**Community-Law Enforcement Partnership Deflection Program**

**Proposal Narrative**

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

Please add your narrative underneath each question. **Please write your responses in bold; do not delete the questions.**

Before initiating your application, gather data to assist with your problem statement and performance measures. These data may include Index crime and crime rate data from Illinois Uniform Crime Reports, the Illinois State Police Criminal History Record Information program, and federal and state threat assessment reports; hospital and treatment admission data; intelligence and informant data; and prosecutor, probation, and parole data. The key is to truly analyze the crime problems in your policing area and determine how your grant activities will impact goals and objectives.

1. Description of the Problem. Note: Please be precise when writing your problem statement. Stating, *“We have seen an increase in the number of drug overdoses in the past year.”* does not quantify a 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. Problem statements should include data to demonstrate the magnitude, frequency, and type of the problem you want to address. (12 total points)
2. Geographic area to be served. This should include population data and the urban/suburban/rural characteristics of the area, in addition to any other relevant descriptive information. Please note that multiple jurisdictions can work cooperatively on a proposed program, but must identify one agency to be the applicant. (1 Point)

**Response:**

1. Description of the substance use problem. This should be discussed in relation to the geographic area you are looking to serve, including trend data. This should include data to justify the extent of the problem within your area, including drug-related arrests, drug overdose data, and any other local data that may help describe the problem. Some crime data can be found at the following sites, but applicants can also use local data sources: *ICJIA website:* [*http://www.icjia.state.il.us/research/overview#tab\_research-tools*](http://www.icjia.state.il.us/research/overview#tab_research-tools) *ISP’s Crime in Illinois report:* [*http://www.isp.state.il.us/crime/cii2015.cfm*](http://www.isp.state.il.us/crime/cii2015.cfm) (8 Points)

**Response:**

1. Current strategies. Please explain strategies that your agency has already implemented to address the concern of substance use disorders in your area (which may or may not be related to deflection program strategies). State what successes and barriers have been encountered in implementing those strategies. (3 Points)

**Response:**

1. Program Summary. 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 (32 total points).
   1. Program model. 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. (8 points)

**Response:**

* 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)

**Response:**

* 1. Funding. Identify which components of the program that will be supported through CLEPD funding and how other program components (if any are funded through other monies) will be supported. (5 points)

**Response:**

* 1. Program eligibility. For each model chosen, please describe participant eligibility for your agency’s program and any reasons for program exclusion. (4 points)

**Response:**

* 1. 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). (2 points)

**Response:**

* 1. 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. (4 points)

**Response:**

* 1. 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. (2 points)

**Response:**

* 1. 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. (2 points)

**Response:**

1. Treatment providers and services. Please indicate the treatment providers and other treatment and support services you intend to use for referrals, as well as a description for what those organizations can offer to program participants (5 points). Additionally, please provide who will assess individuals for appropriate level of care and how. (5 points) *Note:* *Within two months of the start date, you will be required to provide letters of support and/or Memorandums of Understanding from each of the treatment providers and support service entities your agency intends to refer to for program participants.*

**Response:**

1. Implementation Schedule. 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. (5 points)

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 and fiscal reports** |  | **ICJIA receives reports** | **April 15, 2019**  **July 15, 2019** |
| **Submit Close-out material** |  | **ICJIA receives reports** | **August 1, 2019** |

1. Project Management. Please describe how the program will be managed and coordinated. (12 points)
2. Measuring success. Please describe how project success will be measured, detailing how and when data will be collected and reported. (4 points)

**Response:**

1. Coordination and supervision. Please describe how you intend to collaborate and coordinate with treatment and services providers, community-based organizations, the community at large, prosecutor’s office’s (Model 5), and other participating law enforcement agencies as part of the program you are looking to fund. (8 points) Note: If you are proposing to implement Model #5, your response must include how you will collaborate with the prosecutor’s office. In addition, *you 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.*

Response:

1. Please describe any potential barriers that you foresee in implementing (or expanding) your program and how they will be addressed. (5 points)

**Response:**

1. What other funding or resources have you/your program acquired to help operate and/or sustain the deflection program? How will the program sustain when CLEPD funds end, if awarded? (5 points)

**Response:**

1. Goals, Objectives and Performance Metrics

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. (5 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 officers on the deflection program and substance use disorders by third month of the program. | * Number of officers trained. * Number of officers on the police force. |
| 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 officers will conduct outreach to make multiple referrals. | * Number of officers making referrals. * Number of referrals per officer. |
| 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 officers will take community calls and make multiple referrals. | * Number of officers taking community calls. * Number of officers making referrals. * Number of referrals per officer. |
| 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 officers will offer pre-arrest diversion program. | * Number of officers 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 officer * 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 of 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. |
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**Note: This table must be filled out for any deflection program that is not listed in Models 1-5 above. Add additional lines as necessary.**

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| **Additional Goals for Model X.** | |
| **Outcome Objectives** | **Performance Measures** |
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