EVALUATION OF THE DEVELOPMENT OF A MULTIJURISDICTIONAL POLICE-LED DEFLECTION PROGRAM TO ASSIST VICTIMS OF VIOLENT CRIME

Evaluation of the Development of a Multijurisdictional Police-Led Deflection Program to Assist Victims of Violent Crime

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

Prepared by
Jessica Reichert, Senior Research Analyst
Sharyn Adams, Research Analyst
H. Douglas Otto, Research Analyst
Julia Sanchez, Research Intern

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

Acknowledgements

The authors would like to thank the following agencies and individuals for their assistance and contributions to this evaluation.

Table of Contents

Executive Summary

Introduction

East St. Louis, Illinois has experienced high rates of violent crime including homicide. In 2019, the city's homicide rate was 137 per 100,000 residents, which was considerably higher than the state rate and the Chicago rate (Federal Bureau of Investigation [FBI], 2019). Victims of violent crime may have many service needs, such as behavioral health counseling, medical care, legal services, housing, and financial assistance (Aeffect, Inc., 2017). Many crime victims come to the attention of police, so a program was developed in East St. Louis to refer victims to services they need. The East St. Louis Community Engagement Response Team (ESL-CERT) was created to refer victims of crime to necessary services using a law enforcement task force (composed of dedicated Illinois State Police officers) working on violent crime cases in East St. Louis.

The program is considered a "deflection" program in which law enforcement and other first responders (or co-responders) connect individuals to treatment and/or other social services thereby deflecting them from emergency services, crisis interventions, and justice involvement (Firesheets et al., 2022; Kelly et al., 2022; Lindquist-Grantz et al., 2021). The program assists crime victims, so there is no threat of potential arrest charges.

This evaluation examined the ESL-CERT's action planning process. Local stakeholders met virtually for 21 hours over seven days to develop the program's Solution Action Plan (SAP). Action planning is a way to increase community engagement, develop clear and concise program goals, and create strategies to effectively achieve those goals (Creately, 2021). The action planning work culminated in an action plan with objectives, strategies, and steps needed to aid in program implementation.

Methodology

To avoid the risk of spreading COVID-19 in 2021, the action planning process was held virtually via Zoom for three-hours per day for seven days. Representatives of several local community agencies and groups participated; 30 participated in at least one session from 23 organizations and 14 organization types. There were 30 community representatives, with attendance ranging from 12 to 19 participants per session. In addition to local participants, 26 representatives from outside of the community [Illinois Department of Human Services (IDHS), Treatment Alternatives for Safe Communities (TASC), Illinois Criminal Justice Information Authority (ICJIA), and Police, Treatment, and Community Collaborative (PTACC) and subject matter experts] attended at least one session each. ICJIA researchers also provided a local crime victim data presentation on day 6.

To evaluate the action planning procedure, the ICJIA research team examined a variety of data sources, including field observations, supporting documents, and participant surveys. The secretary of the ICJIA Institutional Review Board approved the proposed research as a program evaluation.

Three researchers completed 21 hours of field observations of the action planning process from June 30, 2021, to August 8, 2021. All action planning sessions were conducted and recorded virtually through Zoom Video Conferencing. A total of 30 community members participated in at least one of the seven sessions.

After each session, we administered a survey to action planning participants using the Zoom poll feature. The survey included questions about the action planning process, collaboration with other participants, and their intentions of post-action planning with responses on a 4-point Likert scale. Respondents totaled between seven and 20 respondents per day.

Finally, we administered a second online survey using Qualtrics software. The survey included questions about participants (e.g., demographics information) and one open-ended question requesting their thoughts on the action planning process. A total of 13 participants responded.

Data Analysis

We analyzed field notes and supportive documents. We summarized what transpired sequentially for each of the seven days of action planning as the group built on the previous day's work in each session. The Zoom platform poll data was exported in Excel for data analysis and the online survey was exported from Qualtrics to Excel for data analysis. We analyzed the poll and online survey data to generate descriptive statistics.

Study Limitations

We encountered some limitations while conducting this evaluation. First, we could only draw from what was said during the sessions. Participants' internal thoughts and feelings could only be collected through brief, close-ended poll questions. Second, the participants changed each day because many could not attend all seven sessions leading to varying levels of participation in the action planning and polls. Third, while a number of reminders were sent to the group, only 13 participants responded to the online survey to gather participant demographics. Fourth, COVID-19 precipitated the need for virtual action planning, which had its challenges. For example, because of the large number of participants on the virtual platform, it was difficult to discern who was speaking. Finally, as Chicago-based researchers, we were relative outsiders. Without living or working in their community, it was difficult for us to ascertain group dynamics or potential interpersonal issues and understand historical and community context.

Key Findings

We noted a number of key findings on action planning participants, engagement, and discussions, as well as participant feedback on the action planning process. The survey, taken by 13 action planning participants, revealed most were female, White, non-Latinx, earned master's degrees and incomes over $90,000, had over 20 years of experience in various fields such as social services and criminal justice, and were an average age of 52. A poll taken by seven participants on the last day showed five worked in East St. Louis and lived in a city outside of East St. Louis.

The group members engaged in discussions to develop the violent crime victim program. Action planning discussions covered many areas, including:

- Program purpose, capacity, eligibility, and name.
- Community issues, partners, and awareness.
- Outcome measures and strategies.
- Training needs and topics.
- Service provision.
- Data and evaluation.

During our observations of action planning, we noted that at times, likely exacerbated by the virtual format, it was a challenge to engage some action planning group members. In addition, some participants were initially confused about the action planning process and the program model. Finally, some participants had difficulty formulating measurable objectives.

Overall, based on our surveys, participants were pleased with, and supportive, of the action planning process and the program. All participants reported the planned program would help victims of crime *somewhat* to *a great extent*. Also all indicated they would be *likely* or *very likely* to take an active role in implementation and that the program would be *somewhat* to *very sustainable*. However, three of seven participants noted the program had weak community engagement during the action planning process.

Ultimately, the discussions culminated in an action plan document—the Solutions Action Plan—with objectives and action steps for the next phase of the program: implementation. The action plan contained four outcomes, 11 strategies, and 21 action steps.

Recommendations

Based on the evaluation findings, we offered recommendations for action planning. Suggestions to enhance participant understanding and encourage individual engagement on a virtual platform included providing data and background information, personalized invitations, regular introductions, a designated feedback loop, and the use of poll questions to aid in discussion. Another recommendation is to engage a more diverse pool of participants (e.g., East St. Louis residents and younger participants) and limit the number of outsiders participating in action planning. Finally, we recommend setting program goals and using a logic model to ensure all objectives are measurable.

Conclusion

Overall, the action planning process resulted in a plan to implement a new deflection program to assist victims of violent crime in East St. Louis. The action plan document contained four objectives, 11 strategies, and 21 action steps. The next steps for the program after action planning, was implementation of the program in which the group would work on completing their action steps. Ultimately, this program supports goals of the Illinois Statewide Violence Prevention Plan including collaborations, pro-social programming, and comprehensive case management and clinical support for victims (Garthe et al., 2021).

Section 1: Introduction

According to the U.S. Bureau of Justice Statistics, in 2019, roughly 1.2 million people were victims of violent crime in the United States (Morgan & Truman, 2020). Based on self-reported National Crime Victimization survey data, the rate of violent victimization reported to the police was 8.6 per 1,000 persons ages 12 or older in 2019 (Morgan & Truman, 2020). Victims of crime experience relatively low levels of service utilization and collaboration with police (McCart et al., 2010). In 2019, just 7.7% of U.S. violent crime victims received assistance from a victim-service agency (Morgan & Truman, 2020). Individuals who have been victimized often have needs that can be met through treatment and services such as physical health, mental health, legal assistance, housing, and childcare (Aeffect, Inc., 2017).

Particularly in areas with high violent crime, police come into contact with victims can deflect, or refer, individuals to treatment and services and away from emergency department care and the criminal justice system (Charlier & Reichert, 2020). Many face barriers to obtaining services they need, such as social stigmas, waiting lists, and limited funding (Charlier & Reichert, 2020). Using a deflection model, police can offer:
- Better outcomes for individuals, communities, and the justice system in terms of public and behavioral health.
- Improved public safety and reduced recidivism.
- Enhanced well-being of individuals and their families (Blais, 2022; Lindquist-Grantz et al., 2021).

With proper planning, training, and buy-in, police and communities can work together to successfully operate a deflection program and achieve those outcomes (Charlier & Reichert, 2020).

This evaluation examined the action planning process of a, East St. Louis deflection program for victims of crime in in southern Illinois. East St. Louis is located across the Mississippi River from St. Louis, Missouri. Local stakeholders, including police, community groups, and organizations, met over seven days to plan a deflection program designed for victims of violent crime. The program was unique in that it would involve a police task force, rather than a single police department, that serves victims of violent crime. Nationally, the vast majority of deflection programs assist persons in need of treatment for substance use and/or mental health disorders (Charlier & Reichert, 2020).

We sought to gain a better understanding of the action planning process and document the participation and input from law enforcement and community stakeholders during the planning sessions. We attempted to answer the following research questions:

- Who participated in the action planning process?
- What transpired during the action planning process?
- What were the participants' feedback of the action planning process?
- What was the action plan that was developed?

Evaluating this effort can help participating task forces, police departments, training entities, and the community improve and grow their programs, as well as guide efforts in other jurisdictions.

Section 2: Literature Review

Victim Needs

Over one million Americans are violent crime victims each year (Morgan & Truman, 2020). Violent victimization and trauma may result in post-traumatic stress disorder (PTSD) and other behavioral health disorders, including psychotic disorders, bipolar disorders, anxiety, depression, personality disorders, eating disorders, and substance use disorders (McCart et al., 2010; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). After experiencing victimization, many individuals and their loved ones lose their senses of security and safety in their homes and neighborhoods contributing to social isolation (Masters et al., 1988; Tung et al., 2019). In addition, individuals who suffer violent victimization may experience feeling unsafe and impairments to general functioning, resulting in reduced life satisfaction and well-being and a lower quality of life (Demaris & Kaukinen, 2005; Masters et al., 1988; Richardson et al, 2020).

Victim Services

Given the many impacts of violent crime, individuals who have been victimized may need a host of services, including counseling, medical services, legal assistance, housing, and financial compensation for lost work, childcare, and medical expenses (Aeffect, Inc., 2017). Due to the correlation between violent victimization and PTSD and other mental disorders (Kilpatrick & Acierno, 2003), many victims need mental health services.

Effective interventions for PTSD and other trauma-related disorders include:

- **Cognitive-behavioral therapy (CBT).** CBT addresses psychological problems by helping individuals learn better ways to cope with psychological stresses (American Psychological Association, 2017; Cahill, et al., 2009; SAMHSA, 2014; Watts et al., 2013).
- **Eye Movement Desensitization and Reprocessing (EMDR).** EMDR is an evidence-based therapy to desensitize clients to traumatic memories, replacing distressing thoughts with positive ones and being mindful of bodily sensations (Carriere, 2014; Ehlers et al., 2010; SAMHSA, 2014; Wilson et al., 2018).
- **Exposure therapy (ET).** ET features a safe therapeutic environment that allows individuals to be exposed to and discuss the things they fear. This exposure aims to reduce fear and avoidance (American Psychological Association, n.d.. Bisson & Andrew, 2007; SAMHSA, 2014).

Victims Seeking Services

Psychological effects of victimization, such as anger or irritability, may cause crime victims to withdraw from social support and distance themselves from family members and loved ones (Richardson et al., 2020). In addition, many crime victims experience barriers to treatment and case management (Kelly et al., 2010). While victims are likely to seek medical services, they do not seem likely to seek mental health services for themselves (Demaris & Kaukinen, 2005). In an

Illinois study of victims, one-third to one-half of victims said they needed help but did not receive it (Aeffect, Inc., 2017). The most common reason cited for not seeking help was due to a lack of knowledge on how or where to get assistance (Aeffect, 2017). In addition, many crime victims who are eligible for financial crime victim compensation do not receive it (Houston-Kolnik & Kirkner, 2019).

Victim Services and Public Safety

Victimization has been linked to future offending, known as the victim-offender overlap (DeLong & Reichert, 2019). Therefore, it is possible for police programs assisting victims to reduce crime and increase public safety. One study found those who self-reported repeated violent victimization were more likely to self-report engaging in criminal activity (Fagan & Mazerolle, 2011). The relationship between victimization and offending is one of the most consistent findings in criminological empirical research (Jennings et al,. 2011). However, the exact mechanisms by which victimization and offending are linked is not definitively understood. Theories suggest (Delong & Reichert, 2019):

- Offending is learned behavior from one generation to the next in a cycle of violence.
- Relationships with deviant peers may increase the commitment of violence and in turn. the risk for victimization.
- Committing violence is a type of coping mechanism after exposure to violence.

Police and Crime Victims

Police have a duty to aid and are often the first to interact with victims of crime (Farrell et al., 2019). Positive interactions with police may help victims as they cope and recover and curb future victimization (Farrell, et al, 2019).

Police Response to Crime Victims

Roughly 52% of all violent victimizations in the United States between 2006 and 2010 were not reported; 36% of them were "dealt with in a personal way," (Langton et al., 2012). Another 16% stated they did not believe the police would or could help them. (Langton et al., 2012). Poor police interactions and police-community relations may reduce the likelihood of victim help-seeking through the police. One study found that crime victims who viewed police as legitimate were more likely to cooperate with the law enforcement than those who did not (Tankebe, 2012). In a review of the literature, McCart and colleagues (2010) noted barriers to crime reporting among victims due to fear or concerns that police will not believe them, fear of public disclosure of their victimization, and being labeled or stigmatized as a crime victim.

These findings suggest that the way police interact with victims, as well as stronger police-community relationships, may increase victimization reporting and encourage victims to be more responsive to police-based referrals to services. When individuals who have been victimized feel they are treated with procedural fairness by police, they are more likely to have positive perceptions of the police (Koster et al, 2016). Most research in this area is related to intimate

partner violence and sexual assault, so more research is needed to examine how police can best help other crime victims (McCart, 2010).

Police-Based Victim Service Programs

A review of police-based victim service models identified three types:

- **Units.** Separate units within police departments are tasked specifically with assisting victims of crime.
- **Dedicated liaison officers.** Police officers are tasked with assisting crime victims in addition to their general duties.
- **Referral services.** Police provide crime victims with information regarding external services (Wilson & Segrave, 2011).

The U.S. Office for Victims of Crime funded 22 law enforcement-based victim services programs in 2020 (International Association of Chiefs of Police, n.d.). However, research and evaluation of those programs are limited (M. Alderden, personal communication, September 30, 2021). One program in the Houston Police Department in the 1980s was evaluated. In the program, officers reached out to victims of crime to offer case information and community services, but the evaluation found no significant beneficial effects on crime victims (Skogan & Wycoff, 1987). Therefore, research is imperative to understand effective ways police connect victims of violent crime to services.

A Deflection Program Model for Crime Victims

In deflection program models, law enforcement, other first responders [emergency medical technicians (EMTs), and firefighters], or co-responders (a combination of first responders and social service or behavioral health providers) directly connect individuals to behavioral health treatment and/or other social services (Firesheets et al., 2022; Kelly et al., 2022; Lindquist-Grantz et al., 2021). The purpose is to deflect from emergency services, crisis interventions, and the justice system by providing timely access to services and needed supports to improve individual, families, and community outcomes.

These programs have grown in the past five years and have followed five models, or pathways (Table 1). The ESL-CERT program, the focus of this evaluation, follows the officer prevention pathway. In that pathway, there is no threat of potential arrest charges, as the program targets victims, rather than criminal suspects. To date, nearly all deflection programs have been focused on offering treatment to those with substance use disorders or other mental disorders (Charlier & Reichert, 2020). However, another program in Hamilton, County, Ohio, called the Domestic Violence Enhanced Response Team, is a deflection program that engages police and community-based services for domestic violence victims (DeMio & Knight, 2022). In addition, in 2022, Illinois legislation (HB4736, Public Act 102-0756) was passed to establish defection programs in

four cities (East St. Louis, Peoria, Springfield, and Waukegan) using a co-responder team under the officer prevention pathway (State of Illinois, 2022).[1]

Table 1
Deflection Program Pathways

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

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

In a review of the literature on deflection programs, Lindquist-Grantz and colleagues (2021) found "findings demonstrated limited but promising evidence for improvements in recidivism, substance use, and psychosocial outcomes." A systematic review of 37 studies of pre-arrest and deflection programs found they were effective at preventing criminal offending and promising for improving health and reducing social and public safety costs (Blais, 2022). However, additional rigorous research is needed to inform the field of deflection (Charlier & Reichert, 2020).

Action Planning for Program Development

The focus of this evaluation is to examine the East St. Louis action planning process to develop a deflection program for crime victims. Action planning is a process culminating in an action plan with steps and tasks to effectively reach objectives and goals (Creatly, 2021). Components of an action plan include:

---

[1] ICJIA's Federal and State Grants Unit will administer state funding to support the programs and ICJIA's Center for Justice Research and Evaluation with provide evaluation support with state funding from IDHS through an intergovernmental agreement.

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

Benefits of action planning include increased engagement and the development of clear and concise goals. Communication is at the forefront of any action plan so that team members have clear direction during the planning process. The process uses feedback gathered to "convert actionable information into positive change" (Arthur J. Gallagher & Co., n.d., p. 4). A step-by-step process of planning is presented to provide important dates and goals. Action planning creates a clear objective with identifiable measures to success to create positive change.

Good action plans should follow the S.M.A.R.T. elements (Figure 1). Objectives are specific, measurable, attainable, relevant, and with clear deadlines to accomplish the objectives.

Figure 1
S.M.A.R.T. Elements of a Good Action Plan

Specific	Objectives need to be clear and detailed.
Measurable	Results need to be measurable. Outcomes must be what the group really wants. Outcomes should produce tangible rewards.
Attainable	Need time, manpower, resources, and authority to accomplish the plan.

Relevant	The group must believe it is possible to achieve, depending on:
	  Access to resources.
	  Group confidence.

Time-bound	Deadlines for achieving each stage should be set in the foreseeable future. Small enough to be handled, large enough to show results.

Note. Adapted from SAMHSA. (n.d.) *Setting goals and developing specific, measurable, achievable, relevant, and time-bound objectives*. https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf

Section 3: Background on Illinois Deflection Project

The State Multi-Jurisdictional Task Force Deflection Project

The East St. Louis deflection project is part of a larger project lead and funded by the Illinois Department of Human Services (IDHS), in collaboration with the Illinois State Police (ISP) participating in the Public Safety Enforcement Group (PSEG), which operates in East St. Louis. In addition to East St. Louis, two other Illinois sites have created, or are creating, programs in which multijurisdictional task forces to deflect community members from the criminal justice system to needed services [Southern Illinois Drug Enforcement Group (multiple southern Illinois counties) and Central Illinois Enforcement Group (multiple southern and central Illinois counties)]. Those sites predominately assist persons with behavior health needs.

Project Funding

This project is supported with Cannabis Regulation Funds through the Cannabis Regulation and Tax Act (410 ILCS 705). IDHS receives 20% of Cannabis Regulation Funds after removing costs associated with the implementation, administration, and enforcement of the Cannabis Regulation and Tax Act (Illinois Department of Human Services, 2021). Funds are used to address substance use disorder and mental health intervention, including treatment, education, and prevention (Illinois Department of Human Services, 2021). IDHS used the funds to contract with TASC Center for Health and Justice to conduct action planning in three sites, guide program implementation, and employ program staff. ICJIA initially provided research support for the sites with U.S. Bureau of Justice Assistance grant funds and in 2022 with funding from IDHS.

Action Planning Process

The TASC Center for Health and Justice (CHJ) provided technical assistance to the deflection pilot sites. During action planning at each site, CHJ employed its established Deflection and Pre-Arrest Diversion Solutions Action Plan (SAP), a guide to action planning (Appendix A).[2] The CHJ executive director was the primary facilitator for site action planning.

Following the action planning process will be the implementation phase. During that phase, CHJ will provide training and technical assistance to support the action plan. Following implementation, CHJ will provide technical assistance for up to 90 days.

TASC, serving in its capacity as a member of the local deflection team, will hire positions in the local area including a deflection administrator (manager), deflection supervisor, and a deflection specialist. The deflection specialist is responsible for creating linkages with services in the pilot site area and "relentless engagement" with the participant through the use of specialized case

---

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

management. This includes the traditional case management function of connecting participants to services within the East St. Louis area, providing outreach, education, and training on substance use disorders, community resources, deflection, pre-arrest diversion, and health insurance. The deflection specialist will offer direct services to participants, engage and build relationships with community partners, and conduct related trainings (Appendix B).

The East St. Louis Deflection Program

The East St. Louis area struggles with violent crime and homicide, in particular. Due to the high instances of violence crimes and homicide, there is a high percentage of victims that have interactions with police who are in a position to refer them to a case manager to offer and coordinate social services and supports. This program features police working with community service providers as recommended in the Illinois Statewide Violence Prevention Plan. The plan's goals included coordination across state, municipal, and community-based agencies, as well as building support to promote mentally and physically strong individuals, families, and communities (Garthe et al., 2021).

*East St. Louis Population and Violent Crime*

This evaluation focuses on the deflection site in East St. Louis, located across the border of St. Louis, Mo., in St. Clair County. On April 1, 2020, the city had a population of 18,469 (U.S. Census Bureau, n.d.). East St. Louis has a predominately Black population (96%) and a small Latinx population (1%) (U.S. Census Bureau, 2019). In 2019, 33.4% of residents were living below the poverty line, 74.8% of children under age six were living below the poverty line, and 18.3% were unemployed (U.S. Census Bureau, 2019). The county's elder abuse rate was higher than the state's rate, at 568 and 465 per 100,000 persons, respectively. The county also had a higher rate of child maltreatment than the state's rate at 15.5 and 11.0 per 100,000 persons, respectively (Garthe et al., 2021).

In St. Clair County, the reported number of violent crimes—aggravated assault, aggravated sexual assault, murder, and robbery—decreased 71% from 2010-2019 (Federal Bureau of Investigation [FBI], 2019). However, in 2019, the county's firearm death rate of 21.5 per 100,000 persons was double the state's rate of 10.8 per 100,000 (CDC Wonder, n.d.; Garthe et al., 2021). A large number of people returned to the county after prison in 2019. The rate of those on mandatory supervised release in the county was 305.5 per 100,000 residents, more than four times the state rate of 67.9 per 100,000 persons (Garthe et al., 2021).

In 2019, 36 homicides were recorded in East St. Louis at a rate of 137.0 per 100,00 residents—20 times higher than state rate (Figure 2) (Federal Bureau of Investigation [FBI], 2019). In addition, there were 127 non-fatal shootings in 2020 (N. Manns, personal communication, July 9, 2021). Based on the large volume of violent crime in St. Clair County and East St. Louis, the deflection program can anticipate a large volume of victims in need of services.

Figure 2

Comparison of Homicide Rates per 10,000 persons, 2019
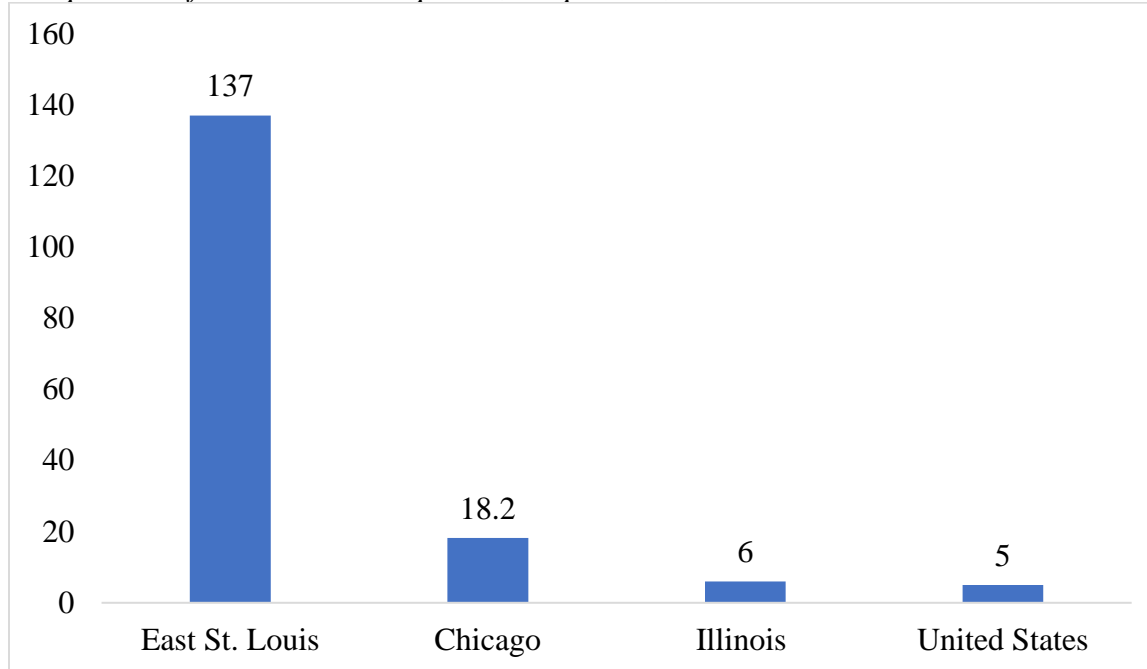
Note. Analysis of FBI UCR data.

The Public Safety Enforcement Group

ISP's PSEG was developed in August 2020 (Patrick, 2020). PSEG's mission is to combat, mitigate, and slow interpersonal and community violence. PSEG serves East St. Louis. PSEG staff will be charged with having initial contact with victims of violent crime and connecting them with the deflection specialist.

PSEG was developed to assist police departments in the East St. Louis area with limited resources and to address and/or investigate violent crime. PSEG seeks to accomplish its mission through the following:

- Respectful community-oriented investigations and law enforcement personnel.
- Proactive investigation and witness development to engage the public and garner their support and assistance.
- Partnerships and cooperative efforts with local law enforcement officers, federal law enforcement partners, and state and federal prosecutors.
- Collaboration with community leaders, organizations, and residents.
- Logical intelligence collection efforts (N. Manns, personal communication, July 9, 2021).

PSEG investigations are prioritized by the most violent threats, including homicides, non-fatal shootings, sexual assault, and domestic violence. From October 2020 to July 2021, PSEG opened 240 violent crime cases (N. Manns, personal communication, July 9, 2021). With PSEG's large volume of violent crime cases, many victims are anticipated to be served by the deflection program.

East St. Louis Action Planning Sessions

East St. Louis' deflection initiative began June 2, 2021 with a virtual meeting organized by IDHS that officially introduced the project to local stakeholders. To safeguard against the risks of the COVID-19 pandemic, action planning sessions were held virtually through Zoom conferencing software over seven days from June 30, 2021, to August 3, 2021. The local action planning group included PSEG unit members, representatives of local community organizations, IDHS, TASC, and ICJIA representatives, and national subject matter experts from PTACC. The action planning process culminated in an action plan to implement the deflection program.

Section 4: Methodology

To evaluate the action planning process, we analyzed a number of data sources, including field observations, supportive documents, and participant surveys. The organizers of the deflection program were very supportive and inclusive of the research team throughout the action planning process. The proposed research was approved as program evaluation by the ICJIA Institutional Review Board secretary.

Data Collection

Field Observations and Supportive Documents

Three researchers completed 21 hours of field observations. These occurred over seven, three-hour action planning sessions, held from 1:00 p.m. to 3:00 p.m. CST on June 30, July 1, July 8, July 13, July 15, July 20, and August 8, 2021. All sessions were conducted virtually through Zoom Video Conferencing and recorded; participants were informed of the recording of each session for research purposes. Field observations provided an overview of scheduled action planning sessions and a narrative of day-to-day interactions and discussions among participants. Following well-established ethnographic methodology, we jotted abbreviated handwritten notes of conversations, interactions, and content during the action planning sessions (Emerson et al., 1995).

In addition to field notes during action planning, researchers drew on other sources. These included:
- Field notes taken during debriefing sessions in which organizers and researchers remained on the Zoom call each day to debrief following each action planning session.
- Subject matter expert notes from their participation in action planning.
- Zoom meeting recordings and transcripts.
- The action planning document which filled out by local participants (Appendix A).

Each day a new version of the action plan was sent to researchers with updated notes from each day's discussion.

Participant Surveys

   Survey via Zoom Poll. After each of the seven action planning sessions, a survey was administered using the Zoom poll feature. As a poll, participants were limited to close-ended responses. We used a Likert scale of 1 to 4 for all responses. For example, very good (1) to very poor (4). This survey asked participants their views on the action planning process, about collaboration with other participants, and their intentions post-action planning. Five survey questions were asked in the first six sessions and six questions were asked in the seventh session. The poll took about three minutes to complete. Poll responses were shared only with IDHS, TASC, the subject matter experts, and researchers. Between seven to 20 group participants responded to the surveys each day (Table 2).

Table 2
Survey Respondents through Zoom Poll Feature

Action planning session	*n*
Day 1	20
Day 2	12
Day 3	12
Day 4	8
Day 5	7
Day 6	11
Day 7	17
Total	87

Online Survey. The online survey was created using Qualtrics software and took about two minutes to complete. It asked seven questions on demographics (age, race, ethnicity, education, income, field of work, and years in field). It included one open-ended question: *Please share any thoughts you might about the action planning process.* We emailed the survey to all participants on September 2, 2021 and sent a reminder to complete the survey September 7, 2021. A total of 13 of 30 participants responded for a 43% response rate. Online survey response rates typically result in an average of 33% (Nutly, 2008).

Data Analysis

Field notes and supportive documents were analyzed using note-based and memory-based analyses to summarize findings (Kreuger, 1997). We summarized what transpired sequentially for each of the seven days of action planning. The Zoom platform provided poll data in Excel for analysis and the online survey was exported from Qualtrics to Excel for analysis. We provided descriptive statistics from the poll and online survey data.

Study Limitations

We encountered some limitations while conducting this evaluation. First, we could only draw from what was said during the sessions. Participants' internal thoughts and feelings could only be collected through brief, close-ended poll questions. Second, the participants changed each day because many could not attend all seven sessions leading to varying levels of participation in the action planning and polls. Third, while a number of reminders were sent to the group, only 13 participants responded to the online survey to gather participant demographics. Fourth, COVID-19 precipitated the need for virtual action planning, which had its challenges. For example, because of the large number of participants on the virtual platform, it was difficult to discern who was speaking. Finally, as Chicago-based researchers, we were relative outsiders. Without living or working in their community, it was difficult for us to ascertain group dynamics or potential interpersonal issues and understand historical and community context.

Section 5: Study Findings

Section 5.1: Action Planning Participants

TASC's Center for Health and Justice and IDHS organized the process and Jac Charlier, CHJ executive director, was primary facilitator. Senior Project Manager, Jason Stamps, from IDHS served as program director and was a point of contact for participants. In addition, the following stakeholders attended at least one session, but did not participate alongside local community participants in the action planning process:

- TASC Center for Health and Justice Staff ($n = 6$)
- TASC, Inc. staff ($n = 11$)
- IDHS staff ($n = 4$)
- Subject matter experts ($n = 6$)
- ICJIA researchers ($n = 3$)

Subject Matter Experts

Six subject matter experts were subcontracted through CHJ to PTACC[3] to attend and provide support during all phases of work from the kick-off meetings to action planning sessions, implementation, and technical assistance. They offered their perspectives as they had already experienced a deflection solutions action planning process and/or operated deflection and related programs. All subject matter experts were men, two were Black, and three were retired police chiefs. Four were affiliated with Operation 2 Save Lives (O2SL) and Quick Response Team (QRT) National.[4]

- Scott Allen, O2SL and QRT National
- Michael Botieri, O2SL and QRT National
- Daryl McGraw, Founder Formerly Inc.,[5] Consultant O2SL and QRT National
- Daniel Meloy, Community Services Solutions (CSS), a Division of Homeland Security Solutions, Inc (HSSI)
- Rick Ohrstrom, C4 Recovery Solutions, Inc.[6]
- Dr. Rashad Saafir, Bobby E. Wright Comprehensive Behavioral Health Center and Westside Community Triage and Wellness Center[7]

---

[3] PTACC is an alliance of practitioners to strategically widen community behavioral health and social service options available through law enforcement diversion. See website at https://ptaccollaborative.org/

[4] Operation 2 Save Lives (O2SL) and QSR National joined together as a single national consulting firm operating within the pre-arrest diversion/deflection field. See website at https://www.o2sl.com/our-team

[5] See Formerly Inc. website at https://formerlyinc.org/

[6] See C4 Recovery Foundation website at https://www.c4recoveryfoundation.org/

[7] See Bobby E. Wright Comprehensive Behavioral Health Center website at https://www.bewcbhc.org/

Community Members

A total of 30 community members from 23 organizations and 14 organization types participated in at least one session (Table 3).

Table 3
Participants by Organization and Type

Organization name	Organization type	Number of participants
Call for Help	Social service	1
Centerstone of Illinois	Behavioral health	2
Chestnut Health Systems Inc.	Behavioral health	2
Children's Home and Aid	Family support	2
Community Lifeline	Family support	1
Comprehensive Behavioral Health Center of St. Clair County	Behavioral health	1
East Side Aligned	Community organizing	1
East St. Louis Housing Authority	Housing	1
East St. Louis School District 189	Education	1
Formerly Inc.	Prison reentry services	1
Hoyleton Youth and Family Services	Child/youth/family services	1
Illinois Department of Children and Family Services	Child/youth/family services	3
Illinois State Police/Public Safety Enforcement Group	Criminal justice	3
Lincoln Legal Aid	Legal aid	1
Metro East Organizing Coalition	Community organizing	1
New Life Community Church	Faith-based	1
St. Clair County Child Advocacy Center	Child/youth/family services	1
St. Clair County State's Attorney Office	Criminal justice	1
St. Clair County Youth Coalition	Youth/community organizing	1
Touchette Regional Hospital	Health	1
U.S. Attorney's Office	Criminal justice	1
Violence Prevention Center of Southwestern Illinois	Violence prevention	1
United Way	Social service	1

Note. Data sources included field observations and attendance sheets.

The number of participants varied from Day 1 to Day 7. The highest number of participants at a session was 19 and the fewest was 12 (Figure 3).

Figure 3

Number of Local Participants Attending Action Planning by Day
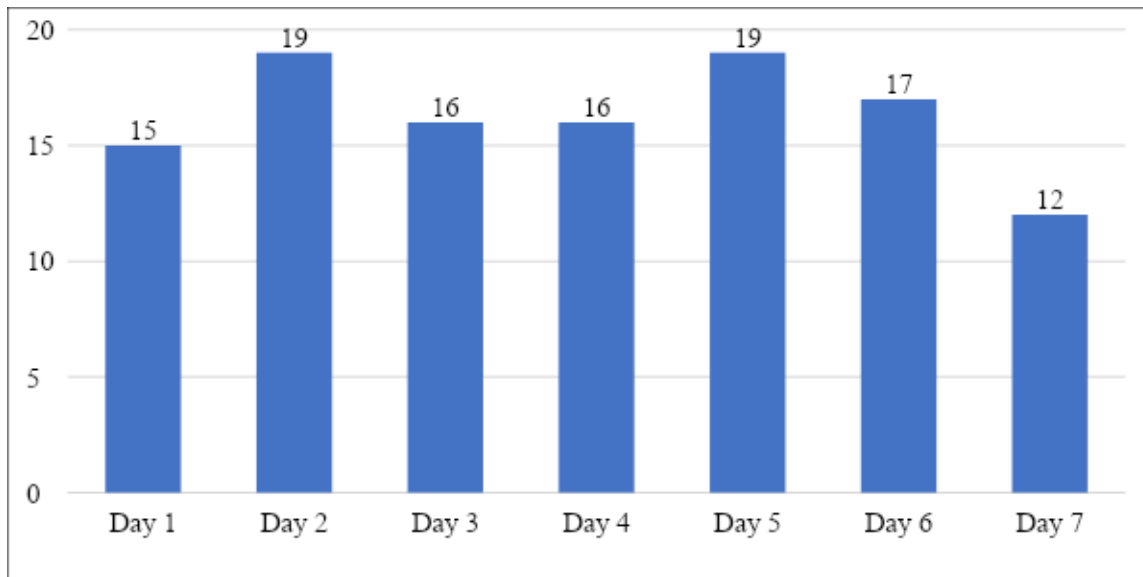
Note. Data sources included field observations and attendance sheets.

As noted, researchers, TASC and IDHS/SUPR facilitators and organizers. and subject matter experts also attended (Figure 4).

Figure 4

Number of Participants Attending Action Planning by Day and Participant Type
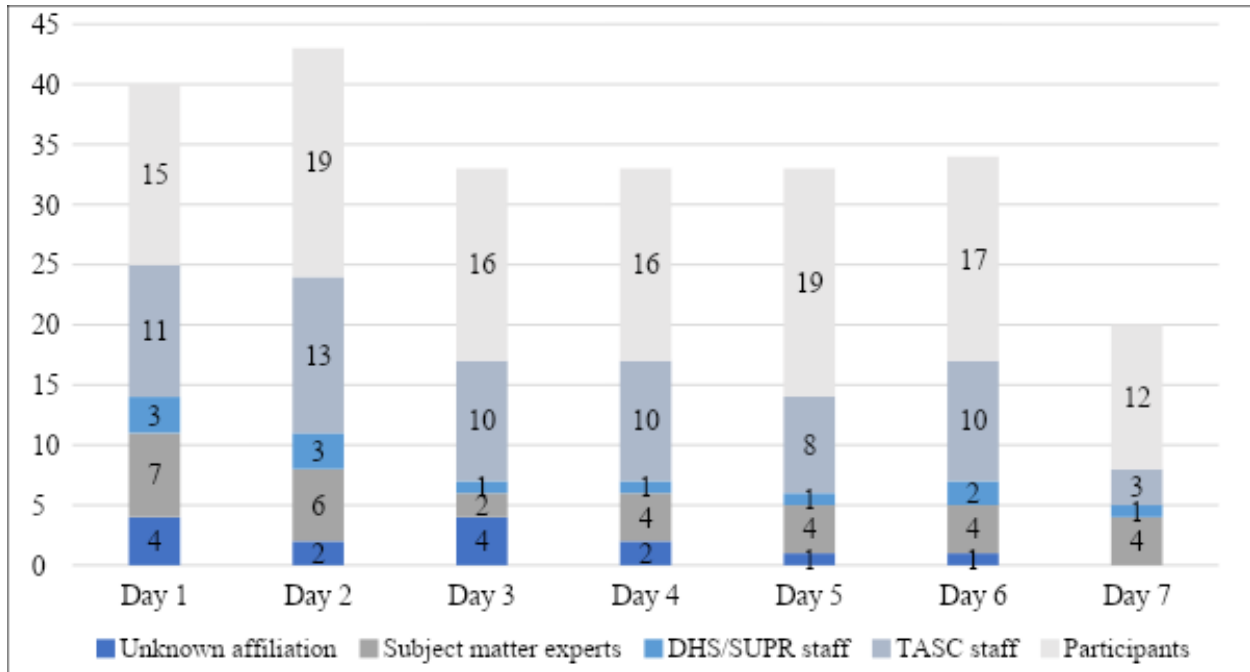
Note. Data sources included field observations and attendance sheets.

The online survey of action planning participants revealed demographic information on 13 participants (Table 4). Most were female, White, and non-Latinx who earned master's degrees and incomes of over $90,000. Reported age ranges were 37 to 63 years old and an average age of 51.5.

Table 4

Demographics of Local Action Planning Participants

Characteristic	*n*
Gender	
Male	3
Female	10
Race	
White	11
Black	1
Black, White	1
Ethnicity	
Latinx	0
Non-Latinx	13
Highest level of education	
Bachelor's degree	1
Master's degree	11
Doctorate degree	1
Income (*n* = 12)	
$70,000-90,000	5
Over $90,000	7
Field of work	
Child welfare/youth services	4
Community organizing	1
Criminal justice/law enforcement	2
Domestic violence/sexual assault	1
Education/schools	1
Family advocacy	1
Mental health/substance use	3
Number years in field	
11-15 years	2
16-20 years	2
Over 20 years	9

Note. Sample size was 13 participants unless noted. The data was collected from the survey.

On the last day of action planning, we asked two questions via a Zoom poll to better understand participant ties to the city. Most of the seven respondents worked in East St. Louis and lived in a city not surrounding East St. Louis (Figure 5).

20

Figure 5

Action Planning Participant Residence and Employer Locations
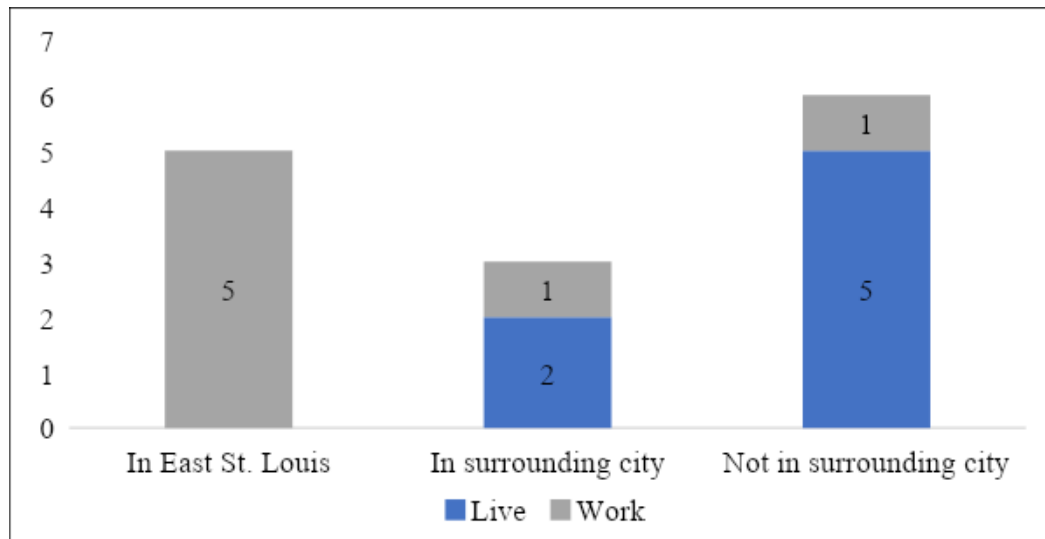
Note. Survey through Zoom Poll on Day 7, *n* = 7.

Section 5.2: Action Planning Proceedings

We offered a summary of what transpired during action planning sessions based on field observations drawn primarily from field notes and session recordings.

Day 1 of Action Planning

   Participation. To start the first day of the action planning, one subject matter expert stressed participation was key to action planning success. As such, the subject matter expert encouraged participants to attend each day of action planning. The CHJ facilitator began by giving a summary of what would be covered during the process and facilitating introductions so that participants would become familiar with one another.

The facilitator asked the group for a volunteer to take notes, but no one volunteered. Difficulty getting the participants to take over the process continued throughout the day.

   Purpose of the Program. One participant noted they were confused by the concept of deflecting crime victims. Other attendees seemed to not have a strong understanding of the program model and the action planning process overall. Some participants also indicated they were not present at the kick-off meeting, and thus were trying to catch up and understand the process. Overall, it seemed many of the participants on the first day of action planning did not understand how to define the problem the deflection program would seek to address and instead focused on problems that would inhibit the program from being successful. In the survey of participants after the action planning ended, one stated, "I think that at times the process got bogged down when it wasn't understood that we would be engaging victims and not deflecting criminals." However, during day 1, the facilitator and subject matter experts made efforts to reinforce and reassure the participants they were on the right path.

   Community Issues. Participants struggled to understand how to identify the problem the deflection program would address. Participants began to voice their opinions, but there was some notable trepidation on how to succinctly define the problem. This led to the facilitator taking a larger role during the session. After additional questions about how the program would work and where funding would come from, the facilitator reminded them that the program goal was to deflect victims of crime.

   Participant Feedback. Participants were asked to complete a survey via Zoom poll at the end of the session. Table 5 provides a summary of their feedback on the first session. Nearly all agreed that the stated purpose of the program was clear and concise and the right participants were involved in the process. Most thought the level of collaboration was strong and that the group did well in defining the problem to be addressed by the program.

Table 5
Survey Responses After Day One of Action Planning

	Strongly disagree	Disagree	Agree	Strongly agree
Stated purpose of our deflection initiative is clear and concise.	0	1	15	4
Appropriate outcome metrics have been identified to evaluate the effectiveness of the program.	2	2	14	2
The right participants are involved in this action planning process.	0	0	12	8
	Very Weak	Weak	Strong	Very Strong
How strong is the level of collaboration and agreement among your community members?	0	1	14	5
	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	13	7

Note. Zoom poll responses, *n* = 20.

Day 2 of Action Planning

Day 2 began with the facilitator reiterating the basics of the action planning process, including what was to be covered and the end goal of having a plan designed by the participants themselves. This may have helped the group to better understand the purpose of the process.

Participation Continued. The facilitator noted he would not make decisions for the group and emphasized that the deflection program will ultimately be designed by the participants. In addition, the facilitator encouraged participation from people who had not yet spoken or had dissenting opinions, which seemed to be effective at increasing participation. However, a few people emerged as the most active participants, with others participating much less. Overall, group participation increased, with less leadership from the facilitator or subject matter experts.

Outcome Measures. The group discussed program outcome measures. The group had good participation and discussion on metrics of success, but had some difficulty formulating measurable objectives. For example, participants suggested an outcome of reduced retaliation rates. It was explained that this may be difficult to measure as crime data sources do not typically collect data on motives or narrative context behind violent offenses.

Community Partners. One area of productive discussion was brainstorming to identify community partners. Many session participants provided their input on and discussed at length their possible partners. Some participants misunderstood the purpose of the exercise, as well as

the worksheet format; however, the group worked through those issues. At times, it seemed that they did not know who was participating. For example, one participant suggested adding a research partner to the community partners list despite that ICJIA had already been identified as the research partner for the project.

Participant Feedback. At the end of day 2, participants agreed the appropriate metrics were identified (Table 6), indicating increased agreement from day 1. All said to some extent the right community partners had been identified for the deflection program. No one thought the number of proposed community partners was too many or too few. Finally, participants rated the overall guided action planning process as good or excellent.

Table 6
Survey Responses After Day 2 of Action Planning

	Strongly disagree	Disagree	Agree	Strongly agree
Appropriate outcome metrics have been identified to evaluate the effectiveness of the program.	0	0	7	5
I am confident that our community partners are the right ones to help us achieve our goals.	0	0	6	6
	Not at all	Very little	Somewhat	To a great extent
To what extent do you think the right community partners have been identified for the deflection initiative?	0	0	5	7
	Few	Too few	Many	Too many
How do you feel about the number of community partners who will be involved in the initiative?	0	3	9	0
	Poor	Fair	Good	Excellent
How would you rate the overall guided action planning process so far?	0	0	7	5

Note. Zoom poll responses, *n* = 12.

Day 3 of Action Planning
Overall, day three garnered more participation than in previous days, although the virtual format continued to limit conversational flow.

Community Partners, Continued. The group continued the discussion on potential organizations to partner with on deflection action planning, including those offering sexual assault services, health organizations, community organizers, and legal aid service providers. One attendee suggested inviting participation of the East St. Louis police and sheriff's

departments. PSEG members explained that they worked closely with them and would keep them updated, but that the entities were unable to participate in action planning.

Purpose of the Program. Based on previous day's group discussion, the facilitator led a conversation about using the term "deflection" for the program assisting crime victims, rather than individuals who have committed crime. The facilitator shared a few PowerPoint slides depicting deflection pathways and how some programs helped individuals who had not experienced criminal justice system involvement. This was to make the point that deflection can help individuals who have not committed any crime, such as victims of crime or those with no prior or current criminal record.

Deflection Program Capacity. The group discussed deflection program capacity. Discussion was limited at first by the group. The facilitator encouraged participants to discuss the topic and reiterated the difficulties with virtual action planning. Only a handful of participants were actively participating, so the facilitator called on some specific members to encourage participation. The facilitator emphasized that the exercise was not intended to solve problems but to identify areas to work on in the future.

Eligibility. Participants had some confusion and discussion regarding who was eligible for and when they could be offered deflection services. The group considered geographical eligibility. Participants also discussed whether services would be offered to crime victims if police suspected a violent crime was committed against a person, but no charges were filed. These concerns were discussed but left as homework topics for the next session.

Participant Feedback. After day 3, most agreed the topics covered were clearly explained and discussed (Table 7). No respondents indicated the pacing of the process was too slow or too fast. The collaboration level of community members was viewed as mostly strong. Most rated the Solutions Action Planning Guide and worksheets as good or excellent (Appendix A).

Table 7
Survey Responses After Day 3 of Action Planning

	Strongly disagree	Disagree	Agree	Strongly agree
The topics covered during the action planning process have been clearly explained and discussed.	0	1	7	4
	Too slow	Slow	Fast	Too fast
How would you rate the pacing of the action planning process?	0	7	5	0
	Very weak	Weak	Strong	Very strong
How would you rate the level of collaboration among your community members?	0	2	8	2

	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	1	9	2

Note. Zoom poll responses, *n* = 12.

Day 4 of Action Planning

As with earlier sessions, the action planning began with brief introductions and an overview of the action planning process and geographic area to be served. It started by stating the day's topic area and a reminder that the plan is to be designed by the participants. The ICJIA research team provided a description of their backgrounds and their evaluation of the process.

Throughout day, the facilitator was complimentary and encouraging of the group. It was also a continuous struggle to get people to engage and speak up. The facilitator kept reminding the group that they needed to take ownership of the plan.

Deflection Program Pathway. The facilitator began by describing the four pathways available considering the focus on victims of crime and group members set about selecting the deflection pathway to be used in the program. After discussion, the group selected the officer prevention pathway. Throughout the process, the facilitator constantly reminded group members to discuss the topics by themselves and that he was not leading the discussion. The facilitator often reminded the group to turn their attention back to the task at hand as they often began discussing other topics.

Deflection Specialist. A subject matter expert suggested making sure that the deflection specialist was not associated with the police to build trust with clients. A member of the multijurisdictional police task force stated the deflection specialist would be separate from the police.

Strategies to Achieve Outcomes. Next, the group discussed strategies to achieve the outcomes developed on day 1of action planning. Participants had some difficulty in starting strategy development as they seemed unsure of exactly what they were tasked with doing. As the discussion progressed, a PSEG member voiced concern about the ability to measure the number of victims being served before the program began to compare to after the program starts. A member of TASC said they will track the work of the deflection specialist in various ways, including which services/agencies clients attend or go to. Day 4 ended with the development of strategies for all four outcomes.

Participant Feedback. At the end of day 4, participants answered the Zoom poll questions and indicated the group's strategies are appropriate to reach their goals (Section 5.3 of this report lists the strategies). All showed some confidence in their decision on deflection pathway (officer intervention). Finally, the group disagreed on the quality of the overall guided action planning process, with opinions ranging from fair to excellent (Table 8).

Table 8

Survey Responses After Day 4 of Action Planning

	Strongly disagree	Disagree	Agree	Strongly agree
Our action planning group has decided on the appropriate strategies to help us achieve our goals.	0	0	5	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	2
	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	4	4
	Poor	**Fair**	**Good**	**Excellent**
How would you rate the overall guided action planning process so far?	0	3	3	2

Note. Zoom poll responses, *n* = 8.

Day 5 of Action Planning

The fifth day of action planning began with the facilitator asking the participants to trust the process despite any fatigue they may be feeling, explaining that participation is crucial to addressing the unique needs of the community.

Participants then worked on a strategy sheet on action steps addressing possible barriers, next steps, the time frame, and status of the action process. The facilitator again asked for a volunteer to take notes and write out the action plan for the group and a participant from the ISP PSEG volunteered. Beyond PSEG's ideas, participants were hesitant. The facilitator had to encourage participants to express their opinions on the ideas.

Training. A productive conversation began when the group moved to a discussion on specific training on crime victims that should be required for ISP PSEG staff and community partners. One participant suggested that both groups could receive training at the same time. This idea resonated with the group as they all brainstormed on how to ensure they were working *with* and not *for* the community. After an hour of conversation, the group developed two training strategies and one outcome.

Service Provision. Participation declined slightly when they discussed the role of the soon-to-be-hired deflection specialist (Appendix B). The group discussed strategies for tracking referrals to deflection specialists within 72 hours of the crime.

Participants had good participation and discussion on what community service providers could offer within 72 hours. However, participants failed to come up with concrete answers. For example, the group discussed while an agency could immediately offer help, individuals may not be ready to accept services. Participation was steady throughout as they shared personal experiences in providing services and the ethics of information sharing.

Participant Feedback. At the end of day five, based on responses to the poll questions, all agreed that the group had developed a realistic action plan, but a couple did not feel there were adequate resources to implement the action plan (Table 9). Most agreed the outcomes were measurable (see Section 5.3 for outcomes). There was disagreement on community member engagement with some thinking it was weak and others strong. Nearly all indicated there was strong potential for lasting collaboration among the community action planning group.

Table 9
Survey Responses After Day 5 of Action Planning

	Strongly disagree	Disagree	Agree	Strongly agree
Adequate resources are available for our group to implement our plan of action.	0	2	4	1
The outcomes developed by our group are measurable.	0	1	5	1
	Not at all	Very little	Somewhat	To a great extent
To what extent do you believe your group has established a realistic action plan through this process?	0	0	3	4
	Very weak	Weak	Strong	Very strong
How would you rate the level of community member engagement in the action planning process?	0	3	4	0
How would you rate the potential for lasting and ongoing collaboration within your community action planning group?	0	1	6	0

Note. Zoom poll responses, $n = 7$.

Day Six of Action Planning

Day 6 of action planning began with the facilitator promoting the three full-time deflection specialist, deflection manager, and deflection administrator positions open in the East St. Louis area. An ISP PSEG staff member volunteered to take notes.

The group began a discussion on decreasing rates of re-victimization and retaliation, an objective developed by the group. Community provider participation was good, but the group struggled to find ways to measure re-victimization to know if the program met this objective.

Implementation. Participation declined when the group discussed how to refer victims to services. The facilitator encouraged those who had been actively participating to sit back and give others a chance to share their ideas. The facilitator then asked the subject matter experts for their thoughts.

Evaluation. ICJIA researchers reminded the participants that there would be a process of evaluation conducted. The group discussed with the researchers about the evaluation, what it might look like, time frame, and feedback loops. As the group began working on the evaluation time frame, participation was limited with moments of silence.

Data Presentation. To finish the day the ICJIA research team leader presented victim data on the East St. Louis area population. Participants were engaged during the presentation and asked questions about the material.

Participant Feedback. Most rated the Solutions Action Plan and leaders as *Good*. From the online participant survey given post-action planning, one participant stated, "Jac was a great facilitator." Most indicated that they would likely take an active role in action plan implementation and that the program would be sustainable. One survey response read, "We are thrilled to be a part of this process to help connect victims with community services and to assist the police department with their community policing efforts!" All reported the program would ultimately help crime victims in the community.

Table 10
Survey Responses After Day 6 of Action Planning

	Poor	Fair	Good	Excellent
How would you rate the Solutions Action Planning (SAP) guide and worksheets?	0	1	7	3
Overall, how would you rate the persons leading the action planning process?	0	2	3	6
	Very Unlikely	Unlikely	Likely	Very likely

How likely do you think you will take an active role in the implementation of your action plan?	0	0	2	9
	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	5	6
	Not at all	Very little	Somewhat	To a great extent
To what extent do you think this initiative will ultimately help victims of crime in your community?	0	0	1	10

Note. Zoom poll responses, *n* = 11.

Day Seven of Action Planning
The final day of action planning revealed some lingering issues. First, fewer participants attended final planning session, reflecting previous issues with participation and consistent attendance. Roughly half of the people on the call were local participants from East St. Louis. The facilitator prompted the group to carry on discussion amongst themselves, however, the group seemed content to let the notetaker take the lead and offer little in the way of participation.

Community Awareness. The group discussed how to spread program awareness to the local East St. Louis community.

Naming the Program. The group discussed identifying a program name. Participants said they were preferred to not include "deflection" as a term to describe the program because they were technically not "deflecting" crime victims from anything. The group returned to the topic of a program name several times during the session, as participants seemed fixated on prioritizing it over other items to be discussed.

Closing the Action Planning. A subject matter expert remarked that the group's plan was better than those he had previously participated in creating. However, he also noted the general lack of participation during the process and that more energy from the group would bolster program effectiveness.

Participant Feedback. On day 7, all agreed that the data presentation was informative, they were comfortable participating, and that everyone had their voices heard (Table 11). We asked how participants found the use of the virtual format (via Zoom) for the action planning process. Most stated the format was good. In the post-action planning survey, one participant said they "felt the group was not always engaged in the process, but unsure how to draw them in with it being via Zoom."

30

Table 11

Poll Question Responses After Day 7 of Action Planning

	Strongly disagree	Disagree	Agree	Strongly agree
The data presentation was informative to the action planning group and process.	0	0	4	3
I felt comfortable participating in the action planning discussion.	0	0	5	2
I feel like everyone participating in the action planning process had their voices heard.	0	0	5	2
	Poor	Fair	Good	Very good
How did you find the use of the virtual format (Zoom) for the action planning process?	1	1	2	3

Note. Zoom poll responses, *n* = 7.

Section 5.3: The Completed Action Plan Document and Next Steps

The action planning process culminated in a written Solutions Action Plan. This section outlines the final contents of the action plan

Outcome Objectives

During the action planning process, the group developed four outcome objectives with corresponding strategies.

Outcome 1: Law enforcement upholds its oath and community sees law enforcement as partners and allies.

- *Strategy 1*: Ensure PSEG, East St. Louis Police Department, and law enforcement partners are informed of the deflection program, the deflection specialist, and the community resources available to ensure the information understanding may be relayed to the victims.
- *Strategy 2*: Ensure the deflection specialist understands law enforcement process, thinking, tactics, and strategies so that that information may be relayed to victims and the community organizations serving them.

Outcome 2: Increase percentage of victims of crime/survivors requesting and receiving services within 72 hours (community will experience easily accessible resources that meet their needs).

- *Strategy 1*: PSEG will ensure every victim has an understanding of and access to the deflection specialist. PSEG will track every victim referred to a deflection specialist and time from crime.
- *Strategy 2*: Deflection specialist will keep track of every victim and what, if any, specific community resources were accessed.
- *Strategy 3*: Community service providers will be able to provide those services within 72 hours.

Outcome 3: Decreased rate of re-victimization and reduction in retaliation rate.

- *Strategy 1*: PSEG and/or deflection specialist will explore the victim's history and explain how community resources can deflect them from their current trajectory or path and protect them from re-victimization.
- *Strategy 2*: Deflection specialist will ensure that the victim receives individualized resources.
- *Strategy 3*: Deflection specialist will be engaged in situations where law enforcement can have little to no effect on ongoing violent disputes.
- *Strategy 4*: Community service providers will collaborate to ensure clients receive trauma-informed counseling services, de-escalation and/or restorative justice services, and other appropriate services needed by the victim.

Outcome 4: Increased percentage of survivors engaged in trauma recovery and frequency of community healing spaces,

- *Strategy 1*: Community service providers will collaborate to ensure clients receive effective trauma informed counseling and resources, as well as appropriate peer to peer options (e.g. support groups) in safe meeting spaces.
- *Strategy 2*: PSEG deflection specialist and community service providers will validate victims with a message that their reactions to trauma are authentic, expected, and understandable, and that the program will help them navigate that experience.

Action Steps

The group developed action steps for each strategy. These were either short-, medium-, or long-term actions the group would take to achieve their collective outcomes. The timeline for the action steps were:

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

Twenty-one short-term actions, 1 medium-term action, and 7 long-term action steps were created.

Short-term action steps were in the following categoris:

- Develop a resource directory for the Deflection Program.
- Identify training topics and scheduling sessions.
- Create a community advisory training development team and Community Advisory Team.
- Develop a system to track and report data.
- Ensure all members have proper training for responding to victims of trauma.
- Hold regularly scheduled meetings among Deflection Team to discuss progress.

The medium-term action step was to:

- Ensure PSEG and ESL PD are properly trained on the deflection model and on how to refer victims.

Long-term action steps were in the following categories:
- holding ongoing meetings of the service providers to discuss referral process, capacity, and problem solve barriers;
- interviewing of victims by PSEG on previous victimizations; and
- referring to Deflection Specialists and measuring linkage and number of referrals.

Implementation of the Solutions Action Plan

After the creation of the solutions action plan, the community advisory team, a subset of volunteers of the local action planning team, planned to meet regularly to implement the action steps. The community advisory team planned to meet on a continuous basis to address program issues. Further, TASC CHJ would offer a minimum of three technical assistance meetings. Finally, PSEG, TASC/deflection specialists, community service agencies and ICJIA developed a preliminary plan for evaluating the program. Figure 6 provides an overview of the proposed deflection program.

Figure 6
East St. Louis Deflection Program Flow Chart

| PSEG identifies a victim of violent crime | → | PSEG makes referral to Deflection Specialist | → | Deflection Specialist makes referral to community service provider(s) | → | Community service provider(s) respond within 72 hours & Deflection Specialist offers case management |
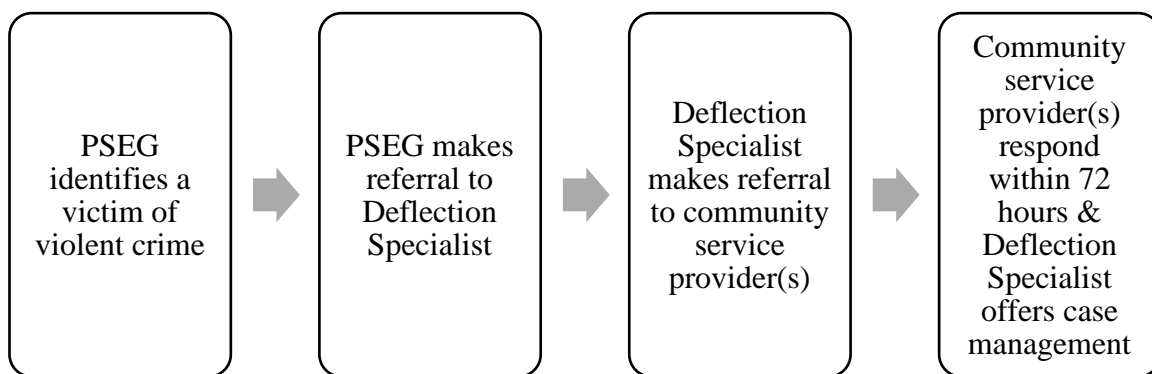
Section 6: Discussion and Recommendations

Based on the findings of the evaluation of the action planning process for the deflection program for crime victims, we shared some observations on what went well and some suggestions to potentially enhance future action planning and program development. We understand that some of the recommendations may not be feasible due to the necessity of a virtual format dictated by travel restrictions, schedules, and time limitations or requiring additional, but unavailable, resources.

Get the Most out of a Virtual Format

Virtual meetings can have benefits such as eliminating travel coordination, time, and costs. Difficulty having conversations and a lack of engagement among action planning group members are potential downsides. Virtual action planning sessions for the deflection program were necessary due to COVID-19. There are some ways to get the most out of a virtual meeting. The action planning process hosts followed best practices for virtual meetings, including:
- Testing before the sessions started to ensure software and sound were working properly (SAE International, n.d.).
- Encouraging all participants to use their video cameras (Rubinger et al., 2020).
- Designating a person that is not the facilitator to help attendees with problems (Frisch & Greene, 2020).
- Conducting the session like a regular meeting with designated breaks (Frisch & Greene, 2020).
- Regularly encouraging feedback from participants (Rubinger et al., 2020).

On day 7 of action planning, five of seven participants indicated the virtual format was *good* or *very good*.

Although the virtual format worked fairly well, we offer some suggestions to be considered for future virtual action planning sessions, including:
- Offering personal invitations to all participants prior to the meeting to confirm their attendance and to ask about their goals and vested interest in the sessions (Mittleman et al., 2000).
- Designating time for small talk and introductions before the session starts (Rubinger et al., 2020). This allows for members to become familiar with each other and feel more comfortable speaking up during the session. It may also be useful to tell members to sign in with their name and organization so that other members attending can identify them (SAE International, n.d.).
- Using polls in which participants can vote and discuss results (Rubinger et al., 2020).

Finally, there were a total of seven sessions spread out over three weeks from the end of June to the beginning of August. This arrangement was necessary due in part to schedules, vacations, and holidays. However, it is not ideal to spread action planning across too many meetings because it requires regrouping each time and potentially losing steam along the way (Top Network, n.d.). Whenever possible, fewer sessions over a shorter time span should occur to complete the process more efficiently (Top Network, n.d.).

Consider Action Planning Attendees

Engage Diverse Local Participants

A large number of local action planning participants (*n* = 30) represented many different community groups and agencies in the East St. Louis area. However, our participant survey revealed none of the respondents lived in the East St. Louis area and a majority were White and older, with an average age of 52 years old. Therefore, for a more diverse group, action planning organizers should try to engage and invite persons who live in the East St. Louis area, a group that is culturally representative of the local population, and participants of all age groups.

Limit Outsider Participants

During action planning, outsiders included many representatives from IDHS, TASC, ICJIA, and subject matter experts. A total of 26 outsiders and 30 insiders participated; however, not all of them attended all the sessions. On day 1, there were five outsiders for every three insiders. The organizers should consider the number of "outsiders," who do not live or work in the East St. Louis area, necessary to attend with the local "insiders" (Staples, 2000). Among the outsiders, six subject matter experts attended throughout the sessions, but a smaller number may have better aided in the building of trust, rapport, and relationships. In addition, all were men and half were law enforcement, so there should be more diversity of the subject matter experts as. Also, four were from other states (Massachusetts, Connecticut, and Ohio) and just two were from Illinois, but from Northern Illinois not near East St. Louis. Therefore, if possible, more local experts who are insiders should be invited to attend.

Enhance Participant Understanding During Action Planning

Create Roadmap for Participants

At various times, participants were confused about the action planning process. There was a kick-off meeting prior to the start of action planning that provided background information and an explanation of the action planning process. However, many participants did not attend the kick-off meeting. In addition, some participants were unclear on the premise of the program they were to develop, as well as the role of the deflection specialist. As one survey participant wrote, "I think that, at times, the process got bogged down when it wasn't understood that we would be engaging victims and not deflecting criminals."

To provide clarity and mutual understanding among action planning participants, experts recommend "begin(ning) with the end in mind" (Skinner, 2021). The purpose of the sessions should be established and made clear to all participants. This includes what the group wants to accomplish and the roles of the participants, facilitator, organizers, researchers, and any others attending the action planning session (Skinner, 2021). A purpose statement can be shared in advance to "ensure everyone who attends the meeting comes with shared goals and expectations" (Skinner, 2021).

Introduce Participants at Every Session

During the kick-off meeting, introductions were made by all who would be participating and their roles. Again, some participants were not present at the kick-off meeting, so they did not receive that information. During action planning over the course of seven days, some participants only attended some of the sessions or were invited later. Six subject matter experts attended, but participants did not regularly get introductions to their backgrounds, their role, or their length of involvement in the project. According to Cruikshank (1990), "there is a strong need for both outsider practitioners and community groups to clarify their roles and responsibilities before entering a working relationship." Therefore, time should be allotted for introductions and attendance at every virtual session. Taking attendance can also help the researchers more easily and accurately document who is present each day. In addition, participants can be provided with a daily list of attendees, their affiliations, and contact information, as well as bios for the representatives of partner agencies, and subject matter experts.

Offer Baseline Data

Researchers provided a local data presentation on day 6 and although well received, data informing action planning should be done on day 1 (Wilkinson, 2012). As Wilkinson (2012) stated, "You may have been in the room when a team has made a decision based on the best information available, only to discover that if they had been aware of other information that had not been brought into the room, they would have likely have made a different decision." Therefore, the timing of the data sharing should occur early on and participants can identify additional data that may be needed for group for decision making (Alliance for Research in Chicagoland Communities, n.d.).

Set Program Goals and Measurable Objectives

As observed during the action planning process, some participants had difficulty formulating measurable objectives. When action planning, groups should start with broader goals and then develop their objectives (Indeed Editorial Team, 2021). "Goals are set to achieve the mission of an organization or individual, while objectives are set for the accomplishment of goals. Goals are thus higher in order than objectives" (Indeed Editorial Team, 2021). According to the Centers for Disease Control and Prevention (n.d. -a):

- **Goals** are statements explaining what the program seeks to accomplish. Goals are broad general statements with long-range direction. Objectives break the goal down into smaller parts that provide specific, measurable.

- **Objectives** are the results expected to achieve by the program.
  - **Process objectives** are activities to be completed in a specific time period.
  - **Outcome objectives** are intended results or effects of a program, often changes in policy, knowledge, attitudes, or behavior.

Good objectives should be S.M.A.R.T—specific, measurable, achievable, relevant, time-bound (Centers for Disease Control and Prevention, n.d. -a, SAMHSA, n.d., Wilkinson, 2012).

However, many of the goals were not measurable. The first outcome developed was "law enforcement upholds its oath and community sees law enforcement as partners and allies." It is unclear how this can be measured as community opinion surveys are resource-intensive and often inadequate to provide broad points of view to inform policy makers (Kathlene & Martin, 1991). The other objectives involve increasing requesting, receiving, and engaging victims in services and decreasing revictimization and retaliation. However, a baseline measure is needed to be able to note changes in those areas over time (Centers for Disease Control, n.d. -a). Therefore, the group should establish baseline data that is specific by year and data source (Centers for Disease Control and Prevention, n.d. -a).

Develop Logic Models

Logic models can help new programs during the planning phase to "get off to a good start" (Community Toolbox, n.d.). Logic models visually depict the relationship between inputs (e.g., resources, stakeholders), outputs (e.g., program activities), ways to measure outputs, and short- and long-term goals (Centers for Disease Control and Prevention, n.d. -b). They help organize and conceptualize how the programs inputs and outputs will help achieve its intended goals (Center for Violence Prevention and Intervention Research, 2019).

Action planning participants can collectively develop a logic model during planning and use them to:

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

Figure 7 provides an example of a logic model for a deflection program seeking to offer services to victims of violent crime. The action planning group did not work on logic models, but organizers should consider using logic models to further help participants conceptualize their program.

Figure 7

Example of Logic Model for the Deflection Program

INPUTS

Stakeholders/Resources
PSEG
Community service providers
Deflection Specialists
IDHS
ISP
TASC
Illinois Criminal Justice Information Authority (evaluation)

OUTPUTS

Activities
Rapid warm handoff to services
Crisis response
Criminal justice advocacy
Training of police, staff, and service providers
External trainings
Intake, screening, and assessments
Data collection and management
Staff and stakeholder collaboration meetings
Community engagement meetings

Output Measures
# of participants referred (warm handoff)
# of participant intakes by deflection specialists
# of families served (if accepting services)
screenings
assessments by type
hours of trauma-informed counseling services provided
referrals to services by type
home visits
crime victim compensation applications
completing 6 months of services
hours police trained
hours deflection specialists trained
staff trained
staff and stakeholder meetings
community engagement meetings
evaluation publications/deliverables

OUTCOMES

Short
Address needs following victimization
Restore/improve functioning
Address mental health issues if applicable
Offer support and guidance during the criminal justice process
Teach coping skills
Reduce trauma symptoms, effects
Have high program engagement
Have high 6-month completion
Employ highly skilled program staff
Promote program quality assurance through evaluation
Improve attitudes toward, and reduce acts of, retaliation

Long
Help individuals and families recover from victimization
Restore/improve individual and family well being

Spillover Effect
Improve police-community relations
&
Increase public safety

Note. Created by ICJIA researchers for purposes of this report.

39

Section 7: Conclusion

We conducted an evaluation of the action planning process to develop a program to assist victims of violent crime in East St. Louis, Illinois. This program coordinates state, municipal, and community partners to refer victims to needed services, which meets the goals of the statewide violence prevention plan 2020-2024 (Garthe et al., 2021).

Action planning is a way to increase community engagement, develop clear and concise goals, and plan the steps to achieve goals and objectives (Creatly, 2021). The program uses a "deflection" model in which police in a multijurisdictional task force (the Public Safety Enforcement Group, which responds to violent crime) refer victims of crime to services. The action planning process was lengthy, spanning seven days, and engaged a large number of representatives of local community agencies and groups. The group discussed community issues, needs, collaboration, and resources, as well as program structure, design, and implementation. The discussions culminated in an action plan document with objectives and action steps for implementation. The action plan contained four outcomes, 11 strategies, and 21 action steps.

Although group achieved what it set out to do—develop a plan to implement a new program—we offered some recommendations. First, COVID-19 necessitated virtual action planning, so we offered suggestions to enhance participant understanding and engagement. These included personalize invitations, regular introductions, a feedback loop, and the use of poll questions. Second, we suggested engaging more diverse participants (e.g., East St. Louis residents and younger participants) and limiting the number of outsiders attending the action planning. Third, we offered ways to enhance participant understanding of the action planning process through the provision of background information and data and repeated introductions of local participants and other attendees. Finally, we recommended setting program goals and ensuring all objectives are measurable, which may be established through the creation of a logic model.

References

Aeffect, Inc. (2017). *2016 victim needs assessment*. Illinois Criminal Justice Information Authority.

Alliance for Research in Chicagoland Communities. (n.d.). *Action planning: Introduction.* https://www.feinberg.northwestern.edu/sites/cch/docs/arcc-resources-directory/38-developing-a-research-action-plan.pdf

American Psychological Association. (n.d.) *What is exposure therapy?* https://www.apa.org/ptsd-guideline/patients-and-families/exposure-therapy

American Psychological Association. (2017, July). *What is cognitive behavioral therapy?* https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral

Arthur J. Gallagher & Co. (n.d.). *Action planning guide*. https://www.colorado.edu/faculty-staff-engagement/sites/default/files/attached-files/action_planning_guide.pdf

Bisson, J. & Andrew, M. (2007). *Psychological treatment of post-traumatic stress disorder (PTSD)*. Cochrane Database of Systematic Reviews, CD003388.

Blais, E., Brisson, J., Gagnon, F., & Lemay, S. A. (2022). Diverting people who use drugs from the criminal justice system: A systematic review of police-based diversion. *International Journal of Drug Policy, 105*, 103697. https://doi.org/10.1016/j.drugpo.2022.103697

Cahill, S. P., Rothbaum, B. O., Resick, P. A., & Follette, V. M. (2009). Cognitive–behavioral therapy for adults. In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (2nd ed.) (pp. 139–222). Guilford Press.

Carriere, R. C. (2014). Scaling up what works: Using EMDR to help confront the world's burden of traumatic stress. *Journal of EMDR Practice and Research*, *8*(4), 187-195. https://doi.org/10.1891/1933-3196.8.4.187

Center for Violence Prevention and Intervention Research. (2019). *Logic models: Practical planning to reach program goals.* Illinois Criminal Justice Information Authority. https://icjia.illinois.gov/researchhub/articles/logic-models-practical-planning-to-reach-program-goals

Centers for Disease Control and Prevention, Wonder. (n.d.) *Underlying cause of death, 1999-2019 request*. http://wonder.cdc.gov/ucd-icd10.html

Centers for Disease Control and Prevention. (n.d. -a). *Evaluation guide: Developing and using a logic model.* https://www.cdc.gov/dhdsp/docs/logic_model.pdf

Centers for Disease Control and Prevention. (n.d. -b). *Evaluation guide: Writing SMART objectives*. https://www.cdc.gov/dhdsp/docs/smart_objectives.pdf

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

Community Toolbox (n.d.). *Learn a skill*. https://ctb.ku.edu/en/table-of-contents

Creatly. (2021). *The easy guide to developing an effective action plan*. https://creately.com/blog/diagrams/how-to-write-an-action-plan/

Cruikshank, J. (1990). The outsider: An uneasy role in community development. *Canadian Social Work Review, 7*(2), 245-259. https://www.jstor.org/stable/41669351

DeLong, C., & Reichert, J. (2019). *The victim-offender overlap: Examining the relationship between victimization and offending.* Illinois Criminal Justice Information Authority. https://icjia.illinois.gov/researchhub/articles/the-victim-offender-overlap-examining-the-relationship-between-victimization-and-offending

DeMio, T., & Knight, C. (2022, August 17). *Domestic violence: Court cases and crisis calls rise, so more aid's on the way*. The Enquirer. https://www.cincinnati.com/story/news/crime/2022/08/17/crisis-center-adding-diversion-teams-surge-in-domestic-violence-hamilton-county-ohio/65407503007/

Demaris, A., & Kaukinen, C. (2005). Violent victimization and women's mental and physical Health: Evidence from a national sample. *Journal of Research in Crime and Delinquency*, *42*(4), 384–411. https://doi.org/10.1177/0022427804271922

Ehlers, A., Bisson, J., Clark, D. M., Creamer, M., Pilling, S., Richards, D., Schnurr, P. P., Turner, S., & Yule, W. (2010). Do all psychological treatments really work the same in posttraumatic stress disorder? *Clinical Psychology Review, 30*, 269–276. https://doi.org/10.1016/j.cpr.2009.12.001

Emerson, R. M., Fretz, R. I., & Shaw, L. I. (1995). *Writing ethnographic fieldnotes*. University of Chicago Press.

Fagan, A. A., & Mazerolle, P. (2011). Repeat offending and repeat victimization: Assessing similarities and differences in psychosocial risk factors. *Crime & Delinquency, 57*(5), 732-755. https://doi.org/10.1177/0011128708321322

Farrell, A., Dank, M., de Vries, I., Kafafian, M., Hughes, A., & Lockwood, S. (2019). Failing victims? Challenges of the police response to human trafficking. *Criminology & Public Policy*, *18*(3), 649-673. https://doi.org/10.1111/1745-9133.12456

Federal Bureau of Investigation. (2019). *Crime in the United States, 2019*. https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/home

Firesheets, K., Juarez, S., Kopak, A., Ross, J., Sperber, K., & Reichert, J. (2022). Naloxone plus, plus some: Examining Ohio's Quick Response Teams through the lens of deflection. *Journal of Public Health Management and Practice*, *28*(1), S330-S338. https://doi.org/10.1097/PHH.0000000000001570

Frisch, B., & Greene, C. (2020). What it takes to run a great virtual meeting. *Harvard Business Review*, 1-4.

Garthe, R. C., Smith, D. C., & Freeman, S. (2021). *Statewide Violence Prevention Plan 2020-2024: Review of programs and strategies, needs assessment of violence in Illinois & recommendations for funding*. Illinois Criminal Justice Information Authority. https://vpp.icjia.cloud/

Gay, M. J., Holton, C., & Thomas, M. S. (1975). Helping the victims. *International Journal of Offender Therapy and Comparative Criminology, 19*(3), 263-269. https://doi.org/10.1177/0306624X7501900309

Hanson, R. F., Sawyer, G. K., Begle, A. M., & Huble, G. S. (2010). The impact of crime victimization on quality of life. *Journal of Traumatic Stress, 23*(2), 189-197. https://doi.org/10.1002/jts.20508

Houston-Kolnik, J., & Kirkner, A. (2019). *Financial assistance for Illinois victims: Crime victim compensation fund*. Illinois Criminal Justice Information Authority. http://www.icjia.state.il.us/assets/articles/VictimCompensation_Illinios.pdf

Kelly, B., Hulsey, J., Sawyer-Morris, G., Tenney, H., & Zawislak, K. (2022). Evidence-based interventions to address the opioid epidemic: 24 Strategies for state, county and city implementation. Addiction Policy Forum. https://reports.addictionpolicy.org/evidence-based-strategies/

Illinois Department of Human Services. (2021). *FY22 Health & human services virtual budget briefing Q & A*. https://www.dhs.state.il.us/page.aspx?item=134289

Indeed Editorial Team. (2021). *Goals vs objectives: What's the difference?* https://www.indeed.com/career-advice/career-development/difference-between-goals-and-objectives

International Association of Chiefs of Police (n.d.). *Law enforcement-based victim services (LEV).* https://www.theiacp.org/projects/law-enforcement-based-victim-services-lev

Janssen, H. J., Oberwittler, D., & Koeber, G. (2020). Victimization and its consequences for well-being: A between- and within-person analysis. *Journal of Quantitative Criminology, 37,* 101-140. https://doi.org/10.1007/s10940-019-09445-6

Jennings, W. G., Piquero, A. R., & Reingle, J. M. (2011). On the overlap between victimization and offending: A review of the literature. *Aggression and Violent Behavior,* 1-11. https://doi.org/10.1016/j.avb.2011.09.003

Kathlene, L., & Martin, J. A. (1991). Enhancing citizen participation: Panel designs, perspectives, and police formation. *Journal of Policy Analysis and Management, 10*(10), 46-63. https://doi.org/10.2307/3325512

Kelly, V. G., Merrill, G. S., Shumway, M., Alvidrez, J., & Boccellari, A. (2010). Outreach, engagement, and practical assistance: essential aspects of PTSD care for urban victims of violent crime. *Trauma, Violence, & Abuse*, *11*(3), 144-156. https://doi.org/10.1177/1524838010374481

Kilpatrick, D. G. & Acierno, R. (2003). Mental health needs of crime victims: Epidemiology and outcomes. *Journal of Traumatic Stress, 16*(2), 119-132. https://doi.org/10.1023/A:1022891005388

Koster, N. S. N., Kuijpers, K. F., Kunst, M. J., & Van der Leun, J. P. (2016). Crime victims' perceptions of police behavior, legitimacy, and cooperation: A review of the literature. *Victims & Offenders*, *11*(3), 392-435. https://doi.org/10.1080/15564886.2015.1065532

Krueger, R. A. (1997). *Analyzing and reporting focus group results.* SAGE publications.

Langton, L., & Berzofsky, M. (2012). *Victimizations not reported to the police, 2006-2010*. U.S. Department of Justice: Bureau of Justice Statistics. NCJ 238536.

Lindquist-Grantz, R., Mallow, P., Dean, L., Lydenberg, M., & Chubinski, J. (2021). Diversion programs for individuals who use substances: A review of the literature. *Journal of Drug Issues*, *51*(3), 483-503. https://doi.org/10.1177/00220426211000330

Masters, R., Friedman, L. N., & Getzel, G. (1988). Helping families of homicide victims: A multidimensional approach. *Journal of Traumatic Stress, 1*(1), 109-125. https://doi.org/10.1002/jts.2490010108

McCart, M. R., Smith, D. W., & Sawyer, G. K. (2010). Help seeking among victims of crime: A review of the empirical literature. *Journal of Traumatic Stress, 23*(2), 198-206. https://doi.org/10.1002/jts.20509

Mittleman, D. D., Briggs, R. O., & Nunamaker, Jr, J. F. (2000). Best practices in facilitating virtual meetings: Some notes from initial experiences. *Group Facilitation: A Research & Applications Journal*, *2*, 6–15.

Morgan, E. R., & Truman, J. L. (2020). *Criminal victimization, 2019*. U.S. Department of Justice, Bureau of Justice Statistics. https://bjs.ojp.gov/library/publications/criminal-victimization-2019

National Institute of Mental Health. (2019). *Post-traumatic stress disorder*.
https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml

National Health Service. (2018). *Causes: post-traumatic stress disorder (PTSD)*.
https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/causes/

Nutly, D. D. (2008). The adequacy of response rates to online and paper surveys: what can be done? *Assessment & Evaluation in Higher Education, 33*(3), 301-314.
https://doi.org/10.1080/02602930701293231

Patrick, R. (2020 December 23). *New initiative aims to stem violent crime in East St. Louis. St. Louis Dispatch*. https://www.stltoday.com/news/local/crime-and-courts/new-initiative-aims-to-stem-violent-crime-in-east-st-louis/article_d87ea4c4-6290-54d6-b64e-807d7897eebc.html

Reichert, J., Sheridan, E., DeSalvo, M., & Adams, S. (2017). *Evaluation of Illinois multi-jurisdictional drug task forces*. Illinois Criminal Justice Information Authority.
http://www.icjia.state.il.us/assets/articles/MEGTF_FINAL_REPORT_120517.pdf

Richardson, Jr., J. B., Wical, W., Kottage, N., & Bullock, C. (2020). Shook ones: Understanding the intersection of nonfatal violent firearm injury, incarceration, and traumatic stress among young black men. *American Journal of Men's Health,* 1-15.
https://doi.org/10.1177/1557988320982181

Rubinger, L., Gazendam, A., Ekhtiari, S., Nucci, N., Payne, A., Johal, H., Khanduja, V., & Bhandari, M. (2020). Maximizing virtual meetings and conferences: A review of best practices. *International Orthopaedics*, *44,* 1461–1466. https://doi.org/10.1007/s00264-020-04615-9

SAE International. (n.d.). *Virtual meetings: A best practice guide*.
https://www.sae.org/standardsdev/virt_meetings.pdf

Substance Abuse and Mental Health Services Administration [SAMHSA. (2014). *Trauma-informed care in behavioral health services part 3: A review of the literature*. Treatment improvement protocol (TIP) Series 57.
https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816_litreview.pdf

SAMHSA. (n.d.). *Setting goals and developing specific, measurable, achievable, relevant, and time-bound objectives*. https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf

Skinner, T. (2021). *How to facilitate a strategic planning session*. Rhythm Systems.
https://www.rhythmsystems.com/blog/how-to-facilitate-a-strategic-planning-session

Skogan, W. G., & Wycoff, M. A. (1987). Some unexpected effects of a police service for victims. *Crime & Delinquency, 33*(4), 490-501.
https://doi.org/10.1177/0011128787033004006

Staples, L. (2000). Insider/outsider upsides and downsides. *Social Work with Groups, 23*(2), 19-35. https://doi.org/10.1300/J009v23n02_03

State of Illinois. (2022, May 10). *Governor Pritzker signs co-responder legislation into law to protect victims, address root causes of crimes*. [Press release]. https://www.illinois.gov/news/press-release.24877.html

Tankebe, J. (2013). Viewing things differently: The dimensions of public perceptions of police legitimacy. *Criminology, 51*(1), 103-135. https://doi.org/10.1111/j.1745-9125.2012.00291.x

Top Network. (n.d.). *Create plans collaboratively*. https://www.top-network.org/create-plans-collaboratively

Tung, E. L., Hawkley, L. C., Cagney, K. A., & Peek, M. E. (2019). Social isolation, loneliness, and violence exposure in urban adults. *Health Affairs*, *38*(10), 1670-1678. https://doi.org/10.1377/hlthaff.2019.00563

U.S. Census Bureau. (n.d.) *Quick facts: East St. Louis city, Illinois*. https://www.census.gov/quickfacts/fact/table/eaststlouiscityillinois/LND110210

U.S. Census Bureau. (2019). *American community survey*. https://www.census.gov/programs-surveys/acs

Watts, B. V., Schnurr, P. P., Mayo, L., Young-Xu, Y., Weeks, W. B., & Friedman, M. J. (2013). Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. *Journal of Clinical Psychiatry, 74*(6), 541-550. https://doi.org/10.4088/JCP.12r08225

Wilkinson, M. (2012). *7 key activities for a strategic planning facilitator*. https://managementhelp.org/blogs/strategic-planning/2012/01/31/7-key-activities-for-a-strategic-planning-facilitator/

Wilson, G., Farrell, D., Barron, I., Hutchins, J., Whybrow, D., & Kiernan, M. D. (2018). The use of eye-movement desensitization reprocessing (EMDR) therapy in treating post-traumatic stress disorder—a systematic narrative review. *Frontiers in Psychology*, *9*, 923. https://doi.org/10.3389/fpsyg.2018.00923

Appendix A: Solutions Action Plan

CENTER FOR
HEALTH & JUSTICE
AT TASC

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

Community/Jurisdiction ___

CENTER FOR HEALTH & JUSTICE AT TASC

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

Team Contact Information

Team Community/Jurisdiction:	State:
Name of Primary Contact(s):	
Title(s):	
Agency:	
Phone(s):	
Email(s):	

Team Members

TEAM MEMBER NAME	TITLE	EMAIL

CHJ Principles of Modern Justice Systems Change

I.   **Building a more _just_ justice system is foundational: "*There is no justice without justice.*"**

   a.   Reducing crime is the goal: linking individuals to treatment and services is a crime reduction strategy.
   b.   Reducing racial, ethnic, gender, economic, and geographical disparity is fundamental.
   c.   Elevating community voices is critical.
   d.   Enhancing cost savings and resource utilization is important.

II.   **Many components of different systems (e.g., law enforcement and courts, substance use and mental health, health care, and community) have an important role to play in building a more just justice system.**

   a.   The change is systemic in nature and requires a systems approach to change that can be scaled up to uniquely fit the context, scale, and scope of a community/jurisdiction.
   b.   Justice leaders –appointed and elected – should use their convening authority to initiate systems change and ensure collaboration among partners.

III.   **No one should go further into the justice system than necessary.**

   a.   Provide screening, assessment, and interventions as early as possible – including assessment for community-based treatment and service linkage needs – prior to justice system contact.
   b.   The community may be the best and most appropriate place to treat substance use and mental health issues.

IV.   **Recovery from drug use reduces crime and addresses mental health concerns, thereby reducing the likelihood of future contact with the justice system.**

   a.   Early screening more efficiently uses resources for both substance use and mental health services; individuals should be screened before *and* after treatment and service delivery.
   b.   Justice system interventions must align with the chronic nature of addiction based on science and research.
   c.   Assessment drives service –match risk and need, apply responsivity.[1]

---

[1] According to the United States Department of Justice's National Institute of Corrections, "The Risk-Need-Responsivity principle was developed by Donald Arthur Andrews and James Bonta in 1990 (Andrews D, Bonta J. *The psychology of criminal conduct.* 2. Cincinnati, OH: Anderson; 1998.). It integrates the psychology of criminal conduct into an understanding of how to reduce recidivism. Using this concept, they identify three principles to guide the assessment and treatment of offenders to advance rehabilitative goals as well as reduce risk to society: risk principle, need principle, and responsivity principle (RNR). Accessed from: https://nicic.gov/assign-library-item-package-accordion/evidence-based-practices-ebp-principle-3-target-interventions

    d. A neutral system linkage specialized case management infrastructure is required to ensure access, retention and completion in services, and movement into recovery.

    e. Build sufficient and appropriate capacity[2] to meet the criminogenic and behavioral health needs of the justice-involved population.

    f. Seek partnerships with service providers that employ evidence-based and promising practices appropriate to the justice substance use and mental health population, including those that are gender and culturally responsive.

V. Metrics are integral to a more just justice system.

    a. Once agreement on the problem/challenge is reached, use data to verify if the problem/challenge actually exists and to define its features – scale, scope, and time.

    b. Use metrics for shared systems-level decision-making.

    c. Agree on shared outcomes to the problem/challenge that work for the justice, substance use and mental health, and community systems together.

    d. Use these shared outcomes metrics to hold the system accountable to identified outcomes of success.

    e. Broadly share data collected, as appropriate.

    f. Create a rapid-cycle feedback loop to direct, steer, and guide program improvements and adjustments.

    g. Evaluate efforts for *system-wide* impact – the change sought is systemic in nature.

VI. Make a plan for ongoing funding and program sustainability.

    a. Leave no money on the table, consider public and private subsidized funding.

    b. Efficiently use available resources- review your community's treatment capacity.

    c. Explore a variety of business models, including a non-profit structure.

    d. Develop formal policies and procedures for your initiative.

    e. Work with policymakers to codify deflection and propose legislative changes.

---

[2] TASC's Center for Health and Justice's Treatment Capacity Expansion Series. Available at:
http://www2.centerforhealthandjustice.org/content/project/tasc-chj-treatment-capacity-expansion-series

Section 1. FIRST THINGS FIRST: Why do this?

Note: To complete this section, reference grant proposals and agency or jurisdiction strategic plans.

I.   What is your agreed upon problem/challenge you are trying to address?

II. What data do you have demonstrating that this is in fact a problem/challenge?

III. What is the purpose of doing your new/expanded initiative?

IV. What would success look like if your problem/challenge were (re)solved?

CENTER FOR
HEALTH & JUSTICE
AT TASC

V. Write your <u>system-wide</u> agreed upon outcome(s)—metric(s) of success.
Outcome 1:
Outcome 2:
Outcome 3:
Outcome 4:

Section 2. TAKING INVENTORY: What's Going on Right Now?

I. <u>For sites with currently operational deflection/PAD programs</u>: Which deflection/PAD pathways are you already implementing? Refer to Appendix I: *PTACC's Deflection & Pre-arrest Diversion: Pathways to Community Visual*. (Check all that apply)

Current Pathway	Pathway	Target Population & Brand
☐	**Self-Referral:** An individual voluntarily initiates contact with a first responder agency (law enforcement, fire services, or EMS) for treatment referral. If the contact is initiated with a law enforcement agency, the individual makes the contact without fear of arrest.	Individuals with substance use disorders (SUD) e.g., PAARI (Gloucester, MA Angel Program)
☐	**Active Outreach:** A first responder intentionally identifies or seeks out individuals with SUD to refer them to, or engage them in, treatment; a team consisting of a clinician and/or peer with lived experience often does the outreach.	Individuals with SUD e.g., PAARI (Arlington, MA, Outreach Program)
☐	**Naloxone Plus:** A first responder and program partner (often a clinician or peer with lived experience) conducts outreach *specifically* to individuals who have experienced a recent overdose to engage them in and provide linkages to treatment.	Individuals with opioid use disorder (OUD) e.g., QRT and Drug Abuse Response Teams (DART)
☐	**Officer/First Responder Prevention:** During routine activities such as patrol or response to a service call, a first responder conducts engagement and provides treatment referrals. [NOTE: if law enforcement is the first responder, no charges are filed or arrests made.]	Persons in crisis or with non-crisis mental health disorders and substance use disorders, or in situations involving homelessness, need, or sex work e.g., LEAD
☐	**Officer Intervention** (only applicable for law enforcement): During routine activities such as patrol or response to a service call, law enforcement engages and provides treatment referrals or issues (noncriminal) citations to report to a program. Charges are held in abeyance until treatment and/or a social service plan is successfully completed.	Persons in crisis or with non-crisis mental health disorders and substance use disorders, or in situations involving homelessness, need, or sex work e.g., LEAD and Civil Citation (FL)

II. **Who are your current partners and who do you wish to partner with? Complete Appendix II** *Community Partner Resource (Asset) Map*

    a. Identify organizations or agencies with whom you already partner (for a current PAD program or other initiative- e.g., CIT, OFR, Opioid Task Force).

    b. Identify organizations or agencies with whom you wish to partner.
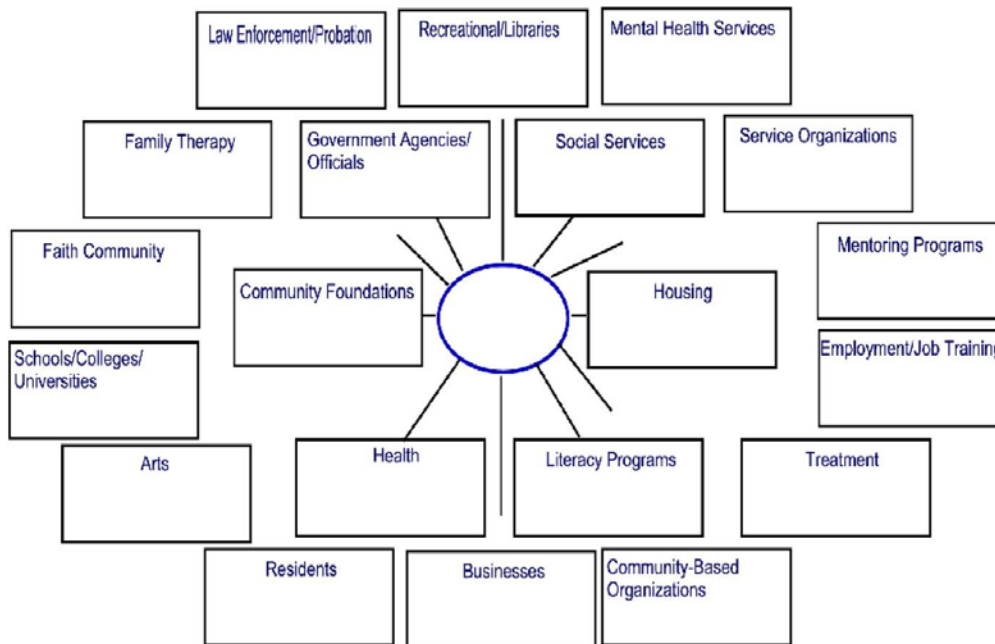
Partners and Stakeholders to Consider

Type	Current (List Partners)	Desired (List Partners)
Law enforcement		
Fire		
EMS		
Treatment providers – SUD		
Treatment providers – MH		
Treatment providers – MAT		
Community/Civic groups		
Community associations		
Hospitals		
Recovery community/lived experience/peer support		
Researchers		
Policy makers		
Crime victim groups		
Racial equity groups		
Business community		
Religious/faith community		
Housing		
Justice System		
Other: education, mentoring, employment/job training		

III.   **What is your community's current capacity for diversion and where are areas for growth? Complete Appendix III** *NLC Framework and Self-Assessment for a Strong Diversion Program-* adapted from the National League of Cities' "City Leadership to Reduce Use of Jails – Framework/Self- Assessment for a Strong Diversion Program."[3]

Use this self-assessment to determine your community's current capacity and opportunities for growth in key components of a structure that supports public safety, accountability, and improved community health through pre-arrest diversion.

Definitions:
   a. Toe-hold: Infancy stage- planning, pre-implementation
   b. Walking: Pilot
   c. Traction: Implementation
   d. Running: Enhancement

IV.   **How are you doing on your collaborations?**
       Taking current partners into consideration, **complete the Appendix IV** *GMU Collaborations Tool*

Note: Attach appendices to your completed SAP

---

[3] National League of Cities' *Reducing the Use of Jails: Exploring Roles for City Leaders* Accessed from:
https://www.nlc.org/wp-content/uploads/2019/10/Reducing-the-Use-of-Jails-Exploring-Roles-for-City-Leaders.pdf

Section 3. THINKING IT THROUGH: Measure Twice, Cut Once

I.   **Complete Appendix V** *CHJ Law Enforcement Deflection Frameworks: A Decision Making Tool for Police Leaders (pages 4-6).*

II.   **Thinking about your Deflection/PAD "*Capacity to Act Triangle*"**
(Facilitators will work with the teams on this exercise.)

Deflect/Divert to What?[4]
- o   Behavioral health capacity to treat including:
    - o   Modalities – OP/IOP/Detox/Residential/Crisis C
    - o   Availability & Accessibility
    - o   Time to treat – Treatment on Demand?

☐ Willingness to Deflect/Divert to scale?
- o   Law enforcement capacity to do deflection/PAD

☐ Community buy-in and support
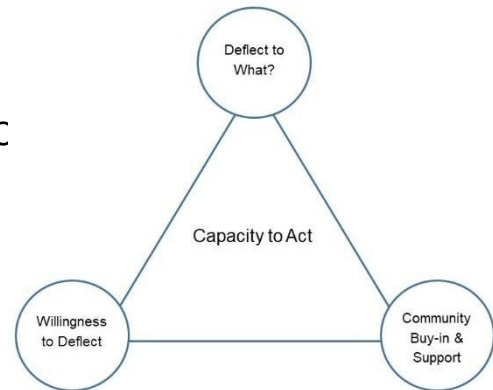
Use the blank space below to jot down notes on each node of the "Capacity to Act Triangle"

---

[4] Refer to TASC's Center for Health and Justice's Treatment Capacity Expansion Series. Available at: http://www2.centerforhealthandjustice.org/content/project/tasc-chj-treatment-capacity-expansion-series

Section 4. DECIDING ON WHAT TO DO: Time to Refine

**NOTE: At this stage of the process, review, revisit, and revise your initial thinking and the work you did in sections 1, 2, and 3 <u>prior to proceeding further.</u>

I.   **Which deflection/PAD Pathways have you decided to develop/add?**

Check all that apply. Include any relevant comments. Refer to Section 2 of the SAP and to Appendix 1: PTACC 5 Pathways Visual.

Pathway	Comments
☐ Self-Referral	
☐ Active Outreach	
☐ Naloxone Plus	
☐ Officer Prevention	
☐ Officer Intervention	

II.   **Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.**

Outcome 1:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

III. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 2:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

IV. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 3:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

V. **Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.**

Outcome 4:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet
Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___:
Strategy #___:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:

S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

*Status Options: Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet
Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___:
Strategy #____:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:
S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

*Status Options: Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet
Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___:
Strategy #___:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:

S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

*Status Options: Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet
Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___:
Strategy #____:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:
S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

*Status Options: Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet
Copy from Section 4, Questions II - V

(Write down one of your outcomes & the strategy you want to work on to achieve that outcome.)

Outcome #___ :
Strategy #___ :

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:

S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

*Status Options: Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

<u>Section 5. MOVING TOWARD SUCCESS: Key Questions for Implementation</u>

I. **How will you evaluate your effort?** (Include who will help you with data collection and evaluation)

a.
b.
c.

II. **How will you create a *feedback loop* and *adjustment mechanism* for your initiative at 30 days, 90 days, and 180 days?** Create your own time frames as appropriate:

30)
90)
180)

III. **How will you <u>prevent</u> and <u>respond to</u> racial, ethnic, and gender disparities in your initiative?**

a.
b.
c.

IV.   How will you fund your initiative?

a.
b.
c.

V.   How will you sustain your initiative?

a.
b.
c.

VI.   How will you *recognize* and *celebrate* your initiative?

a.
b.
c.

VII.   What is the media plan for your initiative?

a.
b.

c.

VIII. **What *legal considerations* are needed for your initiative?**

a.
b.
c.

IX. **What *political issues* exist for your initiative?**

a.
b.
c.

X. **What is missing from your SAP?** This section is open for your team to add items, tasks, activities, and thoughts.

a.
b.
c.

Congratulations!

You have completed the Solutions Action Plan for your community's deflection or pre-arrest diversion initiative.

Your final tasks:
- **Work on your "Report Out" form (to be provided)**
- **Congratulate yourself and your team members**
- **Celebrate your team's work**
- **Rest**
- **Upon your return home…use this plan to hit the ground running!**

Appendix B: Deflection Specialist/Community Care Coordinator Job Description

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

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

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

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

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

Illinois Crimimal Justice Information Authority

60 E. Van Buren Street, Suite 650
Chicago, Illinois 60605
Phone: (312) 793-8550
Fax: (312) 793-8422
TDD: (312) 793-4170

www.icjia.illinois.gov