



Words to Deeds

From Silos to Solutions:

Cross System Implementation in California's Behavioral Health & Criminal Justice Reform Initiatives

September 25 - 26, 2025
Los Angeles, California

Integrating Peers into the Continuum of Care Workforce Pipeline & Training

Sharon Bean

Jail Population Manager, Camden County, NJ

Tedman Cheung

Senior Clinical Director, Amity Foundation

Facilitator: Sharmil Shah

Branch Chief Behavioral Health & Policy, Health Workforce Development,
Department of Health Care Access and Information (HCAI)

Speaker Profiles





Making It Better, Together.

Camden County's Local Approach to Systems Change and the Inclusion of Justice Involved Peers

Sharon Bean, Camden County (NJ) Department of Corrections

September 26, 2025



Philosophy of the Camden County Department of Corrections

The position of the Camden County Department of Corrections is that we are responsible to do all that we can to give individuals the tools and resources to succeed following release from our facility.

We are uniquely situated to positively impact and alter the trajectory of a person's life following a period of incarceration. We should absolutely care about what happens when someone is released, and it benefits no one to not ask if and how we can help and assist.




HISTORY OF CAMDEN COUNTY DOC



- PRIOR TO 2015


- Overcapacity for MANY years!
- Sporadic partnerships to implement various reentry grant programs and services.
- A handful of scattered, unorganized community-based resources offering reentry services
- Programs often included exclusionary criteria

- 2016 – PRESENT

- Camden County Department of Corrections received first Department of Justice Reentry Grant.
 - To date, the DOC has received 5 DOJ Reentry Grants, the SJC Capstone Grant, Building Bridges Grant, and 6 grants to provide Medication Assisted Treatment and reentry planning from the state of NJ, totaling more than \$10 million dollars.
 - Camden DOC has taken complete ownership of the reentry process, its role in helping individuals transition home, and leading the coordination of partners and providers.
- 

GOALS OF THE DOC



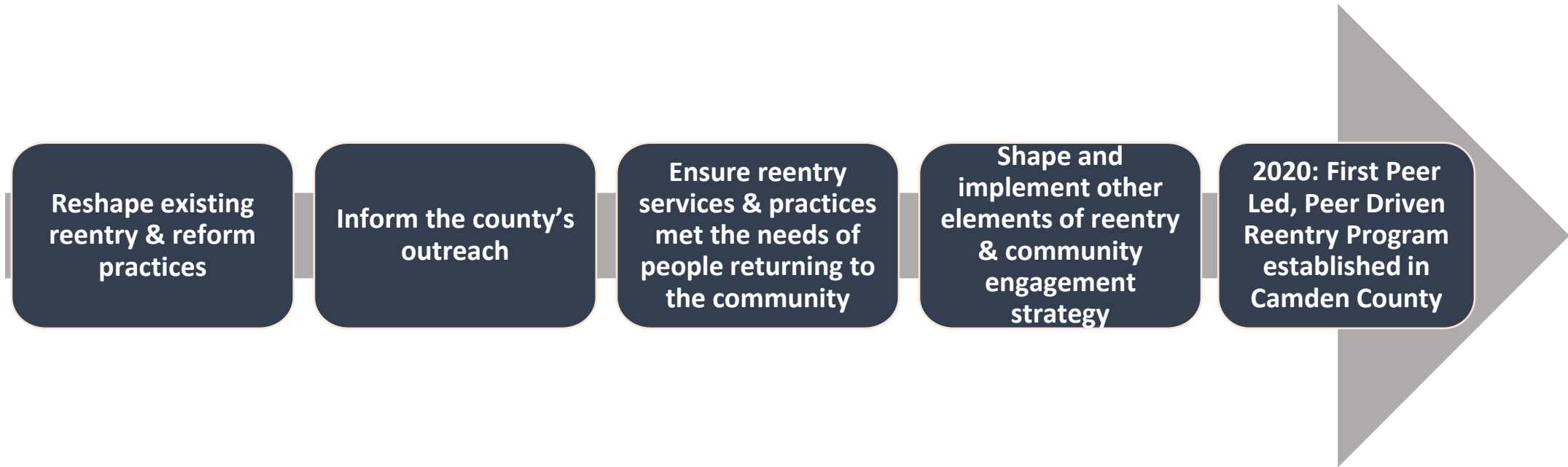
- REDUCE RE-ARREST & RE-
INCARCERATION RATES
 - REDUCE JAIL'S AVERAGE DAILY
POPULATION
 - INCREASE PARTICIPATION
WITH MENTAL HEALTH &
SUBSTANCE USE TREATMENT
 - INCREASE ACCESS TO SOCIAL
SERVICES
 - INCREASE IN EMPLOYMENT
AND EMPLOYMENT
OPPORTUNITIES
 - ELIMINATE BARRIERS TO
BEING SUCCESSFUL
 - ELIMINATE AND REDUCE
STIGMA ASSOCIATED WITH
JUSTICE SYSTEMS
INVOLVEMENT
 - FACILITATE REUNIFICATION OF
FAMILIES
- 

FOCUS SINCE 2018 – PEERS, PEERS, PEERS!

- NuEntry Opportunity Specialists (NOS) – Network of formerly incarcerated individuals that serve as community liaisons/credible messengers.
- Assist returning citizens with navigating challenges and barriers related to returning home.
- Facilitate connection to community resources and services.
- Inaugural NOS class of 12 men and women trained and active.
- NOS network has trained more 100 Credible Messengers.



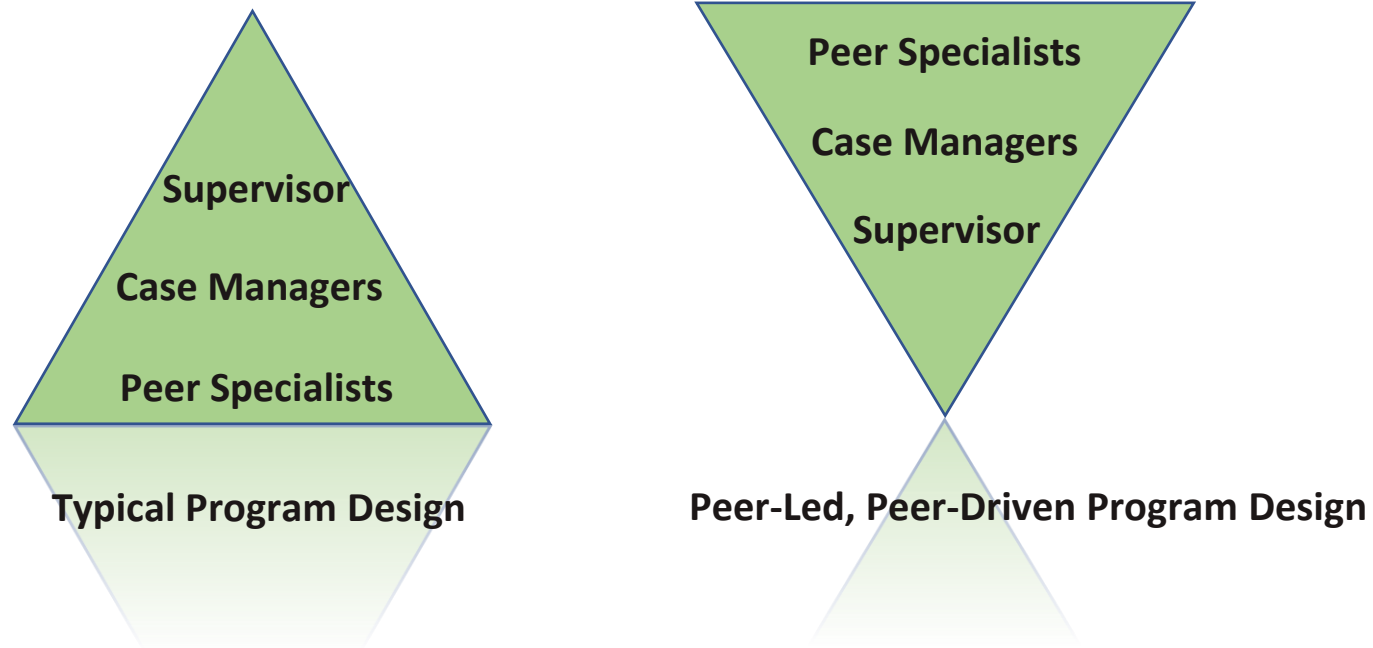
2018 Ushers in a New Way of Thinking



Camden County envisioned a network of peer reentry specialists composed of people who had been incarcerated and had dealt with the challenges of reentry. These specialists mentor people newly released from jail or prison, helping them connect to needed services and supports and navigate reentry, including the stigma attached to a criminal conviction and imprisonment.

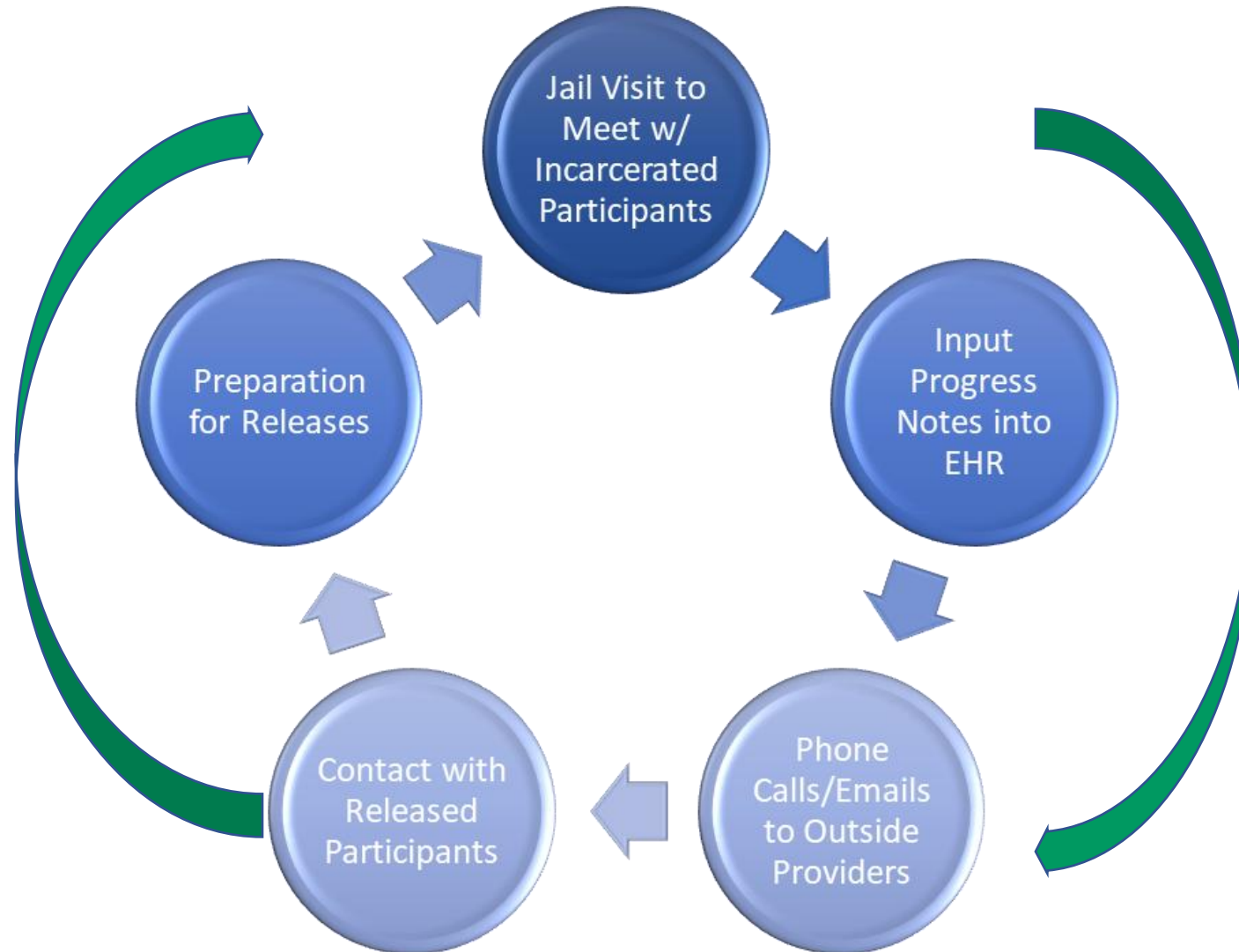


Peer Reentry Support - Program Design

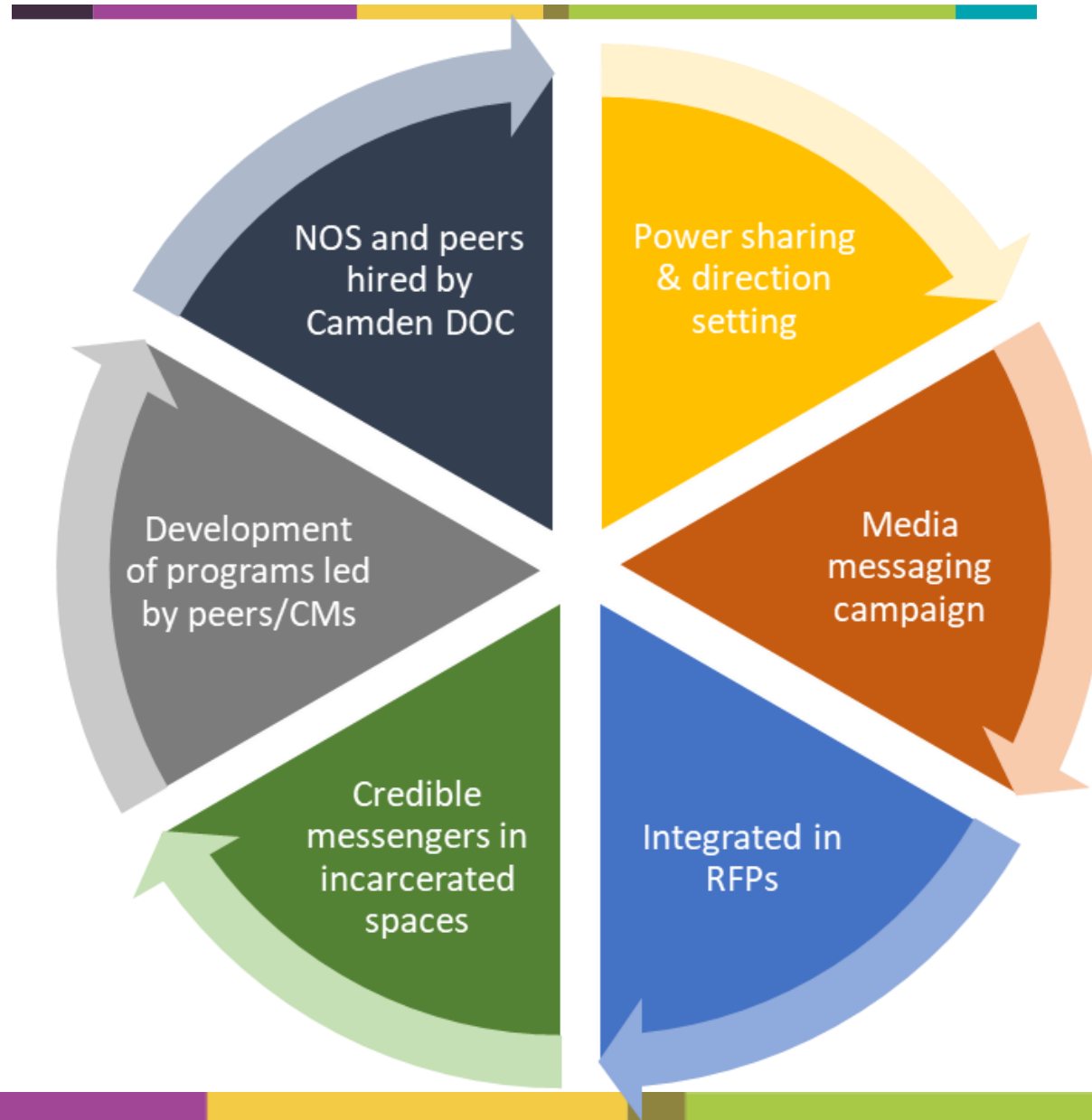


Each participant has a Case Manager and a Peer Specialist Team (one justice impacted Peer Specialist and one Peer Recovery Specialist) assigned to assist with transitioning home to the community.

Typical Day of a Peer Reentry Specialist



What it Means to Really Embed Peers in Justice Reform & Reentry Efforts:



Challenges

- Bureaucratic hoops in hiring
- Stigma of justice system involvement & incarceration
- Changing hearts & minds
- Realigning around the definition of “lived experience”
- Recruiting women with lived experience



Strategies and Recommendations

- Invest in a dedicated team that supports philosophy, goals, mission, and objectives
- Leverage formal structures when possible
- Engage from within key communities
- Honor the expertise of people with lived experience
- Identify and cultivate champions
- Compensate people for their experience
- Don't give up!





Making It Better, Together.

THANK YOU

Sharon Bean

sharon.bean@camdencounty.com

856-365-3271



A photograph of a peaceful outdoor courtyard. In the foreground on the left, a large, multi-tiered stone fountain features a seated Buddha statue in its upper basin. The courtyard is furnished with several stone tables and benches. A wooden pergola structure with vertical posts and a slatted roof covers the area. The ground is covered with green artificial grass. In the background, a tan-colored wall and a building with orange-tinted windows are visible. A small tree in a terracotta pot stands on the right side of the frame.

Amity Foundation Just In Reach Office of Diversion & Reentry

Amity Mission

Amity Foundation is dedicated to the inclusion and habilitation of people marginalized by addiction, trauma, criminality, incarceration, poverty, racism, sexism, homelessness, and violence. We strive to improve health and promote environmental, social, and economic justice.

Amity is committed to research, development, implementation, and dissemination of information regarding community building.

Our goal is to reduce the number of people with serious mental health and substance use disorders in the LA County Jails, to improve our students' long-term health outcomes and to reduce recidivism through community building.



Student Population

- Inmates with mental health needs have rose to 53% as of June 2023. (Public Policy Institute of California)
- 60% of CA inmates meet criteria for a substance use disorder (California Health Care Foundation)
- 70% of unsheltered homeless report a history of incarceration (CA Health Policy Strategies)
- People with severe and persistent mental illness and active drug use
- Variety of acute clinical crisis
- Criminal records that limit employment opportunities
- History of trauma and gang life
- Cycle of homelessness, mental illness, and substance use disorder



Addressing Causes of Recidivism

- Mass incarceration as solutions to:
 - Mental Illness
 - Homelessness
 - Substance Use
- Tools to help address Reentry Co-Occurring needs
 - Rule Out Assessment and Interventions
 - Collaborative Network
 - Clinical Workforce Development
- Break that cycle





Barriers to Success

- **Inconsistent Treatment Team coordination**

- Working in silos
- Quick student developments and crisis leading to delayed or inaccurate services
- Substance abuse programs not accepting people with severe and persistent mental illness
- Lack of communication and treatment team members
- Universal consent issues

- **Insufficient Clinical Workforce**

- Lack of clinical social workers
- Clinicians that are not SUD experts and vice versa
- Workforce that is not familiar with the Justice Involved population
- Lack of residential beds and mental health providers

- **Varying levels of harm reduction treatment**

- Harm reduction
- Trauma informed approaches

- **Lack of treatment tiers**

- For co-occurring disorders
- Crisis that don't meet psych hold standards

- **Undiagnosed Disorder or Problem**

- Complicated cases with multiple layers of issues

Rule Out Assessment

Mental Health

- Have they been taking their meds?
- Are they off their baseline?
- When was the last psych or therapy appointment?
- Working diagnosis

Substance Use

- When was the last time they used?
- Is the student's behavior different from their drug of choice?
- Is there any evidence of drug use?
- Are they a poly-substance user?

Medical

- Do they suffer from any neurological dx of TBI
- Any diabetes or thyroid issues?
- Research medical history

Situational

- Different life circumstances





Corresponding Intervention

Mental Health

- Medication adjustment and visit with psychiatrist
- Follow up with therapist
- Psych Hospitalization

Substance Abuse

- Detox or Sobering Center
- Intensive Outpatient Treatment Program
- Contingency Management
- Residential Treatment
- Narcan
- Medical Assistance Treatment – Vivitrol or Suboxone

Medical

- Check medication compliance
- Follow up with PCP, urgent care, ER, or hospital

Situational

- Housing
- Safety Planning

Collaborative Network

Creating Partner Support Network

- Mental Health providers and PCP
- Probation and Court officials
- Housing staff
- Family and other collateral contacts
- Substance abuse staff and sponsor

Continuous Communication

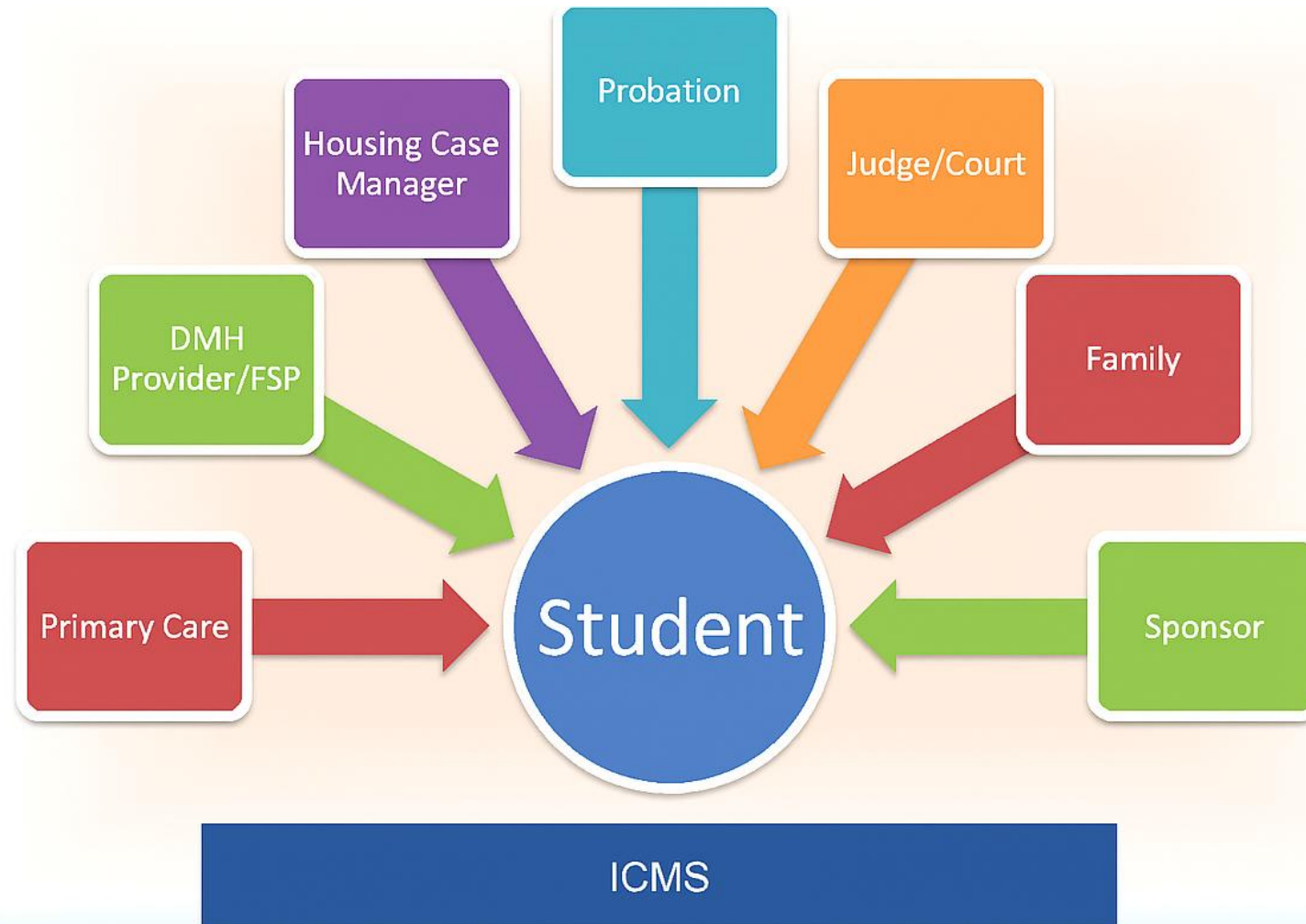
- Case Conferences
- Student Tracking sheets
- Sharing of information and significant events (med list, crisis, hospitalization, arrests)

Crisis Response team

- Crisis treatment team and safety planning



ODR Housing Team



Workforce Development

Training social workers to work with co-occurring JI population

- Hiring staff with lived experience
- Incentives and training people with lived experiences
- Peer to Peer rapport
- Multi-disciplinary team education

Reentry and Co-occurring internships

- Develop reentry programs with MSW universities
- Reentry Internship sites
- University outreach
- Unchained Scholars



Case Outcome Factors

Challenging outcomes include:

- Unknown treatment team members
- Treatment team not in communication with one another
- Staff that are not familiar with justice involved co-occurring population
- Delayed services due to lack of resources
- Different understanding of Harm Reduction and Trauma Informed Care
- Not receiving consistent PCP, Psych, or substance abuse services
- Poor discharge planning from hospital, jail, or residential programs
- No response to student crisis

Successful outcome include:

- Multi-disciplinary Treatment team members identified and linked to one another
- Consistent team communication
- Shared med list, student hx, and treatment team contacts
- Peer advocates and clinical social workers
- Shared understanding of Harm Reduction and Trauma Informed Care
- Crisis team and resources identified
- Available substance abuse, housing, and mental health resources
- Smooth warm handoff discharge planning





Amity Foundation

when people gather with good intent

Questions and Comments

Tedman Cheung – Senior Clinical Director
tcheung@amityfdn.org



From Silos to Solutions

Cross System Implementation in California's
Behavioral Health & Criminal Justice Reform Initiatives

2025 Convening - Los Angeles, CA