

# Department of Management Performance Results Office Criminal and Juvenile Justice Planning

# Process and Outcomes Evaluation of the Comprehensive Opioid Abuse Program (COAP) for Drug Diversion in Three Iowa Counties

September 30, 2024

Author: Cheryl Yates, MS

Justice Systems Analyst

This evaluation has been supported by the Department of Justice Bureau of Justice Assistance (BJA)Comprehensive Opioid Abuse (Site-Based) Program grant through the State of Iowa, Governor's Office of Drug Control Policy (ODCP). Points of view or opinions expressed in this report are those of the Criminal and Juvenile Justice Planning (CJJP), and do not necessarily reflect official positions of BJA or ODCP.

### Contents

Key Findings	1
Programs	1
Lessons Learned	6
Successes	7
Barriers	7
Introduction	9
What is Diversion?	10
Literature Review	14
MARI: Madison, Wisconsin	14
DART: Ohio	14
LEAD: Seattle, Washington	15
LEAD: North Carolina	16
LEAD: New Mexico	17
STEER: Montgomery County, Maryland	18
PAARI: Massachusetts	18
Hero Help: New Castle County, Delaware	19
Methodology & Data Sources	21
Qualitative Analysis	21
Quantitative Analysis	22
Evaluation Questions	23
State Program Overview	24
Program Participation Data	28
Referrals	28
Enrollment	33
Completion	35
Black Hawk County Jail Program	38
County Demographics	38
Description of Program	38
Coordinator & Community Partner Interview Findings	41
Jail Survey Findings	42
Outcomes (Quantitative Analysis)	44
Jones County COAP Program	48
County Demographics	48

Description of Program	48
Coordinator & Community Partner Interview Findings	54
Client Feedback Survey Findings	56
Outcomes (Quantitative Analysis)	58
Story County Alternatives Program	61
County Demographics	61
Description of Program	61
Coordinator & Community Partner Interview Findings	71
Client Post-Program Survey Findings	73
Outcomes (Quantitative Analysis)	76
Conclusion	82

# Key Findings

In October 2019, the Governor's Office of Drug Control Policy (ODCP) was awarded a three-year Comprehensive Opioid Abuse Program (COAP) grant through the Department of Justice's Bureau of Justice Assistance (BJA). This funded a site-based diversion program for low-level drug offenders. The primary focus of the program was to use *pre-arrest* diversion to reduce the entry of low-level drug offenders into the criminal justice system by providing access to treatment and other services, in lieu of charges and correctional supervision. The specific goals of the program were to:

- 1. Reduce substance abuse and criminal involvement involving non-violent individuals through pre/post-arrest diversion to treatment.
- 2. Increase access for Iowans with opioid and other drug use disorders, who might otherwise be deemed to be criminally involved, to evidence-based treatment and other human services.
- 3. Reduce criminal justice system resource utilization.

A process and outcomes evaluation was conducted by Criminal and Juvenile Justice Planning (CJJP). Qualitative data was collected from interviews of county program staff and client post-program follow-up surveys to learn more about the services provided, successes and barriers, and the perceptions of the program among those directly involved. Quantitative data was collected from program coordinators to track the number of program referrals, participants, and completers. The outcomes of individuals who participated, whether they completed the program or not, were examined using court records to identify if they had any subsequent charges after leaving the program.

### PROGRAMS

Three pilot counties were selected to implement the diversion program: Black Hawk (urban), Jones (rural), and Story (suburban). Each county hired a full-time program coordinator to oversee the program locally. They were allowed discretion in setting up their eligibility criteria, program requirements, staffing, and advisory boards. However, early intervention (i.e., before arrest or incarceration) was the emphasis of the grant.

### The programs differed in their design:

Black Hawk County's program was a jail-based program that offered treatment services to inmates through the County Sheriff's Office. The coordinator was a treatment counselor from Pathways Behavioral Health who worked within the jail and saw clients from several other court programs as well. The program was solely post-arrest diversion, and efforts to engage law enforcement were largely unsuccessful. The program focused on providing treatment to inmates with the hope that they would continue treatment after release. Referrals to the program primarily came from other court programs (n=90) and corrections (n=60). Black Hawk County had a moderate number of referrals to the program (n=160), participants enrolled (n=156),

and program completers (n=102). Grant funding for the Black Hawk County program was discontinued on September 30, 2023 due to not meeting ODCP's requirements.

Jones County's hired a full-time coordinator who was employed by the Area Substance Abuse Council (ASAC) and provided a treatment counselor. The program was primarily pre-arrest diversion, having strong buy-in from law enforcement. A continual challenge in Jones County was getting program referrals. Referrals to the program primarily came from law enforcement (n=59). They opened the eligibility to community and self-referrals, although only few referrals were received that way. Despite many attempts at education and outreach, only a small number of people were referred to Jones COAP during the grant. Jones County had a small number of referrals to the program (n=69) and participants enrolled (n=23). However, all the 23 clients who enrolled in the program completed it. The Jones County program served clients through August 30, 2024. Due to low participation, they plan to use other funding sources to operate the program on a part-time basis after the grant ends.

Story County's program, called "Alternatives," operated within the County Attorney's Office. The coordinator was a contracted employee who networked heavily within the community and actively engaged clients in the program. The program utilized various treatment providers in the community based on a client's needs, instead of working directly with a specific treatment provider. The program allowed for both pre-arrest diversion and post-arrest diversion. The program focused on helping people get connected to other local services for support, in addition to treatment and other requirements of the program. There was a wide variety of referral sources in the county; however, the top two were: attorneys (n=214) and law enforcement (n=170). Of the three counties, Story County had the highest number of referrals to the program (n=584), participants enrolled (n=293), and program completers (n=246) The Story County program served clients through August 30, 2024. Due to the program's success, they plan to use other funding sources to expand and serve more clients after the grant ends.

### The counties had similar eligibility criteria:

In all three counties, the program was voluntary. Race, ethnicity, socioeconomic status, sex, sexual orientation, and political affiliation were never allowed to be taken into consideration when determining eligibility.

Eligibility criteria in all three programs were:

- Adult (no minors allowed)
- Resident (or temporary resident) of the county
- Simple misdemeanor offense related to substances (specific qualifying offenses varied among the counties)
- Indication of a substance abuse issue
- Be willing to actively participate in the program

Exclusion criteria in all three programs were:

- History of violent crimes (specific offenses varied among the counties)
- Sex offender
- Threat to self or others

• No serious offenses (e.g. serious or aggravated misdemeanors or felonies) could be reduced; however, they could still participate.

In Jones County, those who were on probation or parole could only be approved for participation by the county attorney. Jones County began accepting community referrals to expand their program, however, few were referred from community agencies or community members. Both Jones and Story had some restrictions for participation among those who had crimes involving victims. Both counties allowed temporary residents to participate (e.g. construction workers, college students, etc.).

### **Demographic characteristics of those who participated were similar:**

In Black Hawk (BH) County, the characteristics of participants enrolled were White (62.8%), Male (57.1%), and age 34 or younger (58.9%). Ethnicity data was not collected by BH COAP.

- 90.0% of Blacks completed BH COAP. 83.8% of Whites completed the program.
- 89.3% of males completed BH COAP. 74.5% of females completed the program.

In Jones County, the characteristics of participants enrolled were White (91.3%), Male (78.3%), and age 24 or younger (65.2%). Ethnicity data was not collected by the program. All participants who enrolled in the program completed the program, so demographic breakdowns, by completion status, are not provided.

In Story County, the characteristics of Alternatives participants enrolled were White (76.1%), non-Latino (90.1%), Male (69.3%), and age 24 or younger (63.8%).

- 92.5% of Blacks completed Alternatives. 86.7% of Whites completed the program.
- 91.7% of Latinos completed Alternatives. 87.7% of non-Latinos completed the program.
- 90.3% of males completed Alternatives. 83.1% of females completed the program.

### The program requirements were similar in the three counties:

In all three counties, the requirements for clients to successfully discharge from the program were:

- Getting an assessment/evaluation with a treatment provider.
- Attending four treatment and/or counseling sessions provided by the program.
   Continuing treatment after program exit was strongly encouraged, but not required.
- Meeting weekly (in person or by phone) with the coordinator.

Jones County and Story County also connected clients to other community services if their basic needs were not being met (e.g. housing, educational services, mental health, employment, etc.). Jones County required clients to seek employment and housing. Story required clients to complete any other tasks recommended in their individualized care plan.

### Client perceptions of the program were positive in the three counties:

The general feedback from clients was that the diversion program was educational, helpful, and supportive. Comments on client post-program surveys were overwhelmingly positive. Sample responses are provided below. Please note, Black Hawk County survey results were not included below, due to asking questions about the treatment provider- not specific to the COAP program; but they are provided in the body of the report.

### In Jones County,

"It was a really big help support with staying sober. I was given tips for different things I wanted to work on."

"[The program offered] a different solution. As a first-time offender, it provides rehabilitation to get back on track without severely negative consequences."

### In Story County,

"It is unlike any other program I participated in my 30+ years of substance abuse. I felt like [the coordinator] really cared about me and my success and I felt like prosecution cared and like the officer who arrested me cared."

"When the program helped me, it didn't just help me. It helped my kids, my grandkids, the people around me, the people in my recovery group, my probation office, my parents, and so many others. When I was doing better, I was able to help people myself. So, the impact of the program is immeasurable in some ways."

When asked how the program could be improved, clients indicated that there should be more awareness of the program in the community, the program should be expanded to other places to help more people, and more services in communities should be available to help people who are struggling.

"Please continue to invest in programs like this across our state, across our country. There are so many lost people who need the help and want it, but don't even know where to start. I would also say- there is a major housing crisis right now for people with less than favorable background checks. It is a problem and one that will also require a lot of funding and backing. How can a person move forward and better themselves without proper housing?"

"I absolutely believe this should be a permanent program in all counties in Iowa."

### Client outcomes (recidivism) differed in the counties:

Recidivism was defined as any new charge(s) of Simple Misdemeanor or Higher after leaving the program through July 31, 2024. Additional information on the type of new charge(s) was also examined.

Please note that BH COAP participants had a longer recidivism tracking period due to their program ending early, which contributes to the higher recidivism rates observed in the county. Caution should be taken when comparing recidivism rates between counties.

#### In Black Hawk:

- Of the 122 participants, 41.0% (n=50) had a new charge of simple misdemeanor or higher. The average time to commit their first offense leading to a new charge of simple misdemeanor or higher was 8.4 months.
- A specific measure of interest was if participants had a new <u>substance charge</u>. Of the 122 participants, 20.5% (n=25) had a new substance charge. The average time to commit their first offense leading to a new substance charge was 9.1 months.
- Recidivism rates among those who successfully completed the program were slightly better.
  - o Of the 102 participants who completed the program, 40.2% had a new charge of <u>simple misdemeanor or higher</u>. Of the 20 participants who did not complete the program, 45.0% did.
  - Of the 102 participants who completed the program, only 19.6% had a new <u>substance charge</u>. Of the 20 participants who did not complete the program, 25.0% did.

### In Jones County:

- Of the 23 participants, 26.1% (n=6) had a new charge of <u>simple misdemeanor</u> or higher. The average time to commit their first offense leading to a new charge of simple misdemeanor or higher was 9.0 months.
- A specific measure of interest was if participants had a new <u>substance charge</u>. Of the 23 participants, 13.0% (n=3) had a new substance charge. The average time to commit their first offense leading to a new substance charge was 11.1 months.
- Since <u>all</u> participants who enrolled in Jones COAP completed the program, the results are aggregated and a non-completer group is not applicable for Jones County.

### In Story County:

- Of the 279 participants, 17.9% (n=50) had a new charge of <u>simple misdemeanor</u> or <u>higher</u>. The average time to commit their first offense leading to a new charge of simple misdemeanor or higher was 7.6 months.
- A specific measure of interest was if participants had a new <u>substance charge</u>. Of the 279 participants, 12.2% (n=34) had a new substance charge. The average time to commit their first offense leading to a new substance charge was 9.3 months.
- Recidivism rates among those who successfully completed the program were significantly better.

- Of the 246 participants who completed the program, only 12.2% had a new charge of <u>simple misdemeanor or higher</u>. Of the 33 participants who did not complete the program, 60.6% did.
- Of the 246 participants who completed the program, only 8.5% had a new <u>substance charge</u>. Of the 33 participants who did not complete the program, 39.4% did.

### LESSONS LEARNED

### **Find Champions!**

Program champion(s) were identified as being a key to buy-in within the community and getting referrals. Coordinators played a vital role, and having the support of prosecutors and law enforcement was also essential to the program's success in implementing pre- and post- arrest diversion.

- Coordinators were champions in all three programs. All worked tirelessly to collaborate with key stakeholders about the program and get clients connected to treatment. All were highly regarded by others as noted in the interviews.
- Prosecutor buy-in is essential. Not only were they a source of referrals, but also having their support can encourage others to buy-into the program, such as law enforcement and others in the community.
- Law Enforcement buy-in is essential. Not only were they a source of referrals, but they are often the first point of contact with substance users who might need help or benefit from the program.

### Program should fit local needs!

Every community is different and the design of the program should be based on the existing resources and needs of the locality. Community assessment early in the process can help identify existing resources, strengths, weaknesses, capacity, and gaps in services to help develop the program. Consideration should be given to the following factors when designing a program:

- County population
- Demographics (e.g. campus town, younger or older population, low socioeconomic status, etc.)
- Available resources/ community services
- Political makeup changes in leadership can help or hinder progress
- Readiness of the community
- Level of buy-in

### Establish general guidelines and training opportunities early on!

General guidelines and clear communication about the goals and expectations of the grant early could help to ensure counties understand the requirements of the funding. Timely training opportunities should occur for coordinators, law enforcement, and prosecutors. This can help educate key stakeholders on diversion

and might generate some buy-in. The Police Treatment and Community Collaborative (PTACC) conference was one mentioned by the county partners and coordinators as being particularly helpful.

### SUCCESSES

- 1. The program helped to increase collaboration amongst community agencies, by linking individuals from the program to community services. In some cases, the coordinators were contacted by or reached out to agencies in other counties as well to help clients.
- 2. Early intervention was the focus of the program. County coordinators and partners noted that it was beneficial in helping clients access early treatment and addiction help, before their substance abuse issue escalated and caused additional consequences.
- 3. There were many successes shared by coordinators and clients in helping clients better meet their needs and get them on a better path.
  - a. Substance abuse treatment. In Black Hawk County, substance abuse treatment hadn't previously been provided to jail inmates.
  - b. Help finding community services to meet client's other needs (e.g. housing, employment, financial help, mental health treatment, transportation, cell phones, etc.).
- 4. Clients benefited from having their charges dropped, so a low-level drug crime on their record would not have permanent long-term consequences for them.
- 5. The program increased public safety, at least short-term. Outcomes for participants were favorable, particularly for those who completed the program. Program completers were less likely in Black Hawk County and Story County to receive charges for new crimes.
- 6. Jones and Story plan to continue to operate the programs after grant funding ends. Their boards approved using Opioid settlement funding to sustain the programs. Jones County plans to hire a part-time coordinator from ASAC. ASAC will also provide assessments for inmates with substance use disorders in jail. In Story County, the coordinator will be a *permanent* full-time position through the County Attorney's Office (no longer contracted) and the program will hire another full-time Care Coordinator so that the program can process more referrals.

### BARRIERS

1. COAP coincided with the start of the COVID-19 pandemic. This had unforeseen consequences for the program. It impacted the program when it was just getting off the ground. It weakened momentum when advisory boards were working on building support for the program, contributed to delays in hiring coordinators, and reduced the number of referrals to the program early on, as key partners, such as law enforcement, were focused on other priorities. Further, law enforcement was encountering fewer people who could have been eligible for the program during periods of isolation, and it limited early training opportunities for program staff and partners, due to restrictions in travel.

- 2. Getting full support and buy-in from law enforcement and attorneys to make both pre-arrest and post-arrest diversion succeed, was a challenge. Politics, culture, and leadership played into the amount of support and approval for the programs. For example:
  - a. Black Hawk County got very few referrals from police despite training them on the program and trying to make the referral process smoother. Law enforcement participation was difficult to initiate and lacked support from leadership. There reportedly were some issues within the police department itself, such as changes within the leadership and low morale levels. Efforts to reach the university's police department also were unsuccessful as they wanted to operate independently. The program ended early, as the grant funding was discontinued due to not operating the program in accordance with grant requirements.
  - b. Jones County's main referral source was law enforcement, but they struggled with low referral numbers throughout the program. They worked closely with police departments to offer trainings, refresher training videos, streamline the referral process, and create electronic forms. They hired a law enforcement liaison to increase officer engagement. However, there were challenges with officer shortages, lack of buy-in among law enforcement leadership, and overall political attitudes about diversion being a "free pass." The County Attorney was active on the board and supportive primarily of the pre-arrest component of the diversion program. The coordinator encouraged him to utilize post-arrest diversion, but he preferred to use deferred judgement instead. As a result, the program did not have many post-arrest referrals.
  - c. Story County had the most success of the counties in developing both pre- and post-arrest diversion, but had some challenges along the way. Initially, most clients entered the program post-arrest. More recently, the program started seeing more clients pre-arrest as well. The coordinator indicated that starting post-arrest was helpful getting buyin from law enforcement officers to build a foundation, so that pre-arrest could begin. The County Attorney was a primary source of referrals, especially within the first couple of years of the program before it had buy-in from "pre-arrest" sources. Without the county attorney's support, the program would have had few referrals in the first couple of years. Having support was also vital to building trust and buy-in from the law enforcement. They had strong support from the Ames Police Department. Eventually, were able to gain the collaboration of lowa State University campus police in the final year of the project.

### Introduction

In October 2019, the Governor's Office of Drug Control Policy (ODCP) was awarded a three-year Comprehensive Opioid Abuse (Site-based) Program grant (COAP) through the Department of Justice Bureau of Justice Assistance (BJA). ODCP funded a diversion program for drug offenders in three Iowa counties: Jones, Story, and Black Hawk. The grant was set to end on September 30, 2022, but was granted a one-year extension through September 30, 2023. Subsequently, it was granted a second one-year no cost extension through September 30, 2024. The primary focus of the program was to use *pre-arrest* diversion to reduce the entry of low-level drug offenders into the criminal justice system by providing access to treatment and other services.

### What is Diversion?

Diversion generally refers to an intervention to channel individuals to services in lieu of traditional criminal justice processing, typically before they enter the court system or early in their court involvement. Theoretically, **early** diversion can provide benefits for:

- Individuals- by helping them access resources they need and preventing or minimizing incarceration,
- Law enforcement- by reducing the burden of dealing with those individuals,
- Communities- by improving public safety and lessening costs associated with court and correction systems.

The Sequential Intercept Model, originally developed by Munetz & Griffin (2006), provides a framework for understanding the points in the criminal justice system at which individuals with substance-related disorders can be intercepted to prevent further involvement in the justice system. Each point of "interception" is an opportunity to divert individuals. Earlier intervention along the continuum is better.<sup>1</sup>

There are several models of diversion. **Pre-arrest** programs occur in the community or at initial contact with law enforcement, before an arrest.<sup>2</sup>

- Intercept 0: Community prevention involves identifying individuals who are at risk of arrest due to criminal activity and providing a channel for those individuals to get treatment through community providers. Examples include Crisis Lines, such Your Life Iowa, Emergency Department triage services, and Access Centers.
- Intercept 1: During an encounter with an individual, law enforcement connects individuals to services to address their substance-related issue through partnerships with community providers before they are arrested. An incentive to individuals who participate might include charges not being filed. <a href="Iowa's COAP grant utilized this model in Jones County and Story County">Iowa's COAP grant utilized this model in Jones County and Story County</a> as an option for law enforcement to refer low-level drug offenders in place of arrest. The city of Ames, in Story County, recently started the ARCH program to help people in mental health crisis, homeless, or food insecurity. The ARCH team (paramedic and social worker) is sent to 911 calls in these situations.

**Post-arrest** diversion programs occur after arrest, while in court or jail, before sentencing. Individuals would typically be monitored under correctional supervision and would be required to comply with treatment under this model.<sup>3</sup>

o Intercept 2: This can include screening for substance use disorders during an initial court hearing, in holding cells, or jail booking. It also

<sup>&</sup>lt;sup>1</sup> Munetz, M., & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness." Psychiatric Services 57(4):544-549 <sup>2</sup> Policy Research Associates, <u>Sequential Intercept Model sim-handout-new with Intercept 0.pdf</u>

<sup>&</sup>lt;sup>3</sup> See <u>Sequential Intercept Model sim-handout-new with Intercept 0.pdf</u>

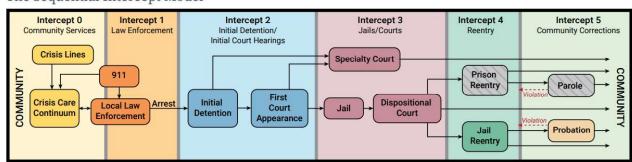
includes initiatives between jail and community-based health providers and pretrial programs to reduce incarceration of low-risk defendants. Jail-based programs are operated by pre-trial personnel or jail staff for individuals who have not been diverted earlier in the process. The team may negotiate with the judge, prosecutor, and public defender to arrange for community treatment.

- Intercept 3: Programs for higher risk individuals in courts or jails.
  - Court-based programs could consist of an interdisciplinary team consisting of a judge, prosecutor, defense attorney, and community providers, working together to offer dismissal or reduced charges after successful completion of the program as an incentive. A well-known example of court-based diversion programs are specialty courts, such as drug courts. In 2021, Iowa had 37 "specialty" treatment courts in operation across the state.
  - Jail-based programs provide services to detainees needing treatment.
     <u>Iowa's COAP grant utilized this model in Black Hawk County.</u>

**Post-trial** diversion programs occur after sentencing, when individuals have already been convicted of an offense and are under correctional supervision.<sup>4</sup>

- Intercept 4: Planning for reentry entails considering individuals as they transition back into the community, providing access to medication upon release from jail/prison, and warm hand-offs from corrections to community providers (e.g. providing transportation)
- Intercept 5: Corrections can provide medication-assisted treatment to reduce drug relapse and remove barriers for those involved in the justice system by helping them find recovery support, housing, and employment

Figure 1, below, displays the sequential intercept model. 5



#### The Sequential Intercept Model

Deflection is a term that generally describes the **earliest** intervention, which can occur before an interaction with a police officer or an arrest is made. An individual

<sup>&</sup>lt;sup>4</sup> See Sequential Intercept Model sim-handout-new with Intercept 0.pdf

<sup>&</sup>lt;sup>5</sup> See Sequential Intercept Model sim-handout-new with Intercept 0.pdf

who is not yet involved in the criminal justice system freely decides to enter a program to which they were referred, with no legal consequences.<sup>6</sup>

The Police, Treatment, and Community Collaborative (PTACC) is a group, created in 2017, that supports, educates, and advocates for the use of deflection. The type of approach should be decided by each jurisdiction to fit their local capacity and needs.<sup>7</sup>

PTACC created tools to help communities design the "best fit" initiative. There are six pathways of deflection. The term "pathways" is used to refer to programs that enable community first responders (law enforcement, EMS, etc.) a way to support individuals in need, rather than justice system, which mandates individuals attend treatment. Multiple methods can be used together to have the biggest impact.<sup>8</sup>

- Self-Referral: An individual voluntarily initiates contact with a first responder in the community for a referral to treatment and services, without fear of arrest.
- Active Outreach: A first responder refers a person to or engages them in treatment through outreach efforts.
- Naloxone Plus: A first responder or community program engages individuals who recently experience an opioid overdose in services through outreach efforts.
- First Responder Referral: During routine activities (patrol or service call), a first responder engages individuals and provides a referral to services or a case manager as a preventative measure. No charges are filed or arrests are made.
- Officer Intervention: During routine activities (patrol or service call) in which charges would normally be filed, a law enforcement officer provides a referral to services or a case manager, or issues a non-criminal citation to report to a program. Charges are not filed until treatment or a social service plan is completed.
- Community Response: A community-based behavioral health professional (e.g. crisis worker, clinician, peer specialist, etc.) engages an individual in crisis, mediates low-level conflicts, and addresses quality of life issues by providing a referral to service or case management.

Police-based diversion programs, which have grown rapidly in use since the early 2000s, have shown promise and are widely used. A meta-analysis review of 47 police-initiated adult diversion programs found that for recidivism, the most common outcome studied, there were fewer arrests, felony charges, and incarceration. Cost savings varied widely. The studies' results were mixed on whether participants' lives were improved. However, the review did not account for any variations in the

<sup>&</sup>lt;sup>6</sup> Justice System Partners (2022). <u>Examining the Impacts of Arrest Deflection Strategies on</u> Jail Reduction Efforts.

<sup>&</sup>lt;sup>7</sup> See PTACC Website: About PTACC | PTACC (ptaccollaborative.org)

<sup>8</sup> PTACC: The Six Pathways of Deflection and Pre-Arrest Diversion

programs, participants served (drug users or mentally ill), or diversion models used, making it challenging to meaningfully compare outcomes.<sup>9</sup>

The Rand Corporation conducted a study of deflection programs in six states where participation was truly "voluntary." Self-referral programs, which are not based on police referral during arrest, are advantageous in that they are relatively easy to implement them, have a quick turnaround time in which services can be more immediately initiated, and don't take many resources. However, less is known about them compared to police-initiated programs. Six "voluntary" programs were examined: Bucks County, Pennsylvania; Everett, Washington; Fort Wayne, Indiana; Lake County, Illinois; Menominee Indian Tribe, Wisconsin; and Plymouth County, Massachusetts. Outreach to potential clients was done by social workers working in police teams, crisis workers or coaches riding with officers during calls or postoverdose visits, community outreach specialists working in hotspot locations, navigators who worked in police stations, or recovery coaches in aftercare services. If initially involved, the police had no further involvement with clients after they were handed over to the outside provider. The programs worked with clients to resolve any outstanding warrants, for less serious crimes, when possible. The study's findings were:

- Facilitators of implementations were 1) strong local partnership and cooperation among key stakeholders, 2) having high-profile champions to generate support and buy-in, and 3) involving people with lived experience.
- Barriers to the programs included stigmas among law enforcement, healthcare
  professionals, and the community about substance users; drug users' mistrust
  of the police; and lack of access to services in the local area, such as
  treatment. Deflection initiatives also appeared to lack a central person to take
  ownership in assisting individuals to hold them accountable and make sure
  they didn't fall through the cracks in the system.
- Outcomes data on the programs were limited at four of the sites, however, one site had fewer overdoses and deaths and fewer property crime arrests.

  Another site had fewer treatment admissions and overdose deaths.<sup>11</sup>

<sup>&</sup>lt;sup>9</sup> Harmon-Darrow, C., Afkinich, J.,Franke, N.D., and Betz, G. (2022). "Police Diversion at Arrest: A Systematic Review of the Literature."

<sup>&</sup>lt;sup>10</sup> Labriola, M. Peterson, S., Taylor, J., Sobol, D., Reichert, J., Ross, J., Charlier, J., and Juarez, S. (2023). <u>"A Multi-Site Evaluation of Law Enforcement Deflection in the United States."</u> Rand Corporation.

<sup>&</sup>lt;sup>11</sup> See: <u>"A Multi-Site Evaluation of Law Enforcement Deflection in the United States."</u> Rand Corporation.

### Literature Review

The potential benefits noted by diversion programs in other places across the country include:

- Avoid using emergency rooms, law enforcement, courts, and corrections resources, which saves money in the criminal justice system and healthcare system
- Gives other options to law enforcement in place of arrest
- Increased access to treatment for individuals who need help
- Reduction in arrests and recidivism
- Reduction in overdose
- Improved relationships between law enforcement and substance users

Although diversion programs have been applied to different populations, including people with mental health issues and youth, the focus of this review is drug users. This section provides a description of some drug diversion initiatives in other states and findings of their program evaluations, if known.

### MARI: MADISON, WISCONSIN

Madison (Wisconsin) Addiction Recovery Initiative (MARI) is a city-wide pre-arrest diversion program for adults who committed a minor, non-violent drug use-related offense by offering a referral to treatment instead of arrest and holding charges in abeyance. The program is six months in length and charges are "voided" upon completion. The program was funded through a BJA grant awarded from October 2016 through April 2021. The program, developed by the MARI Ops Team, received support through many city and county organizations, Madison Police Department, nonprofits, academic partners, treatment providers, the Mayor, Sheriff, District and City Attorney Offices, EMS, Fire Department. Officers were trained to conduct an initial assessment to determine if an individual met the eligibility criteria. The officer provided the individual a referral and consent form and sent the info to the MARI officer to verify the person's eligibility and shared their info with the MARI Project coordinator. Participants completed an initial assessment visit, followed by a clinical evaluation and treatment plan through a local treatment agency. MARI program staff were apprised of the person's progress in treatment. Routine stakeholder engagement from prosecution, treatment, and social services was viewed as vital to the program and its sustainability. Plans are underway to evaluate the program; however, results are not yet available. 12

### DART: OHIO

The Drug Abuse Response Team (DART) began in Lucas County (Toledo), Ohio in 2014. It is a unit within the sheriff's office that links individuals suffering from drug

<sup>&</sup>lt;sup>12</sup> Zgierska, A., White, V., Balles, J., Nelson, C., Freedman, J., Nguyen, T. & Johnson, S. (2021). "Pre-arrest Diversion to Addiction Treatment by Law Enforcement: Protocol for the Community-level Policing Initiative to Reduce Addiction-Related Harm, including Crime." Health and Justice, 9.

addiction to local recovery programs and other services. The unit consists of a multi-disciplinary team of 12 people including the sheriff, police, drug courts, treatment organizations, office of aging, and children services. It allows officers responding to overdose to offer treatment instead of arrest. Other sources of referral include hospitals, drug court, walk-in, family/friends, probation, corrections, and the community.<sup>13</sup> To date, the unit has reportedly engaged over 5,500 community members, with 73% of those subjects entering detox or recovery programs.<sup>14</sup>

In 2022, a new DART initiative in Muskingum County (Zanesville), Ohio was announced. The program was founded by the Prosecutors office for individuals facing their first low-level drug possession charge. Law enforcement officers will screen offenders for eligibility during initial contact, and instead of going to jail, they will be referred to the program (if sober, in place of jail) or rehabilitation (if intoxicated, for a safe place to stay the night) and be able to access more immediate treatment through enrollment in the program. A big part of the program is ensuring basic needs are met. Participants will be offered other services, if needed, such as mental health assistance, employment, driver's license, and housing. To qualify for the program, a person must be able to identify a support person to hold them accountable. They cannot have prior violent offenses or felonies. The program will be funded by drug seizure money. The county prosecutor defines a success of the program in terms of providing someone with the resources to succeed and then them being self-sufficient and not returning to addiction or the criminal justice system.<sup>15</sup>

### LEAD: SEATTLE, WASHINGTON

The Law Enforcement Assisted Diversion (LEAD) program in Seattle began in 2011 as the nation's first pre-booking diversion program for people arrested for drugs in the United States. Law enforcement collaborate with the Seattle Police Department, state ACLU, County Prosecutor's Office, Attorney's Office, Sheriff's Office, Corrections, Treatment Services, and the Racial Disparity Project. 16 LEAD has three primary components: 1) program entry, including diversion; 2) case management, including connections to counseling and social/clinical services with no pressure of engaging in treatment or abstinence, and 3) coordination of legal system involvement. People enter the program either through an arrest where they are brought to the police station or through social contact and referral by an officer or community partner who knows they might be eligible for the program. They are screened for LEAD eligibility by an officer. Potential participants are then referred to intake with LEAD case management (social workers and treatment counselors), for intake and evaluation. Then, a homeless outreach program helps connect them to existing community resources for as long as needed (housing, medical, legal, employment, mental health, and treatment). Prosecutors make decisions on whether to file charges, reduce charges, or recommend pretrial. Some financial support is provided

<sup>&</sup>lt;sup>13</sup> See COSSAP Resources: <u>Drug Abuse Response Team Presentation</u>

<sup>&</sup>lt;sup>14</sup> See <u>Lucas County Sheriff's Office DART Facebook Page</u>

<sup>&</sup>lt;sup>15</sup> Zanesville Times Recorder (September 25, 2022). <u>Diversion Program Hopes to Steer Users</u> Away from Drugs, Jail

<sup>16</sup> King County, Washington Government Website: Law Enforcement Assisted Diversion

to help meet client's basic needs. There are no program time requirements or abstinence requirements. The approach is very individualized to a client's needs and is based on meeting them where they are at and their own level of willingness to change.<sup>17</sup>

A quantitative evaluation examined the outcomes of 203 LEAD participants and 115 individuals in a nonrandomized control group from October 2009 to July 2014. LEAD participants had 58% lower odds of being arrested and 39% lower odds of being charged with at least one felony after the program in the long term.<sup>18</sup>

A qualitative evaluation of LEAD that collected data from interviews with 32 lead participants indicated overall positive experiences. The LEAD approach was regarded as client-centered, holistic, and effective. Participants felt that it was helpful that LEAD did not require abstinence and was nonjudgmental; it was personalized to their individual needs; it was compassionate and they were seen as a person; it supported autonomy and expected them to take a role in their recovery; and it was a one-stop-shop where they could get all their needs met. LEAD was also associated with improved relationships with police officers.<sup>19</sup>

### LEAD: NORTH CAROLINA

North Carolina LEAD operates in six communities across the state as a pre-arrest diversion program for low-level criminal offenses including shoplifting, theft, drug use, drug paraphernalia, and sex work. Duke University conducted a process and outcomes evaluation at four of the state's sites. Two of the four sites were focused on opioid use and overdose and the other two sites were more broadly focused on drugs. Program exclusion criteria were: trafficking or delivering drugs, violent crimes, sex crimes involving exploiting minors or promoting sex workers, being at risk of harm to self or others, being a minor, and being on probation. The program eventually expanded their eligibility criteria to allow probationers to participate. Referrals could be made by a law enforcement officer or through community members in collaboration with a police officer (at three of the sites). Referrals were connected to a case manager and to complete an intake assessment within 14 days. Participants were *not* required to abstain from using drugs. They could participate if they chose, with no mandatory end date. <sup>20</sup>

The evaluation found that participants had 33% fewer citations and arrests six months after program enrollment, 37% increase in use of behavioral health services (treatment) within a year after program enrollment, and 50% fewer emergency

<sup>&</sup>lt;sup>17</sup> Collins, S., Lonczak, H, & Clifasefi, S. (2017). <u>"Seattle's Law Enforcement Assisted Diversion (LEAD): Program effects on recidivism outcomes."</u> Evaluation and Program Planning. 64, pg 49-56

<sup>&</sup>lt;sup>18</sup> See "Seattle's Law Enforcement Assisted Diversion (LEAD): Program effects on recidivism outcomes."

<sup>&</sup>lt;sup>19</sup> Clifasefi, S., and Collins, S (2016). <u>"Lead Program Evaluation: Describing Lead Case Management in Participants' Own Words."</u> University of Washington.

<sup>&</sup>lt;sup>20</sup> <u>"Law Enforcement Assisted Diversion (LEAD): A multi-site evaluation of North Carolina LEAD programs."</u> Duke University.

department visits, which resulted in a cost savings of \$1,146 per person per year. Higher levels of engagement with program staff was associated with even better participant outcomes, including 50% fewer citations and arrests six months after program entry. 68% of participants received substance use treatment, 47% received mental health counseling, 25% received employment assistance, 18% received housing assistance, and 40% received harm reduction services. The program's primary referral source was through social referrals rather than diversion through law enforcement. Diversion referrals were more likely to enroll, but had lower levels of engagement with program staff than social referrals. Facilitators that increased referral and enrollment included: a fast and simple referral process, supportive law enforcement culture, capacity to conduct 24/7 "warm hand-offs" between officers and staff, allowing community referrals, and the client's level of willingness to change. Barriers to referrals and enrollments included: restrictive eligibility requirements based on criminal history, lack of officer buy-in, stressful circumstances during the police encounter (i.e. overdose), confusion about the referral/enrollment process among officers, program partners, and participants, and client's lack of trust in law enforcement.21

### LEAD: NEW MEXICO

In 2019, Bernalillo County created a LEAD program with BJA-COSSAP funding. Partners included the City of Albuquerque, Albuquerque Police Department, county sheriff, district attorney, public defender, fire department, Drug Policy Alliance, and Santa Fe LEAD program. Individuals at risk of or previously involved with the criminal justice system with substance use disorders or having low-level drug or prostitution offenses are eligible. Referrals can be made by law enforcement during a police encounter or through social contact before the person commits a criminal offense. Instead of making an arrest, an officer has discretion to refer the person to a case manager who arrives on scene for a warm-handoff. The officer forwards the person's arrest record to the prosecutor, who reviews the person for eligibility. If eligible and willing to participate, the referrals' pending charges are immediately dropped. Alternatively, an officer who encounters an individual who could be afflicted with substance use, mental illness, poverty, or homelessness can refer to the program so they may access the program's services to get help before they engage in a criminal act. A case manager follows up with the social referral and creates an intervention plan for them. Intensive Case Management is an important part of the program.

A process evaluation was conducted to examine the program development and enhance referral opportunities. Most of the referrals (63%) were through arrest. Only four officers were responsible for 35% of the program's referrals. A survey of officers was conducted. It found that officers were moderately familiar with the program and 79% had attended a LEAD training. They were moderately willing to make a referral to the program. Factors associated with higher officer likelihood of referrals to the

<sup>&</sup>lt;sup>21</sup> <u>"Summary of Findings from LEAD: A multi-site evaluation of North Carolina LEAD programs."</u> Duke University.

program were: officer perception of support within their agency, cooperation with judicial players, and less formal education. Interestingly, training participation, officer's perceptions of the merits of rehabilitation programming, sex, ethnicity, age, and tenure did NOT predict referral likelihood.<sup>22</sup>

### STEER: MONTGOMERY COUNTY, MARYLAND

Stop, Triage, Engage, Educate, and Rehabilitate (STEER) is a program in Montgomery County, Maryland that began in 2016 to offer services, instead of arrest, for drug offenders encountered by law enforcement. Partners include the Montgomery County Police Department, Maryland Treatment Centers, Police Executive Research Forum, and the Center for Health and Justice. A continuum of treatment options is available to participants through connections with local providers. During an intervention referral, police screen individuals they encounter during calls. To qualify, individuals must be screened as low-moderate criminogenic risk on the Proxy Risk Tool and high treatment need on the CAGE substance use screen. Charges are held in abeyance if the person agrees to participate in STEER. Officers provide a "warm handoff" to a 24/7 community-based case manager for full clinical assessment and referral to treatment. The case manager also works alongside police on the street to engage participants. Even in the absence of charges, eligible individuals can participate through a prevention referral.

An evaluation conducted by George Mason University found that most referrals were from first responders who administered Narcan to the clients during overdose. 41% of individuals referred to STEER were assessed for treatment. Of those who initiated treatment, 89% remained active in treatment for at least 30 days and 67% were active for at least 60 days. Using evidence-based screening tools helps officers make decisions in the field and reduces errors. Officer buy-in has been good primarily due to the relationship with Maryland Treatment Centers. The STEER case manager is mobile – their office is "on the streets."

### PAARI: MASSACHUSETTS

A nonprofit called the Police Assisted Addiction and Recovery Initiative (PAARI) formed in Massachusetts in 2015. Currently, PAARI has expanded into a national network of 600 police departments in 34 states, providing training and support to create pathways to treatment with a focus on early diversion across the nation.<sup>24</sup>

Originally, PAARI formed alongside the Gloucester, Massachusetts Police Department's Angel Program. The Angel program was structured in a way that individuals could go to the police department for help with drug addiction and would provide treatment instead of arrest. The program was advertised in community

<sup>&</sup>lt;sup>22</sup> Severson, A. (2022). <u>"Bernalillo County Behavioral Health Initiative LEAD Process Evaluation: Report in Brief."</u> University of New Mexico.

<sup>&</sup>lt;sup>23</sup> Center for Health and Justice at TASC. (2018). "STEER Police Deflection."

<sup>&</sup>lt;sup>24</sup> See Website: Police Assisted Addiction and Recovery Initiative.

meetings, social media, and the news with the claim that individuals could come to the police station seeking help and not be arrested. To be eligible, individuals could not have active arrest warrants or acute medical or safety concerns. If they had active arrest warrants, they had to go to court and the program helped clear warrants if possible, so they could participate in the program. Police officers screened participants at the station and called treatment centers directly. They were immediately given a treatment placement, and officers called relatives, friends, or ambulance for them to be transported there directly. If transport would take longer than expected, a volunteer was assigned to support the participant while they waited to transport. Between 2015 and 2016, participant experiences in the Angel Program were assessed through phone calls and surveys. The findings indicated that clients chose to participate primarily to get quicker access to treatment. They learned about the program through friends/family, a connection through police, social media, and local news and publicity of the program. 75% went to the treatment offered through the program. Most clients reported positive experiences, and the program being welcoming and non-judgmental. 37% of participants reported abstinence since enrolling in the program, within an average tracking time of 6.7 months.<sup>25</sup>

A qualitative study was conducted in five Massachusetts communities between 2019 and 2020 that had diversion programs focused on increasing access to substance use services for community members. Interviews were conducted with 33 program staff (e.g. police chiefs, police officers, outreach workers, clinicians, program managers, and prevention specialists. Their activities centered on outreach, harm reduction, long term engagement, and self-referral. The programs differed in design, but five main themes were identified: 1) program development was an ongoing process, 2) partnerships between police and community stakeholders were vital for starting and sustaining the programs, 3) high-level leadership influence the programs and implementation, 4) definitions of program success varied, and 5) programs contributed to shifts in beliefs about substance use and addiction among police officers.<sup>26</sup>

### HERO HELP: NEW CASTLE COUNTY, DELAWARE

In 2016, New Castle County Division of Police began an outreach and treatment-referral program called Hero Help in response to the opioid epidemic and high overdose rate in the county. The program was created to help people voluntarily seeking help for substance issues and offered channels through law enforcement so that people at risk of drug arrest could get services instead. Self-referrals and law enforcement referrals, with or without pending charges, were accepted. Adults without a serious criminal record were eligible for the program.

Schiff, D., Drainoni, M., Weinstein, Z., Chan, L., Bair-Merritt, M., and Rosenbloom, D. (2017).
 "A Police-led Addiction Treatment referral program in Gloucester, MA: Implementation and participants' experiences." Journal of Substance Abuse Treatment 82: p.41-47.
 Davoust, M., Grim, V., Hunter, A., Jones, D., Rosenbloom, D., Stein, M., and Drainoni, M. (2021). "Examining the implementation of police-assisted referral programs for substance use

The program hired a full-time coordinator, as the key point of contact. The main goal of the program was to help reduce drug overdoses, especially for opioids, in the community. Hero Help participants were provided immediate entry to treatment and support without an expiration date. Program staff also followed-up with people who overdosed or previously engaged in detox or treatment and provide community educational events and outreach. Narcan distribution and media campaigns were also part of the program. The program uses warm handoffs to connect individuals to treatment and other services. In 2019, BJA's COAP grant provided funding to develop its capacity by partnering with a team of healthcare specialists (case managers, a nurse, a mental health professional, and a child victim advocate.) This allowed the program to address broader issues including co-occurring mental health disorders, connecting affected children and families to services, and training first responders on how to deal with children and youth exposed to substances.

An evaluation was conducted to examine changes at the community-level in overdose outcomes and estimate cost savings associated with reduced overdoses. All overdose incidents from 2013 to 2021 were studied when the program began, and then in the first and second expansions. Over time, there was a decrease of 7.25 nonfatal overdoses on average and 1.85 fatal overdoses on average per month. This is a savings of \$21.5 million to the community per month. The findings were limited in that outcomes of individual participants were not tracked, and the pandemic could have influenced the results. <sup>27</sup>

-

<sup>&</sup>lt;sup>27</sup> Donnelly, E., O'Connell, D., Stenger, M., Arnold, J., and Gavnik, A. (2022). "Law Enforcement-Based Outreach and Treatment Referral as a Response to Opioid Misuse: Assessing Reductions in Overdoses and Costs." Police Quarterly.

# Methodology & Data Sources

### QUALITATIVE ANALYSIS

The Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP) was contracted by the Iowa Office of Drug Control Policy (ODCP) to conduct a process and outcomes evaluation of the Iowa COAP program. <sup>28</sup>

During the grant period, the evaluation shifted focus to include a qualitative component. County coordinators and ODCP expressed interest in findings ways to fully capture the program's successes and barriers. While numbers and data can provide insight on the effectiveness of the program, getting feedback from the key program staff through interviews provided more context and a deeper understanding of the program. Surveying clients after they participated in the program provided a more in depth understanding of the impact of the program and if there were any longer-term benefits to clients in participating. It also provided a chance for clients' voices and experiences to be heard.

Another benefit of gathering qualitative data was to obtain a deeper understanding of each program, how they differed, their fit with the specific county's needs, and advantages and disadvantages of each program model. ODCP allowed each county some discretion in setting up their programs to meet the needs of the county. The qualitative evaluation sought to understand the differences in approach to drug diversion in each county, in consideration of the county's context, community needs, and populations being served.

Qualitative data for the description of the programs and the process evaluation was collected through:

- Post-program surveys of former participants in Story County.
- Quick feedback forms submitted by participants immediately following participation in Jones County. Additionally, a couple of respondents participated in a longer post-program phone survey.
- Pathways jail treatment feedback forms submitted by the general population of jail inmates engaged in treatment at Pathways in Black Hawk County.
- Virtual one-on-one interviews with county staff and community partners. All three county coordinators and 10 community partners participated in the interviews.
- Documentation of the programs (e.g. Policy/Procedure manuals, Action Plans, federal Annual Reports, and Referral forms)
- Meeting notes from coordinator meetings and county board meetings.

<sup>&</sup>lt;sup>28</sup> In 2022, Executive Branch reorganization moved CJJP to the Iowa Health and Human Services (HHS) Department briefly, and subsequently, they moved to their current office at the Department of Management (DOM).

### QUANTITATIVE ANALYSIS

The evaluation also included quantitative data analysis. The names, demographic characteristics, program entry and service dates (if participant), program completion status, treatment dates, and community services received among individuals referred to COAP were collected by county coordinators on an Excel tracking spreadsheet. Courts information was obtained from the Justice Data Warehouse (JDW)<sup>29</sup> for these individuals. Court records were matched using names and dates of birth. Recidivism was defined as any new charges, regardless of if they were found guilty.

Quantitative data for the outcome evaluation was collected through:

- Program data of clients referred to the programs in each county collected by coordinators on a data tracking spreadsheet
- Iowa Courts administrative database

Black Hawk County's program was discontinued early on September 30, 2023. Jones County and Story County stopped serving clients for the grant on August 31, 2024. This allowed for time to analyze the data and write the report before the project and grant funding ended September 30, 2024. As such, data for the final month of the grant are not captured in this report.

The cutoff date for tracking program data was July 31, 2024. All participants who exited the program were also tracked through July 31, 2024. A limitation of the quantitative evaluation was not having a longer tracking period to track the post-program outcomes for clients in Jones County and Story County. Individuals that had recently left the program wouldn't have had much opportunity to commit a new offense through July 31, 2024.

The overall average time to commit a new offense among all participants who recidivated was 8.1 months. This time frame limits the study's ability to capture longer term impacts of the program.

Additionally, some of the numbers were low. For example, there were only 23 program participants in Jones County. A comparison group was not available in Jones County since all 23 participants completed the program. This limited the ability to subcategorize some of the data to better understand who the program was most effective for. Also, it should be noted that the program was implemented during the pandemic, which could have reduced the number of referrals to the programs and the population charged with drug offenses.

<sup>&</sup>lt;sup>29</sup> Some edits to these records may have occurred within the case management system after data extraction, and such updates would be made in the data warehouse during the next upload cycle.

# **Evaluation Questions**

Research questions informing the <u>process evaluation</u> include:

- What were the components, activities, and services provided as part of the program?
- How were the sites different? How did that affect their implementation/ operation/ effectiveness?
- Were there any issues or barriers which inhibited the program?
- Were there any successes or things that worked well?
- Were there any unexpected outcomes?
- Is there enough capacity to provide needed services in the community?

Research questions informing the <u>outcome evaluation</u> include:

- How many were referred to the program, participated, and completed the program?
- Did participation in COAP reduce future criminal involvement?
  - Any new charges
  - New drug charges
- Did participation in COAP reduce criminal involvement for some participants, but not others? If so, for whom does this program appear to work best?
  - o Variations by participant age, race, sex, and/or risk may be examined.
- Were ODCP's specific grant objectives met?
  - Reduce arrest/re-arrest rates for participants by 40% during the project period.
  - 65% of referrals assessed with a substance use disorder participate in treatment
  - o 60% successful treatment completion rate.
  - Reduce criminal justice system resource utilization by reducing participant bookings by 50%, jail days by 50%, and court filings by 50% per participant.

# State Program Overview

The Iowa Office of Drug Control Policy (ODCP) received three years of funding, plus an additional two year no-cost extension, from the federal Bureau of Justice Assistance (BJA) Comprehensive Opioid Abuse Program (COAP). They selected three pilot counties, Story, Black Hawk, and Jones, to develop pretrial diversion programs for low-level drug offenders. The goals of the program were to:

- 1. Reduce substance abuse and criminal involvement involving non-violent individuals through pre/post-arrest diversion to treatment.
- 2. Increase access for Iowans with opioid and other drug use disorders, who might otherwise be deemed to be criminally involved, to evidence-based treatment and other human services.
- 3. Reduce criminal justice system resource utilization.

ODCP collaborated with various associations (e.g. law enforcement, prosecutors, & substance abuse/mental health) to assist with identifying communities with a need for and interest in participating in a community-based diversion program. Consideration was also given to selecting sites that would demographically represent Iowa. Ultimately, a rural county, a suburban county, and an urban county were selected.

The three pilot counties and contracted local agencies were:

- Black Hawk County (Black Hawk County Sheriff)
- Jones County (Abbe Health, which was transferred to Area Substance Abuse Council in the final year of the grant)
- Story County (Story County Attorney's Office)

ODCP hired a part-time state-level program director to oversee the program. He was a retired law enforcement officer with nearly 30 years of experience. Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP) was contracted to serve as the evaluator during the project. The county agencies contracted by ODCP to implement the programs were responsible for hiring a full-time diversion coordinator.

In some Iowa communities, law enforcement officers were in some instances already engaging in "informal" diversion efforts by taking individuals directly to emergency rooms, access centers, or connecting them to professionals to help with their substance use. The concept of Iowa's pilot program was to create more formal processes to ensure that offenders with misdemeanors could directly be connected to diversion coordinators instead of being arrested.

The communities were allowed discretion in setting up their eligibility criteria, program requirements, staffing, and advisory boards of community stakeholders (including local law enforcement, treatment providers, county attorney, and others). However, early intervention, before arrest or incarceration, was preferred.

ODCP identified four pathways the counties could select, based on the "best" fit with their communities:

- 1. **Pre-Arrest Self-Referral**: Individuals may enter a law enforcement center, surrender their substances and paraphernalia, and meet with a law enforcement officer who will refer them to the appropriate local service provider(s).
- 2. **Pre-Arrest Prevention Referral**: Officers may refer individuals with whom they frequently encounter with minor drug-related offenses or suspected offenses at their discretion rather than waiting for them to commit an eligible offense.
- 3. **Pre-Arrest Intervention Referral**: Officers may, at their discretion, refer eligible nonviolent individuals who use substances after those individuals commit a misdemeanor eligible offense, such as possession of a controlled substance or petty theft. This may occur as a good faith referral with assessment and care coordination.
- 4. **Pre-Arrest Conditional Referral**: Officers may make conditional referrals of eligible individuals subject to approval by the prosecutor and court. This may occur in the form of a criminal "cite and release" action that may be dismissed upon successful behavioral health service admission or completion.

Other key aspects of programming that counties were expected to develop included:

- Formal agreements between criminal justice and local treatment/social service agencies
- "Warm" handoffs to move clients from law enforcement into service
- Defined criteria to qualify as a participant, along with procedures to make exceptions
- Formal participant agreement
- Policy for revoking a participant
- Policy to communicate participant progress/status
- Local oversight coordinating board
- Case manager (i.e. coordinator) responsible for evaluating participant needs, connecting them with community resources, qualifying participants for public assistance, and tracking/communicating progress
- Personalized recovery planning for participants.
- Accountability for progress on participant recovery plans
- Participation with researcher to ensure evidence-based practices and data collection/ performance review.

The counties varied and so did their program design, which will be described in more depth later in the report. Jones County and Story County programs included self-referral, prevention referrals by officers, and intervention referrals by officers. Black Hawk County did not utilize any of these pre-arrest models of referral and instead operated in the jails where the program coordinator worked to identify low-level drug offenders and provide treatment.

The state provided guidance, resources, and regular feedback to coordinators and their key stakeholders throughout the project. The state project director attended monthly county advisory board meetings, when possible. The state COAP project

director also occasionally met with key stakeholders, including law enforcement, in each of the counties during the project. Weekly virtual meetings were held with coordinators to get updates on their activities and provide feedback on their progress. Virtual meetings were the only option initially, since the program began during the COVID-19 pandemic. They continued, even after the pandemic, so staff working in the counties across the state could have more regular contact without having to travel to a central meeting location. However, in the final year of the project, in-person meetings were held quarterly, in addition to the weekly virtual meetings so that staff could benefit from being together.

Training opportunities were offered throughout the project. The state COAP project director held multiple in-person trainings with local law enforcement agencies to train officers on diversion, build awareness of the program, and encourage them to make program referrals in Black Hawk, Jones, and Story Counties.

Training was also provided through attendance at various conferences throughout the project. Coordinators and the state evaluator attended the Comprehensive Opioid, Stimulant, and Substance Abuse Program Resource Center (COSSAP) National Forum, which was held virtually in November of 2021. Coordinators and their local partners, as well as CJJP's research coordinator, attended an in-person Police Treatment and Community Collaborative (PTACC) Conference to learn about pathways of deflection in August of 2022. All coordinators indicated that PTACC was a positive experience and helped introduce them to new ideas and resources, network with other diversion organizations, and learn about ways other programs operate. Story County attended the 2023 COSSAP National Forum in August 2023.

Other opportunities for training included various webinars through COSSAP (i.e. "Peer Support in Law-Enforcement Diversion Programs"). Guidance and resources were also offered through COSSAP's technical assistance provider, RTI, during conference calls. RTI provided guidance and resources, including how to reduce potential biases in program participation decisions, how to increase officer buy-in for the program, and programs in other states and their successes and challenges.

CJJP was involved from the onset of the grant. They had regular (weekly) contact with project staff. Early on, the agency worked with ODCP and the county program staff to develop standardized performance measures and data collection tools. They were continually involved throughout the project, monitoring progress, regularly reviewing data, providing numbers of COAP referrals to ODCP, providing feedback to coordinators, and presenting information at some of the advisory board meetings.

The program was just beginning during the COVID-19 pandemic in 2020. Due to the pandemic, ODCP was granted a two year no-cost extension. It impacted the program early on, taking longer to hire coordinators, get key stakeholders engaged, and begin implementing the programs in the counties. It also affected the number of referrals to the program and made outreach efforts more difficult during implementation. Statewide, law enforcement officers were generally encountering fewer people and

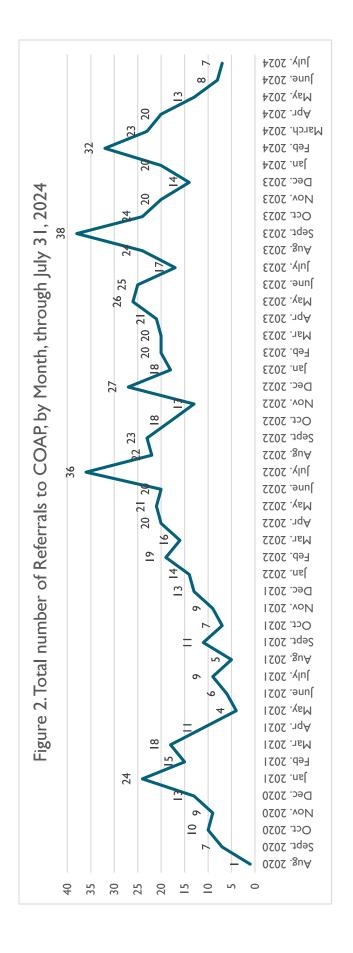
the criminal justice system was generally processing fewer people, as jails were making efforts to minimize the number of people confined to reduce the spread of the virus.

### PROGRAM PARTICIPATION DATA

#### **REFERRALS**

Although grant funding began October 1, 2019, the counties did not begin implementing the program and accepting referrals until August of 2020. From program inception through July 31, 2024, there were a total of 813 referrals to COAP in the three counties. Please note that individuals were counted more than once, if they were referred multiple times. Overall, 5 people referred in Black Hawk County, 4 people in Jones County, and 45 people in Story County were referred on two or more separate occasions and were counted as separate entries in the totals reported. Referrals are all individuals referred to the program, regardless of their eligibility. Please note that some referrals would have been determined to have not been eligible for the program.

Figure 2 shows the total number of referrals made to COAP, by month. The number of referrals increased as the project progressed. Some of this may be attributed to the pandemic affecting the program early on and might reflect more awareness of the program and greater buy-in from the community as time progressed.



The number of referrals to COAP in each of the counties, by month, is provided in Figure 3. Please note, this only includes data through July 31, 2024. Story County had the highest number of referrals (n=584), followed by Black Hawk County (n=160). Jones County, the most rural, had the fewest referrals (n=69).

Figure 3: Number of Referrals in each COAP			
County, by Month, through July 31, 2024			
	Black Hawk*	Jones	Story
Aug. 2020	0	0	1
Sept. 2020	1	0	6
Oct. 2020	6	0	4
Nov. 2020	5	0	4
Dec. 2020	1	6	6
Jan. 2021	6	2	16
Feb. 2021	6	2	7
Mar. 2021	3	0	15
Apr. 2021	4	2	5
May. 2021	3	0	1
June. 2021	0	0	6
July. 2021	5	0	4
Aug. 2021	2	1	2
Sept. 2021	3	0	8
Oct. 2021	2	0	5
Nov. 2021	2	1	6
Dec. 2021	2	5	6
Jan. 2022	5	1	8
Feb. 2022	4	2	13
Mar. 2022	3	0	13
Apr. 2022	4	7	9
May. 2022	8	2	11
June. 2022	3	9	8
July. 2022	9	9	18
Aug. 2022	9	3	10
Sept. 2022	4	1	18
Oct. 2022	3	0	15
Nov. 2022	3	0	10
Dec. 2022	7	6	14
Jan. 2023	5	0	13
Feb. 2023	9	2	9
Mar. 2023	3	0	17
Apr. 2023	5	2	14

May. 2023	7	0	19
June. 2023	8	0	17
July. 2023	5	2	10
Aug. 2023	5	0	19
Sept. 2023	0	0	38
Oct. 2023	N/A	0	24
Nov. 2023	N/A	0	20
Dec. 2023	N/A	0	14
Jan. 2024	N/A	0	20
Feb. 2024	N/A	1	31
Mar. 2024	N/A	0	23
Apr. 2024	N/A	3	17
May. 2024	N/A	0	13
June. 2024	N/A	0	8
July. 2024	N/A	0	7
Unknown	0	0	2
Total	160	69	584
Average per Month	4.2	1.4	12.1

<sup>\*</sup>The Black Hawk program ended on September 30, 2023, which was earlier than the other counties.

Referrals to the program came from a variety of agencies in the community. Figure 4 provides the numbers of referrals made by each source in the three COAP counties through July 31, 2024. Referral sources varied widely across the counties. The variations in referral sources across the counties can be explained by the differences in the structure of their programs and contextual factors in the counties.

Black Hawk County referrals largely came from the corrections system (including jails, probation officers, Department of Corrections, Department of Correctional Services, and Swift, Certain, and Fair which was a jail-based program). This reflected Black Hawk's COAP program being designed to operate in the jail.

Jones County primarily got referrals from law enforcement (police or sheriff). They originally designed their program for law enforcement. Later in its development, it created an option for self-referral and community referrals. However, not many were referred that way, due to the rural nature of the county.

Story County referrals came from a more diverse range of agencies, including law enforcement, community service providers, self-referral, and the attorney's office. This was also a reflection of the design and structure of the program in the county. The program engaged in a lot of outreach. Furthermore, being a college town, the county had a decent selection of services available in the community. They focused on building outreach and collaboration with those community services.

Figure 4: COAP Referral Sources in each County			
	Black Hawk	Jones	Story
Law Enforcement (PD/Sheriff)	4	59	170
Fire/EMS	0	0	1
Landlord	0	0	1
Center for Creative Justice	0	0	14
Community Member	0	2	5
Central Iowa Community Services (CICS)	0	0	61
Housing Allies	0	0	1
Bridge Home	0	0	9
Self/family	1	1	53
COAP coordinator	0	0	4
Corrections (Jail/PO/DOC/DCS)	60	1	27
Treatment provider/Detox	3	4	2
ISU Legal Aid	0	0	6
ISU PD	0	0	7
Mental Health/NAMI/ARCH/Eyerly Ball	0	1	3
New Journeys	0	0	1
Salvation Army	0	0	3
Attorney (Defense/Prosecution/Lawyer/County/District)	0	0	214
Crisis Center	2	0	0
Hospital social workers	0	0	1
Judge	0	0	1
Swift, Certain, and Fair	38	0	0
Other Drug Diversion Program	52	0	0
Unknown	0	1	0
Total	160	69	584

CJJP gathered data from courts records from Calendar Year 2018 to 2023 to examine the total number of low-level (misdemeanor) drug charges and the number of individuals who were charged for those offenses. This represents the pool of individuals that could potentially have been eligible for COAP diversion each year in the participating counties. The most populated COAP County, Black Hawk, also had the highest numbers of drug charges and individuals charged. This was followed by Story County. The most rural county, Jones County, had the lowest numbers. Figure 5 shows the total number of misdemeanor-level drug charges in each COAP county from 2018 to 2023, the total number of individuals charged with those offenses.

	Number of Charges	Number of Offenders
Black Hawk County		-
2018	1,183	704

2019	860	560
2020	789	503
2021	913	572
2022	911	574
2023	856	594
Jones County		
2018	204	107
2019	276	143
2020	141	76
2021	116	62
2022	87	56
2023	47	36
Story County		
2018	731	417
2019	416	253
2020	283	182
2021	241	159
2022	308	202
2023	276	177

<sup>\*</sup>Minors in adult court would not have been eligible for COAP and were excluded.

Please note that over time, from 2018 to 2023, there was a reduction in the total number of low-level drug charges and drug offenders in the three COAP counties. Some reductions could be expected due to the pandemic in 2020, however, reductions were also observed in the following three years as well, in 2021, 2022, and 2023. When asked about why this might be happening, COAP staff indicated they thought that drugs are still a problem, but it is a change in law enforcement. They mentioned fewer resources, less training, and less personnel. They also believed that the law enforcement had become more aware of negative public perceptions about law enforcement due to changes in the political climate. The public's more positive perception of drug use (e.g. marijuana reform) were also noted as a possible cause, in minimizing the need for arrest in some situations.

### **ENROLLMENT**

From program inception through July 31, 2024, there were a total of 472 program participants in the three counties. Please note that individuals may be counted more than once, if they participated multiple times. Participants are individuals who enrolled after being referred to the program.

The number of participants who enrolled in COAP in each of the counties, by month, is provided in Figure 6. Story County had the highest number of participants (n=293), followed by Black Hawk County (n=156). Jones County, the most rural, had the fewest participants (n=23). When considering the rate of participation, the percentages of referrals who joined the program in each county were: 97.5% in Black Hawk, 50.2% in Story, and 33.3% in Jones. Please note that referrals are all individuals referred to the

program, regardless of their eligibility. Some referrals were determined to not be eligible for the program.

Figure 6: Number of Participants Entering COAP in each County, by Month, through July 31, 2024

each County,	by Month, thro	y Month, through July 31, 2			
	Black Hawk*	Jones	Story		
Aug. 2020	0	0	2		
Sept. 2020	0	0	5		
Oct. 2020	5	0	0		
Nov. 2020	5	0	0		
Dec. 2020	3	1	4		
Jan. 2021	6	1	8		
Feb. 2021	6	0	2		
Mar. 2021	3	0	9		
Apr. 2021	3	1	5		
May. 2021	4	0	1		
June. 2021	0	0	5		
July. 2021	5	0	2		
Aug. 2021	2	0	2		
Sept. 2021	3	1	1		
Oct. 2021	2	0	2		
Nov. 2021	2	0	2		
Dec. 2021	2	0	6		
Jan. 2022	5	0	4		
Feb. 2022	4	1	3		
Mar. 2022	3	0	7		
Apr. 2022	4	1	4		
May. 2022	6	0	5		
June. 2022	1	2	5		
July. 2022	9	5	11		
Aug. 2022	9	1	1		
Sept. 2022	4	1	7		
Oct. 2022	3	0	9		
Nov. 2022	1	0	7		
Dec. 2022	6	0	7		
Jan. 2023	6	0	6		
Feb. 2023	6	2	3		
Mar. 2023	8	0	9		
Apr. 2023	5	2	7		
May. 2023	7	0	6		
June. 2023	8	О	9		

July. 2023	5	1	5
Aug. 2023	5	0	7
Sept. 2023	0	0	20
Oct. 2023	N/A	0	15
Nov. 2023	N/A	0	8
Dec. 2023	N/A	0	8
Jan. 2024	N/A	0	8
Feb. 2024	N/A	0	11
Mar. 2024	N/A	0	17
Apr. 2024	N/A	0	9
May. 2024	N/A	3	11
June. 2024	N/A	0	6
July. 2024	N/A	0	1
Unknown/ Not yet			
started	0	0	1
Total	156	23	293
Average per Month	4.1	0.5	6.1

<sup>\*</sup>The Black Hawk program ended on September 30, 2023, which was earlier than the other counties.

#### COMPLETION

From program inception through July 31, 2024, there were a total of 371 program completers in the three counties. Completers were individuals who successfully completed all program requirements, as defined by the counties. The number of completers who successfully left COAP in each of the counties, by month, is provided in Figure 7. Story County had the highest number of completers (n=246), followed by Black Hawk County (n=102). Jones County, the most rural, had the fewest completers (n=23). When considering the rate of completion, the percentages of participants who successfully completed the program in each county were: 100.0% in Jones, 84.0% in Story, and 65.4% in Black Hawk.

Figure 7: Number of COAP Completers in each County, by Month, through July 31, 2024									
	Black Jones Hawk*								
Aug. 2020	0	0	0						
Sept. 2020	0	0	0						
Oct. 2020	0	0	0						
Nov. 2020	0	0	2						
Dec. 2020	1	0	2						
Jan. 2021	4	0	1						
Feb. 2021	4	1	2						
Mar. 2021	6	0	2						

Apr. 2021	5	1	5
May. 2021	5	0	0
June. 2021	6	1	2
July. 2021	2	0	2
Aug. 2021	1	0	0
Sept. 2021	5	0	4
Oct. 2021	2	0	0
Nov. 2021	0	1	0
Dec. 2021	2	0	1
Jan. 2022	0	0	5
Feb. 2022	2	0	2
Mar. 2022	3	1	4
Apr. 2022	3	0	3
May. 2022	2	1	6
June. 2022	3	0	6
July. 2022	0	1	3
Aug. 2022	2	4	4
Sept. 2022	5	3	9
Oct. 2022	5	0	2
Nov. 2022	2	1	5
Dec. 2022	3	0	4
Jan. 2023	3	0	4
Feb. 2023	1	0	7
Mar. 2023	5	1	5
Apr. 2023	1	1	16
May. 2023	4	1	8
June. 2023	5	1	5
July. 2023	3	0	11
Aug. 2023	1	1	7
Sept. 2023	6	0	9
Oct. 2023	N/A	0	5
Nov. 2023	N/A	0	19
Dec. 2023	N/A	0	7
Jan. 2024	N/A	0	7
Feb. 2024	N/A	0	10
Mar. 2024	N/A	0	9
Apr. 2024	N/A	0	17
May. 2024	N/A	0	7
June. 2024	N/A	3	8
July. 2024	N/A	0	9

Unknown/ Still in			
Program	38	0	14
Total	102	23	246
Average per			
Month	2.7	0.5	5.1

<sup>\*</sup>The Black Hawk program ended on September 30, 2023, which was earlier than the other counties.

# Black Hawk County Jail Program

## COUNTY DEMOGRAPHICS

Black Hawk County is located in Northeastern Iowa, and is one of the largest metropolitan areas in the state. Two urban cities, Waterloo and Cedar Falls, are in the county. It also has a large population of college students at the University of Northern Iowa. According to the US Census, the 2022 population is 130,274. Demographically, 83.7% of the county population is white, 78.0% is over the age 18, and this population has remained stable over the past decade. The unemployment rate in February 2023 was 3.3%.

# DESCRIPTION OF PROGRAM

The grant provided \$279,030 (expended) funding to the Black Hawk (BH) County Sheriff's Office to implement COAP from the start of the grant through September 30, 2023. BH COAP operated within the jails as a mostly post-arrest program for inmates. Key community partners on the county's Advisory Council included Pathways (treatment counselors), county attorney, social worker, jail probation officer, and county sheriff. Planning meetings were quarterly held between Pathway's counselors, the social worker and other personnel from the sheriff's office, Naphcare (BH jail medical staff), and the Department of Corrections. Occasionally, others participated in the council meetings, including the Cedar Falls Police Department and Waterloo Police Department.

There were multiple efforts in BH within its judicial system, jail, and community programs to help people get into treatment rather than be incarcerated, with the goal of reducing recidivism.

- BH Jail: Referrals were made from the sheriff office's social worker or NaphCare for Pathways to see inmates within the jail. BH jail inmates received substance use disorder evaluations and in-jail treatment to help them focus on how to make positive changes. Group and individual counseling were provided based on their assessed needs and participant interest to address substance abuse problems in the jail and encourage them to continue the treatment in the community after release.
- County Attorney's Office: began a drug diversion program that began in October 2022 to help low-level drug offenders as a 120-day program in which charges would be dropped upon successful completion of treatment.
- Courts: Judicial representatives worked with Pathways to schedule evaluations and treatment in compliance with program requirements and to have charges diverted. The Swift, Certain and Fair program, Fast Track Program, as well as the BH Drug Court program helped to provide scheduling, attendance and substance use treatment to avoid participant incarceration.
- Community: There was a counselor at the Waterloo Women's Center for Change who provided substance use evaluations and treatment to participants in compliance with their probation requirements. The Detox and Crisis Center

provided access to recovery services rather than incarceration. Elevate was a mobile crisis unit in the community.

The COAP coordinator was responsible for the day-to-day operation, implementation, client care coordination, meetings, and continual assessment and improvement of COAP. She was an employee of Pathways who worked in the jail. She coordinated with the jail (NaphCare and social worker), probation, court, public defender's office, as well as Pathways Detox and the Waterloo Crisis center to offer evaluation and substance abuse treatment to eligible clients that had been involved with law enforcement. The primary focus of the BH COAP was to provide substance abuse evaluation and treatment to clients in the BH jail. Providing treatment in the jail was a new approach and something that previously hadn't been done.

Drug use is a common contributor for engaging in offenses that lead inmates down the path to jail, even if they did not have direct drug charges. BH COAP's goal was to provide substance use evaluation followed by individual and group outpatient treatment to as many participants within Black Hawk jail affected by substance abuse as possible. Addiction education was viewed as a way to help inmates change, abstain from drugs, and avoid repeated jail entry. The coordinator worked particularly closely with those enrolled in the Swift, Certain and Fair program and Black Hawk County Drug Court to increase coordination and access to treatment.

BH COAP created a policy and procedure manual outlining their program guidelines, process for determining eligibility, and requirements for completion. Clients could be referred to the program by law enforcement during an encounter with a person who could benefit from substance abuse counseling (instead of arrest or charges being filed), NaphCare, Department of Corrections, social worker, Pathways, Detox Center, or Crisis Center. Individuals on probation and parole could be referred by law enforcement, but the county attorney would have to agree to them participating. The coordinator would follow up by meeting people who were referred to determine their eligibility and tell them about the program.

To be eligible for the program, clients had to:

- Be an adult.
- Be a resident of BH County.
- Be charged with a simple misdemeanor for one of the following offenses: possession of a controlled substance, trespassing, public intoxication, interference with official acts (no injury), possession of drug paraphernalia, disorderly conduct (no injury).
- Be a user of opioids, stimulants, or prescriptions. (Other controlled substances would be considered on an individual basis).
- Be willing to actively participate in the program

Clients who had any of the following offenses were disqualified from participation:

- Violent crimes (excluding simple assault), domestic violence, or felony convictions within the past year
- Threat to self or others
- Threaten violence
- Exhibit extreme confusion or disorientation

- Misdemeanor offenses involving a victim can participate if they have other eligible offenses, but will not have the opportunity to get the charges involving a victim diverted.
- Convicted sex offenders and registered sex offenders.

Race, ethnicity, socioeconomic status, sex, sexual orientation, and political affiliation were never allowed to be taken into consideration when determining eligibility.

If participants were eligible for the COAP program and voluntarily agreed to participate, they met with the coordinator to complete paperwork, do intake, develop a care plan, and schedule an assessment/evaluation with Pathways. After initial evaluation, they had to complete a minimum of 4 group or individual counseling sessions and were encouraged to continue their treatment after jail. They were required to meet in person or by phone with the coordinator weekly. Once that was completed, they were considered having successfully completed the program. BH COAP allowed for misdemeanor offenses to be diverted after completion of the required steps. Successful clients received a letter indicating their completion and the county attorney had the ability to drop their charges upon completion. Clients who did not complete the requirements were also notified by letter and their charges were not diverted. Referring parties and the county attorney were also notified of the clients' status in the program.

The county attorney reviewed and accepted the program's guidelines. The county attorney was noted as being a champion who really helped the program. Training was conducted with 68 officers from Cedar Falls Police Department in September 2021 and 106 officers from Waterloo Police Department in February 2022. The program worked with the detox center to try to develop a smoother intake process for clients referred from law enforcement. Despite efforts to develop a pre-arrest program, there were issues getting the needed buy-in from law enforcement. Law enforcement participation was difficult to initiate. There reportedly were some issues within the police department itself, such as changes within the leadership and low morale levels. Efforts to reach the university's police department also were unsuccessful as they wanted to operate independently.

BH COAP defined "success" in their action plan as achieving the following outcomes:

- Decreasing the number of drug-related arrests and increasing the number of participants engaged in treatment and continuing treatment even after being released from jail.
- 2. Increasing collaboration with and referrals coming from law enforcement and probation officers through the local Crisis Center and Detox Units.
  - a. Coordinator meeting clients at those places upon their arrival.
- 3. Increasing law enforcement's use of diversion as an option.

In Black Hawk County, COAP funding was discontinued in the county on September 30, 2023. This was due to the program being based entirely in the jail and not meeting the goals of the grant to work with law enforcement pre-arrest. However, the county was awarded an unrelated grant to develop a law enforcement diversion program.

#### COORDINATOR & COMMUNITY PARTNER INTERVIEW FINDINGS

Interview participants included the Black Hawk COAP program coordinator, two treatment counselors from Pathways, the county sheriff, and the county attorney.

The pre-arrest portion of the program didn't happen due to contextual factors. There was some misunderstanding about the requirements of the grant early on to primarily focus on pre-arrest diversion. The Sheriff's Office, through Pathways, decided to use the funding based on their local needs and what they thought would best fit those needs. The county reported that other programs were already in place to help people pre-arrest, such as the detox center and crisis center. They also had Elevate, a mobile crisis response team that worked alongside police.

All interviewees indicated that the program was an important program in the jail and served people who otherwise previously wouldn't have had immediate access to treatment. There was a sense that people don't get sent to jail as often as they did in the past and that those who went to jail needed to be there. Even though Black Hawk's COAP program operated later in the process, interviewees generally felt that they accomplished the overall goal of the grant, to get people into treatment to set them on the right path and drop charges if they were successful to minimize their involvement in the criminal justice system.

It provided an opportunity for inmates within the jail to change their life choices. Benefits of the program for jail inmates were that they received an evaluation and got connected to a counselor whom they could establish an ongoing relationship, which was encouraged in their recovery even after release.

The sheriff and county attorney were champions of the program who were onboard even before the grant began, during the original planning. The coordinator was reportedly well-respected and loved by clients and tried to get buy-in for the program.

Some reasons mentioned for minimal referrals among law enforcement included, lacking a police champion for the program, political and leadership-related factors stemming within the departments, enforcement aspects of police culture, and police lacking time to make a referral, fill out program forms, or not knowing who to contact for the program.

There were reportedly a few barriers in running the program in the jail. Some of the inmates requested to be placed in the program to be able to get treatment. There was a long waiting list for COAP and more people than the coordinator could process in her caseload. Also, some inmates didn't qualify for COAP if they were determined to need inpatient treatment, since that option wasn't available in the jail.

## JAIL SURVEY FINDINGS

Pathways administered a jail client feedback form to assess the treatment program among all their clients who continued services after release from jail. This might have included some BH COAP participants. The full questionnaire is provided in Appendix I. A total of 28 surveys were completed.

The results indicate that Pathways clients generally expressed high levels of satisfaction with Pathways treatment. Tabulations of responses for each question are presented in Figure 8.

Figure 8: Black Hawk Jail Survey Findings									
	Yes		No		Total Responses				
Yes/No Questions	#	%	#	%	#				
Q2: Did you complete your									
treatment recommendations and									
receive a successful discharge?	11	40.7%	16	59.3%	27				
Q3: Have you been re-arrested since									
you were involved with Pathways									
treatment?	10	35.7%	18	64.3%	28				
Q4: Have you used any legal or									
street drugs since your involvement									
with Pathways treatment?	13	54.2%	11	45.8%	24				
Q7: Have you continued to make									
any personal									
improvements/changes in your life									
because of Pathways treatment?	24	100.0%	0	0.0%	24				
Q8: Would you recommend the									
Pathways treatment program									
within Black Hawk County jail to									
others?	24	100.0%	0	0.0%	24				
Q11: Do you think Pathways									
treatment program should continue									
within Black Hawk County jail?	24	100.0%	0	0.0%	24				

	0	satisfied r Very satisfied	Ne	Neutral		Satisfied or Very Satisfied		Not licable	Total Responses
Multiple Choice Questions	#	%	#	%	#	%	#	%	#
Q6: How satisfied are you with the way things are going in your life currently?	3	11.5%	6	23.1%	17	65.4%	0	0.0%	26
Q9: How satisfied were you with your Pathways counselor helping connect you to other services in the community you needed?	0	0.0%	0	0.0%	20	80.0%	5	20.0%	25

Open-ended questions were also asked. Responses to each open-ended question are provided in Appendix II.

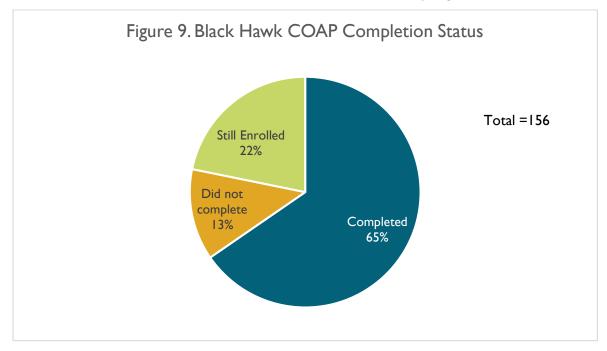
## OUTCOMES (QUANTITATIVE ANALYSIS)

This section <u>only examines</u> BH COAP **participants** (n=156), as nearly everyone who was referred to the program enrolled. There were only four individuals who were referred but did not participate, and their information is <u>not</u> presented to protect confidentiality. Please note that data for BH COAP is provided through the end of the program, September 30, 2023.

### BH COAP Participation & Completion Status:

There were 156 entries of people participating in the BH COAP program through September 30, 2023 (Figure 9):

- 102 of the 156 (65.4%) entries completed the program
- 20 of the 156 (12.8%) entries did not complete the program
- 34 of the 156 (21.8%) entries were still enrolled in the program



Participants who completed the program are compared to those who did not complete the program (excluding those still enrolled) in the following sections of the report.

BH COAP participants did not receive community services due to being in jail, so data are not available.

#### <u>Demographics of BH COAP Participants:</u>

Of the 156 BH COAP participants, 62.8% were White, 57.1% were Male, and 58.9% were age 34 or younger. Please refer to Figure 10. Ethnicity data was not collected by the program.

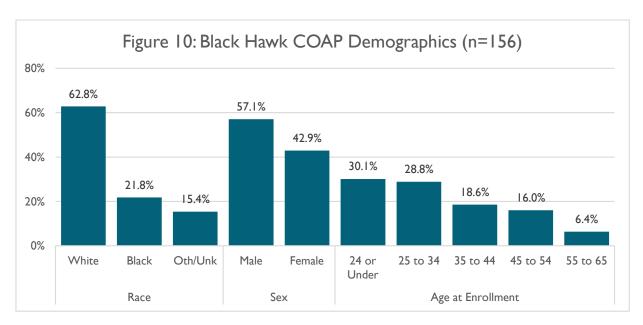


Figure 11 shows the demographic characteristics of participants, by completion status.

- 90.0% of Blacks completed BH COAP. 83.8% of Whites completed the program.
- 89.3% of males completed BH COAP. 74.5% of females completed the program.
- 80.6% of individuals ages 24 or younger completed BH COAP. 81.6% of 25- to 34-year-olds completed it. 84.0% of 35- to 44-year-olds completed it. 90.5% of 45- to 54-year-olds completed it. 85.7% of 55- to 65-year-olds completed it.

Figure 11: Black Hawk COAP Demographics, by Completion Status									
	Completed Program (n=102)		Dic Com Prograi	Total					
	N	%	N	%					
Race									
White	62	83.8%	12	16.2%	74				
Black	27	90.0%	3	10.0%	30				
Other/ Unknown	13	72.2%	5	27.8%	18				
Sex									
Male	67	89.3%	8 10.7%		75				
Female	35	74.5%	12	25.5%	47				
Age at Enrollmen	t								
24 or Under	25	80.6%	6	19.4%	31				
25 to 34	31	81.6%	7	18.4%	38				
35 to 44	21	84.0%	4 16.0%		25				
45 to 54	19	90.5%	2	9.5%	21				

<b>55 to 65</b> 6	85.7%	1	14.3%	7
-------------------	-------	---	-------	---

## Recidivism (New Charges) for BH COAP Participants:

This section examined the outcomes of n=122 BH COAP participants who had exited the program by the date it was discontinued, on September 30, 2023. Recidivism was tracked through July 31, 2024.

This allowed for a minimum one-year tracking period or longer, depending on when a participant exited the program. Please note that BH COAP participants had a longer tracking period, which contributes to the higher recidivism rates observed in the county. Caution should be taken when comparing the recidivism rates between counties.

Charges data were obtained from Iowa Court records extracted through the Justice Data Warehouse. Charge records were identified for participants using an exact match on their names and dates of birth. Additional efforts were made to identify any discrepancies in name or date of birth, by matching combinations of first name, last name, and date of birth. The way the new charge was identified was if the offense date (associated with the charge) occurred after the program ended. In using the offense date, any earlier charges that were already filed at the time a participant started the program are not captured.

The type of new charge was also examined. For participants having multiple new charges in the tracking period, all charges were examined by class and offense type. Timing of the charge was also provided, by calculating the average time to commit the first new offense.

Figure 12 shows the percentage of participants who had a new charge, categorized by type of charge and program completion status. It also provides the average time to commit their first new offense.

### Of the 122 total BH COAP participants:

- 41.0% (n=50) had a new charge of simple misdemeanor or higher.
- 23.8% (n=29) had multiple new charges.
- 9.8% (n=12) had a new felony charge.
- 20.5% (n=25) had a new substance charge (includes drugs, alcohol intoxication, or OWI).
- 13.1% (n=16) had a new drug charge.
- 10.7% (n=13) had a new violent charge.
- 8.2% (n=10) had a new property charge.
- 25.4% (n=31) had a new public order charge.
- On average, it took 8.4 months to commit their first simple misdemeanor or higher and 9.1 months to commit their first substance offense.

## Of the 102 BH COAP participants who completed the program:

• 40.2% (n=41) had a new charge of simple misdemeanor or higher.

- 24.5% (n=25) had multiple new charges.
- 9.8% (n=10) had a new felony charge.
- 19.6% (n=20) had a new substance charge.
- 10.8% (n=11) had a new drug charge.
- 11.8% (n=12) had a new violent charge.
- 7.8% (n=8) had a new property charge.
- 25.5% (n=26) had a new public order charge.
- On average, it took 9.3 months to commit their first simple misdemeanor or higher and 11.0 months to commit their first substance offense.

## Of the 20 BH COAP participants who did not complete the program:

- 45.0% (n=9) had a new charge of simple misdemeanor or higher.
- 20.0% (n=4) had multiple new charges.
- 10.0% (n=2) had a new felony charge.
- 25.0% (n=5) had a new substance charge.
- 25.0% (n=5) had a new drug charge.
- 5.0% (n=1) had a new violent charge.
- 10.0% (n=2) had a new property charge.
- 25.0% (n=5) had a new public order charge.
- On average, it took 4.4 months to commit their first simple misdemeanor or higher and 1.4 months to commit their first substance offense.

Figure 12: Percentage of BH C a		rticipants		Recidivated,	, by Cha	arge Type
	Con	npleted	-	Total		
	Pro	ogram		mplete	(r	n=122)
	(n	=102)	Progr	am (n=20)		
Recidivism	N	%	N	%	N	%
New Charge	41	40.2%	9	45.0%	50	41.0%
Multiple New Charges	25	24.5%	4	20.0%	29	23.8%
Felony Charge	10	9.8%	2	10.0%	12	9.8%
Substance Charge*	20	19.6%	5	25.0%	25	20.5%
Drug Charge	11	10.8%	5	25.0%	16	13.1%
Violent Charge	12	11.8%	1	5.0%	13	10.7%
Property Charge	8	7.8%	2	10.0%	10	8.2%
Public Order Charge	26	25.5%	5	25.0%	31	25.4%
Average Time (Months)						
New Charge		9.3		4.4		8.4
Substance Charge*	,	11.0	1.4		9.1	

<sup>\*</sup>Substance Charge includes Drug, Alcohol Public Intoxication, and OWI.

# Jones County COAP Program

# COUNTY DEMOGRAPHICS

Jones County is located in Northeastern Iowa, and is a rural area of the state. The county seat is the town of Anamosa, which is home to one of Iowa's prisons, Anamosa State Penitentiary, a maximum-security institution. According to the US Census, the 2022 population is 20,848. Demographically, 95.3% of the county population is white, 79.1% is over the age 18, and this has remained stable over the past decade. The unemployment rate in February 2023 was 4.9%.

### DESCRIPTION OF PROGRAM

The grant provided \$310,478 (expended) funding to the Jones County's Abbe Health and the Area Substance Abuse Council (ASAC) agencies to implement COAP through July 31, 2024. (Please note, in May 2023, the funding was transferred from Abbe Health to ASAC to continue the program on a part-time basis until September 30, 2024). Key members of the county's COAP Advisory Board included the county attorney, county sheriff, Anamosa police chief, Monticello police chief, ASAC treatment staff, Abbe health, 6th district department of correctional services, and county public health department. The board met monthly for the first 3 years and then every 2 months for the final year of the funding. The Advisory Board met in person and had a virtual option to allow other guests to attend, such as the CJJP Evaluator and ODCP program director. The board was updated on the number of clients enrolled, data, progress of the grant, upcoming trainings and events, successes and challenges, and sustainability. They had opportunities to provide feedback, review and approve policies, action plans, and forms, and make timely decisions, as needed. Attendance at the meetings were not required, but engagement among the board members was reportedly strong, especially among law enforcement and treatment sectors.

The COAP coordinator was responsible for the day-to-day operation, implementation, meetings, building awareness of the program, and continual assessment and improvement of COAP. She was a full-time employee of Abbe Health (through Unity Point) until early 2023 and then worked an average of 8 hours per week at ASAC through the duration of the grant. The COAP coordinator worked with participants to complete intake paperwork, help them get connected to treatment (ASAC), offer community resources and support, and held weekly check-in calls with participants to discuss their progress. The treatment provider was an employee of ASAC who was contracted part-time through the grant to evaluate COAP participants and provide four treatment sessions required to complete the program. A counselor also worked with participants. Despite turn-over in the counseling position, the treatment provider filled in, so there was no gap in services.

The Jones COAP program focused mainly on encouraging referrals and participation from local law enforcement officers. Later, they opened the eligibility to community

and self-referrals, although only few referrals were received that way. The goals of the program in their action plan were:

- Increase access to treatment for substance use disorders among people who meet the COAP eligibility criteria, voluntarily agreed to participate, and are ready to make changes.
- Reduce relapse, recidivism, arrest, and incarceration among drug users by providing them access to support services and treatment.
- Reduce contact with law enforcement, emergency services, and justice system personnel through diversion. Promote community resources (Linn County Access Center, Foundation 2, YourLifelowa, warmline, urgent care, mental health providers, and 988) instead of going to the police or Emergency Room.
- Improve justice system efficiencies and enhance relationships between law enforcement and the community, particularly substance users.

The primary focus of the Jones COAP was **pre-arrest** law enforcement referral. A continual challenge in Jones County was getting program referrals. Despite many attempts at education and outreach, only a small number of people were referred to Jones COAP during the grant.

At the onset of the grant, law enforcement's routine contact with the public was reduced due to the COVID-19 pandemic. Another challenge initially was the lack of law enforcement buy-in for the diversion program. The coordinator addressed the issue with law enforcement leadership and created videos for officers to inform them about the program and encourage referrals. For a short time, a part-time law enforcement liaison, who was employed as an officer, was also eventually hired to work with law enforcement, keep leadership engaged, serve as a resource for officers, and review potential referrals to the program. Also, the referral process was streamlined to make it simpler for officers to make referrals. The coordinator continually encouraged law enforcement to complete a referral form for all low-level drug offenders they encountered. The coordinator shared success stories with police officers to make them aware of the program's positive impact and make them feel more comfortable diverting people.

To try to increase the number of referrals, Jones COAP was expanded to accept community and self-referrals. The coordinator promoted the program in the community to make people aware that they could refer themselves or others struggling with substance use to get access to free services. She delivered or mailed letters about the program to businesses, non-profits, and churches in Jones County. She developed and distributed promotional materials for the program (e.g. brochures, newspaper ad, press releases). She also built relationships with community members, social service providers, access center, and schools through attending community events and meetings with jail administration and social workers. Within the jail, the coordinator created a flyer to provide to all inmates on how they could get assistance through COAP. People in the jail wouldn't necessarily be able to have their charges diverted, but they could benefit from getting initial treatment free through the program and connections to other resources. The goal was to make the community aware of COAP, share positive results of the program, and serve as many people as possible within the community with the resources available through the grant.

Referral forms for community and self-referrals were created. A referral form for law enforcement was also created but modified in 2022 after getting feedback from law enforcement on how to make it more user friendly. All officers had access to an electronic version of the referral form that they could complete in their police vehicle.

At the beginning of the grant, the coordinator and project director met with all county law enforcement agencies/Sheriff's and trained them on the purpose of diversion, who was eligible for the program, and how to make referrals. Trainings continued throughout the grant. These are listed below:

- Monticello Police Department: 7 officers completed trainings held in October 2020, February 2022, and March 2022.
- Anamosa Police Department: 9 officers completed trainings held in October 2020 and April 2022.
- Jones County Sheriff's Office: 12 officers completed trainings held in October 2020, April 2022, and November 2022.
- Iowa State Patrol: 1 officer completed a training held in October 2020
- Jones County Jail: 2 staff completed a training held in October 2020
- Abbe Center: 1 staff completed a training held in October 2020
- In 2022, 3 training videos were created by the COAP coordinator to refresh officer's knowledge about the diversion program. These were distributed to all law enforcement in Jones County and were viewed 26 times.
- A 40-hour long Crisis Team Intervention Training was hosted by Cedar Rapids Police Department in March 2023. 1 person from the Jones County Attorney's Office and 2 officers from Monticello PD attended.
- In 2023, 33 officers were emailed with updated information about the program. Also, 12 officers participated during an in-person training course to refresh their knowledge about the diversion program.
- On November 30 and December 1, 2023 Refresher trainings were provided and 12 people attended.
- The final Diversion trainings funded by this grant will take place on September 26 and 27, 2024 to provide a refresher for law enforcement and discuss the future continuation of the Diversion Program.

Jones COAP Advisory Board developed and approved a policy and procedure manual outlining their program guidelines, process for determining eligibility, and requirements for completion. Clients could be referred to the program by law enforcement prior to arrest (before charges were filed) at the discretion of an officer, by the county attorney post-arrest (if charges were filed), or by a community member, local agency, or self-referral. The coordinator would follow up with referrals within one week to talk to them about the program. An initial letter explaining the program was created to send to potential participants who didn't respond to the initial phone call from the coordinator.

To be eligible for the program, clients had to:

• Be an adult.

- Be a resident of Jones County.
- Reasonable determination that substance use is an issue: currently under the influence of substance, in possession of substance, or person admits to recent substance use or needing treatment.
- Be a user of opioids, stimulants, or prescriptions. (Other controlled substances would be considered on an individual basis).
- Be willing to actively participate in the program
- If referred by law enforcement or county attorney:
  - Have probable cause to have committed a misdemeanor for one of the following offenses: possession of a controlled substance (no delivery), possession of underage alcohol (18-20), trespassing, public intoxication, attempted burglary 3<sup>rd</sup> (motor vehicle), relevant city/county ordinances, possession of drug paraphernalia, disorderly conduct (no injury).

Clients were disqualified from participation in the following cases:

- Substance use is not a contributing factor (they do not need treatment)
- Registered sex offender
- Charged with domestic abuse within the past 2 years
- Currently on probation or parole (only could be considered for diversion by the county attorney)
- Diverted more than 2 times within the grant period. (The policy was modified and this was eliminated as a disqualification in 2023.)
- Crimes involved a victim and monetary/compensatory damages

Race, ethnicity, socioeconomic status, sex, sexual orientation, and political affiliation were never allowed to be taken into consideration when determining eligibility.

**Process for community or self-referral:** Any individual within the county could complete a referral form to refer themselves or someone else with a substance use disorder. Forms could be emailed to the coordinator and the coordinator would contact the candidate. They were linked to treatment and resources and there were no consequences if they did not complete the program. Law enforcement and the county attorney were **not** notified of these referrals or in any way involved with them.

#### **Process for law enforcement diversion:**

- Non-Diversion Referrals without an Offense: The purpose was to get individuals connected to community services and substance abuse treatment prior to criminal activity. Officers could encounter these individuals through another situation in which they were a victim, by knowing a community member with a substance use disorder in their everyday encounters, or if an individual self-discloses that they had a substance use disorder and are seeking treatment.
- <u>Diversion Referrals with an Offense</u>: Officers could determine that substance use may be a contributing or influential factor of the offense and might be a good candidate for the COAP program. If any of the divertible offenses occurred, a referral form was strongly encouraged to be submitted, even if the person was not otherwise eligible. At the time

of the offense, officers completed paperwork, collected evidence, and documented all potential charges, as they normally would. Officers were permitted to look up the criminal history to determine if offender is an appropriate candidate. They asked the potential candidate if they were currently in the diversion program or if they have been in the past. They asked the potential candidate if they would be willing to voluntarily participate in the diversion program as an alternative to arrest. Officers completed a referral form with the necessary information that the coordinator needed to determine eligibility.

After completing the form, the candidate could be released (or arrested on other separate offenses if applicable). If intoxicated or under the influence of an illegal substance at the time, officers had to secure a safe way home. If there was not a safe option, charges would be filed and officer would escort the candidate to jail. The arresting officer or jail administration could then recommend that the person may be a good candidate for diversion upon release from jail.

All law enforcement referral forms provided to the coordinator were given to the county attorney. If the coordinator determined they were ineligible, they let the county attorney (CA) and the involved officer know that they couldn't participate and the pending charges could be filed by the referring law enforcement. If they were eligible for diversion, the coordinator contacted the candidate. If the candidate didn't respond to initial outreach calls from the coordinator, the coordinator let the officer know they couldn't make contact. At that time, the officer could attempt to reach out to the candidate to inquire about their desire to start the program or they could proceed with filing charges.

Specific treatment information was not provided to law enforcement. They could only be made aware of a participant's status in the program such as: making progress, successfully completed, or did not successfully complete the diversion program and the reason.

**Process for county attorney diversion:** At any time, the county attorney could offer or recommend post-arrest diversion at his discretion. He could submit the form electronically by email, or text, or deliver to the Site Engagement Coordinator. The coordinator reached out to the candidate. The county attorney was notified if contact was not made. He was also informed of the participant's status in the program such as: making progress, successfully completed, or did not successfully complete the diversion program and the reason.

The coordinator helped eligible participants complete intake paperwork to enroll in the program. This included a service agreement, release of information forms, a needs assessment, and a goals worksheet. Each participant also got a community resource guide. They were connected with any other community services they indicated would be helpful. She helped them schedule an assessment/evaluation with ASAC. They were required to complete 4 outpatient treatment sessions, counseling sessions, and have weekly calls to check in with the coordinator to successfully discharge from COAP. They had to seek employment and housing, if applicable. Upon completion, they received a completion letter and a certificate of completion. If they were referred by law enforcement or county attorney, the referring officer and county attorney was notified that the requirements were met and the file was closed. Jones COAP allowed for misdemeanor offenses to be dropped after completion of the required steps. Any additional criminal infractions they had while in the program would not be allowed to be diverted. If unsuccessful, a discharge letter was also mailed to participants no longer enrolled in the program. The officer and county attorney were notified and their charges were filed. The program was voluntary for all participants, but if referred by law enforcement or the county attorney, and the participant decided to quit the program at any time, charges may be filed at the discretion of the officer.

The primary referral source was pre-arrest diversion from police officers. Monticello and Anamosa police departments, as well as the Jones County Sheriff's Office, made referrals to the program and actively participated on the board. However, Cascade's police department did not. In the final year of the grant, the law enforcement liaison reduced her hours on COAP and police departments were not fully staffed and had to shift their duties, which contributed to low referrals.

The county attorney was active on the board and supportive primarily of the prearrest component of the diversion program. The coordinator encouraged him to utilize post-arrest diversion, but he preferred to use deferred judgement instead. As a result, the program did not have many post-arrest referrals.

Only a few community and self-referrals were received. There wasn't as much incentive for individuals to participate in the absence of criminal justice involvement or the possibility of charges being filed.

ODCP received a second federal one-year no-cost extension to continue the project through September 30, 2024. During the final no-cost extension year, the Jones COAP program coordinator transitioned to a part-time position at ASAC. Abbe Center was no longer involved in the project. The board updated the Policies and Procedures Handbook. They also considered ways to sustain the program using Opioid Settlement funding. The board approved \$20,000 annual funding to continue to operate the diversion program through ASAC. ASAC will also provide assessments for inmates with substance use disorders in jail. The funding will pay for a part-time Care Navigator in Jones County to serve as a coordinator. Their duties will include receiving referrals, completing intake, scheduling assessments, providing ongoing care coordination, connecting participants to community resources, maintaining records, training law enforcement officers, coordinating with jail staff, and facilitating advisory board meetings.

### COORDINATOR & COMMUNITY PARTNER INTERVIEW FINDINGS

Interview participants included the Jones County COAP program coordinator, the county attorney, and two treatment staff from ASAC.

The county attorney decided to focus on the pre-arrest component. The county was rural and generally held more conservative attitudes about criminalization versus prevention and treatment. It was regarded as less feasible to get political and public support for post-arrest diversion because it could be perceived as leniency for illegal drug users.

All the interviewees had positive attitudes about COAP and expressed that it fulfilled a need within the community. More early interventions reportedly were needed than what was previously available in the county. This program was viewed as a way to identify and help people early on in their substance use before their addiction escalated and they started seeing negative consequences.

The program struggled to get referrals throughout the grant. It was challenging to find eligible clients with charges that fit the criteria and were standalone charges. Often there was some factor that disqualified people from participating. Referrals from community agencies or person's self were options, however, there wasn't as much of an incentive for potential clients, in the absence of any pending charges that could be diverted. Also, there were challenges to getting referrals from law enforcement, especially during COVID when fewer people were encountering law enforcement and fewer were being arrested.

Despite the low number of referrals, a reported success of the program was that **all** clients who enrolled in the Jones County COAP program successfully completed the program's requirements. Additionally, the grant helped put the system in place and accompanying materials (referral forms, client consent forms, client tracking sheets, training videos, and formalized policy and procedure manual, etc.) that could be used as a model in other places starting a diversion program.

The Jones COAP coordinator was regarded as a hard worker and a constant champion throughout the project who helped keep the program in people's minds and share its successes. The Jones County attorney and Anamosa Police Chief were also champions who were fully onboard throughout the project. The program needed a champion among law enforcement at the ground level to promote the program and get other officers to buy-in. They attempted to do this by hiring a law enforcement liaison.

Interviewees reported some challenges in lacking resources in the county. The county didn't have an access center, crisis center, or drug court. There was only one treatment provider. It was challenging to get people help sometimes due to the lack of resources and the need to find transportation to get clients help outside of the county. Other challenges in meeting with clients and coordinating care for them was if they didn't have access to phones and vehicles. Also, treatment was held during traditional business hours that some clients couldn't miss work to attend.

Care coordination and warm handoffs were elements of the program; however, there were some limitations in not being able to share vital information about potential participants to protect their confidentiality and being careful to not interfere with any pending litigation or the court process.

It could have helped to have more training and guidance from the grant funders early in the project, such as the option to attend the PTACC conference when the grant first began.

## CLIENT FEEDBACK SURVEY FINDINGS

The Jones COAP coordinator administered quick feedback surveys to clients upon their completion of the program. The full questionnaire is provided in Appendix I. The overall response rate was 78.2%, or 18 of the 23 participants. Of the 18 people, 16 completed the client feedback survey. Additionally, 2 former participants completed an over-the-phone post-program client survey.

Feedback from participants was positive, and they thought the Jones COAP program was beneficial and educational. Tabulations of responses for each question are presented in Figure 13. Please use caution when interpreting the percentages, due to low counts of respondents.

Figure 13: Jones Client Feedback Survey Findings								
	Disagre Strongly D		Ne	eutral	Agree or Strongly Agree		Total Responses	
Multiple-Choice Question	#	%	#	%	#	%	#	
I appreciate that LE referred me to this Program.	0	0.0%	1	0.0%	15	93.8%	16	
It was an easy process for me to get into substance abuse treatment.								
I learned new information regarding substance	1	6.3%	2	12.5%	13	81.3%	16	
use. I have a better	0	0.0%	2	12.5%	14	87.5%	16	
understanding of community resources available.	0	0.0%	0	0.0%	16	100.0%	16	
I will use the information and resources provided in the future.	0	0.0%	2	13.3%	13	86.7%	15	
Interactions with the coordinator were helpful.	0	0.0%	0	0.0%	16	100.0%	16	
Interactions with the treatment counselor were helpful.		0.00/		0.00/	16	100.00/	10	
I have told or will tell others about this program.	0	0.0%	1	6.3%	16 15	93.8%	16	

This program was an appropriate length of time.	0	0.0%	1	6.3%	15	93.8%	16
Overall this							
program was							
beneficial.	0	0.0%	0	0.0%	16	100.0%	16
I was treated with							
dignity and respect							
during the program.	0	0.0%	0	0.0%	16	100.0%	16

Open-ended questions were also asked on the client feedback survey. Responses to each open-ended question are provided in Appendix II.

## OUTCOMES (QUANTITATIVE ANALYSIS)

This section <u>only examines</u> Jones COAP **participants** (n=23). Due to not having consent of referrals who didn't participate to use of their data, information on Jones COAP referrals who did not participate (n=46) are <u>not</u> presented. Please note that data for Jones COAP is provided through July 31, 2024.

## Jones COAP Participation & Completion Status:

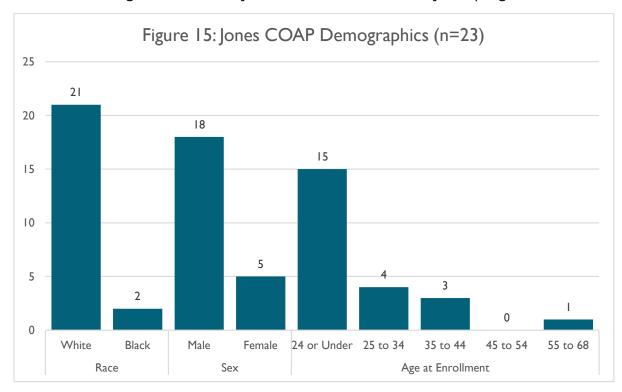
There were 23 entries of people participating in the Jones COAP program through July 31, 2024 (Figure 14):

- 23 of the 23 (100.0%) entries completed the program
- 0 of the 23 (0.0%) entries were still enrolled in the program

Since <u>all</u> participants who enrolled in Jones COAP <u>completed the program</u>, the results are aggregated and a non-completer group is not applicable for Jones County in the following section of the report. There were only 23 participants. <u>Due to low counts in all the categories</u>, percentages could be misleading. As such, counts were reported instead of percentages.

## **Demographics of Jones COAP Participants:**

Of the 23 participants, 21 were White, 18 were male, and 15 were age 24 or younger. Please refer to Figure 15. Ethnicity data was not collected by the program.



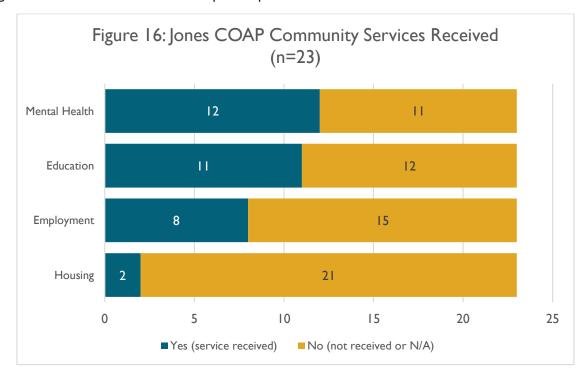
Community Service Referrals for Jones COAP Participants:

Of the 23 participants:

- 12 received mental health
- 11 received education
- 8 received employment
- 2 received housing services in the community.

Please note, since this is a rural county, some community services were not available. Only those in the local area were reported.

Figure 16 shows the number of participants who received services.



#### Recidivism (New Charges) for Jones COAP Participants:

This section examined the outcomes of n=23 Jones COAP participants who had exited the program by July 31, 2024. Recidivism was also tracked through July 31, 2024.

Please note that some of the participants wouldn't have had much opportunity to commit a new offense, as not much time had passed since they exited the program. The amount of time in which participants were tracked post-program varies, depending on when a person exited the program. Please note that Black Hawk participants had a longer tracking period than Jones and Story, which contributes to the higher recidivism rates observed in the county. Caution should be taken when comparing the recidivism rates between counties.

Since <u>all</u> participants who enrolled in Jones COAP <u>completed the program</u>, the results are aggregated and a non-completer group is not applicable for Jones County.

Charges data were obtained from Iowa Court records extracted through the Justice Data Warehouse. Charge records were identified for participants using an exact

match on their names and dates of birth. Additional efforts were made to identify any discrepancies in name or date of birth, by matching combinations of first name, last name, and date of birth. The way the new charge was identified was if the offense date (associated with the charge) occurred after the program ended. In using the offense date, any earlier charges that were already filed at the time a participant started the program are not captured.

The type of new charge was also examined. For participants having multiple new charges in the tracking period, all charges were examined by class and offense type. Timing of the charge was also provided, by calculating the average time to commit the first new offense.

Figure 17 shows the percentage of participants who had a new charge, categorized by type of charge. It also provides the average time to commit their first new offense.

### Of the 23 total Jones COAP participants:

- 26.1% (n=6) had a new charge of simple misdemeanor or higher.
- 17.4% (n=4) had multiple new charges.
- 0.0% had a new felony charge.
- 13.0% (n=3) had a new substance charge (includes drugs, alcohol intoxication, or OWI).
- 8.7% (n=2) had a new drug charge.
- 4.3% (n=1) had a new violent charge.
- 13.0% (n=3) had a new property charge.
- 17.4% (n=4) had a new public order charge.
- On average, it took 9.0 months to commit their first simple misdemeanor or higher and 11.1 months to commit their first substance offense.

Figure 17: Percentage of Jone Recidivated, by		
	Total (n=23)	
Recidivism	N	%
New Charge	6	26.1%
Multiple New Charges	4	17.4%
Felony Charge	0	0.0%
Substance Charge*	3	13.0%
Drug Charge	2	8.7%
Violent Charge	1	4.3%
Property Charge	3	13.0%
Public Order Charge	4	17.4%
Average Time (Months)	•	
New Charge		9.0
Substance Charge*		11.1
		11.1

<sup>\*</sup>Substance Charge includes Drug, Alcohol Public Intoxication, and OWI.

# Story County Alternatives Program

## COUNTY DEMOGRAPHICS

Story County is located in Central Iowa, and is a suburban county. The county is located about 40 miles north of Iowa's capital, Des Moines. The largest city in the county is Ames. The population has many college students at Iowa State University. According to the US Census, the 2022 population is 99,673. Demographically, 86.7% of the county population is white and 84.1% is over the age 18. The population has increased over the past decade. The unemployment rate in February 2023 was 1.9%.

### DESCRIPTION OF PROGRAM

The grant provided \$404,586 (expended) funding to the Story County Attorney's Office to implement COAP from the start of the grant through July 31, 2024. Story County named its COAP diversion program, Alternatives. The mission of Alternatives was to enhance public safety and benefit the community through a collaborative effort to offer services to individuals who struggled with substance use disorders (including those with serious mental health issues) and to divert them to treatment. The Advisory board met monthly with the Alternatives program to discuss the program, assist the Alternatives program coordinator, track data, address any concerns, share successes, occasionally discuss the care of a particular client, and provide feedback on any needed improvements. The board members included the: Alternatives Coordinator, Ames Police Chief, county attorney, Central Iowa Community Services (CICS) jail diversion program, Story County Board of Supervisors, and police department mental health advocate. These partners sought to create long-term change, improve quality of life, get people access to systems of care through better collaboration, reduce criminal justice involvement, and reduce costs associated with crime and substance use disorders.

The COAP coordinator was responsible for the day-to-day operation, implementation, client care coordination, program policies, meetings, and continual assessment and improvement of Alternatives. She was a full-time employee contracted by the Story County Attorney's Office who worked in the community to carry out services during the grant. A primary focus of Alternatives was to help participants access a broad array of services to help with various aspects of their life, including treatment, counseling, medication, social support services, public resources, resource assistance, and criminal justice services. She helped get clients engaged in treatment and community services. Her role was to help the client develop a care plan based on their intake screening, verify their weekly attendance with the treatment provider, meet with clients weekly, and assist in scheduling evaluations/assessments and an initial treatment appointment. She also engaged in community outreach to build relationships with others in the community and educate them about the project. There was some turnover in the coordinator position, resulting in a total of three individuals working in that role during the grant.

There are many community organizations within the county, as depicted in Figure 18.

Recreational/Libraries Law Enforcement/Probation Mental Health Services Ames PD, SC Eyerley Ball, CICS, API Sheriff, Nevada PD. NAMI Huxley PD, Story City PD, ISU PD, CCJ, IDC Family Therapy Government Agencies/Officials Social Services Service Organizations DHS, YSS, MICA YSS Story County Board of Supervisors Faith Community Mentoring Programs AA,NA, NAMI Community Foundations Housing Alternatives twin rivers, the bridge, access, DM shelters Schools/Colleges/Universities Employment/Job Training lowa Work Force ISU, DMACC Development Literacy Programs Treatment Arts PC, McFarland, Mary NJ, CFR DMACC, APL One Ames Community-Based Organizations Residents Businesses community members, Good Neighbor, Mobile crisis, ARCH

Figure 18: Story County Organizations

#### \*Source: Story Alternatives program

The coordinator met with local agencies who provided services to program clients and that those that might make referrals to Alternatives to help educate them about the program. These local agencies included: Center for Creative Justice (CCJ), Community and Family Resources (CFR), Central Iowa Psychological Services, probation officers, county attorneys, Iowa State University (ISU) Police Department and mental health advocate, the Bridge Home, Youth Shelter Services (YSS), Central Iowa Community Services (CICS), United Way, ISU legal aid, Two Rivers Housing committee, National Alliance on Mental Illness (NAMI), the Mental Health Task Force, and the Opioid Task Force. The coordinator also attended the county's mental health expo and Ames Community Conversations meetings to better educate community members about Alternatives. Other outreach efforts in the community included participation in the homeless point-in-time count. The coordinator also presented information about Alternatives to others interested in diversion programs through the COSSAP National Resource Center.

Other community programs in Story County to help people get into treatment and divert them from the criminal justice system were:

- ARCH program: a program in Ames to help people in mental health crisis. The ARCH team (paramedic and social worker) is sent to 911 calls in these situations.
- Mobile Crisis: Central Iowa Community Services (CICS), through a contract with Eyerly Ball, provides two counselors available 24/7 to respond to mental health crisis, create safety plans, and provide ongoing case management.
- CICS Jail Diversion Program helps inmates within the jail get access to treatment and recovery supports

Alternatives has been successful with their outreach and referrals. Community buy-in has been strong. The program has had a steady flow of clients, and due to the high number of referrals and to meet the needs of participants, the coordinator has tried to keep her maximum caseload at 20-25 people; although at times she had up to 30 people.

Through its networking efforts, the program was able to build trust with community agencies and law enforcement. They received compliments about their efficiency in processing referrals and reaching out to individuals eligible for Alternatives. They had many contacts within the community that knew about the program and a wide variety of agencies making referrals to the program.

Many clients in the Story County had struggles in meeting their basic needs, such as lack of communication devices, transportation, and housing. Early on, these challenges were discussed with the Project Director and ODCP, and they helped clarify the program's role in meeting clients' needs. The overall outcome was that federal funding could not be used to provide goods to clients. However, the county was able to justify using program funding to help clients pay for cell phones and bus passes. Transportation is sometimes provided by the coordinator herself. The project partnered with local agencies to help find housing options for Story County residents to decrease homelessness and find recovery housing, so that clients could maintain their recovery journey without as many barriers. The coordinator and Project Director recognized the importance of how client's basic needs being met could help increase their success in treatment, recovery, and prevention of future crime.

Initially, most clients entered the program post-arrest. More recently, the program started seeing more clients pre-arrest as well. The coordinator indicated that starting post-arrest was helpful getting buy-in from law enforcement officers to build a foundation so that pre-arrest could begin. Initially, there was some resistance from the public defender's office and meetings were held to address the challenges and improve the relationship. The County Attorney's office housed the Alternatives program, with the funding provided to their agency through the grant. The county attorney reviewed and accepted the program's guidelines. The County Attorney was a primary source of referrals, especially within the first couple of years of the program before it had buy-in from "pre-arrest" sources. Without the county attorney's support, the program would have had few referrals in the first couple of years. Having support was also vital to building trust and buy-in from the law enforcement.

At the beginning of the grant, the coordinator met with all county law enforcement agencies/Sheriff's and trained them on the program. Trainings continued throughout the grant. These are listed below:

- Ames Police Department: 41 officers completed trainings (held in November 2020, August 2021, March 2022, September 2022, October 2022, November 2022, December 2022, January 2023, February 2023, April 2023, June 2023, July 2023, August 2023, September 2023, October 2023, November 2023, December 2023, February 2024, March 2024, April 2024, May 2024, and July 2024).
- Story City Police Department: 4 officers completed trainings held in November 2020, September 2021, and August 2023.
- Nevada Police Department: 15 officers completed trainings held in November 2020, January 2022, and January 2024.
- Huxley Police Department: 2 officers completed training in November 2020 and April 2023.
- Story County Sheriff's Office: 7 officers completed a training held in November 2020. Also, 45 employees (including staff from jail, IT, and Administration) completed trainings held in March 2024.
- Iowa State University Police Department: 2 officers completed a training held in February 2024.
- Story County Attorneys: 6 attorneys completed a training held in November 2020.

There was good buy-in from the Ames Police Department (APD). The Ames Police Chief was reportedly a major supporter and "champion" of Alternatives. The coordinator initially occasionally participated in riding-along with Ames officers. Then, she started monthly meetings with APD officers at shift change, to create an active feedback loop for officers, answer questions, build relationships and trust, and provide information about the program. The coordinator also met quarterly with other area police departments. She collaborated the Nevada Police Department (NPD), however, they were not as actively engaged. Story City already had some deflection programs happening, but she met with them as well. In the Huxley Police Department (HPD), engagement occurred later in the project as the new police chief was open to the idea and interested in participating. The campus police at ISU were initially not involved, but became more receptive to making referrals to Alternatives during the final year of the grant. ISU had a program for students engaged in lowlevel misconduct for first time drug possession or first-time alcohol-related behaviors, to holistically and informally address the behaviors and underlying factors through partnering students with a Wellbeing Coach and providing them access to treatment. This program served a slightly different role than Alternatives, which diverts students with pending legal charges or at-risk of criminal justice involvement. ISU students were more often referred to Alternatives post-arrest through the prosecutor's office. (Police Department Referrals forms are provided in Appendix I.)

The coordinator and Story COAP Advisory board created a policy and procedure manual outlining Alternatives guidelines, process for determining eligibility, and requirements for completion. Alternatives sought to initiate diversion at the earliest possible point of contact with the individual, to avoid or minimize formal processing.

The preferred entry into Alternatives was before an individual was formally charged with a crime. Entry to the program could occur in the following ways:

## • Pre-arrest:

- Community provider: At-risk clients with substance use disorder could be referred to the program by community partners (through hospitals, crisis centers, the Mobile Response Team, chemical dependency or mental health treatment providers, homeless services, detox services, and courts), or refer themselves.
- <u>Law enforcement</u> could refer clients to the Alternatives program through officer outreach (as officers encountered at-risk individuals) or in lieu of arrest for eligible charges.

Community providers and law enforcement had the option to screen individuals for program eligibility using DAST-10 and/or Audit-C. A referral to the program could be made if this screen was positive, if the individual declines screening but appears to show signs of substance use disorders (SUD), or if the screen is negative but in the opinion of the police officer there are signs of SUD. To make a referral, they would send the referral form, screening results, and any supporting information by email to the program coordinator. A screening was not required, however, to make a referral to the program. If the individual was known to have a SUD, no screen is necessary prior to referral. The screening would simply indicate that the person had not yet been charged by law enforcement.

- **Post-arrest:** Clients could be referred to the program by prosecutors if they had pending non-violent misdemeanor charges for eligible offenses and a substance use disorder.
  - Defense Attorneys: Defense attorneys could refer their clients to Alternatives, but clients had to have permission from the prosecuting attorney in order to participate. The program coordinator communicated with the individual's lawyer for approval of program participation for those with open cases, before intake. For those individuals where prior approval was not appropriate per counsel, the Program Coordinator offered the program after adjudication of their case.

To be eligible for the program, clients had to:

- Be an adult.
- Be a resident of Story County or at risk of criminal activity in Story County.
- Have a substance use disorder (including those with serious mental health issues) <u>OR</u> Be charged with a simple misdemeanor for one of the following offenses: trespass, disorderly conduct (without injury), public intoxication, interference with official acts (without injury), drug possession 1<sup>st</sup> and 2<sup>nd</sup> (not with intent to deliver), 1<sup>st</sup> and 2<sup>nd</sup> possession of drug paraphernalia.
- Be willing to actively participate in the program

Clients who had any of the following offenses were disqualified from participation:

- History of violent crimes (except simple assault in some cases) or felony convictions within the past year
- Domestic violence-related offenses within the past two years.
- Active warrant out for arrest (warrant must be satisfied first)
- Threat to self or others
- Threaten violence
- Exhibit extreme confusion or disorientation
- Misdemeanor offenses involving a victim can participate if they have other eligible offenses, but will not have the opportunity to get the charges involving a victim diverted.
- Convicted sex offenders and registered sex offenders.

Exceptions to the eligibility criteria were considered on a case-by-case basis.

Race, ethnicity, socioeconomic status, sex, sexual orientation, and political affiliation were never allowed to be taken into consideration when determining eligibility.

Those who had previous charges, including those who were actively on parole or probation, could participate in the program. Their probation/ parole officer was made aware of their participation and helped coordinate their care. Individuals who were court ordered to chemical dependency services including counseling, medication management, MAT and/or treatment were also eligible for participation in the program. The Program Coordinator collaborated with the mental health court advocate and the Clerk of Court's Office with court-ordered clients, so they could quickly access appropriate treatment.

If participants were eligible for the COAP program and voluntarily agreed to participate, they had to complete intake forms, develop a care plan, meet regularly with the program coordinator, have an assessment/evaluation conducted from an accredited treatment provider, and participate in a minimum of four outpatient treatment sessions with a counselor (if that was recommended through the evaluation), or complete all recommended inpatient treatment as recommended. They would need to complete any other tasks per their care plan as requested, which could include screenings (TCU Drug Screen 5, the Mental Health Screening Form III and/or the Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences) and work to address other social indicators as indicated on their care plan.

Care plans were tailored to each participant's needs and reviewed weekly by the program coordinator. The coordinator conducted a needs assessment with clients to identify any basic needs that were not being met (Assessment Form provided in Appendix I). She helped schedule them for a substance evaluation through a community treatment provider that could best address their needs.

The Alternatives Advisory Board did not select a specific treatment provider to allow for flexibility in meeting client's needs. Local community treatment providers included:

- Community & Family Resources (CFR) this was noted as the primary provider in the area and was a good option for those with more intensive treatment needs. They offered inpatient treatment, recovery housing, and walk-in hours.
- New Journeys this was a newer treatment agency that accepted Medicaid, but did not offer inpatient treatment or Urinalysis/drug testing.
- Youth Shelter Services (YSS) this was an agency for younger participants, such as college students and could help get some basic resources for clients through their own grants.
- Out-of-State treatment were occasionally used for college students who were residents of other states and had private insurance in another state.

Referral to the following services were offered to Alternatives participants, as appropriate in their care plan:

- Care management
- Psychiatric services
- Treatment
- Benefits enrollment
- Housing support services
- Employment support services
- Public entitlement programs (SNAP, Medicaid, Housing Assistance, Child Care Assistance, WIC)
- Educational support
- Transportation assistance
- Other services, as appropriate to improve stability and decrease risk for reoffending

Relapse was acknowledged as a part of the recovery process and was addressed in a blame-free, shame-free manner. It was not an immediate disqualifier of program participation. Clients had to report any relapses to the program coordinator. She would try to provide additional support and extra efforts to contact participants for not showing up to scheduled appointments or losing contact, if they were struggling or relapsed. They were discharged if a month had passed of no contact with the coordinator.

Successful completion of the program was negotiated with participants at intake and based on their progress in adherence to their care plan. Eligible charges were dismissed if clients were successful in Alternatives. Successful participation in Alternatives was noted in the participant's police record. The prosecutor's office was notified, and the probation/parole officer as well, if the client was under correctional supervision. A pattern of continually missing appointments (with program coordinator or treatment counselor) could result in termination from the program. If the person was referred by the prosecutor's office, the prosecutor filed the charges when clients did not successfully complete the program.

Story COAP defined "success" in their action plan as achieving the following outcomes:

1. Create a realistic case load for one person and increase community awareness of Alternatives.

- 2. Identify the needed resources in the county that are uncovered and then to have conversations around what can be done to boost up those needed resources. This includes working collaboratively with treatment centers and talking to individuals with lived experience.
- 3. Continue increasing contact with law enforcement to increase the number of pre-arrest referrals received by law enforcement through regular meetings with officers at shift changes and ride alongs.
- 4. Build a stronger network of diversion programs and similar programs to help build the Alternatives program and assist more individuals. Increasing connections with the county's ARCH program, mobile crisis, and jail diversion program.

The program coordinator worked with CJJP to create a cost benefit analysis to present to the Story County Board of Supervisors. Arrest-as-usual for a simple misdemeanor was estimated to cost the county between \$32 and \$2,126 per case, and for the state for police departments, \$330 per case. In comparison, the cost of pre-arrest diversion was estimated to cost the county between \$24 and \$224 per case. Figure 19 provides details about what was included in the cost analysis and the associated costs.

ODCP received a second federal one-year no-cost extension to continue the project through September 30, 2024. During the final no-cost extension year, Story County built a stronger relationship with Iowa State University and began receiving referrals from the campus police. Story County planned for sustainability of the program using Opioid Settlement funding so that the program will continue to operate after the ODCP grant ends. Story's coordinator position will become a *permanent* full-time position through the County Attorney's Office (no longer contracted) and the program will hire another full-time Care Coordinator so that the program can process more referrals.

Figure 19: Story County Cost Analysis for Simple Misdemeanor Crime	: Analysis for Simple	e Misdemeanor Crir	me	
Arrest (As Usual)			Diversion	
Arrest-1hr 1) Citation 2) Jail a. Make Bail b. Wait in Jail for Initial Appearance c. Wait in Jail until sober	\$32 \$25 per day average for jail stay		Diversion- 45 min  1) Officers save an Average of 15 min. 2) No charges given, referral made to Alternatives	<u>Cost</u> <b>\$24</b>
Arraignment and Plea-15 min  1) Plead NG- PD requested if needed a. Released b. Return to Jail -\$25 per day 2) Plead G/No contest- Assigned Fines	Cost \$20 Judge +\$5 court clerk+ \$10 for attorney+ <b>=\$35</b>		Coordinator time with client- 5hr = \$200 max per month If COAP pay for treatment-\$15,000 - insurance has covered all client treatment throughout program pilot time	\$200
Time between Arraignment and Pretrial  1) Time spent on case -PD-1 hr.  2) Time spent on case- Prosecution- 2 hr. prep Pretrial Proceedings- How long  1) Discovery Exchange  2) Motions filed  3) Defendant can change plea  a. NG- moves to Jury or Court trial  b. G- Proceeding end here	Cost PD-\$66 Prosecution- \$66= \$132 Cost PD-\$132 Prosecution- \$99 Court-\$50+ 2 Subpoena \$60=	2 hr. case file review for Prosecution 2 hr. PD 30 min hearing Subpoena witness- \$30 a piece 10% of cases do a pretrial conference		

		<b>\$24-</b> <b>\$224</b> per case
		Total cost to county for Diversion of Simple Misdemeanor <b>\$24- \$224</b>
16 hrs. prosecution prep 2hr PD prep 8 hrs. in court Less than 5% of SM cases have Jury Trial Officer Subpoenas = 2hr mand. OT pay = \$96	2 hr. prep prosecution 2 hr. prep PD 1-2 hrs. in court 5-10 per week 50% of cases go to Court/Bench trial Officer Subpoenas =	Calculated without Jail cost, add \$25 each day defendant is in Jail
Cost PD-\$66 Prosecution- \$528 Court-\$800 Officers-\$96 = <b>\$1490</b>	Cost PD-\$66 Prosecution- \$66 Court-\$200 Officers-\$96 = <b>\$524</b>	\$32- \$2126 per case
Jury Trial- How often and how long  1) Jury Selected  2) Witnesses testify 3) Jury Decides a. NG b. G c. Appeal- goes to DA	Or Court Trial- How often and how long  1) Witnesses testify 2) Judge Decides a. NG b. G c. Appeal- goes to DA	Total cost to county for Arrest of Simple Misdemeanor= \$32-\$2126 Total Cost Specifically to Iowa per Simple Misdemeanor- \$330 for PD

\*Source: Story COAP program

#### COORDINATOR & COMMUNITY PARTNER INTERVIEW FINDINGS

Interview participants included the Story County Alternatives program coordinator, a treatment counselor from CFR, a member of the County Board of Supervisors, and the Ames Police Chief.

The coordinator was a champion for the program and helped educate others within the community. She was recognized for her ability to collaborate with others in the community, network, and engage in outreach to share information about the program, encourage referrals, and gain familiarity with other services that clients could benefit from.

The program started within a generally liberal community, had leaders that recognized a need for drug diversion and were fully onboard at the onset of the grant, and already had on regularly meeting local mental health task force. The program had strong buy-in and support from the police chief and county prosecutor. Having this support and all the key players at the table from the beginning reportedly helped a lot.

They program started from the bottom up, beginning with post-arrest diversion and then building a pre-arrest component. The prosecutor's support for post-arrest diversion early in the project's implementation helped build the pre-arrest portion of the program by easing any pressure felt by law enforcement in diverting individuals and building their trust in the program and confidence in making referrals. Liability is an issue that police must consider. If the prosecutor is supportive, this can reduce the fear of liability for police. The coordinator worked closely with officers and encouraged a feedback loop in which she gave them updates on clients through the police department's mental health provider.

The program had multiple points of access through community referrals, self-referrals, and referrals through police and prosecution. The program benefited from being located within a county with many organizations and resources. The program utilized a holistic approach emphasizing more than just treatment. It helped clients address all their other needs to help support their recovery. Even though there are a lot of resources, people don't always know how to get connected. Alternatives helped fill this gap.

All interviewees indicated that the program was needed in the community. Among the benefits of the program mentioned were saving costs to law enforcement and medical providers. For college students who joined the program, it helped bring them to treatment before their drug use worsened. Interviewees indicated that multiple problems often go hand-in-hand. For example, a person may have issues also getting a job or finding housing if they have been arrested. The program gave people a chance to recover from drug addiction to break the cycle of ongoing crime and reduce the number of other crimes associated with drug use. Finding people immediate treatment was also reportedly sometimes a challenge that Alternatives helped with.

The community's political climate reportedly has shifted as more people were starting to see the need to reduce the police's burden in dealing with substance use disorder and other mental health issues. It was also noted that public education efforts regarding substance use issues would be valuable. This includes understanding that addiction is often a lifelong issue, that diversion isn't an "easy-pass" out of jail, and that, with assistance, former substance users can improve.

The interviewees noted some challenges. Despite meeting with the university to increase their involvement, campus police didn't "buy-in." Also, healthcare provider response was lacking in the community. The local hospital couldn't adequately provide resources to help people with mental health issues or needing detox. They played no role in making referrals to Alternatives. COVID-19 presented another unique challenge. It was hard to build relationships during that time. The coordinator couldn't have in-person contact to help build momentum for the program. Having a plan for sustainability was noted as being important, especially when engaging with law enforcement officers, as they see many programs and can lose interest if they think it will end quickly.

Unlike the other pilot counties, Story made the coordinator role a contracted position, which did not offer job protections, benefits, or paid vacation. The program's care coordinator seamlessly stepped into the role of coordinator after the previous coordinator left the position. A new care coordinator was not hired to fill her position, and there were more referrals than the coordinator could process without additional help. Turnover within the coordinator position resulted in more difficulty getting paperwork and information from some of the earlier clients served. It could have been helpful to have basic training for the coordinator position early on.

#### CLIENT POST-PROGRAM SURVEY FINDINGS

The Story County Alternatives program coordinator conducted follow-up surveys with former program participants. A Google Form survey was created by CJJP, and the coordinator was responsible for contacting and administering the surveys to clients over the phone. The full questionnaire is provided in the Appendix I. The response rate was 33.3%; 93 of the 279 participants completed the survey.

Feedback from participants was positive, and they generally thought Alternatives was helpful to them and would recommend it to others. Tabulations of responses for each question are presented in Figure 20.

Figure 20: Story Alternatives Client Post-Program Survey Findings								
	Y	'es	No		Not Applicable/ Don't know		Total Responses	
Yes/No Questions	#	%	#	%	#	%	#	
Q3. Did you successfully complete the drug diversion program?	90	96.8%	3	3.2%	0	0.0%	93	
Q4. Have you been involved with the police since you	30	30.876		3.270	0	0.076	93	
left the drug diversion program?	21	22.6%	72	77.4%	0	0.0%	93	
Q5. Have you misused any legal substances or used any illegal drugs since leaving the drug diversion								
program? Q6a. Do you feel that you	29	31.2%	64	68.8%	0	0.0%	93	
need resources to help you with your current substance use?	3	3.2%	0	0.0%	90	96.8%	93	
Q6b. Are those resources available in this area?	1	1.1%	0	0.0%	92	98.9%	93	
Q7. Do you know of any resources that aren't currently available in this area that should be made available?	23	24.7%	58	62.4%	12	12.9%	93	
Q8. Are you facing any challenges in meeting your basic needs? For example, having access to food,	23	211770	30	32.170		12.370		
shelter, etc.? Q10. Would you say your	17	18.3%	76	81.7%	0	0.0%	93	
life changed because of the diversion program?	74	79.6%	12	12.9%	7	7.5%	93	

Q12. Have you made any personal improvements or changes because of the diversion program?		06.00/	7	7.50/		6.50/	02
	80	86.0%	7	7.5%	6	6.5%	93
Q14. Would you							
recommend the diversion			_		_		
program to others?	91	97.8%	0	0.0%	2	2.2%	93
Q17. Has your perspective							
of law enforcement							
changed since having the							
opportunity to participate							
in this program?	40	43.0%	33	35.5%	20	21.5%	93
Q18. During the program,							
did the program's							
coordinator adequately							
help you identify your							
specific needs and get you							
referred to appropriate							
services?	92	98.9%	0	0.0%	1	1.1%	93
Q20. Were you treated with							
respect and dignity during							
the program?	92	98.9%	0	0.0%	1	1.1%	93
Q23. Is the diversion							
program different from							
other programs you've							
been involved with for							
substance use?	32	34.4%	0	0.0%	61	65.6%	93
Q26. Do you think this							
diversion program should							
continue in your county?	90	96.8%	0	0.0%	3	3.2%	93
		1 2 2 . 2 . 2		0.0.0			

	410	aat	# NI		# Highaat		Total
	# Lowest		l	eutral	# Highest		Total
	(0,	1, 2)	(	(3)	(4	l, 5)	Responses
Malicia of the	.,	0/	.,	0/	,,	0/	,,
Multiple Choice Questions	#	%	#	%	#	%	#
Q9. On a scale of 0 (not happy at all) to 5 (very happy), how happy are you with the way things are going in your life currently?	7	7.5%	14	15.1%	72	77.4%	93
Q19. On a scale of 0 (not at all) to 5 (very much) how much do you think this program connected you or improved your access to other services in the community?	3	3.3%	8	8.7%	81	88.0%	92

Open-ended questions were also asked. Responses to each open-ended question are provided in Appendix II.

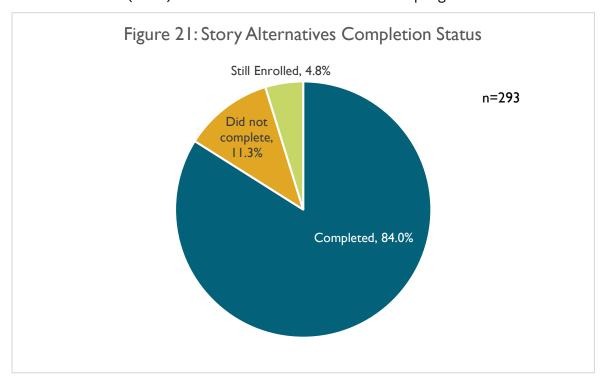
## OUTCOMES (QUANTITATIVE ANALYSIS)

This section <u>only examines</u> Alternatives **participants** (n=293). Due to identifying information not being collected or missing, information on Alternatives referrals who did not participate (n=291) are <u>not</u> presented. Please note that data for Alternatives is provided through July 31, 2024.

#### <u>Alternatives Participation & Completion Status:</u>

There were 293 entries of people participating in the Alternatives program through July 31, 2024 (Figure 21):

- 246 of the 293 (84.0%) entries completed the program
- 33 of the 293 (11.3%) entries did not complete the program
- 14 of the 293 (4.8%) entries were still enrolled in the program



Participants who completed the program are compared to those who did not complete the program (excluding those still enrolled) in the following sections of the report.

### <u>Demographics of Alternatives Participants:</u>

Of the 293 Alternatives participants, 76.1% were White, 90.1% were non-Latino, 69.3% were Male, and 63.8% were age 24 or younger. Please refer to Figure 22.

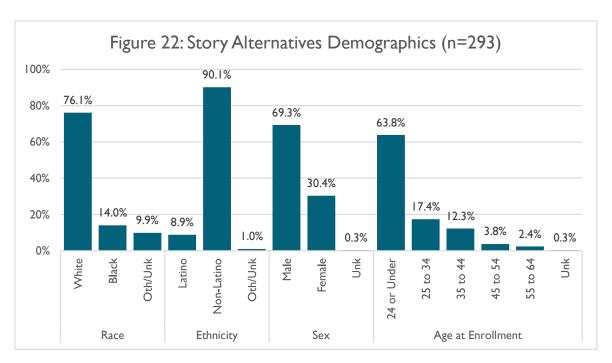


Figure 23 shows the demographic characteristics of participants, by completion status.

- 92.5% of Blacks completed Alternatives. 86.7% of Whites completed the program.
- 91.7% of Latinos completed Alternatives. 87.7% of non-Latinos completed the program.
- 90.3% of males completed Alternatives. 83.1% of females completed the program.
- 96.1% of individuals ages 24 or younger completed Alternatives. 74.5% of 25- to 34-year-olds completed it. 77.1% of 35- to 44-year-olds completed it. 50.0% of 45- to 54-year-olds completed it. 83.3% of 55- to 65-year-olds completed it.

Figure 23: Story Alternatives Demographics, by Completion Status									
	Com	pleted	Dic	Did Not					
		gram		nplete					
	(n=	246)	Prograi	m (n=33)					
_	N	%	N	%					
Race	Race								
White	183	86.7%	28	13.3%	211				
Black	37 92.5%		3	7.5%	40				
Other/									
Unknown	26	26 92.9%		7.1%	28				
Ethnicity									
Latino	22	91.7%	2	8.3%	24				
Non-Latino	222	87.7%	31	12.3%	253				
Other/Unknown	2	100.0%	0	0.0%	2				

Sex

Male	176	90.3%	19	9.7%	195
Female	69	83.1%	14	16.9%	83
Unknown	1	100.0%	0	0.0%	1
Age at Enrollmen	t				
24 or Under	173	96.1%	7	3.9%	180
25 to 34	35	74.5%	12	25.5%	47
35 to 44	27	77.1%	8	22.9%	35
45 to 54	5	50.0%	5	50.0%	10
55 to 64	5	83.3%	1	16.7%	6
Unknown	1	100.0%	0	0.0%	1

## <u>Community Service Referrals for Alternatives Participants:</u>

## Of the 293 participants:

- 89.8% (n=263) received justice system assistance services
- 89.4% (n=262) received advocacy services
- 66.2% (n=194) received health services
- 60.8% (n=178) received emotional support/safety services
- 34.8% (n=104) received education services
- 31.4% (n=92) received transportation services
- 28.7% (n=84) received housing services
- 22.9% (n=67) received employment services

Figure 24 provides community services received.

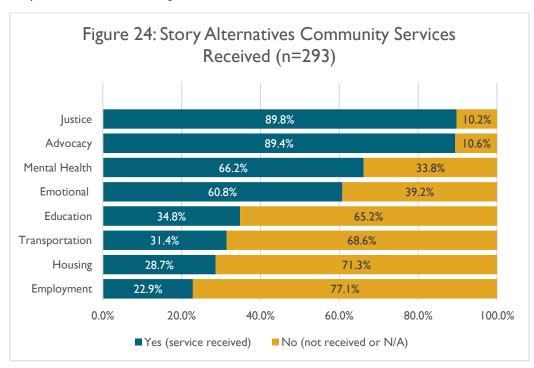


Figure 25 shows the numbers of participants who received community services, by completion status. Regardless of the service type, participants who received the service were more likely to complete the program than those who did not receive the service.

Figure 25: Story Alternatives Community Services Received, by Completion Status								
	Com	oleted	Did	Total				
	Pro	gram	Complete					
	(n=	246)	Program					
	N	%	N %					
Justice System Assistance								
Services	230	91.6%	21	8.4%	251			
Advocacy Services	226	90.8%	23	9.2%	249			
Mental Health Services	156 84.8%		28	15.2%	184			
<b>Emotional Support or Safety</b>	y							
Services	140	84.8%	25	15.2%	165			
Education Services	83	86.5%	13	13.5%	96			
Transportation Services	60	72.3%	23	27.7%	83			
Housing Services	51	67.1%	25	32.9%	76			
Employment Services	47	77.0%	14	23.0%	61			
Other Services	36	66.7%	18	33.3%	54			

#### Recidivism (New Charges) for Alternatives Participants:

This section examined the outcomes of n=279 Story Alternatives participants who had exited the program by July 31, 2024. Recidivism was also tracked through July 31, 2024.

Please note that some of the participants wouldn't have had much opportunity to commit a new offense, as not much time had passed since they exited the program. The amount of time in which participants were tracked post-program varies, depending on when a person exited the program. Please note that Black Hawk participants had a longer tracking period than Jones and Story, which contributes to the higher recidivism rates observed in the county. Caution should be taken when comparing the recidivism rates between counties.

Charges data were obtained from Iowa Court records extracted through the Justice Data Warehouse. Charge records were identified for participants using an exact match on their names and dates of birth. Additional efforts were made to identify any discrepancies in name or date of birth, by matching combinations of first name, last name, and date of birth. The way the new charge was identified was if the offense date (associated with the charge) occurred after the program ended. In using the offense date, any earlier charges that were already filed at the time a participant started the program are not captured.

The type of new charge was also examined. For participants having multiple new charges in the tracking period, all charges were examined by class and offense type. Timing of the charge was also provided, by calculating the average time to commit the first new offense.

Figure 26 shows the percentage of participants who had a new charge, categorized by type of charge and program completion status. It also provides the average time to commit their first new offense.

### Of the 279 total Alternatives participants:

- 17.9% (n=50) had a new charge of simple misdemeanor or higher.
- 13.6% (n=38) had multiple new charges.
- 5.4% (n=15) had a new felony charge.
- 12.2% (n=34) had a new substance charge (includes drugs, alcohol intoxication, or OWI).
- 7.5% (n=21) had a new drug charge.
- 4.7% (n=13) had a new violent charge.
- 7.2% (n=20) had a new property charge.
- 11.5% (n=32) had a new public order charge.
- On average, it took 7.6 months to commit their first simple misdemeanor or higher and 9.3 months to commit their first substance offense.

## Of the 246 Alternatives participants who completed the program:

- 12.2% (n=30) had a new charge of simple misdemeanor or higher.
- 8.5% (n=21) had multiple new charges.
- 3.3% (n=8) had a new felony charge.
- 8.5% (n=21) had a new substance charge.
- 4.5% (n=11) had a new drug charge.
- 3.7% (n=9) had a new violent charge.
- 3.3% (n=8) had a new property charge.
- 8.5% (n=21) had a new public order charge.
- On average, it took 7.9 months to commit their first simple misdemeanor or higher and 10.6 months to commit their first substance offense.

# Of the 33 Alternatives participants who did not complete the program:

- 60.6% (n=20) had a new charge of simple misdemeanor or higher.
- 51.5% (n=17) had multiple new charges.
- 21.2% (n=7) had a new felony charge.
- 39.4% (n=13) had a new substance charge.
- 30.3% (n=10) had a new drug charge.
- 12.1% (n=4) had a new violent charge.
- 36.4% (n=12) had a new property charge.
- 33.3% (n=11) had a new public order charge.
- On average, it took 7.3 months to commit their first simple misdemeanor or higher and 6.2 months to commit their first substance offense.

Figure 26: Percentage of Sto	~	Participan npletion S		ecidivated,	by Char	ge Type	
	Pro	Completed Program (n=246)		Did Not Complete Program (n=33)		Total (n=279)	
Recidivism	N	%	N	%	N	%	
New Charge	30	12.2%	20	60.6%	50	17.9%	
Multiple New Charges	21	8.5%	17	51.5%	38	13.6%	
Felony Charge	8	3.3%	7	21.2%	15	5.4%	
Substance Charge*	21	8.5%	13	39.4%	34	12.2%	
Drug Charge	11	4.5%	10	30.3%	21	7.5%	
Violent Charge	9	3.7%	4	12.1%	13	4.7%	
Property Charge	8	3.3%	12	36.4%	20	7.2%	
Public Order Charge	21	8.5%	11	33.3%	32	11.5%	
Average Time (Months)							
New Charge		7.9		7.3	7	7.6	
Substance Charge*	1	0.6		6.2		9.3	

<sup>\*</sup>Substance Charge includes Drug, Alcohol Public Intoxication, and OWI.

# Conclusion

ODCP funded three pilot counties to implement pre-arrest diversion programs for drug offenders with simple misdemeanor offenses. Through COAP, clients were provided an assessment/evaluation, offered four treatment sessions, and encouraged to continue treatment after exiting the program. The COAP program also linked clients to supportive services, if needed, such as housing, employment, mental health, transportation, etc. This holistic approach helped to support their recovery by addressing other aspects of life where they faced struggles. Upon successful completion, their original drug charge(s) was/were dropped, which gave them an opportunity for a second chance without longer term consequences.

In the three counties, a total of 813 people were referred to the program and 472 participants enrolled. Of those who enrolled, 371 successfully completed the program (78.6%). Short-term outcomes for participants, especially those who successfully completed, were favorable, and many of them avoided subsequent charges for new crimes. In the three counties, outcomes were tracked for 424 participants who exited the program. Of the 472 participants enrolled, 48 participants had not yet left the program by the time the grant ended, and their recidivism outcomes were not tracked. Of the 371 participants who completed the program, only 77 recidivated (20.8%) after exiting the program. Of the 53 participants who didn't complete the program, 29 recidivated (54.7%).

The report findings showed some similarities across the programs being implemented in the three counties. Program eligibility criteria, participant demographics, program requirements, and perceptions among clients that the program was beneficial were similar. However, the programs differed in design. Black Hawk created a jail-based program, providing treatment services to clients post-arrest. Jones' diversion program was primarily pre-arrest through referrals from law enforcement, but the county struggled to get referrals. Story County's diversion program was both pre-and post- arrest, and many different community agencies provided referrals to the program.

Differences in the programs are attributed to variations across the counties in resources available and buy-in from key partners, particularly law enforcement and the prosecution. Consideration of local needs and level of support should help guide other sites when creating diversion programs. Providing early training opportunities for staff and key partners and finding local champions to support the programs are also important to successful program implementation.