

FINAL SUMMARY:

Reentry Planning for Individuals with SUD Who Have Quick or Unknown Release Dates

More than 100,000 people died from drug overdoses in 2022, with more than 75,000 deaths resulting from opioid overdoses. As communities are reeling from the impacts of these losses, many sheriffs are working to address the needs of individuals who are struggling with substance use disorder (SUD), even in the face of limited resources and increased numbers of resignations and early retirements that are occurring in American law enforcement. These sheriffs are restructuring their forces and changing policies to direct individuals with SUD away from the criminal justice system towards more appropriate public health responses. In many cases these sheriffs are creating clinical resources within their own facilities if they don't exist elsewhere.

Today sheriffs across the country engage in a number of efforts by using diversion, deflection and drug and mental health assessments to support and partner with public health, treatment and service providers, and non-profit organizations who can better serve the needs of those affected by SUD. Some sheriffs have created units within their correctional facilities to evaluate incoming arrestees and then ensure they get the services they need while there. They are also establishing processes to ensure that those about to be released are connected to services in the community so that recidivism and relapse are less likely. As many sheriffs will tell you, their facilities are the largest provider of substance use and mental health services in their jurisdictions.

In a webinar supported by the **Building Bridges initiative**, part of the **Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)**, several programs shared how their public safety and public health agencies work together and support each other, understanding that they are often working with the same populations. For example, in **Franklin County, Ohio**, Sheriff Dallas Baldwin, along with other members of the criminal justice and public health community, participate in a program called **Stepping Up**, which guides how they provide services and manage people who have behavioral health issues and are moving through these systems.



Chief Deputy Geoffrey Stobart, who oversees these programs as a part of his duties, discussed the many components of what Franklin County Sheriff's Office offers in their correctional facility. He described one of their philosophies as being that reentry begins at intake and highlighted the importance of using program navigators from the outset to assess and direct the needs of individuals in the jail. As he reviewed the many services they provide, including Medication-Assisted Treatment (MAT) he also cautioned that each jurisdiction is different and programs must align with realistically available resources in that community. He noted that Franklin County, as the largest jurisdiction in Ohio, benefits from abundant resources.



In **Hampden County, Massachusetts**, the Sheriff's Department instituted a number of therapeutic programs which are implemented in their five correctional facilities. Hampden County comprises 23 cities and towns with a population of around 500,000. Sheriff Nick Cocchi in 2021 proudly reported that their efforts resulted in a 14 percent recidivism rate after one year because their system, employing a philosophy similar to Franklin County, begins planning for reentry at intake. The Hampden County Sheriff's Department also provides MAT and has converted one of their facilities into a site that they call "All Inclusive." Here members of the community can seek treatment outside of any justice involvement, in addition to those who are already involved in the criminal justice system.

Sheriff Cocchi brings a practical understanding about the nature of SUD and as a result uses this to guide the department's release procedures when it comes time for a person to return to the community. Sheriff Cocchi and Sheriff Baldwin encourage a model of mental health and SUD awareness which informs their correctional philosophies and ensures that they are more effectively handling this difficult and complex population as the opioid and substance use crisis continues at such a devastating rate.





Jail Commander Rob Yantis from the **Pennington County, South Dakota**, Sheriff's Office discussed a smaller agency's experience with these issues. Pennington County has a population of approximately 112,000 and works with tribal reservations as well as having professional relationships with a nearby Air Force base. Their inmate population is approximately 650 and despite the relatively smaller size compared to the other agencies, Commander Yantis

encourages other jail operations staff to realize these same types of programs can be implemented even if resources are less plentiful than other jurisdictions.

Examples of programs they provide include safe beds, detoxification, crisis care and other programs to address the underlying conditions of their population. The Sheriff's Office partners with a community-based treatment provider and has individuals sign a release of information while they are incarcerated so the Sheriff and treatment provider can work "in tandem" before an individual is released, and provides three to seven days of medication upon release as needed. The Pennington County Sheriff's Office also has an Addiction Services division, through which they can offer Treatment Needs Assessments (TNAs), 12-hour DUI classes, MRT (Moral Reconciliation Therapy) classes, CBISA (Cognitive Behavioral Interventions for Substance Abuse) classes, Crisis and Early Intervention, Social-Setting Detox, Intensive Outpatient and Residential Treatment, and Long-Term Specialized Methamphetamine/Opiate Day Treatment.

These three agencies are showing how local law enforcement can support their communities even in a time of great challenge and limited resources. While residents generally think of sheriffs' responsibilities to include mostly enforcement activities, in fact our efforts are much broader and more far reaching. Whether it's managing incarcerated populations where a large number of subjects are struggling with SUD or coming into contact with folks who are dealing with mental health problems, local law enforcement has restructured how services are provided, reprioritized resources and taken on responsibilities to fill the gaps that currently exist. Their leadership and concern for their communities means that they are meeting those needs in new ways and as a result their communities are safer and more supportive of individuals who have SUD.

