

FIGHTING THE OPIOID CRISIS THROUGH SUBSTANCE USE DISORDER TREATMENT: A STUDY OF A POLICE PROGRAM MODEL IN ILLINOIS



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Seeking to more effectively help individuals suffering from opioid use disorder, police departments across the country are embracing a deflection model that offers treatment access to those in need. Researchers interviewed representatives of seven law enforcement agencies employing treatment program models in Illinois to better understand operations, leverage lessons learned, measure sustainability, and inform other agencies as they implement their own programs.

The opioid crisis is ravaging U.S. communities and appears to be escalating, as data indicates drug overdose is the leading cause of death among those under age 50.¹ More people are killed by drug overdoses now than car accidents or gun violence.² Law enforcement agencies are finding that solely arresting those who misuse opioids has not helped to alleviate the opioid crisis and may, in fact, exacerbate the problem. Seeking to more effectively help individuals suffering from opioid use disorders, police departments across the country are embracing a new program model by offering treatment access to those in need. Individual program names for the deflection, pre-arrest diversion, and front-end diversion model vary by jurisdiction. The effectiveness of drug treatment is well established in literature and the body of research showing effectiveness has been growing.³

This police deflection model involves individuals voluntarily walking into police departments and requesting substance use disorder treatment. Police departments pre-arrange services with treatment providers that can be offered to these individuals. Treatment programs often are located an hour away or more and transportation is provided by volunteers, police, or family members. Program administrators develop their own eligibility criteria but typically exclude those with outstanding warrants or violent arrest histories.

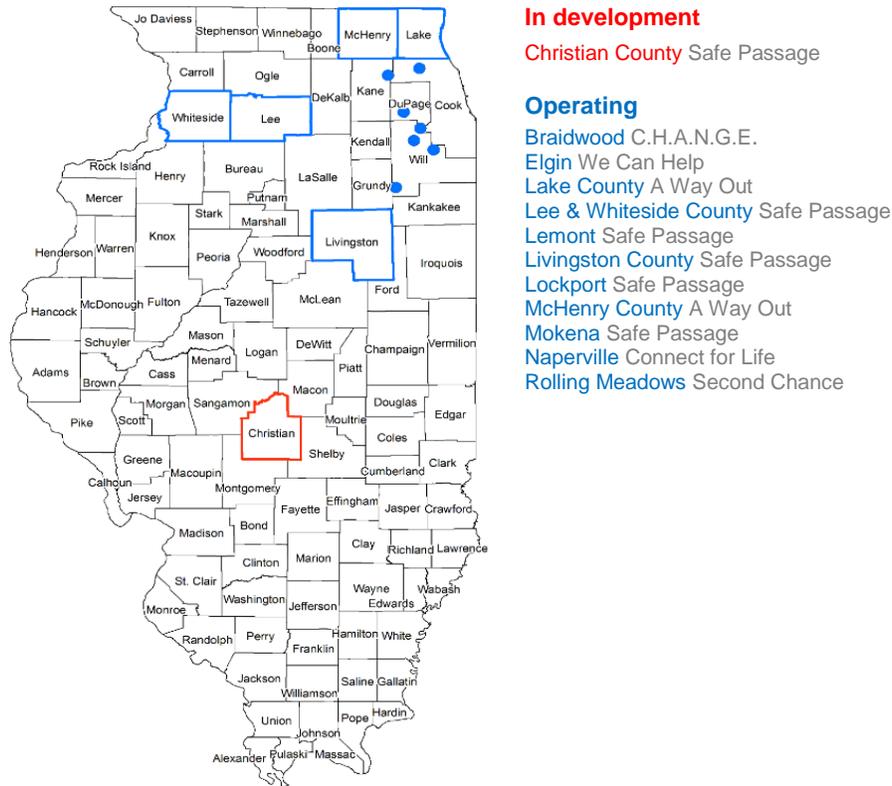
The Gloucester Police Department in Massachusetts was the first to implement this model with its ANGEL program in 2015.⁴ Since then, more than 138 programs have started in 28 states.⁵

The program model goals include:

- Restoring and save lives.
- Improving access to treatment.
- Reducing substance use.
- Reducing entry or recidivism into the criminal justice system.
- Cutting costs associated with reoffending and repeat calls for service.
- Improving police-community relations.

Although these programs have grown in popularity, little is known about individual program operations, most effective program components, and client outcomes. In summer 2017, Illinois Criminal Justice Information Authority (ICJIA) researchers set out to learn more about the impetus, development, and implementation of police deflection programs in Illinois to better inform communities interested in offering the model. Researchers identified 11 programs operating in the state and one in development. Representatives from seven programs agreed to be interviewed about their programs and included police chiefs, sheriffs, and a state's attorney (see *Program Contact List*).

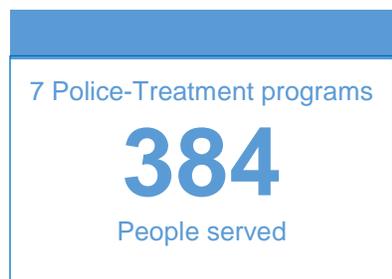
Figure 1
Map of police-treatment programs in Illinois



Researchers conducted qualitative phone interviews consisting of 45 open-ended questions that covered interviewee demographics, initiative operations, treatment, data and evaluation, public awareness, funding and resources, training, and lessons learned. In addition, researchers asked interviewees to complete the Program Sustainability Assessment Tool. This tool rates the extent to which components are in place to sustain their program over time.⁶ The research was approved by ICJIA’s Institutional Review Board and study subjects consented to participation in the survey and interview, as well as to audio-recording of the interview, which researchers transcribed and analyzed.

Program Implementation and Operations

The seven programs examined were relatively new, with the oldest ones in operation since 2015. Four programs were county-wide and three were city-wide. The programs served geographic areas ranging from small towns to counties with larger cities. Most programs involved multi-agency collaboration; 42 police agencies participated in the seven programs examined. The programs had collectively facilitated treatment access for 384 clients. The number of clients linked to treatment ranged from three to 170 clients per program.



All seven programs started in response to the opioid crisis and overdose deaths in their communities. One program was specifically concerned with overdoses among young people and another reported that their community had been experiencing one overdose per week. Four programs were replications of the Gloucester Police Department's ANGEL program and three were based on established programs in Lake and Lee/Whiteside counties.

Program representatives cited helping people gain access to treatment, criminal justice system diversion, and crime and overdose reduction as individual program goals. All programs required clients to walk into the police department for assistance. Several programs transported clients outside of their communities for treatment and two programs sent people out of state. The programs made treatment accessible at all levels of care—detox, outpatient, and residential. While the programs offered no aftercare services for clients post-treatment, one agency reported seeking funding for recovery coaches and a sober living facility.

Three programs had no external funding source. Three had obtained small seed grants ranging from \$2,500 to \$10,000. Grant funds were used to pay for program advertising and to transport clients to treatment. Treatment was paid for with federal funds (often Medicaid), state funds (through Department of Human Services Division of Alcohol and Substance Abuse), or, in a few cases, private insurance. One program used drug forfeiture funds to offset client treatment costs.

Five programs used social media to raise awareness, five programs were featured in local media outlets, and two programs were promoted using department websites. Some departments developed and disseminated brochures, rented billboards, and purchased screen time at local movie theaters to get the word out. Officers also promoted and marketed their programs on the street to those suffering from substance use disorders.

Programs obtained data from intake forms, treatment providers, and informal follow-up/contact with clients. External evaluations were being conducted of two of the programs.

When asked about lessons learned, those interviewed made several recommendations, including:

- Find champions within the department. A police chief or administrator with an investment in the program can provide support and motivation for staff and raise program awareness.
- Foster solid relationships with select treatment partners to ensure timely placement and a continuum of services available.
- Designate a small team of trained officers to contact treatment providers. These officers should fully understand and support the program, as well as issues around substance use disorders, in order to effectively interact with clients and treatment providers.
- Involve the whole community, including, but not limited to, hospitals, pastors, health department, and 12-step community, which will help to increase awareness and assist more individuals.
- Gain an understanding of the local population as there may be unique needs or obstacles to overcome for some to enter treatment, such as language barriers, immigration status, child care issues, and legal issues.

- Train officers and consult local substance use coalitions or providers to develop training programs. Officers should understand the nature of substance use disorders as a chronic and relapsing condition, as well as the continuum of care for those with substance use disorders.

Program Sustainability

Program representatives completed the Program Sustainability Assessment Tool (PSAT).⁷ PSAT uses 40 Likert scale questions to measure sustainability across eight domains—environmental support, funding stability, partnerships, organizational capacity, program evaluation, program adaption, communications, and strategic planning (*Figure 2*).

Figure 2
Program Sustainability Assessment Tool Domains

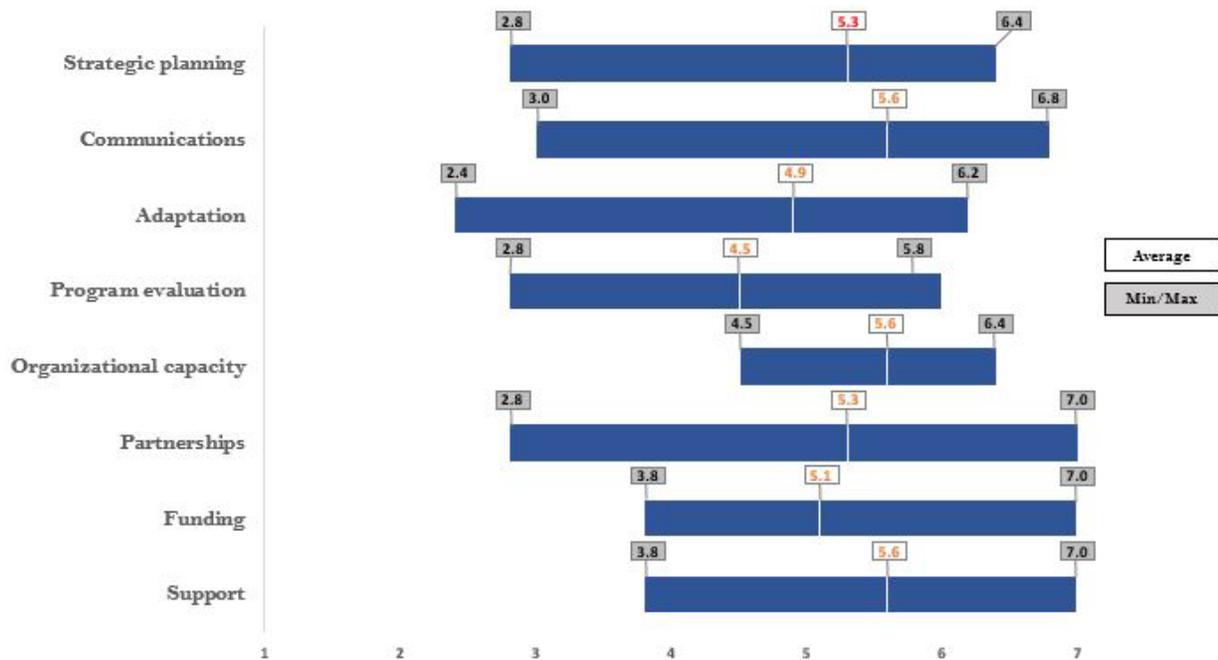
Domain	Description
Environmental Support	The political and economic climate within and external to an organization will affect an organization’s ability to accomplish needed and desired programs. This component acknowledges the need for internal and external champions of the program to help communicate the program and its benefits to policymakers and stakeholders.
Communications	Increasing program visibility and communicating information about a program’s efficacy externally can help garner greater community and stakeholder support for the program. Program efficacy can help build staff buy-in and support from organizational leaders internally.
Funding Stability	The ebbs and flows of funding for a program can make it challenging to maintain the quality and consistency of the program. By planning for stable funding within the strategic process, an organization can better prepare for these ebbs and flows; in particular, through diversification of funding streams.
Partnerships	Stakeholders can help a program with regard to advocacy, connection to resources or expertise, and dissemination of program information. They can help champion a program and provide support in tumultuous political and economic climates.
Organizational Capacity	Organizational capacity refers to the extent of resources, capabilities, knowledge to help maintain a program, the program goals, and program efficacy. Providing sufficient resources (e.g. enough staff, strong leadership, sufficient training) can help increase a programs potential for long-term success.
Program Evaluation	Program evaluation is vital to informing an organization as to the processes and outcomes (efficacy) of a program. Further, this information helps inform planning and program maintenance and can shed light on a program’s effectiveness. Collecting information about a program’s processes and outcomes can be especially useful in gaining support and funding for the program.
Program Adaptation	Program evaluation is also important when it comes to program adaptation; as a program is implemented, obstacles may come up or specific program components may need adaptation. Program adaptation necessitates flexibility, particularly to a changing environment, and a quality improvement process within the program. Using program evaluation and the current evidence for a program to adapt a program can ensure effective use of resources and positive outcomes.
Strategic Planning	Strategic decision-making, including processes to guide a program’s directions, goals, and strategies, helps ensure program alignment within the overall

organizational environment. This component is what ties together all previous components into a deliberate, concise, and long-term plan for sustainability rather than making reactionary decisions from day-to-day.

Note: From the Program Sustainability Assessment Tool v2, Washington University

Figure 3 depicts the average ratings of sustainability by domain based on responses from the seven program representatives. Measured were responses to five statements on each domain measuring the extent to which the program had factors for sustainability (1=Little/no extent, 7=Very great extent).

Figure 3
Range and average capacity for program sustainability by domain (n=6)



Note: From the Program Sustainability Assessment Tool v2, Washington University.

Although PSAT does not offer cutoff scores, domains with lower average ratings may reflect potential sustainability issues faced by these police program models. The range of scores varied dramatically for some domains. The largest variation from high to low scores was on partnerships, with one program indicating very strong partnerships (7 out of 7) and one indicating very weak partnerships (2.8 out of 7). Partnerships involve community investment, communication, involvement, commitment, and engagement.

The two domains with the lowest average scores were program evaluation (4.5 out of 7) and adaptation (4.9 out of 7) suggesting a need for improvement in those areas. Adaptation focuses on program flexibility and adaptability to changing conditions required to improve quality. Steps to build adaptation include prioritizing program components for improvement and communicating frequently with target population to uncover problems and enhance the program. Evaluation and data collection can help programs gain support and funding and identify areas for

improvement. In turn, evaluation can help identify areas for adaptation. Programs can review program data and evaluation results while seeking new research and evidence-based practices to guide program changes.

Implications for Policy and Practice

The police interviews highlighted several key issues in deflection model program implementation and operations.

Address Treatment Capacity

Treatment capacity was a common concern, with treatment availability cited as the main obstacle to offering treatment to those in need. Interviewees said waiting lists post-detoxification potentially endangered client safety. One shared that following detox, their clients were on a two- to four-week waiting list, putting them at risk for relapse and at increased risk for dying from an overdose. However, treatment capacity is an obstacle not easily addressed and capacity is dependent, in part, on the availability of publically-funded healthcare coverage.⁸

Involve the Community

Some programs in this study featured broader community involvement, recognizing the need to foster community support and increase awareness of the program. While all programs involved police departments and treatment providers, just two programs involved the broader community, such as the county health department and mental health board, local recovery-based non-profits, local substance abuse coalition, and faith-based organizations. Research suggests that community engagement in public health issues can have a positive impact.⁹

Although individuals may be hesitant about going to a police department, word-of-mouth can be helpful. One representative noted that police departments are a common-sense point of entry within the community because they are open 24 hours per day, seven days per week, and easily accessible. Those interviewed reported receiving positive responses from the community.

“The police now have an opportunity to work with people struggling with addiction,” said one. “People now think of the police as a point of assistance, as opposed to people that they want to avoid and when people begin going through (the program). They realize that it’s not a set-up, that there are police officers out there that do care and do want to get people the help they need as opposed to arresting them. I think word will spread in terms of the relationship and how police are viewed and that that will be positive.”

One police chief tied the program to a community policing model.

“In my mind, this is the future of law enforcement, that next phase of community policing,” he said. “It’s a smarter way to do policing and I think that this model really works well with a number of other behavioral health issues. Law enforcement ends up ultimately having to deal with these individuals out at the street level just because that’s the nature of our business. We want a better way to help those people and this seems to be a good alternative.”

Enhance Officer Training

All departments offered program training for police officers and three provided additional training specifically on substance use addiction. One said the program is beneficial to officers because it puts a “human face” on addiction and officers realize that all kinds of people from all different backgrounds may suffer from addiction.

However, comments from others indicated that officers may need specific training on substance use as a chronic, relapsing mental health condition not governed by willpower in order to understand the need for such programs.¹⁰ One program representative said client motivation and commitment was an obstacle. “They call us just because they want a fix, maybe Methadone,” he said. “They’re not serious about getting [help for] their addiction. That’s been our biggest hurdle.”

Secure Sustainable Funding

Although programs are able to operate with little funding and with the use of existing police staff, some representatives indicated a funding need for a program coordinator, possibly a social worker, to oversee operations, as well as recovery coaches. Most reported wanting and seeking long-term sustainable funding. Four applied for federal funding available through the Comprehensive Addiction and Recovery Act and Edward Byrne Memorial Justice Assistance Grant Program.

Conclusion

Police referral to treatment programs represents a new model for policing, designed to help citizens with substance use disorders at low cost to the municipality.¹¹ The programs meet a community need, improve community relations, and align with the police charge to help individuals.¹² These programs started in response to the opioid crisis, but will help anyone in need of substance use disorder treatment. Despite established relationships with treatment providers, the main concern of program representatives in Illinois is treatment capacity. To aid in funding of these programs, ICJIA dedicated a portion of Illinois’ federal Justice Assistance Grant award toward these programs as a comprehensive law enforcement response to drugs. While it is promising, more research on this model is needed to develop key components, measure outcomes, and gauge sustainability.¹³ Programs are encouraged to begin collecting intake and follow-up data to engage in proper evaluation.

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Endnotes

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