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Jail Programming Options for Substance Use Prevention, Treatment and Recovery Support

A Guide for County Leaders, Jail Administrators and Jail Programs Coordinators

The purpose of this document is to provide a brief overview of different evidence-based jail programs that have been found to impact substance use disorder while also addressing critical factors like recidivism. This document is intended solely to help county leaders with considerations like cost, scale, integration with existing services as well as other logistical factors, regardless of funding source.

The regional consultants at the UT Institute for Public Service SMART Initiative and the County Technical Assistance Service (CTAS) can provide free technical assistance to local governments across Tennessee seeking to implement any of the following strategies. Visit smart.tennessee.edu and ctas.tennessee.edu to learn more and request a meeting.

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Overdose Prevention

People with substance use disorder (SUD) are at a 40x increased risk of overdose death within the two week period following reentry and up to a 15.5x increased risk of overdose death for over a year following release (Ranapurwala et al., 2018, Hill et al., 2024).

Dispensing "Take Home" Naloxone Upon Release

A cost effective solution could be to provide naloxone upon release. This could be done by having a staff member provide it, or by stationing a vending machine or similar device in a secure location on the premises, accessible by the released individual on their way out.

Expected Outcomes

Up to a 36% reduction in opioid overdose deaths in the 4 week period following reentry (Bird et al., 2016), and a growing body of literature finds that naloxone distribution upon reentry is widely associated with improved overdose outcomes (Ravichandran et al., 2025).

Cost Estimate

$10,000 – $120,000 depending on jail size and method. The following costs are based on the price of $35-$40 per kit of two doses of naloxone nasal spray. Costs may be reduced if lower-cost naloxone can be sourced.

Recipients per year	Annual cost
200	$6,000–$9,000
800	$24,000–$36,000
2,000	$60,000–$90,000

Costs may also vary depending on if jail staff distribute the doses or if a vending machine is deployed.

- **Staff time vs vending machine**
  - Small jails may want to consider staff dispensing if turnover is low.
  - Large jails could benefit from a vending machine but face steeper up-front costs due to equipment and installation costs mitigated by long-term reduction in staff time and burden.
- Median cost per death averted is $11,200 ($7,400-$17,300) (Balter & Howell, 2024)
- Distribution can either be universal (all released individuals) or selective (those with a known SUD).
- Providing training to the inmates on overdose prevention can be provided via tablets, kiosks, or facility communication devices.
- Partnering with a local coalition can help keep costs low and help identify gaps, opportunities for low cost naloxone, or even by providing the naloxone training (Hunt et al., 2025).

Implementation Timeline
1 – 6 months

Treatment Options Within Jails

Treatment within jails can also be critical to the success of a person after they are released. Correctional settings that offer various types of treatment have reported reduced recidivism rates and long term cost effectiveness. **Critically**, the best outcomes for treatment provided within carceral facilities involve a direct linkage to care by an external provider upon release so that continuity of care is maintained.

Psychological and Behavioral Treatment

Mental health services including intensive outpatient programs, behavioral programs such as "Moral Reconation Therapy" (MRT) and more. Notably, the benefit of these programs could apply to people with any substance use disorder without being limited to opioid treatment.

Expected Outcomes
Results are mixed but overall, offering IOP or MRT in jail – especially when connection to ongoing treatment upon re-entry is established prior to release – has been associated with a reduction in the rate of post-incarceration re-arrest or new convictions (Beaudry et al., 2021; Phipps et al., 1999; National Institute of Justice, 2017).

Cost Estimate
- IOP - The cost for one day of IOP treatment often ranges from $250 to $350 per day (Lautieri & Thomas, 2024).
- MRT - For staff to become certified to facilitate MRT, the 32-hour training costs $600 per person (Little, n.d.; Moral Recognition Therapy, n.d.). There are other vendors out there who seem to offer MRT books and add ons like virtual programming that range from $96 to $250 per person. Correctional Counseling Inc. (CCI) is the sole-source provider of the official MRT training, materials, and facilitator certification. However, the workbook is frequently bundled with 13-week group therapy sessions for roughly $96, or included in comprehensive virtual programs that cost around $250. Prices may vary slightly by vendor.

Implementation Timeline
6 months – 1 year or more

Medication Assisted Treatment

Providing naltrexone, buprenorphine, or methadone for the management of opioid withdrawal and craving.

Expected Outcomes
Providing medications for opioid use disorder including naltrexone, buprenorphine and methadone within correctional facilities has been shown to be associated with:
- 12% lower risk of reincarceration after release (Friedmann et al., 2025)
- 52% lower risk of fatal opioid overdose (Friedmann et al., 2025)
- 24% lower risk of non-fatal overdose (Friedmann et al., 2025)
- 56% lower risk of death by any cause (Friedmann et al., 2025)

If providing MAT in your jail, efforts should be made to connect people receiving the treatment to outside organizations to continue treatment, including maintenance or tapering off to abstinence, as well as psychological treatment and social support. Continuity of care is a major contributor to ensuring treatment success.

Cost Estimates

Cost varies based on the number of individuals receiving treatment, medications provided, whether the treatment is provided by a jail employee or contractor, and many other factors. Whether new construction is required for site expansion is also a significant factor.

Oral naltrexone, as it is not an opioid, should not significantly increase jail costs beyond routine care. Injectable naltrexone, however, sold as Vivitrol, costs $1,000 – $2,500 per monthly dose, as there is currently no generic competitor. Grant programs have been used to help cover these costs in jails.

Buprenorphine and methadone, however, are opioids and require additional clinical and security oversight. The following cost estimates have been extrapolated from Ryan et al., 2023, 2025.

	Buprenorphine (in-house)		Methadone (in-house)	
Jail size (avg. population)	**Start-up**	**Annual operating**	**Start-up**	**Annual operating**
Small (under 250)	$25K–$150K	$150K–$600K	$150K–$600K	$300K–$900K
Medium (250–750)	$75K–$250K	$400K–$1.2M	$300K–$900K	$700K–$1.8M
Large (over 750)	$150K–$500K	$900K–$2.5M	$600K–$2.5M	$1.5M–$4M

Implementation Timeline

6 months – 1 year

Note, there are some considerations for injectable buprenorphine. Outcomes have been found to be significantly better compared to oral buprenorphine, such as likelihood of continuing treatment after release (O'Connor et al., 2024). Additionally, because doses are given monthly as opposed to daily, there is a significant reduction in staff needed to administer the program. However, under current prices, the cost of the medication can mean overall program costs for injectable programs are comparable to those that only offer sublingual.

Programs are available to subsidize the cost of drugs, such as the Minnesota Multistate Contracting Alliance for Pharmacy, which is a voluntary group purchasing organization capable of negotiating lower prices for member organizations, which can include county jails (Minnesota Office of State Procurement, n.d.).

Indivior, the manufacturer of Sublocade, and Braeburn, which markets Brixadi (another injectable buprenorphine product produced by Camurus), may offer discounted pricing to correctional facilities, including through group purchasing contracts or limited-time discount programs. It is beneficial to periodically contact local sales representatives to check current pricing and discount opportunities.

Recovery Support Within Jails

Incarceration, which brings abstinence, structured routines, and separation from the life circumstances that facilitated use of substances, represents a unique opportunity for a person to begin a journey towards long-term recovery. Recovery-focused programming within carceral settings addresses critical behavioral, psychological, and social factors. When offered inside the jail and connected to community resources upon release through a *warm hand off*, these programs can help reduce relapse and reincarceration (SAMHSA, 2025).

12-Step & Similar Programming

12-Step programs (such as Alcoholics Anonymous, Narcotics Anonymous, etc.) and evidence-based supplements or alternatives (such as SMART Recovery, which uses a cognitive-behavioral model) can be hosted inside the jail at minimal cost (SMART Recovery, 2025). Volunteers from the community facilitate sessions and volunteers are typically already in most communities across the state. These programs should begin during incarceration, but efforts should be made to connect participants to the same community-based meetings prior to release, so that continuity of care is maintained. Again, the risk of fatal overdose is 15x-40x greater during the 2 weeks following reentry (Hill et al., 2024; Ranapurwala et al., 2018).

Alcoholics Anonymous, the progenitor organization of 12-Step programming, states that because jail sentences tend to be far shorter than for prisons and turnover tends to be high, "*outside* A.A.s — always in cooperation with the jail officials — provide meetings and follow through with individuals after they are released" (Alcoholics Anonymous World Services, Inc., 2017, 8). In other words, the only way to sustain a continuous 12-Step group is through direct connection to an external partner, which is also ready to accept the individual upon their release. Whether

A.A., N.A. or other 12-Step programming, the principle is the same.

So are the general administrative prerequisites: the group should meet with jail administration and city/county officials, mutual understanding of jail rules and regulations should be established, and there should be clear designation of responsibilities.

Expected Outcomes

- The impact is small, but evidence across numerous studies show that 12-Step and similar programming is associated with a slight but significant reduction in both substance use and recidivism (Moore et al., 2020).
- SMART Recovery in particular has been found to be associated with reduced recidivism, especially when paired with Getting SMART programming (Recovery Research Institute).
- However, studies also show limited impact if the intervention is too short. In other words, attending a small number of meetings during a short jail stay is unlikely to make a lasting impact. Therefore, long-term success is largely dependent upon connecting an individual to external partners for continued support.
- The automatic connection to an external recovery support group upon release can be impactful for not only maintaining sobriety, but for achieving stability across other social factors (housing, employment, etc).

Cost Estimate

Low cost – primarily staff coordination time. Volunteer facilitators usually provide meetings at no charge. Conservatively estimated to be $500 – $3,000/year for coordination, scheduling, and materials (varies by frequency of meetings and jail size). Depending on the amount of external support, this option may not even incur direct program costs to the jail's budget.

A.A., N.A., and other 12-Step groups sometimes provide their own literature to a registered group secretary (Alcoholics Anonymous World Services, Inc., 2017). SMART Recovery workbooks available for approximately $15 – $20 per participant (SMART Recovery, n.d.). There are also pre-developed programs such as SMART InsideOut™, which costs $299 (includes 10 Participant Manuals) (SMART Recovery, n.d.).

Note - the UT SMART Initiative is not, nor has ever been, affiliated with SMART Recovery.

Implementation Timeline

1 – 3 months

Peer Support and Mentoring

Certified Peer Recovery Specialists (CPRS) are individuals in long-term recovery who are trained and credentialed to provide support to others who are starting out in their recovery journey. CPRS can provide in-jail mentoring, help individuals develop release plans, and serve as a bridge to community services. Tennessee has an established CPRS certification program through the Dept. of Mental Health and Substance Abuse Services (TN Department of Mental Health and Substance Abuse, n.d.-a).

Expected Outcomes

- Studies show that peer support programs are associated with a lower rate of re-arrest and parole violations, and participants in an in-jail re-entry-based program had about half the reincarceration rate of the U.S. average (22% vs. 43%) (Belenko et al., 2021; Sells et al., 2020; Bellamy et al., 2019).
- Improved linkage to SUD treatment, housing, and employment services upon release; reduced relapse risk and improved mental health outcomes (Treitler et al., 2025).

Cost Estimate

Costs can be kept low by contracting through a community behavioral health agency or recovery organization.

CPRS wages typically $16 – $22/hour; full-time position approximately $35,000 – $50,000/year including benefits. Most jails that host peer recovery programs contract with local recovery community organizations (RCOs) or behavioral health providers to embed peers at reduced or no direct cost to the county.

Implementation Timeline

2 – 6 months (contracting or hiring)

Workforce Development – Work Release Programs, Vocational Education and Training

Vocational and work-release programs provide incarcerated individuals with marketable job skills and employment experience before release. Programs may be delivered through partnerships with community colleges, workforce development

boards, or local employers, and can range from welding and manufacturing certifications to CDL preparation and construction trades.

Expected Outcomes

- Participants in vocational training programs have 28% higher odds of post-release employment compared to non-participants (National Institute of Justice, 2014).
- A major meta-analysis found education including vocational training reduces recidivism likelihood by approximately 14.8% with a return on investment for vocational programs specifically of $3.10 for every $1 spent (Sprick Schuster & Stickle, 2023).
- RAND Corporation found that every $1 invested in correctional education reduces incarceration costs by $4 – $5 in the first three years post-release (RAND Corporation, 2013).
- Securing employment is in itself a major factor in reducing negative outcomes associated with substance use disorder (Laudet, 2012).
- Reduced misconduct during incarceration, which in turn reduces staff burden and burnout (Pompoco et al., 2017).

Cost Estimate

Average cost of approximately $2,000 – $2,200 per participant annually for vocational programs (Sprick Schuster & Stickle, 2023). Partnerships with Tennessee College of Applied Technology (TCAT) or local community colleges and universities can significantly reduce direct costs to the jail.

Work release programs may generate partial self-funding through participant earnings, as well as potentially helping inmates pay off fees, fines, and child support debt in advance of release. It can also lead to the individual having stable employment immediately upon release.

Implementation Timeline

3 – 12 months (curriculum development and partnership agreements)

Life Skills Education – Parenting, Nutrition, Financial Literacy, Etc.

Life skills programming is a cost-effective way to address the practical knowledge gaps that contribute to instability after release, impacting both likelihood of sustaining recovery as well as avoiding recidivism (Antonio & Crossett, 2017). Courses covering parenting, nutrition, financial literacy, budgeting, civic participation and

more can often be locally sourced through faith-based and nonprofit organizations, UT Extension offices, and state colleges.

Expected Outcomes

- Despite complexities with maintaining attendance in jails (short stays, releases and re-admittance, transfers, and more), studies of parenting classes have measured improvements in parenting attitudes and behaviors (Tremblay & Sutherland, 2017).
- Improved nutrition practices, general health, and social ties, indicating benefits beyond just education around healthy food options (Curd et al., 2013).
- Though an evaluation of programs outside of jails, some studies have found that nutrition programming is associated with better SUD treatment outcomes (Grant et al., 2004).
- Improved financial knowledge, which could help improve economic stability post release (Mielitz et al., 2018).

Cost Estimate

Very low – estimated $500 – $5,000/year depending on frequency and whether facilitators are volunteers or contracted staff, as well as size of the jail and number of participants. Many programs are available through UT Extension, nonprofits, and faith-based organizations at low-or-no cost to the jail, depending on grant availability.

Implementation Timeline

1 – 3 months

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Reentry: Connections to Community

The period immediately following release is the highest-risk window for overdose, relapse, and reincarceration, particularly in the first two weeks. People are often released without documentation including identification, and always into a life that has been disrupted by incarceration. They often have lost their job, their income, their housing situation, and even some social connections. As such, effective reentry into the community necessitates connecting individuals with services, documents, and support prior to release so that they are prepared to live a productive life and avoid falling back into past habits.

Coordinating these connections involves partnerships with state agencies and local nonprofits and community providers. Importantly, however, is that many people working these positions are usually over-burdened by large case loads and need support themselves. Funding for jail staff to coordinate these partnerships has multiple benefits, including reduced burden, burnout and cost across agencies through better information sharing and efficiency.

Connection to SUD and Mental Health Treatment Upon Release

Providing a list of local services for SUD and mental health treatment is certainly better than nothing, but it is usually not sufficient to ensure that people actually seek out that treatment. As such, effective reentry programming should work to confirm an appointment for the individual before that person physically leaves the jail, so that they have a date and a time to look forward to.

Studies have found that about 2/3rds of justice-involved people needed support for alcohol or drug use and over 70% had mental health needs upon release, but only a small fraction actually receive that support (Begun et al., 2016). Another study found that "fewer than 3 in 10 inmates who met the criteria for drug dependence or abuse received drug treatment or participated in a program" prior to their release (Bronson et al., 2017). This reflects a critical opportunity for intervention to improve post-release outcomes.

Expected Outcomes

A scoping review of interventions to connect people to treatment prior to reentry found that such programs lower recidivism, reincarceration, probation violation and re-arrest rate (especially for violent crime), as well as greater adherence to treatment

after release, better outcomes on opioid use, cocaine use, alcohol use, relapse risk, testing negative for drugs on urine screens, HIV risk, and more (Grella et al., 2022).

Cost Estimate
Case manager or reentry navigator: $45,000 – $70,000/year including benefits. Each position can reliably process a few hundred cases per year. Partnerships with external community partners (treatment centers, health departments, private counselors, etc.) can coordinate low- or no-cost initial appointments to facilitate continuity.

Implementation Timeline
1 – 6 months

Assistance Obtaining Vital Documents (Driver's License, Social Security Card, Birth Certificate)

Lacking valid identification (ID), including a driver's license, Social Security card, birth certificate, or other similar documents, significantly impairs an individual's ability to secure housing, employment, or access to lawful benefits (i.e., SNAP, Medicaid, etc.) Jails are able to support people by initiating the requests for these documents prior to release or even by securing a partnership with a state agency (i.e., the Dept. of Motor Vehicles) to issue an ID.

Tennessee has joined 27 other states in requiring assistance with obtaining a government-issued photo ID prior to release (Nastasi et al., 2026). TN state law specifically mandates that the TN. Dept of Corrections (TDOC) either directly provide or assist in the acquisition of these documents (Tenn. Code Ann. § 41-51-301, 2025). However, that does not apply to county jail inmates not under TDOC jurisdiction.

Expected Outcomes
Enables more rapid access to employment, housing, public benefits, and healthcare, all of which independently reduce risk of relapse and recidivism.

Cost Estimate
- Minimal. In Tennessee, government photo IDs cost about $12 – $30 per individual. Some individuals are eligible for a free ID (such as those with intellectual or physical disabilities) (Tennessee Department of Safety & Homeland Security, n.d.).
- Staff time can be integrated into existing case management and/or CPRS workflows.

Implementation Timeline
1 – 3 months

Assistance with Obtaining Health Insurance

A large portion of the typical incarcerated population in Tennessee is not eligible for Medicaid (as the state has not expanded TennCare under the Affordable Care Act), but some people are. Medicaid cannot cover any treatment during incarceration, but being set up with health insurance prior to release helps guarantee continuity of medical care, including for SUD treatment.

A note pertaining to Medicaid: the Consolidated Appropriations Act signed on March 9, 2024 requires states to suspend – instead of terminating – Medicaid enrollment during incarceration, which greatly reduces administrative burden prior to reentry for those who are eligible.

Expected Outcomes
A 2022 study found that Medicaid coverage upon release (associated with Medicaid expansion) was associated with a 16% reduction in rearrest for violent crime for two years following release and overall reduced long-term costs (Widra, 2022).

Having health insurance upon release grants immediate access to SUD and mental health treatment and primary care access for underlying physical healthcare, and reduces emergency department utilization and uncompensated care costs, lowering total costs to the county and state.

Cost Estimate
Enrollment assistance: primarily staff and/or CPRS time, which can be integrated into case management workflows.

The cost to the individual varies dramatically. If they are eligible for Medicaid, costs are low (some copays, etc.) But for the majority of the reentry population in Tennessee, they will need either employer-sponsored health insurance or direct plans purchased through the individual marketplace. Further, the enhanced premium subsidies for marketplace plans have since expired without renewal, so these costs have increased dramatically and can cost an individual anywhere from $400-$700 per month or more. This means the most cost-effective option is employer-sponsored insurance, but that entails securing a job with a business that provides that. See below.

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Implementation Timeline
1 – 6 months

Housing Support

Stable housing is one of the strongest predictors of both successful reentry *and* long-term recovery. Notably, formerly incarcerated people are nearly ten times more likely to experience homelessness after release (National Low Income Housing Coalition, 2018).

Jail-based housing navigation can help identify transitional housing options, connect individuals with housing assistance programs, and reduce the number of individuals released directly to homelessness.

Partnerships with transitional housing providers, domestic violence shelters, and recovery residences ("sober living facilities") can expand options at low cost to the county. Regarding recovery residences, it should be noted that Tennessee recently codified a minimum set of standards for organizations that provide certification for these facilities (Tenn. Code Ann. § 33-2-1404, 2025). Partnering with a recovery residence that is certified, especially by an organization that adheres to national standards can increase reliability and outcomes.

As of September 2026, two organizations are listed on the tn.gov website as meeting these criteria: the Tennessee Alliance of Recovery Residences (TN-ARR) and Recovery is the New High (RITNH). Because these organizations meet or exceed the criteria defined in Tennessee law, recovery residences certified by these organizations are allowed to receive referrals by local treatment providers and judges, making them eligible for participation in local drug recovery courts, mental health courts, veteran courts and other judicial diversion programs (Kourvelas & Howard, 2026).

Further, the U.S. Dept. of Housing and Urban Development (HUD) has announced that it will prioritize treatment-first and sober living housing programs when considering applications for future funding (HUD, 2026). Thus, initiating treatment within jails and partnering with certified recovery houses for reentry remains a strong strategy to support sustainability of these broader efforts.

Expected Outcomes
Stable housing is strongly correlated with reductions in recidivism (Jacobs & Gottlieb, 2020). It is also a major factor that supports long-term recovery from SUD and employment outcomes (Polcin, 2018).

Cost Estimate

- Housing navigator (staff or contracted): $40,000 – $75,000/year.
- Short-term transitional housing placements: $500 – $1,800/month per bed; greatly depends on provider and local economic factors.
- Recovery residences may be accessible at low or no cost to the county through community providers, as well as through federal, state or local grants.

Implementation Timeline

3 – 12 months

Transportation Upon Release to a Safe Destination

Being released from jail without transportation — often in the early morning hours — can leave individuals stranded in unsafe conditions, dramatically increasing the risk of relapse or contact with illicit drug or criminal networks. Providing a bus pass, rideshare voucher, or coordination with a peer or family member for transport is a low-cost, high-impact intervention that directly contributes to other factors of stability like employment, housing, treatment, and more (Nordberg et al., 2021).

As such, this strategy also seamlessly integrates with other reentry programs with external partners, such as housing, employment, treatment, and recovery support.

Expected Outcomes

Research is limited, but transportation access has been found to have a "moderately strong" effect of lowering the odds of recidivism (Bohmert, 2014).

Cost Estimate

- One time assistance upon release: $10 – $50 per individual (bus pass or rideshare voucher).
- A program that provided a week or more of transportation funding would increase those costs significantly, but overall costs would be relatively low and the impact would be significantly larger.
- Transit agencies and nonprofits may offer voucher programs for returning citizens at low or no cost to the jail. Faith-based organizations have been increasingly stepping up to provide volunteer transportation assistance to people in recovery. Uplift Appalachia, for example, coordinates transportation by faith communities to participants in the Caring Workplaces program, and they provide training to other faith groups to do the same.

Implementation Timeline
1 – 2 months

Employment Assistance

Employment is one of the strongest protective factors against recidivism, as well as one of the strongest predictors of entering and maintaining long-term recovery from SUD. Jail-based employment assistance connects individuals with job placement services, résumé help, interview preparation, and employer partnerships prior to release. Tennessee American Job Centers (AJCs) and workforce development boards are critical partners. Connecting individuals to Work Opportunity Tax Credit (WOTC)-eligible employers can further incentivize hiring.

A growing effort has been mounting to support Recovery-Ready Workforce Development, wherein people in recovery are provided support for both training, education, and recovery support, and employers are provided assistance and resources in improving their accessibility to this potential workforce (U.S. Department of Labor, Employment and Training Administration, 2026).

Expected Outcomes
Employment-focused correctional programs are associated with a significant 4.9 percentage point increase in post-release employment and a 7.9 percentage point reduction in crime within three years of release (Mancino, 2025).

Stable employment provides financial stability, which in turn supports housing stability, family reunification, and sustained recovery from SUD and lowers overall economic costs to the county.

Cost Estimate

- Employment navigator or workforce case manager: $40,000 – $65,000/year; many counties can access this service through existing American Job Center partnerships at low cost. Nonprofits, UT extension, faith-communities and other organizations may also provide similar services at low cost to the jail, depending on grant funding availability.
- Employer outreach and résumé workshops: $500 – $3,000/year in materials; may be delivered by community volunteers or workforce board staff.

Implementation Timeline
2 – 6 months

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Options by Cost

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Low

Under about $5,000 a year, or mostly staff time

- 12-Step & similar
- Life skills education
- Vital documents
- Transportation at release
- Insurance enrollment

$$

Moderate

Roughly $10,000–$120,000 a year; due to staff position or per-person costs

- Take-home naloxone
- Peer support (CPRS)
- Treatment linkage
- Housing navigation
- Employment navigation
- Workforce development
- Behavioral treatment

$$$$

High

$150,000 to several million a year

- Medication assisted treatment

Note, many low- and medium-cost options run on partners and coordination time, which can reduce the direct impact to a jail's budget. Further, one funded coordinator position can unlock several programs at once.

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