

The background of the slide is a photograph of a police officer in a light-colored uniform. A body-worn camera is mounted on the officer's shoulder. In the blurred background, a woman with blonde hair and glasses is visible, looking towards the camera.

# Deflection Research in Illinois

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May 15, 2019

# Deflection: Police-Led Addiction Treatment Referral Program

- Individuals to voluntarily enter a police station, ask for assistance in accessing SUD treatment
- Police then offer a “warm handoff” to treatment
- First program in U.S. started 2015



# The Problem

## Opioid epidemic

- More with OUD, more overdoses, more in need of treatment

## CJ System

- 49% of treatment referrals come from the CJ system (SAMHSA, TEDS-D, 2014)
- CJ involvement may not improve, or exacerbate, OUD/SUD

## Barrier- Long waitlists

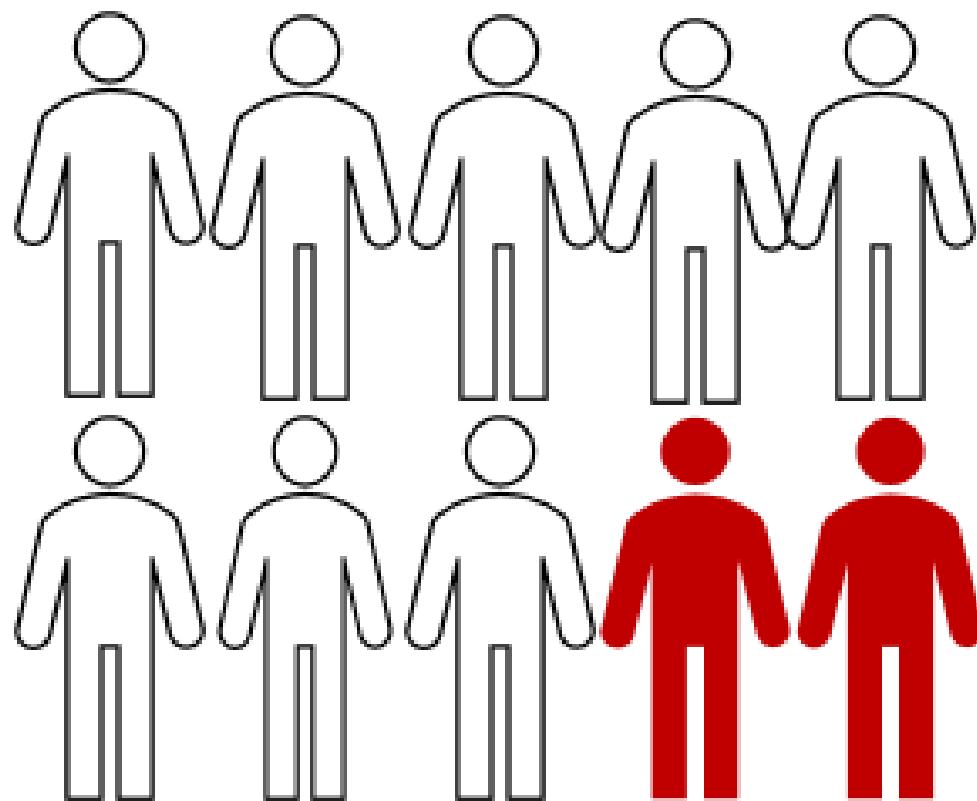
- Those waiting return to substance use or be arrested (Brown et al., 1989; Redko et al., 2006)

21 million  
Americans needed  
treatment

**4 million** received  
treatment

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Source: SAMHSA, 2018





A photograph of a two-lane asphalt road that curves through a mountainous landscape. The road is flanked by a metal guardrail on the left and a steep, rocky embankment on the right. Both sides of the road are covered in dense green forest. The sky is overcast and grey. The text 'Study of Deflection Programs' is overlaid in white on the left side of the image.

# Study of Deflection Programs

7 Illinois programs



## Sample (N=7 programs)

4 county-wide  
3 city-wide  
42 LE agencies

384 referrals  
3-170 participants

3 no external \$  
3 grants  
1 drug forfeiture \$

## Takeaways from study

### **Lessons Learned**

- Find champions in department
- Foster good relationships with treatment partners
- Designate small team of trained officers to contact treatment providers
- Involve the whole community—hospitals, faith-based, health department, recovery support groups
- Understand local population--can affect treatment initiation
- Train officers— have addiction specialists

### **Recommendations**

- Address Treatment Capacity
- Involve the Community
- Enhance Officer Training
- Secure Sustainable Funding



A woman with long blonde hair tied back, wearing a dark patterned top, is looking out a window with white curtains. The scene is dimly lit, with light coming from the window on the right.

# Safe Passage Evaluation

Lee County Illinois



# Participants

- N=83 in year 1 (2015-2016)
- Average age 33
- 54% male
- 86% with prior arrests
- 15% (n=12) went through SP more than once
- 46 had tried to, but were unable to, get tx in past



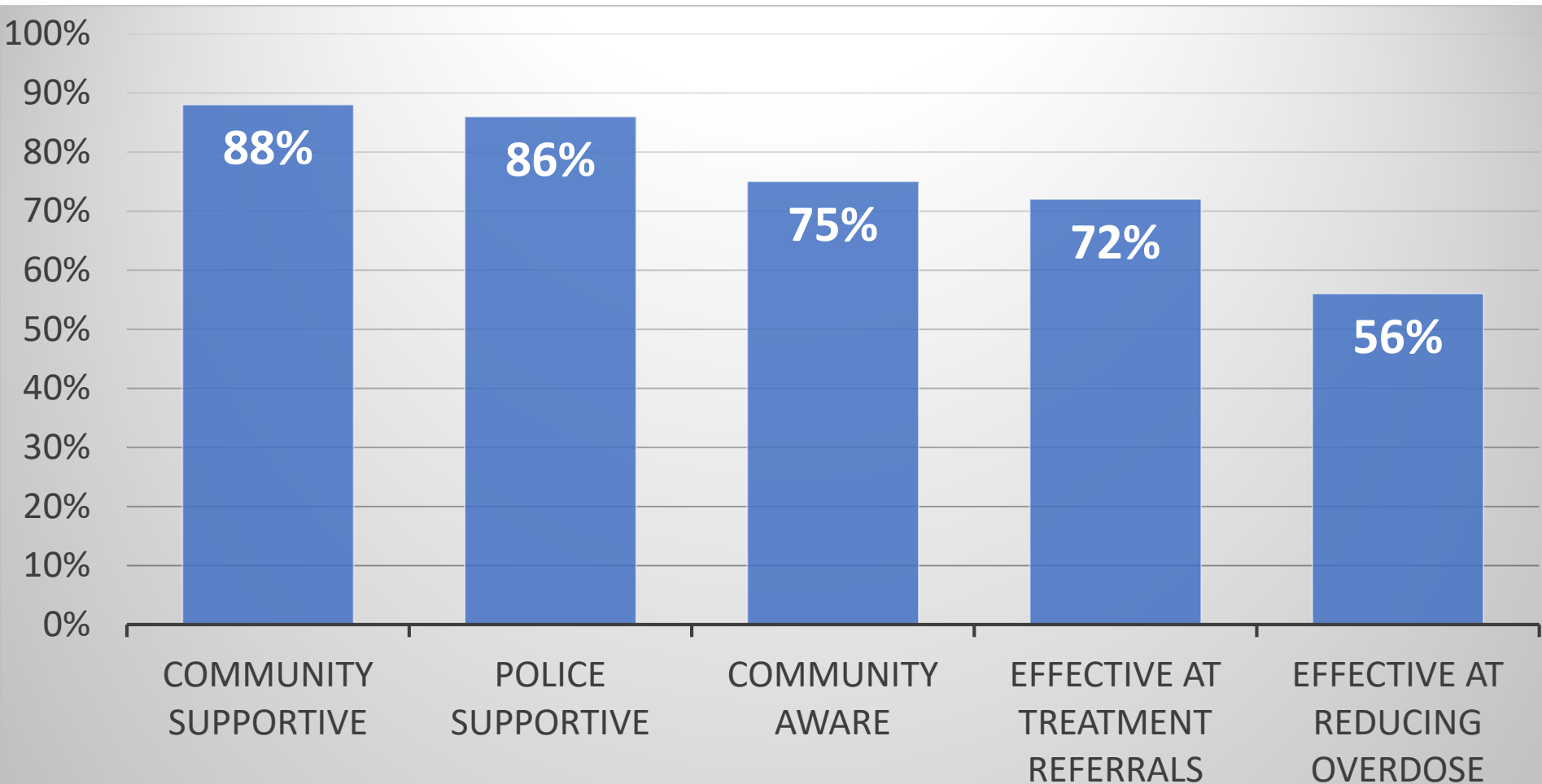
## Map: *Safe Passage* treatment providers

Rural areas often lack treatment providers



# Safe Passage: What did officers think?

Percent of law enforcement reporting **moderate** or **extreme** support, awareness, and effectiveness of Safe Passage





## Participants comment

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“I’m grateful for [Safe Passage], I truly and honestly am. I think it’s a great thing. I think it’s the right thing and the right frame of mind. I think that locking somebody up who has a substance abuse problem who was nonviolent, shoplifting to support their habit [is wrong].”

- Safe Passage participants & Interview Participant





## Law enforcement comment

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“The mission of any police agency is to create a **safer community**. For us, is to create a safer Dixon, to create a safer Lee county. And so if we have strategies that are reducing crime; preventing crime; restoring families; breaking the generation cycle, the family cycle of addiction and abuse; we’re absolutely **meeting those goals.**”

Safe Passage Stakeholder/ Focus Group Participant



## Treatment provider comment

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“there’s very **limited resources** because it’s a **rural area**. I think people have felt comfortable going to the police station because of the program and how long it’s been in place. I think in more suburban areas where there is more access to treatment centers and hospitals and there’s multiples places where a client can go and it’s more challenging but out here I think it’s **a good fit**. The model is a good fit.”

Safe Passage treatment provider & interview participant



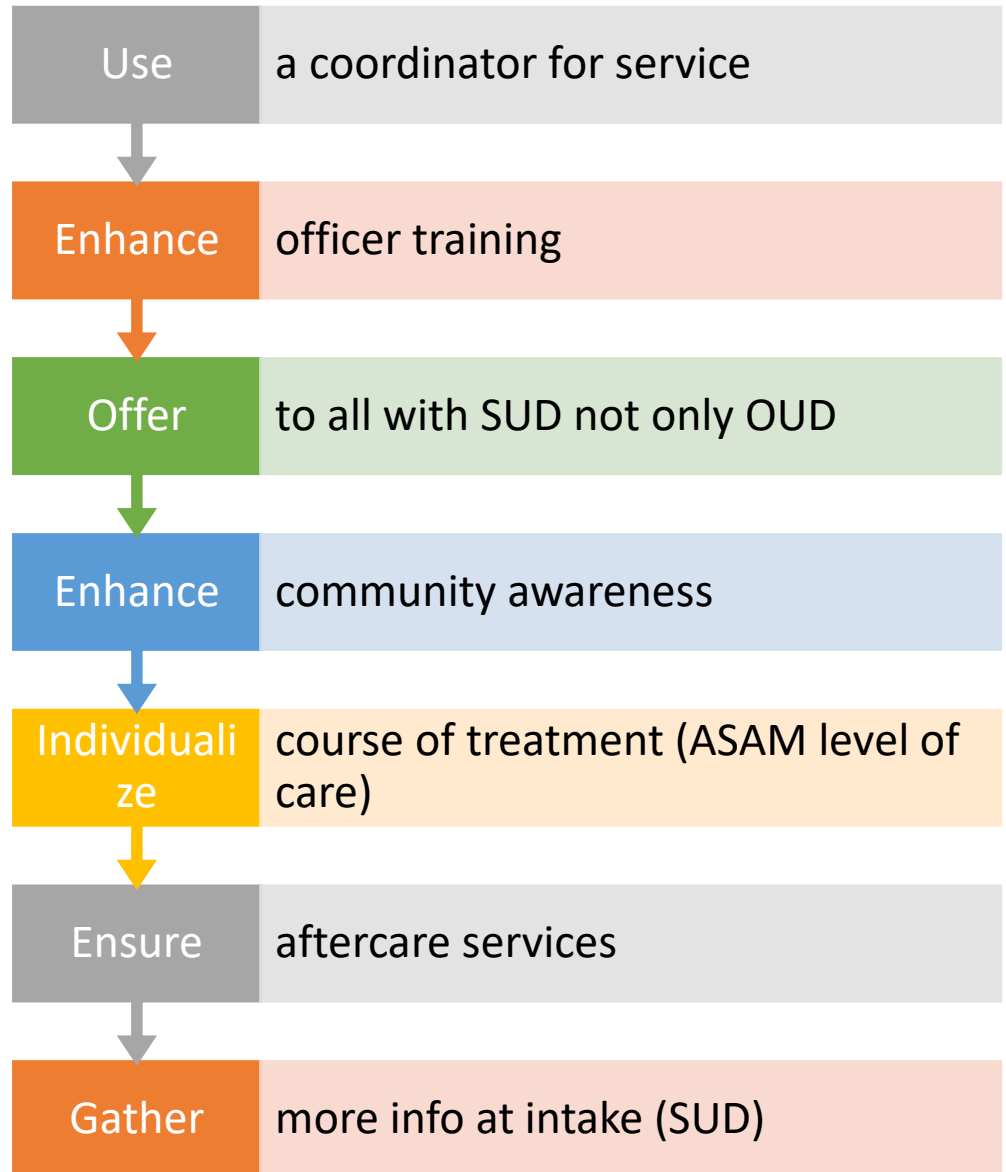
## Stakeholder comment

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Whether you're a humanitarian looking at the restoration of people back to a productive life or whether you're a pragmatist just looking at the financial bottom-line, this kind of program would make so much sense. It doesn't make any sense not to do this kind of thing."

Safe Passage Stakeholder & Focus Group Participant

## Recommendations







## Safe Passage Research Takeaways

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- New model, role for police
- Being embraced across the country
- This research found much support from
  - Stakeholders, participants, community
  - Police
  - Treatment providers
- Need more research, outcomes
- Will need to consider treatment capacity

A close-up photograph of two hands clasped together in a supportive grip. The hand on the right is wearing a dark blue wristwatch with a light blue face and a black strap. The background is a soft, out-of-focus greyish-blue.

# A Way Out Evaluation

Lake County Illinois

# Why this research?

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Emerging and expanding police-treatment model

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Limited outcome studies to date

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Looked at arrest outcomes (strong link with SUD)

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Able to link individual treatment and arrest data (can be difficult to do)

(Reichert & Gleicher, in manuscript)



# Methodology

- Focus of study is on police agency as an access point to SUD treatment
- Quasi-experimental design
- Total sample, N=733
- Treatment group referred through A Way Out, n=139
- Comparison group, other referral methods n=594
- Same residential treatment provider
- Compared arrest outcomes



# Data collection

- Researchers were granted permission to access individual, electronic, treatment records on-site at computers
- IRB, MOUs, HIPPA waiver in place
- Linked individual treatment records to IL arrest records



# Group Differences

- No significant differences on:
  - Age
  - Prior # of arrests
  - Prior felony arrests
  - Prior misdemeanor arrests
  - Gender
  - Race/ethnicity
  - Treatment completion
- Significant differences on:
  - SUD diagnosis (OUD vs AUD)
  - Age at first use
  - Prior number of treatment episodes
  - Insurance type



A gavel and a pair of handcuffs are resting on a wooden surface. The gavel is positioned diagonally across the upper half of the image, with its head pointing towards the top left. The handcuffs are located in the lower half, with one cuff open and the other partially visible. The background is a warm, brownish wood grain.

## Post-discharge arrest outcomes

- Both groups with reductions in arrests post-treatment
- Comparison group had greater odds of post-discharge arrest than AWO participants
- Individuals had decreased odds of post-discharge arrest if:
  - They were older
  - They had fewer pre-treatment arrests

# Discussion Points on Findings

## More “first-timers” to treatment of AWO participants:

- Accessing tx once can help individuals know how to access treatment in the future (Seigal et al, 2002; NIDA, 2018)

## High completion rates for AWO participants, suggests:

- A potential reduction of future substance misuse and related crime
- May also be product of individual or external motivations
- Challenge: Unknown impact of treatment quality

## Some in AWO program had no prior treatment episodes, suggests:

- Police can be an early access point for tx for people in the community
- Challenge: Not all areas may find a police access point as helpful, i.e. police-community relations; identification of additional treatment access points and outreach
- Limited generalizability

## Comparison group had greater odds of post-discharge arrest, suggests:

- This model may help increase public safety
- Challenge: Unknown impact on quality of life indicators, morbidity, mortality.
- Unknown what this impact may be in the long-term



# Study Limitations

- Did not assess the quality of treatment or compare types of treatment
- Did not have measurements on stages of change/motivation to change
- Limited information on MAT, MH diagnoses
- Only arrest outcomes,
  - Did not include incarceration, overdose, morbidity, mortality, or other quality-of-life outcomes (i.e., employment, housing, and health)
- Limited follow-up time period



# Main Takeaways

Findings: Arrest outcomes of participants were as good or better than comparison group

Appears to be a promising police model

Offers another access point into SUD treatment

Can help to improve public health and safety

A large, textured question mark is centered on a dark background. The question mark has a grainy, almost wood-grain-like texture. The word "Questions?" is written in white, sans-serif font across the middle of the question mark.

Questions?

## References

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# For More Information



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# RESEARCH AND ANALYSIS UNIT

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**The ICJIA Research and Analysis Unit serves as Illinois' Statistical Analysis Center (SAC). State SACs provide objective analysis of criminal justice data to inform statewide policy and practice. The Illinois SAC features four research centers and acts as a liaison between state agencies and the U.S. Department of Justice.**

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- Research examining the nature and scope of victimization in Illinois
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- Technical assistance to victim service programs
- Management of InfoNet System, a web-based data collection and reporting service for standardized victim service data

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