Thank you for the opportunity to provide testimony today. My name is Pam Rodriguez, and I am the president of TASC.

Founded in 1976, TASC is a statewide, non-profit agency designated by the State to conduct substance use disorder assessments, referral to treatment and other recovery support services, and specialized case management for individuals involved in or at risk for involvement in the criminal justice system. We collaborate with law enforcement, courts, jails, prisons, probation, and parole to help break the cycle of substance use disorder and incarceration, supporting people as they seek restored health and family and community engagement.

I'm here today to discuss diversion and reentry programs that provide pathways to substance use services, and to offer recommendations for scaling up their use and improving access to services, including and especially for Black Illinoisans.

Diversion and reentry programs offer a significant way to focus limited public resources where they will have a lasting and valuable impact. They provide opportunities for people to address substance use disorder and become healthy. They offer benefits to the systems themselves while providing a chance for people to earn restoration and engage actively with their families and communities. Some diversion programs do this without resulting in a criminal conviction that has lifelong collateral consequences. Reentry programs do this during the period following release from incarceration, which involves many vulnerabilities including tremendously elevated risk of overdose and death.

The key message I want to convey today is that neither diversion nor reentry programming is novel to Illinois. We know what works. And Illinois' diversion and reentry programs have untapped potential.

Diversion programs in Illinois have a long record of utility and success. Local diversion programs have been created and implemented to meet local needs. And policymakers have endorsed and codified a robust array of diversion options, many with treatment-related provisions, including:

- First Offender Probation — 720 ILCS 550/10; 720 ILCS 570/401; 720 ILCS 646/70
- Offender Initiative Program — 730 ILCS 5/5-6-3.3
- Second Chance Probation — 730 ILCS 5/5-6-3.4
- Probation with designated program (TASC) supervision — 20 ILCS 301/40
- Specialty/Problem-Solving Courts — 730 ILCS 166; 730 ILCS 167; 730 ILCS 168
- Adult Redeploy Illinois — 730 ILCS 190

The common denominator across **diversion** programs is that they offer alternatives to typical justice system processing, and many of them make connections to needed services while also easing the fiscal and procedural burden on courts and jails. As we reported in our 2017 survey of prosecutorial diversion in Illinois,[1] ample literature on pretrial diversion programs demonstrates cost- and time-effectiveness benefits—such as controlling growing court dockets—for criminal justice systems and jurisdictions.[2] Diversion programs also have been found to result in benefits for participants, including less time incarcerated and prevention of criminal convictions (and the host of collateral consequences they trigger).[3] A new study of pre-trial diversion programming in Texas observed robust evidence that diversion cut reoffending rates in half and grew quarterly employment rates by nearly 50 percent over 10 years.[4] In our survey, nearly all surveyed programs accessed substance use services. [5]

While Illinois does not have a comprehensive **reentry** system that supports all people returning to communities following release from incarceration, we do have experience and data that show us what works. Reentry programs provide preparation and support for returning individuals who face an array of barriers and challenges that threaten stability, circumstances that are exacerbated by behavioral healthcare needs and the associated risk for return-to-use and extreme vulnerability to overdose death. A 2007 Washington state study showed that during the first two weeks after release from prison, released individuals were 129 times more likely to die of an overdose compared to other residents.[6]

Illinois' reentry programming includes the Sheridan and Southwestern Correctional Center drug treatment and reentry programs, which have been independently evaluated and found to reduce recidivism and save State dollars. Participants were found to have a 15 percent lower likelihood of returning to prison within 3 years than comparable releasees not receiving program services, a figure that jumped to at least 44 percent among participants who completed or were still enrolled in treatment at the time of the evaluation.[7,8] (Importantly, these outcomes were stable after 7 years.[9]) The program was found to have generated annual savings of $5 million in reduced incarceration costs related to good conduct credits earned for program participation.

Moving Toward a Public Health Approach

Illinois has been advancing criminal justice policy and practice that treats substance use disorder as the public health issue that it is. In 2018, for example, the Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act (SB3023) authorized local, collaborative, law enforcement–led programs that refer people to treatment rather than arrest, codifying diversion at the very front door of the criminal justice system. The State authorized a federal 1115 Medicaid waiver to allow reimbursement for case management that supports criminal justice clients receiving substance use disorder treatment. Policy changes around cannabis included dedicated funding for treatment.

The criminal justice system relies on the State's substance use treatment system to support these public health and treatment-based approaches. And it, too, has been making progress toward scaling up treatment capacity, removing barriers to care, and incorporating evidence-based approaches. Policymakers have enacted laws that remove prior authorization requirements for substance use treatment, and that institute strong parity requirements promoting equitable coverage for behavioral healthcare services. The State has sought and invested tens of millions of dollars in federal opioid funds to expand the availability and improve the quality of opioid treatment, including FDA-approved medications, and to reduce opioid overdose deaths. The Governor's Executive Order earlier this year expanded recovery and prevention services for individuals with opioid use disorder across the state, and included a focus on populations experiencing disproportionately high rates of overdose deaths.

Critically, after COVID hit, emergency policies enabling the delivery of substance use and mental health services via telehealth were adopted to maintain safe access to care during the pandemic.

Even with these advances, leaders and practitioners in the justice system are well familiar with the fact that a majority of people who become involved experience problematic substance use. National surveys continue to show that approximately two-thirds of sentenced people in jail and over half in state prisons meet the diagnostic criteria for substance use disorder compared to just 5 percent in the general population. However, the vast majority of those in prison and jail who need treatment do not get it while there.[10] A survey of substance use among people arrested in Chicago found that over 80 percent tested positive for at least one illicit substance.[11] And in Illinois, over 40 percent of admissions to the publicly funded substance use treatment system are referred by the criminal justice system.[12]

It is also well-established that criminal justice involvement is disproportionately experienced by Black individuals, families, and communities, and that the accumulated and multi-generational burden of

trauma and harm it generates is not shared evenly. TASC initiated state legislation in 2008, under the leadership of Senator Mattie Hunter, that established the Illinois Disproportionate Justice Impact Study Commission. The Commission was charged with examining racial and ethnic disparities in criminal justice involvement related to drug offenses at arrest, conviction, and incarceration. Its final report described disparities observed at each point. It also suggested that there may be disparities in access to diversion programing and options, but that more research in this area was needed.[13] A 2016 report from the Sentencing Project found that Illinois' incarceration rate among Blacks was more than 8 times that of whites (1,533 people vs. 174 per 100,000 population). [14]

Recommendations

In recent years, in recognition of the persistent prevalence of behavioral health conditions among people involved in the system, the harmful effects of incarceration on the health and well-being of individuals and families,[15,16] and scientific advances in understanding substance use disorder as a treatable biopsychosocial condition, many jurisdictions have engaged in efforts to better identify substance use treatment needs among involved people, and to make connections to appropriate treatment and overdose prevention. Growing acknowledgement of the blatant racial disparities in the system lends urgency to ensuring these efforts address and reduce them.

We support efforts to bring Illinois diversion and reentry programs to scale, and to do so in a way that will advance racial justice. To that end, we offer the following recommendations:

1) **Promote expansion of legally authorized community-law enforcement deflection strategies in communities across the state, particularly in communities of color.** Authorizing legislation and funding for local, collaborative, law enforcement-led deflection programs were approved in 2018. Deflection strategies have been successfully demonstrated in several Illinois communities, with implementation tending to occur more in suburban areas. We recommend promoting awareness of the full range of deflection pathways as a means of addressing local law enforcement diversion and community treatment needs, as well as continued elevation of the discussion in urban settings so that deflection becomes more accessible to low-income communities and communities of color.

2) **Increase Medicaid enrollment assistance for eligible justice-involved individuals early and ongoing to facilitate timely referral to and engagement in treatment and other healthcare services.** The vast majority of individuals involved in the criminal justice system are eligible for Medicaid. However, many who are eligible remain unenrolled or lose coverage through the redetermination process. For example, we come into contact with a relatively modest portion of the justice-involved population in Illinois, and only about half of our clients are enrolled when we first meet them. Ensuring early enrollment assistance for individuals involved in the criminal justice system would help reduce harmful delays in treatment engagement, support continuity of care, and shift a significant part of the financial burden of providing treatment to people leaving prison from the State to the federal government via Medicaid.

3) **Make COVID-era telehealth policies permanent to promote greater access to the behavioral health care services relied upon by diversion and reentry programs.** Sparse availability of treatment has long challenged some geographic areas of the State, presenting special challenges for diversion and reentry programs seeking to connect people to the care they need, and thwarting their expansion. However, emergency telehealth policies enacted by state and federal governments may dramatically change these circumstances. Because substance use providers are now offering treatment and services via telehealth on a scale never seen before, and Illinoisans can now access many of these services from their own homes, diversion and reentry programs reliant on these services can envision a new path toward fully scaling up. State laws, rules, and contracts supporting the delivery of SUD and other services via telehealth should be modernized to carry forward and

build on changes that have proven feasible and essential during the pandemic. Case management for SUD should be included as an expressly authorized service to be delivered via telehealth. Infrastructure investments should be made to support delivery and receipt of SUD services via telehealth. Client needs and challenges should be addressed through access to sufficient data plans, via free Wi-Fi or otherwise, and to devices useful for telehealth from locations convenient to them.

4) **Support successful reentry through no-cost removal of housing barriers for people with registry requirements returning from IDOC.** Most people returning from prison face an array of barriers to health and stability. For people required to be listed on public registries, these barriers are amplified through discredited policies that permanently exclude people—disproportionately Black men—from most housing for life. They force hundreds of Chicagoans into homelessness and keep more than a thousand people in prison past their release dates. When people are homeless, they have to register weekly at police stations, which prevents them from getting or keeping a job. These requirements are impossible, untenable, and have become an engine of re-incarceration. Some 80 percent of the people forced into homelessness are Black men on Chicago's west and south sides. Illinois' reentry programming must confront and address housing challenges faced by people as they return home, with special attention on changing these discredited, harmful policies.

   — *Reduce the diameter of residency restrictions from 500 to 250 feet to open up currently available housing for people to legally reside in.* Current policy results in banishment from nearly all non-rural housing, forcing 500 people into homelessness and 1,400 to be backed up in prison past release dates. (The latter must be resolved immediately due to a federal injunction.)

   — *End weekly registration requirements and let people struggling with homelessness—80% of whom are Black men—register just like everyone else (annually).* Currently the Chicago Police Department alone has more than 24,000 registrations a year of people who are homeless. This requirement forces people who are trying to secure and maintain employment and fulfill family obligations to spend hours each and every week traveling to police stations and standing in line. Practically speaking, it is virtually impossible to comply with, and one missed week can result in a lifetime extension of registration requirements.

5) **Bring statewide reentry systems to scale, supporting reentry for everyone leaving state prison at significant risk for returning—particularly people of color—with wrap-around service navigation and case management services and that support SUD recovery, reintegration, stable housing, and economic security.** Given what we know about the major barriers to community reintegration and great need for services and supports during the transition—with planning before release and support extending into the community—this must be a priority. The State's current reentry support system is limited in its capacity, missing opportunities to reach thousands of Illinoisans leaving prison each year who need it to improve their chances of successful reentry and pursuit of health and wellness. We need to determine where people are going home, assess and collaborate with them to determine what they need to be successful, and link them to the services, supports, and community-based networks funded through the R3 initiative and the SUD ROSC networks across the state.

TASC remains committed to partnering with the State on these efforts. We are glad to be of service and remain committed as strong stewards of State resources, on behalf of our clients, the public systems in which we work, and the State's fiscal health. Thank you again for the opportunity to speak today.

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Endnotes

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[15] National Research Council. (2014). *The Growth of Incarceration in the United States: Exploring Causes and Consequences.* Washington, DC: The National Academies Press. https://doi.org/10.17226/18613. *NOTE: See chapter 7 for a discussion of the consequences of incarceration on health and mental health, chapter 8 for a discussion of the consequences related to future employment and earning potential, and chapter 9 for a discussion of consequences for families and children.*