**Community-Law Enforcement Partnership Deflection Program**

**Proposal Narrative**

**Maximum 20 pages, one-inch margins, Times New Roman 12-point font, single spaced**

For both the Program Narrative and Assessment of Funding Priorities, please add your responses underneath each question. **Please write your responses in bold; do not delete the questions.**

**PART I: PROGRAM NARRATIVE (Total 90 points)**

**Complete the following table:**

**Program Summary (35 points)**

Please provide a clear, concise summary of the program you are looking to fund. This must include the identification of which model(s) your agency intends to implement.

1. Program model(s). Please describe the model(s) you are looking to implement as outlined in the Notice of Funding Opportunity. The response must demonstrate that you are maintaining fidelity to the model(s) selected.
   1. Program planning. Research indicates that completing planning activities before implementation can improve program success. Planning activities required under this grant include modifying or developing program policies and protocols; executing memorandums of understanding with service providers; training police officers and other relevant entities; and engaging in public awareness activities. Additional planning activities may also be needed specific to the model(s) selected (see Appendix II for a list of potential planning activities). Describe the planning activities that will be completed during the grant period for the model(s) selected, who will complete those activities, and the expected timeline of completion. If your agency has already completed all or some of the planning activities noted, describe what has been completed and what work is still needed (if any). (5 points)
   2. Funding. Identify which components of the program will be supported through CLEPD funding and how other program components (if any are funded through other monies) will be supported. (5 points)
   3. Program eligibility. List each models chosen. For **each model** chosen, please describe participant eligibility for your agency’s program and any reasons for program exclusion. (5 points)
   4. Anticipated number of participants. How many participants do you intend to serve in each model? If expanding a current program, please state how many individuals you currently serve and how many additional participants you plan to serve with these new funds). (5 points)
   5. Process, performance, and evaluation measures. Please identify who will be responsible for collecting and submitting data for process and performance measures related to the program for which you are seeking funding (per CLEPD Act requirements, see *Appendix IV* of Notice of Funding Opportunity). If also applying for funding for program evaluation, please indicate the person or persons who will be responsible, his/her qualifications, and what they will be asked to evaluate. (5 points)
   6. Program staff. Please list those staff who will be involved in the program. Specify which staff will be paid with ICJIA funds and which staff will be paid with other funds. Also include qualifications of individuals involved in the program (e.g. license), job responsibilities as it relates to this program, and who each staff reports to. Please do not include information about the person responsible for collecting and submitting data in your response. (5 points)
   7. Public information/awareness. Please describe the public information/awareness initiatives the agency (and other agencies, if applicable) intends to use to increase program visibility and communicate program information to the public. (5 points)

**Treatment Providers and Services (10 total points)**

1. Please indicate the treatment providers and other treatment and support services you intend to use.
2. Provide a description for what those organizations will offer to program participants (5 points).
3. Also provide who will assess individuals for appropriate level of care and how. (5 points)

**Implementation Schedule (15 total points)**

1. Please complete the implementation schedule below. Create reasonable steps for project development and operation and include the agencies and staff positions responsible for each step. Use job titles, such as, “police officer,” “program coordinator,” and “social worker.” Do not use personal names.

An *anticipated outcome* is the result, effect, or consequence that will occur from carrying out a program or activity that is related to a program goal or objective. Outcomes must be quantitative and may not necessarily be achievable within an assistance agreement funding period.

An *activity/output* is an activity or effort, and/or associated work products that are produced or provided over a specific period of time. Outputs may be quantitative or qualitative but must be measurable.

An example is provided.

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| **Anticipated outcome** | **Staff Position Responsible** | **Activity/Outputs** | **Date Due** |
| *Example: Hire 1 program coordinator* | *Administrative Assistant* | *Create job description, post job, interview candidates* | *January 30, 2019* |
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| Submit electronic quarterly data reports |  |  | Quarterly |
| Submit electronic Monthly/Quarterly fiscal reports |  |  | Monthly OR Quarterly |
| Submit Close-out material |  | ICJIA receives reports | August 1, 2022 |

**Project Management (10 total points)**

1. Please describe how the program will be managed and coordinated. (10 points)
2. Measuring success. Please describe how project success will be measured, detailing how and when data will be collected and reported. (2 points)
3. Coordination and supervision. Describe the collaboration that will occur between law enforcement, other first responders, treatment and service providers, community-based organizations, and the community at large. If proposing Model 5, include the prosecutor’s office. In addition, *grantees that choose Model #5 will be required to provide a Memorandum of Understanding from the prosecutor’s office within 30 days of the grant start date. If the program is occurring in in multiple jurisdictions, there must be a Memorandum of Understanding from each prosecutor’s office.* (2 points)
4. Please describe any potential barriers that you foresee in implementing (or expanding) your program and how they will be addressed. (2 points)
5. What other funding or resources have you/your program acquired to help operate and/or sustain the deflection program? (2 points)
6. How will the program sustain when CLEPD funds end, if awarded? (2 points)

**Goals, Objectives and Performance Metrics**

1. Complete the tables below. In the area marked with “XX”, you must provide a number or percentage you will strive to achieve. Additional objectives may be added as deemed appropriate for the program; however, they must be measurable and within the scope and goal of the program. (20 points)

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| **Goals for ALL Community-Law Enforcement Partnership Models:** Increase public safety and reduce the large social and economic cost of drugs use through treatment and service referrals. | |
| **Process Objectives** | **Performance Measures** |
| Hire Program Coordinator by the first month of the program. | * Program Coordinator hired |
| Develop and adopt XX protocols for deflection program by second month of the program. List protocols: | * Number of protocols adopted by second month of the program. |
| Develop and execute XX referral and treatment placement MOUs with substance use disorder treatment providers by second month of the program. List providers: | * Number of MOUs with substance use disorder treatment providers executed by second month of the program. |
| Train XX total first responders on the deflection program, Neuroscience of addiction for Law Enforcement; Medication assisted Treatment; Criminogenic Risk Need for Health & Safety; Why Drug Treatments Works; Eliminating Stigma for People with Substance -Use Disorders and Mental Health; Avoiding Racial Bias in Deflection Program; Promotion Racial and Gender Equity in Deflection; Working with Community Partnerships; and Deflection in Rural Communities | * Number of total first responders trained * List type of first responder(s) trained * List type of training provided |
| Train XX dispatch/911 staff on deflection program and substance use disorders by third month of the program. | * Number of dispatch/911 staff on deflection program by third month of the program. |
| Implement public information initiative(s) by the third month of the program. | * Types of public awareness initiatives by the third month of the program. |

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| **Additional Goals for Model 1: Post-Overdose:** Reduce opioid overdoses and overdose deaths. | |
| **Outcome Objectives** | **Performance Measures** |
| XX individuals administered naloxone at response to an opioid overdose. | * Number of individuals who were administered naloxone as a response to overdose. |
| Disperse XX naloxone kits to the individual, friends, and family of those at risk of overdose, if law enforcement agency is a DOPP or OEND. | * Number of naloxone kits distributed to individuals, friends, and family of individuals who have previously overdosed or who are at risk to overdose. |
| Offer assistance and treatment information to XX individuals *immediately* following an overdose, for those who are at risk for an overdose, or for that individual’s family and/or friends (i.e. immediate contact post-overdose). | * Number of handouts on treatment options provided to individual who had a recent overdose or who is at risk to overdose * Number of handouts on treatment options provided to individual’s (who had recent overdose or who is at risk to overdose) family and/or friends |
| Conduct follow-up outreach to XX individuals after overdose (i.e. rapid engagement). | * Number of individuals contacted/visited following an overdose |
| Assist XX individuals with substance use disorders to enroll in available insurance coverage for which they are eligible, if applicable. | * Number enrolled in available insurance coverage for which they are eligible. |
| Refer XX individuals to substance use disorder treatment and/or services. | * Number of individuals referred to inpatient facility. * Number of individuals referred to outpatient facility. * Number of individuals referred to a community-based provider. * Number of individuals referred to medical provider or Opiate Treatment Program (OTP). |
| XX individuals will successfully engage in substance use disorder treatment and/or services. | * Number of individuals engaged in treatment and/or services for a minimum of 30 days. |
| XX individuals referred to supportive services and/or additional treatment services (for issues other substance use). | * Number of individuals referred to supportive services and/or additional treatment services. |

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| **Additional Goals for Model 2: Self-Referral:** Increasing individuals’ access to treatment and services, helping to reduce drug overdose and death. | |
| **Outcome Objectives** | **Performance Measures** |
| Assist XX individuals in need of help with entry into substance use disorder treatment and/or services. | * Number of individuals referred to treatment and/or services. |
| Assist XX individuals with substance use disorders to enroll in available insurance coverage for which they are eligible, if applicable. | * Number enrolled in available insurance coverage for which they are eligible. |
| Refer XX individuals to substance use disorder treatment and/or services. | * Number of individuals referred to inpatient facility. * Number of individuals referred to outpatient facility. * Number of individuals referred to a community-based provider. * Number of individuals referred to medical provider or Opiate Treatment Program (OTP). |
| XX program participants will successfully engage in substance use disorder treatment and/or services. | * Number of individuals engaged in treatment and/or services for a minimum of 30 days. |
| XX program participants referred to supportive services and/or additional treatment services (for issues other substance use). | * Number of program participants referred to supportive services and/or additional treatment services. |

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| **Additional Goals for Model 3: Active Outreach.**  Engage citizens in need by conducting active outreach and referring to treatment. | |
| **Outcome Objectives** | **Performance Measures** |
| Refer XX individuals to treatment and/or services by race and ethnicity that is representative of the service area. | * Number of referrals by race and ethnicity |
| If applicable, XX multiple districts/agencies will make referrals. | * Number of districts/agencies making referrals |
| XX first responders will conduct outreach to make multiple referrals. | * Number of first responders making referrals * Number of referrals per first responder |
| XX amount of days will be spent on conducting outreach. | * Number of days each month spent on conducting outreach. |
| Assist XX individuals in need of help with entry into substance use disorder treatment and/or services. | * Number of individuals referred to treatment and/or services. |
| Assist XX individuals with substance use disorders to enroll in available insurance coverage for which they are eligible, if applicable. | * Number enrolled in available insurance coverage for which they are eligible. |
| Refer XX individuals to substance use disorder treatment and/or services. | * Number of individuals referred to inpatient facility. * Number of individuals referred to outpatient facility. * Number of individuals referred to a community-based provider. * Number of individuals referred to medical provider or Opiate Treatment Program (OTP). |
| XX individuals will successfully engage in substance use disorder treatment and/or services. | * Number of individuals engaged in treatment and/or services for a minimum of 30 days. |
| XX individuals referred to supportive services and/or additional treatment services (for issues other substance use). | * Number of individuals referred to supportive services and/or additional treatment services. |

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| **Additional Goals for Model 4: Community Engagement:**  Engage citizens in need, based on community calls for assistance (when criminal charges are not present). | |
| **Outcome Objectives** | **Performance Measures** |
| Refer XX individuals to treatment and/or services based on community call/contact. | * Number of community calls related to substance use * Number of referrals made |
| If applicable, XX multiple districts/agencies will make referrals. | * Number of districts/agencies making referrals |
| XX first responders will take community calls and make multiple referrals. | * Number of first responders taking community calls * Number of first responders making referrals * Number of referrals per first responder |
| Assist XX individuals in need of help with entry into substance use disorder treatment and/or services. | * Number of individuals referred to treatment and/or services. |
| Assist XX individuals with substance use disorders to enroll in available insurance coverage for which they are eligible, if applicable. | * Number enrolled in available insurance coverage for which they are eligible. |
| Refer XX individuals to substance use disorder treatment and/or services. | * Number of individuals referred to inpatient facility. * Number of individuals referred to outpatient facility. * Number of individuals referred to a community-based provider. * Number of individuals referred to medical provider or Opiate Treatment Program (OTP). |
| XX individuals will successfully engage in substance use disorder treatment and/or services. | * Number of individuals engaged in treatment and/or services for a minimum of 30 days. |
| XX individuals referred to supportive services and/or additional treatment services (for issues other substance use). | * Number of deflection clients referred to supportive services and/or additional treatment services. |

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| **Additional Goals for Model 5: Officer Intervention Response.**  Engage citizens in need by offering treatment in lieu of arrest, also known as pre-arrest diversion. | |
| **Outcome Objectives** | **Performance Measures** |
| XX individuals offered pre-arrest diversion program in lieu of arrest. | * Number of individuals encountered who are eligible for pre-arrest diversion * Number of individuals offered pre-arrest diversion program * Number of individuals who accept pre-arrest diversion program offer |
| Offer case management to XX individuals prior to treatment referral | * Number of individuals receiving case management |
| XX individuals offered pre-arrest diversion program by race and ethnicity that is representative of the service area | * Number of referrals by race and ethnicity |
| If applicable, XX multiple districts/agencies will offer program in lieu of arrest | * Number of districts/agencies making referrals |
| XX first responders will offer pre-arrest diversion program. | * Number of first responders making offering pre-arrest diversion program |
| Assist XX individuals in pre-arrest diversion program, who are in need of help, with entry into substance use disorder treatment and/or services through program. | * Number of individuals offered pre-arrest diversion program per first responder * Number of individuals referred to treatment and/or services. |
| Assist XX program participants to enroll in available insurance coverage for which they are eligible. | * Number of pre-arrest diversion program participants enrolled in available insurance coverage for which they are eligible. |
| XX substance use disorder treatment and/or services provided to those in the pre-arrest diversion program. | * Number of pre-arrest diversion program participants referred to inpatient facility. * Number of pre-arrest diversion program participants referred to outpatient facility. * Number of pre-arrest diversion program participants referred to a community-based provider. * Number of pre-arrest diversion program participants referred to medical provider or Opiate Treatment Program (OTP). |
| XX pre-arrest diversion program participants will successfully engage in substance use disorder treatment and/or services. | * Number of pre-arrest diversion program participants engaged in treatment and/or services for a minimum of 30 days. |
| XX pre-arrest diversion program participants offered supportive services and/or additional treatment services (for issues other substance use). | * Number of pre-arrest diversion program participants offered supportive services and/or additional treatment services. |

**PART II: ASSESSMENT OF FUNDING PRIORITIES**

Funding priority will be given to applicants that propose to serve geographic areas with resource needs based on: (1) demographic characteristics and (2) priority areas stated in the Community-Law Enforcement and Other First Responder Partnership for Deflection and Substance Use Disorder Treatment Act (the Act; 5 ILCS 820/1 et seq.) The Act states that “funding for deflection programs shall be prioritized for communities that have been impacted by the war on drugs, communities that have a police/community relations issue, and communities that have a disproportionate lack of access to mental health and drug treatment (5 ILCS 820/35(b)).”

Applicants are required to provide an assessment of the targeted geographic area. The purpose of the assessment is to establish resource need based on the funding priorities. The assessment is split into four parts, each devoted to a single funding priority. The four parts require applicants to provide a description of:

1. demographic characteristics (25 points);
2. the impact that the war on drugs has had on the targeted area (25 points);
3. police/community relations issues in the targeted area (25 points);
4. access to mental health and drug treatment in the targeted area, with emphasis on establishing a disproportionate lack of access (25 points).

Each part of the assessment is scored. Responses that receive high scores (maximum 25 points for each response) will effectively use data and information to establish resource needs.

Responses should include data to demonstrate the magnitude and frequency of the problem. Please be precise when making data-driven statements and state the data source. For example, the statement *“We have seen an increase in the number of drug overdoses in the past year.”* does not quantify the problem. A more specific statement, such as, *“In the target area, from 2016 to 2017, there was a 20% increase in drug overdoses from 10 to 12 drug overdoses based on data from the Illinois Department of Public Health”* helps clarify the extent of the problem being described.

Following the introduction of each assessment area, we provide potential data sources that applicants may use. It is not mandatory to use these data sources. Applicants may use additional data sources that are available to them. When using additional data sources, please cite the source and state why it is appropriate to demonstrate the problem.

Where possible, data should be used to describe the exact target area. For example, if a program targets a city, then effort should be made to describe the city as opposed to the county in which the city resides. However, should it not be possible to examine the exact target area, then please examine the smallest available level of geography that encompasses the target area.

In some instances, applicants may have access to data reports about the target area authored by third parties. These sources may be used but may not supplant original analysis of data sources as described above. The sources must be authored by a non-partisan, established research institution. The data described in the report must be recent.

For assessment area 3 (issues with police/community relations), quantitative data may not be available to applicants. To the extent that relevant data is available, it may be located in sensitive law enforcement records on, for example, citizen complaints. For assessment area 3, applicants may rely on qualitative, evidence-driven narrative. This requirement is described in more detail below, when assessment area 3 instructions are introduced.

1. **Please describe the geographic area(s) to be served by the program. A geographic area may be an administrative area with distinct boundaries (e.g, a city, community with distinct boundaries), a neighborhood with a commonly used name, or a set of north/south/east/west street boundaries. Where applicable and feasible, please be specific about service boundaries. (25 points);**

Describe the demographic characteristics of your service area. Report statistics including, but not limited to, total population, racial makeup, education, health, and median household income. Use demographic data to establish resource needs in the service area. To achieve this, it may be necessary to compare the service area to other geographic areas.

Potential data source:

[Illinois Census demographic statistics](https://www.census.gov/quickfacts/fact/table/IL/PST045219). These data are based on a variety of U.S. Census Bureau survey data and population estimates for all municipalities in the United States.

In the top left corner search bar, search for a geographic area to add it to the table and display demographic statistics.

1. **Describe how the war on drugs has impacted your targeted geographic area(s).**

Report data demonstrating that the war on drugs has impacted your service area. Potential data sources include arrest records from local law enforcement agencies (e.g., drug-related arrests) and prison/jail admission records from state or county facilities. These data can be used to comment on drug enforcement practices in the targeted geographic area(s). (25 points);

Potential data sources:

[Illinois State Police UCR drug arrest statistics](https://isp.illinois.gov/CrimeReporting/Cii2019). These data are reported to ISP by Illinois law enforcement agencies as part of the state UCR reporting program and include total counts and rates of drug arrests for each reporting law enforcement agency as well as for each county in Illinois.

Under “Report Datasets” at the bottom of the page, click “2019/2018 Index Crime Offense & Drug Arrest Data [xlsx format]” to download. For data variable descriptions, [click here](https://isp.illinois.gov/StaticFiles/docs/CrimeReporting/cii/cii19/ds/Index%20Crime%20&%20Drug%20Arrest%20Data%20Record%20Layout%20and%20Field%20Contents%20Description%20(pdf%20format).pdf).

[IDOC Admissions for New Court Sentences and Technical Violations.](https://icjia.illinois.gov/researchhub/datasets/idoc-admissions-for-new-court-sentences-and-technical-violations) These data are hosted by ICJIA and display breakdowns of data regarding admissions to IDOC by the type of offense.

Use the 2018 admissions data for applicable counties. Refer to the variables guide on the webpage for definitions of variables.

[IDOC Admissions for Drug Offenses, 2017](https://app.icjia.cloud/app_direct/prison-admissions-for-drug-offenses/). These data are hosted by ICJIA and display breakdowns of data regarding admissions to IDOC for drug offenses such as demographic and county characteristics.

1. **Describe any police/community relations issues in your targeted geographic area(s), and any current or future efforts intended to address these issues.** **(25 points);**

Provide narrative backed by data and/or anecdotal evidence that describes community relations with police. Describe any efforts your department is taking or planning to address these police-community relations issues.

Potential data source:

Given that police/community relations are less readily measurable through quantitative data, you may use anecdotal or qualitative examples to support your answer. This may include recent local events and/or examples based on professional experience that characterize the state of police/community relations in your targeted geographic area(s). If statistical measures such as citizen complaints against the police or police use of force are available, please report those as well to support your narrative response.

1. **Report the level of access to mental health and substance use treatment in your targeted geographic area(s). (25 points);**

Using a combination of narrative and statistical evidence, describe treatment access. Report the number of licensed clinics providing mental health and/or substance use disorder treatment, as well as medication-assisted treatment. Additionally, supplement this information by drawing on any experiences your organization may have regarding treatment accessibility in your targeted geographic area(s).

Potential sources:

[SAMSHA Treatment Locator Map](https://findtreatment.samhsa.gov/locator.html). This tool provides a geographical map of all licensed clinics known to SAMSHA providing behavioral health treatment services in the United States, as well as Illinois specifically.

Report the number of treatment facilities in your target area(s) by selecting the “SU & MH” and “Buprenorphine Practitioners” filters under “Service” and enter your organization’s address. Set the mile radius filter to include your intended service for service.

In order to describe the degree of access to treatment services for people in your targeted geographic area(s), you may also rely on experiences your organization may have had regarding this issue.

**Additional Questions**

**Total agency Budget:**

**GRANTOR CONTACT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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