



# Lessons Learned in State Collaboration to Address Substance Use Disorder and Justice-Involved Individuals



## **Executive Summary**

A significant amount of national attention has focused on both the amount of aggregate funding that has been provided to address SUD and strategies to reduce overdose deaths. However, more consideration is needed at the agency and senior leadership level in states to strengthening state collaboration to coordinate the funding and strategies needed to reduce overdoses. During a listening session in July 2021, senior officials from single state agencies (SSAs) and state administering agencies (SAAs) in three states shared their successes, lessons learned, and challenges in addressing SUD within justice-involved populations. The states represented were **Hawai'i**, **Pennsylvania** and **West Virginia**.

This policy brief highlights lessons learned from collaborative efforts in these three states between SAAs and SSAs to address SUD issues within justice-involved populations. These lessons include challenges in facilitating coordination by and between sister state agencies, best practices among current approaches, and considerations for states and territories. Existing challenges in facilitating the coordination of services include overcoming historical silos between agencies, navigating other agencies and outside stakeholders, prioritizing and modeling collaboration at all levels of government, and finding adequate time to increase coordination and collaboration across layers of state government.

To address these challenges, current approaches that are showing promise include, leveraging Governor-led or statutorily required formal bodies, taking formal state-level joint actions (e.g., grants, legislation, surveys, implementing public health measures), and supporting the organic development of informal staff working groups.

Given the lessons learned from these current approaches, there are several considerations and/or steps that Governors and senior state officials could take, at their discretion, to strengthen collaboration in their jurisdictions, including the following:

- Assess existing collaboration;
- Utilize gubernatorial influence to set a vision and grow collaboration;
- Establish new formal bodies (or adjust existing ones) to ensure SUD and justice-involved issues are prioritized;
- Recognize the value of informal collaboration and personal relationships;
- Communicate the value of and need for collaboration at all levels of state government;
- Seed collaboration at the local level between health and safety leaders;
- Consider the longer-term sustainability of statutorily mandating collaboration at the state level; and,
- Secure federal funding that supports flexible state planning approaches.

## **Background**

As states continue to grapple with the COVID-19 pandemic, the challenges and long-term impacts of substance use disorder (SUD) have been exacerbated. According to preliminary data released by the Centers for Disease Control and Prevention, drug overdose deaths in the U.S. rose nearly 30 percent in 2020.<sup>1</sup> An estimated 93,331 individuals lost their lives in the past year to overdose, with 68,710 deaths involving opioids.<sup>2</sup> In addition to the human toll caused by opioid use disorders (OUD) and opioid overdose deaths, the economic costs to the states are tremendous. According to a CDC study, fatal opioid overdoses and OUD cost the United States \$1.02 trillion in 2017 in the form of spending on medical care, SUD treatment, criminal justice, and lost work productivity, as well as estimates of cost for lost quality of life and lives lost.<sup>3</sup>

Given the continued rise in overdose deaths, Governors and state officials are redoubling efforts to strengthen prevention, treatment, harm reduction and recovery efforts in their respective jurisdictions. A key pillar of such comprehensive efforts is reaching vulnerable populations, such as justice-involved individuals. Individuals affected by a mental illness and/or SUD involved in the criminal justice system experience higher rates of incarceration, longer terms of incarceration, and higher rates of recidivism.<sup>4</sup>

Over the last decade, states have heightened their efforts to secure state and federal resources so they can bolster comprehensive approaches to addiction, including facilitating access to treatment for individuals coming into contact with and moving through the justice system. Previous analyses have highlighted 57 federal programs that support state and local efforts to address the opioid epidemic, as well as related challenges with substance use.<sup>5</sup> States have also had access to new federal resources, such as COVID-19 and stimulus-related funding in 2020 and 2021 that is available to address SUD. Additionally, state and local governments leveraged their own resources to address SUD issues. In the future, opioid litigation settlement dollars may become more readily available as well.

Taken together, these federal, state and local funds have supported strategies relevant for justice-involved individuals including, but not limited to: 1) more effectively identifying individuals with SUD; 2) diverting these individuals from the justice system into treatment; 3) using medications for OUD for incarcerated individuals and those reentering communities; 4) distributing naloxone and other harm reduction tools for those using illicit substances; 5) reducing the disproportionate involvement of people of color in contact with the justice system and ensuring equity in access and availability to SUD treatment; and, 6) providing

training and technical assistance for law enforcement and first responders to facilitate warm hand-offs for individuals that could benefit from treatment.<sup>6</sup>

With the increase in resources and available strategies to address SUD and overdoses, the need to coordinate funding and strategies is heightened at the state level, requiring significant collaboration and partnership between state leaders and agencies. While many state leaders and agencies are involved with strategies to address addiction, two entities that are central to these efforts are the SSA for alcohol and drug and SAAs for criminal justice. SSAs play an important role in addressing SUD, as each state and jurisdiction has identified a lead agency that manages the publicly-funded addiction treatment, prevention and recovery services.<sup>7</sup> Similarly, SAAs administer federal criminal justice funds, including, but not limited to, the Edward Byrne Justice Assistance Grant (Byrne JAG), conduct coordinated and transparent strategic planning and implement structural reforms that improve the administration of justice, while saving taxpayer money.<sup>8</sup> By extension, their respective SSA and SAA for criminal justice directors, commissioners, and/or cabinet secretaries are some of the most important senior officials at the state level to help craft and implement strategies and coordinate resources to address SUD among justice-involved individuals.

## **Challenges in Collaboration**

Challenges remain in facilitating coordination across state agencies to better address SUD among justice-involved individuals, including: overcoming historical silos and territories; navigating involved state agencies and outside stakeholders; prioritizing and modeling collaboration at all levels; and finding the time to adequately participate in coordination and collaboration platforms.

A common challenge state officials highlighted is facilitating initial coordination efforts when agencies and approaches have historically been siloed in single agencies. In the criminal justice and SUD policy and programs space, state officials may need to broaden perspectives around their missions and the traditional way they have done business and reach shared goals to address common problems. For example, public safety and criminal justice agencies have raised awareness around addiction and educated law enforcement and first responders about SUD issues. In the last 30 years, treatment courts helped to bring together health and safety officials to increase treatment access for SUD. Similarly, over the last decade, as opioid overdoses increased and social movements raised health equity issues for people of color and marginalized communities, states have sought to increase collaboration between alcohol and drug agencies and criminal justice administering agencies.

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A second challenge state officials raised is the difficulty they face in facilitating partnerships across SSAs and SAAs while also engaging with other agencies and outside stakeholders in the SUD space. As overdoses have increased, more state and local government, non-profit and private stakeholders have entered the policy, practice and programmatic arenas. To address SUD issues among justice-involved individuals, SSAs and SAAs must partner with each other while also navigating partnerships and engagements with other state agencies, local health and safety officials, non-profits and private entities (e.g., managed care organizations, providers, insurance, recovery facilities, housing entities). Maintaining coordination between SAAs and SSAs can be a challenge when operating in an increasingly crowded policy space.

A third challenge is prioritizing and modeling collaboration between staff at SSAs and SAAs. Given the demands of leading state agencies, state officials noted it can be difficult to prioritize and model collaboration for staff with their counterparts (e.g., directors, commissioners, cabinet secretaries) at their respective SSA or SAA for criminal justice. State leaders highlighted that they recognize it is important to be seen collaborating with their respective safety or health counterpart, in the hopes of spurring staff-level, cross-agency engagement.

Along similar lines, a fourth challenge commonly raised among senior state officials was the issue of limited time. Leading a state agency of any type is challenging and can require long hours. It is common for these leaders to spend much of their time working on agency issues with the Governor's office, state budget office, the legislature, other agencies, the courts, local officials, etc. Additionally, leading SSAs and SAAs during a confluence of unique historical challenges (i.e., record drug overdoses, COVID-19, law enforcement reform efforts) while dealing with issues of staffing or budget constraints can make it difficult to find sufficient time to collaborate with their leadership counterparts in other organizations and ensure collaboration at all levels of their respective agencies.

Finally, data and information sharing can be a barrier to collaboration. While there has been much progress in facilitating information sharing between alcohol and drug agencies and SAAs over the last decade, progress has been uneven. Certain challenges can arise around information sharing—privacy concerns, funding, political will, and staff burdens chief among them—and as a result not all jurisdictions share the same types and amounts of SUD and justice data.

## **Current Approaches**

There are key collaboration approaches that are commonly used across states and among senior state officials to address SUD issues within justice-involved individuals. Current approaches that are showing promise include leveraging governor or statutorily required formal bodies, taking formal state-level joint actions (e.g., planning, grants, legislation, surveys, implementing certain public health measures on the ground), and supporting the growth of organic, more informal staff-level working groups.

Leveraging Governor-led or statutorily required formal bodies to facilitate closer coordination is a key approach. Given the role that Governors have in providing a vision for and leading statewide SUD and justice efforts, they are uniquely positioned to foster coordination between SSAs and SAAs through the establishment of formal bodies. For example, a Governor-led task force to address drug overdose issues that includes all relevant state and community-related agencies and resources (e.g., Medicaid agencies, public health agencies, mental health agencies, local providers, insurance providers, etc.) can provide the backdrop for cabinet or director-level engagement to leverage funding, jointly plan, and direct implementation strategies to benefit justice-involved individuals with SUD.

Similarly, formal state-level joint actions (e.g., planning, grants, legislation, surveys, implementing certain public health measures on the ground) offer unique opportunities for strengthening collaboration by SSAs and SAAs. Both SSAs and SAAs are asked to do planning for their respective agencies, whether it be crafting strategic plans or planning for the use of federal funding. For example, state officials highlighted how state Byrne JAG planning committees, which can be codified in statute, often have SSA heads that are named as committee members to help with strategic planning and directing funds. Similarly, state officials raised how the Substance Abuse Prevention and Treatment Block Grant program, State Targeted Response, and State Opioid Response funding allow SSAs with natural joint planning opportunities to add the perspective of senior officials from SAAs and coordinate funding to address SUD and justice-involved individuals.

Additionally, state participants highlighted how statewide criminal justice reform legislative efforts offer other avenues for promoting cross-system understanding of drivers of recidivism, better understanding of the impacts that SUD can have on those involved in the criminal justice system, and how these legislative efforts can help states set up long-term coordination between SSAs and SAAs. Furthermore, carrying out surveys at the state and local level on substance use offers another outlet for partnerships and collaboration to form at all levels of these agencies. Harm reduction efforts to disseminate naloxone and distribute fentanyl test strips

also provide opportunities for partnership between these entities at the leadership and staff levels.

Leaders of SSAs and SAAs facilitate formal and informal staff-level interactions that create collaboration across all levels. For example, state leaders cited that communicating the importance of partnership and encouraging the formation of staff-level working groups between SSAs and SAAs can go a long way towards garnering staff buy-in on the need for collaboration. These efforts can also make it easier for staff to continue collaboration over the long-term. Agency staff participating in a staff-level working group develop their own relationships, thereby increasing their own investment in maintaining the relationship and may come to see collaboration as more of a priority for carrying out their mission and work.

## **Considerations and Steps for Governors and Senior State Officials**

Governors and senior officials from SSAs and SAAs can lead statewide efforts to increase collaboration and coordination to better address SUD within justice-involved populations. These efforts can look different in each jurisdiction, but there are common tools and authorities that such officials possess to increase public safety, improve health and wellbeing outcomes for those with SUD that are touching or moving through the justice system, and help build more effective SUD treatment, response, delivery and recovery in the criminal justice systems. The following are considerations and/or steps that Governors and senior state officials could take, at their discretion, to facilitate stronger collaboration at the state level:

- **Assess existing collaboration.** Assess the level and extent of existing collaboration between key state agencies on addressing the needs of justice-involved individuals.
- **Utilize gubernatorial influence to set a vision and grow collaboration.** Leveraging support from the Governor's office can help set a vision for collaboration, support efforts to foster relationships, and remind agencies of the value and importance of collaboration. Facilitating more partnerships that can grow at all levels of state government can provide longer-term, more sustained collaboration and coordination.
- **Establish formal bodies (or adjust existing ones) to ensure SUD and justice-involved issues are prioritized.** Establish formal bodies and coordinate with existing formal mechanisms to address SUD and justice-involved issues, as both offer good avenues for discussing issues such as blending and braiding funding. Additionally, these bodies can serve as platforms for identifying and working through cross-cutting issues and aligning strategies. For example, providing a

space for joint planning can allow for new ideas to emerge and underscore areas of agreement and disagreement between state agencies.

- **Recognize the value of informal collaboration and personal relationships.** Collaboration on formal bodies can jumpstart relationships that can spread into more informal collaboration. Informal collaboration also allows for more personal relationships to develop, which can become the root for long-term, sustainable collaboration.
- **Communicate the value and need for collaboration at all levels of state government.** Agency leaders can not only message and communicate to staff that partnerships can (and must) work to achieve their mission, but leaders should create connections at all levels of an agency that make it easier for such partnerships to be maintained over the long-term.
- **Consider the long-term sustainability of statutorily mandating collaboration at the state level.** State legislation requiring collaboration between sister agencies needs to be strategic. While formal statutory requirements for collaboration may be occasionally necessary, such requirements may run up against practical realities that changes in roles, organizations, and at the leadership level may change over the long-term. Accountability and operational success likely go hand in hand.
- **Seed collaboration at the local level between health and safety leaders.** Partnerships at the state level are important; however, state leaders should foster and mirror such partnerships to local officials and community-based providers to maximize impact. Examples include seeding local partnership models across health and safety, such as local criminal justice or SUD coordinating councils.
- **Secure and leverage federal funding that supports flexible state planning approaches.** Federal efforts to foster collaboration at the state level should emphasize flexibility with planning and coordination efforts to better reflect the needs and situation at the state level.



## **Next Steps**

For questions, further information, and to explore opportunities for collaboration and engagement in training and technical assistance, please contact:

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<sup>1</sup> Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.

<sup>2</sup> *Id.*

<sup>3</sup> Curtis Florence, Feijun Luo, Ketra Rice, The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017, Drug and Alcohol Dependence, Volume 218, 2021, 108350, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2020.108350>.

<sup>4</sup> Substance Abuse and Mental Health Services Administration, Behavioral Health and Criminal/Juvenile Justice, National and Regional Resources: Region VIII, 2019, <https://www.samhsa.gov/sites/default/files/criminal-justice-behavioral-health-regional-resource-guide-12102019.pdf>.

<sup>5</sup> Tracking Federal Funding to Combat the Opioid Crisis, Bipartisan Policy Center, 2019, available at: <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/03/Tracking-Federal-Funding-to-Combat-the-Opioid-Crisis.pdf>.

<sup>6</sup> Substance Abuse and Mental Health Services Administration, *supra* note 4.

<sup>7</sup> National Association of State Alcohol and Drug Abuse Directors, *The Role of State Alcohol and Drug Agencies*, <https://nasadad.org/wp-content/uploads/2019/02/Role-of-SSAs-2.pdf> (last visited Aug. 4, 2021).

<sup>8</sup> National Criminal Justice Association, *State Administering Agencies*, <https://www.ncja.org/about-saas> (last visited Aug. 4, 2021).