**Comprehensive Law Enforcement Response to Drugs**

**Proposal Narrative**

*Category 1: Deflection and Diversion Programs*

**Description**

Individuals face a range of obstacles preventing them from entering or gaining access to treatment, including lack of knowledge regarding access to services, shame and stigma, denial of SUD or substance misuse, costs and lack of insurance/Medicaid, transportation, treatment waiting lists, and prior negative treatment experiences.[[1]](#endnote-1) Some police agencies have implemented programs that attempt to reduce obstacles to accessing treatment. Two models are described below in the Notice of Funding Opportunity.

**Narrative Questions**

Please add your narrative to the questions listed below. Please 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.

**Program Summary**

1. Please provide a clear, concise summary of the program that you are proposing, including the problems or needs to be addressed and the outcomes to be gained.

**Problem Statement**

The statement of the problem is an important part of your application. Stating, *“We have seen an increase in arrests of heroin users in the target area over the past year,”* does not quantify a problem. A more specific statement, such as, *“We have increased the number of arrests of heroin users in the target area by 10 cases over the same period last year,”* 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.

Description of Service Area

1. Please list the geographic area to be served. Please note that multiple jurisdictions can work cooperatively on a proposed program, but must identify one agency to be the applicant.
2. Please provide the population and the urban/suburban/rural characteristics of the area to be served, as well as any other descriptive information relevant to the statement of need.

Current Status:

1. Please complete the following data table.

ICJIA website: <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>

Other information may be available through local county health departments.

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| **Data element** | **2014** | **2015** | **2016** |
| Number of misdemeanant drug users arrested |  |  |  |
| Number of felony drug users arrested |  |  |  |
| Number of misdemeanant drug users prosecuted |  |  |  |
| Number of felony drug users prosecuted |  |  |  |
| Average number of jail days served by misdemeanant drug users |  |  |  |
| Average number of jail days served by felony drug users |  |  |  |
| Number of drug using detainees requiring drug-related medical care |  |  |  |
| Number of drug users seeking treatment |  |  |  |
| Number of drug users accessing treatment through law enforcement referral |  |  |  |
| Average number of arrests per drug user |  |  |  |

1. What do these data tell you? For instance, does this information indicate a definite need for the project, growth in a particular area, or change in the situation over time?
2. Discuss other local data that demonstrates the scope of drug and drug-related crime problems not discussed in Questions #4 and #4A.
3. Please explain strategies already being implemented to address the stated need.

Unmet needs

1. Describe unmet needs in the area to be served.
2. Describe how the services and programs available in the service area meet current needs,  
   and why the jurisdiction lacks adequate resources to implement the program without JAG funding.

Project Implementation

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 names.

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| **Task** | **Staff Position Responsible** | **Date Due** |
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| Submit unified quarterly data report to the Authority. |  | October 15, 2017  January 15, 2018  April 15, 2018  July 15, 2018 |
| Complete BJA PMT reports through <https://bjapmt.ojp.gov>. |  | October 15, 2017  January 15, 2018  April 15, 2018  July 15, 2018 |
| Submit quarterly fiscal reports to the Authority. |  | October 15, 2017  January 15, 2018  April 15, 2018  July 15, 2018 |

1. Please describe the program to be funded, discussing each of the steps that will be necessary to build and operate the program.
2. Please detail which components of the program will be supported through JAG funding and how other program components will be supported.
3. Please describe how the proposed program meets the program requirements outlined on page four of the NOFO, and addresses best practices described in the resource materials.

**Goals, Objectives and Performance Indicators**

1. Projects funded through the Authority set goals and objectives that serve as performance benchmarks. These objectives are used to develop the data reports that are submitted to the Authority each quarter to determine project performance.

Agencies may propose implementing a Deflection program, or Diversion program, or both.

Complete chart(s) below for the program(s) proposed for funding by filling in the information marked with XX. 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

More information on goals, objectives, and performance measures is available on the Authority website at: <http://www.icjia.state.il.us/assets/pdf/FSGU/Goals_Objectives_and_Performance_Measures_2012.pdf>

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.

**Deflection Programs**

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| **Goal:** Increase public safety and reduce the large social and economic cost of drugs use through the use of treatment over incarceration for low-level offenders. | |
| **Process Objectives** | **Performance Measures** |
| Hire Deflection Program Coordinator by the first month of the program. | * Month Deflection Coordinator is hired. |
| Develop and adopt protocol for deflection of low level drug offenders by second month of the program. | * Month deflection protocol is adopted. |
| Develop and execute referral and treatment placement MOU with substance abuse treatment providers by second month of the program. | * Month referral and treatment placement MOU is executed. |
| Train 100% of officers on the deflection program by third month of the program. | * Percentage of officers trained on deflection by the third month of the program. * Month 100% of officers are trained on the deflection program. |
| Train 100% of dispatch/911 staff on deflection program by third month of the program. | * Percentage of dispatch/911 staff trained on deflection by the third month of the program. * Month 100% of dispatch/911 staff are trained on the deflection program. |
| Implement public information initiative by the third month of the program. | * Month public information initiative is implemented. |
| Deflect XXX drug users from arrest to treatment. | * Number of drug users referred to deflection program. * Number of drug users requesting deflection program participation. * Number of drug users deflected from arrest to treatment. |
| Assist 100% of drug users to enroll in available insurance coverage for which they are eligible. | * Number of deflection program participants screened for insurance eligibility. * Number of deflection program participants assisted with insurance enrollment. |
| **Outcome Objectives** | **Performance Measures** |
| XXX% of deflection clients will successfully exit substance abuse treatment. | * Percentage of deflection clients successfully. |
| XX% of deflection clients referred to aftercare. | * Percentage of deflection clients referred to aftercare. |
| Reduce new law enforcement contact with deflection clients by XXX %. | * Number of deflection clients with new law enforcement contact * Number of deflection clients arrested. |

**Diversion Programs**

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| **Goal:** Increase public safety and reduce the large social and economic cost of drugs use through the use of treatment over incarceration for low-level offenders. | |
| **Process Objectives** | **Performance Measures** |
| Hire Diversion Program Coordinator by the first month of the program. | * Month Diversion Coordinator is hired. |
| Develop and adopt protocol for diversion of low level drug offenders by second month of the program. | * Month diversion protocol is adopted. |
| Develop and execute referral and treatment placement MOU with substance abuse treatment providers by second month of the program. | * Month referral and treatment placement MOU is executed. |
| Train 100% of officers on the diversion program by third month of the program. | * Percentage of officers trained on diversion by the third month of the program. * Month 100% of officers are trained on the diversion program. |
| Train 100% of prosecutors on diversion program by third month of the program. | * Percentage of prosecutors trained on diversion by the third month of the program. * Month 100% of prosecutors are trained on the diversion program. |
| Divert XXX drug users from arrest to treatment. | * Number of drug users referred to diversion program. * Number of drug users requesting diversion program participation. * Number of drug users diverted from arrest to treatment. |
| Assist 100% of drug users to enroll in available insurance coverage for which they are eligible. | * Number of diversion program participants screened for insurance eligibility. * Number of diversion program participants assisted with insurance enrollment. |
| **Outcome Objectives** |  |
| XXX% of diversion clients will successfully exit substance abuse treatment. | * Percentage of diversion clients successfully. |
| XX% of diversion clients referred to aftercare. | * Percentage of diversion clients referred to aftercare. |
| XX% of diversion clients will successfully completing diversion program. | * Percentage of diversion clients successfully completing diversion program. |
| Reduce new law enforcement contact with diversion clients by XXX %. | * Number of diversion clients with new law enforcement contact * Number of diversion clients re-arrested. |

1. Please describe how each objective will be accomplished.

**Project Management**

1. Please describe how project success will be measured, detailing how and when data will be collected and reported.
2. Please describe your plan for coordination and supervision of the project activities.
3. Please describe any potential barriers that you foresee and how they will be addressed.
4. Discuss a plan to sustain the program when federal funding ends.

1. Appel, P. W., Ellison, A. A., Jansky, H. K., & Oldak, R. (2004). Barriers to enrollment in drug abuse treatment and suggestions for reducing them: Opinions of drug injecting street outreach clients and other system Stakeholders. *The American Journal of Drug and Alcohol Abuse*, *30*(1), 129–153. [↑](#endnote-ref-1)