

# EVALUATION OF THE TASC DEFLECTION ACADEMY: TRAINING FOR LAW ENFORCEMENT-LED DEFLECTION PROGRAM STAFF



## ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

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*Abstract: Law enforcement-led deflection programs redirect individuals with behavioral health or other needs to treatment and services. The field of deflection is still relatively new and practitioners are still developing best practices to train program staff and stakeholders. We evaluated the Treatment Alternatives for Safe Communities (TASC) Deflection Academy, a five-day training program on effective ways to offer deflection services in the community. The evaluation was designed to gather information on training activities and participants, measure knowledge gains, and solicit participant feedback. We conducted field observations and administered surveys, including a pre-and post-training test. The findings suggested participants found role-play activities to be helpful and that participants increased deflection-related knowledge. We recommended partnering with local subject matter experts, providing additional training on domestic violence and client data privacy, and covering topics most germane to the programs and clients.*

## **Introduction**

Police-led deflection programs can divert individuals to treatment and services and away from crisis or emergency department care and/or the criminal justice system.<sup>1</sup> Deflection program partners and staff need training to effectively engage and assist individuals with behavioral health or other service needs.<sup>2</sup> Topic areas for deflection training may include recognizing substance use disorders and recovery; treatment services and levels of care; motivational interviewing and brief interventions; and screening and treatment referrals.<sup>3</sup> However, since the field of deflection is relatively new, more research is needed to establish the most effective training methods, training length, and topic areas.<sup>4</sup>

We evaluated a five-day, 40-hour training provided by the Treatment Alternatives for Safe Communities (TASC) Deflection Academy. Trainees become deflection specialists who build relationships with and create linkages to social and health services and provide client case management. The TASC Center for Health and Justice (CHJ) developed and led the deflection academy for nine staff in Chicago in 2021. The training included presentations, videos, handouts, and role playing. The training covered:

- Role of deflection specialists.
- Skill building to learn about deflection, working with police, and de-escalation.
- Trauma-informed care and self-care.
- Policies and procedures including standard operating procedures, data entry, and privacy and confidentiality.
- Client risks, needs, and responsivity and stages of change.

We collected data through observations, surveys, and training documents to answer the following research questions:

- What transpired during the deflection academy training?
- Who were the participants?
- To what extent did participants gain knowledge?
- What did participants think of the training?

In addition, we offered recommendations based on the evaluation findings. This evaluation can guide future TASC deflection academies and trainings in other jurisdictions.

## **Background**

The Illinois Criminal Justice Information Authority (ICJIA) serves as an evaluation partner for the multi-site deflection project supported by the Illinois Department of Human Services with the Illinois State Police. The project model features officers working in multijurisdictional law enforcement task forces offering a warm hand off of community members to deflection specialists who refer to services and conduct case management. IDHS contracted with TASC and TASC CHJ to plan and implement the project, as well as employ and train deflection program staff. Training participants included staff from sites in East St. Louis and Cook County.

## Methods

### Sample of Training Participants and Faculty

TASC staff documented attendance on each day of the training. Nine participants attended the deflection academy each day, including four from Cook County and five from East St. Louis. A slight majority identified as Black (Table 1). All respondents had at least some college education and a majority had earned a bachelor's or higher degree. Participant ages ranged from 24 to 47 years old with a mean age of 34.

**Table 1**  
*Deflection Academy Training Participant Demographics*

Demographic	<i>n</i>	%
Gender		
Female	7	100.0
Male	0	0.0
Mean age (in years)		33.8
Race/Ethnicity		
Black or African American	4	57.1
White	3	42.9
Latinx	0	0.0
Highest education level		
Some college	2	28.5
Associate degree	1	14.3
Bachelor's degree	3	42.9
Master's degree	1	14.3
Juris doctorate, PhD, EdD	0	0.0

*Note.* Sample size was seven participants. Two participants were absent during survey administration.

Table 2 lists deflection academy organizers, and their affiliations, training topic areas, and roles.

**Table 2**  
*Deflection Academy Training Faculty*

Agency	Training topics	Role
Operation 2 Save Lives and Quick Response Team National ( <i>n</i> = 1)	- Working with police - Safety while working - Situational awareness	- Subject matter expert - Trainer - Role play participant
TASC CHJ ( <i>n</i> = 5)	- Deflection specialist role - Deflection 101 - Bureau of Justice Assistance, Comprehensive, Opioid, Stimulant,	- Moderator/trainer - Trainer - Role play participant - Support/commentary

	and Substance Abuse Program (COSSAP) - Safety while working - Situational awareness - Risk-Needs-Responsivity Model	
TASC ( <i>n</i> = 7)	- Privacy, authorizations - Cook County deflection site overview - Role of deflection specialist - History, mission, and values of TASC - Trauma, vicarious trauma, self-care - Substance use disorder, stages of change - TASC policy and procedure - Data collection, data entry	- Moderator/trainer - Trainer - Role play participant - Support/commentary
ICJIA ( <i>n</i> = 1)	- Local crime data and program evaluation	- Trainer

*Note.* Some trainer topics were co-presented. For more information on COSSAP see <https://bja.ojp.gov/program/cossap/overview>.

## Materials and Procedure

We administered a training pre- and post-test with 25 items on the training topics to gauge knowledge before and after the training. A paper form was administered at the start of the training on day 1 and at the end of the training on day 5. Seven of nine training participants answered the pre-test and post-test items. The pre-test also collected demographic information, including gender, age, race and ethnicity, education, and prior experience with crime victims and persons with substance use disorders. Seven participants completed the pre-test. The post-test included 11 additional questions to gather feedback on the training team, materials, location, and pace.

We conducted field observations during the training. A researcher attended each day of training from November 29, 2021, to December 3, 2021, with 33 hours of observation. Field observations provided an overview of training sessions and a narrative of day-to-day interactions and discussions among participants. Following well-established ethnographic methodology, the research team jotted abbreviated handwritten notes of conversations, interactions, and content during the action planning sessions.<sup>5</sup> In addition, we examined documents to provide additional context on the deflection academy, including agendas and handouts, PowerPoint slides, and daily sign-in sheets.

We analyzed the pre- and post-test surveys using Microsoft Excel. This study was approved by the ICJIA's Institutional Review Board secretary as evaluation. Study limitations resulted from observation of just one training with a small participant sample size (*n* = 9) and fewer survey respondents (*n* = 7). This limited our analysis and the breadth of information that could be

gathered. In addition, because this training was the first provided by the academy, comparison data was unavailable.

## Evaluation Findings

### Deflection Academy Observations

#### *Training Day 1: The Role of Deflection Specialists*

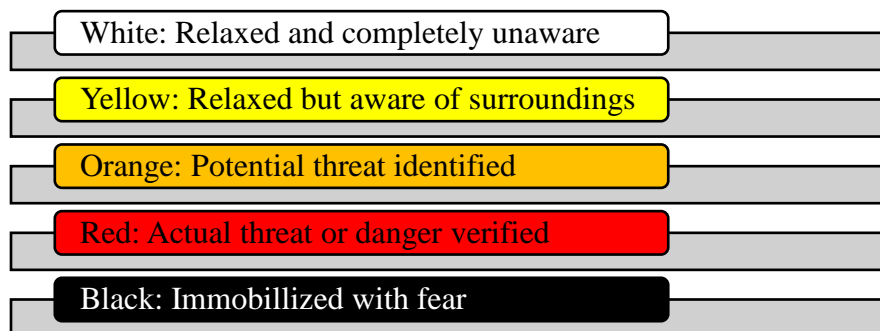
The first day focused on the role of deflection specialists and skills they would need to be effective. The moderator discussed the importance of police deflection. The group primarily discussed deflection of individuals with substance use disorders. The group discussed the U.S. Bureau of Justice Assistance's Comprehensive Opioid, Stimulant and Substance Abuse Program website and available resources were provided.<sup>6</sup>

The Cook County deflection specialists shared their experiences in the field. They noted having difficulty in getting individuals to agree to participate in substance use disorder treatment. They stressed deflection specialists should not feel discouraged when individuals do not accept their help at the beginning and to continue to communicate with them.

A former police chief led the group in two class discussions on how deflection specialists would handle certain situations. Cook County deflection specialists shared their experiences in similar situations. The presenters discussed situational awareness and the color code system (Figure 1).<sup>7</sup> It was stressed that deflection specialists should immediately exit Orange, Red, or Black situations.

#### **Figure 1**

##### *Situational Awareness Color Codes*



*Note.* Adapted from Cooper's color code, see Fairburn, R. (2010). *Cooper's colors: A simple system for situational awareness*. Police 1. <https://www.police1.com/police-trainers/articles/coopers-colors-a-simple-system-for-situational-awareness-Np1Ni2TbRj9EkGUN/>

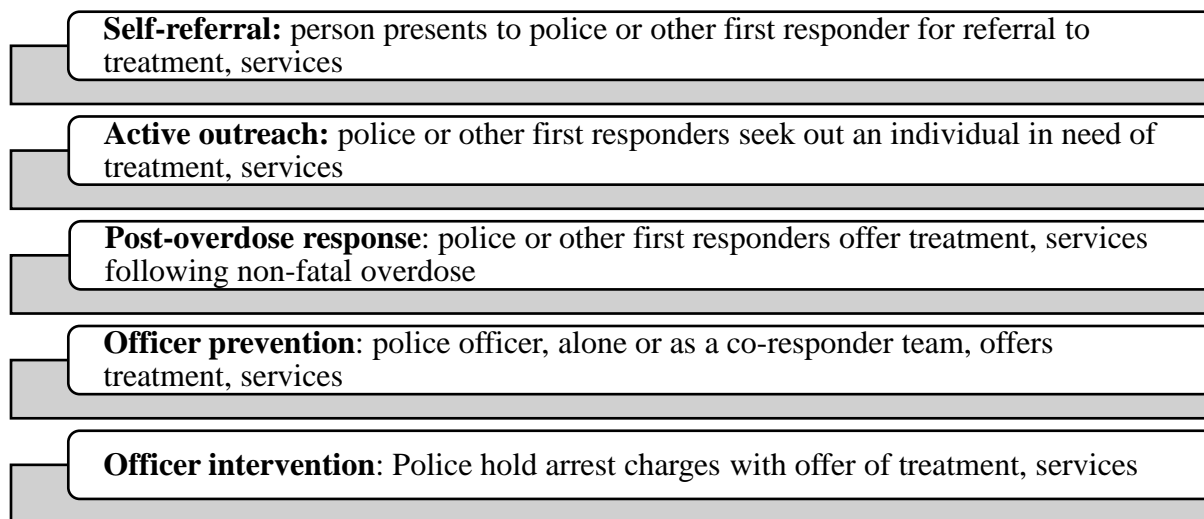
The day ended with a group situational awareness exercise. The group closed their eyes and were asked specific questions about the room and their surroundings. This exercise was used to emphasize the need to be cognizant of their surroundings.

## Training Day 2: Deflection Specialist Skill Building

The group continued discussing and practicing deflection specialist skills. The group started with a review of law enforcement deflection pathways (Figure 2).

**Figure 2**

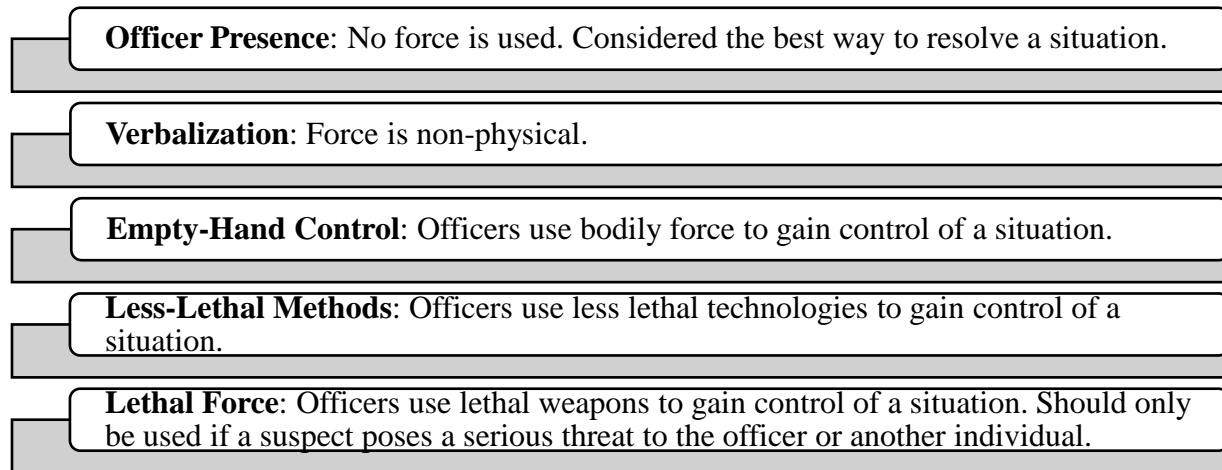
*Deflection Pathways*



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

The subject matter expert, a former Massachusetts police chief, discussed the role of police and deflection specialists, as well as the police use of force continuum and de-escalation (Figure 3). The presenter discussed de-escalating situations with non-verbal expression. An exercise handout offered participants a scenario in which a deflection specialist helped an individual following a non-fatal overdose. A TASC member presented tips for safety in the community for deflection specialists, such as having a charged cell phone, being aware of one's surroundings, and trusting one's instincts.

**Figure 3**  
*Officer Use-of-Force Continuum*



*Note.* Adapted from National Institute of Justice (2009). *The use-of-force continuum*.  
<https://nij.ojp.gov/topics/articles/use-force-continuum>

The participants were split into groups for role-playing exercises. Role play scenarios included situations a deflection specialist may find themselves in, such as introducing themselves to a potential client, going to a client's home to discuss treatment options, and dealing with agitated clients. The group agreed that a script was needed to succinctly introduce deflection specialist to clients, as well as a list of services offered. One participant stated on-site observations of a deflection program would be helpful.

### ***Training Day 3: Trauma-Informed Practices***

The third day of training focused primarily on trauma, using presentations, videos, and discussion. Trauma-informed practices help specialists gather information on their clients' life experiences to better engage and serve them.<sup>8</sup>

This first session focused on the neurological processes associated with traumatic experiences. Presenters shared videos on the neuroscience of trauma. After each video, participants discussed the content and application to their work. The participants were particularly interested in how to get potential clients to accept treatment and TASC staff shared their experiences on the topic.

The next session centered on Adverse Childhood Experiences (ACEs) (e.g., violence, abuse, or neglect). According to the Centers for Disease Control and Prevention, ACEs can impact future violence victimization and perpetration and can result in physical and mental health problems.<sup>9</sup> Training participants engaged in a group exercise on how to provide trauma-informed care with potential clients. Participants were instructed to practice speaking about sensitive issues with clients in the role of deflection specialist.

Participants watched and discussed three videos on trauma. The first video was about learning to effectively communicate with victims. The second was a short documentary on people who work with those suffering from substance use disorders. The group viewed a third video on

compassion fatigue and then discussed compassion fatigue and vicarious trauma, or the potential emotional toll of helping others.<sup>10</sup> Participants created personal plans to avoid or alleviate compassion fatigue.

#### ***Training Day 4: Employee Policy and Procedure***

Day 4 focused on technical, procedural, and administrative aspects of the deflection specialist duties. First, a presenter shared standard operating procedures related to their day-to-day duties. The group discussed the use of the Recovery Capital Index, which is a tool to measure addiction wellness.<sup>11</sup> Deflection specialists can use the Recovery Capital Index to see if interventions are working or if modifications are needed to better support addiction recovery.<sup>12</sup>

Participants were provided a demonstration of TASC's Electronic Client Record (ECR) database system to document all client interactions and updates. Participants entered mock case data into the ECR to become familiar with the system. A client/deflection specialist role play was conducted as an example for the participants as they use the ECR.

A session was devoted to legal concepts related to the deflection specialist work, specifically client privacy and confidentiality. Participants were provided with a client consent packet. The participants then took part in a role-playing exercise where they practiced reviewing the consent form with potential clients.

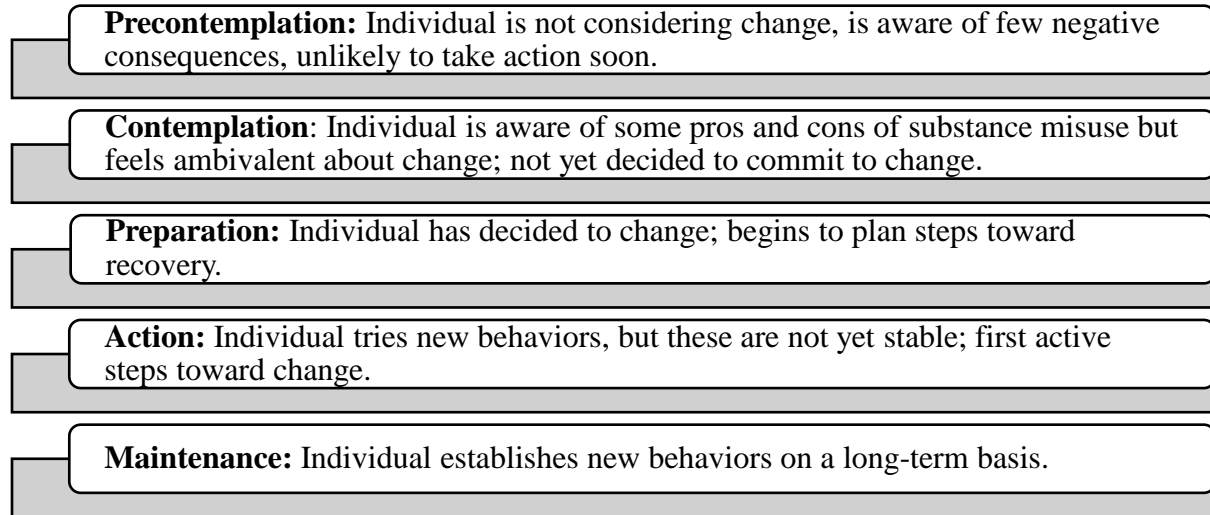
#### ***Training Day 5: Client Needs***

The final day of the deflection training centered on client needs with a final role play. Trainers presented the Risk-Needs-Responsivity (RNR) model used to guide service provisions for clients. The RNR model is based on justice impacted individuals' risk of recidivism, individual service needs, and responding through treatment.<sup>13</sup> The group also learned about stages of change to understand client readiness for treatment (Figure 4).



**Figure 4**

*Stages of Change*



*Note.* Adapted from Prochaska, J. O., & DiClemente, C. C. (1986). *Toward a comprehensive model of change*. In *Treating addictive behaviors* (pp. 3-27). Springer, Boston, MA.

The participants ended the day with additional role playing of deflection specialists engaging clients and entering mock client information into the ECR. At the academy’s conclusion, the participants participated in a graduation ceremony with diplomas and the TASC president addressed the group. Finally, each graduate received a “TASC Deflection” polo shirt.

## Participant Knowledge and Feedback

### *Knowledge Gains*

Table 3 summarizes results of the academy pre- and post-tests. All participants achieved higher scores after receiving the training. The mean score increased from 73.7% correct before the training to 86.8% correct after the training, a 17.8% increase.

**Table 3**

*Deflection Academy Training Participant Pre- and Post-Test Scores*

Participant	Pre-test answers		Post-test answers	
	<i>Items correct</i>	<i>%</i>	<i>Items correct</i>	<i>%</i>
Participant 1	18	72.0	21	84.0
Participant 2	19	76.0	21	84.0
Participant 3	19	76.0	22	88.0
Participant 4	20	80.0	21	84.0
Participant 5	17	68.0	21	84.0
Participant 6	19	76.0	21	84.0
Participant 7	17	68.0	21	84.0
Mean score	18.4	73.7	21.1	86.8

*Note.* The sample size was seven participants of nine total training participants.

The number of correct answers either stayed the same or increased on the post-test on all but one item. On the true/false item, “If a client’s written authorization is obtained, both HIPAA and 42 CFR Part 2 allow for the sharing of information,” six responded correctly (true) on the pre-test, while five respondents answered correctly on the post-test while.

The greatest improvement in correct responses from the pre-test to the post-test was noted in this question: “Someone who does not think they have a problem is in which stage of change?” Just two respondents answered correctly on the pre-test (Correct answer: Precontemplation). All seven respondents answered correctly on the post-test.

The item with the fewest correct responses on the pre- and post-test was true/false statement “It is always appropriate to make sure to get domestic violence survivors out of their situation as soon as possible.” (Correct answer: False). Eight answered incorrectly on the pre-test and seven answered incorrectly on the post-test. In addition, RNR module questions received the fewest correct responses on the post-test, despite being covered that same day. This suggests training on those topics should be improved.

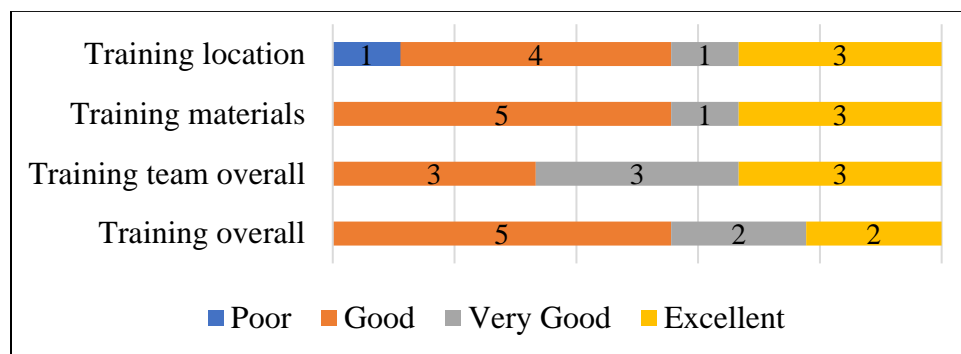
All participants responded correctly to 10 items on both pre- and post-tests regarding general aspects of deflection work and client privacy and confidentiality considerations. This suggests training may not be needed in these areas.

### ***Participant Feedback***

Figure 5 shows the mostly positive participant feedback collected on several aspects of the training. The training team was the most highly rated aspect of the academy, with six “Very good” and “Excellent” ratings.

**Figure 5**

*Deflection Academy Training Participant Responses on Quality*

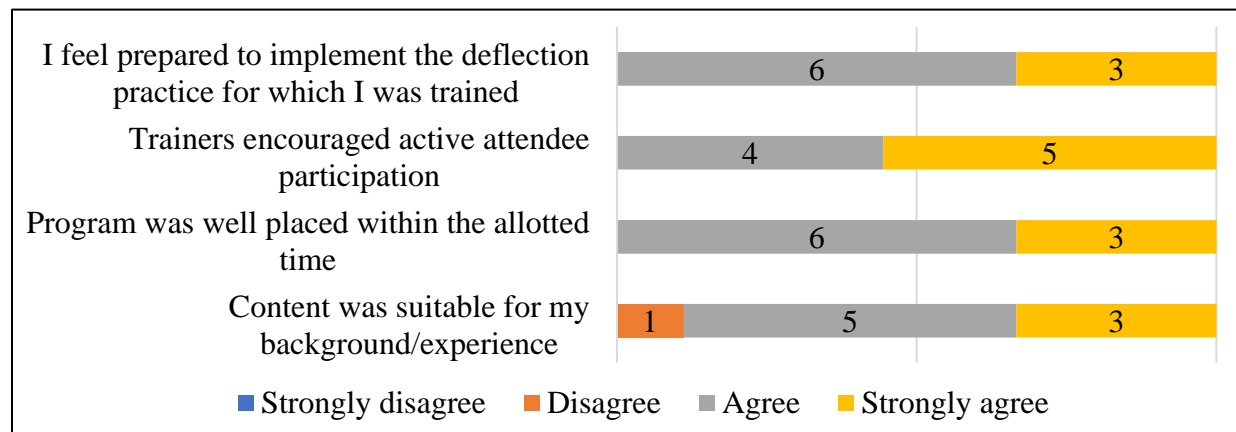


*Note.* The sample included nine participants.

Figure 6 displays more participant feedback on the training. Overall, participants “Agreed” or “Strongly agreed” the training prepared them for work as a deflection specialist, was well-paced, encouraged active participation, and suited their backgrounds.

**Figure 6**

*Participant Feedback on Aspects of Deflection Academy Training*



*Note.* The sample included nine participants.

**Strongest and Weakest Training Aspects.** Most respondents thought role-playing and SOP activities were the most successful aspect of training. One respondent noted the situational awareness training also was impactful.

Some respondents indicated that first-hand accounts from those with field experience would have been helpful and the lack thereof created a weakness in the training. One participant stated the training was “information overload.”

**Additional Participant Comments.** Other comments were varied. One participant said the training did not need to take a week and that it was expensive to be away from home. One participant stated they would have preferred to cover the SOP and ECR training earlier in the week. Another participant noted that they preferred in-person training. Another suggested adding more speakers to make the presentations.

### **Training Recommendations**

#### ***Continue to Offer Hands-On Experience***

Due to the COVID-19 pandemic, a deflection program site visit in Cook County was not possible. However, role playing was used to offer experience. Participant feedback indicated that role playing was a helpful component of the training, offering them some experience and later information recall. The training allowed participants to analyze client behaviors, evaluate needs, and predict their reactions to situations.<sup>14</sup>

#### ***Employ Local Experts***

The subject matter expert was from Massachusetts and was less familiar with Illinois laws and deflection programs. If possible, local experts should be engaged as presenters to provide local context and understanding, which builds credibility with the audience.<sup>15</sup> It is understood, however, that the field of deflection is young and few local experts may be available. Further, all

materials should be relevant to the TASC model, versus models used in other parts of the country, to avoid confusion.

### ***Focus on Increasing Knowledge in Certain Areas***

The pre- and post-test illustrated knowledge was gained through the training. However, presenters should improve or spend more time training on client privacy and data security. Federal regulations governing patient records, including 42 Code of Federal Regulations (CFR) Part 2 regarding patient records for the treatment of substance use disorders and HIPAA (Health Insurance Portability and Accountability Act of 1996), can be complex and confusing.<sup>16</sup>

The pre- and post-test asked about the need to make sure to get domestic violence survivors get out of their situation as soon as possible, but most participants answered incorrectly before *and* after training. This is important for deflection specialists to know as safety is a main concern for domestic violence survivors as well as other circumstances and barriers.<sup>17</sup> In addition, research has found that threats or actual instances of separation of women victims from their intimate partners most often precipitated the murder of the victim.<sup>18</sup> These concepts should be further explored in the training.

### ***Tailor Training Topics to Program Clientele***

The deflection academy was geared toward deflection specialists who would assist two different populations—individuals with substance use disorders and victims of violent crime. At times, the training appeared to emphasize the needs of individuals with substance use disorders, with presentations on the recovery capital index and stages of change of addiction. Historically, police deflection has focused on those with substance use disorders, but the East St. Louis program focused on crime victims who may need different services. Therefore, training topics should be tailored to the program to be offered to the extent possible to avoid confusion and best use the time allotted. Some topics, such as trauma, apply to broader populations.

During the training, presenters shared information on the RNR model, but the post-test indicated participants did not answer correctly on the post-test. Participants were trained as deflection specialists to assist either crime victims or individuals with substance use disorders who may or may not have had any criminal justice involvement. The RNR model, designed to measure recidivism risk, may not have been an appropriate topic for the time allotted.

## **Conclusion**

The TASC Deflection Academy provided a five-day training deflection specialist training for Cook County and East St. Louis. The academy featured multiple presenters and incorporated role-playing activities, PowerPoint presentations, videos, and handouts. Field observations of the training and participant surveys provided insights and helped us develop recommendations for future deflection academy trainings.

Respondents generally held favorable opinions of the academy, with many indicating the training was “Good” or “Excellent”. We found all participants increased knowledge throughout the

course of the training, with an average of 74% correct on pre-test questions and 80% correct on post-tests. Respondents had the greatest success answering items related to general deflection work and client privacy both pre- and post-test, suggesting extensive training in these areas may not be required. Participants struggled most with items related to the RNR model.

Based on the evaluation findings, we recommended the TASC Deflection Academy continues to offer hands-on experience through role playing and deflection program site visits. We recommended employing local subject matter experts, increasing knowledge of domestic violence victims and client data privacy and security and ensuring topic areas correspond with targeted populations (e.g., individuals with substance use disorders, crime victims, or justice-impacted individuals).

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#### **SUGGESTED CITATION**

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

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<sup>6</sup> See Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) website at <https://bjaojp.gov/program/cossap/overview>

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