

**“Law Enforcement & Certified Community Behavioral Health Clinics: Increasing
Access to Treatment, Decreasing Recidivism”
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Good afternoon and thank you for having me with you today. I especially want to thank Senator Debbie Stabenow and Senator Roy Blunt for hosting today’s briefing.

I’m Deputy Chief Daniel Engert, with the Niagara County Sheriff’s Office. Niagara County is the far northwestern county in New York State bordered to the north by Lake Ontario. The Sheriff’s Office consists of approximately 250 sworn officers serving about 212,000 individuals in our county. I am also the Administrator of the Niagara County jail, a 505-bed maximum security facility which has housed an average of around 400 individuals daily over the past year.

Almost 70 percent of the inmates in our county jail have a serious mental illness or substance use disorder, many times both. The link between offending and SUD’s is well established. Alcohol and drugs are implicated in roughly 80 percent of the offenses that land individuals in our and other New York state jails. It is not productive for these folks to languish and linger in the jail setting—we want them to be successful in the community. I am trying to return these inmates to the community in a better place than when they came in. I truly believe that this is a fundamental duty of every jail administrator.

The difficulty in achieving this goal is the direct result of insufficient resources in our local mental health and addiction treatment system. There remains a significant gap in the treatment and support continuum of care being developed at the state and federal levels. Historically, when we released people into the community, there was no direct linkage to community treatment. When people fail to make that first appointment upon release, we’ve lost them. Their condition deteriorates, they reoffend, and then they end up back in jail or worse, they end up dead. In a New England Journal of Medicine study, it was found that in the first two weeks after release, former inmates with an opioid use disorder were almost 13 times more likely than other individuals to die of an overdose.

That situation has started to change recently. Niagara County was awarded funds from New York’s Opioid State Targeted Response grant to contract with a local clinic, BestSelf, to provide counseling and education services in our jail, along with medication-assisted treatment. That means inmates are able to receive basic addiction and mental health care during their incarceration. Jail incarceration provides a valuable opportunity to offer treatment supports when people are clean and sober. New York State’s own cost-benefit analysis of providing jail-based SUD treatment services determined that taxpayers could realize a savings over time of \$2,170 per participant through reductions in recidivism costs as well as \$676 per participant in costs that would otherwise be incurred by victims.

What is unique about our clinic partner, BestSelf, is that they are also participating in the Certified Community Behavioral Health Clinic demonstration. Because BestSelf was certified as a CCBHC, they now qualify for Medicaid payments that have allowed them to dramatically expand their capacity to work with us even beyond the scope of our STR grant. This designation was the single-most significant reason that Niagara County chose them as a partner.

Because of its participation in the CCBHC demonstration, BestSelf was able to launch a mobile unit staffed by a counselor, a peer support specialist, and with access to a doctor and nurse via telemedicine. The mobile unit meets our inmates upon their release from incarceration. They provide screening and assessment services and can immediately transport individuals with opioid addiction to their first medication-assisted treatment appointment. This aggressive step has shown promising success to close the gap upon release and expand community based treatment and support services to create a continuum of care to support the individual and their family in their recovery.

BestSelf is located in our neighboring Erie County, so they can directly take Erie County residents into services. They also provide linkages for Niagara County residents with treatment clinics here in our county.

As I have discussed, the biggest challenge for inmates with an addiction or mental illness is getting to that first appointment after they leave the jail. Now, because of the collaboration with BestSelf, we have seen reductions in recidivism among Erie County residents who were incarcerated here in Niagara County. This is because not only are those folks getting immediate access to services and transportation to the clinic, once they get there they have access to a full array of addiction and mental health care that helps them maintain their path to recovery and to stay out of trouble.

The same is not true of Niagara County residents, where there is no CCBHC to help them. The linkages BestSelf provides to services here in our county are not the direct soft hand-off to the first appointment, and the treatment providers here cannot operate to the same standards of care.

To me, this shows exactly why we need to extend and expand the CCBHC model. When a clinic becomes a CCBHC, they finally have the funding and resources to be a good partner to the jails. Even though we have an STR grant in Niagara County, if the CCBHC model went away, it would devastate the continuity of care we've built for people coming out of jail, and we'd have to reconsider our ability to provide in-jail services. Having a CCBHC to work with helps us get more out of our grant funds. One program enhances the other.

BestSelf is perfectly positioned to help us make giant leaps and strides in our efforts to curb the opioid epidemic. In addition to serving as Jail Administrator in Niagara County, I'm also a town supervisor in Somerset, New York. Somerset has been hit hard by the opioid crisis, but as is the case in many rural communities, my residents don't have access to treatment and support services near where they live. If we could have access to a mobile unit attached to a CCBHC like the one BestSelf provides to our jail, it could make all the difference. Having CCBHC services in our county would also have a great impact on the health of our local communities.

In New York, the CCBHC demonstration is set to end in June 2019 and I cannot overstate how important it is for this program to continue. We need to have that soft handoff with the mobile unit providing immediate and continued access to treatment and medication upon inmates' release from the jail system. That's a big part of what's been missing in the past, and what has not been done well in the traditional models of treatment. It is my sincere hope that with a commitment to continued funding, BestSelf will be able to expand their treatment capabilities in Niagara County.

The CCBHC model has been a system shock—a completely different model of treatment and care that has helped us transform the way we connect inmates to help. Before, we were waiting on a new grant every year to try and provide a patchwork of funds that could support treatment. Now, we have a fully staffed and resourced partner that is there for us when we need them. This model needs the time and commitment of resources to fully develop into a solid and sustainable model.

That's why I'm asking for your support to extend the CCBHC model for additional years. We don't want people cycling in and out of our jails when they need treatment instead of incarceration. Our local CCBHC has finally given us the resources our community needs to get people into treatment and keep them out of jail. Please support our efforts by passing the Excellence in Mental Health and Addiction Treatment Expansion Act so that we can continue working with BestSelf to get help to the people who need it.

Thank you for your time.