PROCESS EVALUATION OF A RURAL, POLICE-INITIATED DEFLECTION PROGRAM IN SOUTHERN ILLINOIS: LEADERSHIP TEAM FEEDBACK

Part of an Evaluation Publication Series on the Illinois Multi-Site Deflection Programs

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Abstract: Rural areas often face gaps in behavioral health resources, with limited availability and the need to travel long distances to access services. To address such challenges, innovative strategies, such as police deflection programs, help connect people in rural areas to treatment without an arrest. In order to advance understanding of rural deflection programs, we conducted a mixed-methods process evaluation of a rural state police-led deflection program, the Southern Illinois Community Engagement Response Team (SI CERT), serving seven counties. We examined who the program reached, how it was implemented in practice, and how collaboration among partners supported or constrained its goals. As part of the evaluation, we explored feedback from the program leadership team, which included deflection staff, law enforcement, and social service providers. We interviewed all 11 team members, and seven completed a collaboration survey. We found leadership team members supported the program and agreed that it was helping the community by referring individuals to supportive services. Program data showed that 223 participants were referred to the program; 66% voluntarily agreed to participate, and of those, 59% were referred to services. However, team members cited notable challenges, including limited resources, the composition of the leadership team, law enforcement engagement, and community visibility. Nonetheless, in its three years of development, the SI CERT program appears to hold promise in helping rural community members with substance use disorders. Future research can extend the scope of evaluation by incorporating participant perspectives and measuring program outcomes.

Introduction

In rural America, a large proportion of residents have drug and alcohol challenges and have experienced overdoses, mainly due to stimulants, particularly methamphetamine, and opioids.[1] In 2020, U.S. overdose deaths due to stimulants were 31% higher in rural communities and 13% higher for opioid overdose deaths than in urban communities.[2] Treating substance use is challenging all across the country, but there are unique challenges inherent to rural communities. Healthcare, including behavioral health treatment, is often scarce in rural areas, and individuals frequently have to travel long distances for treatment.[3] One study found that people who had to travel at least 1 mile to reach outpatient services were significantly less likely to complete treatment.[4] In addition, in small towns and close-knit communities, privacy concerns may deter individuals from accessing treatment or recovery services where others may recognize them.[5] Finally, a large portion of residents has limited access to health insurance, further complicating efforts to obtain consistent, affordable treatment.[6]

As first responders, police frequently encounter people who use drugs and may need treatment, counseling, or other social services.[7] A growing number of police departments across the country have begun using a new approach to help those individuals, known as deflection.[8] This promising program enables police to *deflect* individuals away from involvement in the criminal justice system and from emergency or crisis services by referring them to counseling, treatment, and other necessary services.[9] Prior research has found that deflection programs can increase public safety[10] and improve public health.[11] An important program component is collaboration between police and social service agencies.[12] This article shares findings from our process evaluation focused on feedback from the leadership team of a deflection program in Illinois.

Program Background

We examined the Southern Illinois Community Engagement Response Team (SI CERT), a deflection program serving seven southern Illinois counties: Alexander, Franklin, Hardin, Jefferson, Massac, Pulaski, and Randolph. The SI CERT program was part of a broader initiative led by the Illinois Department of Human Services (IDHS), funded by the Cannabis Regulation and Tax Act.[13] As seen in the flow chart in Figure 1, the following entities had roles in the program:

- *Treatment Alternatives for Safe Communities, Center for Health and Justice (TASC CHJ):* Provided technical assistance to guide implementation.[14]
- *Illinois State Police (ISP) Southern Illinois Drug Task Force (SIDTF):*[15] Referred individuals experiencing substance use challenges or their family members to the TASC Inc. SIDTF pools. ISP and local law enforcement resources are used to combat illicit drug distribution.[16]
- *TASC Inc. Deflection Specialists:* Offered case management and service referrals to those who voluntarily agreed to participate.
- *The leadership team: G*uided the program's operations and met virtually each month to discuss program implementation and development and was composed of SIDTF and TASC Inc. staff and local social service providers.

Figure 1
SI CERT Program Flow Chart
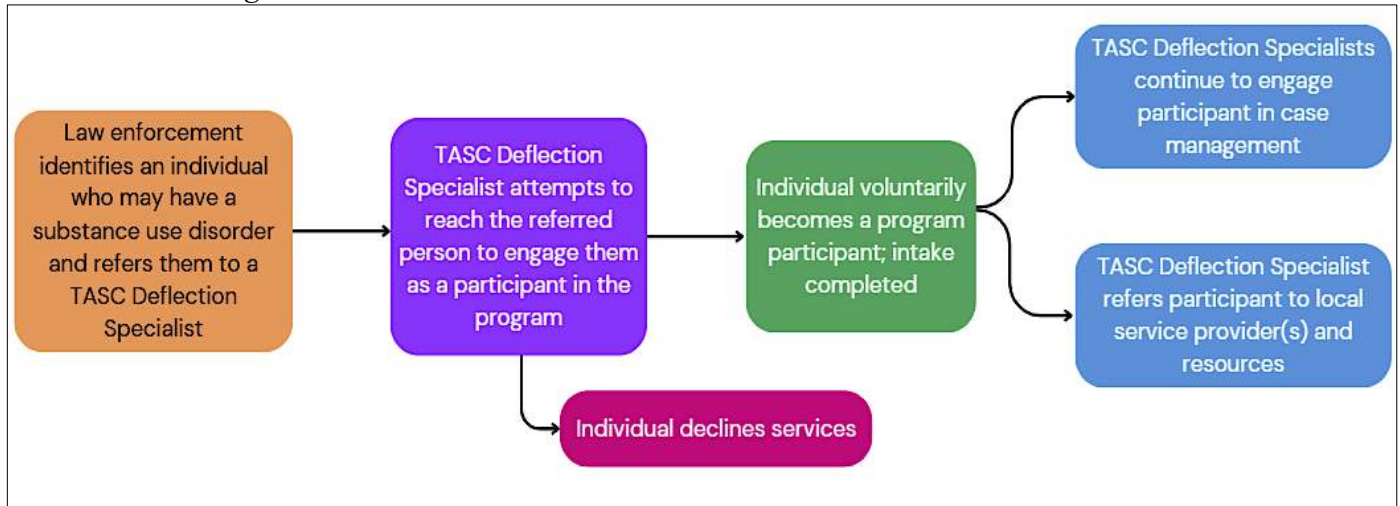
Note. TASC is Treatment Alternatives for Safe Communities, Inc. As of October 2025.

This Process Evaluation

The focus of this paper was to understand the SI CERT program's operations and gather feedback from its leadership team. First, we examined program administrative data to learn who was served and to what services they were referred. Administrative data are the cornerstone of program evaluation and can be used to capture information about participants and program activities.[17] Second, we interviewed the SI CERT leadership team members. Their perspectives are important for understanding how programs function in practice and for identifying barriers and opportunities.[18] Finally, we used a survey to assess collaboration among team members. Deflection requires a cross-system leadership team to work in partnership to connect community members to resources and supportive services.[19] While partnership is widely regarded as integral to the success of such public programs, there is a limited body of literature examining its strengths and weaknesses.[20]

Methods

We employed a mixed-methods approach to evaluate the program as detailed below. This evaluation was deemed non-research by the Illinois Criminal Justice Information Authority, Institutional Review Board (IRB) secretary, and did not require human subject review. However, the program's administrative data was submitted and approved through an expedited IRB review at the request of TASC Inc., the data owners.

Program Administrative Data

TASC Inc. shared program data with the evaluation team extracted from their agency's Electronic Client Record (ECR) system. Deflection specialists at TASC, Inc., enter potential clients' demographic data during their first contact with them after receiving the ISP referral by phone or email. The ECR also stores its subsequent contacts and service referrals over time. TASC Inc. shared a monthly Microsoft Excel file via an encrypted email with the evaluation

team. We cleaned and analyzed the data, generating descriptive statistics. We provided program data from the SI CERT implementation in June 2022 through June 2025. Data included variables such as dates, individual demographics, and program services.

Leadership Team Interviews

We successfully recruited all members of the SI CERT leadership team via email and interviewed them from October 2023 to February 2024. The leadership team consisted of 11 members: six social service providers, one ISP Master Sergeant, and four TASC Inc. staff members, including the deflection administrator, supervisor, and two deflection specialists. Members self-selected to be on the leadership team and attended monthly program planning meetings. All members agreed to participate, resulting in a 100% response rate. Interview participants were predominantly White, held at least a bachelor's degree, and were all non-Hispanic (Table 1).

Table 1
Characteristics of Interview Participants

Characteristic	*n*
Gender	
Female	6
Male	5
Race	
White	10
Black	1
Highest level of education	
High school	2
Associate's degree	2
Bachelor's degree	2
Master's degree	5
Role	
Social service provider	6
TASC staff	4
Law enforcement	1

Note. The sample size was 11 SI CERT leadership team members.

Two evaluation team members conducted the semi-structured interviews. We asked 28 structured questions: six about program operations, two about interagency collaboration, nine about program feedback, three about data and evaluation, and two about program recommendations. Interviews were held virtually via Webex from December 2023 to February 2024. They ranged from 38 to 66 minutes, with an average of 49 minutes.

We audio-recorded the interviews and manually transcribed them. Interview transcripts were further supported by notes taken during the interviews. We used NVivo qualitative data software to code the interviews by theme. Two evaluation team members separately coded an interview using an inductive approach, identifying codes or themes as they emerged from the transcripts.[21] After coding separately, the two team members discussed their codes and reached a consensus

for intercoder consistency.[22] One team member coded the remaining interviews using an iterative approach, allowing flexibility to add or refine the original codes.[23]

Collaboration Factors Inventory Tool

Deflection programs require strong collaboration to be successful; therefore, evaluating collaboration levels is valuable for assessing the program's strength and identifying areas for concern and growth.[24] To evaluate the leadership team's perceptions of program collaborations, we administered an online version of the Wilder Collaboration Factors Inventory Tool (hereafter, the collaboration tool).[25] The tool measures participants' collaboration within groups across several evidence-based success factors. In August 2024, we sent an online version of the collaboration tool to the leadership team. Seven of 11 completed it for a response rate of 64%. Respondents included three deflection staff, three service providers, and one law enforcement officer. To protect anonymity, we did not collect demographic information beyond each participant's role in the program.

We chose to measure collaboration with this tool because its reliability and validity have been empirically tested, and it is user-friendly.[26] The inventory tool comprises 44 items, grouped into 22 factors, which are further organized into six categories (see Appendix). The six categories in which items are grouped include environment, membership characteristics, process and structure, communication, purpose, and resources. Responses for each item are based on a five-point Likert scale, ranging from 1 *(Strongly disagree)* to 5 *(Strongly agree)*. We calculated mean scores for each item. Generally, a mean score of 4.0 or higher indicates an area of strength; a score between 3.0 and 3.9 suggests an area that may need discussion; and a score below 3.0 indicates an area of concern that warrants attention. We used Qualtrics software to create and administer the online version of the tool. We analyzed the data in Microsoft Excel.

Key Findings

SI CERT Program Administrative Data

From June 2022 to June 2025, 223 people were referred to deflection specialists to participate in SI CERT. A majority of individuals referred to SI CERT were White (62.3%), non-Hispanic (67.7%), men (53.3%), and ranged in age from 20 to 83 years old. During that period, 65.5% of individuals referred to the program agreed to participate in SI CERT ($n = 146$). Figure 2 shares the referrals and participants by year.

Figure 2

*Number of SI CERT Referrals and Participants, 2022-2025*
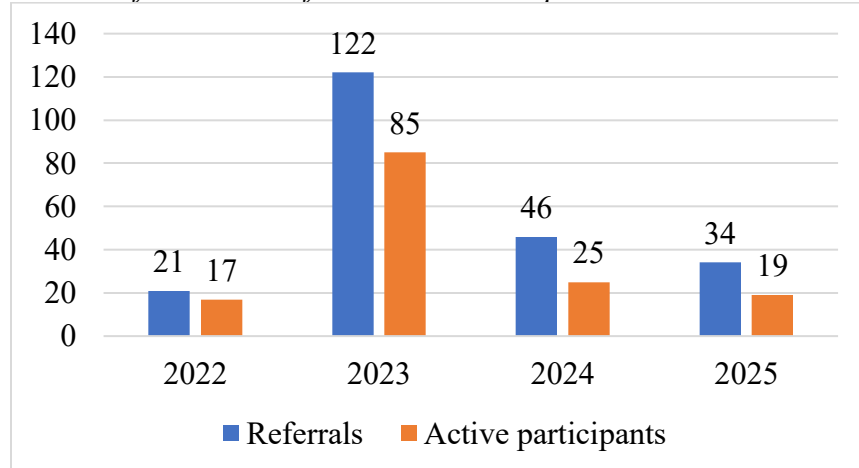
Note. The data source was TASC, Inc., data from June 2022 to June 2025. Active participants are those who have voluntarily agreed to participate in SI CERT. There were 223 referrals and 146 participants in the sample.

A majority of participants were men and White. Participant ages ranged from 20 to 83 years, with an average of 41 years. Figure 3 displays the demographic breakdown of participants.

Figure 3

*Demographics of Active Participants Referred to SI CERT by Police*
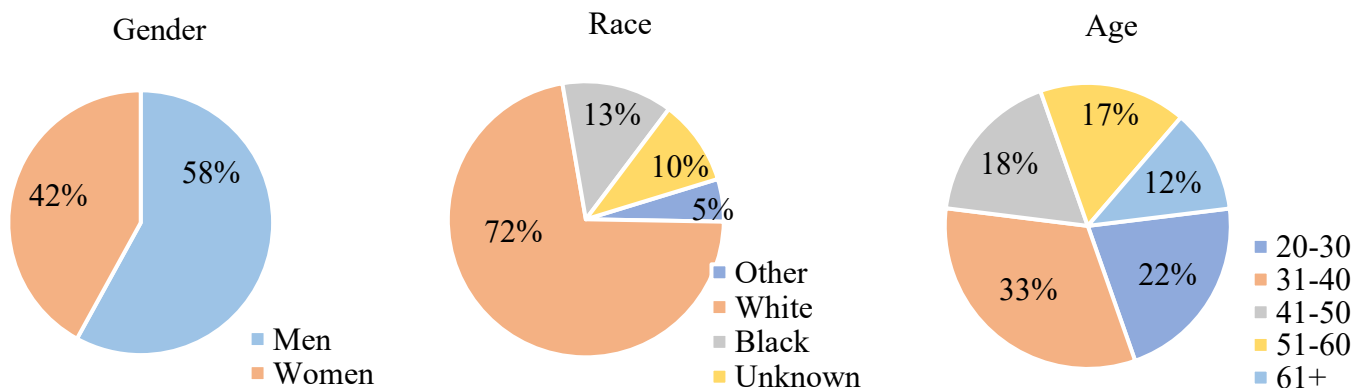
Note. $N = 146$. The data source was TASC Inc. data from June 2022 to June 2025. *Other* race includes multiple races or Hispanic ethnicity, categorized as race.

Although ISP referrals resulted in 146 active participants in the program, not all accepted services. Of the active participants, about half ($n = 72$) received at least one referral to a service type, but participants could receive multiple referrals. As shown in Figure 4, deflection specialists referred the largest percentage of these 72 participants (39%) to housing support. They referred 20 participants to SUD-related services (e.g., treatment, medication for opioid use disorder). Additional service categories included food assistance, employment and education resources, and various community-based supports. Service categories also included assistance obtaining identification or other benefits at the state level (e.g., driver's license, birth certificate)

and federal level (e.g., Social Security, Medicaid benefits). In Figure 4, the *Other* referral category comprises services related to clothing, cell phone or internet access, legal aid, faith-based services, medical advocacy, community support, and finance or budgeting assistance. There were no referrals to mental health services. Early administrative data had substantial missing data for referral sources—over 30% of entries prior to July 2024. Data quality improved over time.

Figure 4
Percentage of SI CERT Participants Referred to Each Type of Service
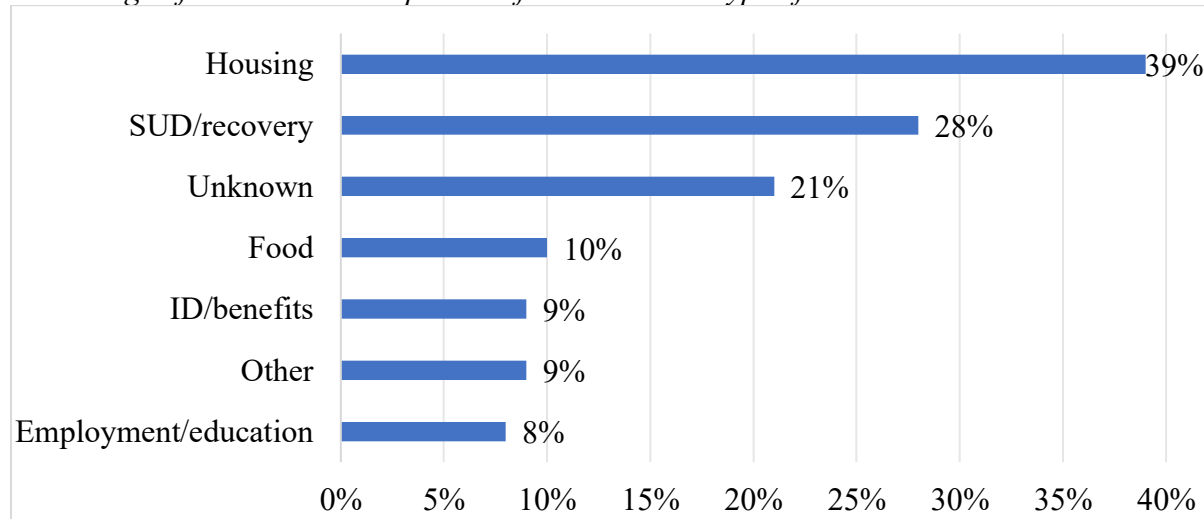
Note. N = 72. The data source was TASC Inc. data from June 2022 to June 2025. The sample comprised 72 participants who were referred to one or more services. SUD = substance use disorder.

Interviews with the SI CERT Program Leadership Team

Technical Assistance

Several leadership team members reported that the technical assistance provided by TASC CHJ played a crucial role in empowering them throughout the action planning and implementation process. Many pointed out that TASC CHJ's thorough explanations have helped them understand the intricacies of program development. Service providers, law enforcement, and deflection specialists spoke highly of TASC CHJ.

One service provider commented about TASC CHJ's ability to keep the group focused:

> The individuals from TASC did a very good job of keeping us on task. We would meet, and then we'd come back the next day, and overnight, they would have all our plans together for us to review before we would move forward. I felt that the planning was handled exceptionally well.

During our interviews, leadership team members were asked what other training or technical assistance could enhance the effectiveness of the deflection program. Law enforcement

personnel noted that training on respectful communication could be helpful, especially when engaging with people who may be facing behavioral health or substance use challenges. They emphasized the importance of using language that affirms people's dignity, avoids judgment, and acknowledges the services they may need. Similarly, a service provider emphasized the need for training on navigating conversations with an individual experiencing a mental health crisis:

> Any kind of mental health training would be great because there are people that get referred that are on the more severe side of mental health challenges that I think the general population is at a loss for. This is the demographic that we're going to want to serve. Training someone on how to navigate a conversation with someone who might be in the middle of a bipolar episode or someone who is suffering from schizophrenia, knowing how to navigate that conversation, not in order to fix anything but to understand, when you're in this position, there are certain things that you can say, and there are absolute things that you shouldn't say.

Overall, staff emphasized that the technical assistance provided by TASC CHJ helped clarify roles, improve communication, and lay a strong foundation for the SI CERT program's launch.

Program Goals

During the interviews, the leadership team commented on several key goals for the SI CERT program. These goals were developed mainly during action planning sessions and include:

- Prevent people from becoming involved in the criminal legal system.
- Connect individuals who experience mental and/or substance use disorder with services that reduce recidivism and promote recovery.
- Reduce arrests for possession of controlled substances.

To achieve these goals, the leadership team aimed to bridge gaps between the community, law enforcement, and service providers. They focused on ensuring that individuals with unmet behavioral health needs—including those affected by substance use, mental illness, or violent crime—received timely and appropriate services. This approach enhanced awareness and ensured that everyone operated within their area of expertise to support the individuals involved.

Deflection Referral Process

The referral process begins when law enforcement encounters someone in the community who may be experiencing substance use or mental health challenges. Law enforcement then asks the individual if they are interested in receiving services. If they agree, law enforcement submits a referral form via email, phone call, text, or in person. Once the referral is received, it is reviewed and assigned to a deflection specialist. The specialist contacts the individual within 48 to 72 hours to determine if they are interested in the services. If the individual agrees, a preliminary needs assessment is conducted, and appropriate referrals are made for treatment, housing, mental health support, or other services.

Funding and Resources

The leadership team understood that funding for deflection specialists, their supervisors, and case managers in Illinois comes primarily from the state's cannabis tax revenue. Some voiced that when additional funding is available, it typically comes from external sources, such as community partners, TASC, Inc., or ISP. Team members also mentioned ongoing efforts across the state to pursue fundraising opportunities and secure grant funding to support the deflection initiative further.

Service providers were often at capacity and responsible for covering a large rural area. As major barriers to assisting their clients, many service providers consistently cited the lack of such resources as mental health providers, housing, and substance disorder treatment facilities. Accessibility was also identified as a significant barrier, described in the following two quotes from one service provider:

> We live in a very rural area in southern Illinois, so services are sometimes less accessible; they're spread out over a lot of distance. I think that probably does create some barriers for people. There aren't enough treatment facilities in southern Illinois for people who have substance use issues.

> There's often a long waitlist for people to get into those services and then not enough emergency housing options for people who might be waiting to enter a treatment program, especially emergency housing for people who are using drugs. There is a big lack of funding when it comes to things like that.

Collaboration

Interviewees often mentioned the same local social service providers for individuals experiencing substance use or in recovery. These commonly mentioned service providers include Gateway, Southern Illinois Recovery Network, Center Stone, and Comprehensive Connections. Other providers and their services include the following:
- Boots on the Ground, a nonprofit, offers resources and programs to help first responders aid communities.
- Spero Family Services provides counseling, mental health services, and family support.
- Herrin House of Hope, a cooperative ministry of the churches in Herrin, Illinois, helps people living in poverty meet their basic needs.
- The Wellness Mission in Carbondale provides services for unhoused people.
- The Warming Center offers shelter during inclement weather.
- Food pantries address food insecurity.

A majority of leadership team members explained that collaboration allowed them to pool their limited financial, human, and informational resources, thereby maximizing assistance efforts for participants. These conversations made it apparent that collaboration efforts led to additional resources, improved communication, and better relationships among partners. Elaborating on community support and high responsiveness, one service provider noted that even when partners

could not assist, they actively suggested alternative resources or contacts. These referrals helped build connections with additional community partners interested in the deflection.

Collaboration also expanded stakeholders' geographic reach. A deflection specialist mentioned that their relationships with various community partners allowed them to do "complex case huddles." For these "huddles," client support required input from multiple partners across one or more counties. A service provider discussed how collaborative efforts helped him and others view the "entirety of Southern Illinois as a network of resources, even learning of helpful services that are 70 miles away."

Reflecting on ways to expand collaboration, numerous leadership team members suggested that engaging faith-based organizations can benefit the program. They can bring valuable resources and support, helping to strengthen community ties and extend the reach of services.

Deflection Specialists

Law enforcement described the TASC Inc. deflection team as "relentless, and not in a bad way, but they don't take no for an answer, so they'll just keep on seeking until they feel like they find something that will help." This sentiment was echoed multiple times in interviews with leadership team members. For example, one service provider also mentioned *relentless engagement* when talking about the follow-up efforts of deflection specialists:

> I've always been pretty impressed with their knowledge of their clients. They have told me they engage in what they call relentless engagement. They will keep trying to contact an individual and stay in touch with him, so it's been pretty positive. They've helped people get housing. Sometimes, it's good to get out of this area; sometimes, it's good to get out of the area that you're having trouble in and relocate further away.

The deflection team seemed committed to helping participants by any means necessary. One team member said they had accepted residents of Indiana and Kentucky to get them the help they needed. However, various service providers and deflection specialists faced two significant barriers: gaining buy-in from local law enforcement and overcoming the stigma. Leadership team members continually stated that they had difficulty getting local police on board. Several service providers voiced concern that law enforcement held stigmatizing views toward deflection specialists who were previously incarcerated and/or recovering from substance abuse:

> The first thing I would say, as far as barriers, is stigma. It will always be stigma, which we've already talked about, the cynicism of some of the people in law enforcement involved, or just whoever, especially because I know a lot of the engagement specialists are people with lived experience, so I know they have to deal with the way they're regarded in professional settings. I feel like that's a barrier.

Program Benefits

A majority of interviewees perceived that the program increased access to much-needed services, reduced law enforcement costs, and assisted participants and their family members. Many

members of the leadership team appreciated that deflection also increased people's access to much-needed resources, such as housing, food, and mental and substance abuse treatment.

Given its benefits, there is a case for expansion and further benefits. A service provider commented,

> I hope we get it in every county just to build a more robust system. I hope we see fewer people go to prison more than anything. [We] are working with kids who are living with grandmothers, moms, and dads are in prison.

Community Awareness

Among interviewees, the consensus was that the community was unaware of deflection initiatives. To explain this lack of awareness, most cited the program's *soft launch*, which was not a public event, and the absence of community leaders in attendance. One service provider commented that the only people who attended were "either from the police department or they were from the social service agencies. Lack of community." A few other service providers suggested that past experiences, bias, and conservative beliefs were additional reasons for not embracing a new program, such as deflection.

Data Collection

Some members of the leadership team stated that they collected primary client data, including name, age, ethnicity, housing status, substances used, and veteran status. These data were entered into the electronic client record system and could be accessed only by TASC Inc., whose staff tracked participant progress. Afterward, those numbers were shared with the ISP and the evaluation team. Additionally, data on the number of referrals, the counties of origin, and referral types were shared at monthly or quarterly meetings among leadership and community partners.

Collaboration Inventory Findings

The Appendix presents responses to all the Wilder Collaboration Inventory items from seven leadership team members. Due to the small sample size, the findings are limited and can only reflect the general agreement of respondents. This can offer insight into potential areas of collaboration strength and areas for opportunity. Of the 44 items, 38 were in the mid-range of mean scores, 3.3 to 3.8 out of five. The remaining six had three items with mean scores of 4.0 or higher and three with mean scores of 3.0 or below.

Figure 5 visually depicts the top three highest-ranking and bottom three lowest-ranking inventory items. The 44 items are grouped into nine categories. Here are the highest-ranking items and their collaboration category:
- Item 8 (respect): I have a lot of respect for the other people involved in this. ($M = 4.4$)
- Item 14 (commitment): Everyone who is a member of our collaborative group wants this project to succeed. ($M = 4.4$)
- Item 11 (benefit): My organization will benefit from being involved in this collaboration. ($M = 4.0$)

These are the items with the lowest ranking and the category:

- Item 42 (resources): Our collaborative group has adequate "people power" to do what it wants to accomplish. ($M = 2.9$)
- Item 30 (communication): I am informed as often as I should be about what goes on in the collaboration ($M = 2.7$)
- Item 10 (members): All the organizations that need to be members of this collaborative group have become members. ($M = 2.4$)

Figure 5
Lowest- and Highest-Ranking Collaboration Inventory Items
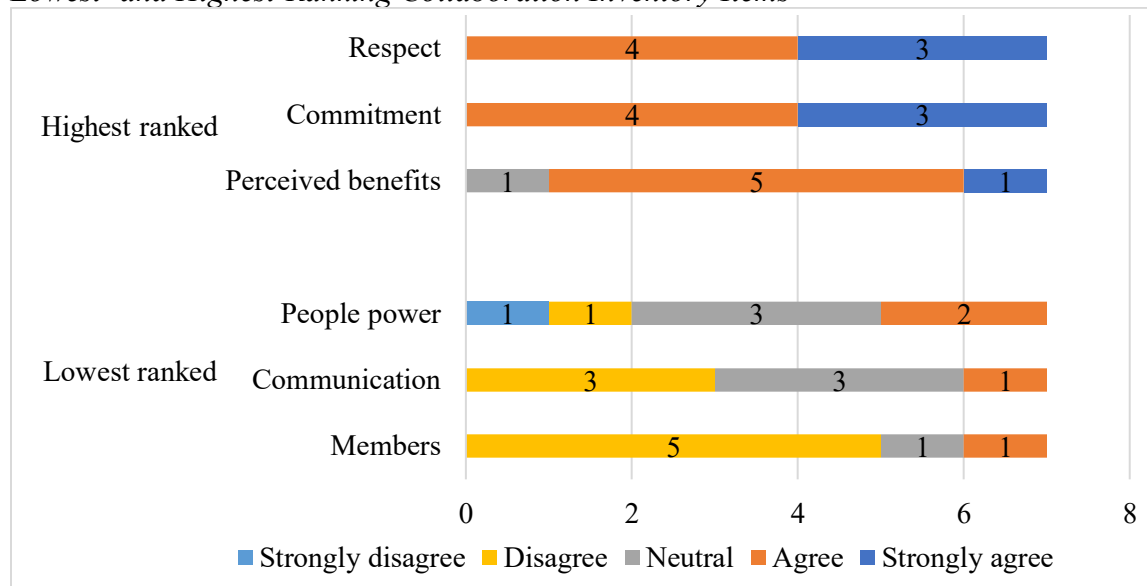
Note. The sample size was seven SI CERT leadership team members. Scores are the means of the inventory tool items.

Overall, we found high interpersonal trust and commitment to SI CERT. However, the findings raise potential concerns about sustained resources, consistent communication channels, and the need for broad representation among participating organizations.

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Discussion

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Program Operations

Enrollment Rate

According to SI CERT program data, in three years, police referred 223 people to the program. Nearly two-thirds of those referred to the program voluntarily agreed to participate. This rate is higher than observed in other U.S. deflection programs. For example, prior evaluations found enrollment rates of 33% in a Texas program,[27] 41% in a Maryland program,[28] 50% in North Carolina programs,[29] 54% in New Mexico programs,[30] and 64% in an Arizona program.[31] SI CERT's relatively high participation rate may be partly due to deflection specialists' *relentless engagement*. This assertive or intensive case management approach features small and

individualized caseloads and service negotiation and coordination in the community.[32] This engagement approach has been shown to increase participation in treatment and recovery support services, to reduce substance use, and to be cost-effective.[33] Specifically, in police deflection programs, a more intensive, individualized approach has been found to be effective at motivating participants with more complex needs.[34] However, research on this approach in rural communities is limited.[35]

Service Referrals

Of the 146 participants, just about half received referrals to services. The relatively low referral rate may be due in part to participants disclosing that they were not ready or unwilling to engage in services at that time. Therefore, they may have received only case management. Although adding services has been found to offer greater benefits over time, case management, particularly *relentless* or *assertive case management*, can be beneficial on its own.[36] Deflection Specialists can employ motivational interviewing with those on case management who may need but are not ready for SUD treatment.[37] Motivational interviewing uses methods to engage people with ambivalence or insecurity in changing their behavior, and it is a promising practice to help people address SUD.[38]

The program is geared toward people with substance challenges, but program data indicated that less than one-third of referrals were directed to SUD-related services. This may be due, in part, to the need to prioritize immediate needs and address social determinants of health.[39] Housing was the most frequent service to which participants were referred, and research has shown that addressing housing can help reduce substance use.[40] During interviews, the leadership team reported that the program successfully increased access to SUD treatment, as evidenced by 24 individuals receiving SUD services through referrals.

Another possible reason for low SUD-related referrals is that SUD treatment may not be available, which is common in rural areas.[41] Service providers noted a lack of local resources and funding for SUD treatment as well as limited accessibility (e.g., transportation, waitlists). The leadership team shared concerns about the availability of resources—including local treatment and services—for program sustainability. This concern is indicative of rural areas, which often lack social services or require significant travel to access them, including behavioral health services.[42] If participants are either not ready or cannot access SUD treatment, harm reduction can instead be a focus. Harm reduction offers strategies to reduce the negative consequences of drug use, such as facilitating safer and managed use and meeting people who use drugs *where they're at*.[43] A meta-analysis has found that harm reduction practices are effective in reducing substance use.[44]

Collaboration

Collaboration and coordination are key components of successful deflection programs.[45] Based on the leadership interviews and collaboration survey responses, there was trust and respect among the leadership members, as well as a shared commitment to program success.[46] During the interviews, leaders indicated that TASC CHJ's technical assistance helped clarify roles and improve communication. One weakness noted by the leadership team was that the program

would benefit from broader representation among its members. A deflection program requires collaboration across multiple systems, and expanding the team's composition could strengthen coordination with health, treatment, and community partners.[47]

Leadership Engagement

Law Enforcement

Many leadership team members discussed the importance of involving law enforcement early in the program's development to combat stigma and misinformation and gain buy-in. As an indicator of low involvement, only one law enforcement officer from ISP sits on the leadership team. Leadership team members suggested regular training sessions to overcome resistance to referrals and strengthen collaboration among law enforcement officers. Such training can reduce stigma toward people with SUDs and increase support for deflection programs.[48] Police training is considered a key component to gaining officer support for deflection programs.[49]

Faith-Based Community

In rural communities, such as those served by SI CERT, churches function as hubs, connecting residents and fostering social cohesion and educational support.[50] During the interviews, multiple service providers stated that specifically involving faith-based organizations would be beneficial. Interviewees stated that they would lend credibility to SI CERT due to their work with underserved or marginalized groups. According to Parra-Cardona and colleagues,

> Churches are frequently identified as trusted organizations by diverse populations exposed to intense contextual challenges. They also provide flexible infrastructures and reliable social support networks, which are essential for implementing intervention and prevention initiatives. Implementation science must recognize faith-based organizations as key leaders of change.51

Therefore, the faith community's involvement could foster cooperation and reduce potential skepticism about law enforcement's involvement. Prior research has found that faith-based organizations can effectively collaborate with government and community agencies to improve outcomes for individuals with diverse needs, including those involved in the criminal justice system.[52] One evidence-based assessment has found that faith-based organizations can effectively reduce recidivism.[53] In addition, the federal government has long recognized the value of government and faith-based groups that work on social issues, including addiction.[54]

Program Promotion

The leadership team members shared that public awareness of the SI CERT program was limited. Several interviewees stated that a large-scale public launch would have been beneficial. Looking ahead, leadership noted that additional opportunities to increase awareness include a cohesive marketing strategy that effectively promotes SI CERT. Community engagement, effective promotion, and marketing can support program sustainability.[55] Best practices include

integrated marketing approaches that use technology (e.g., websites, social media), networking, and community partnerships.[56] Successful strategies employ multiple venues and media channels, particularly those targeting specific communities and populations that the program can help.[57]

Study Limitations

We collected data from the entire SI CERT leadership team, but its membership is small. All 11 leadership team members participated in our interviews, and seven completed the collaboration inventory tool. Data are cross-sectional, which introduces the limitation that the team's responses may change over time. Another sample-related limitation is that interviewees can be susceptible to recall bias, which may compromise the accuracy of the gathered information. Additionally, respondents may be subject to desirability bias, answering in a manner that presents a favorable image of themselves or the program.

This evaluation focused on feedback from the SI CERT leadership team and lacks participant input. Best practices in evaluation suggest soliciting participant input only after a program has been in operation for a sufficient period.[58] This ensures that insights are meaningful and do not represent a program undergoing major implementation changes.[59] We plan to obtain feedback from participants as part of our process evaluation. Those data will assess whether services were accessible, meaningful, and effective from the perspective of those directly impacted.

A final limitation is that early program data received from TASC Inc. were missing significant content, including over 30% of the referral source data prior to July 2024. Similarly, there were significant missing demographic data for program referrals. TASC Inc. made the data accessible to the evaluation team for use in its program evaluation, but the limits imposed by the missing data – even if common in evaluations presented in other deflection research - temper the face value of our reported data.[60] After 2024, TASC Inc. data managers worked closely with the evaluation team to make improvements. Through those efforts and as SI CERT became more established, program data quality improved. However, we continue to lack information on service engagement post-referral, in part due to data-sharing issues.[61] Deflection programs, in particular, face data privacy issues, including those involving private health records.[62] As we did in our evaluation, using triangulation methods to collect data helps in gathering high-quality data.

Conclusion

This process evaluation of SI CERT, a rural deflection program covering seven southern Illinois counties, explored the leadership team's perspectives, supplemented by program administrative data. We found that our mixed-methods data sources provided nuanced perspectives on participation, strengths, and challenges. The leadership team was supportive of the program and perceived it as helping their community by increasing access to essential services for those in need. Early technical assistance from TASC CHJ to the leadership team was highly valued for its program guidance. However, challenges included resource constraints, police buy-in, leadership team membership, and community visibility. Finally, there was a shared desire to expand the program's reach and address program barriers. By addressing issues and building on strengths,

the SI CERT program can further improve its effectiveness in deflecting individuals from the criminal justice system and connecting them with the services they need. Ultimately, the program can continue its contribution to improved public health and safety outcomes in rural Southern Illinois.

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