

# Public Health and Criminal Justice

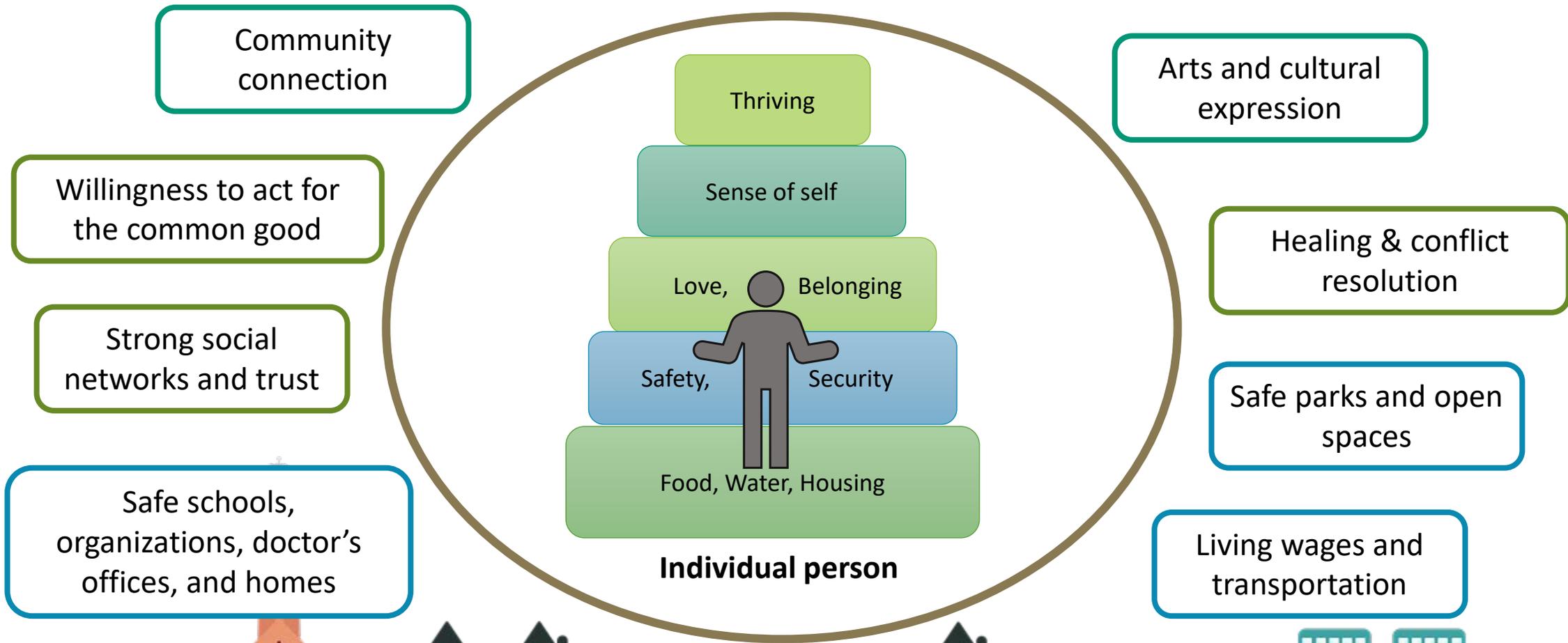
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**Birch Lane  
Strategies**

# Getting to Thriving Youth and Adults



Community Conditions

# Criminal Justice and Public Health

We are currently using the criminal justice system to address the problems of substance use disorder, mental illness, and adverse childhood experiences

The public health model is to address the needs of individuals and build resilient communities to prevent SUD, MI, and ACEs and to support reintegration into the community.

# Behavioral Health of People in Criminal Justice System- Youth

Research of youth in juvenile detention have found:

50% had 4 or more Adverse Childhood Experiences

80% had experienced at least one traumatic event

50% had problematic substance use

Maine DOC estimates at least 1/3 of youth in Long Creek have a serious behavioral health problem.

# Behavioral Health of People in Criminal Justice System- Adults

According to Maine DOC and Maine Pre-trial services:

90% of women in Maine Prisons have multiple Adverse Childhood Experiences

72% of women in Maine Prisons in 2018 were there on drug related charges

70% of Maine's jail population in 2019 is estimated to have a substance use disorder



Who you are and where you live  
matters

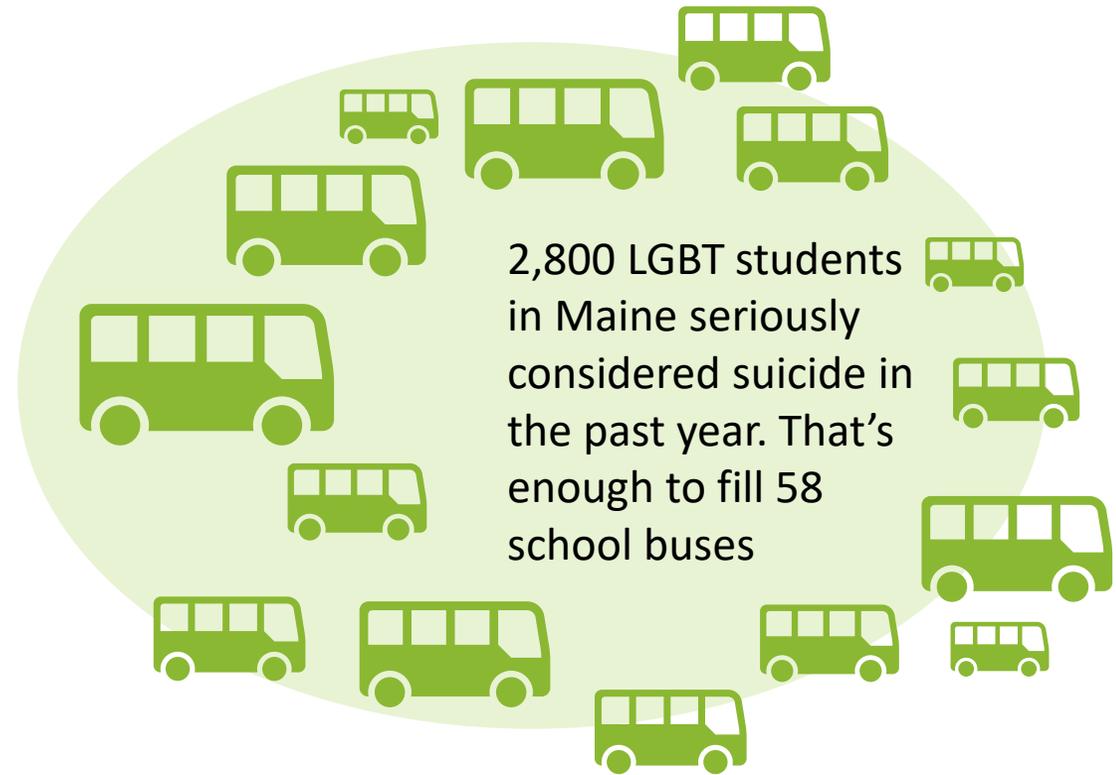


# ACEs, Substance Use Disorder and Mental Illness & LGBT people

In Maine, much higher rates of 4 or more ACEs among LGBT high school students  
(44% of LGBT vs. 18% of non-LGBT)

Much higher rate of seriously considered suicide in the past year  
(40% for LGBT vs. 12% of non-LGBT)

Higher rates of alcohol and cannabis use and  
Much higher rates of other drug use



# ACES, Substance Use Disorder, and Mental Illness & Black, Indigenous, and People of Color

Nationally, higher rates of ACEs among black and indigenous children (compared to white children)

In Maine, similar rates of alcohol and cannabis use but much higher rates of other drug use among BIPOC High school students

In Maine, similar rates of depression but were more likely to have attempted suicide in the past year

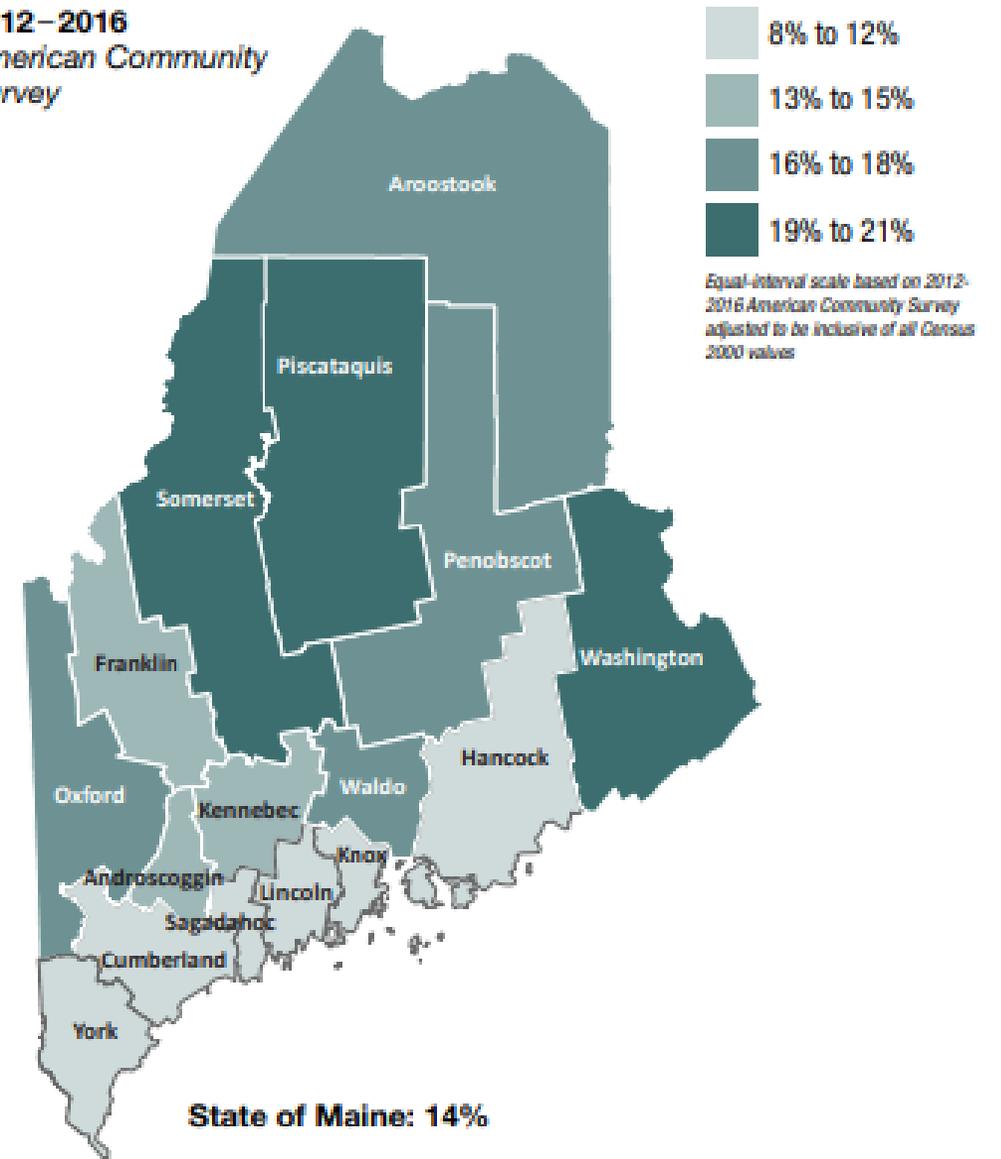
# ACEs, Substance Use Disorder and Mental Illness & Income

Nationally, 60% of children with ACEs live in homes with incomes less than 200% of federal poverty level

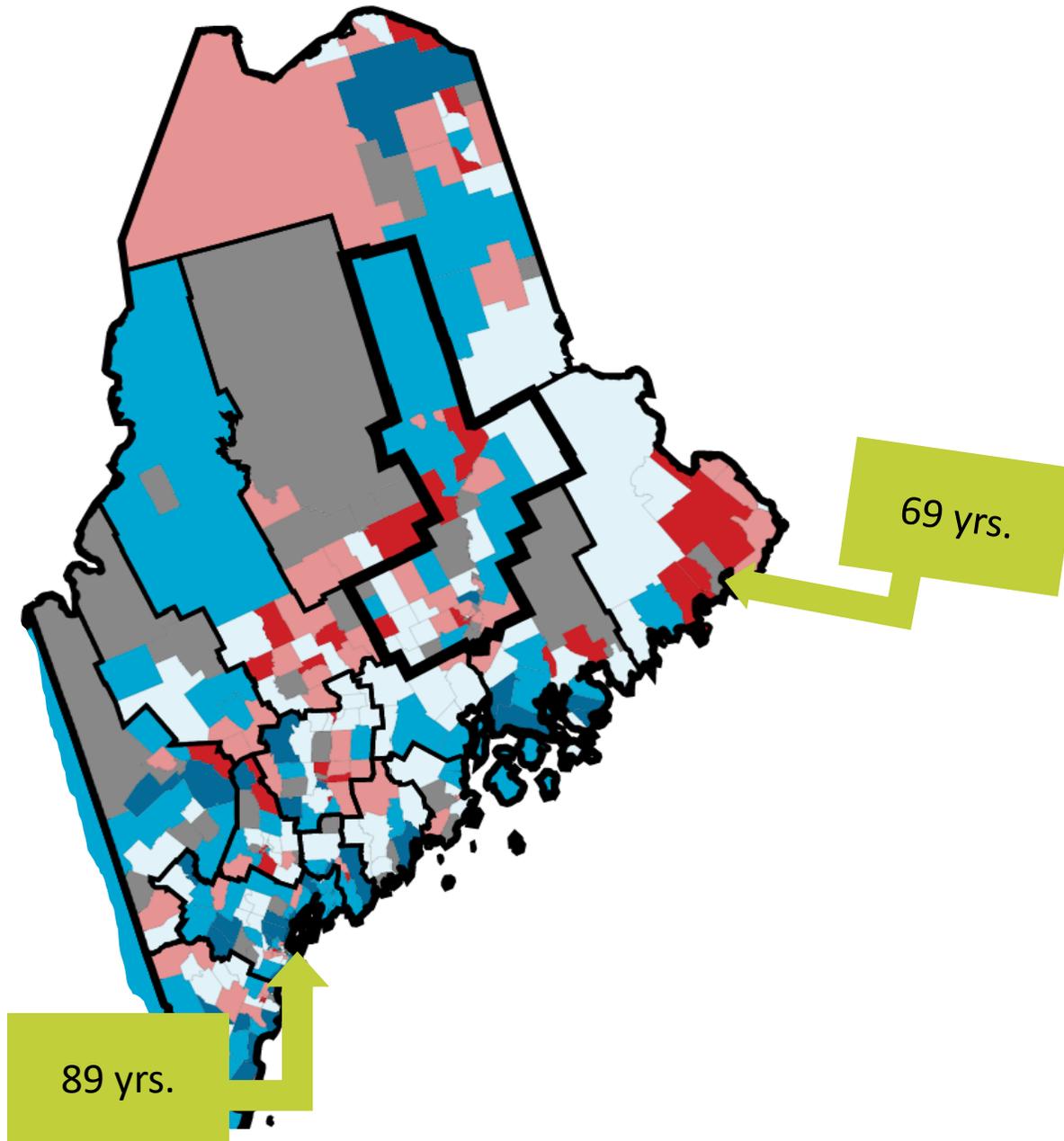
In Maine, between 2013-2017, the lowest-income people had highest rates of mental illness at 37%

Piscataquis and Washington Counties had highest rates of poverty and the highest rates of death by suicide, alcohol, and drug overdose.

2012–2016  
American Community Survey



Bethell et al., 2017



## Where you Live Matters

Maine  
Life Expectancy  
by Census Tract

<https://www.cdc.gov/nchs/data-visualization/life-expectancy/>

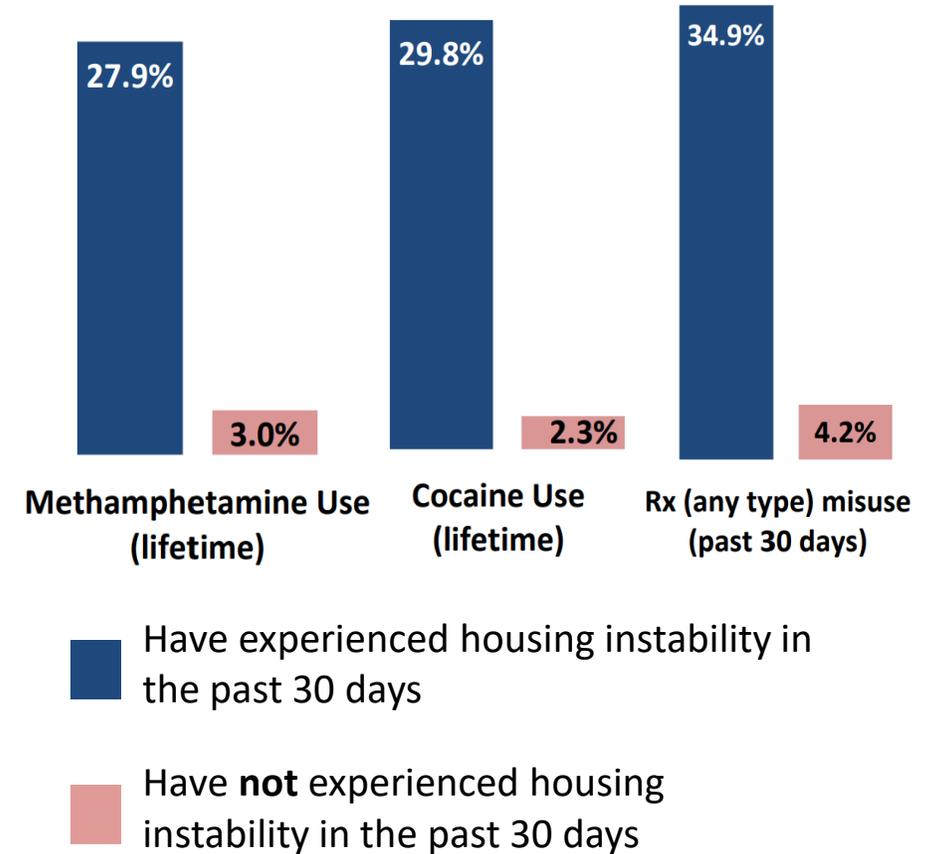
US CDC life expectancy maps, 2020

# Substance Use Disorder and Mental Illness- Housing Instability

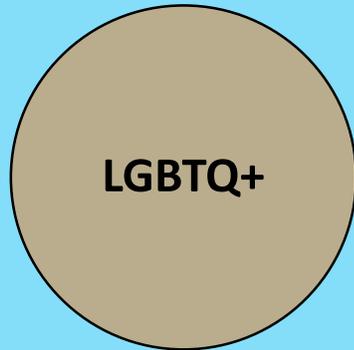
Nationally, 1/3 of children experiencing homelessness have a parent who is incarcerated

In Maine in 2019, 20% of people experiencing homelessness reported having a mental illness and 13% a SUD.

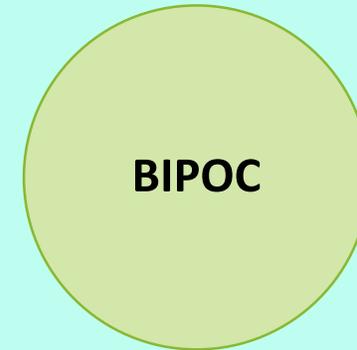
Maine HS students who experienced housing instability were MUCH more likely to have ever used drugs in their lifetime (BIPOC students more likely to be housing insecure)



# Identity and/or ethnicity are not the cause of ACEs, problematic substance use, and mental health problems



LGBTQ+ young people in Maine are more likely to experience violence, kicked out of their homes, forced to have sexual contact and less likely to receive support from adults.



Black, Indigenous and People of Color in this country and in Maine are more likely to:

- live in poverty
- experience discrimination
- be housing insecure
- live near facilities that produce hazardous waste and/or places that are negatively impacted by climate change.

Who you are and where you live matters...

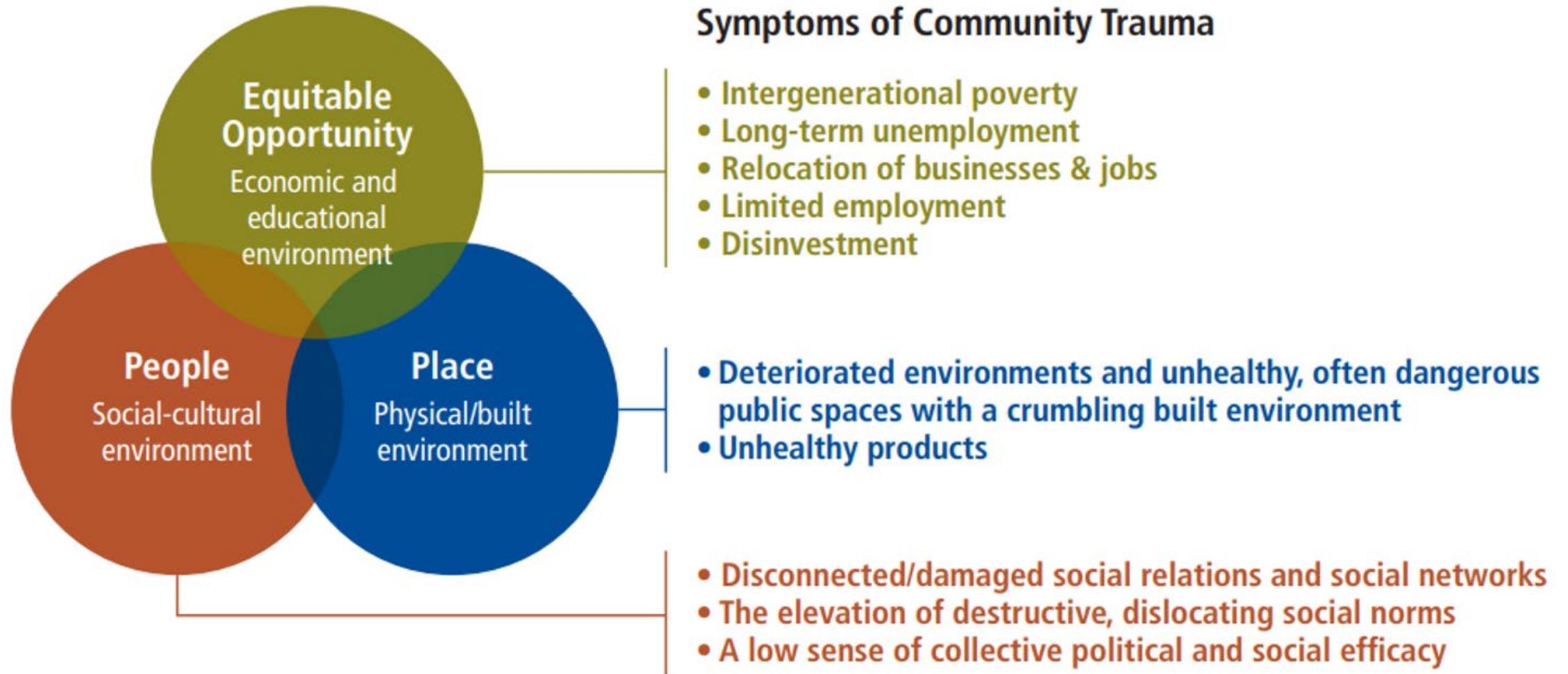
# 3 Realms of Toxic Stress



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACESConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.



# Community Trauma



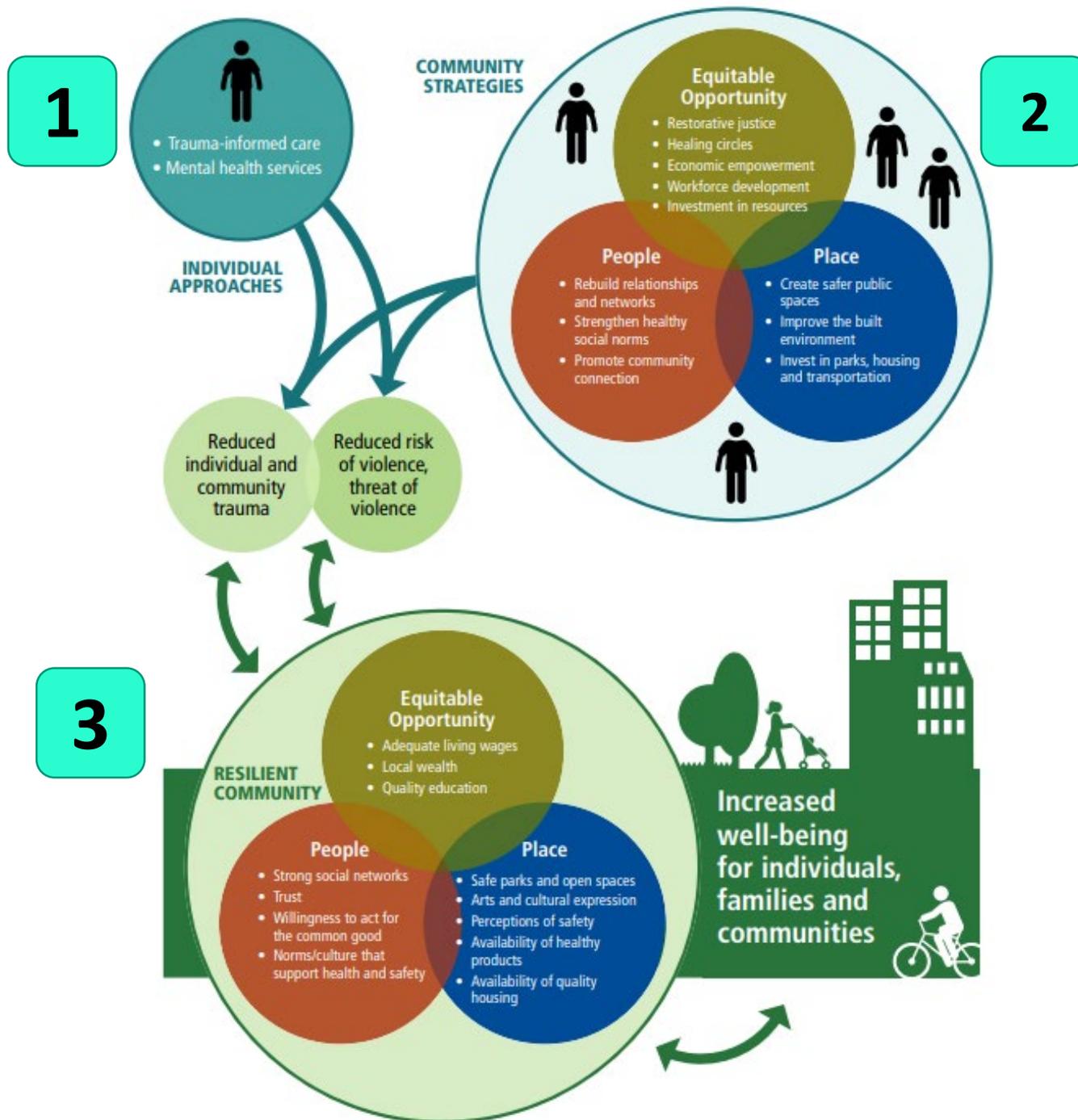
# Adversity is not Destiny



All people can heal,  
thrive, and overcome  
hardship

“Communities function as the fabric and foundation of resilience for families and for children and youth.”

—Dr. Howard Pinderhughes



# ACE | R Framework

## Origins of the Framework:

- Created by Communities of Color
- Violence prevention

# Individual Approaches:

Restorative, Trauma-Responsive, 2 Generational



Restorative Justice

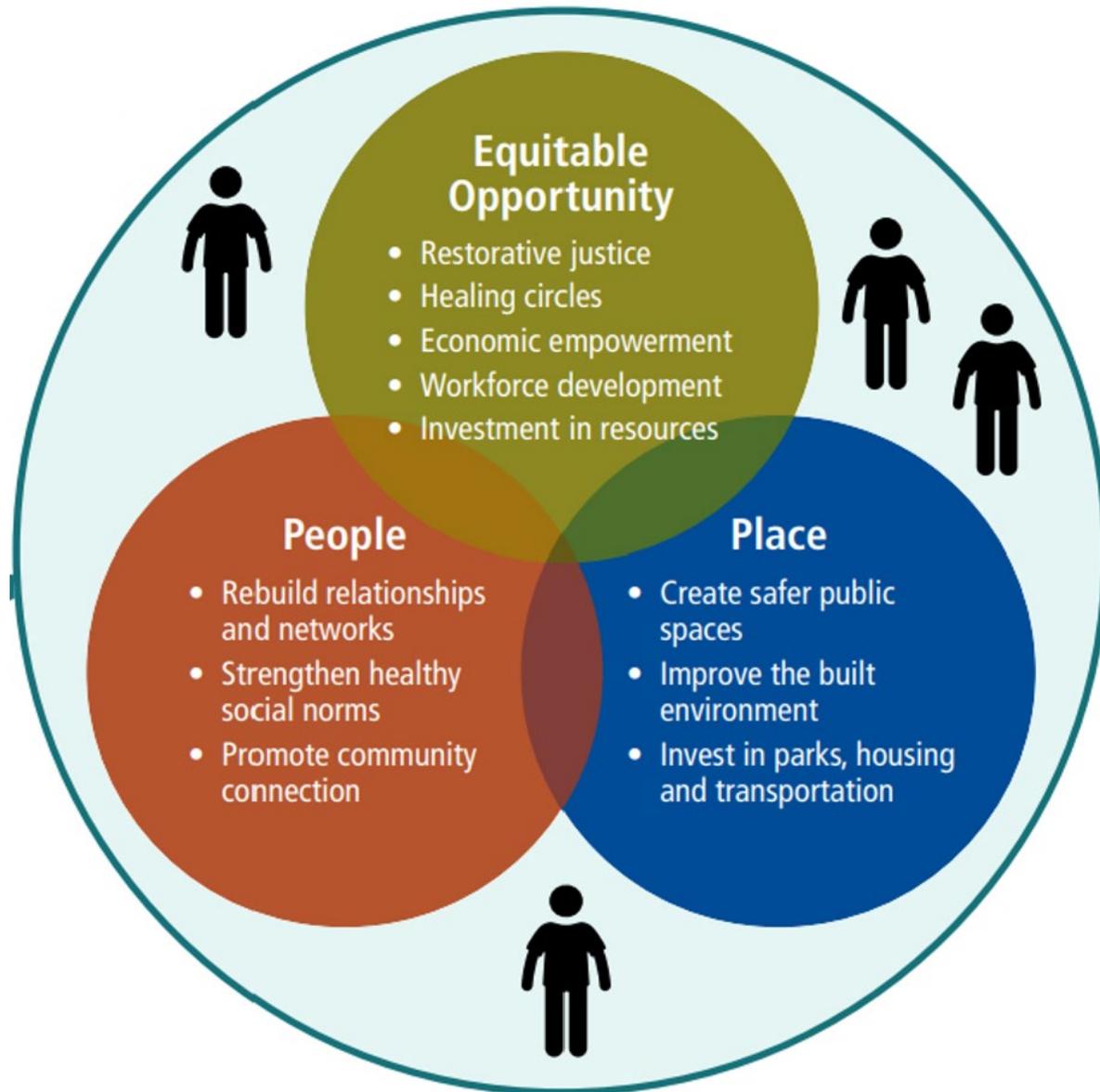
Diversion, early interventions, treatment and recovery

A robust, well funded, tiered system of behavioral health supports, especially for young people

Screening upon release or end of probation for SUD, MH, and Community Conditions, followed by referrals and support from a navigator

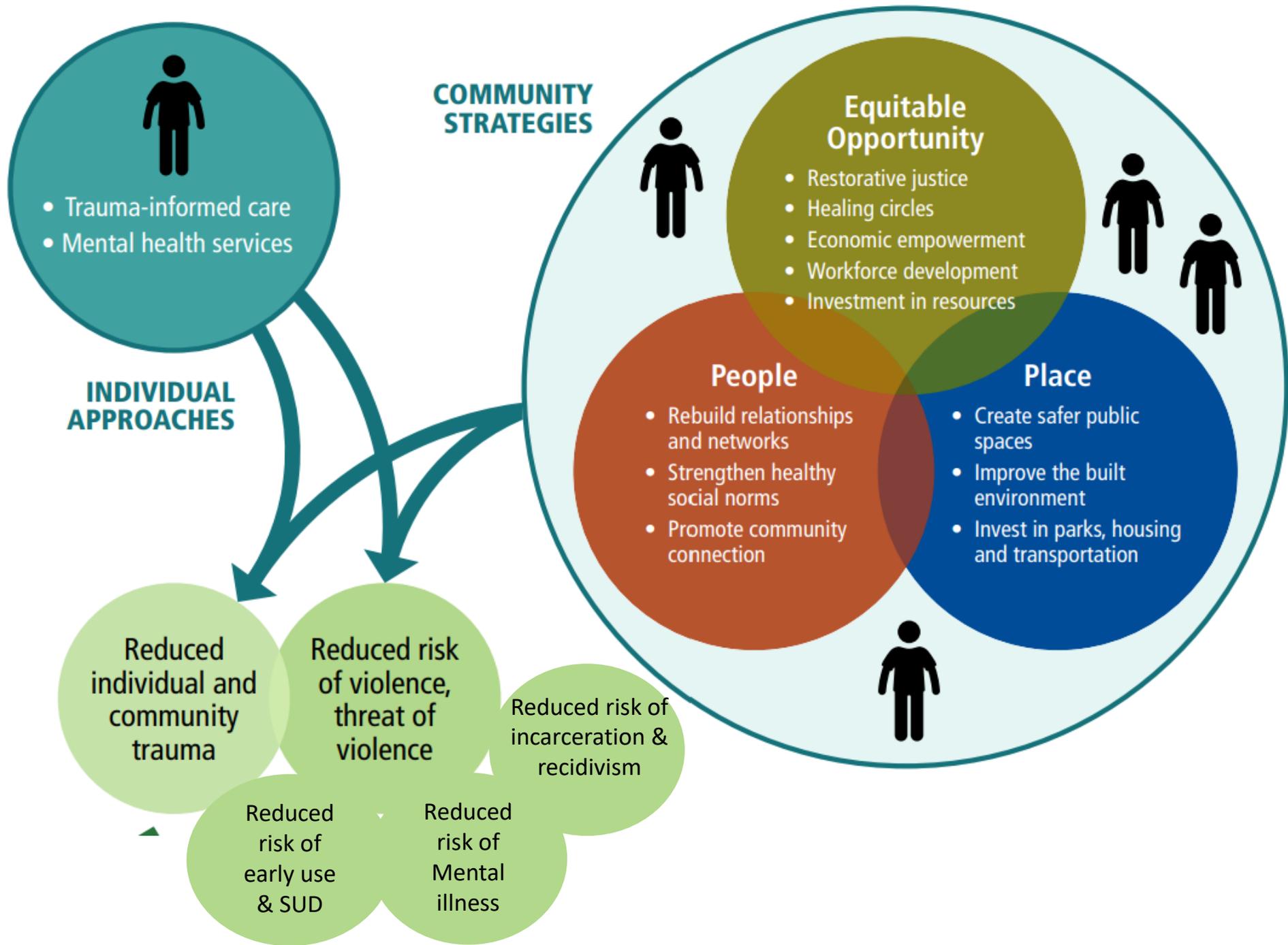
Family supports and behavioral health interventions pre and/or post incarceration, especially for young people

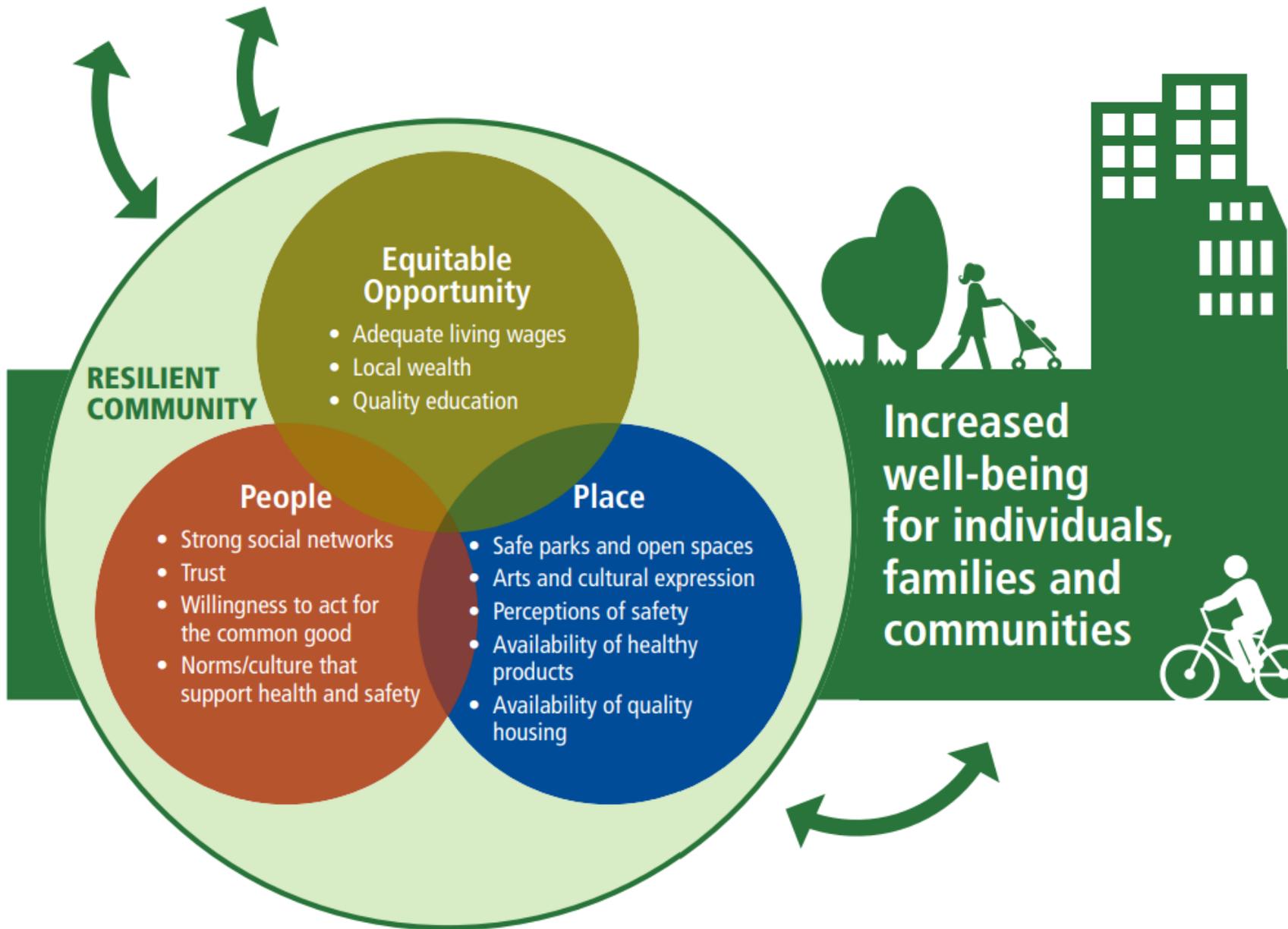
Supported connections between parents who are incarcerated and their children (using virtual options)



Cross Sector Work to Reinvest in Communities

# Move Upstream: Community Resilience Strategies





**A Public Health Approach**