

Completing the Recovery Treatment Continuum: Jail-Based Substance Use Disorder Services

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Executive Summary

New York State is engaged in a significant effort to address the rising rate of substance use disorders (SUDs), including the epidemic of opioid and heroin addiction and the increasing numbers of deaths due to overdose. Now more than ever, it is imperative that the state maximize every opportunity to ensure the continuum of care is seamless. This continuum must include support to those incarcerated and suffering from SUDs with a very focused eye on community re-entry.

Individuals who suffer from SUDs frequently come into contact with the criminal justice system. In fact, New York State's jails report that approximately 68 percent of inmates with a SUD have been in their jails previously. The New York State Conference of Local Mental Hygiene Directors (CLMHD), which is composed of the Directors of Community Services (DCSs) from the state's 57 counties and New York City, has long recognized the need for SUD treatment in the jail setting to address an existing gap in the treatment continuum and reduce the human burden of addiction for New Yorkers.

In June 2017, the Conference engaged the services of Policy Research Associates (PRA) to conduct an analysis and develop a research-informed recommendation for providing effective SUD services in jails. The analysis included a needs assessment across New York State counties, a review of existing literature, and information gathering from existing successful jail-based programs.

The results of the needs assessment are striking. While jail incarceration provides a unique opportunity to offer treatment supports during periods when people are clean and sober, just over half of New York State localities report that they have no funding for SUD treatment services in their jails. Eighty (80) percent of needs assessment respondents indicated that while jails conduct screening and assessment upon booking, they largely lack capacity to provide treatment services. Localities across the state rely heavily on county budgets and pharmaceutical donations to sustain what little services are currently offered. Fifty-one (51) percent of jails have no funding for substance use treatment services despite strong evidence that these services reduce crime, save money, and save lives. Additionally, fifty-three (53) percent of jails do not have the capacity to directly transition addicted inmates to community treatment programs upon re-entry. A warm hand off is needed for those who are leaving the correctional setting and re-entering the community to minimize the possibility of recidivism and overdosing. For those jails that do have some treatment services, those services are far outpaced by the escalating need for them.

The benefits of providing effective SUD services in the jail setting have proven significant where they occur. A handful of localities in New York State have supported a level of service through local funding and are reaping significant benefits. For example, in Albany County the jail-based Sheriff's Heroin Addiction Recovery Program (SHARP) has seen a twenty-eight (28) percent reduction in re-incarceration among program participants. New York State's own analysis of the costs and benefits of jail-based SUD treatment found that communities realize a savings of \$2,846 per person served and that there are thirteen (13) fewer victimizations per 100 people served.

Localities participating in the needs assessment reported that a modest investment in treatment and transitional services would bring tremendous capacity to combat the opioid epidemic and other forms of addiction head-on with improved outcomes in recovery and reduced recidivism and victimizations. An annual state allocation of \$12.8 million would fund services for about 13,000 individuals for treatment and transition services.

Now is the time for New York State to address the remaining gap in the treatment continuum. A relatively small, but functionally impactful investment in jail-based SUD treatment and transition services will save lives, reduce crime, reap cost savings, and help people suffering from addiction to move along the pathway to recovery.

Introduction

The continued escalation of the current heroin/opioid epidemic has required New York State (NYS) to fundamentally rethink its responses to substance use disorders (SUDs). Over the past 15 years, state and local leaders have allocated billions of dollars for prevention, treatment, and recovery services; launched Gubernatorial and Senatorial Task Forces; established an Opioid Overdose Prevention Program, allowing non-medical personnel to carry and use Naloxone to stop overdoses; and enacted laws requiring insurance companies to cover and increase SUD treatments. The State supports community-based treatments for SUDs through a regular stream of state aid administered by the Office of Substance Abuse and Alcohol Services (OASAS); however, there is a critical gap in the funded treatment continuum: jail-based services. In 2017, substantial funding was allocated for new SUD community-based programs, but none of this funding was allocated to support people with SUDs who are incarcerated in jails.

The link between offending and SUDs is well established, bringing significant numbers of individuals suffering from addiction into NYS' jails. Alcohol and drugs are implicated in roughly 80 percent of offenses, including domestic violence, DWIs, property offenses, drug offenses, and public order offenses.¹ With variations by region and time period, jails have uniquely interfaced with addiction epidemics involving alcohol, cocaine, heroin, methamphetamines, and synthetic drugs. The current opioid epidemic has pushed this enduring problem to new heights.

The capacity to provide SUD treatment and transition services in jails has become a priority for the Conference of Local Mental Health Directors (CLMHD). Its membership is composed of the Directors of Community Services (DCSs) from the State's 57 counties and New York City, and these local leaders administer New York State's system of treatments and services for individuals and families affected by SUDs, mental illness, and developmental disabilities. The DCSs have a bird's eye view of the mental hygiene system in their counties and have extensive knowledge and expertise across all systems, including the criminal justice system. While the DCSs manage the continuum of community-based SUD treatment services, they struggle with an absence of funding for continued treatment at the critical moments of jail incarceration and transition into the community upon re-entry.

The period of jail incarceration offers a uniquely impactful opportunity to initiate the process of recovery, break the cycle of offending, and clear the pathway to successful community reintegration

2017 State Funding to Combat Heroin/Opioid Addiction

The 2017 State Budget allocated nearly \$200M, which provided funding for the following SUD community-based programs:

- **20 Family Support Navigators** to assist New Yorkers and their families with navigating the insurance and OASAS treatment systems
- **20 On-Call Peer Programs** to assist individuals who are in need of SUD treatment with making the connection from hospital emergency rooms to the OASAS treatment system
- **15 Adolescent Club Houses** to provide safe, welcoming spaces for teens and young adults who are in recovery or are at-risk for SUD to develop social skills that promote long-term health, wellness, recovery, and a drug-free lifestyle
- **14 Recovery & Outreach Centers** to provide recovery supports in a comfortable environment to individuals and their families that are in, or seeking, recovery from SUDs;
- **10 Regional Addiction Resource Centers (Community Coalitions)** to assist people, families, and communities in accessing local resources for those facing addiction problems
- **10 24/7 Urgent Access Centers** to provide individuals with access to SUD services immediately.

1 National Council on Alcoholism and Drug Dependence, Inc. "Alcohol, Drugs and Crime." Available at <https://www.ncadd.org/about-addiction/alcohol-drugs-and-crime>.

for those challenged by addiction. As detailed in this report, communities that have implemented jail-based SUD services have reaped substantial benefits to public safety and public health. Recognizing the importance of this opportunity for effective intervention, the CLMHD commissioned this analysis to develop a framework for state investment in jail-based SUD services.

The results of this analysis are clear. With modest investment, NYS has the capacity to radically change trajectories, making communities safer and offering real opportunity for new chances following criminal justice involvement. The State's own work on cost-effective criminal justice policy revealed that SUD treatment services in jails in NYS are tremendously cost effective, saving significant money and substantially reducing crime victimization. Through its Results First project, grounded in the cost-benefit structure established by the Washington State Institute for Public Policy (WSIPP), the NYS Division of Criminal Justice Services (DCJS) found that SUD treatment services in New York State jails ultimately save taxpayers \$2,170 and victims \$676 per person, for a total impact of \$2,846 saved for each person served.² The WSIPP analysis tool also found that jail-based treatment services reduced the five-year reconviction rate from fifty-one (51) percent to forty-two (42) percent and reduced victimizations by thirteen (13) people per 100 program participants.

In NYS, counties bear the sole burden for supporting SUD services in jails, and it is an ever-increasing burden with substantial unmet need. A dedicated State funding stream is desperately needed to address that growing need in order to provide treatment services in jails and for the transition planning and support that is critical to successful re-entry.

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The Gap in the Treatment Continuum

To quantify the impact of minimal jail-based SUDs and develop a research-informed strategy to address this critical problem, in June 2017 the CLMHD, assisted by the New York State Sheriff's Association, surveyed members of both organizations on the scope of SUD problems in local jails, jail-based treatment for inmates with SUDs, and re-entry and transitional support for inmates with SUDs when released from jail. The DCJs and Sheriffs' Offices in 56 counties plus New York City responded to the needs assessment. The DCJs and Sheriff's Offices responses detailed throughout this report, confirm that **New York State's jails are housing thousands of individuals with SUDs and have little to no services available to effectively move them to a place of recovery upon re-entry.**

² These numbers generated using the Washington State Institute for Public Policy (WSIPP) Results First Model. A process based on the techniques and the proprietary computerized cost-benefit analysis tool that WSIPP developed and has been used and refined for two decades.

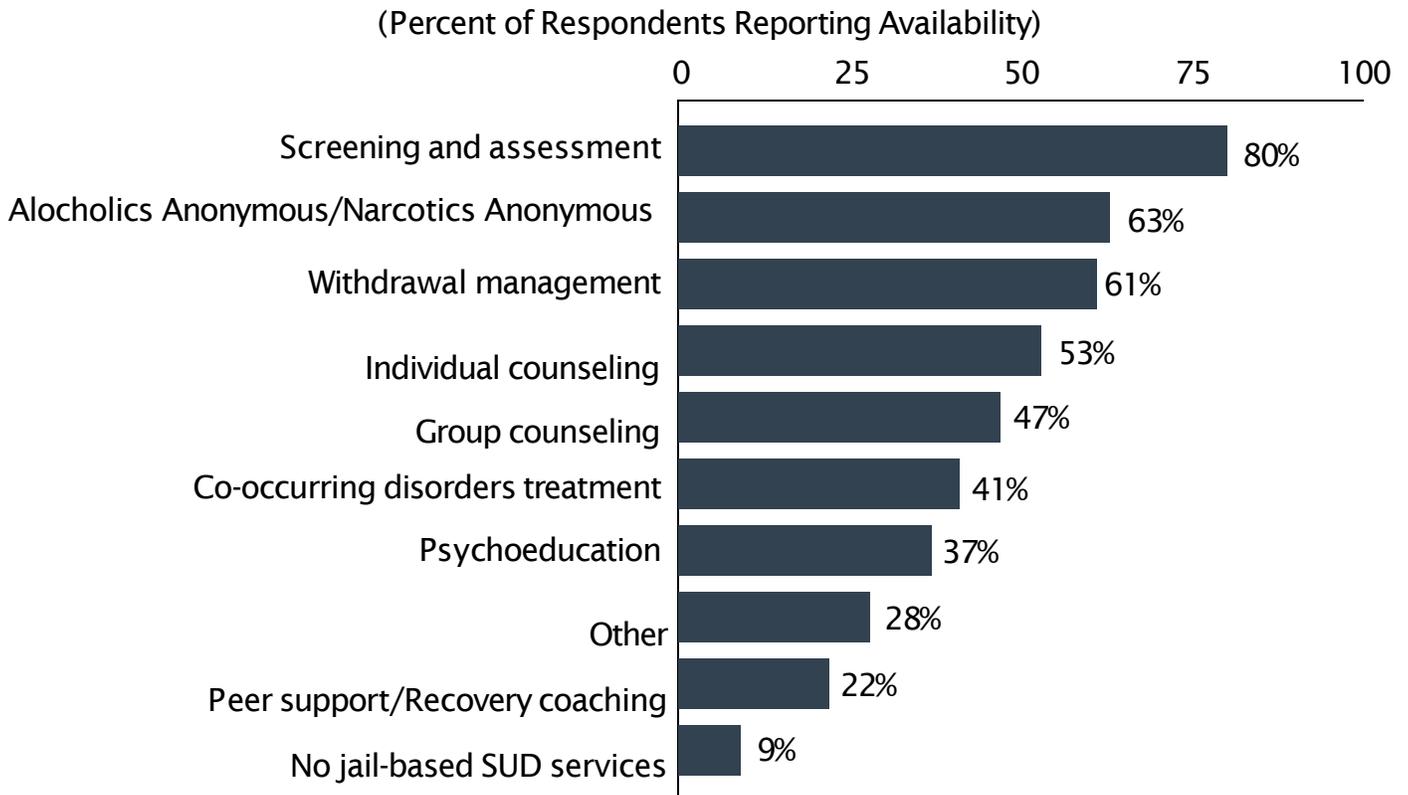
The Heroin/Opioid Epidemic and NYS' Local Jails

- 57 % of inmates have a SUD and for most NYS jails, this number has steadily increased over the past several years; the highest rates of inmate addiction are due to heroin/opioids and alcohol
- 68 % of inmates with a substance use disorder have been in jail before
- 51 % of jails have no funding for SUD treatment services despite evidence that these services reduce crime, save money, and save lives
- 53 % of jails do not have the capacity to directly transition addicted inmates to community treatment programs
- There is no regular state funding allocation for substance use services among jail inmates. Sheriffs' Offices rely on county budgets and pharmaceutical donations to fund the services they do offer.

Substance Use Disorder Services Available in NYS Jails

The needs assessment survey commissioned by the CLMHD revealed that many jails in NYS have some minimal capacity to screen and/or assess for SUD needs and to provide basic withdrawal management for some individuals in their custody. However, the jail-based SUD service structure lacks the programs and services needed to effectively support individuals through the process of withdrawal to treatment and community-based supports at release. Sixteen (16) percent of respondents reported no SUD treatment services at all and less than half reported any service beyond screening and assessment.

Substance Use Disorder Services in Jails



Screening and Assessment

Eighty (80) percent of respondents indicated that the jails conduct screening and assessment for SUDs at booking (n=72). The Sheriffs clearly recognize that SUDs are so prevalent among individuals being booked into the jail, that it is important to identify the issue in a standard way. However, screening and assessment only identify a problem. Without SUD services funded inside the jail, Sheriffs have no programming capacity to address the treatment needs of their populations.

Withdrawal Management

Alcohol Withdrawal

While abruptly stopping use of most addictive substances can cause some withdrawal symptoms, for individuals addicted to alcohol the severity of detoxification effects can range from mild to life

threatening. In its most severe form, alcohol withdrawal can last for five (5) days and lead to fever, insomnia, seizures, increased heart rates, delirious tremens, and death. The Federal Bureau of Prisons includes jails and lock-ups as facilities appropriate for detoxification treatment and recommends careful and consistent medical evaluations and treatments ranging from thiamine (vitamin B1) and benzodiazepine therapy.³

Heroin and Opioid Withdrawal

Opioid withdrawal management typically focuses on treating the withdrawal symptoms. Such treatment involves providing medications that respond to fever, vomiting, diarrhea, anxiety, and insomnia. Symptoms can last from five (5) to ten (10) days, and depending on the physical tolerance/dependence to the drug, an individual's withdrawal may range from mild to severe. As discussed below, there are more powerful medications that reduce the symptoms of withdrawal like Methadone and Buprenorphine. However, federal certification is required to prescribe these drugs and more often than not this level of certification is not present in jails.⁴

Sixty-one (61) percent of all respondents reported offering some form of withdrawal management. A review by average daily jail population reveals a stark disparity in these services, with NYC and seventy-one (71) percent of larger counties providing withdrawal services. That number drops to fifty-six (56) percent for smaller counties. Twenty-three (23) small counties reported no capacity to provide withdrawal management services in their jail.

Medication-Assisted Treatments

When used in conjunction with clinical services, studies have shown that Medication-Assisted Treatments (MATs) reduce relapse and increase the rate at which former inmates engage in treatment once they return to their communities.⁵ This growing body of evidence has begun to open a dialog about the historical stigma associated with using narcotic-substitutes to treat SUDs and the recognition that for some individuals MATs may be a foundational step to recovery that empowers them to fully engage with therapeutic treatments, maintain steady employment, rebuild relationships with their families and communities, and avoid justice involvement.

There are currently several prescription-based medications on the market that block or limit the effect of opioids on the brain's receptors. Methadone and Buprenorphine reduce the acute physical withdrawal symptoms that very often drive relapse. Aside from a longstanding and successful methadone program being operated in New York City, use of these treatments were rarely reported in the needs assessment. This may be due to federal certification requirements and the reality that security issues can arise with the introduction of narcotic substitutes. In corrections settings, Methadone treatment is often limited to pregnant women as opiate withdrawal can cause miscarriage and premature labor. Despite these concerns, numerous jurisdictions nationally have implemented this form of MAT to the benefit of the individual and the community.

Seventeen (17) of responding Sheriff's Offices have also partnered with the Alkermes pharmaceutical company to provide inmates with one free injection of the antagonist blocker Naltrexone (Vivitrol) immediately prior to their departure from jail. This injection blocks the effects of opioids on the brain for thirty (30) days and repeat injections are required. Naltrexone can only be administered once an

3 Detoxification of Chemically Dependent Inmates, Federal Bureau of Prisons, Clinical Practice Guidelines. February 2014. Available at <https://www.bop.gov/resources/pdfs/detoxification.pdf>

4 Id.

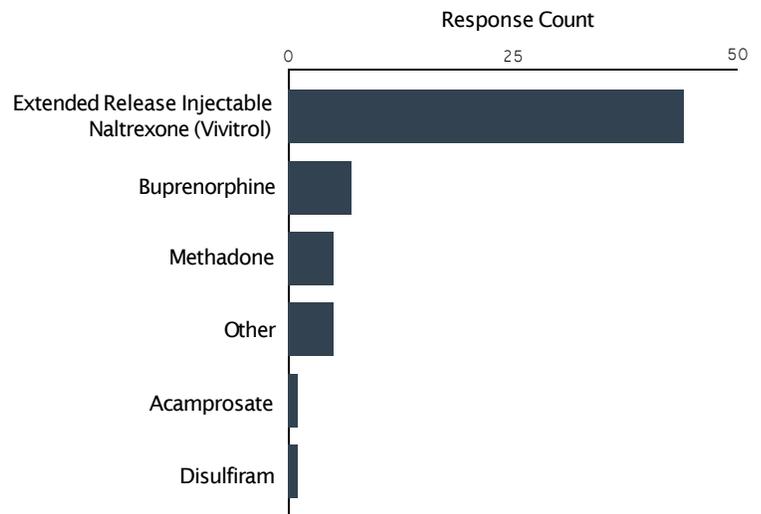
5 National Institute on Drug Abuse. (2017) Treatment of Opioid Use Disorder in the Criminal Justice System. Available at <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/treatment-opioid-use-disorder-in-criminal-justice-system>

individual has been drug free for seven (7) to ten (10) days. A period of incarceration often provides a unique opportunity to begin use of Naltrexone in the wake of drug-free days and weeks that may not have occurred had the person remained actively using drugs in the community. In NYS, local jails have developed clinical and medical protocols to guide the administering of Vivitrol to inmates.

Two-thirds (64 percent) of respondents reported that some form of MAT is available in their jails. Counties with jails with an average daily population of at least 250 inmates were more likely to offer MAT compared with counties with smaller jails.

Very few options other than Naltrexone are available in jails across NYS. Of those counties that do not currently offer jail-based MAT, ten (10) percent are interested but have no plans, eight (8) percent are developing plans, six (6) percent expect to launch their programs soon, and two (2) percent are looking for funding.

Percent of Respondents Reporting Medication-Assisted Treatment in NYS Jails



Clinical, Self-help, and Educational Services

While the majority of NYS counties reported capacity for SUD screening and assessment in their jails, fewer than half reported existing capacity for any treatment services. A variety of clinical, self-help, and educational programs are used in jails around the country to address SUDs.

These services commonly include Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) and peer support and recovery coaching. Some jurisdictions also use evidence-based therapies, including Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI). CBT focuses on the relationship between a person's thoughts, feelings, and behaviors. The clinician assists the individual to identify unhealthy thoughts and beliefs and how they cause self-destructive, addictive behaviors. MI focuses on exploring and resolving ambivalence and utilizes motivational techniques with the individual to facilitate the necessary changes to support recovery.

Fewer than half of Sheriff's Offices have any existing capacity for treatment services.

Reentry and Transitional Supports

Less than half of NYS jails provide SUD re-entry and transitional supports according to respondents, although the most common capacity was merely the provision of referral information to people being released. Many respondents reported having very little capacity for transition services that provide a warm hand off between jail and community providers. Warm hand off approaches involve direct referrals to a treatment provider and in-person introductions for participants. Studies show that warm hand offs increase the likelihood that individuals will continue participation in treatment services in the community.⁶ Forty-seven (47) percent of respondents reported that funding was available to support re-entry and transitional supports for jail inmates, although that funding only reached a median amount of \$50,000 across respondents. These funds originated from the NYS Office of

6 Boudreaux, Edwin D., Haskins, B., Harralson, T., & Bernstein, E. (2015) The remote brief intervention and referral to

Mental Health's Forensic and Bridger Case Management and State Transformation Program grants, DCJS' Staying Out Project, the federal Rural Health Network Grant, and county tax levy and budget allocations.

Model Jail-Based Substance Use Treatment Programs

Jails around the country have trail-blazed into the complexities of providing SUD treatment services. A small sampling of these programs is provided here, with an emphasis on NYS innovations that have proven effective. **The outcome data for these programs reveal cost-effective methods to significantly reduce recidivism and improve life outcomes for participants. Relatively modest investments are reaping significant benefits.**

Sheriff's Heroin Addiction Recovery Program (SHARP), Albany County, New York

In 2015, Albany County implemented SHARP, a treatment program open to inmates addicted to heroin as well as other illegal substances.

Program Components: Separate dormitory-style housing unit; individual and group counseling; substance use education; and transitional planning. Prior to their release, county-sentenced participants receive a Naltrexone injection if they choose and then may be transported to community-based treatment services. Access to health insurance (including Medicaid) is a key to avoiding uninterrupted access to services to ensure participants can continue to receive this monthly injection and other addiction treatment and support services after release.

Impact: According to the Albany County Sheriff's Office, Participants have a twelve (12) percent recidivism rate as compared with forty (40) percent of their non-program counterparts. Seventy-five (75) percent of the men released from the SHARP program remained in treatment.

SUD Jail-Based Services
Recidivism Reduction by
NYS County:
Albany: 12%
Monroe: 50%
NYC: 14%

Chemical Dependency/Re-Entry Program, Monroe County, New York

Since 1994, Monroe County has provided substance use treatment to the men and women in its custody. Across three units, two for men and one for women, the program has the capacity to serve approximately 150 inmates at a time. The program staff includes substance abuse and mental health counselors and is supported by more than thirty (30) community organizations.

Program Components: Weekly activities, including counseling, group therapy, AA and NA meetings, re-entry planning and specific groups on CBT, marijuana, and domestic violence; partnerships with

30-plus community organizations; and a staffing team that includes Credentialed Alcoholism and Substance Abuse Counselors (CASACs) and mental health providers.

Impact: The program has reduced six (6)-month re-arrest rates by fifty (50) percent.⁷

A Road Not Taken (ARNT), Rikers Island, New York City, New York

Since 2007, the NYC Department of Corrections has offered detainees and inmates the option to participate in the ARNT program. Individuals can self-refer or be referred from community organizations, such as treatment courts or medical and mental health providers.

Program Components: While living in a therapeutic community, participants complete a seventy-two (72)-session, work-book-based curriculum. CASACs lead daily group counseling sessions. Inmates also participate in bi-weekly individual counseling sessions. The therapeutic modalities used include CBT, Motivational Interviewing, and the Transtheoretical Model of Change.

Impact: In 2010, a study of 785 inmates released that year found significantly improved outcomes for ARNT participants. Comparing participants' rates of re-arrest one (1) year prior to and one (1) year after the program revealed a 41.67 percent reduction in re-arrests per client. Participants also experienced a fourteen (14) percent reduction in recidivism in the year following their ARNT experience. Program participation for more than forty-one (41) days resulted in a fifty-five (55) percent reduction in re-incarceration.⁸

Comparing participants' rates of re-arrest one year prior to and one year after the program revealed a 41.67% reduction in re-arrests per client.

The Matador Program (Medication-Assisted Treatment and Directed Opioid Recovery), Middlesex County, Massachusetts

Middlesex County, Massachusetts implemented an effective SUD treatment program in response to rapidly increasing SUDs among people in their jail. The jail has on average 998 inmates in custody and approximately eighty (80) percent of them self-report SUDs and a large majority of these individuals are incarcerated or detained related to their SUD.

Program Components: The Matador program is provided in the jail and combines counseling with MAT. Participants can refer themselves to the program or be referred by attorneys, family members, and drug courts. In 2015, the county re-launched the Matador program with the addition of ongoing transition supports to actively connect people to a community-based provider following release through a warm hand off. Program staff also maintain contact with participants for six (6) months upon their release, although there is no legal mandate for participants to do so.

Impact: Strong transition services and health insurance enrollment proved to be critical to program success. Significant reductions in recidivism are now being seen for program completers. Of the 190 individuals who participated in the program since its re-launch, seventy-seven (77) percent saw no recidivism.

7 [Monroe Correctional Facility Chemical Dependency/Re-Entry Program available at http://www.smartny.org/files/2013/02/MCFCDReentryProg08.pdf](http://www.smartny.org/files/2013/02/MCFCDReentryProg08.pdf). Last viewed 8.14.2017.

8 Sellig, D. et al. (2015) A Road Not Taken: Substance Abuse Programming in the New York City Jail System. Journal of Correctional Health Care. Vol. 21(1) 7-11.

State Policy and Budget Implications

It is clear that significant gains in public safety and recovery from addiction can be made when communities have the capacity to initiate treatment services during jail incarceration and to effectively connect people to community-based services at release. Jail-based services should therefore be a critical component of New York's strategy to combat the opioid epidemic and to open doors to opportunity following periods of incarceration.

The Human Cost

In NYS the opioid-prescription related admissions to the OASAS treatment programs have increased by 113 percent in the past ten (10) years. In upstate New York, the rates have risen by ninety-four (94) percent during the same time period, and on Long Island the rate of increase is 117 percent. Heroin related admissions have also seen a thirty-five (35) percent increase.⁹

For inmates with a heroin or opioid SUD, the life-saving power of jail-based treatments is not hyperbole. The moment of release is actually the most dangerous time for a potential overdose and death as the detoxification process has left their bodies unable to handle the levels at which they were using prior to their detention or incarceration.¹⁰ A study published in the *New England Journal of Medicine* found that for the first two (2) weeks after their release from a corrections setting, former inmates with an opioid use disorder were 12.7 times more likely than other individuals to die of an overdose.¹¹

The heroin/opioid overdose risks span all age groups. Nationally, Americans between the age of forty-five (45) and fifty-four (54) are succumbing to prescription opioid deaths, while American's between the ages of twenty (20) and thirty-four (34) are dying from heroin overdoses.¹² In NYS in 2013, 313 people under the age of thirty-five (35) died from a heroin overdose—a 268 percent increase from 2009. Of those deaths in 2013, 210 were between the ages of twenty-five (25) to thirty-four (34) and 103 were between the ages of fifteen (15) and twenty-four (24).¹³

A study published in the *New England Journal of Medicine* found that for the first two weeks after their release from a corrections setting, former inmates with an opioid use disorder were 12.7 times more likely than other individuals to die of an overdose.

9 Governor Cuomo Hosts Heroin Task Force Listening Session on Staten Island available at <https://www.governor.ny.gov/news/governor-cuomo-hosts-heroin-task-force-listening-session-staten-island> last viewed 8.12.2017

10 Binswanger, I et al. (2013) 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. 592-600.

11 Binswanger IA, Stern MF, Deyo RA, et al. (2007) Release from prison—a high risk of death for former inmates. *N Engl J Med*. 2007;356(2):157-165. doi:10.1056/NEJMsa06411

12 Unick GJ, Rosenblum D, Mars S, Ciccarone D (2013) Intertwined Epidemics: National Demographic Trends in Hospitalizations for Heroin- and Opioid-Related Overdoses, 1993–2009. *PLoS ONE* 8(2): e54496.

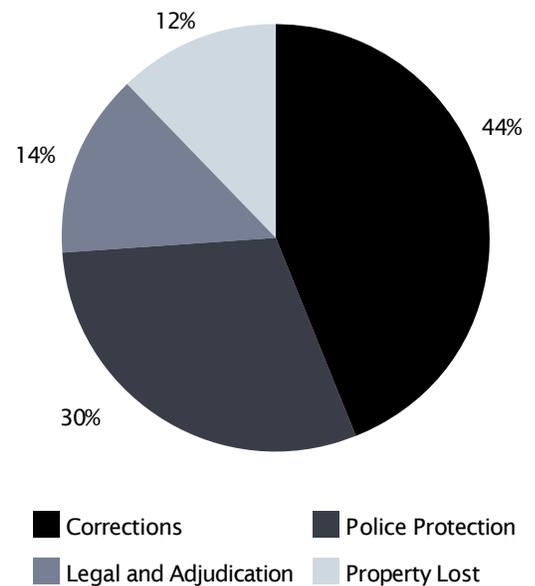
13 New York State Department of Health et al. (2015) Opioid Poisoning, Overdose and Prevention: 2015 Report to the Governor and NYS Legislature. Available at <http://www.newyorkersvolunteer.ny.gov/docfiles/2015HeroinandOpioidTaskForcereport.pdf>.

The Financial Burden

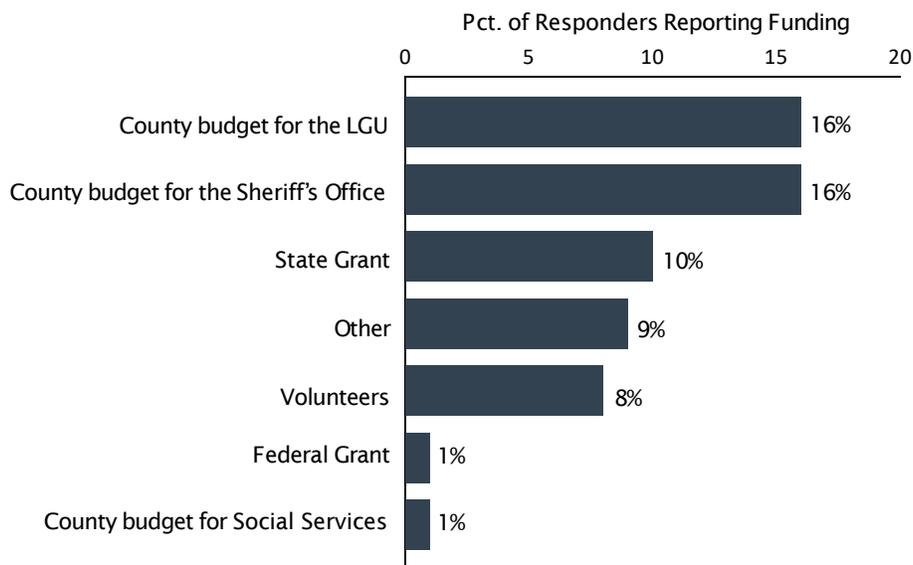
Nationally, the opioid crisis has thus far cost \$5.1 billion, with correctional costs amounting to around forty-four (44) percent of this burden. The states bear two-thirds of these costs through policing (\$1.5 billion), courts (\$726 million) and property crimes (\$625 million).¹⁴ In addition, excessive alcohol drinking costs the US \$249 billion annually—in NYS, the cost to the state economy is \$16.3 billion and the cost to the government is \$6.9 billion.¹⁵ Criminal-justice-related expenses comprise ten (10) percent of this cost.¹⁶ The needs assessment conducted in support of this analysis made clear that the vast majority of the fiscal burden to address SUDs in the jail setting is born by NYS' localities. Without state partnership in these efforts, communities across the state will not have the capacity to address this critical gap in the treatment continuum.

Despite their critical role in the treatment services continuum, jails must patch together SUD treatment services from strained county budgets, volunteers, and pharmaceutical donations. The state grant dollars reported typically came from OMH grants for co-occurring disorders. The absence of state aid for such a pressing public safety and public health problem is striking. While OASAS received a \$25M federal State Targeted Response Opioid Crisis Grant in 2017, this grant only includes \$1.8 million to be spread among 16 counties, which may be used to fund transitional treatment for people returning to the community from local jails and state prisons, train providers in medication assisted treatment, or purchase Naloxone and provide the required training for its use.

Criminal Justice Costs of Opioid Abuse in US, 2007



Sources of Funding for SUD Treatment Services in Jails



14 Birnbaum, Howard et al. "Societal Costs of Prescriptions Opioid Abuse, Dependence, and Misuse in the United States." *Pain Medicine* 2011; 12: 657-667. Available at <https://www.asam.org/docs/advocacy/societal-costs-of-prescription-opioid-abuse-dependence-and-misuse-in-the-united-states.pdf>

15 Sacks, Jeffrey, et al. (2015) "2010 National and State Costs of Excessive Alcohol Consumption." *American Journal of Preventive Medicine.* 49:5, e73-e79. Incarceration of perpetrators: \$3 billion. Crime victims \$895 Million, Violent and Property Crimes \$5.9 Billion, Fetal Alcohol Syndrome (special education) \$374.1 Million

16 Excessive Drinking is Draining the US economy. <https://www.cdc.gov/features/costsofdrinking/>

CLMHD Budget Request: A Solution with Enormous Impact

With the growing heroin/opioid epidemic, a significant unmet need for SUD treatment and transition services in jails statewide, and evidence that the provision of quality SUD treatment services and transition supports reduces recidivism, NYS is well positioned to take a pivotal step in filling this enormous gap in the SUD treatment continuum. With a modest investment of state funding to support an allocation to counties for jail-based SUD treatment and transition services, NYS can fundamentally advance public safety and provide new opportunities for offenders struggling with addiction.

The CLMHD is requesting an annual state funding allocation of \$12.8M to the Local Governmental Units (LGUs) for SUD treatment and transition services in NYS jails. The CLMHD is recommending that the State support an annual allocation of \$156,000 to each of the 41 counties with small jails and an allocation of \$400,000 to each of the 16 counties with large jails (not to include New York City). These funding levels would be responsive to county requests made during the needs assessment and provide pivotal support to localities in their fight against addiction.

In the needs assessment, counties reported that these funds would be used to support a range of treatment and transition services provided by CASACs, social workers, case managers, recovery coaches, psychiatric nurse practitioners, and psychiatrists with addiction medicine specialty. They would also increase the capacity to create or expand: individual and group counseling, improved clinical assessments, MAT, MI, relapse prevention, and transition planning. Localities would tailor their jail-based services to build on existing local capacity and ensure that the unique needs of their populations are being met. As shown in the chart below, the level of funding and services requested in the needs assessment ties closely to the average daily population (ADP) of the jail.

Request Range	ADP Under 250 (41 Jails)	ADP 250 and Over (16 Jails, not NYC)
Range of request for SUD treatment services	\$75,000 - 100,000	\$300,000-4M
Range of requests for SUD transition services	\$60,000-85,000	\$180,000-3M

Albany's SHARP Program shows the impact of even modest funding allocations. The Sheriff's Office funds its own full-time CASAC who spends approximately one quarter of the week engaged with the program. They also partner with the Addictions Care Center of Albany for two (2) hours of a part-time CASAC's time daily to support program operation. In 2016, SHARP worked with eighty-one (81) inmates for a programming cost of \$77,000. This translates into a per person program cost of only \$950.

In 2016, SHARP worked with 81 inmates for a programming cost of \$77,000.

Extrapolating the costs of operating Albany's program and using the cost and victimization savings developed by DCJS as discussed at the beginning of this report, the CLMHD's funding request of \$12.8 M would reap significant benefits. At a cost of \$950 per person, state investment at \$12.8 M would allow for 13,474 people to receive SUD services in the jails with a savings of \$2,846 per person served and a reduction of 13 victimizations per 100 people served.

Conclusion

Over the last few years, NYS has taken considerable action to combat addiction in our communities by expanding treatment and recovery services and creating new community-based programs to increase access and support for people suffering with SUDs. However, a critical gap exists in this SUD continuum of care for people with addiction incarcerated in county jails. By making a modest investment in SUD treatment and transition services in jails, the State has the opportunity to close this gap and strengthen the SUD continuum of care, reduce recidivism and victimization, reduce costs to taxpayers, and offer the opportunity for recovery to all New Yorkers struggling with addiction.