



EVALUATION OF THE DEVELOPMENT OF CHOICES, A MULTIJURISDICTIONAL POLICE-LED DEFLECTION PROGRAM IN SOUTHWESTERN ILLINOIS



**Evaluation of the Development of Choices, a Multijurisdictional Police-Led Deflection
Program in Southwestern Illinois**

*Part of an Evaluation Report Series
on the Action Planning for Illinois Multi-Site Deflection Programs*

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Executive Summary

Introduction

A significant amount of police engagement involves persons with multiple service needs, such as substance use treatment or mental health services. A public safety and public health partnership encourages police to “deflect” individuals from the criminal justice system by referring them to treatment and other service providers (Charlier & Reichert, 2020; Lindquist-Grantz et al., 2021). Individuals may face several barriers to treatment and services, but deflection can reduce barriers such as social stigma, waiting lists, and limited ability to personally fund treatment (Charlier & Reichert, 2020).

We evaluated the action planning process for a deflection program in Southwestern Illinois, later named Choices. The program serves the following counties: Calhoun, Greene, Jersey, Macoupin, Madison, Monroe, Montgomery, and St. Clair. The development of the program began with guided action planning sessions during which community stakeholders agreed that the focus of this program will be substance use and mental health. The program was then developed based on results of the action planning sessions. The two facilitators of the sessions were from Treatment Alternatives for Safe Communities’ Center for Health and Justice (TASC CHJ), and at least one researcher from the Illinois Criminal Justice Information Authority (ICJIA) attended each session.

Methodology

In conducting an evaluation of the action planning process, researchers attempted to answer the following research questions:

- Who participated in the action planning process?
- What transpired during the action planning process?
- What feedback about the action planning process did participants provide?
- What was the content of the final action plan?
- To what extent was there collaboration among the participants?
- What areas of collaboration can be enhanced to produce the most effective outcomes?

In order to evaluate the action planning process aimed at developing the deflection program, researchers examined multiple data sources, including field observations, supporting documents (e.g., sign in sheets, handouts), and participant surveys. We conducted field observations and took field notes during six action planning sessions in October and December 2022. At the end of each session day, we administered a survey to all participants to obtain their feedback on the program and action planning process. On the final day of action planning, we administered a survey to gauge the level of collaboration among participants. One study limitation was that not all participants completed every action planning session survey. The number of participants and surveys varied by session. In addition, as Chicago-based researchers, we may not understand the intricacies of the community area.

Key Findings

The action planning process for the Southwestern Illinois deflection program took place over six days. Fifteen representatives from 13 different organizations participated in at least one session.

During observations of action planning, participants appeared unsure about the deflection model as well as the overall action planning process. Facilitators did the bulk of the talking, and participation was consistent but low. When they joined in, participants were engaged and discussed community issues, needs, collaboration, and program design. The participants completed the action plan document detailing objectives and action steps for the program implementation. However, the participants struggled to produce measurable objectives when finalizing the Solutions Action Plan (SAP).

Based on the results of the surveys, participants felt that collaboration was strong and that those who should have been at the action planning sessions were already there. By the conclusion of the final session, the majority in attendance reported that they were confident this program would help their community and positively rated the action planning process.

Recommendations

Based on the findings of the evaluation, we offer four recommendations for future action planning sessions. First, increased collaboration is necessary in order to have an effective action planning session and, down the line, a successful implementation of the program. Team building as well as community engagement are recommended to improve collaboration among both groups. Second, increased participation is essential to the success of the action planning sessions. Not only is the number of participants important, but their diversity, as well. Moreover, action planning participants should be representative of the local communities they are serving. Third, it is essential that all participants in action planning have a thorough understanding of both deflection and the action planning process. Ensuring that all participants fully understand both of these items at the start of action planning will reduce the time spent explaining them throughout the sessions, resulting in more engagement and participation in actual planning. Finally, it is essential that all objectives created by participants are reasonably measurable. The use of a logic model is recommended to keep participants on track and to make sure that each objective is measurable and attainable.

Conclusion

We conducted an evaluation of the action planning process to develop a deflection program, Choices, to help persons with substance use and/or mental health disorders in Southwestern Illinois. The action planning sessions for the program identified community issues and discussed community needs, collaboration, and resources in order to draft the program's structure, design, and implementation. These discussions led to the final action plan document, which laid out objectives and action steps for the implementation phase of the program. The program employs a police-led deflection model, with the help of multijurisdictional drug task forces, to refer individuals to services in their community. We recommend increased engagement of diverse

community members, more clarity on the purpose of the action planning process, and the creation of measurable objectives.

Section 1: Introduction

In 2019, there were an estimated 22 million Americans with substance use disorders (SUDs), and since 1999 close to one million Americans had a fatal drug overdose (Centers for Disease Control and Prevention, 2020; Substance Use and Mental Health Services Administration, 2015). Those who misuse substances often encounter police and may need SUD treatment or other services. An increasing number of police departments are implementing deflection programs that adopt both public-safety and public-health models. Deflection programs can allow police to limit further criminal justice system involvement for persons who misuse substances. They also reduce the need for emergency or crisis services by providing a referral to treatment and other helpful service providers (Charlier & Reichert, 2020). Importantly, deflection aims to prevent individuals from having any criminal justice system involvement before arrest, whereas similar diversion programs intervene after the point of arrest or after other contact with the criminal justice system.

Multijurisdictional drug task forces are critical to deflection programs. These task forces feature local police departments that agree to pool resources to combat drug distribution and trafficking (Reichert et al., 2017). Task force members often encounter persons in need of SUD treatment who can be referred to SUD treatment and other services in the community. Using a deflection model, task forces aim to offer:

- Optimized outcomes for individuals, communities, and the justice system in terms of public and behavioral health.
- Greater public safety and lowered arrest rates.
- Improved well-being for both individuals and their families.

This report shares findings on our evaluation of action planning for a multijurisdictional police-led deflection program, named Choices, in rural, Southwestern Illinois to assist persons primarily with SUDs. Researchers attempted to answer the following research questions:

- Who participated in the action planning process?
- What transpired during the action planning process?
- What feedback about the action planning process did participants provide?
- What was the content of the final action plan?
- To what extent was there collaboration among the participants?
- What areas of collaboration can be enhanced to produce the most effective outcome?

Through the evaluation, we sought to add to the existing empirical research on police-led deflection programs by studying Choice's action planning processes. This evaluation can help guide the work of the deflection program, including future action planning and implementation, and of other communities interested in developing a deflection program.

Section 2: Literature Review

Rural Area Challenges to Treatment

Persons seeking treatment for substance use or mental health disorders face barriers that are heightened in rural areas. Rural communities may experience higher levels of social stigma surrounding behavioral health issues as well as less anonymity when seeking treatment (Larson & Corrigan, 2010; National Rural Health Resource Center, 2020). In addition, facilities for behavioral health treatment are more scarce in rural areas than in urban areas (Gale, et al. 2019). This scarcity forces residents to travel long distances for treatment, reducing their likelihood of treatment completion (Pullen & Oser, 2014). Rural residents are also less likely to be adequately insured than those residing in urban areas and have fewer resources to pay for treatment (Gale, et al. 2019). In addition, rural residents are less likely to have access to treatment providers authorized to prescribe medications for opioid use disorders (Edmond et al., 2015; Gale, et al., 2019).

The Deflection Program Model

In deflection programs, law enforcement and other first responders directly connect individuals to behavioral health treatment and/or other social service providers without engaging them in the criminal justice system (Lindquist-Gantz et al., 2021). Deflection programs have grown substantially in the past five years, and most offer substance use or mental health treatment (Charlier & Reichert, 2020). Police or other first responders reach individuals to deflect through one or more of five pathways (Table 1). The Southwestern Illinois program follows the officer prevention and naloxone plus (post-overdose) pathways.

Table 1

Deflection Program Pathways

Pathway	Definition	Initiation Location
Self-referral	A first responder offers a referral to individuals who voluntarily initiate contact for services.	Police station, fire station, EMS
Active outreach	A first responder identifies or seeks out an individual in need of services and makes a referral to services.	In community
Naloxone plus (post-overdose)	A first responder engages an individual in services as a part of an overdose response.	In the community, hospital/ emergency department, residence
Officer prevention	A first responder or co-responder team initiates service referrals, but no criminal charges exist nor are present, and hence no criminal charges can be filed.	In the community, upon assessment in response to a call, on patrol
Officer intervention	A law enforcement officer or co-responder team initiates service engagement. Charges are filed but either are held in abeyance or are accompanied by a citation with service requirement is issued.	In the community, upon assessment response to a call, on patrol

Note. Adapted from Charlier, J. A., & Reichert, J. (2020). Introduction: Deflection—Police-led responses to behavioral health challenges. *Journal of Advancing Justice*, 3, 1-13.

Lindquist-Grantz and colleagues (2021) conducted a review of the literature on deflection and pre-arrest diversion programs and found limited but promising evidence for improvements in recidivism, substance use, and psychosocial outcomes. Another systematic review of 37 studies examining pre-arrest diversion and deflection programs revealed that these programs were effective at preventing criminal offending and were promising for improving health and reducing social and public safety costs (Blais, 2022). Yet, additional and rigorous research is still necessary to inform the field of deflection (Charlier & Reichert, 2020).

Action Planning for Program Development

This evaluation focuses on the action planning process to develop a Southwestern Illinois deflection program aimed at assisting those with substance use and/or mental health disorders. Action planning is a process that produces a plan with steps and tasks to effectively reach program goals and objectives (Creately, 2021).

According to specialists in the field, action plan components include:

- A well-defined description of the goal to be achieved.
- Tasks and steps that need to be carried out to reach the goal.
- People who will be in charge of carrying out each task.
- Resources and deadlines for tasks to be completed.
- Performance measures to evaluate progress (Creately, 2021).

Two major benefits of action planning are increased engagement and the development of clear and concise goals. Communication is essential to action planning to ensure participants have clear direction and maintain it during the planning process. The process uses participant feedback to “convert actionable information into positive change” (Arthur J. Gallagher & Co., n.d., p. 4). A thorough action planning process provides important dates and goals and creates clear objectives with identifiable measures of success for positive change. Successful action plans should include specific, measurable, achievable, relevant, and time-bound (S.M.A.R.T.) objectives with clear deadlines for accomplishing them (Minnesota Department of Health, n.d.).

Action Planning and Implementation Science

Before implementing a new deflection program, it is important to assess the readiness of the community and leadership team. Action planning sessions establish a leadership team and elicit discussions regarding community buy-in and participation. Moreover, for a program to be successfully and sustainably implemented, organizational readiness is essential (Gleicher, 2017). Many factors contribute to organizational readiness. Some relate to motivational readiness, institutional resources, staff attributes, and organizational climate. Others relate to having low levels of staff cynicism, favorable perceptions of leadership, a supportive environment within the organization, and growth in interagency networking (Gleicher, 2017). A detailed and successful action plan should take all these factors into consideration, addressing each one before solidifying objectives and action steps. Following the tenets of implementation science, researchers should be involved in evaluating program development and implementation (Gleicher, 2017).

Project Funding

In 2022, IDHS supported the deflection project through the Cannabis Regulation Fund under the Cannabis Regulation and Tax Act (410 ILCS 705). The funds delegated to IDHS allow for a contract with Treatment Alternatives for Safe Communities' (TASC) Center for Health and Justice (CHJ), a non-for-profit organization that facilitates the deflection programs across the state of Illinois. TASC CHJ provides technical assistance, action planning, and training for each deflection site. In addition to the contract with TASC CHJ, the Cannabis Regulation Funds allocated to IDHS were used for better SUD and mental health interventions, including treatment, education, and prevention (Illinois Department of Human Services, 2021). ICJIA had originally provided research support for each site funded by a separate U.S. Bureau of Justice Assistance grant, and, in 2022, with additional funding from IDHS. This report is the third in a series of evaluation reports on action planning for Illinois's multi-site deflection programs (Adams et al., 2023; Reichert et al., 2023).

Action Planning Process

TASC CHJ provides technical assistance to each project deflection site across the state of Illinois. At the time that this report is being published, there are five deflection sites that have completed action planning and implementation with TASC CHJ, and six additional deflection sites in the action planning or implementation process. Additionally, The TASC CHJ executive director and program manager have been the primary facilitators for action planning at each site. To ensure a standardized action planning process at each site, TASC CHJ has developed and has used a Deflection and Pre-Arrest Diversion Solutions Action Plan (SAP) to guide the sessions (Appendix C).¹

Action planning is the first phase; an implementation phase of the deflection programs comes next. During the implementation phase, the plan is for TASC CHJ to provide training and technical assistance to follow through on decisions made during action planning. TASC CHJ is to continue its technical assistance for up to 90 days following the implementation of the program.

For implementation, TASC Inc. plans to hire a local deflection administrator, supervisor, and specialists. Responsibilities for the deflection specialists include:

- Collecting participant referrals from law enforcement.
- Connecting participants with community services.
- Engaging participants.
- Providing outreach.
- Engaging with and building relationships with community partners.

See Appendix B for the TASC deflection specialist job description.

¹ For more on TASC's work in deflection and other Illinois sites, see the TASC Center for Health and Justice's website at https://www.centerforhealthandjustice.org/chjweb/tertiary_page.aspx?ID=62&title=Law-Enforcement--Pre-arrest-Diversion.

The Southwestern Illinois Deflection Program

Population and Drug-Related Crime in the Deflection Program Area

The deflection program serves eight Southwestern Illinois counties: Calhoun, Greene, Macoupin, Jersey, Montgomery, Madison, St. Clair, and Monroe. Calhoun County has the smallest population, Madison County has the largest, and residents in all counties are predominantly White (Table 2).

Table 2
County Population Characteristics, 2020

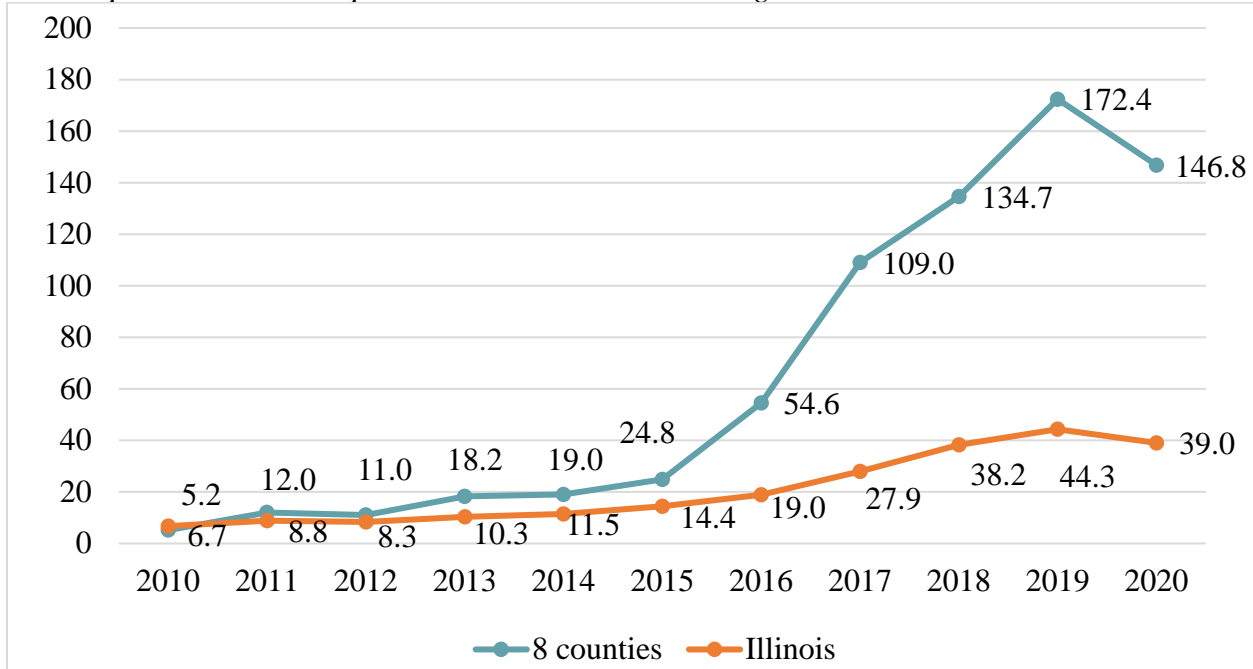
County	Population	Race and ethnicity			Residents below poverty line	Children under 5 below poverty line	Unemploy- ment
		Black	White	Latinx			
Calhoun	4,369	1%	97%	2%	9%	13%	4%
Greene	11,985	2%	96%	1%	13%	17%	3%
Jersey	21,333	1%	95%	2%	8%	23%	4%
Macoupin	44,406	1%	96%	1%	14%	31%	6%
Madison	264, 490	9%	84%	4%	11%	14%	6%
Monroe	34,932	1%	96%	2%	3%	2%	2%
Montgomery	28,084	4%	92%	2%	15%	25%	5%
St. Claire	254, 796	31%	61%	5%	12%	24%	7%
State	12,812,508	14%	61%	18%	12%	18%	6%

Note. Data source is the U.S. Census Bureau American Community Survey.

In 2020, the eight counties had a methamphetamine arrest rate of 146.8 per 100,000 persons, more than 3.5 times higher than the state rate of 39.0 per 100,000 persons (Federal Bureau of Investigation [FBI], 2019; Figure 2).

Figure 2

Methamphetamine Arrests per 100,000 Persons in the Program Area and Illinois, 2010-2020

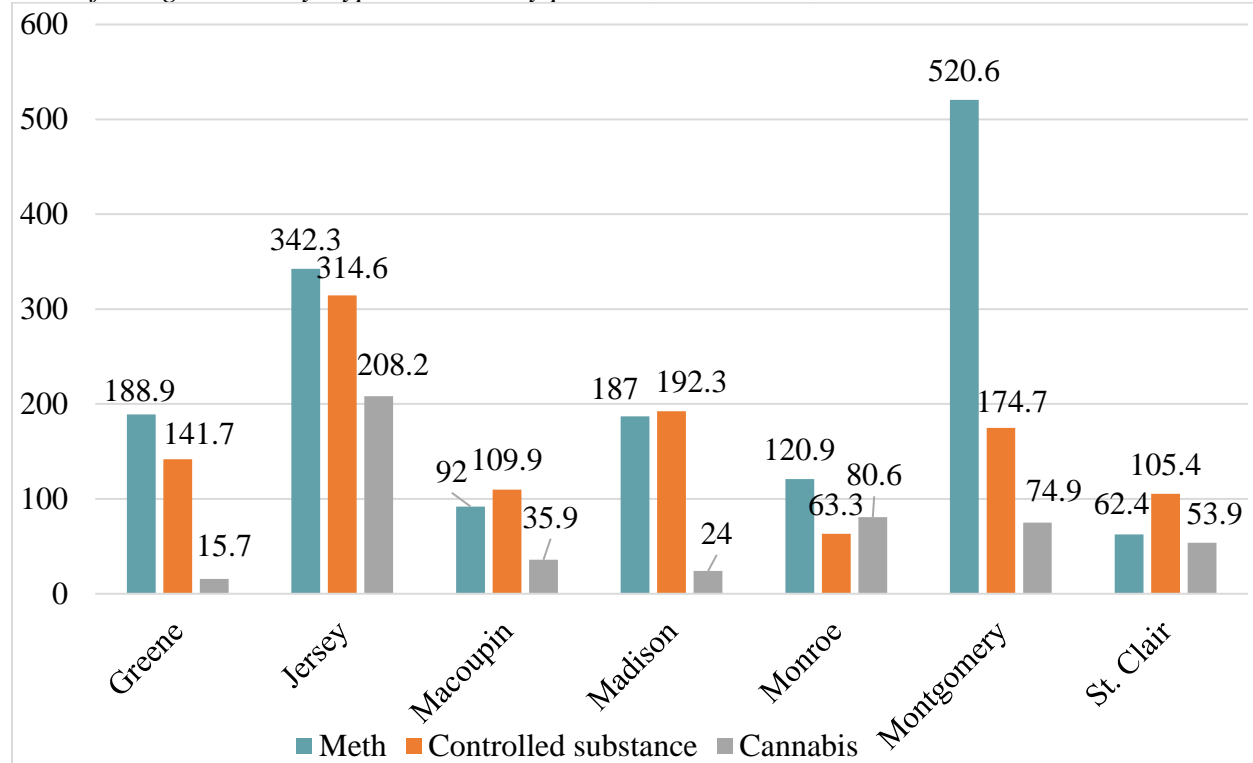


Note. Analysis of FBI UCR data. Counties include Calhoun, Greene, Jersey, Macoupin, Madison, Monroe, Montgomery, and St. Clair.

In 2020, methamphetamine arrest rates in four of the seven counties (Calhoun County did not report) were higher than controlled substance arrest rates (Figure 3). Illinois Department of Public Health (n.d.) data indicated that 2020 Madison County, at 3.4 per 10,000 persons, had the highest opioid overdose fatality rate of the counties in the deflection program coverage area. Greene County had the highest non-fatal opioid overdose rate, at 14.7 per 10,000 persons in 2020 (Illinois Department of Public Health, n.d.).

Figure 3

Rate of Drug Arrests by Type and County per 100,00 residents, 2020



Note. Analysis of FBI UCR data. Data were unavailable for Calhoun County.

South Central Illinois Drug Task Force & Metropolitan Enforcement Group of Southern Illinois

The Illinois State Police (ISP) Division of Criminal Investigation Drug Enforcement is made up of nine metropolitan enforcement groups and thirteen multi-jurisdictional drug task forces throughout the state. Law enforcement officers in multi-jurisdictional drug task forces belong to different departments and areas so as to better tackle drug distribution across jurisdictional lines. These law enforcement officers serve in state, county, and local departments. As part of the Choices program, SCIDTF covers Macoupin, Montgomery, Bond, Jersey, Calhoun, and Greene counties, and MEGSI covers Madison, St. Clair, and Monroe counties.

Southwestern Illinois Action Planning Sessions

Southwestern Illinois' deflection program held an in-person kick-off event on August 18, 2022. This event officially introduced the program to local community members and stakeholders. Over 70 people attended the kick-off event in which TASC CHJ presented on deflection, the broader state deflection program, and the action planning process. Six action planning sessions were then held between October and December 2022. The local action planning attendees included representatives from local community organizations and service providers, IDHS, TASC, and ICJIA. A national subject matter expert was also in attendance as a resource for the action planners. Further details on the action planning process and participation are provided in Section 5: Study Findings.

Section 4: Methodology

In order to evaluate the action planning process, ICJIA researchers analyzed field observation notes, supportive documents, and participant surveys. The TASC CHJ action planning facilitators were supportive and inclusive of the research team during action planning. The ICJIA Institutional Review Board secretary approved the proposed research.

Data Collection

Field Observations

Two ICJIA researchers completed 33 hours of field observations. These sessions were all conducted in-person, and an ICJIA researcher took field notes. There were six action planning sessions: three in October 2022 and three in December 2022. Dates and hours were:

- October 4 for 4 hours.
- October 5 for 8 hours.
- October 6 for 4 hours.
- December 13 for 3 hours.
- December 14 for 8 hours.
- December 15 for 6 hours.

Participants were informed that researchers would take field notes for evaluation purposes. The observations provided a detailed overview of action planning sessions and day-to-day interactions among the community participants and organizers. In accordance with well-established best practices using an ethnographic methodology, ICJIA researchers took abbreviated notes of conversations, interactions, and action planning content during each session (Emerson et al., 1995).

Supportive Documents

In addition to field notes, researchers reviewed and followed along as participants completed the action plan booklet during sessions. This form was updated by the facilitator each day and sent out to the action planning participants before the start of the next session. Any power points and handouts were also reviewed. Sign-in sheets were collected to record attendance each day.

Participant Surveys

Daily Action Planning Surveys. ICJIA researchers administered paper surveys at the end of each action planning session. The surveys asked respondents to respond on a four-point Likert scale, with 1 being very poor and 4 being very good. The surveys focused on participants' views of the action planning process and participant collaboration and on participants' intentions regarding the program after action planning was completed. Surveys consisted of 14 items on day 1, 14 items on day 2, eight items day 3, eight items day 4, 16 questions on day 5, and eight items on day 6. Not all participants completed the end of day surveys, the response rate ranged from 66% to 100% of the participants each day. The number of respondents varied for each session, in part because the number of participants varied in each session. Attendance ranged

from 12 to 22 participants throughout action planning, and survey responses ranged from 6 to 12 participants per sessions (Table 3).

Table 3

Daily Action Plan Survey Respondents by Day

Action planning session	<i>n</i>
Day 1	12
Day 2	10
Day 3	10
Day 4	8
Day 5	8
Day 6	6
Total	54

Wilder Collaboration Survey. The Wilder Collaboration Factors Inventory was administered to participants on the fourth day of action planning. This survey is administered to measure the perceived collaboration among group members by those participating in action planning. Participants were asked to complete the survey by the end of day 6. The Wilder Collaboration Factors Inventory survey consists of 44 statements categorized into 20 factors, with responses based on a five-point Likert scale, ranging from strongly disagree to strongly agree. The survey has been deemed reliable and valid based on empirical studies of catalysts for successful collaboration of nonprofit organizations, government agencies, and other organizations (Mattessich et al., 2001).

Data Analysis

We analyzed the action planning field notes and summarized them by day as participants continued to build off the previous session. We used note-based and memory-based analyses to summarize the findings (Kreuger, 1997). The action planning survey and collaboration survey were analyzed using Microsoft Excel to offer descriptive statistics.

Study Limitations

There were some limitations associated with the evaluation. First, we were limited in the conclusions we could draw from surveys, as not all action planning participants were able to attend each session or complete every survey. Another limitation was that, as Chicago-based researchers, ICJIA's evaluation team comes from outside the program's community. Without understanding the intricacies of the community, it is difficult for evaluators and researchers to fully understand group dynamics or potential intercommunity issues that present themselves during action planning.

Section 5: Study Findings

Section 5.1: Action Planning Participants

TASC's Center for Health and Justice organized the action planning, and staff facilitated the sessions. In addition, the following stakeholders attended at least one session in the action planning process but did not actively participate alongside local community participants:

- TASC Center for Health and Justice Staff ($n = 4$)
- TASC, Inc. staff ($n = 4$)
- Subject matter experts ($n = 1$)
- ICJIA researchers ($n = 2$)

Subject Matter Experts

One subject matter expert affiliated with a national deflection organization, Police Treatment and Community Collaborative (PTACC)², was subcontracted through TASC CHJ to attend and provide support during the action planning sessions. The expert offered his perspective as a prior participant of the deflection action planning process and as someone who now operates a deflection program. The subject matter expert was a retired police chief and further affiliated with Operation 2 Save Lives (O2SL) and Quick Response Team (QRT) National.³

Community Members

A total of 20 community members from 14 organizations representing five types of organizations participated in at least one session (Table 4).

Table 4
Participants by Organization and Type

Organization name	Organization type	Number of participants
Alton Mental Health Hospital	Behavioral Health	1
Centerstone of Illinois	Behavioral Health	1
Chestnut Health Systems Inc.	Behavioral Health	3
Madison County Mental Health Board	Behavioral Health	2
Illinois State Police	Criminal Justice	1
Granite City Police	Criminal Justice	1
Madison County Sheriff	Criminal Justice	1
Human Support Services	Social Service	1
Next Network	Social Service	1

² PTACC is an alliance of practitioners whose goal is to strategically widen community behavioral health and social service options available through law enforcement diversion. See their website at

<https://ptaccollaborative.org/>

³ Operation 2 Save Lives (O2SL) and QSR National have joined together as a single national consulting firm operating within the pre-arrest diversion/deflection field. See their website at

<https://www.o2sl.com/our-team>

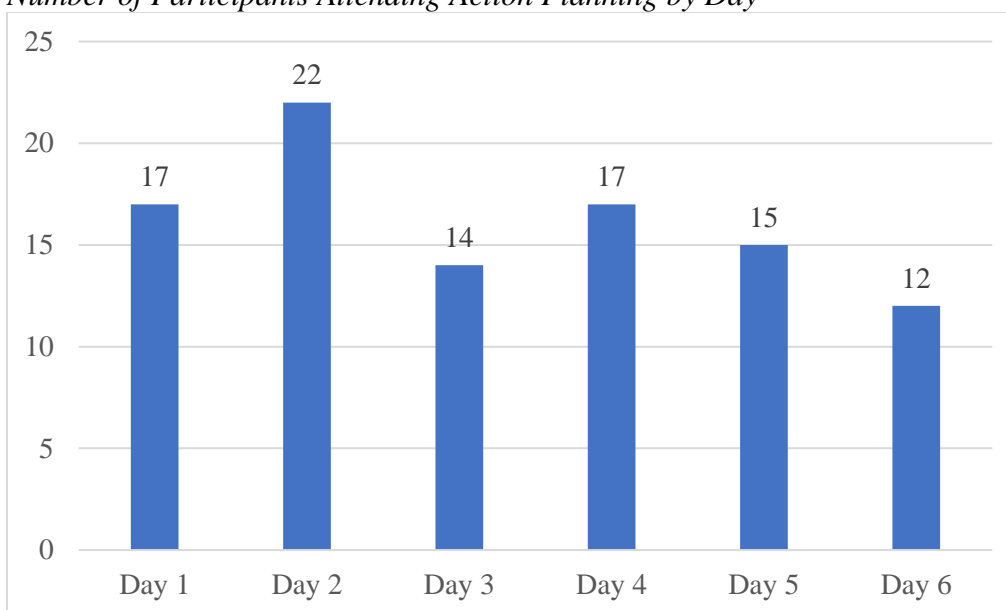
Urban League	Social service	1
Marion County Public Health Department	Public Health	4
Southern Illinois Healthcare Foundation	Health	2
Southern Illinois University School of Medicine	Health	1

Note. Data sources included field observations and attendance sheets.

The number of participants varied from day 1 to day 6. The highest number of participants at a session was 15 and the fewest was six (Figure 4).

Figure 4

Number of Participants Attending Action Planning by Day

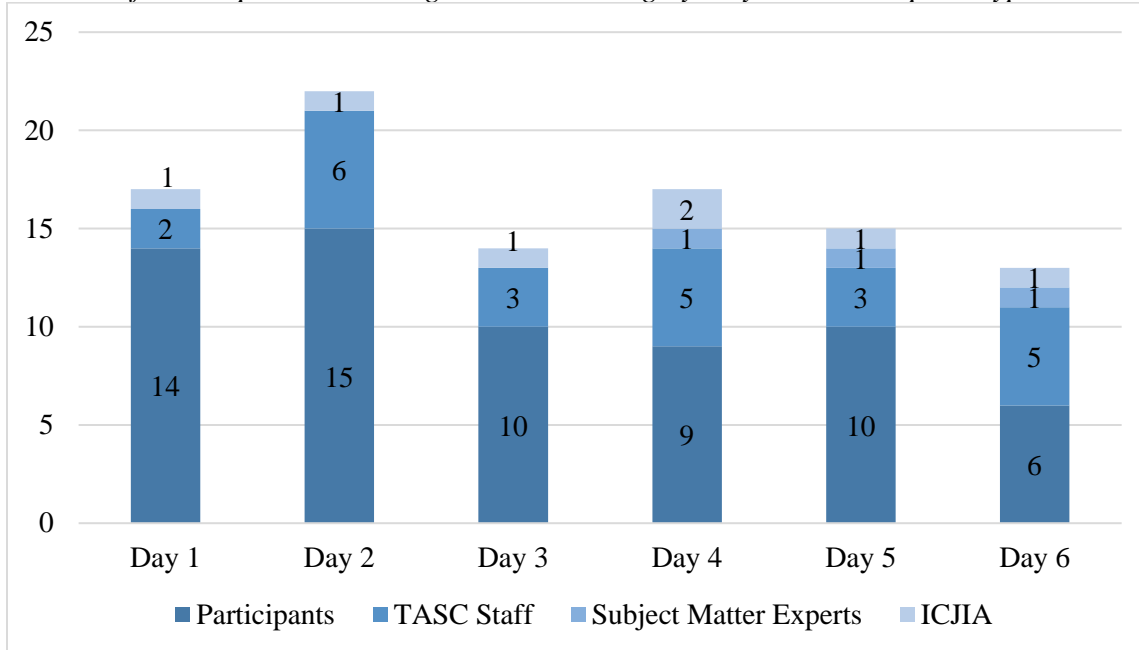


Note. Data sources included field observations and attendance sheets. Totals represent all attendees combined - local service providers/participants, researchers, TASC facilitators, TASC organizers, and subject matter experts.

Figure 5 breaks down daily attendance numbers by providers/participants, researchers, TASC staff, and subject matter experts.

Figure 5

Number of Participants Attending Action Planning by Day and Participant Type



Note. Data sources were field observations and attendance sheets.

The action planning survey provided demographic information on the 12 participants who completed at least one survey (Table 5). Most were female, White, and non-Latinx. Participant ages ranged from 28 to 65 years old, with an average age of 42.25.

Table 5

Demographics of Local Action Planning Participants

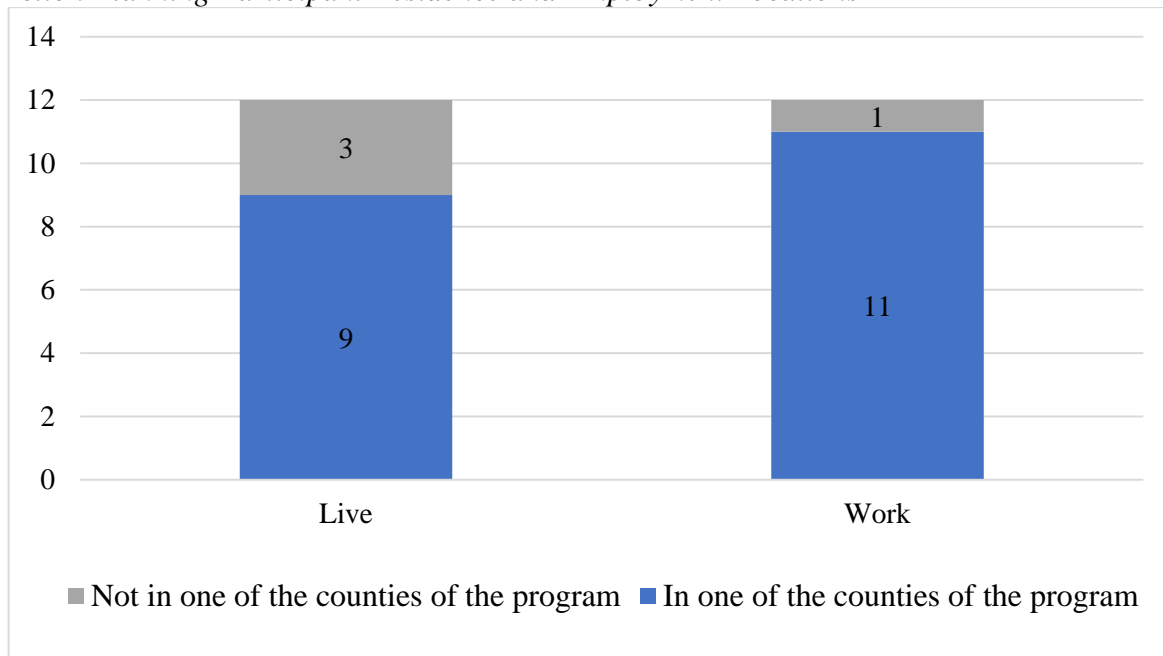
Characteristic	<i>n</i>
Gender	
Male	3
Female	8
Other/Prefer not to say	1
Race	
White	10
Black or African American	2
Ethnicity	
Latinx	1
Non-Latinx	11

Note. Sample size was 12 participants unless noted. The data were collected from a survey distributed at the end of the first day in the action planning process..

We also asked two questions to better understand participants' ties to the local geographic area.. All participants either lived or worked in one of the program counties. Most of the 12 respondents lived in a county served by the program, and almost all worked in one of the program counties (Figure 6).

Figure 6

Action Planning Participant Residence and Employment Locations



Note. Action planning participant survey on day 1, $n = 12$.

Section 5.2: Action Planning Proceedings

We offer a summary of what transpired during action planning sessions based on field observations drawn from field notes and detailed written recordings of activities and events.

Action Planning Day 1

Introduction

The lead facilitator began the day with group introductions. He gave a description of the Solutions Action Plan (SAP) document (Appendix C) and how it would be used to develop the group's program implementation plan. The secondary facilitator explained deflection to the participants. Both facilitators reaffirmed that the local participants would drive the development of the program. Also emphasized was the importance of getting the initial plan right in order to decrease future mistakes and stressed a need to have the "who" and the "why" of the program decided on before anything else. The group needed to agree on all decisions while solving different problems in their communities.

Program Purpose

The secondary facilitator had the group discuss the problem or challenge they were trying to address. Treatment personnel were concerned that 24/7 availability for accepting people to treatment and expressed concerns regarding silos between police and treatment in the current climate in the community. A police officer expressed confusion about how exactly deflection would work based on how they were accustomed to arresting people; so it was explained again. The participants were very engaged and talkative. They interacted well with each other, adding additional information and ideas. They did not appear to have a problem questioning the secondary facilitator to gain clarification.

Community Issues

Participants agreed that a lack of connection existed between police and service providers. They also noted that many persons have repeat contacts with police and service providers (they deemed them "frequent faces".) The group agreed they needed to build relationships and connections between law enforcement and community service providers that create pathways to different outcomes besides criminal justice system involvement.

Participant Feedback

We provide a summary of survey responses from day 1 in Table 6. On day 1, a majority of participants agreed that the stated purpose of the program was clean and concise. However, 75% thought that few community partners or even too few were involved in the program. Nonetheless, all but one person "agreed" or "strongly agreed" that the right participants were involved in the action planning process.

Table 6*Survey Responses After Day 1 of Action Planning*

	Strongly disagree	Disagree	Agree	Strongly agree
The stated purpose of our deflection program is clear and concise.	0	0	4	8
The right participants are involved in this action planning process.	0	1	10	1
I am confident that our community partners are the right ones to help us achieve our goals.	0 Very weak	1 Weak	9 Strong	2 Very strong
How strong is the level of collaboration and agreement among your community members?	0 Very Poor	1 Poor	7 Good	4 Very good
How do you feel the group did in defining the problem(s) that the deflection program will address?	0	0	6	6
	Not at all	Very little	Somewhat	To a great extent
To what extent do you think the right community partners have been identified for the deflection program?	0	0	4	8
	Too few	Few	Many	Too many
How do you feel about the number of community partners who will be involved in the program?	3	6	3	0
	Poor	Fair	Good	Excellent
How would you rate the overall guided action planning process so far?	0	0	5	7

Note. Data from survey responses at the end of day 1 of action planning, October 10, 2022. The sample size was 12.

Action Planning Day 2***Discussion of Problem Statements***

Overall, our observations suggest that service providers exhibited strong communication, coordination, and collaboration. The group was engaged, thinking and talking about what a “problem statement” is and what it entails. Since the group was large, there were lots of voices, opinions, and ideas. The secondary facilitator did a good job of making sure that everyone was heard and that consensus ensued within the group on the challenges they face in the region.

The group agreed on three main issues. First, they needed to cultivate stronger relationships and connections between community-based resources. Second, they said that a consistent and reliable, warm hand-off between law enforcement and community-based resources did not exist. Third, they needed to significantly improve communication, cooperation, and eventually

collaboration amongst each other (law enforcement, community-based resources, individuals, families).

Reason for Program

The secondary facilitator asked the group for their “why” statement—the core reason for the initiative. Participants appeared comfortable asking for clarification on what was wanted of them. Overall, there was a lot of discussion. Everyone added their voice and was comfortable speaking up. The participants asked themselves multiple times if the statement worked for them and their respective organizations. By the day’s end, the group agreed on the following statement: “Improving quality of life by connecting people to the most appropriate resources at the earliest time.”

Program Outcomes

Participants had discussions on what positive outcomes would entail. Our observations suggest that the facilitators needed to guide participants to be more precise in their ideas regarding outcomes. The secondary facilitator tried to guide the group to make the outcomes measurable and accessible for data, asking, for example, “What would success look like in 3-5 years?” After much discussion, participants seemed to remain slightly confused about exactly what outcomes were and how they related to their problem statement. The secondary facilitator stated how the initial problem statement of collaboration was making it hard to get at outcomes for clients. The group decided on three outcomes.

- **Reduce low level police contacts:** As a result of greater organizational collaboration, the group believed that deflection participants would experience a decrease in time to services and an increase in the number of available services. Consequently, low level police contacts and repeat contacts would be reduced, which would lead to safer communities.
- **Foster and improve positive perceptions of each other across organizations and between organizations and the community:** As a result of greater organizational collaboration, stigma would be reduced within the workforce of all the organizations, which would likely lead to a greater acceptance and willingness to use deflection, an attainment of strong, warm-handoffs, and more time for police to devote themselves to solving crimes and doing community policing.
- **Develop a positive perception of the reality of recovery to support deflection and public health approaches:** Greater organizational collaboration would enhance lived experiences and promote prevention in the recovery community, for example, through press releases and community events.

Deflection Specialist Presentation

A deflection specialist from another deflection program, Southern Illinois Community Engagement Response Team (SI CERT) and two community engagement specialists from East St. Louis Community Engagement Response Team (ESL CERT) gave short presentations on their roles. They discussed how they engage in “relentless engagement.” A participant asked what the specialists do if they have a client from a different area because all the counties are very close and clients overlap. Another person asked if the deflection specialists are “sponsors,” like the well-known concept in recovery initiatives, such as Alcoholics Anonymous. A specialist

talked about boundaries between deflection specialists and participants and how the specialists are “guiding friends.” Rather than acting like sponsors they do nothing clinical. One of the deflection specialists noted that they have had people who are not interested at first but then will call a month or two later, saying they are interested.

Participant Feedback

All 10 participants rated the level of collaboration among community members as “strong” or “very strong” at the end of day 2 (Table 7). One person indicated the level of community member engagement in the process was weak, and one person disagreed that appropriate outcome metrics had been identified by the group. Half the participants believed the action planning process was slow.

Table 7
Survey Responses After Day 2 of Action Planning

	Very weak	Weak	Strong	Very strong
How would you rate the level of collaboration among your community members?	0	0	3	7
How would you rate the level of community member engagement in the action planning process?	0	1	1	8
How would you rate the level of collaboration among your community members?	0	0	2	8
How would you rate the potential for lasting and ongoing collaboration within your community action planning group?	0	0	6	4
	Too slow	Slow	Fast	Too fast
How would you rate the pacing of the action planning process?*	0	5	4	0
	Strongly disagree	Disagree	Agree	Strongly agree
The topics covered during the action planning process have been clearly explained and discussed.	0	0	5	5
Appropriate outcome metrics have been identified to evaluate the effectiveness of the program.	0	1	3	6
There is adequate community buy-in for this program.	0	0	7	3
Our action planning group had decided on the appropriate strategies to help us achieve our goals.	0	0	2	8
Adequate resources are available for our group to implement our plan of action.	0	0	6	4
The outcomes developed by our group are measurable	0	0	4	6

	Not at all	Very little	Somewhat	To a great extent
To what degree do you have confidence that your group made the right decision on pathway(s)?	0	0	2	8
To what extent do you believe your group has established a realistic action plan through this process.	0	0	2	8
	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	0	3	7
How would you rate the overall guided action planning process so far?	0	0	4	6
	Completely unfeasible	Not very feasible	Feasible	Very feasible
How feasible do you think your strategies are to achieve your overall goal?	0	0	4	6

*Participant wrote in “medium” as a response

Note. Data from survey responses at the end of day 2 of action planning, October 5, 2022. The sample size was 10.

Action Planning Day 3

Data Presentation

One of the facilitators provided a data presentation prepared by ICJIA researchers on the prevalence of substance use and arrests in the participating counties. A St. Clair County participant asked if their county’s residents might potentially view this program differently from the other counties because of the racial demographics in their county. St Clair County has a higher proportion of Black residents (31%) than the other counties involved. The secondary facilitator stated researchers will look at metrics of who is offered deflection and who accepts it. Participants asked a few questions and discussed naloxone use and reporting for non-fatal overdoses.

Pathways

The lead facilitator went over the pathways to deflection: self-referral, active outreach, naloxone plus (post-overdose), officer prevention, and officer intervention. Law enforcement asked questions about tracking treatment of participants. A facilitator stated that the deflection specialist does this. Law enforcement said it would be easier to sell the program if it was not completely deferring arrest. That is, it would be better if it deferred arrests unless the participant didn’t meet certain obligations. The lead facilitator admitted it is challenging to get everyone to buy into the program. There was some confusion about how officer intervention differed from diversion and some comments about how the officer intervention pathway feels ‘mandated’ rather than deflecting at the officers’ discretion. Law enforcement also stated that first responders are already referring community members to services so they should be included in the

deflection initiative. The group agreed that their preferred pathways were officer referral and naloxone plus.

Eligibility

The group discussed if there should be population restrictions for deflection, such as age and gender. It was agreed that youth may be an obstacle because of legal issues. Yet, the group believed, even if youth were not part of the official deflection program, they could still be referred to an agency/service that could help them. The group also discussed whether deflection could help minors if their parent was referred. It was explained that the program could not take minors on their own. More questions ensued, such as whether deflection specialists could do wrap around services for kids if their adult was referred. The group learned that deflection specialists could make referrals for a minor, but they could not ‘track’ them or have them in their system. The group agreed on 18+ and ‘collateral’ services for youth/minors (adults and their families). Everyone talked, discussed, and added their views and opinions.

Participant Feedback

Based on the survey, all ten participants on day 3 strongly agreed that everyone participating in the action planning process had their voices heard (Table 8). All participants indicated they were likely or very likely to take an active role in the implementation of the action plan. Nine participants felt the program would ultimately help their community to a great extent.

Table 8

Survey Responses After Day 3 of Action Planning

	Very Poor	Poor	Good	Very good
Overall how would you rate the persons leading the action planning process?	0	0	1	9
How did you find the use of the in-person format rather than virtual for the action planning process?	0	0	1	9
	Strongly disagree	Disagree	Agree	Strongly agree
I felt comfortable participating in the action planning discussion.	0	0	4	6
I felt like everyone participating in the action planning process had their voices heard.	0	0	0	10
	Very unlikely	Unlikely	Likely	Very likely
How likely do you think you will take an active role in the implementation of your action plan?	0	0	2	8
	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	0	5	5

	Completely unsustain- able	Not very sustainable	Somewhat sustainable	Very sustain- able
At this point, how would gauge the likelihood of sustainability of this program over time?	0	0	4	6
	Not at all	Very little	Somewhat	To a great extent
To what extent do you think this program will ultimately help your community?	0	0	1	9

Note. Data from survey responses at the end of day 3 of action planning, October 6, 2022. The sample size was ten.

Day 4 of Action Planning

Day 4 of action planning took place two months after day 3 of action planning.

Introduction

The facilitators began by introducing themselves and having everyone else do the same. There was a review of what was done in the first three days of action planning, including a review of the three outcomes the group developed on day two. One of the facilitators explained that the purpose of this second 3-day session was to develop strategies for each outcome and advance to implementation planning.

Strategies

Overall, the group was slow to start as they had not met in two months. The group discussed the first outcome and attempted to brainstorm strategies to achieve it. At first, many of the ideas the group proposed were services offered by individual community organizations, which the secondary facilitator noted was not true collaboration. The secondary facilitator refocused the group by giving them some abstract ideas. The group struggled to narrow down what needed to be done and how to go about doing it, but the facilitator successfully guided them back to discussing collaboration and a strategy.

There was some early discussion on whether law enforcement should be trained on deflection and when a deflection specialist should be called. Again, the group continued to suggest social service programs, and the secondary facilitator directed them back to collaborative strategies. As the session continued, the group got better at creating strategies and had a better understanding of narrowing down strategies for each outcome. One facilitator continued to ask if the group wanted to add any additional strategies and the group kept adding more ideas. The other facilitator needed to remind the group that more is not necessarily better, and each outcome did not need a large number of strategies.

The strategies for each outcome in the Choices program were as follows, presented here in the language used by the group.

Outcome 1: Reduction in low level police contacts. As a result of greater organizational collaboration, deflection participants will have a decrease of time to services and an increase in the number of available services. This results in a reduction in low level police contacts and repeat contacts, which leads to safe communities.

- Strategy 1: Developing executive-level collaboration.
- Strategy 2: Meeting with deflection team leadership on a regular basis and continue team building.
- Strategy 3: Developing a situation table/briefings for “acute cases.”
- Strategy 4: Sharing strategic intercept mapping and compiling a list of community-based resources in each county.
- Strategy 5: Evaluating the deflection program continuously.
- Strategy 6: Having special priority for certain referral cases or a primary person of contact at each participating organization.
- Strategy 7: Incorporating persons with lived experience of SUD into the program.

Outcome 2: As a result of greater organizational collaboration, there will be a more positive perception toward and among the deflection program organizations, as well as the community.

- Strategy 1: Ensuring consistent communication among the leadership team to build trust (team building meetings, email distribution.)
- Strategy 2: Employing feedback loops to keep all partner organizations up to date on program activities.

Outcome 3: As a result of greater organizational collaboration, create a positive perception of recovery to support deflection and public health approaches.

- Strategy 1: Seeking funding opportunities for program promotion.
- Strategy 2: Forming relationships with local news organizations and colleges to promote the program once it is implemented.
- Strategy 3: Posting on social media about organization pages and news briefs.
- Strategy 4: Presenting and training the community about the program locally and at conferences.

At the end of the session, the secondary facilitator asked ICJIA staff to hand out the surveys. The lead facilitator explained he would not be in attendance the next day, and he shared the itinerary that the secondary facilitator would follow that day. The Wilder Collaboration Survey was also distributed on day 4, with ICJIA staff instructing participants to return the survey at the end of the sixth action planning session. Results from this collaboration survey are listed in the appendix. Table 9 details day 4 survey results.

Table 9*Survey Responses After Day 4 of Action Planning*

	Poor	Fair	Good	Very Good
How do you feel the group did in aligning with and continuing to address the previously defined problem(s) from the first action planning session?	0	0	3	5
	Completely Unsustainable	Not very sustainable	Somewhat Sustainable	Very Sustainable
Do you feel the level of collaboration and agreement among your community members is sustainable?	0	0	5	3
	Strongly Disagree	Disagree	Agree	Strongly Agree
The stated purpose of our deflection program is consistent and concise. I am confident that our community partners share our long-term goals and will aid in achieving them.”	0	0	4	4
The local data presentation was informative to the action planning group and process.	0	0	2	6
	0	0	3	5
	Not at all	Very Little	Somewhat	To a great extent
To what extent do you think the right community partners have been identified for the deflection program?	0	1	5	2
	Poor	Fair	Good	Excellent
How would you rate the overall action planning process so far?	0	0	4	4

Note. Data from survey responses at the end of day 4 of action planning, December 13, 2022. The sample size was eight.

Day 5 of Action Planning*Action Steps*

The secondary facilitator took over as lead and refreshed the group on decisions made during the previous session. The focus for day five of action planning was developing action steps. There was little transition from the refresher of the previous day to deciding on the action steps for the

first outcome, the group seemed unclear on where to begin in their decision-making. This confusion was reflected in the group's hesitation to participate. The group then rerouted and focused on creating an elevator pitch for the program. There was a lot of emphasis on successfully selling the program so that executive level collaboration would be possible.

Overall, there was very little input from the law enforcement representatives who were present. Coinciding with this relative reticence was a trend in the group conversation that occurred on day four and continued here. The trend was that the group tended to assume the responses of law enforcement throughout the discussion, often without law enforcement's input. For example, group members spoke about their reluctance to reach out to law enforcement because of an (assumed) lack of resources (manpower) and about not wanting to overwhelm law enforcement personnel. In this instance, law enforcement group members responded and relayed a need for a list of existing resources before adding any new ones. The deflection supervisor chimed in to let the group know that this is what deflection specialists are here for.

As the session continued, participation from the larger group increased, while participation from law enforcement remained stagnant. The facilitator did not need to provide much input or direction as the session continued. The group was leading itself well and staying on task. In addition, the group was very realistic in terms of future meetings and obstacles that could impede successful and regular meetings. As participants continued, they became more talkative and began speaking anecdotally, but the facilitator was able to easily guide them back to the remaining strategies that needed action steps. At this point, the facilitator decided to entirely step back and let the group lead the discussion on the next few strategies. The group was uneasy at first and not overly confident, but after a few moments of individually gathering their thoughts, the group handled this task well.

The group identified time as a resource and began to backtrack to previous action steps to incorporate time. Much as the group led themselves, the energy of the group nonetheless deflated overall once the facilitator took a step back. The members of the group were hesitant to speak up and there was much silence between comments. The facilitator reiterated that the purpose of "stepping back" was to enable the group to lead their own meetings eventually, but the group did not feel confident in doing that yet. As an exception, when the discussion involved persons with lived experiences, the energy picked back up. It was apparent that the group was passionate about the inclusion of persons with lived experience, and interested in hearing their thoughts.

There was a discussion regarding how to continuously reevaluate deflection programs and how the group could use the ICJIA survey results for this effort (e.g., pre- and post-tests). Similarly, the participants emphasized the importance of feedback and how it could be helpful in all aspects. Hearing success stories and following up on clients clearly boosted morale throughout the group, and such stories and follow up could help improve best practices, as well. Building off this idea, the group discussed the notion of a quarterly deflection newsletter. For part of its content, program participants could potentially share their success stories. The proposed structure and overall content would be as follows: an introduction to deflection; some programs and partners; success stories; and a closing paragraph with an invitation to get involved to anyone interested or anyone they knew who might be interested, followed by instructions on how to get involved.

Naming of the Program

The group was very engaged in the naming process, particularly law enforcement. Most group members had a proposed name in mind, and all group members were eager to share their opinion on each name. One common theme was making sure it was a marketable and legitimate program name. Law enforcement participants pointed out it needed to be a name everyone would take seriously. Ultimately, the group decided to think independently on the naming of the program and resume the conversation on the final day.

Key Questions for Implementation

The last task of the day was a brainstorming session for implementation. The group discussed the need for consistent evaluation of program efforts. The group decided the following were essential: annual community assessments, law enforcement tracking data, potential university partnerships, surveys of individuals and stakeholders, measurements of public perception of the program, cost-benefit analyses, and overlapping data from other programs. The group also reiterated the need for a feedback loop to have successful evaluations.

The next part of the brainstorming focused on racial, ethnic, and gender disparities. While the group was hesitant to begin this discussion, once they began the energy rose again, and a lot of good conversation occurred. The group discussed recruiting and getting input from law enforcement personnel who were already serving underserved communities and monitoring data to make sure deflection statistics on demographics reflected the demographics of the community (and, when they did not, asking why not). There was agreement about a need for training and communication with law enforcement. The emphasis then turned toward a discussion of the presence of a general distrust of law enforcement from the community and the reasons for it. Group members also emphasized the importance of law enforcement respecting that distrust, trying to work with clients, rather than being combative or defensive regarding that distrust. Law enforcement group members did not respond to this conversation.

The facilitator then reviewed the itinerary for the final day, and surveys were handed out (Table 10).

Table 10
Survey Responses After Day 5 of Action Planning

	Very Weak	Weak	Strong	Very Strong
How would you rate the level of collaboration among your community members during action planning?	0	0	4	4
How would you rate the level of collaboration among your community members?	0	0	3	5
How would you rate the level of community member engagement in the action planning process?	0	1	4	3

How would you rate the potential for lasting and ongoing collaboration within your community action planning group?	0	0	4	4
	Very Disjointed	Disjointed	Continuous	Very Continuous
How would you rate the continuity from the last action planning session in terms of shared goals and tackling previously defined problems?	0	0	3	5
How would you rate the pacing of the action planning process?	Too Slow	Slow	Fast	Too Fast
	0	3	4	1
	Strongly Disagree	Disagree	Agree	Strongly Agree
The topics covered during the action planning process have been clearly explained and streamlined from the previous action planning session.	0	0	4	4
There is adequate community buy-in for this program.	0	1	5	2
Any outcome metrics that were previously identified to evaluate effectiveness of the program are still appropriate for current evaluation.	0	0	3	5
Our action planning group has decided on the appropriate strategies to help us achieve our goals.	0	0	2	6
Adequate resources are available for our group to implement our plan of action.	0	0	4	4
The outcomes developed by our group are measurable.	0	0	5	3
	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	0	5	3
How would you rate the overall guided action planning process so far?	0	1	0	7
	Not at all	Very little	Somewhat	To a great extent
To what degree do you have confidence that your group made the right decision on pathway(s)?	0	0	1	7
To what extent do you believe your group has established a realistic action plan through this process?	0	0	1	7

	Completely unfeasible	Not very feasible	Feasible	Very feasible
How feasible do you think your strategies are to achieve your overall goal?	0	0	3	5

Note. Data from survey responses at the end of day 5 of action planning, December 14, 2022. The sample size was eight.

Day 6 of Action Planning

Continued Program Naming

The day began with the naming discussion that was initiated on day 5. All group members wrote down their ideas for what to name the program on a piece of paper, and the facilitator wrote them all on the board. While this was happening, a deflection specialist arrived late critiqued numerous ideas. As a result, the group was stiff and became lightly uncomfortable continuing. The momentum of the naming session decreased significantly. The top two names were Choices and Southwestern (Central) Community Engagement Response Team. Ultimately, Choices was selected.

Continued Questions for Implementation

Overall, on both days 5 and 6, discussions felt rushed, without much in-depth conversation about each talking point. The group had surface level conversations about addressing the needs of the LGBT community, assuring the health and wellness of the deflection team, building community awareness for the program, and training stakeholders to implement the program. After these brief discussions, the deflection specialist who had come in late reentered the conversation, apologized for her entrance, and emphasized what great work the group was doing and how productive the action planning session was. This seemed to uplift the group, and the following discussion was much livelier.

There were similar brief discussions regarding the funding for the program, the sustainability of the program, legal considerations, political challenges, and ways to recognize and celebrate the program. Again, these conversations just scratched the surface of these topics to get group members thinking about them. The facilitator inquired if the group felt they missed anything, with the reminder that the action plan is a living document. The group decided they could not identify anything missing at the time and would deal with missing items as they arose.

Implementation

The facilitator then shifted the conversation to what implementation should look like and stressed not to delay on this, especially with the holidays and new year approaching. The following list was what the group decided for the implementation process:

- The group would meet virtually every two weeks, once a month in person for 4-6 months (first meeting will be January 5 virtually).
- The facilitator would reach out regarding a recurring meeting time (survey).

- The group would wait one to two meetings before adding more organizations to the recurring meetings.
- There would be a spreadsheet of organizations with contacts.
- The target launch date for Choices would be June 2023.

Report out

Participants spent time working on a report out to present everything that had been done in the two, three-day action planning sessions. They collaborated well and divided up the work, as needed. All facilitating staff took a step back to let the group do this independently. During the presentation, which lasted about 40 minutes, a facilitator jumped in almost immediately to ask questions. Overall, the presentation went smoothly, despite frequent questions from the facilitator. The group did well responding to those questions. The session concluded with a roundtable discussion and a reminder that the team needed to be continuously engaged in order for this program to be successful. The group left for the day in high spirits, and the facilitators seemed happy with the progress that was made. Survey responses are detailed in Table 11.

Table 11
Survey Responses After Day 6 of Action Planning

	Excellent	Good	Fair	Poor
Overall, how would you rate the those leading the action planning process?	4	2	0	0
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	3	2	1	0
How did you find the use of the in-person format rather than virtual for the action planning process?	5	1	0	0
	Very Likely	Likely	Unlikely	Very Unlikely
How likely do you think you will take an active role in the implementation of your action plan?	5	1	0	0
	Very Sustainable	Sustainable	Not Very Sustainable	Completely Unsustainable
At this point, how would gauge the likelihood of sustainability of this program over time?	4	2	0	0
	To a great extent	Somewhat	Very Little	Not at all
To what extent do you think this program will ultimately help people with substance use disorders in your community?	4	2	0	0

	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt comfortable participating in the action planning discussion.	5	1	0	0
I feel like everyone participating in the action planning process had their voices heard	4	2	0	0
<i>Note.</i> Data from survey responses at the end of day 6 of action planning, December 15, 2022. The sample size was six.				

Section 5.3: The Completed Action Plan Document and Next Steps

This section outlines the completed action plan.

Outcome Objectives

During the action planning process, the group developed three outcome objectives with corresponding strategies. In their own words, they presented them, as follows:

Outcome 1: Reduction in low level police contacts. As a result of greater organizational collaboration, deflection participants will experience a decrease in time to services and an increase in the number of available services. This will result in a reduction in low-level police contacts and repeat contacts, which leads to safe communities as police will have more time to solve crime and engage in community policing.

- *Strategy 1:* Development of an executive-level collaboration.
- *Strategy 2:* Deflection team leadership will continue to meet regularly and continue team building.
- *Strategy 3:* Development of a Situation Table/briefings for acute cases.
- *Strategy 4:* Sharing of Strategic Intercept Mapping and compiling a list of community-based resources in each county.
- *Strategy 5:* Continuous evaluation of the deflection program.
- *Strategy 6:* Either having special priority for certain referral cases or a primary person of contact at each participating organization.
- *Strategy 7:* Incorporating persons with lived experience into the program.

Outcome 2: As a result of greater organizational collaboration, a positive perception between and amongst organizations of each other, as well as the community, is fostered and improved.

- *Strategy 1:* Consistent communication to build trust (team building meetings, email distribution).
- *Strategy 2:* Feedback loops to all partner organizations.

Outcome 3: As a result of greater organizational collaboration, the program will create a positive perception of recovery to support deflection and public health approaches.

- *Strategy 1:* Funding opportunities for program promotion.
- *Strategy 2:* Form relationships with local news organizations and colleges.
- *Strategy 3:* Social media posts on organization pages and news briefs.
- *Strategy 4:* Presentation and community training. Presentations can include local presentations in the community or presentations at conferences.

Action Steps

The group developed action steps for each strategy. These were either short-, medium-, or long-term actions for the group to take in order to achieve their collective outcomes. They agreed on a

timeline for completing each type of action step, as follows:

- Short-term actions - 60 days.
- Medium-term actions - 180 days.
- Long-term actions - 365 days.

There were 54 action steps established. There were 16 short-term actions, 9 medium-term actions, 12 long-term action steps, and 17 action steps without a deadline. Some action steps are repeated in different timelines to allow space for the participants if an action plan step takes longer than originally anticipated. The following details the action steps as the group recorded them in the action plan document, some action steps may still need to be elaborated on in the next phase of developing the program.

Short-term action steps were identified as the following:

- Identifying the decision makers at each organization.
- Educating each other on the different needs of each organization; explaining deflection to the group and creating a community advisory training development team and community advisory team.
- Creating an “elevator speech” from what group learns about the needs of each organization.
- Developing a standing schedule with an agenda and inviting leaders to the meetings with designated meeting goals.
- Designating roles for each person.
- Identifying key players, leaders, and “champions.”
- Establishing a “communication keeper.”
- Identifying points of contact for the program.
- Identifying a person to develop a budget.
- Designating a person to contact the media and universities.
- Identifying who has social media accounts.
- Creating social media pages for the deflection program.
- Looking for existing opportunities.
- Developing a program budget.

The medium-term action steps were

- Training everyone to make sure they can access and work on a Google document/spreadsheet.
- Standardizing templates for conversations taking place at the situational table and for agendas at the regular meetings.
- Obtaining participants’ emails for a distribution list.
- Determining who is in charge of the feedback loop.
- Identifying points of contact from each participating organization.
- Identifying needs of the organization and developing a budget.
- Contacting the universities and media
- Finding a competent presenter(s).
- Developing a presentation.

Long-term action steps were:

- Establishing a co-occurring meeting with agenda and action steps.
- Inviting people to the table.
- Recruiting voices of lived experience.
- Establishing guidelines.
- Standardizing script for meetings.
- Identifying potential funding sources.
- Establishing events.
- Developing posts and deciding who will make the social media posts.
- Approving social media posts.
- Inviting audiences.
- Identifying locations.

Action steps without a timeline included:

- Scheduling training for table partners on how to conduct meetings.
- Setting aside time for the meetings and building an agenda with regular items to be covered during meetings.
- Developing a referral process for situation table discussions and the steps that need to be taken after the referral has been made.
- Setting a time for a meeting to do a mapping/brainstorming of resources in the area.
- Developing a leadership team from the list of resources/organizations in the area.
- Sending these resources to the TASC deflection team, who will continue to keep it updated.
- Defining metrics that will be used to evaluate the program.
- Setting regular times for the leadership team to review the data and evaluate the program and address any gaps in the program.
- Surveying involved stakeholders.
- Gathering community feedback through surveys or community discussions.
- Educating on the importance of continuous improvement
- Having a point person develop a list of expectations for members of the team.
- Developing a list of expectations from the contact person and their organization.
- Developing expectations about ideal time frame when a referral comes into each agency.
- Establishing guidelines for who is qualified to be a voice of lived experience.
- Identifying risks/benefits of including persons with lived experiences in program leadership.
- Offering public speaking training.

Implementation of the Solutions Action Plan

After creating the solutions action plan, the group members emphasized the importance of meeting regularly to continue the momentum of the sessions. The group decided to meet continuously every other week virtually, with less frequent in person meetings, as well. TASC CHJ provided one staff member, the facilitator of this action planning session, to be dedicated staff for the Choices program.

Findings on Collaboration from the Wilder Survey

Overall, the group reported high levels of successful collaboration according to the Wilder Collaboration Survey results. On survey items, mean scores of 4.0 or higher indicated positive feedback and strength, suggesting not much need for additional attention; scores between 3.0 and 3.9 might require attention; and scores of 2.9 or lower indicated poor feedback and concerns that should be addressed. The group identified their collaboration strengths, and these strengths are tied to four factors: members saw collaboration as being in their self-interest; they had a unique purpose; they met in a favorable political and social climate; and they experienced mutual respect, understanding, and trust. Notably, the group identified their biggest weakness as not having a history of collaboration or cooperation in the community. Other low scoring items related to survey questions that asked about evaluation and continuous learning; having established informal relationships and communication links; the collaborative group being seen as a legitimate leader in the community; an appropriate cross section of members; and sufficient funds, staff, materials, and time. Detailed results of the collaboration survey are listed in Appendix A.

Section 6: Discussion and Recommendations

Based on the findings of the evaluation of the Southwestern Illinois action planning process for the deflection program for persons with SUD and mental health disorders, ICJIA recorded observations on the process – what went well and suggestions for bettering future action planning and program development. From these observations, ICJIA presents the following discussion and recommendations.

Improving Collaboration

Team Building Activities

Results of the Wilder Collaboration Survey revealed a clear need for better collaboration among agencies in the community and, more specifically, among members of the Choices leadership team who participated in action planning. The survey indicated a lack of informal conversations about the project with others involved in the collaborative group. Building rapport among the leadership team is essential to the success of the action planning as well as to the continued success of implementation. Research on team building has identified four main components: goal setting, interpersonal relations, problem solving, and role clarification (Klein et al., 2009). While this action planning process has done well to focus on goal setting, problem solving, and role clarification, without the interpersonal relations factor the leadership team may not be as effective or successful as possible.

Community Collaboration

The factor that scored lowest on the Wilder Collaboration Survey was a history of collaboration or cooperation within the community. Since involvement in action planning is strictly voluntary, there may have been a selection bias in the leadership team. Those on the leadership team actively chose to participate, making them fundamentally different from community leaders who chose not to participate. Leadership team members could gain insight from leaders who did not self-select as well as community members who began the action planning process, but did not continue to participate as it progressed. They may learn from these community members issues that should be addressed moving forward, both in action planning and within the community, and ways to encourage better collaboration in the community and among team members. If the community feels heard and feels their grievances are being addressed, the program has a better chance of garnering collaboration and cooperation. Another way in which collaboration and cooperation might be fostered is for facilitators to give the local data presentation at the very beginning of action planning and make it collaborative with the community leaders. In that way, those in attendance will understand the facilitators have made an effort to know this community and best understand what issues can be addressed with the deflection program.

Consider Action Planning Attendees

Engage a Larger Number of Local Participants

As was noted in Section 5, a decreasing number of participants attended each action planning session, with numbers declining, respectively, from 14 and 15 on the first two days to 10 or fewer thereafter. This is despite TASC CHJ's extensive outreach before the start of action planning to all those in attendance at the kick-off event in August 2022.

Eliciting attendance and active participation from the largest number of community organizations and local service providers possible is important for meeting the SUD and mental health needs of community members and avoiding the consequences of not doing so. For example, limited access, or lack thereof, to SUD treatment in rural communities likely hinders the continued involvement of persons entering treatment (Fortney & Booth, 2002). Involving a large number of cross-domain participants in planning makes it possible to examine access from multiple perspectives and work across organizations toward the goal of multidisciplinary care. A multidisciplinary model of care is the most effective way to address the intricacies of SUDs (Sdrulla & Chen, 2015). A person's medical, psychiatric, and psychosocial needs must be met in order to successfully treat substance use disorder (Sdrulla & Chen, 2015). Although many social service providers in the community were invited to the kick-off meeting, the number attending action planning was drastically lower for unidentified reasons.

Results from surveys indicated that participants felt the right people were at action planning; however, there needed to be more social service providers represented and present at action planning. The World Health Organization states that "Whenever possible, different services need to be engaged in treatment delivery with appropriate coordination, including psychiatric, psychological and mental health care; social care and other services, including for housing and job skills/ employment and, if necessary, legal assistance" (Sdrulla & Chen, 2015).

One possible explanation for the lack of involvement by community service providers could be that individuals who attended the kick-off event but not action planning were already involved in similar programs in the counties. Overcommitment and a lack of time/availability to fully engage in a program are often obstacles to successful and continued participation (Community Toolbox, n.d.). A newer and less developed program may be afforded a lower priority than established programs.

Engage Diverse Local Participants

Participants did not represent the diversity of their communities. Our participant survey showed that the majority were White women with an average age of 42 years old. To have a more diverse group, action planning facilitators should try to invite groups that are culturally representative of the local population and inclusive of all genders, ethnicities/races, and age groups. On a positive note, a majority of participants both worked and lived within the counties of the program.

Improve Participant Understanding During Action Planning

Offer Baseline Data

Facilitators provided a brief local data presentation on day three of action planning. While this presentation was generally well-received, data informing the action planning should be presented on the first day (Wilkinson, 2012). Wilkinson (2012) notes that the timing of the data sharing is essential because ...

[y]ou may have been in the room when a team has made a decision based on the best information available, only to discover that if they had been aware of other information that had not been brought into the room, they would have likely made a different decision (para. 7).

Ensuring data are presented on the first day of action planning helps participants identify any additional data that may be helpful or necessary for future decision making (Alliance for Research in Chicagoland Communities, n.d.).

Develop Program Goals and Measurable Objectives

One element that seemed to be missing from the action planning process was ensuring that objectives and goals were measurable. As specialists advise, when planning actions, groups should start by creating broader goals and then breaking them down into objectives (Indeed Editorial Team, 2021). The Centers for Disease Control and Prevention gives the following definitions of goals and objectives (n.d. -a):

- **Goals** are statements regarding what the program seeks to accomplish. Goals are broad, general statements with long-range direction. Objectives break down those goals into smaller parts that provide specific measurables.
- **Objectives** are the measurable results expected to be achieved by the program.
 - **Process objectives** are activities that are to be completed within a specific time period.
 - **Outcome objectives** are intended results or effects of a program, often these include changes in policy, knowledge, attitudes, or behaviors.

The action planning process for Southwestern Illinois deflection programs produced many desired objectives; however, very few were realistically measurable. Adding a requirement that each objective must be measurable will aid in evaluating each objective once the program has been fully implemented. It should also be noted that many objectives included a change in attitude among the community. It is unclear how attitude change can be reasonably and accurately measured as community opinion surveys are most often resource-intensive and inadequately provide broad points of view to inform policy makers (Kathlene & Martin, 1991).

Develop Logic Models

Research has shown that logic models can assist new programs to “get off to a good start” during the planning phase (Community Toolbox, n.d.). Logic models visually depict the relationship between inputs (e.g., resources, stakeholders), outputs (e.g., program activities), ways to measure outputs, and short- and long-term goals (Centers for Disease Control and Prevention, n.d. -b). In

addition, logic models can help organize and conceptualize how inputs and outputs will help achieve the intended goals

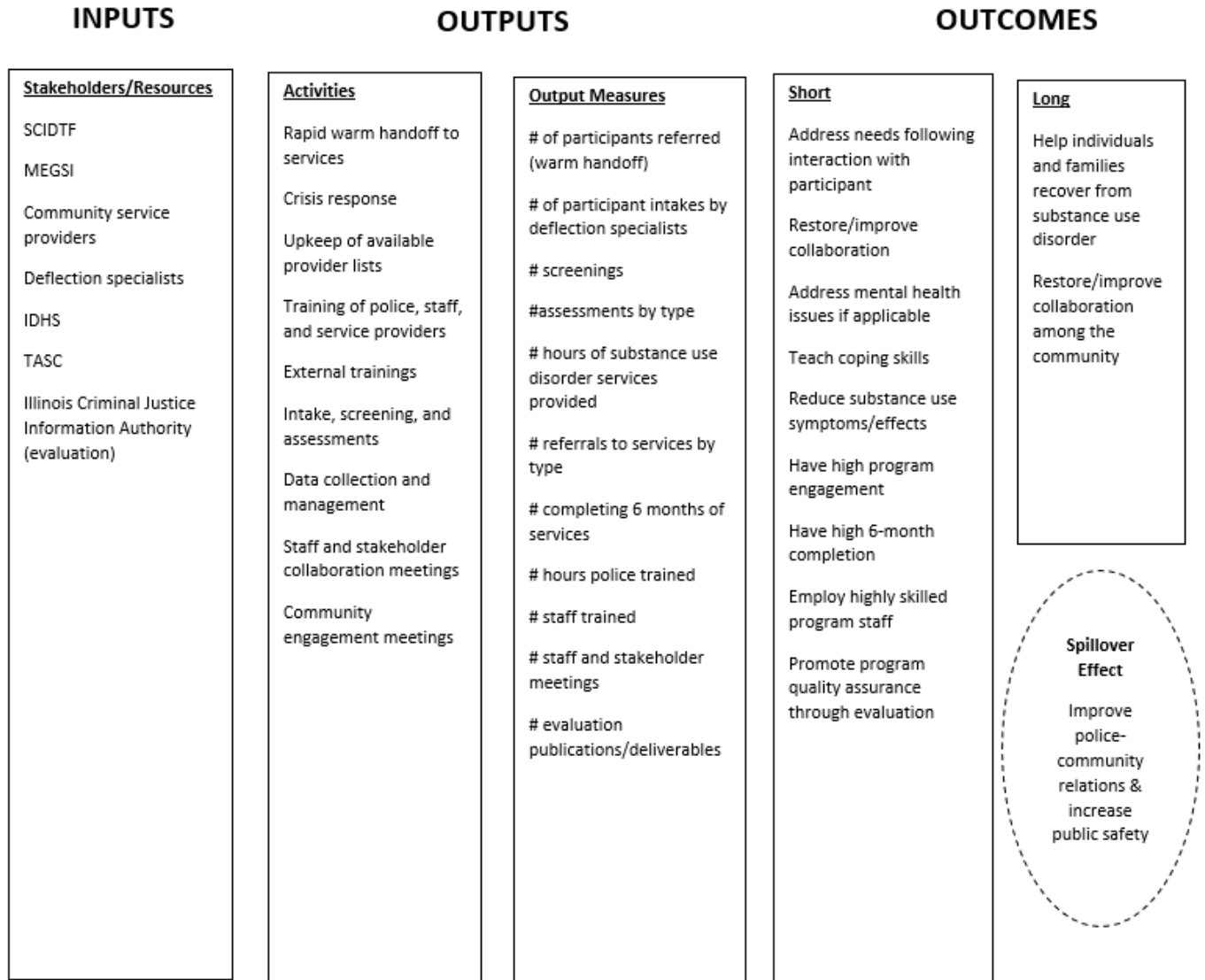
As a general rule of thumb, participants in action planning can work collaboratively to develop a logic model and use that model to:

- Clarify program strategy.
- Identify appropriate outcome targets (and avoid over-promising).
- Align efforts with those of other organizations.
- Assess the potential effectiveness of an approach.
- Set priorities for allocating resources.
- Estimate timelines.
- Identify necessary partnerships.
- Negotiate roles and responsibilities.
- Focus discussions and make planning time more efficient (Community Toolbox, n.d.).

Figure 7 provides an example of a logic model for a deflection program seeking to offer services to persons with substance use or mental health disorders.

The Choices action planning group did not work on logic models, but organizers and facilitators should consider using logic models in future action planning sessions to further help participants conceptualize their program.

Figure 7
Example of Logic Model for a Deflection Program



Note. Example created by ICJIA researchers for purposes of this report, this was not developed with an action planning group.

Section 7: Conclusion

We conducted an evaluation of the action planning process to develop a deflection program. Evaluations of program planning are important to ensure sustainability, in line with implementation science. The use of action planning can have benefits for a program, such as community engagement, goal development, and the steps to achieve goals. A group of local community members and service providers met over eight days. Their discussions culminated in a plan for the program's structure, design, and implementation. The program will assist persons with substance use and/or mental health disorders in eight counties in Southwestern Illinois. The plan is for two Illinois State Police multijurisdictional, drug task forces to identify individuals to hand off to TASC deflection specialists, who will then refer them to local treatment and services.

For future action planning sessions, recommendations have been made to heighten the success of each session. These recommendations focus on bettering both team and community collaboration, increasing attendance and participation, ensuring all participants have a thorough understanding of both deflection and the action planning process, and creating measurable objectives using a logic model. All recommendations have been made by researchers who attended the action planning sessions and are supported by supplemental research.

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Appendix A: Wilder Collaboration Survey Results

Table

Wilder Collaboration Survey Results

Survey items	n	Strongly disagree		Disagree		Neutral, no opinion		Agree		Strongly agree		Mean score
		n	%	n	%	n	%	n	%	n	%	
My organization will benefit from being involved in the collaboration.	6	0	0	0	0	0	0	0	0	6	100.0	5.00
The time is right for this collaborative project.	6	0	0	0	0	0	0	1	17.0	5	83.0	4.83
I have a lot of respect for the other people involved in this collaboration	6	0	0	0	0	0	0	2	33.0	4	67.0	4.67
Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish	6	0	0	0	0	0	0	4	33.0	4	67.0	4.67
Everyone who is a member of our collaborative group wants this project to succeed.	5	0	0	0	0	1	20.0	0	0	5	80.0	4.60
There is a clear process for making decisions among the partners in this collaboration.	5	0	0	0	0	0	0	2	40.0	3	60.0	4.60
The political and social climate seems to be “right” for starting a collaborative project like this one.	6	0	0	0	0	0	0	3	50.0	3	50.0	4.50
People in this collaboration communicate openly with one another.	6	0	0	0	0	0	0	3	50.0	3	50.0	4.50
No other organization in the community is trying to do exactly what we are trying to do.	6	0	0	0	0	1	17.0	1	17.0	4	67.0	4.50
There is a lot of flexibility when decisions are made; people are open to discussing different options.	5	0	0	0	0	0	0	3	60.0	2	40.0	4.40
People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	5	0	0	0	0	0	0	3	60.0	2	40.0	4.40
People involved in our collaboration trust one another.	6	0	0	0	0	1	17.0	2	33.0	3	50.0	4.33
The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.	6	0	0	0	0	0	0	4	67.0	2	33.0	4.33
People involved in our collaboration are willing to compromise on important aspects of our project.	6	0	0	0	0	0	0	4	67.0	2	33.0	4.33
This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.	6	0	0	0	0	0	0	4	67.0	2	33.0	4.33
This group has the ability to survive even if it had to make major changes	6	0	0	0	0	0	0	4	67.0	2	33.0	4.33

in its plans or add some new members in order to reach its goals.

I am informed as often as I should be about what is going on in the collaboration.

6 0 0 0 0 0 0 4 67.0 2 33.0 4.33

The people in this collaborative group are dedicated to the idea that we can make this project work.

6 0 0 0 0 0 0 4 67.0 2 33.0 4.33

The people in leadership positions for this collaboration have good skills for working with other people and organizations.

6 0 0 0 0 1 17.0 2 33.0 3 50.0 4.33

The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.

5 0 0 0 0 1 20.0 2 40.0 2 40.0 4.20

The level of commitment among the collaboration participants is high.

5 0 0 0 0 1 20.0 2 40.0 2 40.0 4.20

Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.

5 0 0 0 0 1 20.0 2 40.0 2 40.0 4.20

This group is currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.

6 0 0 0 0 1 17.0 3 50.0 2 33.0 4.17

The people who lead this collaborative group communicate well with the members.

6 0 0 0 0 1 17.0 3 50.0 2 33.0 4.17

Communication among the people in this collaborative group happens both at formal meetings and in informal ways.

6 0 0 0 0 1 17.0 3 50.0 2 33.0 4.17

I have a clear understanding of what our collaboration is trying to accomplish.

6 0 0 0 0 1 17.0 3 50.0 2 33.0 4.17

My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.

6 0 0 0 0 1 17.0 3 50.0 2 33.0 4.17

Others (in this community) who are not a part of this collaboration would generally agree that the organizations involved in this collaborative project are the “right” organizations to make this work.

6 0 0 0 0 0 0 6 100.0 0 0 4.00

When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.

5 0 0 0 0 2 40.0 1 20.0 2 40.0 4.00

People in this collaborative group have a clear sense of their roles and responsibilities.	5	0	0	0	0	1	20.0	3	60.0	1	20.0	4.00
This collaborative group has been careful to take on the right amount of work at the right pace.	6	0	0	1	17.0	0	0	3	50.0	2	33.0	4.00
We measure and report the outcomes of our collaboration.	6	0	0	0	0	2	33.0	2	33.0	2	33.0	4.00
Information about our activities, services, and outcomes is used by members of the collaborative group to improve our joint work.	6	0	0	0	0	1	17.0	4	67.0	1	17.0	4.00
People in our collaborative group have established reasonable goals.	5	0	0	0	0	1	20.0	3	40.0	1	20.0	4.00
Our collaborative group engages other stakeholders, outside of the group, as much as we should.	6	0	0	0	0	2	33.0	2	33.0	2	33.0	4.00
A system exists to monitor and report the activities and/or services of our collaboration.	6	0	0	0	0	2	33.0	3	50.0	1	17.0	3.83
People in our collaborative group know and understand our goals.	6	0	0	0	0	2	33.0	3	50.0	1	17.0	3.83
I personally have informal conversations about the project with others who are involved in this collaborative group.	6	0	0	0	0	3	50.0	2	33.0	1	17.0	3.67
Our collaborative group has adequate funds to do what it wants to accomplish.	6	0	0	1	17.0	2	33.0	1	17.0	2	33.0	3.67
Our collaborative group has adequate “people power” to do what it wants to accomplish.	6	0	0	1	17.0	2	33.0	1	17.0	2	33.0	3.67
Agencies in our community have a history of working together.	6	0	0	1	17	2	33.0	2	33.0	1	17.0	3.50
Trying to solve problems through collaboration has been common in this community. It has been done a lot before.	6	0	0	1	17	2	33.0	2	33.0	1	17.0	3.50
Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.	6	0	0	2	33.0	0	0	4	67.0	0	0	3.33
All the organizations that we need to be members of this collaborative group have become members of the group.	6	1	17.0	1	17.0	2	33.0	1	17.0	1	17.0	3.00

Note. Sample size was 5-6 as noted. To generate mean score, Likert scale items were scored from Strongly disagree=1 to Strongly agree=5.

Appendix B: Deflection Specialist/Community Care Coordinator Job Description

Working at TASC: At TASC, we serve people who have cases in courts, corrections, and family service systems across Illinois — and we help people move beyond their involvement in these systems, rebuild their lives, and connect to positive supports in the community. When you work with TASC, you're part of a team committed to reducing people's involvement with the justice system, increasing health and recovery, and advancing racial and social justice. We also strive to reform systems through public policy work in Illinois and nationally, and through our consulting services across the globe.

Summary: This position will be responsible for connecting with participants to services within targeted geographic communities in Illinois, providing outreach, education and training on subjects such as substance use disorders, community resources, pre-arrest diversion, health insurance, etc. This position will serve as a public face of TASC in the designated areas and be responsible for direct services for participants, as well as community partner's relations and trainings.

Essential Duties and Responsibilities

- Provide assertive and continuous outreach activities related to direct participant services.
- Make referrals to all essential needed participant services i.e., SUD treatment, recovery support services, housing, etc.
- Attend community events and conferences to provide education and awareness on law enforcement diversion and outreach to individuals with an opioid or SUD.
- Conduct enrollment assistance for Medicaid with individuals who are without insurance when needed.
- Responsible for follow-up activities related to addressing participant needs.
- Develop effective working relationships with appropriate project staff and community partners, providers, police departments etc.
- Attend community events representing the deflection program and TASC.
- Provide trainings on an ongoing basis related to the deflection program's targeted goals and objectives, including naloxone administration & distribution.

Qualifications:

- High school diploma or a GED certificate.
- Knowledge of human behavior for the assessment and signs and symptoms of SUDs. Specific knowledge necessary for working with special populations.
- One or more years of outreach work related to direct participant services.
- One or more years' experience with providing trainings and/or presenting at local or national conferences preferred.
- Knowledge of treatment & service providers in various areas in Illinois would be beneficial.
- Highly organized and great follow-up skills.
- Must be able to work well under pressure in a fast-paced environment.

If you are interested in this position, please visit the TASC website at www.tasc.org and apply online.

TASC is an Equal Opportunity Employer and a Drug Free workplace. The agency does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran or military status or any other protected status in accordance with federal and state law.

Appendix C: Solutions Action Plan Table of Contents



Deflection & Pre-Arrest Diversion Solutions Action Plan (SAP)

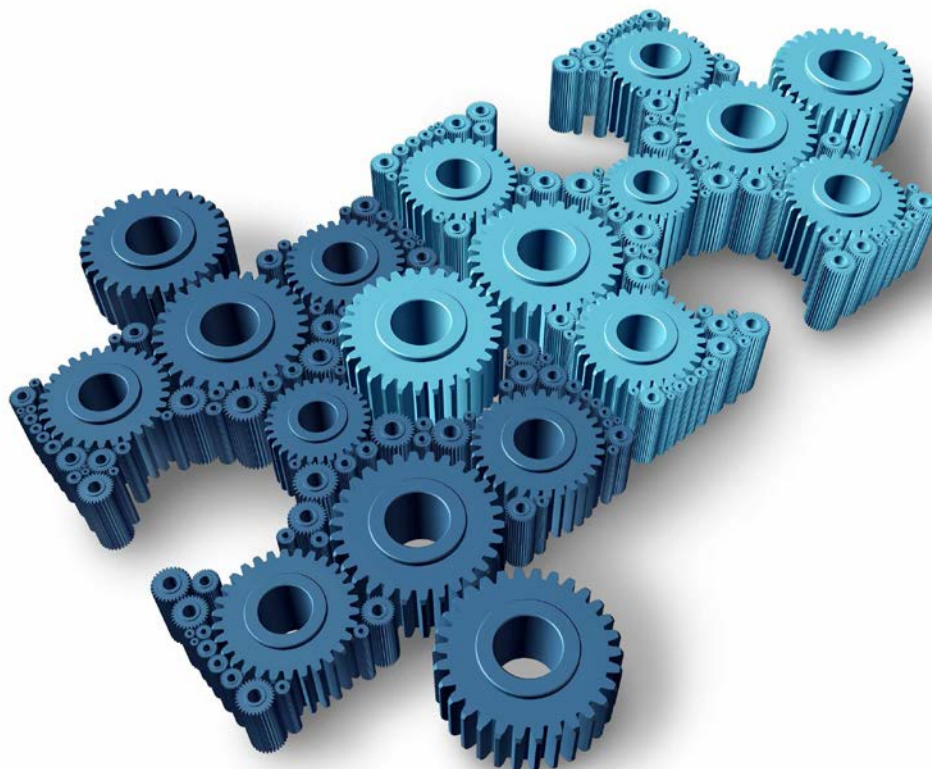


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