

ARTICLE

“WE ARE NOT GOING TO ARREST OUR WAY OUT OF THIS”: LAW ENFORCEMENT’S EVOLVING RESPONSE TO THE FENTANYL CRISIS WITH CASE STUDIES FROM CORRECTIONS

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INTRODUCTION

*“This epidemic is not a law enforcement issue; it is a social issue. But what society has done is it’s forced law enforcement to handle what it can’t handle, and we see this in so many different areas We are not going to arrest our way out of this addiction issue.”*¹ –Sheriff Calvin Barrett, Dane County, Wisconsin

America is grappling with an ongoing fentanyl crisis. Although this crisis is generally recognized to arise at the intersection of public health and law enforcement, law enforcement is often tasked with leading the charge against it.² While that may be understandable, traditional law enforcement approaches are not always the most effective response. That is why many

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1. UNIVERSITY OF ST. THOMAS – MINNESOTA, *Fentanyl: Tragedies & Solutions | Fall 2024 St. Thomas Law Journal Symposium*, at 1:10:30 (YouTube, Oct. 31, 2024), <https://www.youtube.com/watch?v=W30RJ0BVBR0&t=4206s> [<https://perma.cc/3ZQ3-X8Y8>].

2. See OFF. OF CMTY. ORIENTED POLICING SERVS., U.S. DEP’T OF JUST., POLICING ON THE FRONT LINES OF THE OPIOID CRISIS 5–8 (2021) [hereinafter POLICING], <https://www.policeforum.com>.

law enforcement leaders are adopting a variety of tools to combat fentanyl and, often, are moving away from reflexive punitive enforcement to health-focused policies.

This Article explores the ways that some local law enforcement leaders are prioritizing health-based approaches. It summarizes innovations at different points in the criminal process, with a special focus on jails and prisons. As the places where individuals are housed, whether after an initial arrest or for longer periods of incarceration, jails and prisons are critical—yet often underutilized—intervention points. They provide avenues for populations facing disproportionately high rates of addiction and overdose to access better care and connect more closely to services.

We draw in part on the work of Law Enforcement Leaders to Reduce Crime and Incarceration (LEL), a project of the Brennan Center for Justice that brings together nearly two hundred current and former police chiefs, sheriffs, federal and state chief prosecutors, and corrections officials across the country who support evidence-based strategies to reduce unnecessary incarceration and improve public safety.³ LEL has long advocated for less punitive approaches to substance use issues that prioritize treatment over lengthy and mandatory sentences, where appropriate, to better reduce recidivism and support successful reentry.⁴ We also feature insights from the LEL members who spoke at the University of St. Thomas Law Journal's Symposium, *Fentanyl: Tragedies and Solutions*—Sheriff Dawanna Witt of Hennepin County, Minnesota; Sheriff Calvin Barrett of Dane County, Wisconsin; and Paul Schnell, Commissioner of the Minnesota Department of Corrections.

This Article proceeds in three parts. Part I provides some background on fentanyl and why many law enforcement leaders are adopting more public-health-focused responses. Part II provides a cross-sector overview of such policies, beginning with police and prosecutor-led reforms to lay the foundation for the following section on corrections. It then explores the unique role of jails and prisons, spotlighting innovative strategies to expand

org/assets/PolicingOpioidCrisis.pdf [https://perma.cc/4UEF-VECX] (exploring police officers' role at the frontlines of the opioid crisis).

3. See *Our Mission*, L. ENF'T LEADERS TO REDUCE CRIME & INCARCERATION, <https://lawenforcementleaders.org/our-mission/> [https://perma.cc/5QLX-WWJG] (last visited July 1, 2025).

4. See *Promoting Safer and Healthier Communities*, L. ENF'T LEADERS TO REDUCE CRIME & INCARCERATION, <https://lawenforcementleaders.org/promoting-safer-and-healthier-communities/> [https://perma.cc/Q3XW-VXCZ] (last visited July 1, 2025); L. ENF'T LEADERS TO REDUCE CRIME & INCARCERATION, SENTENCING REFORM PRINCIPLES 2 (2021), https://lawenforcementleaders.org/wp-content/uploads/2021/04/2021.4.27_LEL-Sentencing-Reform-Brief.pdf [https://perma.cc/254L-HJMU]; Letter from Ronal W. Serpas, Exec. Dir., L. Enf't Leaders to Reduce Crime & Incarceration, to Hon. Nancy Pelosi, U.S. House of Representatives, Hon. Kevin McCarthy, U.S. House of Representatives, Hon. Steny H. Hoyer, U.S. House of Representatives, & Hon. Hakeem S. Jeffries, U.S. House of Representatives (July 22, 2021), https://lawenforcementleaders.org/wp-content/uploads/2021/07/7.22.2021_LEL-Support_EQUAL-Act-House.pdf [https://perma.cc/XXW6-7Q38].

treatments and reentry support. It also discusses challenges for all three. Part III draws on case studies from the corrections leaders who participated in the Symposium to illustrate how these approaches are operationalized in practice to reduce overdose deaths, support recovery, and disrupt cycles of recidivism in their communities.

PART I: BACKGROUND

A. *The Fentanyl Crisis*

In 2024, the US Drug Enforcement Administration “seized more than 60 million fentanyl-laced pills and nearly 8,000 pounds of fentanyl powder,” enough for more than 380 million lethal doses.⁵ Synthetic opioids now account for nearly 70 percent of all overdose deaths in the United States,⁶ with fatalities cutting across every race, age, geographic, and socioeconomic group.

Pharmaceutical fentanyl is a synthetic opioid prescribed for severe pain.⁷ Most fatal overdoses, though, are linked to illegally manufactured fentanyl, often mixed into drugs like heroin, cocaine, and methamphetamine, and sold in forms indistinguishable from legitimate prescriptions.⁸ Its lack of odor or taste, ease of distribution, and the need for specialized testing strips make detection and control of the substance uniquely difficult.⁹

After years of steep increases, overdose deaths fell by 14.5 percent between June 2023 and June 2024,¹⁰ with fentanyl-related deaths dropping by 30.6 percent nationwide.¹¹ Public health analysts attributed this decline to a combination of factors, including wider naloxone (Narcan) distribution, expanded access to evidence-based treatment, declining potency in some markets, public education campaigns, broader availability of test strips, and the resumption of prevention efforts disrupted by the COVID-19 pandemic.¹² However, more recent data from the U.S. Centers for Disease

5. *DEA Fentanyl Seizures in 2025*, U.S. DRUG ENF'T ADMIN. (Sep. 22, 2025), <https://www.dea.gov/onepill> [<https://perma.cc/K8P4-4VYY>].

6. *Fentanyl Facts*, CDC (Apr. 2, 2024), <https://www.cdc.gov/stop-overdose/caring/fentanyl-facts.html> [<https://perma.cc/6H33-UUU6>].

7. *Id.*

8. *Id.*

9. *What You Can Do to Test for Fentanyl*, CDC (Apr. 2, 2024), <https://www.cdc.gov/stop-overdose/safety/index.html> [<https://perma.cc/4BY7-VN9S>].

10. Press Release, Dustin R. Gillespie, Special Agent in Charge - Omaha, Overdose Deaths Decline, Fentanyl Threat Looms (Dec. 16, 2024), <https://www.dea.gov/press-releases/2024/12/16/overdose-deaths-decline-fentanyl-threat-looms> [<https://perma.cc/6V3Q-SEFP>].

11. Brian Mann, *Deadliest Phase of Fentanyl Crisis Eases, as All States See Recovery*, NPR (Mar. 10, 2025, at 04:12 ET), <https://www.npr.org/2025/03/07/nx-s1-5295618/fentanyl-overdose-drugs> [<https://perma.cc/C3UH-ZU3H>].

12. *Id.*; Press Release, CDC, CDC Reports Nearly 24% Decline in U.S. Drug Overdose Deaths (Feb. 25, 2025), <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html> [<https://perma.cc/QA9L-ZLMU>]; Jan Hoffman & Noah Weiland,

Control and Prevention (CDC) has shown a slight increase in overdose deaths, with more deaths reported in January 2025 than in January 2024, potentially signaling that the drivers of earlier progress are fading.¹³ While most of the country continues to trend in the right direction, this national increase is being largely driven by “upticks in Texas, Arizona, California, and Washington.”¹⁴ Overdose remains the leading cause of death for Americans aged eighteen to forty-four,¹⁵ and progress is uneven: Fatal overdoses among Black Americans rose from 2022 to 2023 even as rates declined for white Americans.¹⁶

B. Law Enforcement's Approach

For decades, the response to concerns about addiction and overdose has been primarily rooted in punitive law enforcement strategies rather than public health. In response to rising crime rates and growing public fear throughout the 1980s and 1990s, fueled by the “war on drugs,” policy-makers dramatically expanded the use of arrest, prosecution, mandatory minimum sentencing, and long prison terms to deter drug use and reduce crime.¹⁷ As a result, the criminal justice system became the primary means of addressing illegal drugs, causing incarceration rates to rise,¹⁸ and often leaving underlying substance use disorders untreated. Studies show that these policies had little effect on violent crime,¹⁹ and the harsh sentencing policies disproportionately impacted low-income communities of color.²⁰

In combating today's fentanyl crisis, law enforcement continues to play a necessary role through traditional approaches, including interdiction efforts to disrupt trafficking networks, seizing dangerous substances

What's Behind the Remarkable Drop in U.S. Overdose Deaths, N.Y. TIMES (Nov. 21, 2024), <https://www.nytimes.com/2024/11/21/health/overdose-deaths-decline-drug-supply.html> [<https://perma.cc/XN7S-DMXP>].

13. *Provisional Drug Overdose Death Counts*, CDC (Sep. 17, 2025), <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> [<https://perma.cc/T2FX-JC85>]; Brian Mann, *New Report: U.S. Drug Overdose Deaths Rise Again After Hopeful Decline*, NPR (June 18, 2025, at 05:00 ET), <https://www.npr.org/2025/06/18/nx-s1-5436711/overdose-drugs-cdc> [<https://perma.cc/62BX-RHTR>].

14. Mann, *supra* note 13.

15. CDC, *supra* note 12.

16. Noah Weiland, *Fatal Drug Overdoses Are Dropping. Not Everyone Is Spared.*, N.Y. TIMES (Oct. 26, 2024), <https://www.nytimes.com/2024/10/25/us/drug-overdoses-opioids-fentanyl1.html> [<https://perma.cc/KTX2-YWMQ>].

17. OLIVER ROEDER, LAUREN-BROOKE EISEN & JULIA BOWLING, BRENNAN CTR. FOR JUST., *WHAT CAUSED THE CRIME DECLINE?* 15 (2015), https://www.brennancenter.org/media/230/download/Report_What_Caused_The_Crime_Decline.pdf?inline=1 [<https://perma.cc/MTB3-8EGX>].

18. *Id.*

19. *Id.* at 22.

20. *See Race and the War on Drugs*, NAT'L ASS'N OF CRIM. DEF. LAWS. (Nov. 29, 2022), <https://www.nacdl.org/Content/Race-and-the-War-on-Drugs> [<https://perma.cc/JS8S-KAVQ>]; Serpas, *supra* note 4; Nazish Dholakia, *Fifty Years Ago Today, President Nixon Declared the War on Drugs*, VERA INST. OF JUST. (June 17, 2021), <https://www.vera.org/news/fifty-years-ago-today-president-nixon-declared-the-war-on-drugs> [<https://perma.cc/XE7J-DTCG>].

before they reach communities, and holding individuals and organizations accountable through investigation and prosecution.²¹ However, Sheriff Barrett's words above reflect a growing recognition within law enforcement that while these traditional tactics remain necessary, they are insufficient on their own. Addiction is a complex, chronic condition deeply intertwined with structural inequalities, trauma, poverty, mental illness, and gaps in healthcare—disproportionately impacting Black and Latino communities and economically disadvantaged groups.²² Police departments, corrections officials, and federal law enforcement agencies have acknowledged that, often, punitive approaches to substance use can further destabilize lives, elevate overdose risks, reinforce stigma, deter treatment, and overwhelm an already-strained justice system.²³

As a result, many law enforcement leaders are actively seeking partnerships with behavioral health experts, clinicians, and community organizations to implement strategies that prioritize treatment, recovery, and long-term public safety.

21. *Fact Sheet: DHS Shows Results in the Fight to Dismantle Cartels and Stop Fentanyl from Entering the U.S.*, U.S. DEP'T OF HOMELAND SEC. (July 31, 2024), <https://www.dhs.gov/archive/news/2024/07/31/fact-sheet-dhs-shows-results-fight-dismantle-cartels-and-stop-fentanyl-entering-us> [<https://perma.cc/NQA9-YYG4>].

22. *Trauma: The Root of Substance Use Disorder?*, NW. MED. (July 2024), <https://www.nm.org/healthbeat/healthy-tips/emotional-health/Trauma-the-Root-of-Substance-Use-Disorder> [<https://perma.cc/ET6J-QHKF>]; *Determinants of Health: Substance Use*, MINN. DEP'T OF HEALTH (Sep. 22, 2025), <https://www.health.mn.gov/communities/overdose/prevention/socialdeterminants.html> [<https://perma.cc/DL4W-SJQW>]; see DEBRA A. PINALS, DORIS A. FULLER & MALKAH J. PINALS, SOCIAL DETERMINANTS OF HEALTH AND MENTAL HEALTH 2 (2021), https://www.ncsc.org/__data/assets/pdf_file/0025/70864/Social-Determinants-of-Health.pdf [<https://perma.cc/BF3W-HRWG>] (“Populations that experience stigma and/or discrimination because of race, class, gender or other identity factors experience higher rates of illness and mental illness than populations not similarly marginalized.”); *Finding Help for Co-Occurring Substance Use and Mental Disorders*, NAT'L INST. OF MENTAL HEALTH (Mar. 2025), <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health> [<https://perma.cc/2KWS-BHR8>].

23. See POLICING, *supra* note 2, at 15, 49; NAT'L GOVERNORS ASS'N & AM. CORR. ASS'N., EXPANDING ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER IN CORRECTIONS AND COMMUNITY SETTINGS: A ROADMAP FOR STATES TO REDUCE OPIOID USE DISORDER FOR PEOPLE IN THE JUSTICE SYSTEM 60 (2021), https://www.nga.org/wp-content/uploads/2021/02/NGA-Roadmap-on-MOUD-for-People-in-the-Justice-System_layout_final.pdf [<https://perma.cc/45JY-L8KP>]; *Fentanyl and Synthetic Drug Awareness Initiative*, U.S. DEP'T OF JUST.: U.S. ATT'Y'S OFF. CENT. DIST. OF CAL. (Nov. 4, 2024), <https://www.justice.gov/usao-cdca/programs/opioid-and-fentanyl-awareness-initiative> [<https://perma.cc/4TYP-ATZ3>]; OFFICE OF CMTY. ORIENTED POLICING SERVS., U.S. DEP'T OF JUST., BUILDING SUCCESSFUL PARTNERSHIPS BETWEEN LAW ENFORCEMENT AND PUBLIC HEALTH AGENCIES TO ADDRESS OPIOID USE 8–9 (2016), <https://portal.cops.usdoj.gov/resourcecenter/content.ashx/cops-p356-pub.pdf> [<https://perma.cc/9ANE-YDQ5>]; *Combating the Opioid Crisis*, ICE (Sep. 11, 2025), <https://www.ice.gov/features/opioid-crisis> [<https://perma.cc/YQD9-29SA>].

PART II: CROSS-SECTOR OVERVIEW

A. *The Role of Police and Prosecutors*

All the points where individuals can intersect with the criminal justice system provide critical opportunities for off-ramps to treatment and disruptions to cycles of incarceration. Therefore, they are all important aspects of law enforcement's public-health-oriented approach to the crisis. This section summarizes some key ways police and prosecutors are implementing early-stage interventions to reduce harm, connect individuals to treatment, and reduce unnecessary incarceration. It also examines some challenges to the implementation and sustainability of these policies due to resource constraints and other barriers.

Innovations – Police & Prosecutors

Targeted enforcement allows police to focus resources on major manufacturing and trafficking operations.²⁴ However, many police departments recognize that low-level users would benefit more from treatment than punitive measures.²⁵ They use pre-arrest diversion programs to connect people with substance use disorders to treatment and services, and minimize their entanglement with the justice system.²⁶ Co-responder programs pair officers with clinicians to de-escalate crises and support care over custody.²⁷

24. See *Westchester County Police Highlight Success in Removing Deadly Fentanyl from Westchester County's Streets*, WESTCHESTER CNTY. (May 19, 2022), <https://www.westchestergov.com/home/all-press-releases/9552-westchester-county-police-highlight-success-in-removing-deadly-fentanyl-from-westchester-county-s-streets> [<https://perma.cc/29GA-FSV8>]; OFF. OF NAT'L DRUG CONTROL POL'Y, WHITE HOUSE EXEC. OFF. OF THE PRESIDENT, HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM: 2024 REPORT TO CONGRESS 7, 19–21 (2024), <https://bidenwhitehouse.archives.gov/wp-content/uploads/2024/02/2024-HIDTA-Annual-Report-to-Congress.pdf> [<https://perma.cc/2W6K-DFXF>].

25. See INT'L ASS'N OF CHIEFS OF POLICE, BUILDING HEALTHIER COMMUNITIES THROUGH PRE-ARREST DIVERSION 1, https://www.theiacp.org/sites/default/files/243806_IACP_CPE_Building_Healthier_Communities_p2.pdf [<https://perma.cc/KU9Q-PC8G>].

26. *Id.*; see, e.g., LEADD WASHTENAW, WASHTENAW COUNTY LAW ENFORCEMENT ASSISTED DIVERSION AND DEFLECTION (LEADD) 1 (2025), <https://content.civicplus.com/api/assets/mi-washtenawcounty/276e153c-38a3-465a-a3af-046d1e6795e8/washtenaw-county-law-enforcement-assisted-diversion-and-deflection-pdf-.pdf> [<https://perma.cc/64MU-NDXK>]; *Madison Area Addiction Recovery Initiative (MAARI)*, BRANDEIS OPIOID RES. CONNECTOR, <https://opioid-resource-connector.org/program-model/madison-area-addiction-recovery-initiative-maari> [<https://perma.cc/E98Z-QQSB>] (last visited July 1, 2025); see also JENNIFER J. CARROLL, NAT'L ASS'N. OF CNTYS., PRE-ARREST DIVERSION: A NACO OPIOID SOLUTIONS STRATEGY BRIEF 1 (2024), https://www.naco.org/sites/default/files/2024-07/NACO_OSC_PreArrest%20Diversion.pdf [<https://perma.cc/2T7D-9M3X>] (“A growing number of jurisdictions have built on the success of pre-arrest diversion efforts by enabling community members to request assistance for individuals in distress without necessitating law enforcement involvement.”).

27. Dean Esserman, *Co-Responder Models in Policing: Better Serving Communities*, NAT'L POLICING INST.: ONPOLICING BLOG (Aug. 27, 2021), <https://www.policinginstitute.org/onpolicing/co-responder-models-in-policing-better-serving-communities/> [<https://perma.cc/9JHZ-ZMZH>];

Prevention efforts include fentanyl education campaigns, public and officer Narcan training, and school-based outreach to reduce stigma and raise awareness.²⁸

Prosecutors, too, are rethinking traditional approaches. Many offices are expanding prosecutor-led diversion programs for non-violent drug offenses, which allow individuals who complete treatment programs to avoid prosecution and conviction.²⁹ Others are developing overdose mapping systems that track overdose incidents in real time to guide early intervention, identify gaps in treatment, and improve response coordination.³⁰ Drug courts in all fifty states provide alternatives to incarceration, combining judicial supervision with mandatory treatment to reduce recidivism.³¹

Challenges

Despite the promise of these initiatives, significant cross-cutting challenges limit their effectiveness. Many jurisdictions face resource and funding constraints, including shortages of treatment providers, limited facility capacity, insufficient housing and wraparound services, and difficulties funding mandated treatment, particularly in non-Medicaid

AMOS IRWIN, L. ENF'T ACTION P'SHIP, COMMUNITY RESPONDER LIABILITY 5 (2024), <https://lawenforcementactionpartnership.org/wp-content/uploads/2024/05/LEAP-Community-Responder-Liability-Report.pdf> [<https://perma.cc/J45N-6FYM>]; see *Project Hope*, CITY OF MENOMONIE, <https://www.menomonie-wi.gov/473/Project-Hope> [<https://perma.cc/QBQ9-WJDL>] (last visited July 1, 2025).

28. Press Release, Joseph B. Tucker, Special Agent in Charge - Dall, U.S. Drug Enf't Admin., Texoma HIDTA's Caprock Initiative Honored at National HIDTA Awards Ceremony (Apr. 3, 2025), <https://www.dea.gov/press-releases/2025/04/03/texoma-hidta-caprock-initiative-honored-national-hidta-awards-ceremony> [<https://perma.cc/KU67-23U7>]; see *Home*, HAW. ISLAND FENTANYL TASK FORCE, <https://www.hifftf.org/> [<https://perma.cc/QFJ7-U3WC>] (last visited July 1, 2025); Erika Pike, Martha Tillson, Michele Staton & Matthew Webster, *The Role of Law Enforcement Officers in Responding to the Opioid Epidemic: A Qualitative Assessment*, 42 SUBSTANCE ABUSE 813, 813, 816 (2021).

29. *Mapping Prosecutor-Led Diversion*, NAT'L DIST. ATT'YS ASS'N, <https://diversion.ndaa.org/> [<https://perma.cc/GK2M-ZTVW>] (last visited July 1, 2025); *Prosecutor-Led Diversion Initiative Fact Sheet*, U.S. DEP'T OF JUST.: OFF. OF JUST. PROGRAMS (Feb. 2017), https://docs.wixstatic.com/ugd/8ab973_e325ab85b732441ca583887f8a0bf3a2.pdf [<https://perma.cc/4BQB-4TVF>]; see *Brooklyn Collaborative Legal Engagement Assistance Response (CLEAR)*, EAC NETWORK, <https://eac-network.org/brooklyn-clear/> [<https://perma.cc/85CC-RX8F>] (last visited July 1, 2025).

30. See, e.g., *Dallas County Criminal District Attorney's Office Celebrates Passage of SB1319 and Implementation of OD Mapping in Dallas*, DALL. CNTY. (June 21, 2023), <https://www.dallascounty.org/government/district-attorney/blog-posts/2023/06/21/23-passage-of-sb1319.php> [<https://perma.cc/9LGC-DG6N>]; *Home*, OVERDOSE DETECTION MAPPING APPLICATION PROGRAM, <https://www.odmap.org/> [<https://perma.cc/2N6C-XNY7>] (last visited July 1, 2025); *Response to the Opioid Epidemic*, BERGEN CNTY. PROSECUTOR'S OFF. (Feb. 3, 2025), <https://www.bcpo.net/opioid-response/> [<https://perma.cc/DUX8-BJB5>].

31. *Drug Courts as an Alternative to Incarceration*, STAN. NETWORK ON ADDICTION POL'Y, <https://addictionpolicy.stanford.edu/drug-courts-alternative-incarceration> [<https://perma.cc/A4Q5-C7JT>] (last visited July 1, 2025); see *What Are Drug Courts*, NAT'L TREATMENT CT. RES. CTR., <https://ntcr.org/what-are-drug-courts/> [<https://perma.cc/7K78-8DXD>] (last visited July 1, 2025).

expansion states.³² These challenges may be further amplified by proposed federal funding cuts to Medicaid and substance use programs.³³ Agencies also often rely on short-term grants or siloed budgets, complicating long-term planning and financial sustainability.³⁴ Data sharing across behavioral health and criminal justice systems, such as treatment histories and health status, can improve safety and recovery outcomes, but many jurisdictions face challenges developing information-sharing agreements and the necessary technology that falls in line with HIPAA requirements.³⁵ Diversion programs, in particular, face persistent gaps in data and struggle to track eligibility decisions, missed opportunities for early intervention, and disparities.³⁶ Legal and cultural barriers also hinder progress. Stigma surrounding addiction and medications for opioid use disorder (MOUD) continues to limit policy adoption and availability,³⁷ while mandatory minimum and restrictive sentencing frameworks can prevent courts from diverting eligible individuals into treatment or community-based alternatives.³⁸

These systemic barriers underscore the need for prioritizing health-centered approaches at all points in the criminal justice process. Nowhere

32. Julia Dickson-Gomez et al., *Barriers to Drug Treatment in Police Diversion Programs and Drug Courts: A Qualitative Analysis*, 92 AM. J. ORTHOPSYCHIATRY 692, 694 (2022).

33. See Brian Mann, *Experts Warn Congress Cuts to Addiction Funding Will Mean More Overdose Deaths*, NPR (May 13, 2025, at 02:04 ET), <https://www.npr.org/2025/05/13/nx-s1-5393916/medicaid-overdose-trump-congress> [<https://perma.cc/WN2N-DM8R>]; Amy L. Solomon & Betsy Pearl, *DOJ Funding Update: A Deeper Look at the Cuts*, COUNCIL ON CRIM. JUST. (May 2025), <https://counciloncj.org/doj-funding-update-a-deeper-look-at-the-cuts/> [<https://perma.cc/8P-XG-E9ZU>]; Heather Saunders & Robin Rudowitz, *Implications of Potential Federal Medicaid Reductions for Addressing the Opioid Epidemic*, KAISER FAM. FOUND. (May 14, 2025), <https://www.kff.org/medicaid/issue-brief/implications-of-potential-federal-medicaid-reductions-for-addressing-the-opioid-epidemic/> [<https://perma.cc/S7KK-KZV2>].

34. INT'L ASS'N OF CHIEFS OF POLICE, STRENGTHS AND CHALLENGES OF FUNDING SOURCES 2, <https://www.theiacp.org/sites/default/files/ELERV/2.%20Strengths%20%26%20Challenges%20of%20Funding%20Sources.pdf> [<https://perma.cc/7TFV-2NH3>].

35. See Melissa Reuland, *Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions*, NAT'L ASS'N OF CNTYS. (Sep. 7, 2018), <https://www.naco.org/blog/point-service-information-sharing-between-criminal-justice-and-behavioral-health-partners> [<https://perma.cc/PDV9-PUS3>].

36. See Venita Embry, Chase Montagnet, Kristin Bechtel, Christopher Inkpen & Alexia Walker, *Prosecutor-Led Diversion Unveiled: Lessons and Insights from Implementing Project Reset in Two Jurisdictions*, RTI PRESS, art. OP-0092-2409, at 9 (2024), <https://doi.org/10.3768/rtipress.2024.op.0092.2409> [<https://perma.cc/23V4-M4MV>].

37. Dickson-Gomez et al., *supra* note 32, at 697; see LEGIS. ANALYSIS & PUB. POL'Y ASS'N, MEDICATION FOR ADDICTION TREATMENT IN CORRECTIONAL SETTINGS 2 (2022), <https://legislativeanalysis.org/wp-content/uploads/2022/10/MAT-in-Correctional-Settings-FINAL.pdf> [<https://perma.cc/K5B5-JD6V>]; Elizabeth Flanagan Balawajder et al., *Barriers to Universal Availability of Medications for Opioid Use Disorder in US Jails*, 8 JAMA NETWORK OPEN, issue 4, art. e255340, at 5 (2025) [hereinafter *Barriers to Universal Availability*], <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2832851> [<https://perma.cc/T3M2-WTN2>] (studying stigma towards MOUD in jails).

38. See FAMI, FAMI POLICY BRIEFING: MANDATORY MINIMUM SENTENCES 2 (2024), <https://famim.org/wp-content/uploads/2024/03/Mandatory-Minimum-Briefing-Paper-Final.pdf> [<https://perma.cc/P4TD-H6EC>].

is this need more pressing than in the nation's jails and prisons, where addiction, incarceration, and health disparities intersect. The next section explores the unique vulnerabilities of the incarcerated population, examines how corrections leaders are reimagining their facilities to provide treatment, education, and recovery, and reviews the challenges that they face in doing so.

B. *The Role of Jails and Prisons*

Roughly three million people with substance use disorders are incarcerated in a given year.³⁹ At least two million people are arrested annually, and about half a million people in state and federal prisons meet the criteria for substance use disorders at the time of admission.⁴⁰ This accounts for nearly 60 percent of the incarcerated population.⁴¹ Many also struggle with co-occurring alcohol use disorders and mental illness, further complicating treatment needs.⁴² Incarcerated individuals are significantly more likely to have an opioid use disorder than the general population: 15 percent of people in jail screen positive for an opioid use disorder compared to just 3 percent of the general population.⁴³

Overdose risks are also markedly higher. Drug overdose is the leading cause of death for people reentering their communities after prison and the third leading cause of death during jail detention.⁴⁴ One cohort study found that individuals released from prison were 129 times more likely to die of a drug overdose in the first two weeks after release compared to the general population.⁴⁵ Forced withdrawal, often without medical management, reduces opioid tolerance, making relapse especially dangerous post-release.⁴⁶ Additionally, people under community treatment

39. See Emily Widra, *Addicted to Punishment: Jails and Prisons Punish Drug Use Far More than They Treat It*, PRISON POL'Y INITIATIVE (Jan. 30, 2024), <https://www.prisonpolicy.org/blog/2024/01/30/punishing-drug-use/> [<https://perma.cc/A8EM-JRRT>].

40. *Id.*

41. Nora D. Volkow & Tisha Wiley, *Everyone Deserves Addiction Treatment That Works—Including Those in Jail*, NAT'L INST. ON DRUG ABUSE: NORA'S BLOG (July 15, 2024), <https://nida.nih.gov/about-nida/noras-blog/2024/07/everyone-deserves-addiction-treatment-works-including-those-in-jail> [<https://perma.cc/8WMH-JHWD>].

42. See NAT'L INST. ON DRUG ABUSE, COMMON COMORBIDITIES WITH SUBSTANCE USE DISORDERS RESEARCH REPORT 29 (2020), <https://www.ncbi.nlm.nih.gov/books/NBK571451/> [<https://perma.cc/S549-TG7Y>] (“It is estimated that about 45 percent of individuals in state and local prisons and jails have a mental health problem comorbid with substance use or addiction.”).

43. *Barriers to Universal Availability*, *supra* note 37, at 2.

44. Samantha K. Nall et al., *Identifying Structural Risk Factors for Overdose Following Incarceration: A Concept Mapping Study*, 12 HEALTH & JUST., art. 11, at 1 (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10936003/#:~:text=Currently%2C%20there%20are%20more%20than,periods%20of%20incarceration%20in%20jails> [<https://perma.cc/CZS2-S4Q2>].

45. Ingrid A. Binswanger et al., *Release from Prison—A High Risk of Death for Former Inmates*, 356 NEW ENG. J. MED. 157, 157 (2007).

46. See Brendan Saloner, *Addiction Treatment in Prison Is a Crucial Part of Solving the Opioid Crisis*, THE HILL (Mar. 28, 2024, at 12:00 ET), <https://thehill.com/opinion/>

often have their medication discontinued at booking. From 2000 to 2018, jail intoxication deaths linked to such medication disruption rose almost 400 percent, frequently occurring within just one day of admission.⁴⁷ There is often no guarantee of continued treatment or a coordinated handoff to community-based care upon release. Gaps in services, housing, insurance, and treatment combined with the stress of reentry create a period of extreme vulnerability.

Jails and prisons differ both in structure and their populations, which shapes opportunities and challenges to treatment. Jails are typically operated by a sheriff, police chief, or city or county administrator, and fall under the jurisdiction of a city, district, or county.⁴⁸ Jails house people who were recently arrested, are awaiting trial or sentencing, or are serving short sentences that are typically less than a year.⁴⁹ As a result, jails experience high turnover and unpredictable lengths of stay, which complicates efforts to implement consistent treatment plans or ensure continuity of care.⁵⁰ Prisons, by contrast, are state or federally run institutions that hold individuals serving longer-term sentences following convictions.⁵¹ While longer stays allow for more sustained treatment efforts, these facilities often grapple with limited program capacity, an aging population with complex health needs, and restrictive environments, such as the use of solitary confinement, that impede access to care.⁵²

Innovations – Corrections

In response to these risks, research has shown that evidence-based medications for opioid use disorders in custody yield substantial public health and safety benefits, including lower overdose mortality rates, higher uptake of community treatment, reduced recidivism, and decreased reliance

criminal-justice/4560992-addiction-treatment-in-prison-is-a-crucial-part-of-solving-the-opioid-crisis/ [https://perma.cc/NEK6-XZ5J].

47. Wendy Sawyer & Peter Wagner, *Mass Incarceration: The Whole Pie 2025*, PRISON POL'Y INITIATIVE (Mar. 11, 2025), <https://www.prisonpolicy.org/reports/pie2025.html> [https://perma.cc/XQ4P-YRL2].

48. *Correctional Institutions*, U.S. DEP'T OF JUST.: BUREAU OF JUST. STATS., <https://bjs.ojp.gov/topics/corrections/correctional-institutions> [https://perma.cc/GZ78-YXES] (last visited July 1, 2025).

49. *Id.*; see also Steven Belenko, Matthew Hiller & Leah Hamilton, *Treating Substance Use Disorders in the Criminal Justice System*, 15 CURRENT PSYCHIATRY REPS., art. 414, at 3 (2013) (describing jail-based treatment).

50. Belenko et al., *supra* note 49, at 3–4.

51. *Correctional Institutions*, *supra* note 48.

52. Emily Widra, *The Aging Prison Population: Causes, Costs, and Consequences*, PRISON POL'Y INITIATIVE (Aug. 2, 2023), <https://www.prisonpolicy.org/blog/2023/08/02/aging/> [https://perma.cc/PVL8-X9M4]; Widra, *supra* note 39; see Press Release, Leah Wang, Prison Pol'y Initiative, Chronic Punishment: The Unmet Health Needs of People in State Prisons (June 2022), <https://www.prisonpolicy.org/reports/chronicpunishment.html> [https://perma.cc/5VPP-5C4J].

on healthcare systems.⁵³ One study estimates that 668 lives could be saved per 10,000 incarcerated people if every clinically eligible individual received medication in custody, and 1,609 lives if treatment continued post-release.⁵⁴ Against this backdrop, corrections leaders are translating research into practice to better meet the needs of the populations in their facilities.

Many jails and prisons are expanding access to medication-assisted treatment (MAT), offering methadone, buprenorphine, and naltrexone as the standard of care for individuals with substance use disorders during incarceration.⁵⁵ They are also adopting overdose education and naloxone distribution (OEND) programs, training both incarcerated individuals and staff in overdose prevention and response, and in some cases providing Narcan upon release.⁵⁶ Finally, reentry coordination models have emerged

53. See Alexandria Macmadu et al., *Optimizing the Impact of Medications for Opioid Use Disorder at Release from Prison and Jail Settings: A Microsimulation Modeling Study*, 91 INT'L J. DRUG POL'Y, art. 102841, at 2 (2021), <https://www.sciencedirect.com.ezproxy.stthomas.edu/science/article/pii/S0955395920301821> [<https://perma.cc/32GP-ZNWZ>]; see also Lara Cates & Aaron Brown, *Medications for Opioid Use Disorder During Incarceration and Post-Release Outcomes*, 11 HEALTH & JUST., art. 4, at 2 (2023), <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-023-00209-w> [<https://perma.cc/5XDS-H4F8>] (“MOUDs [are] associated with reductions in the risk for all-cause and overdose mortality.”); Elizabeth A. Evans, Donna Wilson & Peter D. Friedmann, *Recidivism and Mortality After In-Jail Buprenorphine Treatment for Opioid Use Disorder*, 231 DRUG & ALCOHOL DEPENDENCE, art. 109254, at 3 (2022), <https://www.sciencedirect.com.ezproxy.stthomas.edu/science/article/pii/S0376871621007493> [<https://perma.cc/Y9UK-E39N>] (studying recidivism and mortality rates in one MOUD program); John Will, Marce Abare, Mollie Olson, Alexander Chyorny & Emilee Wilhelm-Leen, *Emergency Department Utilization by Individuals with Opioid Use Disorder Who Were Recently Incarcerated*, 141 J. SUBSTANCE ABUSE TREATMENT, art. 108838, at 3 (2022), <https://www.sciencedirect.com/science/article/abs/pii/S0740547222001209> [<https://perma.cc/V7VR-HQAR>] (“Receiving at least one dose of methadone or XR buprenorphine during the incarceration was associated with significantly reduced likelihood of [emergency department] presentation within 28 days of release when compared to no treatment at all . . .”).

54. See Alexandria Macmadu et al., *Estimating the Impact of Wide Scale Uptake of Screening and Medications for Opioid Use Disorder in US Prisons and Jails*, 208 DRUG & ALCOHOL DEPENDENCE, art. 107858, at 2 (2020), <https://www.sciencedirect.com/science/article/abs/pii/S0376871620300235?via%3Dihub> [<https://perma.cc/7V5Q-KNLS>].

55. See U.S. DEP'T OF JUST. BUREAU OF JUST. ASSISTANCE, ACTIVITY REPORT: RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM 3 (2021), <https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/rsat-medication-assisted-treatment-fy-2016-2019.pdf> [<https://perma.cc/3DJW-Q8JY>]; AM. SOC'Y OF ADDICTION MED., PUBLIC POLICY STATEMENT ON TREATMENT OF OPIOID USE DISORDER IN CORRECTIONAL SETTINGS 1 (2025), https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/public-policy-statements/2025-final-pps-on-treatment-of-oud-in-correctional-settings.pdf?sfvrsn=74bc3ae0_1 [<https://perma.cc/3X8H-GT2C>].

56. See RTI INT'L, A PRIMER FOR IMPLEMENTATION OF OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION IN JAILS AND PRISONS 3 (2019), <https://harmreduction.org/wp-content/uploads/2020/09/A-primer-for-implementation-of-OEND-in-jails-and-prisons-Wenger-2019-RTI.pdf> [<https://perma.cc/NYX3-WTEZ>]; see also Amir Razaghizad et al., *The Effect of Overdose Education and Naloxone Distribution: An Umbrella Review of Systematic Reviews*, 111 AM. J. PUB. HEALTH 1516, 1517 (2021) (“[OEND] programs provide training to people likely to witness an overdose and deliver critical information about overdose prevention, recognition, and response.”); VEDAN ANTHONY-NORTH, LEAH G. POPE, STEPHANIE POTTINGER & ISAAC SEDERBAUM, VERA INST. OF JUST., CORRECTIONS-BASED RESPONSES TO THE OPIOID EPIDEMIC: LESSONS FROM NEW YORK STATE'S OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION PROGRAM 4 (2018),

to facilitate smoother transitions back into the community by linking people to critical services, such as treatment providers, housing, Medicaid enrollment, employment opportunities, and peer support networks prior to release.⁵⁷

Challenges

In addition to the barriers discussed above, corrections face their own set of system-specific challenges. Despite guidance from the American Society of Addiction Medicine recommending the availability of all three medications approved by the U.S. Food and Drug Administration (FDA)—methadone, buprenorphine, and naltrexone—less than half of the more than one thousand jails surveyed offer any form of MAT,⁵⁸ and only about 13 percent have all three medications universally available.⁵⁹ State and federal prisons lag even further: Only 1 percent of individuals report receiving MAT during their incarceration,⁶⁰ and, of the thirty-three state prisons that allow MAT, fourteen restrict access to the final weeks before release.⁶¹

Even in those facilities that offer MAT, research shows that negative attitudes and misconceptions about these medications, such as the belief

<https://vera-institute.files.svdcn.com/production/downloads/publications/corrections-responses-to-opioid-epidemic-new-york-state.pdf> [<https://perma.cc/ZUU4-5TSX>] (“This report focuses on the novel efforts of New York State to implement an OEND program in the New York State Department of Corrections and Community Supervision—a program that teaches all soon-to-be-released people in state correctional facilities about the risks of opioid use, especially after periods of confinement; trains them in the use of naloxone; and offers it to them free of charge at release.”).

57. See THE REENTRY COORDINATION COUNCIL, COORDINATION TO REDUCE BARRIERS TO REENTRY: LESSONS LEARNED FROM COVID-19 AND BEYOND 14 (2022), <https://www.justice.gov/archives/opa/press-release/file/1497911/dl?inline> [<https://perma.cc/GL6E-TBQ5>]; *Reentry Services and Programs Summary*, MONTGOMERY CNTY. DEP’T OF CORR. & REHAB., https://www.montgomerycountymd.gov/COR/Reentry/reentry_services.html [<https://perma.cc/CFN9-3NHE>] (last visited July 1, 2025); *Reentry Programs*, FED. BUREAU OF PRISONS, https://www.bop.gov/inmates/custody_and_care/reentry.jsp [<https://perma.cc/T2JW-RY7P>] (last visited July 1, 2025).

58. AM. SOC’Y OF ADDICTION MED., *supra* note 55, at 1; Press Release, Nat’l Insts. of Health, Fewer Than Half of U.S. Jails Provide Life-Saving Medications for Opioid Use Disorder (Sep. 24, 2024), <https://www.nih.gov/news-events/news-releases/fewer-half-us-jails-provide-life-saving-medications-opioid-use-disorder> [<https://perma.cc/C7X8-475B>].

59. See Elizabeth Flanagan Balawajder et al., *Factors Associated with the Availability of Medications for Opioid Use Disorder in US Jails*, 7 JAMA NETWORK OPEN, issue 9, art. e2434704, at 6 (2024) [hereinafter *Availability of Medications*], <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2823908> [<https://perma.cc/P9EQ-8LAE>].

60. See BUREAU OF JUST. STATS., U.S. DEP’T OF JUST., ALCOHOL AND DRUG USE AND TREATMENT REPORTED BY PRISONERS 10 (2021), <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/adutrpspi16st.pdf> [<https://perma.cc/C5ZT-B6K5>].

61. See Emily Widra, *New Report Reveals Successes and Limitations of Medications for Opioid Use Disorder in New York State Prisons*, PRISON POL’Y INITIATIVE (Mar. 5, 2025), https://www.prisonpolicy.org/blog/2025/03/05/cany_moud_report/ [<https://perma.cc/R2M4-PDK9>]; see also Widra, *supra* note 39 (finding that fewer than two-thirds of local jails screen people for opioid use disorder at intake, missing critical windows for intervention); *Availability of Medications*, *supra* note 59, at 1, 6, 9 (finding that facilities located in jurisdictions with higher social vulnerability, measured by factors such as unstable housing, unemployment, and poverty, are among the least likely to provide MAT, compounding existing health disparities).

that they merely replace one addiction with another or skepticism about their effectiveness, are a major impediment to wider use.⁶² Because facilities cannot mandate treatment, encouraging individuals to use treatment services requires resources and staff for education, trust-building, and integration of peer support and counseling to help individuals make informed decisions about their care.

Staffing shortages and resource constraints further limit the impact and sustainability of treatment. Among jails not offering MAT, inadequate medical staffing is the most cited barrier;⁶³ roughly 61 percent (667 jails) report needing additional clinicians to support their existing or planned MAT programs.⁶⁴ Meanwhile, as prison populations rise, staffing has fallen to its lowest levels in decades,⁶⁵ constraining timely access to health services and normalizing extended facility lockdowns.⁶⁶ These lockdowns can confine individuals to their cells for twenty-three hours a day, cutting off access to education, programming, exercise, and medical care, undermining their recovery, mental health, and reentry preparation.⁶⁷

Maintaining continuity of care across facilities and into the community remains another challenge. Research found that 80 percent of people lost access to MAT when transferred from one jail to another.⁶⁸ In both settings, individuals face a host of additional obstacles upon release, including limited access to and affordability of medication, a lack of reentry resources, especially in rural and low-income areas, systemic health care biases against justice-involved populations, and the need to prioritize basic needs such as housing, employment, transportation, and food over continued treatment.⁶⁹

Institutional and policy barriers can further complicate the implementation of reform. The exclusion of incarcerated individuals from Medicaid coverage in both jails and prisons further limits treatment access.⁷⁰ Notably,

62. See Belenko et al., *supra* note 49, at 6.

63. See *Availability of Medications*, *supra* note 59, at 8.

64. See *Barriers to Universal Availability*, *supra* note 37, at 1, 5, 8.

65. See Shannon Heffernan & Weihua Li, *As Prison Populations Rise, States Face a Stubborn Staffing Crisis*, USA TODAY (Jan. 15, 2024, at 17:32 ET), <https://www.usatoday.com/story/news/nation/2024/01/10/new-data-dire-state-prison-staffing-shortage/72166165007/> [https://perma.cc/M56W-DPXD].

66. See Erica Bryant, *Corrections Staffing Shortages Offer Chance to Rethink Prison*, VERA INST. OF JUST. (Nov. 1, 2024), <https://www.vera.org/news/corrections-staffing-shortages-offer-chance-to-rethink-prison> [https://perma.cc/76RC-7H4B].

67. *Id.*

68. See AM. SOC'Y OF ADDICTION MED., *supra* note 55, at 3.

69. See ASSISTANT SEC'Y FOR PLAN. & EVALUATION, U.S. DEP'T OF HEALTH & HUM. SERVS., HEALTH CARE TRANSITIONS FOR INDIVIDUALS RETURNING TO THE COMMUNITY FROM A PUBLIC INSTITUTION: PROMISING PRACTICES IDENTIFIED BY THE MEDICAID REENTRY STAKEHOLDER GROUP 5 (2023), <https://aspe.hhs.gov/sites/default/files/documents/d48e8a9fdd499029542f0a30aa78bfd1/health-care-reentry-transitions.pdf> [https://perma.cc/RN8T-PZ5B].

70. See REPORT TO CONGRESS ON MEDICAID AND CHIP 70 (2023), <https://www.macpac.gov/wp-content/uploads/2023/06/Chapter-3-Access-to-Medicaid-Coverage-and-Care-for-Adults-Leaving-Incarceration.pdf> [https://perma.cc/6RVQ-X5HJ] (“The relatively poor health

jails in Medicaid expansion states are more likely to offer all three forms of opioid use disorder medications.⁷¹ In addition, people who have access to Medicaid during the reentry period from both jails and prisons are more likely to find employment, utilize health services, and are less likely to be reincarcerated.⁷² These differences underscore the critical role health policy plays in shaping recovery outcomes.

PART III: INSIGHTS FROM THE FIELD: CASE STUDIES FROM CORRECTIONS

The case studies in this section offer a deeper look into the policies and philosophies of three corrections leaders who are moving beyond punitive models to embrace treatment-centered approaches, developing innovative, scalable programs within their jails and prison systems. All three participated in the Symposium, with two reflecting local leadership in Minnesota and a third in Wisconsin.⁷³

Sheriff Dawanna Witt, Hennepin County, Minnesota

Sheriff Dawanna Witt has been the Hennepin County Sheriff since January 2023.⁷⁴ The Sheriff's Office is responsible for a wide range of law enforcement duties, including managing the county jail, providing court security, and engaging with the community through various public safety programs.⁷⁵

*"We are not just law enforcement; we are public safety . . . It's about being a true partner in public safety."*⁷⁶ –Sheriff Witt

status of justice-involved individuals may reflect, in part, the barriers they face in accessing health care services, such as cost and stigma."); *see also* HEALTH & REENTRY PROJECT, MEDICAID'S ROLE IN ADVANCING REENTRY: KEY POLICIES 1 (2025), <https://healthandreentryproject.org/wp-content/uploads/2025/05/Harp-MedicaidReentry-March2025.pdf> [<https://perma.cc/XBH2-AJVK>] (describing reentry-focused policy that seeks improved health and access to services).

71. *See Barriers to Universal Availability*, *supra* note 37, at 1, 5, 9.

72. Hannah Maniates, *Medicaid's Changing Role in Re-Entry from Jails and Prisons*, NAT'L ASS'N OF MEDICAID DIRS.: BLOG (Jan. 9, 2024), <https://medicaiddirectors.org/resource/medicaids-role-in-re-entry-from-prison/> [<https://perma.cc/P462-PGC6>].

73. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 1:02:35–2:19:12, 5:05:54–6:16:49 (noting that the information in this section is drawn from discussions during the law enforcement and corrections panels at the University of St. Thomas Law Journal Symposium: *Fentanyl – Tragedies and Solutions* on October 25, 2024, and subsequent information from the participating law enforcement offices).

74. *Elected Sheriff*, HENNEPIN CNTY. SHERIFF, <https://www.hennepinsheriff.org/en/about/elected-sheriff> [<https://perma.cc/44Z3-CQES>] (last visited Sep. 23, 2025).

75. *See What We Do*, HENNEPIN CNTY. SHERIFF, <https://www.hennepinsheriff.org/about/what-we-do> [<https://perma.cc/V7F6-XFD3>] (last visited Sep. 23, 2025).

76. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 1:19:18–1:19:35.

Despite years of intensified drug interdiction efforts in Hennepin County, overdose deaths remain near record highs,⁷⁷ and fentanyl is at its lowest cost.⁷⁸ In the first six months of 2023, the Sheriff's Office seized enough fentanyl to kill every county resident, yet the drug continued to claim the life of one person per day.⁷⁹ In response, Sheriff Witt has deliberately shifted toward a public-health-oriented strategy that views jails as a critical point for intervention, stabilization, personal growth, and care coordination.⁸⁰

As Sheriff Witt emphasized at the Symposium: "The jail is an extension of the community Healthier jails mean healthier communities."⁸¹ Reflecting this philosophy, Hennepin County is now among the 15 percent of US jails that offer all three FDA-approved medications for opioid use disorder, serving more than five thousand residents in 2023—nearly 20 percent of the jail population.⁸² Minnesota is also actively pursuing a Medicaid Section 1115 demonstration waiver to allow coverage of services for individuals starting before they are released from incarceration, strengthening continuity of care and reentry.⁸³

The continuous cycling of individuals and limited in-jail services pose ongoing challenges. In Hennepin County, the median time spent in custody is thirty-four days as of July 2, 2025.⁸⁴ Approximately one hundred people are booked each day, with 75 percent having prior bookings and a 60 percent risk of future bookings.⁸⁵ In response, the Sheriff's Office, in partnership with Hennepin County's Human Services Department, launched a multi-disciplinary Integrated Access Team including social workers, a chemical health counselor, a housing specialist, a community health worker, and a

77. See MINN. DEP'T OF HEALTH, DRUG OVERDOSE DEATHS BY COUNTY (2015–2024), <https://www.health.state.mn.us/communities/opioids/documents/countytotals.pdf> [<https://perma.cc/K474-HNLV>].

78. See Renée Cooper, *Price of Illicit Fentanyl Drops to 'Dangerously Cheap' in Twin Cities Metro*, KSTP (Apr. 21, 2024, at 19:45 CT), <https://kstp.com/kstp-news/top-news/price-of-illicit-fentanyl-drops-to-dangerously-cheap-in-twin-cities-metro/> [<https://perma.cc/2TL3-2JZL>].

79. WCCO Staff, *Fentanyl in Minnesota: Sen. Klobuchar, Hennepin Co. Sheriff Witt Highlight Death Prevention Efforts*, CBS NEWS (Oct. 10, 2023, at 13:01 CT), <https://www.cbsnews.com/minnesota/news/hennepin-county-fentanyl-death-prevention-dawanna-witt-amy-klobuchar/> [<https://perma.cc/JG4E-SNF5>].

80. E-mail from Office of Dawanna Witt, Sheriff, Hennepin Cnty., to Rosemary Nidiry, Senior Couns., Just. Program at Brennan Ctr. for Just., (April 9, 2025) (on file with author).

81. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 1:32:50–1:32:56.

82. E-mail from Office of Dawanna Witt, *supra* note 80.

83. See *Medicaid 1115 Reentry Waivers*, HEALTH & REENTRY PROJECT, <https://healthandreenryproject.org/medicaid-waivers/> [<https://perma.cc/Q97K-NWW3>] (last visited June 24, 2025).

84. *Data Dashboard*, HENNEPIN CNTY. SHERIFF, <https://www.hennepinsheriff.org/en/jail-warrants/data-dashboard> [<https://perma.cc/M6ML-2W4G>] (last visited July 2, 2025). "The dashboard is updated every three hours between 6 am and 9 pm daily." *Id.*

85. HENNEPIN CNTY., WORKING TOGETHER TO INTERRUPT THE SPIRAL: CRIMINAL JUSTICE BEHAVIORAL HEALTH INITIATIVE FIVE YEAR REPORT: OCTOBER 2020, 14 (2020), <https://www.hennepin.us/cjcc/-/media/cjcc/other-docs/criminal-justice-behavioral-health-initiative-report-2020.pdf> [<https://perma.cc/E6RT-AGP4>].

case management assistant to conduct assessments, develop individualized treatment plans, provide medical support, and connect people to community services.⁸⁶ Jail reentry among participants declined by 46 percent.⁸⁷ Sheriff Witt also recently appointed an Opioid Response Coordinator to her team to guide system-wide strategies using data-driven insights.⁸⁸

Still, barriers to information sharing and siloed networks between agencies present a significant obstacle. Sheriff Witt emphasized that more pathways to share cross-system communication from officers on the ground to social services will help to ensure meaningful preventative intervention.⁸⁹

To support long-term success after release, the Sheriff's Office created Helping Others by Providing Education (HOPE), a program that offers education, vocational training, and case management support.⁹⁰ Participants can earn a GED, obtain certifications, build employment and life skills, and create reentry plans to connect them to housing, jobs, community-based treatment, and other services before release.⁹¹ By tackling some of the root drivers of both addiction and incarceration, such as lack of opportunity, fractured and unreliable support networks, unresolved illness, and trauma, the program aims for meaningful public safety outcomes.

Community engagement is equally critical to addressing substance use. Hosting community events and open discussions to raise awareness, reduce stigma, and humanize addiction has become a cornerstone of the Office's prevention efforts.⁹² The Focus on Fentanyl Initiative, for example, educates residents about the dangers of fentanyl and connects them with resources provided by public safety and health experts.⁹³ Hennepin County is also the first sheriff's office in Minnesota to offer Narcan training to the public.⁹⁴ Additionally, they are revamping Drug Abuse Resistance

86. *Id.*

87. *Id.*

88. See Jerald Westberg, BLOOMBERG AM. HEALTH INITIATIVE, <https://Americanhealth.jhu.edu/people/jerald-westberg#:~:text=J.R.%20Westberg%20is%20the%20Opioid,in%20post-operative%20opioid%20prescriptions> [<https://perma.cc/VA3H-BEXU>] (last visited July 2, 2025) (“J.R. Westberg is the Opioid Response Coordinator for the Hennepin County Sheriff's Office, responsible for overseeing various agency-wide programs and initiatives related to the agency's comprehensive opioid response strategy.”).

89. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 1:18:02–1:18:55.

90. HOPE Program, HENNEPIN CNTY. SHERIFF, <https://www.hennepinsheriff.org/en/jail-warrants/hope-program> [<https://perma.cc/F35E-C72J>] (last visited June 24, 2025).

91. *Id.*; Ubah Ali, *Hennepin Co. Sheriff's Office's "HOPE" Program Gives Inmates Opportunities to Learn Skills*, CBS NEWS (Oct. 29, 2024, at 22:24 CT), <https://www.cbsnews.com/minnesota/news/hennepin-county-jail-hope-program/> [<https://perma.cc/AQ2B-HWBQ>].

92. See Kiya Edwards, *Hennepin County Sheriff's Office Launches Focus on Fentanyl Initiative*, KARE 11 (Sep. 20, 2023, at 16:47 CT), <https://www.kare11.com/article/news/health/hennepin-county-sheriffs-office-launches-focus-on-fentanyl/89-7ece43ae-7466-406c-a25a-c6225a0f7fbd> [<https://perma.cc/23Y5-43WF>].

93. Press Release, Hennepin Cnty. Sheriff's Off., Hennepin County Sheriff's Office Announces Focus on Fentanyl Initiative (Sep. 14, 2023), <https://content.govdelivery.com/accounts/MNHENNE/bulletins/370632f> [<https://perma.cc/K877-GLCJ>].

94. WCCO Staff, *supra* note 79.

Education (DARE) in schools and community-based venues to reflect modern drug prevention strategies and foster stronger relationships between law enforcement and youth in the community.⁹⁵

Sheriff Calvin Barrett, Dane County, Wisconsin

Sheriff Calvin Barrett has been the Dane County Sheriff since 2021.⁹⁶ The Sheriff's Office employs over 425 sworn personnel and over 100 non-sworn support staff.⁹⁷ The Office's responsibilities include: providing court security and child support enforcement; managing three jail facilities in the Madison, Wisconsin, area; and handling traditional law enforcement functions, such as patrols and investigations.⁹⁸

*"Rehabilitation starts the moment someone comes in contact with our criminal justice system."*⁹⁹ –Sheriff Barrett

Sheriff Barrett has identified the substantial need for expanding access to MAT as a way to address the root causes of incarceration and to prevent cycles of criminalizing addiction.¹⁰⁰ Since launching the program in 2022, the department has nearly doubled the number of individuals receiving medication within one year.¹⁰¹ In 2023, 2,637 individuals received MAT services, including screenings, consultations, and medication.¹⁰² To further sustain the growing capacity of their program, they added a MAT Movement Deputy and a nurse practitioner in 2025.¹⁰³ Still, a lack of funding, coordination, and resource sharing from the county Health and Human Services Department limits the effectiveness of the program.¹⁰⁴ Deputies and clinical staff are tasked with more responsibilities than ever before as the jail expands its role in addressing public health and reentry needs.

The Sheriff's Office also emphasizes the importance of collecting and analyzing data to drive reform. Drug overdose deaths are preventable, yet few opportunities exist to gather comprehensive information about victims'

95. Ben Henry, *D.A.R.E. Program Revamped in Hennepin County to Focus on More than Just Drug Prevention*, KSTP (Aug. 15, 2024, at 23:18 CT), [https://kstp.com/kstp-news/top-news/d-a-r-e-program-revamped-in-hennepin-county-to-focus-on-more-than-just-drug-prevention/\[https://perma.cc/VY3Y-KJJ9\]](https://kstp.com/kstp-news/top-news/d-a-r-e-program-revamped-in-hennepin-county-to-focus-on-more-than-just-drug-prevention/[https://perma.cc/VY3Y-KJJ9]).

96. *Kalvin Barrett*, BALLOTPEDIA, https://ballotpedia.org/Kalvin_Barrett [https://perma.cc/LGJ9-C5XZ] (last visited Sep. 23, 2025).

97. *About the Dane County Sheriff's Office*, DANE CNTY. SHERIFF'S OFF., <https://danesherriff.com/about> [https://perma.cc/W7FB-UABC] (last visited Sep. 23, 2025).

98. *Id.*

99. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 1:31:16–1:31:22.

100. Press Release, Dane Cnty. Sheriff's Off., Medication Treatment Program Continues to Grow (Feb. 5, 2024), <https://www.danecounty.gov/PressDetail/11366> [https://perma.cc/GFH5-LY9T].

101. *Id.*

102. *Id.*

103. E-mail from Calvin Barrett, Sheriff, Dane Cnty., to Rosemary Nidiry, Senior Couns., Just. Program at Brennan Ctr. for Just., (April 1, 2025) (on file with author).

104. *Id.*

lives and system interactions to better understand risk factors.¹⁰⁵ To fill this gap, the Office created the Dane County Overdose Fatality Review Team to examine factors contributing to overdoses both in the community and post-release.¹⁰⁶ Members of this multidisciplinary team represent sectors impacted by drug use, including criminal justice, health care, government, community, harm reduction, child welfare, recovery, prevention, toxicology, behavioral health, and first response.¹⁰⁷ This diverse membership helps the Office foster partnerships with community organizations and local institutions. The review team also offers interviews to families who have lost loved ones to overdose, providing a fuller picture than what can be reflected in criminal justice or medical records alone.¹⁰⁸

This process has helped identify systemic gaps in care, and the Office has used the findings to develop and improve policies. For example, the team found that fentanyl was present in 75 percent of overdose deaths, and 93 percent of people had prior involvement or a connection to the criminal justice system.¹⁰⁹ They also discovered that individuals often waited up to three days post-booking to receive an assessment and services, yet 70 percent were released before that period elapsed, returning to their community without care.¹¹⁰ In 2022, the average length of stay in jail was just twenty-three days, making early identification and connection to services essential.¹¹¹ In response, the Sheriff's Office reformed the intake process to provide immediate medical, mental health, and reentry support by increasing the number of full-time reentry coordinators to ensure all people reentering the community have access to care.¹¹²

Other reforms include a jail diversion program that allows residents to remain in approved housing with electronic monitoring, maintaining ties to their community, treatment, education, and employment.¹¹³ Social workers conduct needs assessments, develop goals, and provide case management

105. PUB. HEALTH MADISON & DANE CNTY., DRUG OVERDOSE DEATHS IN DANE COUNTY ANNUAL REPORT 10 (2022), https://www.publichealthmdc.com/documents/overdose_fatalities_review_2022.pdf [<https://perma.cc/3653-M7U2>].

106. *Id.*

107. *Id.*

108. *Id.*

109. *Id.* at 13–14.

110. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 1:31:23–1:31:49.

111. See 2023 Dane County Jail Fact Sheet, DANE CNTY. SHERIFF'S OFF. (Jan. 2023), https://drive.google.com/file/d/14eflkIPU4GPbicByB_1yz366SNMEsTTZ/view [<https://perma.cc/D2QU-3THN>].

112. See Cody Taylor, *Dane County Jail Expands Its Reentry Coordinator Positions to Reduce Number of People That Come Back*, SPECTRUM NEWS (Mar. 10, 2025, at 08:00 ET), <https://spectrumnews1.com/wi/milwaukee/news/2025/03/04/jail-re-entry-coordinators-#:~:text=After%20the%20expansion%2C%20the%20department,Dane%20County%20Sheriff%20Kalvin%20Barrett> [<https://perma.cc/FXN3-8WY3>].

113. See *Jail Diversion Program*, DANE CNTY. SHERIFF'S OFF., <https://danesheriff.com/Jails/Jail-Diversion-Program> [<https://perma.cc/FXN3-8WY3>] (last visited June 24, 2025).

for the participants.¹¹⁴ However, this program is also currently understaffed: Just four diversion deputies and one social worker oversee approximately 160 residents daily at peak capacity.¹¹⁵ The department also created a free resource center to connect individuals to services before reentry, including hygiene products, clothing, and information on local food pantries, housing support, substance use treatment providers, transportation, employment opportunities, and additional services.¹¹⁶

The department offers thirty programs, including addiction support, education, reentry assistance, job readiness, and therapy to help equip individuals with the tools they need to become healthier, more stable, and productive members of society.¹¹⁷

Despite these reform efforts, the department continues to operate in old and outdated facilities that present safety concerns and are increasingly inadequate for the scope of services now provided.¹¹⁸ The booking area, designed in the 1990s, lacks sufficient space for in-depth assessments, and the most outdated wing of the facility, constructed in the 1950s, was closed by Sheriff Barrett due to safety and staffing concerns.¹¹⁹ In response, Dane County is constructing a new jail facility, slated to open in 2028, that will replace outdated cellblocks, eliminate or greatly reduce solitary confinement, and provide dedicated spaces for medical care, behavioral health services, and in-jail programming.¹²⁰

Commissioner Paul Schnell, Minnesota Department of Corrections

Commissioner Paul Schnell has been Director of the Minnesota Department of Corrections (DOC) since 2019.¹²¹ The DOC has 4,200 employees,

114. *Resident Programming*, DANE CNTY. SHERIFF'S OFF., <https://www.danesheriff.com/Jail/Residents-Programming> [<https://perma.cc/CP3X-AYEX>] (last visited Sep. 23, 2025).

115. E-mail from Calvin Barrett, *supra* note 103.

116. Tony Galli, *New Resource Center Helps Dane County Jail Residents Re-Enter Society*, WKOW (May 9, 2023), https://www.wkow.com/news/new-resource-center-helps-dane-county-jail-residents-re-enter-society/article_0acf4f06-eebb-11ed-afa3-b35ef0397bb7.html [<https://perma.cc/9RUZ-HHEP>].

117. *See generally* DANE CNTY. SHERIFF'S OFF., DANE COUNTY SHERIFF'S OFFICE: JAIL SOCIAL SERVICES AND PROGRAM GUIDE, <https://www.danesheriff.com/documents/pdf/DCJ-Social-Services-and-Program-Guide-2023.pdf> [<https://perma.cc/U262-KZJZ>] (last visited July 2, 2025).

118. *See generally* MADISON.COM, *Watch Now: See Inside the Dane County Jail Facilities* (YouTube, July 8, 2021), https://www.youtube.com/watch?v=i_s8-pBPymI [<https://perma.cc/9UTS-3WRH>].

119. *Id.*; Hope Kirwan, *Dane County Sheriff Closes Part of Jail Amid Chronic Staffing Shortages, Safety Concerns*, WIS. PUB. RADIO (Aug. 2, 2022), <https://www.wpr.org/justice/dane-county-sheriff-closes-part-jail-amid-chronic-staffing-shortages-safety-concerns> [<https://perma.cc/V4QM-YQXH>].

120. *See* DANE CNTY. SHERIFF'S OFF., DANE COUNTY JAIL CONSOLIDATION PROJECT (2023), <https://danesheriff.com/documents/pdf/Jail-Study-Documents/DCJ-Consolidation---Project-Objectives-Summary-2023.01.pdf> [<https://perma.cc/WK24-A9Z6>].

121. MINN. DEP'T OF CORR., *Organization Chart & DOC Executive Leadership Team*, <https://mn.gov/doc/about/agency-background-history/organization> [<https://perma.cc/6FGS-KYXM>] (last visited Sep. 23, 2025).

including corrections officers, agents, case managers, and others.¹²² It oversees approximately 8,000 incarcerated individuals in eleven correctional facilities and approximately 97,000 people under community supervision.¹²³

*“The Minnesota Department of Corrections is really one of the largest treatment providers in the state. That in itself is, I think, a troubling statistic in many respects. We are trying to meet this need while people are incarcerated . . . and community-oriented and treatment-based programming really becomes a challenge.”*¹²⁴ –Commissioner Schnell

Approximately 85 percent of individuals incarcerated in Minnesota prisons have a substance use disorder, creating a demand for substance abuse treatment that is difficult to meet.¹²⁵ The department provides treatment to more than 1,600 people annually,¹²⁶ achieving a 79 percent completion rate in 2024.¹²⁷ A recent study found that MOUD in Minnesota prisons significantly reduced recidivism, including the risk of new prison admissions, arrests, and felony convictions—a benefit that is magnified when paired with traditional substance use treatment.¹²⁸

As Commissioner Schnell noted, “People don’t come [into prison] in pieces.”¹²⁹ He further emphasized that addiction treatment cannot be separated from trauma, mental health, or poverty, as these factors are all interconnected.¹³⁰ Research shows that prison-based treatment, addressing both the substance use disorder and criminogenic risk, is effective and thus, a sound policy investment.¹³¹ Tailoring treatment plans to meet the complex needs of each person increases the likelihood of successful community integration.¹³² A 2010 program evaluation found successful participation in

122. MINN. DEP’T OF CORR., *About the Minnesota Department of Corrections*, <https://mn.gov/doc/about/> [<https://perma.cc/XVB7-8HR5>] (last visited Sep. 23, 2025).

123. *Id.*

124. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 5:07:35–5:08:06.

125. SENATE JUDICIARY AND PUB. SAFETY COMM., MINNESOTA DEPARTMENT OF CORRECTIONS (DOC) OVERVIEW 12 (2024), https://assets.senate.mn/committees/2025-2026/3128_Committee_on_Judiciary_and_Public_Safety/DOC-Overview-2325-Senate-Judiciary-Public-Safety-Committee.pdf [<https://perma.cc/6TF5-WG6Y>].

126. MINN. DEP’T OF CORR., FACT SHEET: SUBSTANCE USE DISORDER TREATMENT SERVICES IN PRISON 2 (2019), https://mn.gov/doc/assets/Substance%20Use%20Disorder%20Treatment_tcm1089-413914.pdf [<https://perma.cc/PF2C-79YT>].

127. MINN. DEP’T OF CORR., 2024 PERFORMANCE REPORT 4, 19 (2025), <https://www.lrl.mn.gov/docs/2025/mandated/250087.pdf> [<https://perma.cc/ZM9U-CA3T>].

128. MICHAEL PALMIERI & VALERIE CLARK, MINN. DEP’T OF CORR., MEDICATIONS FOR OPIOID USE DISORDER IN MINNESOTA PRISONS AND ITS EFFECTS ON RECIDIVISM AND ALL-CAUSE MORTALITY 27 (2024), https://mn.gov/doc/assets/Medications%20for%20Opioid%20Use%20Disorder%20in%20Minnesota%20Prisons%20and%20its%20Effects%20on%20Recidivism%20and%20All-Cause%20Mortality_tcm1089-663007.pdf [<https://perma.cc/6CKT-NJZ0>].

129. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 5:08:20–5:08:48.

130. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 5:08:20–5:08:48.

131. MINN. DEP’T OF CORR., *supra* note 126, at 1.

132. *See* MINN. DEP’T OF CORR., MINNESOTA REHABILITATION AND REINVESTMENT ACT (2021), <https://www.house.mn.gov/comm/docs/LZzbaqPwvE2aFHlsgbUb2Q.pdf> [<https://perma.cc/>]

the department's substance use disorder programs effectively reduced three forms of recidivism by 17–25 percent.¹³³

Yet, providing treatment and advancing a rehabilitation-focused model requires navigating a complex set of challenges, including entrenched cultural dynamics within the DOC, competing philosophies about punishment and rehabilitation, and political considerations tied to funding decisions made by the state legislature.¹³⁴ Commissioner Schnell acknowledged the persistent belief that making prison more punitive will deter crime but emphasized the need to prioritize what actually works: connection, support, and evidence-based care.¹³⁵ To combat stigma and internal resistance, he is working to shift staff perspectives on what success looks like, arguing that impact comes not from control, but from building connections.¹³⁶ He believes corrections needs to do a better job of lifting up success stories of people who have reintegrated back into their communities, leading productive lives, and avoiding reincarceration.¹³⁷

To encourage continued treatment engagement after release, the DOC has introduced residential, intensive-outpatient, and extended-outpatient treatment along with specialized substance use disorder reentry planning.¹³⁸ Health services staff and case managers coordinate medication, treatment, housing, employment, and education, and help individuals overcome barriers such as securing health insurance or economic assistance.¹³⁹ This work is strengthened through community partnerships, which are essential, though it can be challenging at times to structure creative solutions that meet the needs of both individuals and the system. Additionally, a state grant partnership between the DOC, the Minnesota Department of Health, and recovery organizations throughout the state has trained incarcerated people as Certified Peer Recovery Specialists, teaching them skills to support their

9BS7-SLU9]. The Minnesota Rehabilitation and Reinvestment Act of 2023, which mandates personalized rehabilitation plans and offers early release and supervision abatement incentives, further supported this shift towards individualized programming. *Id.* The Act also redirected funds that would otherwise have financed lengthier incarceration and supervised release to a Justice Reinvestment Fund that supports victim services, crime-reduction initiatives, and community-based programming. *Id.*

133. MINN. DEP'T OF CORR., PRISON-BASED CHEMICAL DEPENDENCY TREATMENT IN MINNESOTA: AN OUTCOME EVALUATION 24 (2010), <https://archive.org/details/03-10-cdtxevaluation-report-revised-tcm-1089-275973/mode/2up?view=theater&q=23> [<https://perma.cc/4GE6-REN3>] (finding that treatment “decreased the hazard by 17 percent for rearrest, 21 percent for reconviction, and 25 percent for reincarceration for a new crime”).

134. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 5:53:15–5:56:50.

135. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 5:53:15–5:56:50.

136. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 5:53:15–5:56:50.

137. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 5:53:15–5:56:50.

138. *See* MINN. DEP'T OF CORR., *supra* note 126, at 2.

139. *See* MINN. DEP'T OF HEALTH, *Recovery After Incarceration*, <https://www2cdn.web.health.state.mn.us/communities/overdose/response/incarrecov.html> [<https://perma.cc/3V5G-2YQD>] (last visited Nov. 4, 2025).

peers and to pursue volunteer or paid employment opportunities following release.¹⁴⁰

The DOC also emphasizes harm reduction upon reentry. Ninety-five percent of people in Minnesota will ultimately return to the community, where they face an overdose risk that is twenty-eight times higher than the general population.¹⁴¹ To help reduce the risk of overdose, relapse, and recidivism, the DOC distributes harm-reduction kits containing naloxone, fentanyl test strips, support letters, and educational resources upon release.¹⁴² As Commissioner Schnell explains, “Push back comes in a lot of different ways. . . . [The DOC has to focus] on what works as opposed to what has historically been an orientation toward punishment.”¹⁴³

CONCLUSION

The fentanyl crisis, like other substance abuse crises before it, has again clarified the limits of punitive responses. It has placed new pressures on law enforcement to move beyond its traditional role, often stepping in to fill gaps that would be better filled by healthcare and social services. This Article has traced how agencies are adapting to this challenge, shifting away from punishment toward a more evidence-based emphasis on treatment, prevention, and recovery.

Early-stage interventions led by police and prosecutors are critical. The correctional system, where high concentrations of individuals with substance use disorders are often disconnected from care and support systems, provides a unique opportunity to improve results through health-centered reforms.

Despite some advances, substantial barriers remain. Chronic understaffing, high turnover in jails, restrictive regulations, fragmented data systems, entrenched stigma, and the exclusion of incarcerated individuals from Medicaid coverage all undermine progress. To drive an effective, comprehensive approach, reforms must extend across the entire justice system from policing and prosecution to incarceration and reentry through cross-sector coordination and consistent funding. Overcoming the barriers will require policy change, sustained investment, and redefinition of the justice system’s mission around health as well as public safety.

Diversion, deflection, and co-response programs led by police and prosecutors can connect individuals to care before deeper justice system involvement occurs. These early interventions, as well as treatment-centered

140. See *HOPE Program*, *supra* note 90.

141. Katherine Hill, Peter J. Bodurtha, Tyler N.A. Winkelman & Benjamin A. Howell, *Postrelease Risk of Overdose and All-Cause Death Among Persons Released from Jail or Prison: Minnesota, March 2020–December 2021*, 114 AM. J. PUB. HEALTH 913, 918 (2024).

142. See MINNESOTA DEPARTMENT OF CORRECTIONS, *MN DOC – Harm Reduction Kits* (YouTube, Apr. 18, 2023), <https://www.youtube.com/watch?v=QjKZQ5mJ1ww> [<https://perma.cc/7TGL-QG37>].

143. UNIVERSITY OF ST. THOMAS – MINNESOTA, *supra* note 1, at 5:53:15–5:54:20.

approaches in corrections, can help focus on better health and reentry outcomes at all stages of the justice system. Because the vast majority of incarcerated individuals will return home, equipping them with services to support recovery, stability, and successful reintegration is not only a matter of individual health, but a public safety imperative. Reducing relapse and recidivism ultimately builds safer, more resilient communities.

The case studies encapsulate some of these new approaches: Sheriff Witt transforming her jail into an extension of the community through education and engagement; Sheriff Barrett expanding MAT and leveraging community input and data to drive meaningful policy reform; and Commissioner Schnell implementing individualized rehabilitation and harm-reduction practices to improve health and reentry.

As the fentanyl crisis continues to evolve, the justice system must adapt to ensure those caught in cycles of addiction and incarceration are met not only with accountability but with comprehensive care.