

**Residential Substance Use Disorder Treatment Act of 2021**  
*Representatives Sheila Jackson Lee, Hakeem Jeffries and John Rutherford (H.R. 4200)*

**Purpose**

The Residential Substance Use Disorder Treatment Act of 2021 reauthorizes and renames the existing Residential Substance Abuse Treatment for State Prisoners (RSAT) grant program, which provides funding to state and local governments to provide treatment to adults in prison and jail with a substance use disorder. RSAT-funded programs prepare incarcerated individuals to reenter society, giving them the tools they need to prevent relapse, break the cycle of addiction, and reduce recidivism.

**Background**

The RSAT program was established under the Violent Crime Control and Law Enforcement Act of 1994. The program, administered by the Bureau of Justice Assistance (BJA), provides grants to every state and U.S. territory, and through them, to state prisons and local jails to provide substance use disorder treatment programs to individuals under their supervision. These grants also provide community-based aftercare and post-release treatment that can include cognitive behavioral therapy and employment, transitional housing and/or mental health services.<sup>1</sup>

Almost 30 national criminal justice and behavioral health stakeholder organizations signed a [letter of support](#) for the bill when it was introduced in the Senate.

**The Need for Treatment**

Treatment for incarcerated individuals is critical. Studies show that nearly 65% of individuals incarcerated in the nation's prisons and jails have an active substance use disorder (SUD).<sup>2</sup> Another 20% do not meet the official criteria for an SUD but were under the influence of drugs or alcohol at the time of their crime.<sup>3</sup> Furthermore, people leaving prison or jail with unaddressed substance abuse issues are significantly more likely to reoffend.<sup>4</sup>

Overdose deaths have increased dramatically due to the opioid epidemic. Individuals who leave prison or jail without treatment are up to 129% more likely to die of an opioid overdose than the general population.<sup>5</sup> RSAT is critical in the fight against opioid addiction in many states pioneering the introduction of medications for addiction treatment (MAT) in carceral settings. In FY16-FY19, 57% of RSAT's jail-based programs and 34% of its prison-based programs provided MAT to eligible individuals, with 40% of jails and 27% of prisons providing more than one type of MAT treatment.<sup>6</sup>

**RSAT is Effective**

RSAT helps break the cycle of addiction. Over 116,000 incarcerated individuals have participated in an RSAT residential or jail-based program in the last seven fiscal years. The average successful completion rate of an RSAT-funded treatment program is 73%. Of those, only 9% reoffended and were reincarcerated on a new criminal charge.<sup>7</sup> This compares to a national re-arrest rate of 45% for men and 35% for women in the first year after release from prison and an eventual reincarceration rate of almost 50%.<sup>8</sup>

**The Legislation**

This legislation will make several critical updates to the RSAT program:

- Allowing grantees to use RSAT funds to offer treatment to individuals pretrial;
- Requiring all treatment services to adhere to established clinical standards;
- Ensuring that programs are affiliated with providers who can ensure continuity of care and access to medications after release to reduce the risk of relapse and overdose deaths;

- Requiring program staff to be trained on the science of addiction, strategies for continuity of care during and after incarceration, and evidence-based behavioral therapies used to treat substance use disorder; and
- Building capacity, where available and appropriate, but not mandating access to MAT.

By providing high-quality substance use disorder programs that meet contemporary standards of care, community-based aftercare, and post-release treatment to incarcerated individuals, the RSAT grant program ensures persons reentering society are better able to maintain their recovery and are better prepared to be productive members of society.

The legislation will reauthorize funding for RSAT for \$40 million for each of fiscal years 2022-2026.

### **Co-Sponsors**

Representatives Sheila Jackson Lee (D-TX), John H. Rutherford (R-FL) and Hakeem Jeffries (D-NY)

### **Supporting Organizations**

Addiction Policy Forum  
 American Association for the Treatment of Opioid Dependence  
 American Jail Association  
 American Psychological Association  
 Center for Court Innovation  
 Community Anti-Drug Coalitions of America (CADCA)  
 Correctional Leaders Association  
 Council of State Governments Justice Center  
 Dismas Charities Inc.  
 Faces & Voices of Recovery  
 International Certification & Reciprocity Consortium  
 International Community Corrections Association  
 Major County Sheriffs of America  
 National Alliance on Mental Illness  
 National Association for Behavioral Healthcare  
 National Association of Counties  
 National Association of Drug Court Professionals  
 National Association of Social Workers  
 National Association of State Alcohol and Drug Abuse Directors (NASADAD)  
 National Commission on Correctional Health Care  
 National Council for Mental Wellbeing  
 National Criminal Justice Association  
 National District Attorneys Association  
 National League of Cities  
 National Police Foundation  
 National Sheriffs' Association  
 WestCare Foundation

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<sup>1</sup> Residential Substance Abuse Treatment Program Performance Update Report: Fiscal years 2013-2019, Bureau of Justice Assistance. June 2021. <https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/rsat-performance-update-report-fy-2013-2019.pdf>

<sup>2</sup> National Institute on Drug Abuse. <https://www.drugabuse.gov/publications/drugfacts/criminal-justice>

<sup>3</sup> See fn 2.

<sup>4</sup> Sugarman, O.K., Bachhuber, M.A., Wennerstrom, A., Bruno, T., Springgate, B.F. (2020) Interventions for incarcerated adults with opioid use disorder in the United States: A systematic review with a focus on social determinants of health. Plos One. 15(1).

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<https://doi.org/10.1371/journal.pone.0227968>; Also, Macmadu, A., Goedel, W.C., Adams, J.W., Brinkley-Rubinstein, L., Green, T.C., Clarke, J.G., Martin, R.A., Rich, J.D., Marshall, B. (2020). Estimating the Impact of Wide Scale Uptake of Screening and Medications for Opioid Use Disorder in US Prisons and Jails. *Drug and Alcohol Dependence*. 208.

<https://doi.org/10.1016/j.drugalcdep.2020.107858>

<sup>5</sup> See, e.g., I. Binswanger et al, Release from prisons-A high risk of death for former inmates, *New England Journal of Medicine*, <https://perma.cc/L49X-7MZ7>

<sup>6</sup> See fn 1.

<sup>7</sup> Matthew R. Durose; Leonardo Antenangeli, Ph.D., BJS Statisticians. Recidivism of Prisoners Released in 34 States in 2012: A 5-Year Follow-Up Period (2012–2017), July 2021.