



EVALUATION OF THE DEVELOPMENT OF LITTLE EGYPT ALTERNATIVE PATHWAYS (LEAP), A MULTIJURISDICTIONAL POLICE-LED DEFLECTION PROGRAM IN THREE SOUTHERN ILLINOIS COUNTIES



**Evaluation of the Development of Little Egypt Alternative Pathways (LEAP), a
Multijurisdictional Police-Led Deflection Program in Three Southern Illinois Counties**

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

Prepared by
Alex Menninger, Senior Research Fellow
Sharyn Adams, Research Analyst
Jessica Reichert, Senior Research Analyst

Center for Justice Research and Evaluation
Research and Analysis Unit
Illinois Criminal Justice Information Authority

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Illinois Criminal Justice Information Authority
60 E. Van Buren Street, Suite 650
Chicago, Illinois 60605
Phone: 312.793.8550
<https://icjia.illinois.gov>

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Executive Summary

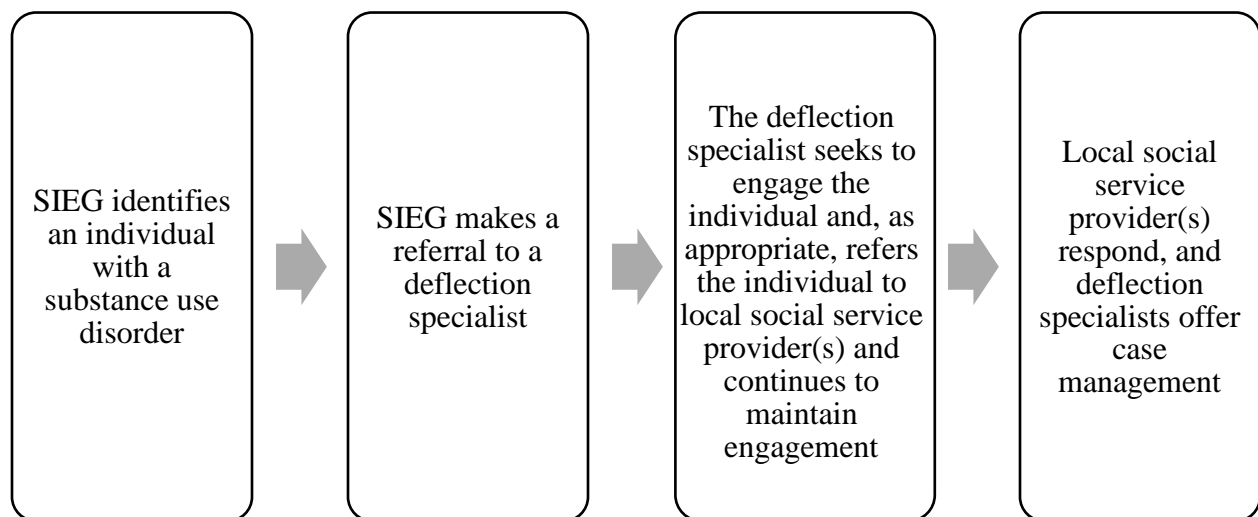
Introduction

A disproportionate number of police contacts involve people with behavioral health needs, such as those experiencing a mental health crisis or struggling with a substance use disorder (Livingston, 2016). Deflection is one type of program in which police officers are able to refer persons who they encounter to behavioral health services (Lindquist-Grantz et al., 2021). Participation is voluntary, and the referral service is free to participants. Deflection aims to reduce criminal justice system involvement and connect people with treatment and other services to improve individual and community health (Charlier & Reichert, 2020).

We evaluated the development of a new deflection program in Illinois, Little Egypt Alternative Pathways (LEAP), that covers Jackson, Johnson, and Williamson counties (southern Illinois is known as Little Egypt due to perceived geographic similarities [Williamson County Government, n.d.]) The goal is for police in the Illinois State Police-led Southern Illinois Enforcement Group (SIEG), a multijurisdictional police task force, to refer persons to services in these counties. An overview how participants interact with the program is shown in Figure 1.

Figure 1

Little Egypt Alternative Pathways Deflection Program Flow Chart



Program development began with multi-day, guided action planning sessions facilitated by Treatment Alternatives for Safe Communities' Center for Health and Justice (TASC CHJ). Action planning brought together local community stakeholders to learn about deflection programs, form objectives, and discuss implementation strategies. After six days of action planning, the final product was a Solutions Action Plan that detailed the group's plan to create their deflection program. To evaluate and offer insights into the planning process, we collected data through field observations and surveys and developed recommendations to guide future action planning sessions and promote the success of LEAP's program.

Methodology

A researcher from the Illinois Criminal Justice Information Authority (ICJIA) attended the six action planning sessions in February and March of 2023 for a total of 29 hours of field observation. All action planning sessions were conducted in person and included 6 to 13 local service providers each day. We administered a paper survey to participants at the end of each action planning day to gather information on participants' action planning process, levels of engagement, intentions for implementation, and perceived benefits of a deflection program. We gathered participant demographic information on day 1 of action planning and administered a collaboration survey on day 5. We analyzed the action planning sessions based on field notes and supportive documents and summarized what transpired each day. We also analyzed the survey data from people who attended each day and the data from the collaboration survey using descriptive statistics. Findings revealed participants' views about what transpired during the action planning process, what feedback they had about the sessions, and how they perceived collaboration during the process.

Key Findings

Twenty representatives from 12 local organizations participated in at least one of the six action planning sessions. One of the participating organizations was a law enforcement agency that will serve as the primary referral source of participants to deflection specialists. The other 11 organizations were service providers and community organizations that will receive referrals from deflection specialists. The majority worked in behavioral health. Action planning sessions were additionally attended by TASC, Inc. staff, who are not a part of TASC CHJ; an ICJIA researcher; a subject matter expert; and a representative of the Illinois State Police. The distinct roles that staff from TASC CHJ and TASC, Inc. play in a deflection program are that TASC CHJ facilitates action planning and then the program is handed off to TASC, Inc. TASC, Inc. is the agency that employs the "deflection specialists" who conduct case management and make referrals to services.

Early in the action planning process, participants identified substance use and mental health crises as the greatest areas of concern in their community. The group agreed interagency communication was important for program success. Participant engagement increased on days 2 and 3 of action planning as the group discussed how police were to refer potential participants and what the established outcomes for this program should be. On day 3, participants also voiced some confusion about the different roles that TASC CHJ and TASC, Inc. play in program development and implementation. The confusion seemed to be somewhat resolved on day 4 of action planning, when the TASC, Inc. deflection specialists attended and gave more explanation. As the action planning sessions neared their end, the group finalized four program outcomes for the deflection program and, to achieve them, 19 strategies and 63 action steps. Action steps focused on partnerships, community outreach, marketing, and trainings.

Survey results from the beginning of action planning indicated participants felt additional community partners were needed to promote program success. Attendees were satisfied with the action planning process overall, although their satisfaction declined in the second half of action

planning. Participants were confident that the program would benefit the community, but uncertain about its sustainability and the extent to which all involved organizations shared long-term goals. This perception is not surprising given participants had minimal discussion about short- or long-term program goals. On the last day of action planning, participants stated they would likely take an active role in program implementation. Results from the collaboration survey identified insufficient resources and organization participation as the areas of greatest concern. Collaborative strengths included high levels of agreement among respondents about the program being beneficial and about its accomplishment depending on multi-organizational collaborations.

Recommendations

Based on our findings, we provide recommendations to address concerns regarding attendance, engagement, and program implementation. First, since engagement fluctuated during sessions, we recommend **increased attendance at action planning sessions**. Increased attendance would likely boost the representation of local community organizations and increase service capacity. It also potentially would enhance the quality of the action plan and benefit participants' satisfaction (Luyet et al., 2012). Second, we recommend **repeating the descriptions of stakeholder roles** to help clarify the roles of TASC CHJ (leading action planning and technical assistance) and TASC, Inc. (day-to-day operations). Third, we recommend **increasing participants' understanding of the planning, implementation, and operational processes**. Next, we also suggest that **groups formulate measurable outcomes and prioritize action steps**, which can be done through the creation a program logic model (Gleicher, 2017; Centers for Disease Controls and Prevention, n.d.). The **collaboration survey could serve as a baseline measurement** of the group's perceptions about collaborative dynamics that may be inhibiting progress toward measurable outcomes. The survey can be given out to note changes in collaborators' perceptions over time and tie them to outcomes and action steps. Finally, the program should **try to increase collaboration by engaging political and community leadership** (D'Amour et al., 2009; Farhoudian et al., 2022).

Conclusion

The action planning process brought together local service providers and law enforcement to develop a solutions action plan for the LEAP deflection program in southern Illinois. The program will connect individuals experiencing a substance use disorder or mental health crisis with behavioral health and other services in their community. The final action plan formulated objectives, strategies, and action steps toward implementing the deflection program. Further clarification of the program process and roles as well as increased local community engagement can improve program development to promote success.

Section 1: Introduction

In 2021, 46.3 million Americans aged 12 or older had a substance use disorder (SUD) in the past year, including 24.0 million who had a drug use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). Among those 46.3 million people with a SUD, only six percent had received any SUD treatment within the past year (SAMHSA, 2022). Nearly 1.15 million Americans died from a drug overdose between 1999 and 2022, with over one-quarter of these deaths occurring between 2019 and 2022 (Hedegaard et al., 2021; National Center for Health Statistics, 2023; National Institute on Drug Abuse, n.d.).

In 2021, 14.1 million U.S. adults had a serious mental illness in the past year (SAMHSA, 2022). Only 65.4% of adults with serious mental illness had received any mental health services within that past year. For adults 18 and older, 19.4 million had co-occurring mental illness and SUD, including 6.4 million adults with SUD and a serious mental illness (SAMHSA, 2022).

A growing acknowledgement of the harms caused by the war on drugs has been emerging, with an increasing number of police departments now incorporating diversion or deflection programs into their practices (Reichert et al., 2023a). While diversion programs aim to reduce justice system involvement *after* arrest, deflection programs seek to avoid (or reduce) justice system involvement by providing services *prior* to arrest (Charlier & Reichert, 2020). Such programs are often implemented by police departments in a single jurisdiction, but rural counties with smaller departments have benefited from incorporating deflection into their multijurisdictional task forces (Reichert et al., 2017). Deflection programs offer first responders an opportunity to use an alternative solution to substance use and mental health crises situations, demonstrably improving health outcomes for individuals, reducing costs for cities, and improving community safety (Charlier & Reichert, 2020).

Deflection programs are relatively new alternatives to traditional policing or diversion solutions, and additional research is needed to better understand the benefits and limitations of such programs and the contexts in which they can be more effective (Charlier & Reichert, 2020). Evaluations of newly implemented programs can help generate data and perspectives to guide program actions and to inform development of deflection programs at subsequent sites.

This evaluation analyzes the action planning components of the Little Egypt Alternative Pathways (LEAP) deflection program in Illinois. The program serves three predominantly rural counties in southern Illinois: Jackson, Johnson, and Williamson. Action planning is used to enhance community engagement and to determine actionable and measurable outcomes for a program (Adams et al., 2023). We used action planning observations and survey data measured against baseline standards and best practices to answer the following research questions:

- What transpired during the action planning process?
- What type of local participants joined the action planning process?
- What was the feedback from these participants?
- What were participants' perceptions of the level of collaboration during action planning?
- What type of final action plan was developed?
- What are the strengths and weaknesses of this group's processes?
- What obstacles exist that could impede the program's success?

Section 2: Literature Review

Substance Use

Opioid Use

Opioid use in the U.S. has occurred in three waves: an increase in prescription opioid use in 1999, an increase in heroin use in 2010, and an increase in synthetic opioid use beginning in 2013 (Bedene et al, 2022). Prescription opioid misuse has been attributed to overprescribing during the 1990s and 2000s (Volkow et al., 2018). The number of opioid prescriptions written has steadily decreased since 2012, when it peaked at 255 million prescriptions filled by pharmacies across the nation (Centers for Disease Control and Prevention [CDC], 2021). An estimated 8.7 million Americans misused a prescribed opioid in 2021, (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). Prescription drug misuse is defined as taking a prescription medication in a manner or dose other than how it was prescribed (National Institute on Drug Abuse [NIDA], 2020).

Heroin use in the U.S. increased from 1.6 per 1,000 persons in 2002 to 2.6 per 1,000 persons in 2013 (Jones et al., 2015). A dramatic increase in use occurred in 2014, when 3.4 per 1,000 persons in the U.S. used heroin (NIDA, 2018). This rate gradually decreased beginning in 2016, although there was a resurgence in heroin use during the COVID-19 pandemic, with 3.9 per 1,000 people using heroin in 2021 (SAMHSA, 2023).

In 2013, synthetic opioid use in the U.S. contributed to a surge in overdose deaths, eventually eclipsing prescription overdose deaths in 2016 (Jones et al., 2018). Synthetic opioids (e.g., fentanyl and fentanyl analogs) contribute to overdose deaths, both through intentional use and through unwitting use, such as when they are cut into other drugs like heroin, methamphetamine, and cocaine (Drug Enforcement Agency [DEA], 2021). The DEA estimates that diverted medical fentanyl contributes to a small portion of the synthetic opioids misuse in the country and that the vast majority of overdoses are due to illegally manufactured fentanyl imported into the U.S. (DEA, 2017). Since the increase in synthetic opioid use has balanced the decrease in prescription opioid use, the overall rate of opioid use disorder has stayed roughly flat since 2015 (Keyes et al., 2022).

Methamphetamine Use

From 2015-2018, an estimated 6.6 per 1,000 U.S. adults had used methamphetamine in the past year, of which 52.9% had a methamphetamine use disorder (Jones et al., 2020).

Methamphetamine use among adults 26 years and older rose from 1.1 million people to 1.7 million people (Han et al., 2021). Methamphetamine use rates were highest in rural areas (9.5 per 1,000 adults) compared to large metro (5.2 per 1,000) and small metro (7.9 per 1,000) areas (Jones et al., 2020).

Overdose Deaths

U.S. Overdose Trends

U.S. drug overdose deaths have steadily risen from 6.1 per 100,000 in 1999 to 32.4 per 100,000 in 2021 (Hedegaard et al., 2021; CDC, 2023). This increase has been driven, in large part, by deaths attributed to overdoses from synthetic opioids (e.g., fentanyl, fentanyl analogs, and tramadol). These deaths increased 12-fold from 1.8 per 100,000 in 2014 to 21.8 per 100,000 in 2021 (National Institute on Drug Abuse, n.d.). The increase in overdose deaths has impacted communities across the country, with rural counties experiencing a 325% increase from 1999 to 2015 (Mack et al., 2017). Overdose deaths have varied by drug type in urban versus rural counties, with urban communities more likely than rural counties to experience deaths from synthetic opioids, cocaine, or heroin (Spencer et al., 2022). Conversely, rural communities have had higher rates of prescription opioid and psychostimulant (primarily methamphetamine) overdose deaths than urban counties.

Although methamphetamine use rose only 43% from 2016-2019, overdose deaths involving methamphetamine increased 180% from 2.4 per 100,000 in 2016 to 5.0 per 100,000 in 2019 (Han et al., 2021). The increase in lethality is associated with combined consumption of methamphetamine and opioids (Palamar et al., 2020). Methamphetamine use is of particular concern in rural counties. A 2022 study of rural communities found that 79% of people who were using drugs reported past-30-day methamphetamine use (Korthuis et al., 2022). In the same study, among the people using drugs, nonfatal overdose was more common among people who used both methamphetamine and opioids than for those who used either opioids or methamphetamine alone (Korthuis et al., 2022).

Illinois Overdose Trends

In Illinois, opioid overdose deaths made up 83% of all drug overdose deaths in 2021, which tripled between 2013 and 2021 (Illinois Department of Public Health, 2022). Similar to trends across the country, the majority of Illinois drug overdose deaths were due to synthetic opioids. Rural counties experienced more deaths from methamphetamine and fewer from cocaine and heroin than urban counties did (Epstein, 2022). While opioids accounted for the greatest percent of fatal overdoses, a significant number of drug-related arrests in Illinois involved methamphetamine, which increased nearly 300% from 2010 to 2017 (Weisner & Adams, 2019). In 2017, methamphetamine-related arrests in the state were highest in counties designated mostly rural (98.9 per 100,000 residents) and completely rural (90.4 per 100,000 residents) and were lowest in urban counties (2.0 per 100,000 residents) (Weisner & Adams, 2019).

The Deflection Program Model

Police often encounter individuals who misuse substances and seek to refer them to treatment and services (Charlier & Reichert, 2020). Deflection programs aim to reduce contacts with the criminal justice system by connecting such individuals with behavioral health and other services rather than arresting or hospitalizing them (Lindquist-Grantz et al., 2021). Findings from the extant research show that deflection and prearrest diversion programs can reduce substance use,

improve psychosocial outcomes, reduce social and public safety costs, and prevent recidivism (Blais et al., 2022; Lindquist-Grantz et al., 2021).

Deflection programs generally focus on one of six pathways that have been identified by deflection researchers (Table 1). Each pathway defines a unique way in which police or first responders encounter and engage individuals and locations of these encounters as they begin the process of referring them to services. During action planning, the LEAP program chose to use the officer intervention pathway.

Table 1
Deflection Program Pathways

Pathway	Definition	Initiation Location
Self-referral	A first responder offers a referral to services to individuals who voluntarily initiate contact.	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 criminal charges neither exist nor are present, and hence no criminal charges are filed.	In the community, “on-view”, in response to a call, on patrol
Officer intervention	A first responder or co-responder team initiates service engagement, and charges are filed and either held in abeyance or coupled with the issuing of a citation with a service requirement.	In the community, “on-view”, in response to a call, on patrol
Community response	A team of community-based behavioral health professionals respond to calls and provide referrals to treatment and services.	In the community, in response to a call

Note. “On view” refers to when an officer makes a non-warrant arrest having established probable cause by viewing a criminal offense that occurred in their presence. Adapted from Charlier & Reichert, 2020.

Action Planning for Program Development

Deflection programs often use action planning processes to ensure that a program properly defines the issues at hand and the goals of the program. Action planning also enables participants to describe steps for achieving specific outcomes and identify resources that are needed to successfully implement the program (Creately, 2022). Additional information on how action planning can be best used in deflection programming has been described in our previous deflection evaluation reports (Adams et al, 2023; Reichert et al., 2023b). Community members and law enforcement from select southern Illinois counties engaged in an action planning process to develop the LEAP program.

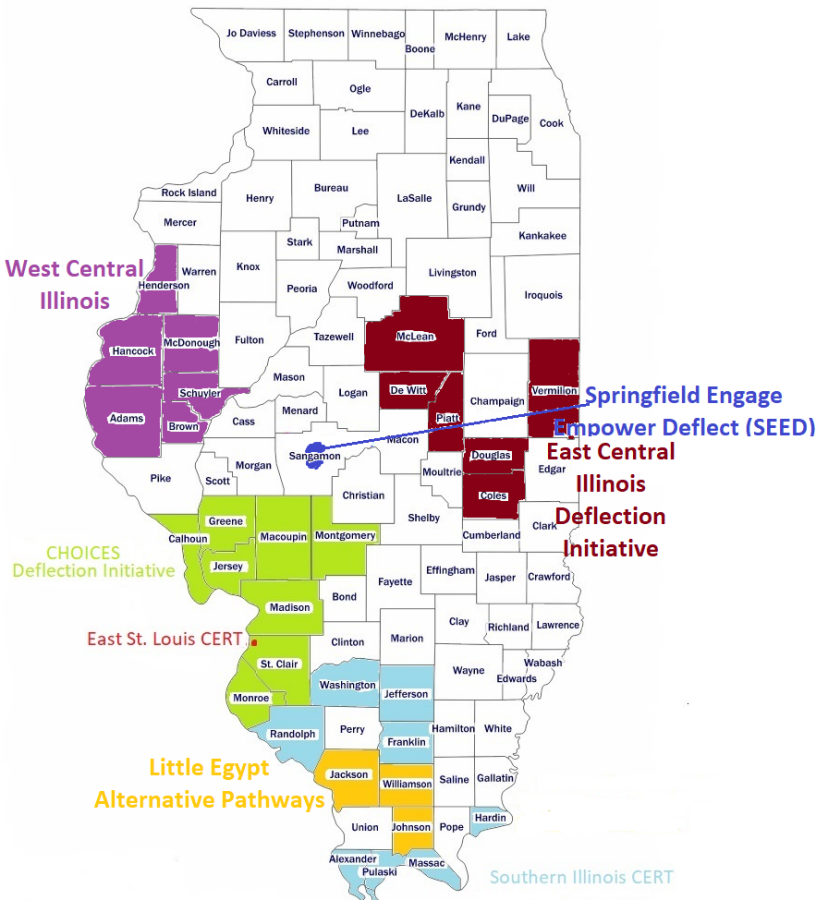
Section 3: Background on Illinois Deflection Project

The State Multi-Jurisdictional Task Force Deflection Project

The LEAP deflection project is part of a larger deflection initiative funded by the Illinois Department of Human Services (IDHS) in collaboration with the Illinois State Police (ISP) (Figure 2). Similar to several other IDHS deflection sites, the LEAP program has partnered with its counties' drug enforcement task group, which is part of a multijurisdictional initiative comprised of state, county, and local officers who are dedicated to addressing drug trafficking (Reichert et al., 2017). The LEAP site is working in partnership with the Southern Illinois Enforcement Group (SIEG), the drug enforcement task group for Jackson, Johnson, and Williamson counties (highlighted in yellow in Figure 2). ICJIA researchers have performed evaluations of the action planning sessions at three other sites: the East St Louis Community Engagement and Response Team (Reichert et al., 2023b), the Southern Illinois Community Engagement and Response Team (SI CERT) (Adams et al., 2023), and the Choices Deflection Initiative in Southwestern Illinois (Sullivan et al., 2023).

Figure 2

Map of IDHS-Funded Illinois Deflection Sites



Note. Sites as of August 2023. LEAP counties are highlighted in yellow.

Project Funding

Since 2022, IDHS has funded deflection action planning through the Cannabis Regulation Fund via the Cannabis Regulation and Tax Act (410 ILCS 705). These funds allow IDHS to contract with Treatment Alternatives for Safe Communities' (TASC) Center for Health and Justice (CHJ), a non-for-profit organization that facilitates deflection programs. It provides action planning, training, and technical assistance for each program site. Through a separate contract, TASC, Inc. employs deflection specialists and program administrators to facilitate program implementation and operations. ICJIA is funded by IDHS to provide evaluation support during the development and operations of the deflection programs.

Action Planning Process

TASC CHJ facilitated the action planning for LEAP using its Deflection and Pre-Arrest Diversion Solutions Action Plan (see Appendix A for the Table of Contents of the TASC CHJ action plan document). TASC CHJ will provide training and technical support to LEAP, as needed, for three months following its facilitation of action planning.

The LEAP Deflection Program Site

Population Characteristics

The LEAP deflection program includes three counties in southern Illinois. Williamson County has the largest population of the three, followed by Jackson County, both of which are considered partially urban. Johnson County is classified as rural and has the smallest population of the three (Table 2). All three counties have a predominantly White population. Johnson and Williamson counties are slightly above the state percentage of residents living below the poverty line (12%), and Jackson County has nearly twice the percentage of residents below the poverty line as the state rate. All three counties have a significantly higher rate of children under five living below the poverty line compared to that of the state (17%), with Jackson County again having the highest rate of the three. All three counties have unemployment rates similar to that of the state.

Table 2
County Population Characteristics

Counties	Population	Race and ethnicity			Residents below poverty line	Children under 5 below poverty line	Unemployment
		Black	White	Hispanic			
Jackson	52,617	16%	74%	5%	22%	36%	4%
Johnson	13,381	8%	87%	3%	13%	26%	5%
Williamson	66,695	5%	89%	3%	15%	27%	4%
State	12,582,031	14.7%	60.0%	18.0%	12%	17%	5%

Note. The data source for population, race and ethnicity, and residents below the poverty line was the U.S. Census Bureau, American Community Survey. The data source for child poverty was the University of Illinois' Early Childhood Asset Map, and measured those living 100% below the federal poverty line. The

data source for unemployment was the Illinois Department of Employment Security's Local Area Unemployment Statistics. Child poverty data were for 2021, all other data were for 2022.

Southern Illinois Enforcement Group

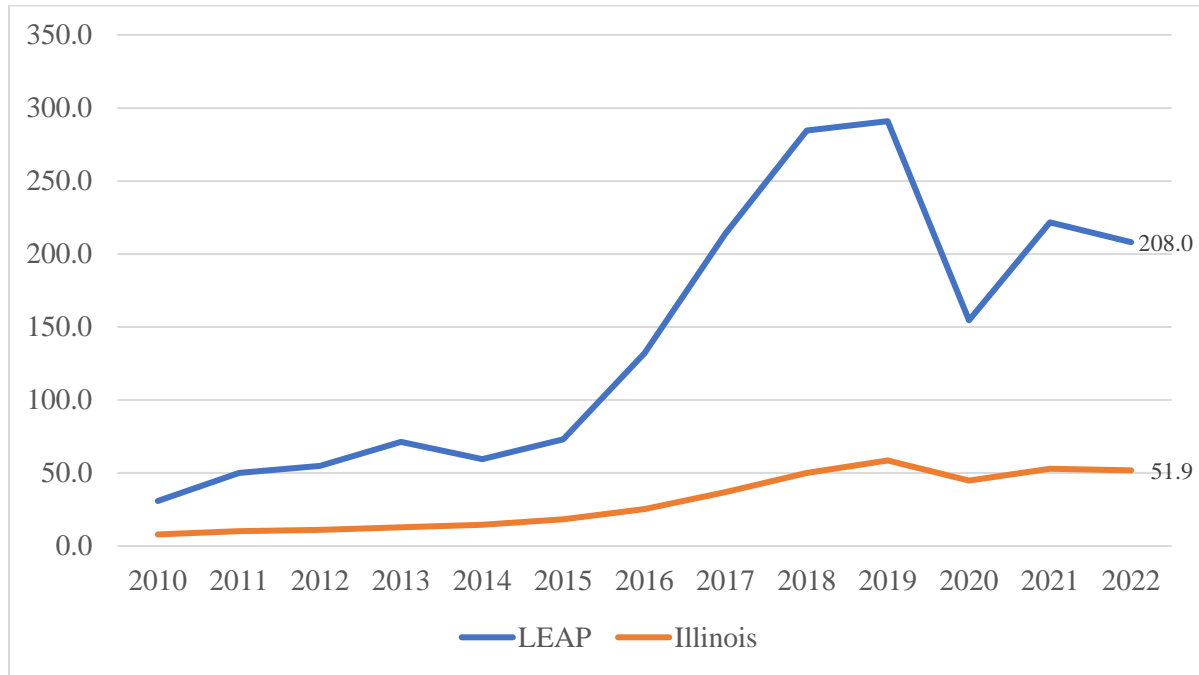
The Southern Illinois Enforcement Group (SIEG) is the drug task force responsible for Jackson, Johnson, and Williamson counties (Figure 5). Deflection programs are more commonly implemented in single jurisdictions, such as cities, but there may be benefits to a multijurisdictional police force (Reichert et al., 2017). The SIEG drug task force comprises six officers, representing ISP, the Marion Police Department, and the Williamson County Sheriff's Department. It operates with financial support from an additional 10 police departments in the area (Bethel, 2023). The SIEG task force primarily issues arrests in cases that involve methamphetamine, cocaine, or fentanyl, although they also come into contact with a substantial amount of marijuana that does not warrant arrest (Bethel, 2023).

Drug Arrests

In the period between 2010-2022, Williamson County experienced a total of 2,072 methamphetamine arrests compared to 350 for Jackson County and 135 for Johnson County. When adjusted for county population, Williamson County had approximately five times as many total methamphetamine arrests per 100,000 people than Jackson County, and three times as many as Johnson County had during that period. In 2022, the three counties that make up the LEAP deflection program had a combined methamphetamine arrest rate of 208.0 per 100,000 people, about four times higher than the state rate of 51.9 per 100,000 people (Figure 3). According to the Illinois State Police's Criminal History Record Information database, the combined arrest rate for methamphetamine for all three counties increased from 30.8 per 100,000 residents in 2010 to 208.0 per 100,000 residents in 2022.

Figure 3

Methamphetamine Arrests per 100,000 persons in the Project Area and in Illinois, 2010-2022

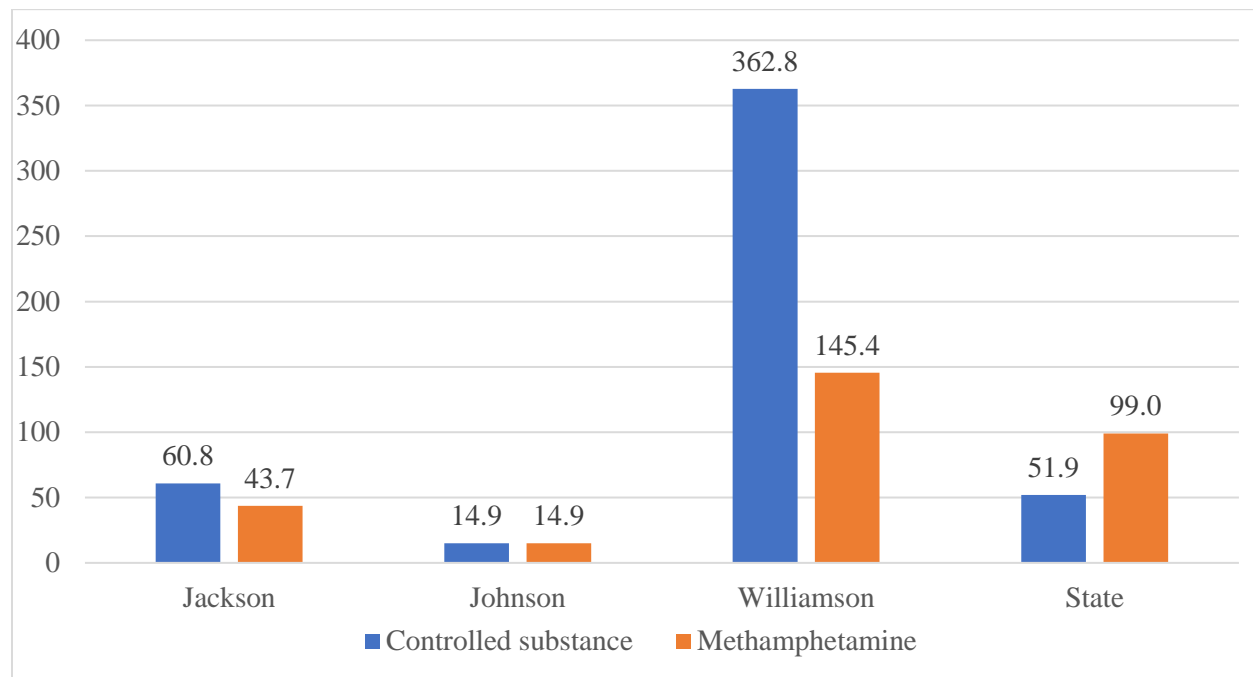


Note. Data from Illinois State Police's Criminal History Record Information database. LEAP counties include Jackson, Johnson, and Williamson. LEAP arrest rates show the combined arrests for all three counties compared to their combined population.

In terms of arrest rates, in 2022, arrest rates for controlled substances were higher than those for methamphetamine in both Jackson and Williamson counties and were equally low in Johnson County (Figure 4).

Figure 4

Controlled Substance and Methamphetamine Arrest Rates by County and State per 100,000 persons, 2022



Note. Data from Illinois State Police’s Criminal History Record Information database.

Little Egypt Alternative Pathways Action Planning Sessions

The LEAP deflection program commenced with a kick-off event on December 12, 2022, in Marion, Illinois (in Johnson and Williamson counties). Twelve community members attended the kick-off event, along with representatives from TASC CHJ, TASC, Inc., and ICJIA. Community members included law enforcement officers from ISP and local police departments, as well as behavioral health service providers from all three counties. The event served to introduce the community members to the deflection program and review the approximate timeline to develop the deflection program. TASC CHJ representatives explained their job of guiding community stakeholders through an action planning process. They emphasized that local program leaders would retain autonomy over shaping the LEAP deflection program. Further, TASC CHJ staff clarified that deflection specialists would not offer services, such as treatment or housing, but rather would serve to connect program participants with existing services.

The LEAP action planning sessions were held February 7-9, 2023, in Carbondale, Illinois (Jackson County) and February 28-March 2, 2023, in Marion, Illinois (Johnson and Williamson counties). The six days culminated with the final draft of an action plan. Details on the action planning workshops, participants, and final documents are described in Section 5: Study Findings.

Section 4: Methodology

We evaluated the action planning sessions using field observations, participant surveys, participant demographics, and supporting documents. Researchers received support from TASC CHJ, TASC, Inc., and IDHS throughout the evaluation process.

Field Observations and Supportive Documents

One ICJIA researcher completed 29 hours of field observations during six action planning sessions in early 2022. The dates and durations of these sessions were as follows:

- February 7 for 2.5 hours.
- February 8 for 8 hours.
- February 9 for 4 hours.
- February 28 for 2.5 hours.
- March 1 for 8 hours
- March 2 for 4 hours.

Sessions were conducted in person, and researchers in attendance took abbreviated typed notes of session content, conversations, and participant interactions. Action planning facilitators sent an updated version of the action planning form to researchers after each day's discussion to further inform our analysis.

Participant Surveys

Daily Action Planning Surveys

A paper survey was administered to participants after each day of action planning. The survey elicited participants' views on the action planning sessions, on participant collaboration and engagement, and on perceived sustainability and benefits of the deflection program. All responses were measured on a four-point Likert scale (e.g., 1 being "strongly disagree", "very weak", "not at all" and 4 being "strongly agree", "very strong", "to a great extent"). There were between six and 17 questions each day. Demographic items were captured on the day 1 survey, including age, sex, race, ethnicity, and whether the participant lived or worked in the deflection site counties.

Table 3

Survey Respondents

Action planning session	<i>n</i>
Day 1	9
Day 2	10
Day 3	12
Day 4	8
Day 5	7
Day 6	7
Total	53

Note. Total does not represent unique respondents as some participants attended multiple days.

Wilder Collaboration Factors Inventory

We used the Wilder Collaboration Factors Inventory¹ to assess the level of collaboration among deflection action planning participants. The paper survey was administered on the fifth day of action planning and was completed by six participants and partially completed by a seventh participant. The Inventory was developed by Mattessich and colleagues (2001) and has been validated by Derosé et al. (2004) and by Bonach and Witham (2018).

The Inventory comprises 44 questions in a five-point Likert scale ranging from “strongly disagree” to “strongly agree” and takes about 15 minutes to complete. In the Inventory, the 44 questions are grouped into 22 factors, which we have further grouped into six categories. We generated mean scores for each factor and category. We considered questions with a mean score between 1.0 and 2.9 to be areas of concern that need to be addressed. Questions with average scores of 3.0 to 3.9 deserve discussion; and questions with a mean score of 4.0 to 5.0 represent strengths that do not need attention (Bonach & Witham, 2018).

Data Analysis

All field notes, surveys, and supporting documents were saved in Microsoft Word. We observed action planning sessions and took notes according to current best practices in ethnographic fieldnotes (Emerson et al., 2011). We analyzed the qualitative data and summarized findings. Using Microsoft Excel, we performed descriptive statistics on the demographic data collected on day 1.

Study Limitations

We encountered several of the same limitations in this evaluation as we encountered and noted in prior evaluations of action planning in other deflection sites (Adams et al., 2023; Sullivan et al., 2023). First, the surveys are close-ended and, therefore, lack more nuanced feedback. We used closed-ended surveys because they were administered at the end of each action planning day and we wanted to optimize survey participation and completion. Also, the Wilder Collaboration Survey offers the perspective of a single point in time and does not capture changes in collaboration as the program progressed. Additionally, limited attendance and participation in action planning sessions and in surveys responses, particularly in the last three days, may have impacted the accuracy with which this evaluation represents local community perspectives on the deflection program, especially those of people with lived experiences with substance use and mental health. A final limitation is that the researchers who attended sessions and performed data analysis are Chicago-based, and our outsider perspective lacked the historical and community context that may have differently shaped group interactions.

¹ The 3rd edition of the Wilder Collaboration Factors Inventory can be accessed at <https://www.wilder.org/wilder-research/research-library/collaboration-factors-inventory-3rd-edition>

Section 5: Study Findings

Section 5.1: Action Planning Participants

TASC CHJ organized the action planning sessions. The facilitators of the sessions were TASC CHJ Executive Director, Jac Charlier; and TASC CHJ Deflection Administrator, Koren VanderWeele. A Deflection Administrator from TASC, Inc., Stephanie Nevilles, provided additional action planning assistance. Deflection specialists receive referrals from law enforcement, engage with the program participant to determine service eligibility, and then provide referrals to local service providers. Deflection specialists are hired, trained, and employed by TASC, Inc., but are based in the local community.

The following non-participants attended at least one session:

- TASC CHJ staff ($n = 2$)
- TASC, Inc. staff ($n = 4$)
- ICJIA researchers ($n = 1$)

Subject Matter Experts

Two representatives from C4 Behavioral Health Consulting² were present on days 1-3 to observe the action planning process, and one joined action planning on days 4-6 in the role of a subject matter expert (SME). TASC CHJ contracts with the SMEs to provide guidance to new deflection sites based on their professional or personal expertise. The SMEs who attended action planning were:

- Jay Voigt, C4 Behavioral Health Consulting, Colorado
- Mary Woods, C4 Behavioral Health Consulting, New Hampshire

Community Members

Local participants represented a range of community organizations (Table 4). Representatives of these organizations were invited to participate in action planning because they will all play a key role in the deflection program. Law enforcement agencies will refer individuals who are eligible for the program to deflection specialists. Service providers will then receive referrals from the deflection specialists, based on which services would best meet the needs of the program participant.

Table 4
Participants by Organization and Type

Organization name	Organization type	In attendance
ComWell	Behavioral health	4
Centerstone of Illinois	Behavioral health	1

² C4 Consulting provides financial and managerial advice to behavioral health organization across the nation. See <https://c4-consulting.com/> for additional information.

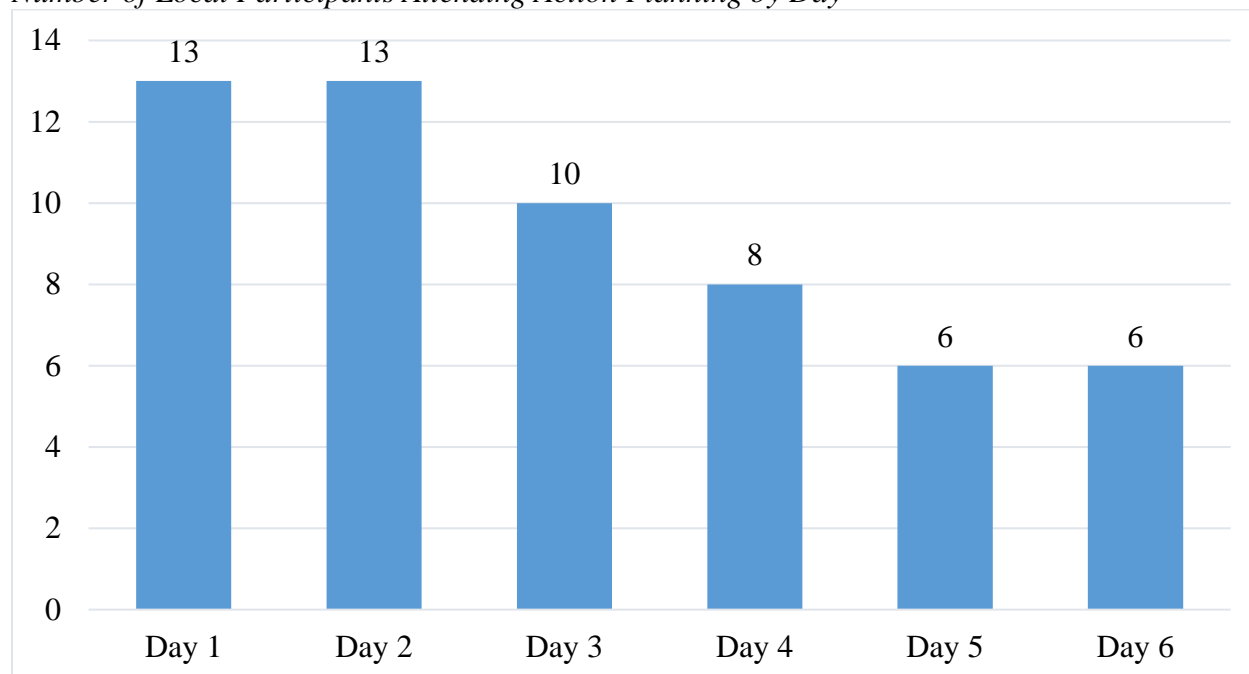
Comprehensive Connections	Behavioral health	1
The Stress and Trauma Treatment Center	Behavioral health	1
Southern Illinois University – Center for Rural Health and Social Service Development	Health	5
Egyptian Health Department	Health	1
Arrowleaf	Social service	3
Rural Communities Opioid Response Program	Social service	1
Celebrate Recovery	Faith-based	2
Take Action Today	Faith-based	1
Southern Illinois Community Foundation	Community organizing	1
Illinois State Police/Southern Illinois Enforcement Group	Law enforcement	1

Note. Data source was attendance sheets. Several participants represented multiple organizations.

Attendance by day varied from as few as 6 to as many as 13 persons, excluding the facilitators, researcher, and subject matter experts (Figure 5).

Figure 5

Number of Local Participants Attending Action Planning by Day

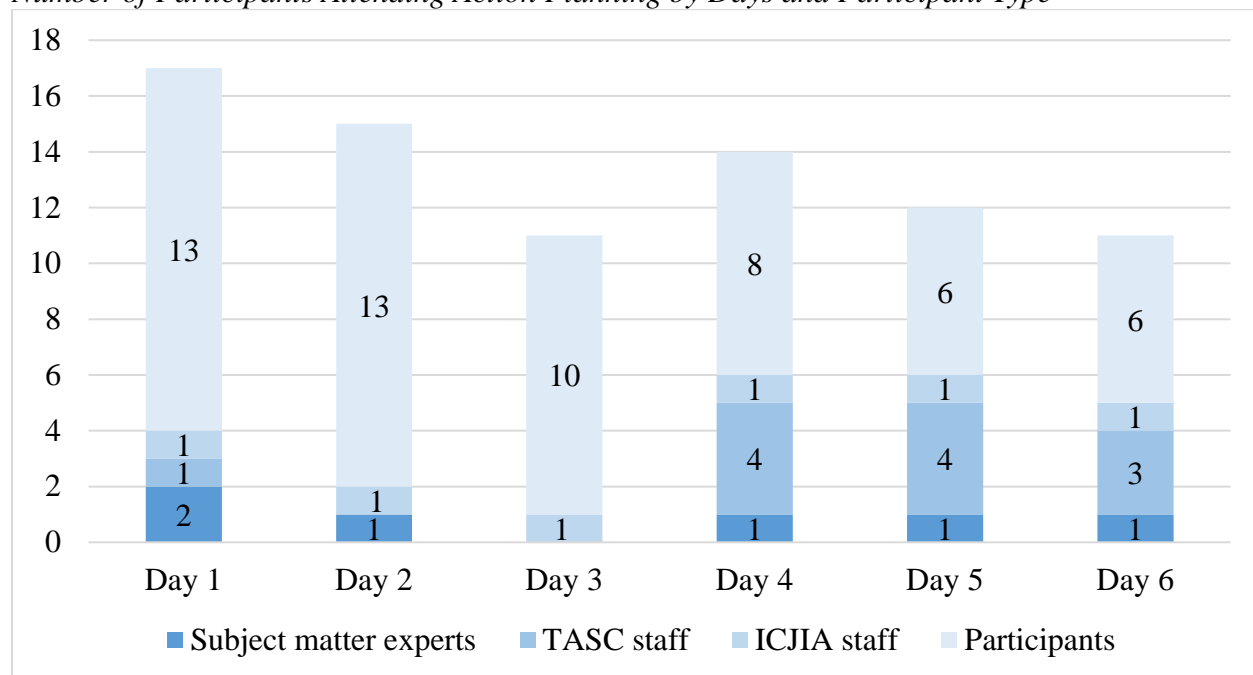


Note. Data source was attendance sheets.

Figure 6 depicts the number of participants by day broken down by participant type.

Figure 6

Number of Participants Attending Action Planning by Days and Participant Type



Note. Data source was attendance sheets.

Demographic information was taken for the nine participants who attended day 1. Most were white, non-Hispanic, and worked within one of the program counties (Table 5). Ages ranged from 27 to 67 years old, with a mean age of 45.5 and a median age of 50.

Table 5

Demographics of Local Action Planning Participants

Characteristic	<i>n</i>
Gender	
Male	5
Female	4
Race	
Asian	1
Black	1
White	7
Ethnicity	
Hispanic	0
Non-Hispanic	9

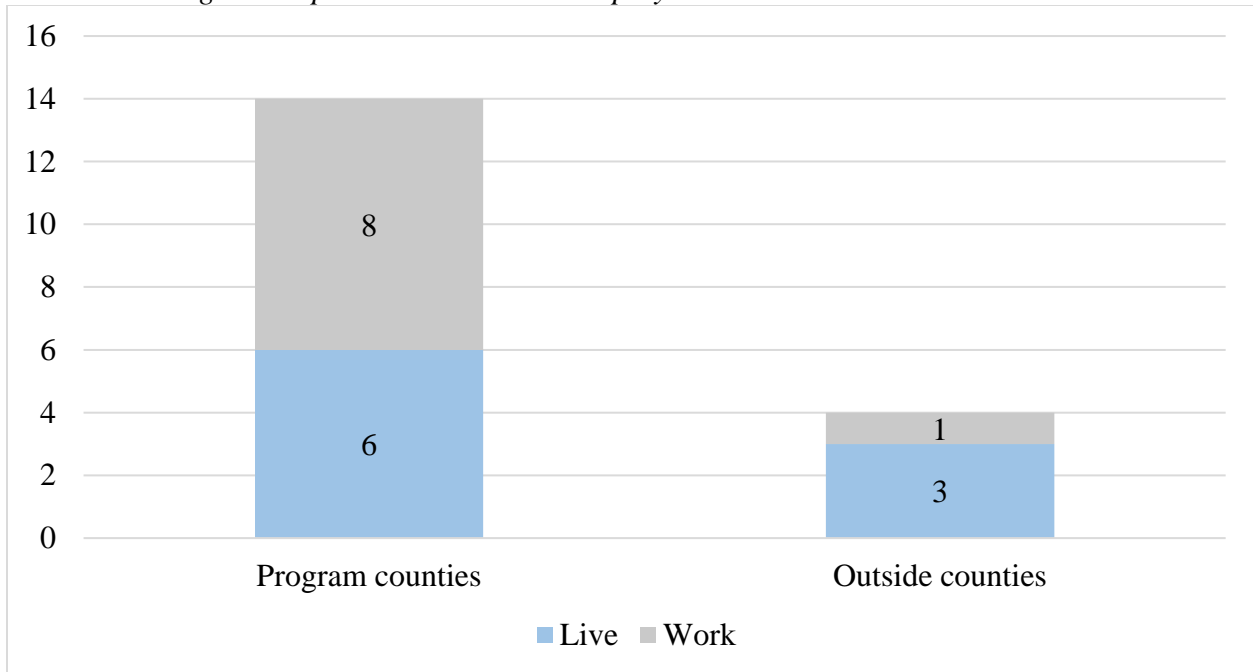
Note. Sample size was 9 participants. The data was collected from the survey.

On day 1, we asked whether participants lived and worked within the program counties. Of the nine participants who took the survey, the majority both worked and lived within the designated program counties (Figure 7). One participant neither lived in nor worked in the program

counties, while all those who lived in the program counties also worked in those counties. Two participants worked within the program counties but lived in outside counties.

Figure 7

Action Planning Participant Residence and Employment Locations



Note. Data from survey of participants on day 1. The sample was 9 participants.

Section 5.2: Action Planning Proceedings

The following summaries capture what transpired during the action planning sessions. We present the information sequentially from day 1 to day 6.

Action Planning Day 1

Introduction

The first day of action planning began with introductions led by the TASC CHJ facilitators, followed by a description of deflection and the Solutions Action Plan (SAP).

The facilitators provided the action planning participants with the option to either adapt the plan developed by the Southern Illinois Community Engagement Response Team (SI CERT) deflection program or develop their own action plan (Adams et al., 2023). This option was available due to geographic proximity and shared service providers between the two deflection sites (Figure 2). Given these factors, LEAP has an intrinsic tie to SI CERT, but the facilitators said that participants had the option of designing their own deflection program. The facilitators explained that even if LEAP decided to fold into the SI CERT program, they would need to complete the full six days of action planning to be sure the program was tailored to the needs of their community. The group eventually determined that they wanted to create a deflection program distinct from that of SI CERT.

Purpose of Program

TASC, Inc. deflection specialists from the already operational SI CERT site provided a brief description of how their program works. They described how deflection specialists receive deflection referrals from first responders, primarily law enforcement, and connect participants with local services. The deflection specialists specifically emphasized the importance of “relentless engagement” to keep the program successful. The action planning facilitators then guided a discussion on the benefits and challenges of deflection, prompting participants to reflect upon how they feel toward these types of programs. The participants felt positively toward deflection programs, particularly those among them who had lived experience with substance use and treatment. Unlike action planning sessions at previous deflection sites in Illinois, there were fewer subject matter experts (SME’s) present to share experiences and advice with the group. The reduction in SME’s was an intentional decision made by TASC CHJ following recommendations from ICJIA reports of previous action planning sessions, in which local participants were unhappy with the disproportionate outsider perspective and insufficient attention to the needs of the local community (Reichert et al., 2023b; Adams et al., 2023).

Community Issues

A law enforcement representative from ISP noted their biggest community concerns were SUDs and mental health issues. The representative stated that methamphetamine was the drug they encountered most often, followed by fentanyl, a synthetic opioid. Other participants noted other areas of concern. One was the need to avoid jurisdictional or “turf” disagreements. Another was

the need for clearer communication between agencies which, when lacking, can lead to misinformation about available services in the area. The group also acknowledged that limited organizational capacity can present a barrier, as can a lack of engagement between local law enforcement and community members.

Participant Feedback

Researchers asked participants to complete a survey at the end of day 1 (Table 6). Participants felt positively about the group's ability to define problems that the deflection program will address. They indicated that the purpose of the program was clear and that the right community partners were identified to work on the program. The survey also showed the group felt that too few community partners were involved in the deflection program and that additional collaboration and agreement were needed among the community members present.

Table 6
Survey Responses - End of Action Planning Day 1

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

Note. Data from survey responses at the end of day 1 of action planning. The sample size was 9, except where otherwise indicated.

Action Planning Day 2

Discussion around Areas to Address

The group was much more engaged on the second day of action planning, particularly when discussing community issues and what the group's priorities were. The relatively large number of participants present, 13, led to many disparate ideas, but the facilitator was able to keep the group on task and engaged in a productive discussion. The facilitator repeatedly encouraged the group to be specific in describing their problem statement. The action planning facilitator also reminded participants that this was an iterative process and that many aspects of the program can be adjusted as needed.

The participants eventually decided to focus the deflection program on persons with SUDs, mental health disorders, and/or co-occurring disorders. They also emphasized the importance of communication and collaboration among service providers.

Data Presentation

A TASC CHJ facilitator presented data detailing the prevalence of substance use and related arrests in the participating counties. The ICJIA researcher fielded questions about the local data; and a representative from ISP talked in more detail about the data on drug arrests, particularly methamphetamine arrests in the Jackson, Johnson, and Williamson counties.

Outcomes

When discussing desired program outcomes, the group showed some initial uncertainty. The facilitator guided them to discuss what positive outcomes would look like and if that would be consistent with what the group previously discussed.

On day 2, the participants developed the following outcomes for the program to achieve:

- Reduce negative interactions with law enforcement.
- Increase the number of options for referrals and services.
- Improve communication among organizations in the deflection program.
- Promote community support for recovery.

The facilitators shared the completed Solutions Action Plan from SI CERT and reviewed that program's problem statement and outcomes. After a brief discussion of whether to align LEAD's outcomes with those of SI CERT, the group unanimously decided to create their own individualized deflection program.

Participant Feedback

We administered a brief survey to participants at the end of day 2 to collect feedback about the action planning process (Table 7). Respondents felt positively about the feasibility of their action

plan and the potential for lasting collaboration within the action planning group. Participants indicated satisfaction with the action planning process, particularly the guide and worksheets. While respondents gave a higher rating to collaboration among their group than they did on day 1, they still indicated room for improvement. They also noted some dissatisfaction with the number of resources available for the group to implement their action plan.

Table 7
Survey Responses - End of Action Planning Day 2

	Very weak	Weak	Strong	Very strong
How would you rate the level of collaboration among your community members?	0	1	6	3
How would you rate the level of community member engagement in that action planning process?	0	0	7	3
How would you rate the potential for lasting and ongoing collaboration within your community action planning group?	0	0	4	6
	Too slow	Slow	Fast	Too fast
How would you rate the pacing of the action planning process?	0	5	5	0
	Strongly disagree	Disagree	Agree	Strongly agree
The topics covered during the action planning process have been clearly explained and discussed.	0	0	3	7
There is adequate community buy-in for this initiative.	0	0	7	3
Appropriate outcome metrics have been identified to evaluate the effectiveness of the program.	0	0	8	2
Our action planning group has decided on the appropriate strategies to help us achieve our goals.	0	0	4	6
Adequate resources are available for our group to implement our plan of action.	0	1	5	4
The outcomes developed by our group are measurable.	0	0	10	0
	Not at all	Very little	Some what	To a great extent
To what degree do you have confidence that your group made the right decision on pathway(s)?	0	0	1	9

To what extent do you believe your group has established a realistic action plan through this process?	0	0	3	7
	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	1	2	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	6	4

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

Action Planning Day 3

Outcomes

Day 3 of action planning began with a review of the group's decisions from the previous two days, including decisions about the problem statement, goals, concepts of success, and outcomes. After reflecting on this summary, the group decided to adjust the first outcome so that it focused on law enforcement options. The TASC CHJ facilitator shared the Police, Treatment, And Community Collaborative (PTACC) mission statement, highlighting its similar values to those voiced by the group. PTACC is a national membership group for those engaging in deflection and pre-arrest diversion (PTACC, n.d.). The PTACC mission statement provided the group with an example of how a mission statement, goal, or outcome might be worded.

Subsequently, the group changed their first outcome from "Reduce negative interactions with law enforcement" to "Increase law enforcement's options to provide alternatives to arrest or taking no action with people with SUD's, mental health challenges, and co-occurring disorders."

Eligibility

When considering eligibility for the deflection program, the group decided not to restrict services by age nor to require SUD or mental health diagnoses as prerequisites. While many services might be unavailable to people charged with sex-related offenses, the facilitator suggested not to restrict the program in this way. Instead, the group agreed not to have any exclusion criteria in their deflection program, and that they would address specific issues regarding inclusion of subpopulation if and when they arise.

Pathways

The two facilitators reviewed the six different pathways to deflection and initiated a discussion on which pathway would be most appropriate for this particular program (Table 1). The service providers expressed concern that because police organizations may resist new ways of doing business, it may be challenging to garner full law enforcement engagement in the program. The

representative from ISP agreed that they would need to discuss the benefits of deflection with local law enforcement members, who may be resistant to changes in law enforcement culture. The group ultimately decided to follow the officer intervention pathway. This pathway allows officers to use discretion to refer subjects to treatment when responding to a service call rather than performing an arrest. In such cases, charges are to be held in abeyance until a treatment plan is successfully completed (Comprehensive Opioid, Stimulant, and Substance Abuse Program [COSSUP], n.d.). Some consideration was given to including “Naloxone Plus” or engaging persons after they experienced a non-fatal overdose (COSSUP, n.d.; Firesheets et al., 2022). However, the group agreed it would be best to wait until the officer intervention program ran sustainably before incorporating additional deflection pathways. The group agreed that deflection referrals would be received 24 hours a day, 7 days a week. They discussed how deflection referrals could result in “turf disagreements” among service providers and that this would be an issue to keep in mind during the implementation phase.

Deflection Specialists

Members of the action planning group indicated a desire to learn more about how deflection specialists were hired, how their management system worked, and how they tracked deflection participants. Since no deflection specialists or members of TASC, Inc. were present, many of these questions went unanswered.

Strategies

The action planning facilitators asked participants to develop program strategies and action steps toward completion of the outcomes they identified. The action planning participants developed strategies for their four outcomes. During this discussion, the group displayed high levels of participation and collaboration.

Participant Feedback

Survey results from day 3 of action planning indicated very positive dispositions toward the facilitators as well as a preference for the in-person format (Table 8). Participants were confident that the deflection program would be beneficial to members of their community who use substances, although they were less certain about the sustainability of the program over time. Overall, feedback indicated satisfaction with the action planning process, the quality of the solutions action plan guide and worksheets, the ability for all participants to have their voices heard, and the likelihood of participants taking an active role in the action plan.

Table 8
Survey Responses End of Action Planning Day 3

	Poor	Fair	Good	Very good
Overall, how would you rate the persons leading the action planning process?	0	0	2	10
How did you find the use of the in-person format rather than virtual for the action planning process?	0	0	1	11

	Strongly disagree	Disagree	Agree	Strongly agree
I felt comfortable participating in the action planning discussion. (<i>n</i> = 11)	0	0	5	6
I felt like everyone participating in the action planning process had their voices heard. (<i>n</i> = 11)	0	0	3	8
	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	4	8
	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	0	4	8
How would you rate the overall guided action planning process? (<i>n</i> = 11)	0	0	3	8
	Completely unsustainable	Not very sustainable	Somewhat sustainable	Very sustainable
At this point, how would gauge the likelihood of sustainability of this initiative over time?	0	0	6	6
	Not at all	Very little	Somewhat	To a great extent
To what extent do you think this initiative will ultimately help people with substance use disorders in your community?	0	0	2	10

Note. Data from survey responses at the end day 3 of action planning. The sample size was 12, except where otherwise indicated.

Action Planning Day 4

Introduction

Day 4 of action planning took place three weeks after the first three days of action planning. It began with an introduction from deflection specialists affiliated with the SI CERT program. This was followed by a review of the outcomes and strategies decided upon in the first three days of action planning. Now the task facing participants would be to work on further development of strategies for each outcome, with a focus on implementation.

Engagement

The TASC, Inc. deflection specialists were particularly engaged in the discussion of outcomes and strategies. In general, TASC, Inc. deflection administrators provide oversight to deflection specialists across the state along with technical assistance and guidance as deflection sites undergo implementation and operation. In this session, the specialists offered suggestions to the group based on their own experiences with the SI CERT program. While the SI CERT deflection specialists were able to provide guidance to the group, the group was reminded that LEAP would

have to hire its own deflection specialists prior to launching. The deflection administrator in attendance reinforced the importance of sustained engagement following action planning, emphasizing that the program's success would depend on collaboration beyond initial implementation.

Strategies

The group's enthusiasm increased as they discussed the strengths and vulnerabilities of each of the program strategies developed on day 3. The SI CERT deflection specialists continued to provide essential guidance to the group, eventually helping them to delineate 19 strategies for their four outcomes.

The deflection administrator helped clarify some lingering confusion about the role of deflection specialists and the types of data they are able to collect. The administrator explained that deflection specialists would not receive information from community partners once participants received their referral, thus curtailing their access to specific service and treatment data. While this helped clarify what data would be available during the deflection program, additional work might be needed to reduce miscommunications about the roles of TASC CHJ, TASC, Inc., and deflection specialists. It appeared that some of this confusion arose from having new members in attendance who had not previously been introduced to the program's structure.

Participant Feedback

Feedback from day 4 of action planning indicated slightly less satisfaction with the overall process than the previous days (Table 9). Survey respondents were less confident that the right community partners had been identified for the deflection program, less confident that they shared long-term goals, and less sure of the sustainability of collaboration and agreement among community members.

Table 9
Survey Responses - End of Action Planning Day 4

	Very poor	Poor	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	5	3
	Completely unsustain-able	Not very sustainable	Somewhat sustainable	Very sustain-able
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 state purpose of our deflection initiative is consistent and concise.	0	0	4	4

I am confident that our community partners share our long-term goals and will aid in achieving them	0	0	5	3
	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 initiative?	0	0	5	3
	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. The sample size was 8.

Action Planning Day 5

Action Steps

Day 5 of action planning continued the discussion of the four outcomes and 19 strategies for action steps. The facilitators encouraged the group to break action steps into short-term and long-term categories, trying to help them stay focused on clarifying the action steps. The group wanted to focus on additional data collection during program operations as well as on database creation, interagency agreements, trainings, and future meetings. The TASC, Inc. deflection administrator also helped the group stay on task by providing valuable information on how other deflection sites are using action steps and strategies and by discussing what lessons they have learned thus far.

Resources

The action planning participants were eager to incorporate marketing and media into their deflection program. They expressed concern about how to fund a budget for this type of marketing. For social media, they discussed considerations about social media account ownership, management, and service agency approval. The group agreed the program would be best served by having full buy-in from all community and service agencies, which ignited further discussion of how to get Memorandums of Understanding from all participating agencies.

Program Name

The group was highly engaged in determining a name for their program, prioritizing something that both service providers and law enforcement could use with pride. Additional considerations were to find a name that was easy to remember and one that could be successfully marketed. The group quickly agreed upon the name LEAP for Little Egypt Alternative Pathway. This name was suggested by an action planning participant and refers to southern Illinois being known as Little Egypt (Williamson County Government, n.d.).

Program Evaluation and Feedback

The group discussed how they would evaluate the work of the deflection program. The action planning facilitators reminded participants that ICJIA serves as the evaluators of the program and receives data from TASC. To supplement data provided by deflection specialists, participants were interested in generating their own set of measures, and they discussed those measures. They assigned a member of the group to collect data on all meetings and trainings for the group, including the number of meetings, types of trainings, and number of participants.

Further discussion regarding group feedback included the possibility of giving a survey to deflection program participants and figuring ways in which respondents' feedback could be shared between deflection specialists and law enforcement. The law enforcement officer present stated that law enforcement agencies would not require detailed information on deflection participants. Rather they primarily would be interested in tracking whether participants were in treatment, had rejected treatment, and were in continued contact with deflection specialists.

Participant Feedback

Survey results indicated that participants felt confident they had chosen the right pathways for their deflection program. They were mostly satisfied with the level of collaboration among community members and were more confident about lasting collaboration than they had been the previous day (Table 10). Participants were less positive about the level of community member engagement in the action planning process and the adequacy of resources available to implement the action plan. Respondents were also less satisfied with the quality of the action planning process and materials. They were evenly distributed between feeling the pacing was too fast or too slow.

Table 10
Survey Responses End of 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	3	4
How would you rate the level of collaboration among your community members?	0	1	4	2
How would you rate the level of community member engagement in the action planning process?	0	2	3	2
How would you rate the potential for lasting and ongoing collaboration within your community action planning group?	0	0	3	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	4
	Too slow	Slow	Fast	Too fast

How would you rate the pacing of the action planning process?	1	2	3	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	1	4	2
There is adequate community buy-in for this initiative. ^a	0	1	3	2
Any outcome metrics that were previously identified to evaluate effectiveness of the program are still appropriate for current evaluation.	0	0	6	1
Our action planning group has decided on the appropriate strategies to help us achieve our goals.	0	0	6	1
Adequate resources are available for our group to implement our plan of action.	0	1	6	0
The outcomes developed by our group are measurable.	0	0	5	2
	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	2	1	4
How would you rate the overall guided action planning process so far?	0	1	3	3
	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	6
To what extent do you believe your group has established a realistic action plan through this process?	0	0	4	3
	Completely unfeasible	Not very feasible	Feasible	Very feasible
How feasible do you think your strategies are to achieve your overall goal?	0	0	6	1

Note. Data from survey responses at the end of day 5 of action planning. The sample size was 7.

^aOne participant said they were unsure.

Action Planning Day 6

Review of Strategies and Action Steps

To start the final day of action planning the facilitators asked if anyone wanted to adjust the strategies or action steps developed over the previous days. This prompted a discussion on what the group hope to achieve in their deflection program and if the strategies and actions steps align with that goal. The stated goal was two-pronged: to increase access to treatment by enhancing law enforcement's ability to connect individuals with services and to develop a plan for continued engagement and increased capacity. The group agreed that all steps and actions were in alignment with that goal. The facilitators reminded participants that they have authority over their program and are able to change their action plan as they deem necessary.

Community Awareness and Funding

The action planning participants discussed how to build community awareness about the program. They emphasized the importance of involving politicians, law enforcement, and community providers at an event to announce and launch the program. This led to a conversation on how to present the program and share data to advertise it, including information on local drug use, overdoses, and arrests. Due to concerns that the program may be viewed as being soft on crime, the law enforcement representative suggested the program be framed as an alternative action for police when there is the option for discretion.

During a brief discussion on funding sources, participants identified grants, donations, and fundraisers as potential funding sources. The action planning facilitators recommended approaching politicians about reallocating funds to support the project. The group noted that ensuring the program is valued by the community will be a key part of securing funding. A facilitator described his experience recruiting community members, businesses, and local organizations for a similar deflection program, and recommended that LEAP use recruitment to maintain sufficient engagement and resources.

Implementation

The group noted that a barrier to successful implementation was recruiting sufficient community groups and social service providers. To address it and encourage involvement in the program, they discussed creating “elevator pitches” on topic areas, including law enforcement, mental health, and behavioral health. Each group member agreed to take on the development of an elevator pitch to contribute to a portfolio for the group, a task that would be completed during program implementation meetings. The action planning sessions concluded with the agreement that implementation meetings will be held every 2 weeks using a hybrid model (virtual and in person). The group demonstrated excitement about the program and a desire to maintain momentum moving forward.

Participant Feedback

In their responses to the day 6 survey, participants supported the in-person format of action planning rather than a virtual format (Table 11). In addition, the majority felt they were very likely to take an active role in the implementation of the action plan and were confident that the deflection program would be of great benefit to members of the community who use substances. One respondent did not feel comfortable participating in action planning discussion; however, all respondents felt that everyone's voice was heard during the action planning process. In addition, the action planning guide and worksheets did not receive as high a rating as they had on previous action planning days.

Table 11
Survey Responses End of Day 6 of Action Planning

	Poor	Fair	Good	Very good
Overall, how would you rate the people leading the action planning process?	0	0	3	4
How did you find the use of the in-person format rather than virtual for the action planning process?	0	0	0	7
	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	0	5	2
	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	3	4
	Completely unsustainable	Not very sustainable	Somewhat sustainable	Very sustainable
At this point, how would you gauge the likelihood of sustainability of this initiative over time?	0	0	4	3
	Not at all	Very little	Somewhat	To a great extent
To what extent do you think this initiative will ultimately help people with substance use disorders in your community?	0	0	3	4
	Strongly disagree	Disagree	Agree	Strongly agree
I felt comfortable participating in the action planning discussion.	0	1	1	5
I feel like everyone participating in the action planning process had their voices heard.	0	0	4	3

Note. The sample size was 7. Data from survey responses at the end Day 6 of action planning.

Section 5.3: The Completed Action Plan Document and Next Steps

With TASC CHJ's guidance and with the help of their Solutions Action Plan (SAP) document (see Appendix A for the Table of Contents), the action planning participants created a final action plan document for the LEAP program. The LEAP SAP included four outcomes, with three to six strategies each, to achieve those objectives. The outcomes and strategies primarily address short-term goals, such as steps necessary for program operations, rather than longer-term goals that address policy changes or cultural shifts. We provide these as the participants wrote them.

Outcomes

Outcome 1: Increase law enforcement officers' inclinations to provide an alternative to arrest or to take no action with people with SUDs, mental health challenges, and co-occurring disorder (when both SUD and mental health challenges are present).

- *Strategy 1:* Train and educate law enforcement and community-based service providers.
- *Strategy 2:* Develop awareness within the community about the initiative and add more community members and law enforcement to the intervention.
- *Strategy 3:* Build a communication network and protocol for engagement and referrals.
- *Strategy 4:* Incentivize law enforcement to do deflection.

Outcome 2: Increase the number of services utilized in our community for deflection referrals.

- *Strategy 1:* Build a network of community-based service providers.
- *Strategy 2:* Create a public relations campaign.
- *Strategy 3:* Get buy-in from the executive level.

Outcome 3: Improve communication among organizations and individuals working on the deflection initiative.

- *Strategy 1:* Identify and engage necessary stakeholders.
- *Strategy 2:* Create an infrastructure for communication.
- *Strategy 3:* Create a regular meeting schedule.
- *Strategy 4:* Hold training, including cross training.
- *Strategy 5:* Develop policies and procedures.
- *Strategy 6:* Implement team building outside of deflection talk.

Outcome 4: Promote community support for recovery.

- *Strategy 1:* Develop collaborations around recovery agencies and participants.
- *Strategy 2:* Develop social media awareness.
- *Strategy 3:* Direct outreach to the recovery community.
- *Strategy 4:* Perform outreach to mayors and community leaders.
- *Strategy 5:* Get the media involved.
- *Strategy 6:* Promote recovery-friendly work environments.

Action Steps

Each strategy had a set of action steps. The action planning group identified over 60 action steps to guide them toward their outcomes. For the purposes of this report, ICJIA researchers have condensed the action steps into six categories and included examples for each.

Create Good Leadership

- Build a strong communication network within the leadership group.
- Hold regularly scheduled meetings among leadership.
- Identify opportunities for teambuilding.

Form Partnerships

- Develop Memorandums of Understanding for each partner.
- Understand the expectations and capacities of each partner.
- Organize a multi-disciplinary conference for partners and community members.

Perform Community Outreach

- Find common ground between community members and program leadership.
- Involve faith-based community leaders in reaching out to law enforcement members.
- Develop an advisory board with these leaders to maintain a commitment to the project.

Develop Standardized Program Procedures

- Provide positive feedback to those referred by the program.
- Use pre/post testing and surveys to evaluate effectiveness of law enforcement trainings.
- Identify funding to support activities in a sustainable manner.

Market the Program

- Use marketing materials, podcasts, and social media to advance awareness of the program.
- Create an elevator pitch to focus on the talking points of the program.
- Establish a unified message that promotes support for those in recovery.

Hold Trainings

- Perform roll call training and receive feedback from deflection specialists.
- Hold stigma reduction training for law enforcement members.
- Identify sponsors and partners to assist with trainings.

Solutions Action Plan Implementation

The group focused primarily on identifying action steps and outcomes with limited discussion on implementation and evaluation. They decided to meet every two weeks in a hybrid model (virtual and in person) during the initial implementation stages before the final launch of the program. The final launch would occur once all steps of implementation were completed and the program was ready to accept deflection participants. Leaders then would decide on either a large public launch or smaller soft launch. The anticipated launch date is late October 2023.

Section 5.4: Findings on Collaboration

We administered the Wilder Collaboration Factors Inventory to participants on day 5 of action planning to the seven participants in attendance. The collaboration survey uses a five-point Likert scale, with one being strongly disagree and five being strongly agree. An average score of five on any item (unanimous strong agreement among participants) represents strong collaboration. Appendix B presents participant responses to each item. One of the respondents answered only 22 out of the 44 items in the Inventory. Their responses were included in the final tally for those items.

Action planning participants agreed most strongly on the following two items:

- What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself. (Mean score = 4.83).
- My organization will benefit from being involved in this collaboration. (Mean score = 4.71).

For 21 of the survey items, respondents' average scores ranged from 3.0-3.9, which reflect areas of potential concern.

Participants' average scores on three items were below 3.0, indicating areas of concern that warrant attention. The items were:

- All the organizations that we need to be members of this collaborative group have become members of the group. (Mean score = 1.86)
- Our collaborative group has adequate funds to do what it wants to accomplish. (Mean score = 2.5)
- Our collaborative group has adequate "people power" to do what it wants to accomplish. (Mean score = 2.83)

The Wilder Inventory can be analyzed at three different levels: the six collaboration categories, the 22 collaboration factors, or the 44 individual items. Table 12 provides mean scores in six collaboration categories (see Appendix B for corresponding items). The potential concerns mentioned previously belong to the two categories of Environment and Resources.

Table 12
Participant Scores by Collaboration Category

Collaboration category	Mean Score	Items	<i>n</i>
Environment	3.62	1-6	7
Membership characteristics ^a	3.80	7-12	7
Process and structure	3.75	13-28	6-7 ^b
Communication	3.83	29-33	6
Purpose	4.24	34-40	6
Resources ^a	3.25	41-44	6

Note. Participant responses to the Wilder Collaboration Survey given on day 5 of action planning.

^a Items within these categories had a large range of means, which may be masking the score that was generated for the category overall.

^b Six participants answered 16 items within the “process and structure” category, and one participant answered 10 of the questions.

Table 13 shows the 22 factors, which comprise one to three items each. On eight of the factors participants had an average score of 4.0 or more out of 5.0. The two factors that scored the lowest asked respondents whether the collaboration had an appropriate cross section of members and if it had sufficient resources in regard to funds, staff, materials, and time.

Table 13*Participant Scores by Collaboration Factors*

Factor Number	Collaboration factor name	Mean Score	Number of items	<i>n</i>
6.	Members see collaboration as being in their self-interest ^a	4.71	1	7
18.	Shared vision	4.33	2	6
19.	Unique purpose ^a	4.33	2	6
21.	Skilled leadership	4.33	1	6
4.	Mutual respect, understanding, and trust	4.32	2	7
10.	Flexibility	4.29	2	7
3.	Favorable political and social climate	4.14	2	7
17.	Concrete, attainable goals and objectives	4.11	3	6
8.	Members share a stake in both process and outcome ^a	3.95	3	7
9.	Multiple layers of participation	3.86	2	7
16.	Established informal relationships and communication links	3.84	2	6
12.	Adaptability to changing conditions	3.84	2	7
15.	Open and frequent communication	3.83	3	6
7.	Ability to compromise	3.71	1	7
13.	Appropriate pace of development	3.59	2	6
2.	Collaborative group seen as a legitimate leader in the community	3.57	2	7
14.	Evaluation and continuous learning	3.55	3	6
22.	Engaged stakeholders	3.33	1	6
1.	History of collaboration or cooperation in the community	3.15	2	7
11.	Development of clear roles and policy guidelines	3.14	2	7
5.	Appropriate cross section of members ^a	2.86	2	7
20.	Sufficient funds, staff, materials, and time	2.67	2	6

Note. Participant responses to the Wilder Collaboration Survey given on day 5 of action planning.

^a Items within these factors had a disparate range of means, which may be masking the score that was generated for the factor overall.

Section 6: Discussion and Recommendations

We identified several strengths from the action planning sessions and present here our recommendations for future deflection sites. Our findings center upon action planning attendance and engagement, deflection program implementation, and participant collaboration.

Consider Action Planning Attendance

Enhance Attendance and Engagement

Thirteen local community members participated in the first two days of action planning. Attendance then dropped by 44% for the second half of action planning. Attendance was higher than at SI CERT's action planning sessions (Adams et al., 2021), but it was lower than attendance at two other deflection sites (Reichert et al., 2023b; Sullivan et al., 2023). Participation during the sessions, at times, was subdued, and daily survey responses indicated that not all participants felt comfortable sharing with the group. Therefore, future deflection sites should consider how to retain attendees for the latter half of the sessions and keep them engaged. Towards this end, stakeholder engagement strategies may include identifying appropriate participatory techniques (Luyet et al., 2012) and assessing and resolving conflicting interests (Bahadorestani et al., 2019). Session duration may also be an issue. Interviews with participants in a different deflection site's action planning process indicated that the sessions were considered excessively long, with some participants recommending shorter sessions to keep people engaged (Menninger et al., 2023).

Diversify Attendees

Attendance was particularly strong among members representing behavioral health organizations, indicating a promising array of local organizations that can support deflection participants. Yet only one member of law enforcement was present at the action planning, which may portend a limitation in engaging members of law enforcement in the LEAP deflection program. This engagement is crucial. A review of over 100 drug court programs across the nation identified law enforcement participation as one of the primary factors impacting program success (Carey & Finigan, 2013). Researchers found that programs that included a member of law enforcement on the drug court team saw an 88% greater reduction in recidivism among participants. Police engagement in community-based programs such as deflection may help to rebuild trust between community members and law enforcement. The recent increase in police distrust has resulted in a reduction in the rates of civilian engagement (Ang et al., 2021).

While a subject matter expert was present during action planning sessions, he was from out of state and had an outsider perspective that lacked local context. As discussed in previous action planning evaluation reports for other sites, TASC CHJ may wish to seek local subject matter experts for future action planning sessions (Reichert et al., 2023b; Adams et al., 2023). The presence of outsiders may limit participation of local attendees and undermine the autonomy of a locally run program (Staples, 2001). Also, if a program is built upon strong leadership from outsiders it may grow to rely upon such direction and, subsequently, reduce the motivation of local participants to take leadership roles (Staples, 2001). The presence of outsider perspectives

may necessitate additional attention to resolving conflicted interests, especially if local participants have priorities that go unacknowledged by the outsider attendees (Casey & McGregor, 2012).

Finally, we recommend including persons with lived experience at all action planning sessions, and ensuring their voices are heard and respected throughout the program's development. Substantial research has been undertaken to evaluate the benefits of including people with lived experience in policy, research, and intervention efforts that will impact their wellbeing (Cheng and Smith, 2009; Cioffi et al., 2023). Involving those with lived experience of substance use in program development and implementation has led to increases in harm reduction practices (Cheng and Smith, 2009). Including people with lived experience in program development can strengthen partnerships within the community, ensure program evaluation is congruent with the needs of the community, and enhance program sustainability (Cioffi et al., 2023). We recommend that LEAP attempt to include people with lived experience during their program implementation process. We further recommend that for future deflection sites, TASC CHJ work with local organizations to recruit people with lived experience to attend action planning sessions and be involved in all stages of program development.

Increase Participant Understanding During Action Planning

Throughout the action planning process, local participants indicated confusion about the role of deflection specialists, the processes for hiring and managing them, and the level of involvement by TASC CHJ. When questions about deflection specialists and TASC, Inc. were directed to TASC CHJ facilitators they went unanswered. This indicates a potential area of growth for future action planning sessions, which may need to include either additional content on deflection specialists or someone in attendance who can provide detailed answers to inquiries. Since attendance fluctuates and each day of action planning may include new members, it may help to have a brief overview of terms and roles at the beginning of each session.

Set Measurable Goals and Objectives

While the action planning group identified a significant number of action steps to facilitate implementation of the LEAP deflection program, they engaged in limited discussion of short- and long-term goals. Action planning at previous deflection sites has prioritized goals within the following categories (Adams et al., 2023; Reichert et al., 2023):

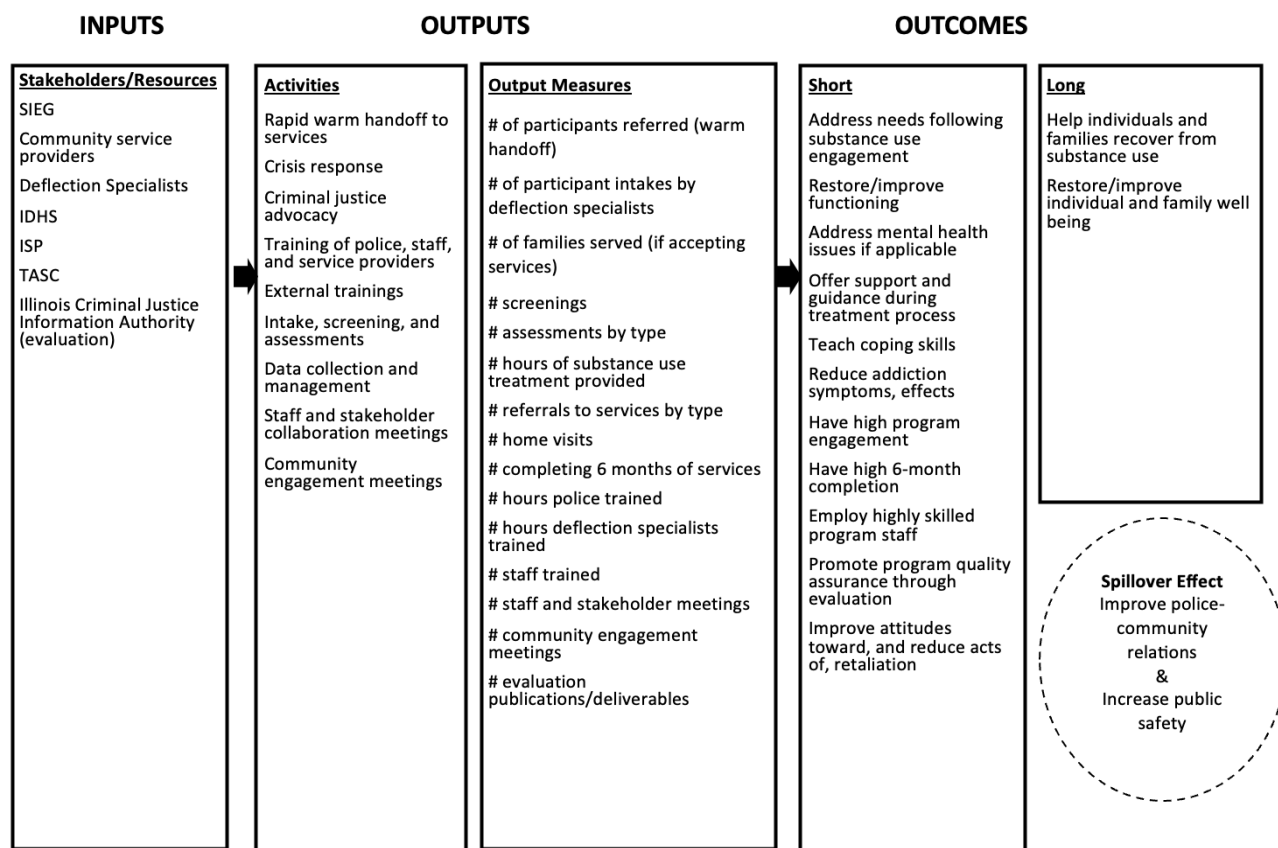
- Short-term actions to be completed in 60 days.
- Medium-term actions to be completed in 180 days.
- Long-term actions to be completed in 365 days.

The LEAP action planning group did not identify timelines for their goals, which, along with a lack of measurable objectives, may inhibit the successful implementation of the program. Implementation science has found that even evidence-based programs can fail to produce meaningful results if proper attention is not paid to the implementation process (Gleicher, 2017). Organizing goals and activities into short- and long-term categories can help determine whether

the program has sufficient time and resources to dedicate to implementations. These two issues frequently necessitate program adaptations (Gleicher, 2017).

Previous ICJIA deflection action planning evaluation reports have discussed the importance of measurable outcomes and several steps that can be taken to improve implementation planning (Adams et al., 2023; Reichert et al., 2023b; Sullivan et al., 2023). One tool that is commonly used for program development is a logic model, which provides a visual guide to inputs, outputs, and outcomes to promote feasibility and efficacy of a proposed program. Logic models serve as a reference point for program stakeholders during planning, implementation, and evaluation processes (Centers for Disease Control and Prevention, n.d.). They help communicate the program's purpose and expected results and can identify obstacles to program operation (Centers for Disease Control and Prevention, n.d.). Logic models also can assist with prioritizing resource allocation, can enhance stakeholder accountability, and can prevent mismatches between activities and effects (Community Toolbox (n.d.)). We present an example of a logic model for a deflection program that might guide participants in developing their own logic model during action planning (Figure 8).

Figure 8
Example of Logic Model for the Deflection Program



Note. ICJIA researchers created a draft example of a logic model with LEAP in mind; it was not developed by or with the LEAP action planning group.

Address Collaboration Areas of Concern

The collaboration survey results showed participants strongly agreed that collaboration among partner organizations was essential to achieve deflection program objectives. Further, they indicated that their organizations would benefit from the collaboration, that everyone present was committed to the success of the program, and that participants held each other in high regard. These results show a promising foundation upon which to build a strong multidisciplinary program. As a foundation, collaboration benefits multidisciplinary programs by constructing collective actions to address the complexity of client needs and by creating team dynamics that enhance respect and trust between collaborative members (D'Amour et al., 2009). This foundation can be improved by addressing the primary areas of concern that responses to the collaboration survey suggest. Since the two collaboration factors that scored lowest were regarding sufficient resources and appropriate cross-section of members, identifying and inviting additional organizations to the deflection collaborative will help to ensure proper representation and to increase the people power of the program (D'Amour et al., 2009). In addition, to promote the lasting success of the program it will be essential to ensure that the program is able to access sufficient support from state and local government leaders and that all appropriate individuals and organizations are able to participate in the deflection project (Farhoudian et al., 2022).

Section 7: Conclusion

Specialists and participants in community organizations and agencies in three southern Illinois counties have formed the LEAP deflection program to assist community members experiencing mental health and substance use challenges. This program plans to use a police deflection intervention model to connect people with behavioral health services. During the planning stages of the program action planning was used to promote community engagement and to form clear and measurable goals (Creately, 2022). During six days of action planning, LEAP participants discussed how the program can best serve the community, which program outcomes to prioritize, how to maintain engagement and collaboration throughout the program, and how to ensure the longevity of their program.

Our evaluation identified recommendations for future action planning sessions and considerations for the next steps of the LEAP deflection program. We suggest that future action planning of deflection sites engage people with lived experience, increase law enforcement attendance, and identify participatory techniques that keep members engaged throughout sessions. We also suggest additional attention to describing the roles of all stakeholders to enhance participants' understanding of deflection and action planning. Future action planning sessions can also enhance discussions of program implementation by focusing on measurable goals and objectives, potentially through the implementation of logic models. Finally, we recommend that, as planning and implementation evolve, deflection programs continue to monitor group collaboration levels and address identified shortcomings, such as the need to engage political and community leadership.

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Appendix A: Solutions Action Plan Contents



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



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Appendix B: Wilder Collaboration Survey Results

Table

44 Item Collaboration Survey Results

Factors	Survey items	N	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Mean score
			n	%	n	%	n	%	n	%	n	%	
1. History of collaboration or cooperation in the community	1. Agencies in our community have a history of working together.	7	0	0.0	2	28.6	1	14.3	4	57.1	0	0.0	3.29
	2. Trying to solve problems through collaboration has been common in this community. It has been done a lot before.	7	0	0.0	2	28.6	4	57.1	0	0.0	1	14.3	3.00
2. Collaborative group seen as a legitimate leader in the community	3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.	7	0	0.0	1	14.3	2	28.6	4	57.1	0	0.0	3.43
	4. 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.	7	0	0.0	0	0.0	2	28.6	5	71.4	0	0.0	3.71
3. Favorable political and social climate	5. The political and social climate seems to be “right” for starting a collaborative project like this one.	7	0	0.0	0	0.0	1	14.3	4	57.1	2	28.6	4.14
	6. The time is right for this collaborative project.	7	0	0.0	0	0.0	2	28.6	2	28.6	3	42.9	4.14
4. Mutual respect, understanding, and trust	7. People involved in our collaboration trust one another.	7	0	0.0	0	0.0	0	0.0	6	85.7	1	14.3	4.14
	8. I have a lot of respects for the other people involved in this.	6	0	0.0	0	0.0	0	0.0	3	50.0	3	50.0	4.50
5. Appropriate cross section of members	9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.	7	0	0.0	1	14.3	1	14.3	3	42.9	2	28.6	3.86
	10. All the organizations that we need to be members of this collaborative group have become members of the group.	7	2	28.6	4	57.1	1	14.3	0	0.0	0	0.0	1.86

6. Members see collaboration as being in their self-interest	11. My organization will benefit from being involved in this collaboration.	7	0	0.0	0	0.0	0	0.0	2	28.6	5	71.4	4.71
7. Ability to compromise	12. People involved in our collaboration are willing to compromise on important aspects of our project.	7	0	0.0	0	0.0	3	42.9	3	42.9	1	14.3	3.71
8. Members share a stake in both process and outcome	13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.	7	0	0.0	1	14.3	4	57.1	1	14.3	1	14.3	3.29
	14. Everyone who is a member of our collaborative group wants this project to succeed.	7	0	0.0	0	0.0	0	0.0	3	42.9	4	57.1	4.57
	15. The level of commitment among the collaboration participants is high.	7	0	0.0	0	0.0	2	28.6	3	42.9	2	28.6	4.00
9. Multiple layers of participation	16. 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.	7	0	0.0	0	0.0	2	28.6	3	42.9	2	28.6	4.00
	17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.	7	0	0.0	1	14.3	2	28.6	2	28.6	2	28.6	3.71
10. Flexibility	18. There is a lot of flexibility when decisions are made; people are open to discussing different options.	7	0	0.0	0	0.0	1	14.3	4	57.1	2	28.6	4.14
	19. 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.	7	0	0.0	0	0.0	0	0.0	4	57.1	3	42.9	4.43
11. Development of clear roles and policy guidelines	20. People in this collaborative group have a clear sense of their roles and responsibilities.	7	0	0.0	1	14.3	5	71.4	0	0.0	1	14.3	3.14
	21. There is a clear process for making decisions among the partners in this collaboration.	7	0	0.0	3	42.9	1	14.3	2	28.6	1	14.3	3.14
12. Adaptability to changing conditions	22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected,	7	0	0.0	0	0.0	3	42.9	2	28.6	1	14.3	3.67

	changing political climate, or change in leadership.												
	23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.	6	0	0.0	0	0.0	2	33.3	2	33.3	2	33.3	4.00
13. Appropriate pace of development	24. This collaborative group has been careful to take on the right amount of work at the right pace.	6	0	0.0	0	0.0	3	50.0	2	33.3	1	16.7	3.67
	25. 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	0.0	4	66.7	1	16.7	1	16.7	3.50
14. Evaluation and continuous learning	26. A system exists to monitor and report the activities and/or services of our collaboration.	6	0	0.0	1	16.7	0	0.0	4	66.7	1	16.7	3.83
	27. We measure and report the outcomes of our collaboration.	6	0	0.0	1	16.7	3	50.0	1	16.7	1	16.7	3.33
	28. Information about our activities, services, and outcomes is used by members of the collaborative group to improve our join work.	6	0	0.0	1	16.7	2	33.3	2	33.3	1	16.7	3.50
15. Open and frequent communication	29. People in this collaboration communicate openly with one another.	6	0	0.0	0	0.0	2	33.3	3	50.0	1	16.7	3.83
	30. I am informed as often as I should be about what is going on in the collaboration.	6	0	0.0	0	0.0	3	50.0	2	33.3	1	16.7	3.67
	31. The people who lead this collaborative group communicate well with the members.	6	0	0.0	0	0.0	1	16.7	4	66.7	1	16.7	4.00
16. Established informal relationship and communication links	32. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.	6	0	0.0	1	16.7	2	33.3	2	33.3	1	16.7	3.50
	33. I personally have informal conversations about the project with others who are involved in this collaborative group.	6	0	0.0	0	0.0	1	16.7	3	50.0	2	33.3	4.17
17. Concreate, attainable goals and objectives	34. I have a clear understanding of what our collaboration is trying to accomplish.	6	0	0.0	0	0.0	0	0.0	4	66.7	2	33.3	4.33
	35. People in our collaborative group know and understand our goals.	6	0	0.0	0	0.0	1	16.7	4	66.7	1	16.7	4.00
	36. People in our collaborative group have established reasonable goals.	6	0	0.0	0	0.0	2	33.3	2	33.3	2	33.3	4.00

18. Shared vision	37. 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	0	0.0	4	66.7	2	33.3	4.33
	38. 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	0.0	0	0.0	4	66.7	2	33.3	4.33
19. Unique purpose	39. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.	6	0	0.0	0	0.0	0	0.0	1	16.7	5	83.3	4.83
	40. No other organization in the community is trying to do exactly what we are trying to do.	6	0	0.0	1	16.7	1	16.7	2	33.3	2	33.3	3.83
20. Sufficient funds, staff, materials, and time	41. Our collaborative group has adequate funds to do what it wants to accomplish.	6	2	33.3	1	16.7	1	16.7	2	33.3	0	0.0	2.50
	42. Our collaborative group has adequate “people power” to do what it wants to accomplish.	6	1	16.7	2	33.3	1	16.7	1	16.7	1	16.7	2.83
21. Skilled leadership	43. The people in leadership positions for this collaboration have good skills for working with other people and organizations.	6	0	0.0	0	0.0	0	0.0	4	66.7	2	33.3	4.33
22. Engaged stakeholders	44. Our collaborative group engages other stakeholders, outside of the group, as much as we should.	6	0	0.0	1	16.7	3	50.0	1	16.7	1	16.7	3.33

Note. To generate mean score, Likert scale items were scored from Strongly disagree=1 to Strongly agree=5.