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Understanding mental health and substance use needs during jail incarceration and while on probation in Colorado

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Abstract

Local jail incarceration and probation supervision worsen mental health and heighten substance use needs. Community-engaged, local approaches are needed to identify the criminal legal and structural factors that must be addressed in future interventions to improve health equity. Our objective was to understand how individuals' experiences in local criminal legal systems impact their mental health and substance use needs locally. We conducted individual interviews (N = 30) with individuals currently in jail (n = 20) and under probation supervision (n = 10) in Colorado. We then conducted iterative thematic analysis. Almost all individuals disclosed mental health (n = 28) or substance use (n = 29) concerns. Three themes emerged: (1) "They just stick you in a box, because they don't know what to do with you:" Mental health de-prioritization over the life course; (2) "Nobody wants to feel pain:" substance use as coping; and (3) "Invisible incarceration:" Probation and other forms of institutionalization continue to ignore root causes. There is a need to attend to the root causes of individuals' criminal legal involvement in a way that does not further their institutionalization but provides community care.

Background

Prison incarceration – generally thought of as the most severe criminal legal sentence – and subsequent release are known to have negative implications for health (Binswanger et al., 2007; Wildeman & Wang, 2017). Recognizing this, jail incarceration and community supervision (e.g., probation) are often considered less punitive alternatives. In the United States, jail incarceration continues to grow with 7.9 million jail admissions from July 2023 – June 2024 (Zeng, 2025). Colorado ranks 14th in the country in mass punishment, with 1,919 per 100,000 of its residents in confinement (jail or prison) or on community supervision (probation or parole) on a given day, the majority of whom are in local jails or on probation (Wang, 2026).

Those in jails and on probation have disproportionate mental health and substance use needs (Carson, 2021; Victor et al., 2022) partially due to the criminalization of these conditions. Forty percent of those with serious mental illness will be incarcerated during their lives (Torre et al., 2010), and substance use disorders are over ten times as prevalent in carceral settings than in the general population (Bronson et al., 2017). These experiences also overlap as nearly three-quarters of people in jail with a serious mental illness also have a substance use disorder (Subramanian et al., 2015). Despite these high prevalences, fewer than 20% of those incarcerated in jail with mental illness receive mental health care (Subramanian et al., 2015). Further, as of 2023 fewer than two-thirds of local jails conducted opioid use disorder (OUD) screenings at intake, only half treat opioid withdrawal, and less than one-quarter provide medications for opioid use disorder (MOUD) treatment (Flanagan Balawajder et al., 2025; Maruschak et al., 2023).

Many individuals also have unmet mental health and substance use needs when re-entering the community (Subramanian et al., 2015). For example, each jail booking has been found to increase the hazard of overdose by 20% (Victor et al., 2022) and individuals with severe mental illness have higher rates of health services use post-release and of re-incarceration than others (Hewlett et al., 2026). After

jail release, probation sentences also widen the net of state control. People on probation experience significant stressors through court-mandated movement restrictions, mandatory meetings, fees, home visits, and drug tests (Phelps, 2013). Further, those on probation for drug-related charges have concerns about police contact and further criminalization if they call 911 for a drug-related health issue (Smiley-McDonald et al., 2026). This involvement is also cyclical with many individuals experiencing time in jail while on probation (Smiley-McDonald et al., 2026).

Most prior work has not considered the intersection of mental health and substance use needs within a population of individuals with local criminal legal involvement. A community-engaged approach and first-person perspectives as to how individuals experience probation or jail time, or how these experiences affect mental health and substance use experiences is needed. It is essential to understand community members' experiences and to identify criminal legal and structural factors that can be targeted in future health-promoting interventions. The overall objective of this study is to understand the factors associated with current mental health and substance use needs for individuals housed in county jails and on probation in Colorado using a community-engaged, qualitative approach.

Methods

The project was co-led by a community partner working at the intersection of harm reduction, research, drug policy (BC) and a community-engaged researcher (KL). Participants were recruited from two urban county jails and probation offices in Colorado. In jails, we randomly recruited incarcerated individuals within both male and female non-restricted housing pods. Study staff introduced the study to residents, and individuals who expressed interest were escorted to private rooms for participation. For non-incarcerated individuals on probation, participants were recruited randomly via posted recruitment flyers or probation officer referral. Eligible participants were adults (≥ 18 years) who spoke and understood English and who were currently incarcerated in one of two urban jails in a non-restricted housing unit or were currently sentenced to probation in one of the two counties.

The study consisted of one-time, semi-structured interviews. All interviews were conducted by two members of the research team with experience in conducting qualitative interviews with those involved in the criminal legal system (KL, BC, AM, MC). For incarcerated participants, interviews took place in private rooms in jail facilities. For participants on probation, interviews were conducted in private offices at county probation buildings or virtually. All interviews were audio-recorded using encrypted devices and were professionally transcribed. Participants in one county jail and all participants on probation received $50 following completion of the interview. For incarcerated participants, funds were distributed to commissary accounts. For participants on probation, cash was available for in-person sessions and gift cards were available for virtual sessions. Participants in one county jail did not receive compensation due to institutional constraints. All participants provided written informed consent. This study was reviewed and approved by the Colorado Multiple Institutional Review Board (COMIRB# 24-1727).

Demographic information was gathered from a brief questionnaire (e.g., age, race/ethnicity, time spent in the legal system) and enumerated from interviews (i.e., current and lifetime jail exposure, prior prison and juvenile justice involvement, specific mental health conditions, substance use). Semi-structured interviews explored the following domains: (1) life course involvement in the criminal legal system, (2) conditions of jail and probation and their contribution to current mental health, substance use, and overall well-being, and (3) multi-level barriers and facilitators to well-being outside of the legal system.

A hybrid inductive (data-driven) and deductive (concept-driven) analytic approach was used. An *a priori* codebook was developed and iteratively refined through repeated transcript review. Data were collected until data saturation was reached, determined by the research team finding redundancy in data. Members of the research team (AM, MC, ZC, BC) independently coded transcripts and met regularly with KL to compare coding, resolve discrepancies, and refine code definitions.

The research team then conducted thematic analysis to identify patterns and themes across interviews (Maxwell & Miller, 2008). A thematic matrix was used to examine similarities and differences between participants, pulling quotes relevant to each theme by re-reading transcripts and revising themes to ensure they represented peoples' experiences (Miles & Huberman, 1994). All coding and analysis were conducted using Dedoose.

Results

Among the 30 participants, 11 identified as White, 8 as Black, seven as Hispanic, three as multiracial, and one as another non-Hispanic race (Table 1). Participants were, on average, 37.5 years old. One-third of participants (n = 10) were recruited from community settings while on probation, and the remaining participants were incarcerated in county jails. For those in jail, the average duration of their current jail incarceration was eight months. For all participants, the average lifetime incarceration was seven years. Over half of participants (n = 17, 57%) reported prior prison incarceration. Among those on probation, the average duration of current probation was 17 months.

Lifetime mental health concerns were reported by 28 participants (93%), and 29 participants (97%) reported lifetime substance use concerns. Seventeen reported receiving MOUD during incarceration, and of those, 12 reported receiving MOUD post-release. Eleven individuals reported receiving substance use counseling, nine had accessed harm reduction, and 16 had accessed peer support. Twenty-six participants reported receiving mental health treatment or services (e.g., individual or group therapy) and twenty-two reported receiving mental health medications during incarceration.

Table 1. Participant Characteristics N = 30	
Characteristic	**n (%), Mean (SD)**
Age (years)	37.5 (8.7)
Race/Ethnicity*	
White	11 (37%)
Black	8 (27%)
Hispanic	7 (23%)
Multi-Racial	3 (10%)
Another non-Hispanic race	1 (3%)
Lifetime Incarceration (years)	7.1 (8.7)
Prior Prison Incarceration	17 (57%)
Prior Juvenile Detention	15 (50%)
Age at First Police Encounter	15 (7)
Interview Setting	
Jail	20 (67%)
Current Jail Length (months)	7.74 (6.3)
Community setting	10 (33%)
Current Probation Length (months)	18.3 (28.8)
Housing	
Permanent, Stable Housing	11 (37%)
Temporary Housing	3 (10%)
Residential Treatment Facility	3 (10%)
Unhoused	11 (37%)
Unknown/missing	2 (7%)
Lifetime Mental Health Concerns*	28 (93%)
Mental Health Medication	22 (73%)
Lifetime Substance Use**	29 (97%)
Alcohol	17 (57%)
Marijuana	13 (43%)

Table 1. Participant Characteristics N = 30	
Characteristic	**n (%), Mean (SD)**
Controlled Substances***	6 (20%)
Stimulants***	23 (77%)
Opioids***	20 (67%)
Medication for Opioid Use Disorder	17 (57%)

* Mental health concerns included Attention Deficit Hyperactivity Disorder (n = 5), Depression (n = 15), Anxiety (n = 15), Post Traumatic Stress Disorder (n = 6), Serious Mental Illness (n = 8), History of Suicidality or Self-Harm (n = 5).

** Individuals could list multiple substances.

*** Controlled substances are defined as non-prescribed use of prescription drugs; Stimulants include cocaine and methamphetamine; Opioids include heroin and fentanyl.

Themes

"They just stick you in a box, because they don't know what to do with you:" Mental health de-prioritization over the life course

While recruitment did not focus on those with mental health needs, 28 of 30 participants described mental health concerns. Participants reported having delayed and inadequately diagnosed mental health needs that contributed to their criminal legal involvement. This often started in youth when participants would be labeled in school as behaving poorly rather than as youth who needed additional supports. One individual who had been later diagnosed with attention deficit hyperactivity disorder (ADHD) and bipolar disorder stated that:

Mental illness is another one of those things that isn't really discussed. Nobody wants to say that they're struggling with mental illness, especially growing up…it's not like, 'Hey, I'm having a really bad day right now, because I am bipolar and I have manic episodes, and I have lows and highs.' They don't give you the verbiage or the tools to explain that as a child. And in overpopulated public schools, they're not really looking for things like that. If you don't behave, then it's a behavioral problem. It's not that you are struggling to focus or that you cripplingly depressed or acting out because you're on a manic high. You're just not behaving.

This individual then described how they "didn't really get a proper diagnosis until I was an adult" and missed a lot of school. Another individual whose depression was inadequately identified diagnosed and treated said that this stemmed from trauma they experienced as a child. Their "mom was always locked up, always in jail…cops were always coming to arrest her, and it made me mad, but that's whenever my depression started hitting and I became very suicidal…I didn't know what was going on…or why people

were being mean to me." These experiences led to them being bullied in school and being seen as overreactive and difficult when they struggled to respond.

These experiences early in youth sometimes led to mental health institutionalization and juvenile justice involvement at a young age. The same participant then described how they went through juvenile detention and a Department of Human Services (DHS) placement, which they described as prison for kids even though "I wasn't in so much trouble to where they needed to lock me up in jail, which is why they put me in the treatment center…so it was [both] the mental health and in the probation department and DHS, so it was kind of like all three were working together." Multiple other participants stated that after being in these mental health institutions, "I was way worse."

These experiences in mental health institutions and with delayed diagnoses then played a large role in individuals' current criminal legal involvement in which they had difficulty accessing proper medication and therapy. This began when individuals were not always evaluated for mental health at intake, particularly on probation. One individual with schizophrenia said that while they have a diagnosis, probation did not talk to mental health services or give the individual an evaluation for their schizophrenia, which they said would have improved their supervision. While in jail, despite more individuals receiving mental health screenings at intake, individuals struggled with wait times to be put on medication, with individuals not being prioritized when they need to see a psychiatrist. Even once they did see a psychiatrist, they could not access their usual medication, with one individual stating that they were "just trying to get back on the right medication… [the jail does not] offer what I normally take." Some individuals did eventually get put on their usual medication and found it helpful, "I feel like I've got a clearer vision of how I'm being able to get out of this situation [of jail incarceration]." However, if participants transferred jails, sometimes their prescriptions did not, making them go without critical psychiatric medication for multiple days.

Conditions of confinement also often worsened mental health symptoms, with individuals describing how "if you have severe mental health issues, then you're put on 23-hour lockdown…they just stick you in a box, because they don't know what to do with you." Some participants had this experience directly while others spoke about being surrounded by those suffering from mental illness. Multiple individuals described how additional poor conditions in the jail worsened their mental health, such as having "three men to a cell…it was very crowded, it was very hot, it was very dismal." Participants described how these processes (e.g., delayed diagnosis wait times for medications, conditions of confinement) were all part of bureaucratic process that worsened mental health and contributed to individuals' continuing to cycle through the criminal legal system.

"Nobody wants to feel pain:" substance use as coping

Painful mental health symptoms that individuals experienced led individuals to cope by using substances. One individual described how they started using drugs "to help with the voices" and to "fill the void." While the individual talked about how they never found true comfort from drug use, they started doing more things to get drugs to cope with their mental health symptoms, increasing their

criminal legal involvement. Another individual described using more drugs after they experienced trauma in middle school and that this spiraled after their mother died.

Not only did jails and probation have inadequate resources for meeting individuals' mental health needs, but also inadequate resources for handling the complexity of co-occurring conditions such as being neurodiverse or having intellectual or developmental disabilities. One individual described this further:

"I'm autistic, so it's not having that support system or the resources that I needed definitely is what drove me to drugs and stuff. I get depressed a lot, anxious a lot…I don't really know what to do. I just keep going back to the same things because it's familiar."

Participants with prior jail experience noted that jails had begun to address individuals' substance use needs better, particularly through programs providing medications for opioid use disorder (MOUD). Participants described MOUD as helping "with those cravings and the anxiety part and all that stuff." Another individual did receive therapy through the MOUD program but stated that this was the only way to access therapy, so "there's plenty of people that get missed" who need therapy but aren't on the MOUD program.

In one county jail, multiple individuals described the multi-month wait time for MOUD in jail being prohibitive. While individuals wanted to get put on medication, they are often released before they can get put on MOUD and have too many competing priorities to access it in the community, leading to their continued substance use. They also described how individuals receiving MOUD before being incarcerated are prioritized for medication, leaving those going through withdrawal from drug use being the last to be helped.

While some individuals found the MOUD program had been expanded to help with other needs, such as finding housing, others found that it did not address factors contributing to their substance use. One individual did describe how being paired with a Peer Support Specialist with shared lived experience in incarceration and substance use helped to "have those connections and people that actually they do care about you, and it's a lot easier taking advice and being mentored by people that have actually been there and done that." One individual who was receiving MOUD spoke about its benefits but continued by saying that "nobody wants to feel pain, nobody wants to feel scared, so sometimes I abuse medication." Overall, participants found the focus on MOUD programs and Peer Support Specialists to be necessary and a step in the right direction but insufficient for fully addressing the root cause of their substance use.

"Invisible incarceration:" Probation and other forms of institutionalization continue to ignore root causes

In addition to MOUD programs in jails being a necessary program to address substance use but insufficient for addressing root causes of this use, participants felt that other forms of criminal legal involvement – such as probation – ignored root causes affecting their health. Individuals described using substances to cope with the frustration of this institutionalization, with one individual describing how "I feel like I just want to drown the thoughts out and stop dealing with frustrating myself with my

probation officers.” Other individuals echoed this frustration with probation, saying how it was “not meant for you to succeed” and was a form of “invisible incarceration hanging over your head nonstop.” The many rules and regulations were seen as daunting, “you got to do your classes, you got to…have a job, you got to stay sober, and they're locking people up every time…it seems like you get set up for failure... some people…don't have resources they need.” These requirements were on top of individuals often needing more support with succeeding, as they are now “getting rebuilt back up again on how to work, how to hold stable housing, how to do all of this. And the government just wants us to do it all at once.”

One individual stated that, in the absence of necessary community care, the legal system needs to "give people what they need. As far as the mental health situation goes in my part right now, we get people in there probably maybe once a week that are just completely lost…I guess the state don't have money for mental health people…that's what's what I think that they need to find different avenues for people like that. They need to accommodate everybody's needs." Another individual suggested:

"If I could have walked into my probation meeting and have them give me a voucher for somewhere to stay, or immediately recommend a sober living to go to, or have my medication ready, or even offer me a job on the spot, then things might have been different. But none of those things are really in place."

The framework of probation was another way in which individuals’ root causes were not addressed, partially through a lack of individualized care. While some people did receive what they needed through the legal system, saying that they were better set up to succeed post-release, most individuals did not.

If individuals had gone to specialty courts such as recovery court for substance use, they did receive more individualized care, with one individual saying that “they're actually trying to find solutions to give people back on track.” They discussed this as “just more human” and the focus being on participant wins rather than failures (such as drug use decreasing rather than being penalized for not being abstinent). However, these courts were separated into recovery court for substance use and wellness court for mental health, which participants talked about as a false dichotomy. Further, these courts still did not ask participants what they needed:

I had to get switched from recovery court to mental health based because they were taking too long to get me on my medication or to get me with a diagnosis or to put me in a psychiatrist appointment. They're just too worried about me getting off of drugs…and I guess a way that we could have felt supported is by getting talked to a little bit more, getting asked, what can we do to support you instead of just assuming what…they think is best for us…because each person is in a different process of recovery, and each person is a different process of growing and learning and healing.

As a result, people often felt neglected in the legal system. They described experiences that felt inhumane and stigmatizing, with one individual saying “you’re looked at like you’re criminal, you’re scum of the earth …they could care less.”

Discussion

In this study, we interviewed 30 individuals incarcerated in county jails and on probation in Colorado to elucidate how their mental health and substance use needs interacted with their local criminal legal involvement. Almost all participants had unmet mental health needs and described diagnostic, evaluation, and treatment delays over their life course. These needs stemmed from a combination of trauma experienced as children and severe mental illness that onset in adolescence and early adulthood. Individuals struggled to receive adequate treatment in the community and in jail, particularly for co-occurring or complex conditions, which resulted in incarceration and a reliance on substance use to self-medicate and cope. While participants appreciated the recent focus on substance use treatment in jail and in the community, they often found it insufficient to address key contributors to their substance use.

There is a large body of literature on the need for increased OUD screening and MOUD provision in jails and post-release (Bunting et al., 2025; Flanagan Balawajder et al., 2024; Saloner et al., 2026) as well as literature on the insufficiency of mental healthcare during incarceration (Preston et al., 2022; Torrey et al., 2010). Research has also has also found that mental health needs – particularly depression, anxiety, and traumatic life events – are significantly associated with substance use among those on community supervision (Wimberly et al., 2023). Similarly, those who return to drug use post-release from jail have a higher prevalence of depression than those who do not return to use (Paquette et al., 2026). Our works adds to this by exploring first-person perspectives of this intersection, highlighting just how unaddressed the root causes of peoples' mental health and substance use needs are in this setting and how the criminal legal systems' focus on MOUD programs is necessary but insufficient.

This lack of attention to the contributors of individuals' poor health speaks to the need for early intervention, more resources, and fewer punitive requirements (LeMasters et al., 2023; Phelps et al., 2022). Given peoples' trajectories into the legal system, there is a need for schools and systems of community care to screen more comprehensively for mental health conditions. Within the legal system, there is also a need for continuity in screenings and evaluations between jail and probation. Further, re-entry coalitions can provide more resources that attend to these root causes upon individuals' release, as can implementing peer support services in jails and in communities – individuals who provide structural support tailored to individuals' needs and provide a sense of community through shared lived experience (Bellamy et al., 2019; Craft & Turnbill, 2025; Reif et al., 2014). Moreover, there is a need to drastically reduce the breadth of local jail incarceration and community supervision in a way that ensures individuals receive the support they need in non-carceral settings. This can be done through policy change that both reduces penalties and reinvests in community resources. For example, as of 2025, Colorado ranked 41st in the nation for adult mental health due to high need and low access to care, which must be addressed through investing in our community mental health system (Reinert et al., 2025).

Our analysis has limitations to note that we hope future work expands on. First, we only recruited individuals in one urban area of Colorado. While this work is thus not generalizable to rural areas or to

the United States, individuals' lack of needed resources in a well-resourced urban area speaks to how this relationship is likely more severe in under-resourced areas. Second, while we focused on mental health and substance use needs, we relied on individuals' self-report and did not assess the extent to which their substance use was a concern in their life. By centering first-person perspectives, we hope to highlight the critical nature of individuals' narratives in understanding how criminal legal involvement affects health.

Conclusion

There is a need to attend to the root causes of individuals' criminal legal involvement in a way that does not further their institutionalization but provides community care. We must also ensure that individuals have access to early and consistent screening for mental health and substance use conditions and that results of these screenings transfer between institutions. As we do this, we must center the narratives of those with lived experience in this continued age of mass punishment, often explicitly for individuals' mental health and substance use needs, to increase awareness and advocate for change.

Abbreviations

OUD
Opioid Use Disorder
MOUD
Medications for Opioid Use Disorder
ADHD
Attention Deficit Hyperactivity Disorder
DHS
Department of Humans Services

Declarations

Ethical approval: This study was reviewed and accepted by the University of Colorado Institutional Review Board, COMIRB #24-1727 and is in accordance with the Declaration of Helsinki. All participants signed a consent form prior to participation.

Consent for publication: Consent for publication was provided by all authors prior to submission.

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References

1. Bellamy, C, Kimmel, J, Costa, MN, Tsai, J, Nulton, L, Nulton, E, Kimmel, A, Aguilar, NJ, Clayton, A, & O'Connell M. (2019). Peer support on the "inside and outside": Building lives and reducing recidivism

for people with mental illness returning from jail. *Journal of Public Mental Health*, *18*(3), 188–198. https://doi.org/10.1108/JPMH-02-2019-0028

2. Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from Prison—A High Risk of Death for Former Inmates. *New England Journal of Medicine*, *356*(2), 157–165. https://doi.org/10.1056/NEJMsa064115
3. Bronson, J, Stroop, J, Zimmer, S, & Berzofsky, M. (2017). *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009*. U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/dudaspji0709.pdf
4. Bunting, A. M., Sobh, S., Lee, W.-Y., Lee, M., & Farabee, D. (2025). Opioid Use Disorder Screening Practices in US Jails. *Journal of Addiction Medicine*. https://doi.org/10.1097/ADM.0000000000001570
5. Carson, Ann. (2021). *Mortality in Local Jails, 2000–2019 – Statistical Tables*. U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf
6. Craft, B. & Turnbill, G. (2025, October 27). *A Roadmap for Standardizing Forensic Peer Support in Colroado Jails*. Colorado Opioid Abatement Conference, Loveland, CO. https://www.gatewaytotherockiesopioidcouncil.org/Calendar.aspx?EID=213
7. Flanagan Balawajder, E., Ducharme, L., Taylor, B. G., Lamuda, P. A., Kolak, M., Friedmann, P. D., Pollack, H. A., & Schneider, J. A. (2024). Factors Associated With the Availability of Medications for Opioid Use Disorder in US Jails. *JAMA Network Open*, *7*(9), e2434704. https://doi.org/10.1001/jamanetworkopen.2024.34704
8. Flanagan Balawajder, E., Ducharme, L., Taylor, B. G., Lamuda, P. A., Kolak, M., Friedmann, P. D., Pollack, H. A., & Schneider, J. A. (2025). Barriers to Universal Availability of Medications for Opioid Use Disorder in US Jails. *JAMA Network Open*, *8*(4), e255340–e255340. https://doi.org/10.1001/jamanetworkopen.2025.5340
9. Hewlett, M., Perry, E., Graham-Squire, D., Skog, A., Lacoe, J., Kanzaria, H., Izenberg, J., & Raven, M. (2026). Unveiling Intersecting Experiences: Investigating Health Care and Jail System Interaction Before and After Incarceration Among Adults with Serious Mental Illness in San Francisco. *Journal of Urban Health : Bulletin of the New York Academy of Medicine*. https://doi.org/10.1007/s11524-026-01058-2
10. LeMasters, K., Camp, H., Benson, A., Corsi, C., Cullins, Z., & Brinkley-Rubinstein, L. (2023). "Nothing but a rope to hang yourself:" The toll of mass supervision on mental well-being. *SSM - Mental Health*, *4*, 100269. https://doi.org/10.1016/j.ssmmh.2023.100269
11. Maruschak, L, Minton, T, & Zeng, Z. (2023). *Opioid Use Disorder Screening and Treatment in Local Jails, 2019*. U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics. https://bjs.ojp.gov/document/oudstlj19.pdf
12. Maxwell, J. & Miller, B. (2008). Categorizing and connecting strategies in qualitative data analysis. In *Handbook of Emergent Methods* (pp. 461–477). Guilford Publications Inc.

13. Miles, M.B. & Huberman, A.M. (1994). Matrix displays: Some rules of thumb. In *Qualitative Data Analysis* (Second). Sage.
14. Paquette, C., Krajewski, T., Cullins, Z., JadKarim, L., Danns, T., Cloud, D. H., & Brinkley-Rubinstein, L. (2026). Drug use vs. Abstinence after incarceration: Associations with competing psychosocial needs and their relevance to the importance of treatment. *Health & Justice*, *14*(1). https://doi.org/10.1186/s40352-025-00388-8
15. Phelps, M. S. (2013). The Paradox of Probation: Community Supervision in the Age of Mass Incarceration. *Law & Policy*, *35*(1–2), 51–80. https://doi.org/10.1111/lapo.12002
16. Phelps, M. S., Osman, I. H., Robertson, C. E., & Shlafer, R. J. (2022). Beyond "pains" and "gains": Untangling the health consequences of probation. *Health & Justice*, *10*(1), 29. https://doi.org/10.1186/s40352-022-00193-7
17. Preston, A. G., Rosenberg, A., Schlesinger, P., & Blankenship, K. M. (2022). "I was reaching out for help and they did not help me": Mental healthcare in the carceral state. *Health & Justice*, *10*(1), 23. https://doi.org/10.1186/s40352-022-00183-9
18. Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Salim, O., & Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services (Washington, D.C.)*, *65*(7), 853–861. https://doi.org/10.1176/appi.ps.201400047
19. Reinert, M., Nguyen, T., & Fritze, D. (2025). *The State of Mental Health in America*. Mental Health America. https://mhanational.org/wp-content/uploads/2025/09/State-of-Mental-Health-2025.pdf
20. Saloner, B., O'Rourke, A., Ruelas-Vargas, K., Song, M., Ramsey, K. S., & Bandara, S. (2026). Driving Distance From US Jails to Opioid Treatment Programs. *JAMA Network Open*, *9*(3), e264044. https://doi.org/10.1001/jamanetworkopen.2026.4044
21. Smiley-McDonald, H. M., Chung, E. O., Wenger, L. D., Good, D., Leichtling, G., Lambdin, B. H., & Kral, A. H. (2026). Community supervision during Oregon's partial decriminalization Measure 110: Criminal legal system involvement, overdose, and naloxone access. *Drug and Alcohol Dependence Reports*, *19*, 100430. https://doi.org/10.1016/j.dadr.2026.100430
22. Subramanian, R., Delaney, R., Roberts, S., Fishman, N., & McGarry, P. (2015). *Incarceration's Front Door: The Misuse of Jails in America*. Vera Institute. https://www.vera.org/publications/incarcerations-front-door-the-misuse-of-jails-in-america
23. Torrey, E., Kennard, A., Lamb, R., & Pavle, J. (2010). *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States*. Treatment Advocacy Center. https://knox.oh.networkofcare.org/library/final_jails_v_hospitals_study.pdf
24. Victor, G., Zettner, C., Huynh, P., Ray, B., & Sightes, E. (2022). Jail and overdose: Assessing the community impact of incarceration on overdose. *Addiction*, *117*(2), 433–441. https://doi.org/10.1111/add.15640
25. Wang, L. (2026). *Punishment Beyond Prisons 2026: Incarceration and supervision by state*. Prison Policy Initiative. https://www.prisonpolicy.org/reports/correctionalcontrol2026.html

26. Wildeman, C., & Wang, E. A. (2017). Mass incarceration, public health, and widening inequality in the USA. *The Lancet*, *389*(10077), 1464–1474. https://doi.org/10.1016/S0140-6736(17)30259-3
27. Wimberly, A. S., Rose, R., Levin, K., Goddard-Eckrich, D., Gilbert, L., Wu, E., Dasgupta, A., Hunt, T., Henry, B. F., & El-Bassel, N. (2023). Traumatic Life Events and Stressors: Associations With Substance Use Problems of Men Under Community Supervision. *Journal of Correctional Health Care : The Official Journal of the National Commission on Correctional Health Care*, *29*(3), 190–197. https://doi.org/10.1089/jchc.21.12.0137
28. Zeng, Z. (2025). *2024 Preliminary Data Release* (310861; Jails Report Series). Bureau of Justice Statistics. https://bjs.ojp.gov/library/publications/jails-report-series-2024-preliminary-data-release