Like continuity of care?

BETSI GRIFFITH: Yes. Absolutely.

KAREN FRIEDMAN: Continuity of care is so key, especially for children.

BETSI GRIFFITH: I'm thinking about how we can help the agencies work together. You know, the information isn't necessarily easy to share, right? So, how do you coordinate and be respectful of laws about privacy, but at the same time help support the family and get to the finish line.

Parents want to take care of their children. How can we support them in a way that the goal is to keep the family together, but also get the parent healthy. And we have many stories of success, particularly in our drug court work, that translate to other projects.

KAREN FRIEDMAN: The services to keep the family intact and have that trauma-informed care – it's so wonderful that COSSAP and BJA are addressing that issue because it's so important. It's like what we talked about before: It's not only that individual in front of the judge who's affected. It's not only that individual who actually has the substance abuse disorder who is affected. It's the entire family who needs that care. I'm so happy that BJA is addressing those needs.

BETSI GRIFFITH: And not just children but young adults. I helped start one of the first drug courts in Baltimore, and an early one in the movement. Frankly, we didn't know that much of what we've been doing. But I was an attorney in private practice prior to that. And I worked with a woman who was a paralegal who, you know, I could see her struggling because of her father's addiction.

Years later, I was walking down the street after I started that drug court and she almost knocked me over. She came running down to tell me that her father had actually been in that drug court in Baltimore, and she had a relationship that she had not had with her father. So, I do think it can have an impact on so many people. All of us can get together who have been impacted by this and support others in that journey. Not bring stigma to it, but really support them and give them that second opportunity. It's such an honor to be a part of this work and to elevate the incredible work that's happening across this country.

KAREN FRIEDMAN: You mentioned first responders, which normally is law enforcement. What is the role of law enforcement in helping to address substance misuse at the local level? This includes harm reduction strategies, practices such as diversion and deflection, and medication-assisted treatment, such as Narcan administration and other type things.

BETSI GRIFFITH: The first thing to keep in mind is a very concerning trend that I mentioned before: the increase of unexpected drugs – stimulants, marijuana, and a number of others. In 2021, we saw that over 100,000 people died of an overdose. That's significantly more than the number of people who died from homicide during that same time period. So, (law enforcement officers) are on the frontlines and are responding in these situations.

Part of it is helping them build a capability to analyze the data in terms of what's happening and to be able to see trends. Not just law enforcement, but also EMS, emergency medical response, right? Doing that in a way that they have the appropriate training. But also, they and others in the community should have access to naloxone, or Narcan, to prevent overdoses. Law enforcement should have relationships with public

health, to do joint responses and also do referrals into treatment, getting people immediately into treatment and get them stabilized.

In addition, creating tools for not just law enforcement but for the community to do their own testing. Look at ways that fentanyl test strips can be made available where we think people may be using, so they can test their drugs. Or have secure spots where they can dispose of drugs that may be tainted, to keep everybody safe and keep the overdoses from happening. Increasing the capacity of communities to offer immediate access to evidence-based practices around treatment and recovery support services.

KAREN FRIEDMAN: I know some of that could be very controversial. There are people who have different views about that. People argue, "Oh, you're encouraging drug use." And I think what people really need to understand is we're just trying to save lives.

BETSI GRIFFITH: Yes.

KAREN FRIEDMAN: We're not encouraging. We're not helping. We're just trying to save lives. At the end of the day, if an individual is going to be using drugs and is not ready to go into treatment yet, we want to make sure that it's being done safely, that they will not overdose.

Because those overdose numbers are just out of control. The numbers are increasing and skyrocketing. We need to find creative, if maybe controversial, ways of preventing death. And I think that that's really what has to be the key factor right now.

BETSI GRIFFITH: Absolutely. Because I think then we can get folks into treatment.

KAREN FRIEDMAN: Yeah.

BETSI GRIFFITH: And come up with those longer-term solutions. If we have folks who are out there on a regular basis engaging with others through harm reduction strategies like naloxone, or encouraging them to test their drugs, then I think what happens is a relationship can be built. There is evidence that those folks, when they're ready to get into treatment, will come to us, even if it's not that first time.

The other thing is, this impacts quality of life and safety in communities. These interventions create the opportunity to break the cycle and get more people off the street that are contributing to larger impacts on communities.

KAREN FRIEDMAN: Because it builds trust. It's showing them we're not being judgmental. We're just here to assist. And then when they're ready, they'll have that trust to come forward and say, "All right. I know that you have my best interest. Now, help me take the next step. Get me into treatment, and take it take it all the way to recovery." So, it's very important.

I know that BJA does a lot of work with the Centers for Disease Control and Prevention; the Office of National Drug Control Policy, otherwise known as ONDCP; and the Substance Abuse and Mental Health Services Administration, also known as SAMHSA. How do all those relationships enhance the efficacy of local responses to substance misuse?

BETSI GRIFFITH: We have formed a partnership which is very important with both the Centers for Disease Control and ONDCP, through their High Intensity Drug Trafficking Area Program. States and local agencies are able to access their data about drug trends and activities, including overdoses. We also will take that data and other data locally and do reviews of overdoses. We've tended to do that as overdose fatalities, but we're also digging in on some of the nonfatal overdoses just to figure out, where are we seeing drug trends that we might try to get ahead of? We want to know where we see a series of overdoses happening, perhaps because of a batch of drugs or even an emerging drug issue.

Through that data and some of the strategic planning projects we've been doing, we built that ability to have a better sense of what's happening on the ground. In addition, the CDC is working a lot with us in rural communities, which we know have been affected a lot. The CDC is helping us work on figuring out what the needs in rural communities are. We recently released a rural demonstration program grant solicitation, to help people respond to the unique challenges in rural communities.

SAMHSA, the Substance Abuse and Mental Health Services Administration, does a lot of work to help build treatment capacity to help with prevention activities. We coordinate training and technical assistance, and look at where we're making investments to make sure we're not funding the same projects. We also look for ways that we can complement their work and really appreciate and value this long-term partnership. We also work with them in Indian Country to think about ways we can translate the knowledge of what they're doing.

Finally, through the Public Safety Partnership Program (PSP) at the Bureau of Justice Assistance, we have this ability to work intensively in a police department that has significant issues. There is often a correlation between drug-related issues, and drug crime, and violent crime, which is the focus of PSP. We've been thinking more about, how do we bring the knowledge and work that we're doing in COSSAP to those police departments as they're building their strategies to deal with these issues.

KAREN FRIEDMAN: Betsi, as we wrap up Recovery Month, how do you see the future of recovery support? And what would you like to see prioritized in the coming years?

BETSI GRIFFITH: We really have been working to let the experts on the ground be the ones that are helping their colleagues. We've been building mentor sites through our COSSAP program across the country. We also do this in drug courts. Folks are interested in learning more about how they can build and support peer recovery, not just

individuals as peers but also the related services. So, really coming up with innovative strategies to ensure stable housing, help people figure out how to find that job, and the other things that will be reinforcing of their recovery. There are mentor sites that you can access from our website and do a site visit and learn from.

We also do work in the diversion and first-responder arena to think about how law enforcement can support communities. The overdose fatality review area is another area where we offer peer-to-peer education. And one other area I definitely wanted to mention is, jails are really on the frontline. Jails are often a place where folks are coming in and we need to be thinking about withdrawal management and detoxification.

KAREN FRIEDMAN: Yeah.

BETSI GRIFFITH: And getting them into treatment. We will be rolling out guidelines around withdrawal management for jail administrators, and really working with them, and investing in programs that support this situation. We want to connect people so that when they're back out in communities, they're then connected to community-based services. I think that's a big area. I also think we have more to dig in on the family issues. We want to make sure that parents have access to services, and that we're also thinking about those ripple effects in families and communities.

The final thing I would mention is, even as communities are having the challenges that they are, they also are getting some opportunities. There's quite a bit of money right now through SAMHSA, through our agency, through the CDC, and through drug settlements that both states and tribes are entering into. We are here – ready, willing, and able – to support their strategic planning. We want to think about their long-term strategy, both to prevent overdoses and to build strong treatment and recovery support systems that can address these challenges over the long haul. We're very excited to be a partner in that important work.

KAREN FRIEDMAN: It really is important work. Betsi, I really, really appreciate you taking your time to join us today. Thank you for this amazing conversation. And thank you everyone for listening and for joining us on *Justice Today*.

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