

COMMUNITY PARTNERSHIP FOR DEFLECTION AND SUBSTANCE USE DISORDER TREATMENT 2
INSTRUCTIONS
NOFO # 1705 - 2830

Task	Date
NOFO & Technical Assistance Recording posted	June 25, 2024
Notice of Intent due	July 22, 2024
NOFO question submission deadline	July 22, 2024
Applications due	5:00 p.m., July 30, 2024
Budget Committee review/approval of recommended designations	August 29, 2024
Performance Period	September 1, 2024 to June 30, 2025

CHECKLIST

Prior to application due date:

- [Obtain a Unique Entity ID #](#)
- [Register with the System for Award Management \(SAM\)](#)
- [Apply for, update or verify the Employer Identification Number \(EIN\)](#)
- [Complete registration in the Grantee GATA Portal](#)
- Maintain in “Good” standing with all GATA pre-qualification requirements

Submission Checklist:

- Uniform Application for State Grant Assistance
 - Submitted in PDF (signed and scanned)
 - Submitted in a Word file
- Program Narrative –Do not change the format of this document.
 - Submitted in a Word file
- Budget/Budget Narrative
 - Submitted in Excel format (no signatures required for this document at this time)

Uniform Notice for Funding Opportunity (NOFO)
Community Partnership for Deflection and Substance Use Disorder Treatment 2
NOFO # 1705-2830

	Data Field	
1.	Awarding Agency Name:	Illinois Criminal Justice Information Authority (ICJIA)
2.	Agency Contact:	Michael Lynch Strategic Project Administrator Illinois Criminal Justice Information Authority 60 E Van Buren Street, Suite 650 Chicago, IL 60605 Michael.Lynch@Illinois.gov (312) 814-8244
3.	Announcement Type:	<input checked="" type="checkbox"/> Initial announcement <input type="checkbox"/> Modification of a previous announcement
4.	Type of Assistance Instrument:	Grant
5.	Funding Opportunity Number:	1705-2830
6.	Funding Opportunity Title:	Community Partnership for Deflection & Substance Use Disorder Treatment 2
7.	CSFA Number:	546-00-1705
8.	CSFA Popular Name:	CP
9.	CFDA Number(s):	N/A
10.	Anticipated Number of Awards:	2
11.	Estimated Total Program Funding:	\$325,801
12.	Award Range	\$75,000 – \$145,833
13.	Source of Funding:	<input type="checkbox"/> Federal or Federal pass-through <input checked="" type="checkbox"/> State
14.	Cost Sharing or Matching Requirement:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Indirect Costs Allowed Restrictions on Indirect Costs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Posted Date:	06/25/2024
17.	Application Range:	06/25/2024-07/30/2024
18.	Technical Assistance Session:	Session Offered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Session Mandatory: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No It is recommended that applicants view the recorded technical assistance. https://illinois.webex.com/illinois/ldr.php?RCID=8a2bd13f66a816ce32a66087da2ab9a6

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Notice of Funding Opportunity

Community Partnership for Deflection and Substance Use Disorder Treatment

A. Program Description

Opioid use disorders, overdoses, and deaths are persistent and growing concerns in communities across Illinois. These concerns compound existing challenges to adequately address and manage substance use and mental health disorders. Local government agencies, law enforcement officers, other first responders and co-responders have a unique opportunity to facilitate connections with those in need to community-based services, including case management and mental and behavioral health interventions that provide harm reduction or substance use treatment and can help save and restore lives and reduce drug use, overdose incidence, criminal offending, and recidivism. These services also help prevent arrest and conviction records that destabilize health, families, and opportunities for community connection and self-sufficiency. These efforts are bolstered when pursued in partnership with licensed behavioral health treatment providers and community members or organizations.

The Community Partnership for Deflection and Substance Use Disorder Treatment Act (Public Act 103-0361) authorizes the Illinois Criminal Justice Information Authority to fund law enforcement agencies, or other first responder entities, or local government agencies for services provided by deflection program partners as part of deflection programs subject to subsection (d) of Section 15 of this Act. The SFY24 Illinois State Budget appropriated \$1 million from the General Revenue Fund to the Illinois Criminal Justice Information Authority for this purpose.

1. Purpose

This funding opportunity is for grants to law enforcement, other first responders, and local government agencies to develop and implement collaborative deflection programs in Illinois. These programs offer immediate pathways to substance use treatment and other services as an alternative to traditional case processing and involvement in the criminal justice system, and to unnecessary admission to emergency departments.

2. Program Design

Deflection programs are programs in which a peace officer or member of a law enforcement agency, other first responder, or local government agency facilitates contact between an individual and a licensed substance use treatment provider, clinician, or case management agency for assessment and coordination of treatment planning. Deflection programs include co-responder approaches that incorporate behavioral health, peer, or social work professionals with law enforcement or other first responders at the scene. Facilitation includes defined criteria for eligibility and communication protocols agreed to

by the law enforcement agency or other first responder entity and the licensed treatment provider or case management agency. With the purpose of providing substance use treatment or care collaboration to those persons in lieu of arrest or further justice system involvement, or unnecessary admissions to the emergency department.

For information on the pathways and implementation, see:

- Comprehensive Opioid, Stimulant, and Substance Abuse Program. (2023). [The Six Pathways: Frameworks for Implementing Deflection to Treatment, Services, and Recovery](#). Bureau of Justice Assistance.
- Comprehensive Opioid, Stimulant, and Substance Abuse Program. (2020). [Critical Elements of Successful First Responder Diversion Programs](#). Bureau of Justice Assistance.
- TASC, Center for Health and Justice. (2021). [Report of the National Survey to Assess First Responder Deflection Programs in Response to the Opioid Crisis](#). Chicago, IL: Bureau of Justice Assistance.
- Labriola, M. M., Peterson, S., Taylor, J., Sobol, D., Reichert, J., Ross, J., Charlier, J., & Juarez, S. (2023). [A multi-site evaluation of law enforcement deflection in the united states](#). RAND Corporation.

Community Partnership Models

Applicants may apply for funding for one or more of the five models, and/or similar types of deflection models. All deflection efforts, including those described in these models, are bolstered when pursued in partnership with licensed behavioral health treatment providers and community members or organizations. The five models are outlined below:

Model 1 – Post-Overdose Response

A post-overdose deflection response is initiated by a peace officer or law enforcement agency subsequent to emergency administration of medication to reverse an overdose, or in cases of severe substance use disorder with acute risk for overdose. The post-overdose response may be multi-disciplinary and may include the distribution of naloxone, in-person contact, relationship building, and access to treatment. Example: Quick Response Team

For more information on the Post-Overdose Response, see:

- Reichert, J., & Charlier, J. (2021). [Introduction: Deflection: police-led responses to behavioral health challenges](#). Illinois Criminal Justice Information Authority.

Model 2 – Self-Referral Response

A self-referral deflection response is initiated by an individual by contacting a peace officer, law enforcement agency, other first responder, or local government agency in the acknowledgment of their substance use or disorder. Program examples: Safe Passage, A Way Out

For more information on the Self-Referral Response, see:

- Reichert, J. (2017). [Combating the opioid crisis with treatment not arrest: An examination of an emerging police model](#). *Translational Criminology*, 13, 13-15.
- TASC, Center for Health and Justice. (2017). [Pre-arrest diversion/deflection frameworks: A decision making tool for police leaders](#). Chicago, IL: Author.
- [The Police Assisted Addiction and Recovery Initiative](#)
- Reichert, J., Gleicher, L., Mock, L., Adams, S., & Lopez, K. (2017). [Police led referrals to treatment for substance use disorders in rural Illinois: An examination of the Safe Passage Initiative](#). Illinois Criminal Justice Information Authority.
- [A Way Out](#)
- [Law Enforcement Assisted Diversion \(LEAD\)](#) - LEAD can be used in an outreach, self-referral, or officer intervention framework.

Model 3 – Active Outreach Response

A active outreach deflection response is initiated by a peace officer, law enforcement agency, other first responder, or local government agency as a result of proactive identification of persons thought likely to have a substance use disorder or untreated or undiagnosed mental illness.

For more information on the Active Outreach Response, see:

- [Law Enforcement Assisted Diversion \(LEAD\)](#) - LEAD can be used in an outreach, self-referral, or officer intervention framework.
- Comprehensive Opioid, Stimulant, and Substance Abuse Program. (2022). [Law Enforcement and First Responder Deflection Pathways to Deflection Case Studies Series](#). Bureau of Justice Assistance.
- Comprehensive Opioid, Stimulant, and Substance Abuse Program. (2023). [Critical elements for implementing active outreach deflection programs](#). [Power point slides]. Bureau of Justice Assistance.

Model 4 – Community Initiated Response

A Community Initiated Response is a prevention deflection response initiated by a peace officer, law enforcement agency, or local government agency in response to a community call when no criminal charges are present.

For more information on Community Initiated Response, see:

- Reichert, J., & Gleicher, L. (2017). [Rethinking law enforcement's role on drugs: Community drug intervention and diversion efforts](#). Illinois Criminal Justice Information Authority.

Model 5 – Officer Intervention Response

A officer intervention response is initiated by an officer during routine activities, such as patrol or response to a service call during which a referral to treatment, to services, or to a case manager is made in lieu of arrest.

For more information on Officer Intervention Response, see:

- Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). (2023). [Law enforcement and first responder deflection pathways to deflection case studies series: first responder and officer referral pathway.](#)
- Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). (2023). [Critical elements for implementing first responder and officer referral deflection programs.](#) [Webinar]. Bureau of Justice Assistance.
- [Civil Citation Network](#)
- [Law Enforcement Assisted Diversion \(LEAD\)](#) - LEAD can be used in an outreach self-referral, or officer intervention framework.
- [Stop, Triage, Engage, Educate and Rehabilitate \(STEER\)](#)

Other models

In addition to the five models above, applicants may develop and propose a deflection program response based on a model unique and responsive to local issues, substance use or mental health needs, and partnerships, using sound and promising or evidence-based practices. A literature review and links to the model should be included in the application.

Other Definitions

Case management includes services based on evidence-based practices, including harm reduction and motivational interviewing, to assist persons in gaining access to social, educational, medical, substance use and mental health treatment, and other services.

Community member or organizations are individual volunteers, residents, public offices, not-for-profit organization, religious institution, charitable organization, or other public body committed to the improvement of individual and family mental and physical well-being and the overall social welfare of the community. These individuals may include persons with lived experience in recovery from substance use disorder.

Other first responders include emergency medical services providers that are public units of government, fire departments and districts, and officials and responders representing and employed by these entities.

Harm reduction means a reduction of, or attempt to reduce, the adverse consequences of substance use, including addressing the substance use and conditions that give rise to the substance use. Harm reduction includes, but is not limited to, syringe service programs, naloxone distribution, and public awareness campaigns about the Good Samaritan Act.

Law enforcement agencies are municipal police departments or county sheriff's offices, the Illinois State Police, or other law enforcement agency whose officers, by statute, are granted and authorized to exercise powers similar to those conferred upon any peace officer employed by a law enforcement agency.

Licensed treatment providers work at organizations licensed by the Illinois Department of Human Services (IDHS) to perform an activity or service or a coordinated range of those activities or services established by IDHS, such as the broad range of emergency, outpatient, intensive outpatient, and residential services and care. This includes assessment, diagnosis, case management, medical, psychiatric, psychological and social services, medication-assisted treatment, care and counseling, and recovery support, which may be extended to persons to assess or treat substance use disorder or to families of those persons.

Local government agencies include county, municipal, or township offices, state's attorney's and public defender's offices, and local health departments.

Peace officers are members of any duly organized state, county, or municipal peace officer unit, any police force of another state, or any police force whose members, by statute, are granted and authorized to exercise powers similar to those conferred upon any peace officer employed by a law enforcement agency of this State.

Substance use disorders include a pattern alcohol or other drug use leading to clinical or functional impairment, in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM-5) definitions.

Treatment includes a broad range of emergency, outpatient, intensive outpatient, and residential services and care (including assessment, diagnosis, case management, medical, psychiatric, psychological and social services, medication-assisted treatment, care and counseling, and recovery support), which may be extended to persons who have substance use disorders, persons with mental illness, or families of those persons.

3. Program Requirements

Applicants shall establish a local deflection program plan that includes protocols and procedures for participant identification, screening or assessment, case management, treatment facilitation, reporting, restorative justice, and ongoing involvement of the law enforcement agency. Licensed substance use disorder treatment organizations shall adhere to 42 CFR Part 2 regarding confidentiality regulations for information exchange or release¹. Substance use disorder treatment services shall adhere to all regulations specified in IDHS Administrative Rules, Parts 2060 and 2090².

Deflection program planning shall include the involvement of one or more licensed treatment programs and one or more community members or organizations.

A deflection program organized and operating with funding through this opportunity may accept, receive, and disburse, in furtherance of its duties and functions, any funds, grants,

¹ [eCFR :: 42 CFR Part 2 -- Confidentiality of Substance Use Disorder Patient Records](#)

² [IDHS: Administrative Rules \(state.il.us\)](#)

and services made available by the State and its agencies, the federal government and its agencies, units of local government, and private or civic sources.

Employees of the law enforcement agency, or other first responder entity, or local government agency who are participating in programs that receive funding shall be trained in:

- Neuroscience of addiction for law enforcement.
- Medication-assisted treatment.
- Criminogenic risk-need for health and safety.
- Why drug treatment 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.
- Deflection in rural communities.
- Harm reduction.

Specific linkage agreements with recovery support services or self-help entities may be a requirement of program services protocols. All deflection programs shall encourage the involvement of key family members and significant others as a part of a family-based approach to treatment. All deflection programs are encouraged to use evidence-based practices and outcome measures in the provision of case management, substance use disorder treatment, and medication-assisted treatment for persons with opioid use disorders.

4. Goals and Performance Metrics

Funded programs will be required to submit quarterly periodic performance reports that will minimally include the required performance metrics detailed below. Applicants will be asked to complete the table by entering ambitious yet realistic numbers in the areas marked with “XX” for each goal that their program will address and its corresponding process objectives. Applicants may define additional objectives and performance to reflect project performance.

Goals for ALL Community 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 – date 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 program staff 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 of Racial and Gender Equity in Deflection; Working with Community Partnerships; Deflection in Rural Communities: and, Harm Reduction.	➤ Number of total program staff trained ➤ List type of program staff 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.	➤ List types of public awareness initiatives by the third month of the program. ➤ Date initiative was implemented.

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 <i>immediately</i> 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.	<ul style="list-style-type: none"> ➤ 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.

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.	<ul style="list-style-type: none"> ➤ 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.

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 program staff will conduct outreach to make multiple referrals.	➤ Number of program staff making referrals ➤ Number of referrals per staff member
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.	<ul style="list-style-type: none"> ➤ Number of community calls related to substance use ➤ Number of referrals made
If applicable, XX multiple districts/agencies will make referrals.	<ul style="list-style-type: none"> ➤ Number of districts/agencies making referrals
XX program staff will take community calls and make multiple referrals.	<ul style="list-style-type: none"> ➤ Number of program staff taking community calls ➤ Number of program staff making referrals ➤ Number of referrals per staff member
Assist XX individuals in need of help with entry into substance use disorder treatment and/or services.	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ Number enrolled in available insurance coverage for which they are eligible.
Refer XX individuals to substance use disorder treatment and/or services.	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ 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).	<ul style="list-style-type: none"> ➤ Number of deflection clients referred to supportive services and/or additional treatment services.

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.	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ Number of individuals receiving case management
XX individuals offered pre-arrest diversion program by race and ethnicity that is representative of the service area	<ul style="list-style-type: none"> ➤ Number of referrals by race and ethnicity
If applicable, XX multiple districts/agencies will offer program in lieu of arrest	<ul style="list-style-type: none"> ➤ Number of districts/agencies making referrals
XX program staff will offer pre-arrest diversion program.	<ul style="list-style-type: none"> ➤ Number of program staff 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.	<ul style="list-style-type: none"> ➤ Number of individuals offered pre-arrest diversion program per staff member ➤ Number of individuals referred to treatment and/or services.
Assist XX program participants to enroll in available insurance coverage for which they are eligible.	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ 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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5. Priorities

As outlined in the Community Partnership for Deflection and Substance Use Disorder Treatment Act. (HB3819, Public Act 103-0361), these grant funds are intended to help save and restore lives; help reduce drug use, overdose incidence, criminal offending, and recidivism; and help prevent arrest and conviction records that destabilize health, families, and opportunities for community connection and self-sufficiency.

B. Funding Information

1. Award period

Grant awards resulting from this opportunity will have a target period of performance of September 1, 2024, to June 30, 2025. Please note this is for ten months of funding. Additional funding of up to 24 months may be awarded after the initial funding period, contingent upon satisfactory performance and availability of funds. Total funding for the grant program will not exceed 34 months.

2. Available Funds

A total of \$325,801 in funding is available through this solicitation. Applicants may request a minimum of \$75,000 and a maximum of \$145,833.

Agreements that result from this funding opportunity are contingent upon and subject to the availability of funds.

C. Eligibility Information

Before applying for any grant, all entities must be registered through the Grant Accountability and Transparency Act (GATA) Grantee Portal at www.grants.illinois.gov/portal and in Good Standing for all pre-qualification requirements. During the open application period, a pre-qualification verification is performed in the GATA Implementation Website, this includes checking SAM.gov registration, Illinois Secretary of State standing, and status on Illinois Stop Payment List. The GATA Portal will indicate a “Good Standing” status or state the issue and steps on how to achieve “Good Standing”.

Applicants are also required to submit and obtain approval of a financial and administrative risk assessment utilizing an Internal Controls Questionnaire (ICQ) before execution of the grant agreement. Delay in obtaining ICQ approval will result in a delay in grant execution.

Applicants must be pre-qualified to do business with the State of Illinois.

1. Eligible Applicants

This solicitation is open to Illinois municipality, county, and state government agencies, law enforcement agencies, and other first responders that are public units of government. Private and non-profit entities are not eligible to apply.

A law enforcement agency, other first responder entity, or local government agency may establish a deflection program in partnership with one or more licensed providers of substance use disorder treatment services and one or more community members or organizations. Programs established by another first responder entity or a local government agency shall also include a law enforcement agency.

2. Cost Sharing or Matching

There is no matching or cost-sharing requirement.

3. Indirect Cost Rate

In order to charge indirect costs to a grant, the applicant organization must either have an annually negotiated indirect cost rate agreement (NICRA) or elect to use a standard *de minimis* rate. There are three types of allowable indirect cost rates:

- a) Federally Negotiated Rate. Organizations that receive direct federal funding, may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate.
- b) State Negotiated Rate. The organization may negotiate an indirect cost rate with the State of Illinois if they do not have a Federally Negotiated Rate. If an organization has not previously established an indirect cost rate, an indirect cost rate proposal must be submitted through the State of Illinois' centralized indirect cost rate system in the GATA Grantee Portal. If an organization previously established an indirect cost rate, the organization must annually submit a new indirect cost proposal through the GATA Grantee Portal system within the earlier of: six (6) months after the close of the grantee's fiscal year; and three (3) months of the notice of award.
- c) De Minimis Rate. An organization that has never negotiated an indirect cost rate with the Federal Government or the State of Illinois is eligible to elect a *de minimis*

rate of 10% of modified total direct cost (MTDC). Once established, the *de minimis* Rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the *de minimis* rate.

Grant fund recipients are required to complete the indirect cost rate proposal process every fiscal year. If you plan to include indirect costs in your budget, please select your indirect cost rate through the GATA Grantee portal prior to submitting your grant documents to ICJIA.

Grantees have discretion and can elect to waive payment for indirect costs. Grantees that elect to waive payments for indirect costs cannot be reimbursed for indirect costs. The organization must record an election to “Waive Indirect Costs” into the GATA Grantee Portal. Indirect Cost election must be completed annually, for every entity’s fiscal year. More information regarding the indirect cost election process can be found [here](#).

D. Application and Submission Information

1. Accessing Application Package

Application documents must be obtained at <https://icjia.illinois.gov/grants/funding/> by clicking on the link titled “Community Partnership for Deflection and Substance Use Disorder Treatment.” Paper copies of the application materials may be requested from Michael Lynch by calling (312) 814-8244; mailing Michael Lynch, 60 E Van Buren Street, Suite 650, Chicago, Illinois 60605; or via Telephone Device for the Deaf (TDD) (312)793-4170. Applications, however, may only be submitted via email to: CJA.CP@illinois.gov.

2. Content and Form of Application Submission

a) Notice of Intent.

Agencies interested in applying are strongly encouraged to complete an online Notice of Intent form by 5:00 p.m. on July 22, 2024. Submission of a Notice of Intent is nonbinding and will be used to verify applicant has met all GATA pre-qualification requirements. Upon receipt of a Notice of Intent, ICJIA will offer technical assistance to agencies which have not yet demonstrated GATA compliance.

Those who do not submit a Notice of Intent by the deadline may not receive technical assistance on GATA compliance, thereby risking grant ineligibility.

The online Notice of Intent is available at:

https://icjia.az1.qualtrics.com/jfe/form/SV_9TQpCpoTy2cLKUm

b) Forms and Formatting.

Completed applications must be emailed to CJA.CP@illinois.gov. The applicant agency name should appear in the Subject line of the email. Each document attached to the email must be submitted in the manner and method described below. Applications that are missing pages or documents will be rejected.

Document	Document Name	PDF	Word	Excel
Uniform Application for State Grant Assistance – This form must be completed, signed, and scanned. Provide in PDF and Word formats.	<i>“Agency Name – Application”</i>	X	X	
Program Narrative – This document must meet the requirements outline in Section A. Do not change the format of this document.	<i>“Agency Name – Program Narrative”</i>		X	
Budget/Budget Narrative – This document is an Excel workbook, with several pages (tabs). The last tab has instructions if clarification is needed.	<i>“Agency Name – Budget”</i>			X

c) Application Formatting

Program Narratives may not exceed 35 pages (and must be written in Calibri size 12 font. Do not delete template questions in your response.

3. Unique Entity Identification Number (UEI) and System for Award Management (SAM)

Applicants are required to:³

- a) Be registered in SAM before submitting its application. To establish a SAM registration, go to <http://www.SAM.gov/SAM>.
- b) Provide a valid Unique Entity Identification Number. Unique Entity Identifier (UEI) is now the primary means of identifying entities registered for federal awards government-wide in the [System for Award Management \(SAM\)](#).

If your entity is already registered in SAM, it has been assigned a UEI. Instructions regarding the migration from DUNS to UEI have been posted in the [GATA website](#).

³ Exempt from these requirements are individuals or agencies under 2 CFR § 25.110(b) or (c) and those with an exception approved by the federal or state awarding agency under 2 CFR § 25.110(d).

- c) Continue to maintain an active SAM registration with current information while it has an active award or application under consideration. ICJIA may not make a federal pass-through or state award to an applicant until the applicant has complied with all applicable SAM requirements. If an applicant has not fully complied with the requirements by the time ICJIA is ready to make an award, ICJIA may determine that the applicant is not qualified to receive an award, and may use that determination as a basis for making a state award to another applicant.

4. Submission Dates, Times, and Method

Completed application materials must be received by and in possession of the email address CJA.CP@Illinois.gov by 5:00 p.m. (CST), July 30, 2024, to be considered for funding. Upon receipt, an automated confirmation receipt will be emailed. Proposals will not be accepted by mail, fax, or in person. Late or incomplete submissions will not be reviewed, including email submissions delayed due to state email security clearance. Agencies are encouraged to submit their applications 72 hours in advance of the deadline to avoid unforeseen technical difficulties. Technical difficulties should be reported immediately to ICJIA at CJA.CP@Illinois.gov.

5. Application Questions

Questions may be submitted via email at CJA.CP@Illinois.gov. The deadline for submitted questions is 5:00 p.m. (CST) on July 22, 2024. All substantive questions and responses will be posted on the ICJIA website at <https://icjia.illinois.gov/gata>. Due to the competitive nature of this solicitation, applicants may not discuss the opportunity with any ICJIA employee other than via this email address.

6. Funding Restrictions

- a) Federal Financial Guide. Applicants must follow the current edition of the Department of Justice Grants Financial Guide which details allowable and unallowable costs is available at: https://ojp.gov/financialguide/doj/pdfs/DOJ_FinancialGuide.pdf. Costs may be determined to be unallowable even if not expressly prohibited in the Federal Financial Guide.
- b) Prohibited Uses. The following is a non-exhaustive list of services, activities, goods, and other costs that cannot be supported through this NOFO:
- Land acquisition
 - New construction
 - A renovation, lease, or any other proposed use of a building or facility that will either result in a change in its basic prior use or significantly change its size

- Minor renovation or remodeling of a property either listed or eligible for listing on the National Register of Historic Places or located within a 100-year flood plain
- Implementation of a new program involving the use of chemicals
- Capital expenditures
- Fundraising activities
- Most food and beverage costs
- Lobbying
- Vehicle purchases

c) Allowable expenses. All expenses must reasonable, necessary, and allocable to the program. The following is a non-exhaustive list of services, activities, goods, and other costs that can be supported through this NOFO:

- Planning Activities as outlined in *Appendix A*.
- Activities related to program administration, coordination, or management, including, but not limited to, the development of collaborative partnerships with licensed treatment providers and community members or organizations.
- Case management including case management provided prior to assessment, diagnosis, and engagement in treatment, as well as assistance navigating and gaining access to various treatment modalities and support services.
- Peer recovery or recovery support services that include the perspectives of persons with the experience of recovering from a substance use disorder, either personally or as family members.
- Training topics defined on page 9 of this NOFO
- Transportation to a licensed treatment provider or other program partner location.
- Program evaluation activities.
- Naloxone and related harm reduction supplies necessary for carrying out overdose prevention and reversal for purposes of distribution to program participants or for use by law enforcement, or other first responders, or local government agencies.
- Treatment necessary to prevent gaps in service delivery between linkage and coverage by other funding sources when otherwise non-reimbursable
- Wraparound participant funds to be used to incentivize participation and meet participant needs. Eligible items include, but are not limited to, clothing, transportation, application fees, emergency shelter, utilities, toiletries, medical supplies, haircuts, and snacks. Food and drink is allowed if it is necessary for the program's success where it incentivizes participation in case management or addresses an emergency need as a bridge to self-sufficiency when other sources of emergency food are not available.

- d) Pre-Award Costs. No costs incurred before the start date of the grant agreement may be charged to awards resulting from this funding opportunity.
- e) Pre-approvals. Prior approvals may affect project timelines. Submission of materials for ICJIA approval should be incorporated into the application Implementation Schedules. ICJIA may require prior approval of the following:
- Out-of-state travel
 - Certain Requests for Proposals, procurements, and sub-contracts
 - Conference, meeting, and training costs
- f) State Travel Guidelines. travel costs charged to ICJIA must conform to State Travel Guidelines, found here: <https://www2.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx>. Out-of-state hotel rates are based on the General Service Administration (GSA) guidelines found here: <https://www.gsa.gov/travel/plan-book/per-diem-rates>. Applicant agencies with lower cost travel guidelines than the State of Illinois must use those lower rates.
- g) Supplanting. Grant funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. If grant funds will be used for the expansion of an existing program, applicants must explain how proposed activities will supplement, not supplant, current program activities and staff positions. Agencies may not deliberately reduce local, federal, state funds, or other funds because of the existence of these grant funds. A written certification may be requested by ICJIA stating that these funds will not be used to supplant other state, local, federal, or other funds.
- Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the applicant or grantee will be required to supply documentation demonstrating that the reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds.
- h) Proposed Subawards and Subcontracts. Applicants may propose to enter into subawards or subcontracts under this award, each of which involve different rules and applicant responsibilities. A subaward carries out a portion of the grant agreement while a contract is often for obtaining goods and services for the grantee's own use. (44 Ill. Admin Code 7000.240). If a third party will provide some of the essential services or develop or modify a product that the applicant has committed to provide or produce, ICJIA may consider the agreement with the third party a subaward for purposes of grant administration.

Applicants must classify each expense in the contractual budget as a subaward or subcontract. The substance of the agreement, not the title or structure of the agreement, will determine whether it is a subaward of a subcontract. Applicants are advised to use the “Checklist for Contractor/Subrecipient Determinations” available at the GATA Resource Library for guidance:

<https://www.illinois.gov/sites/gata/pages/resourcelibrary.aspx>.

Applicants are required to justify their use of subawards and explain their capacity to serve as “pass-through” entities in the program narrative. Applicants will monitor subaward compliance with grant terms, applicable federal and state law including the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Award, 2 C.F.R. Part 200, GATA, and ICJIA policies. Proposed subawards must be identified, if possible, and their roles described in both the program and budget narratives.

For procurement contracts, applicants are encouraged to promote free and open competition in awarding contracts. All subcontracts must comply with federal and state requirements.

7. Requirement Prior to Submitting the Application

1. All Applicants must register their organization at the Illinois Grant Accountability and Transparency Act (GATA) Grantee Portal: <https://grants.illinois.gov/portal/>.
2. To submit an application, registered organizations must be in "Good Standing" with all GATA pre-qualification requirements thus meeting qualified status under GATA per 44 Ill. Admin. Code 7000.70(f).

Applicants are advised to view the following technical assistance recordings prior to application submission.

- [Register in the GATA Grantee Portal](#)
- [Creating a GATA Grantee User Account](#)
- [Getting to know GATA and the GATA Grantee Portal](#)
- Learn about the: Online Self-paced Grant Course: [YOUR RECIPE FOR GRANT SUCCESS](#)

E. Application Review Information

1. Criteria

Application materials must address all components of this NOFO and demonstrate both a need for the program and an ability to successfully implement the program.

Application selection will be made using the following criteria, which provides the point

breakdown for each major section of the proposal narrative and budget documents. The total number of points available is 100.

Scoring Criteria	Possible Points
Summary of the Program:	28
1. Response describes the proposed program including the scope of services, intent of the program, strategy, activity, the geographic area(s) to be served, and the people that will be served. It includes the identification of which model(s) the program intends to implement, as outlined in the NOFO (see Appendix A) and demonstrates maintaining fidelity to the model(s) selected. Response should be limited to two paragraphs.	5
2. Response describes 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 the agency has already completed all or some of the planning activities noted, response describes what has been completed and what work is still needed (if any).	5
3. Response describes, for each model chosen, participant eligibility for the program and any reasons for program exclusion.	5
4. Response describes how many participants intended to be served in each model? If expanding a current program, it states how many individuals currently served and how many additional participants planned to be served with these new funds.	5
5. Response indicates the treatment providers and other treatment and support services intended to be used. Specific organization names are provided if they've been identified. Response includes a description for what those organizations will offer to program participants and provides who will assess individuals for appropriate level of care and how.	3
6. Response describes 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
7. Response describes how the proposed program incorporates the values of diversity, equity and inclusion in operations.	3
Statement of the Problem:	5
1. Response describes the problem(s) that demonstrates the need for the proposed program. Where applicable and feasible, it's specific to the geographic area(s) to be served by the program and relevant statistics (e.g., total population, racial makeup, education, health, and median household income).	5

Project Management:	17
1. Response describes who will oversee the program funded by this opportunity. It includes titles, duties, primary qualifications and any mandatory training or certifications. It specifies which staff will be paid with ICJIA funds and which staff will be paid with other funds.	5
2. Response describes the process the program will follow for the collection and submission of performance measures. It includes staff responsible for the collection and approval process. If also applying for funding for program evaluation, it indicates the person or persons who will be responsible, their qualifications, and what they will be asked to evaluate.	3
3. Response describes the collaboration that will occur between the agency, law enforcement, other first responders, treatment and service providers, community-based organizations, and the community at large. If proposing Model 5, it includes the prosecutor's office.	3
4. Response describes any anticipated challenges and barriers to implementing, or expanding, this program and how they will be mitigated/addressed.	3
5. Response describes other funding or resources that the program acquired to help operate and/or sustain the deflection program. It identifies which components of the program will be supported through CP funding and how other program components (if any are funded through other monies) will be supported. It outlines how the program will sustain when CP funds end.	3
Project Implementation	5
1. Completion of the included table within the program narrative defines each step in the implementation and operation of the proposed program, details the staff position responsible for each task, and includes a target date for completion.	5
Priority Areas	30
1. Response describes how the war on drugs has impacted the targeted geographic area(s). It reports data demonstrating that the war on drugs has impacted the service area.	10
2. Response describes any police/community relations issues in the targeted geographic area(s), and any current or future efforts intended to address these issues. It provides narrative backed by data and/or anecdotal evidence that describes community relations with police. It describes any efforts the department is taking or planning to address these police-community relations issues.	10
3. Response reports the level of access to mental health and substance use treatment in the targeted geographic area(s). It reports the number of licensed clinics providing mental health and/or substance use disorder treatment, as well as medication-assisted treatment.	10

Response supplements this information by drawing on any experiences the organization may have regarding treatment accessibility in the targeted geographic area(s).	
Goals and Performance Metrics:	10
1. Completion of the included table within the program narrative with ambitious yet realistic numbers for each goal that the program will address.	10
Budget Detail and Budget Narrative:	5
1. Budgeted items are cost-effective in relation to the proposed activities.	3
2. Narrative is complete for all line items, clearly detailing how the applicant arrived at and calculated the budget amounts.	2
Total Possible Points	100

2. Review and Selection Process

All applications will be screened for completeness including GATA pre-qualification and ICQ submission for the current state fiscal year. Applications that are not complete will not be reviewed.

Proposals that pass the screening process will be reviewed by a panel of ICJIA staff and stakeholders. Reviewers will score applications based on completeness, clear and detailed responses to program narrative questions, and inclusion of all mandatory program elements as well as past performance history and/or financial standing with ICJIA. The applicant must demonstrate that costs are reasonable, necessary, and allowable.

Selection of proposals will be based on the scoring criteria outlined in the previous section. Applicants will be selected and offered funding based on the order of their total application score.

ICJIA reserves the right to reject incomplete proposals, proposals that include unallowable activities, proposals that do not meet eligibility or program requirements, and proposals that are otherwise unsatisfactory. ICJIA may invite applicants to answer clarifying questions and modify budgets that include unallowable or unreasonable costs. NOFO application budgets will be reviewed for allowability, completeness, and cost-effectiveness. ICJIA will perform an in-depth budget review of all grants awarded and may require budget modifications that do not materially change the nature of the program.

Successful applicants whose applications contained unallowable or unreasonable costs may have their awards reduced by the total amount of those costs. Upon applicant acceptance of the grant award, announcement of the grant award shall be published by ICJIA to the GATA portal. Review team recommendations will be forwarded to ICJIA Budget Committee for approval. Applicants will be notified of the ICJIA Budget Committee's decision.

3. Implementing Agency vs. Program Agency

An Implementing Agency must apply for funds on behalf of the program agency. An implementing agency is the legal entity that receives state funds, such as a county.

A program agency:

- Is a subdivision of the implementing agency, such as a county probation department or law enforcement agency.
- Carries out program operations.
- Is responsible for data and fiscal reporting.

4. Anticipated Announcement and State Award Dates

Task	Date
NOFO & Technical Assistance Recording posted	June 25, 2024
Notice of Intent due	July 22, 2024
NOFO question submission deadline	July 22, 2024
Applications due	5:00 p.m., July 30, 2024
Budget Committee review/approval of recommended designations	August 29, 2024
Performance Period	September 1, 2024 to June 30, 2025

5. Appeal Process

Unsuccessful applicants may request a formal appeal of the evaluation process. Evaluation scores and funding determinations may not be contested and will not be considered by ICJIA's Appeals Review Officer. The appeal must be via email and submitted within 14 calendar days after either the date the grant award notice is published or receipt of a Funding Opportunity Declination Letter from ICJIA, whichever comes first. The written appeal must include, at a minimum, the following:

- Statement indicating a request for a formal appeal;
- The name and address of the appealing party;
- Identification of the grant program; and

- A statement of reason for the appeal.

Please send your appeal to:

Appeals Review Officer
Illinois Criminal Justice Information Authority
CJA.ARO@Illinois.gov

ICJIA will acknowledge receipt of the appeal within 14 calendar days. ICJIA will respond to the appeal, in writing, within 60 days or provide an explanation as to why more time is required. ICJIA will resolve the appeal via written determination, which will include:

- Review of the appeal.
- Appeal determination.
- Rationale for the determination.
- Standard description of the appeal review process and criteria.

6. Debriefing Process

Unsuccessful applicants may request a debriefing for feedback to improve future applications. Debriefings include written advice on the strengths and weaknesses of applications using the evaluation and review criteria.

Requests for debriefings must be made via email and submitted within seven calendar days after receipt of notice. Debriefing requests will not be granted if there is an active appeal, administrative action, or court proceeding. The written debriefing requests shall include:

- The name and address of the requesting party.
- Identification of grant program.
- Reasons for the debrief request.

Please send requests to:

Michael Lynch
Illinois Criminal Justice Information Authority
CJA.CP@Illinois.gov

F. Award Administration Information

1. State Award Notices

ICJIA will send a Notice of State Award to grantees along with the grant agreement once the ICJIA Budget Committee reviews and approves designations. The ICJIA Budget Committee is scheduled to review and approve designations in August 2024. No costs incurred before the effective date of the agreement may be charged to the grant.

2. Administrative and National Policy Requirements

In addition to implementing the funded project consistent with the approved project proposal and budget, agencies selected for funding must comply with applicable grant terms and conditions and other legal requirements, including the Community Partnership for Deflection and Substance Use Disorder Treatment Act, GATA, and the U.S. Department of Justice Grants Financial Guide.

Additional programmatic and administrative special conditions may be required.

3. Reporting

Recipients must submit periodic financial reports, periodic performance reports, final financial and performance reports, and, if applicable, an annual audit report in accordance with the 2 CFR Part 200 Uniform Requirements. Future awards and fund drawdowns may be withheld if reports are delinquent.

Per Public Act 103-361 Section 15(d)(2-3) recipients are required to submit program data established by ICJIA and must enter into an agreement with participating licensed treatment providers authorizing the release of statistical data to ICJIA.

G. State Awarding Agency Contact(s)

For questions and technical assistance regarding application submission, contact:

Michael Lynch
Illinois Criminal Justice Information Authority
CJA.CP@Illinois.gov

H. Other Information

The Illinois Criminal Justice Information Authority (ICJIA) is a state agency dedicated to improving the administration of criminal justice. ICJIA brings together key leaders from the justice system and the public to identify critical issues facing the criminal justice system in Illinois, and to propose and evaluate policies, programs, and legislation that address those

issues. The statutory responsibilities of ICJIA fit into four areas: grants administration; research and analysis; policy and planning; and information systems and technology.

Section 7 of the Illinois Criminal Justice Information Act grants ICJIA authority “to apply for, receive, establish priorities for, allocate, disburse, and spend grants of funds that are made available by and received on or after January 1, 1983 from private sources or from the United States pursuant to the federal Crime Control Act of 1973, as amended, and similar federal legislation, and to enter into agreements with the United States government to further the purposes of this Act, or as may be required as a condition of obtaining federal funds” and “to receive, expend, and account for such funds of the State of Illinois as may be made available to further the purposes of this Act.” (20 ILCS 3930/7(k), (l))

Neither the State of Illinois nor ICJIA are obligated to make any award as a result of this announcement. The ICJIA Executive Director or designee has sole authority to bind ICJIA to the expenditure of funds through the execution of grant agreements.

This application is subject to the Illinois Freedom of Information Act (FOIA). Any information that the applicant believes should be exempt under FOIA should clearly highlight the information that is exempt, and the basis of the exemption.

Appendix A

Community Partnership for Deflection and Substance Use Disorder Treatment Model Planning Activities

This document provides a description of important planning activities for each model. Additional activities may be necessary depending on your program and community.

Model 1: Post-Overdose Response

- Hire a program coordinator.
- Train first responders and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, supportive services, and using naloxone, including:
 - Neuroscience of Addiction for Law Enforcement
 - Medication-Assisted Treatment
 - Criminogenic Risk-Need for Health and Safety
 - Why Drug Treatment 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
 - Deflection in Rural Communities
- Adopt protocols/policies/procedures within organization for the staff and officers regarding
 - training, use, and distribution of naloxone kits and acquiring naloxone kits;
 - immediate contact with individual post-overdose to offer assistance and build relationship;
 - post-overdose outreach in the days and weeks after overdose response;
 - process for enrolling individuals in available health insurance; and
 - mechanism for identifying individuals' level of care and transporting individuals to treatment.
- Implement public information initiative(s) for community education on substance use disorders, naloxone, and the program.
- Develop shareable document of resources in the community to provide to individuals post-overdose and their families/loved ones; also provide for community distribution.
 - This should include information, including contact information, on
 - inpatient services;
 - outpatient services;
 - opiate treatment programs (methadone clinics);
 - information on where they can find a buprenorphine (Suboxone, etc.) provider or Vivitrol;

- local self-help groups (e.g. SMART recovery, 12-step groups, recovery coaches);
 - harm reduction organizations, including needle exchanges;
 - temporary housing/housing services;
 - local social service agencies; and
 - local vocation/education services.
- Execution of MOUs with substance use disorder treatment providers.
- Protocols for post-overdose outreach in the days and weeks after overdose response (i.e. rapid engagement)

Model 2: Self-Referral Response

- Hire a program coordinator.
- Train officers and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, and the current program, including:
 - Neuroscience of Addiction for Law Enforcement
 - Medication-Assisted Treatment
 - Criminogenic Risk-Need for Health and Safety
 - Why Drug Treatment 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
 - Deflection in Rural Communities
- Execution of MOUs with substance use disorder treatment providers.
- Implement public information initiative(s) for community education on substance use disorders, treatment options, and the program.
- Adopt protocols/policies/procedures within organization for the staff and officers regarding
 - training staff and officers on substance use disorders and treatment options;
 - process for enrolling individuals in available health insurance;
 - mechanism for assessing individual's required level of care (i.e. by who);
 - mechanism for connecting and transporting individuals to treatment;
 - program eligibility policies;
 - program intake procedures and documentation; and
 - protocols for post-treatment recovery support (aftercare) and client follow-up.

Model 3: Active Outreach Response

- Hire a program coordinator.
- Train officers and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, supportive services, and the current program, including:
 - Neuroscience of Addiction for Law Enforcement
 - Medication-Assisted Treatment
 - Criminogenic Risk-Need for Health and Safety
 - Why Drug Treatment 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
 - Deflection in Rural Communities
- Execution of MOUs with substance use disorder treatment providers.
- Implement public information initiative(s) for community education on substance use disorders, treatment options, and the program.
- Adopt protocols/policies/procedures within organization for the staff and officers regarding
 - training staff and officers on substance use disorders and treatment options;
 - process for enrolling individuals in available health insurance;
 - mechanism for assessing individual's required level of care (i.e. by who);
 - mechanism for connecting and transporting individuals to treatment;
 - program eligibility policies;
 - program intake procedures and documentation;
 - process for engaging in active outreach to assist individuals; and
 - protocols for post-treatment recovery support (aftercare) and client follow-up.

Model 4: Community Initiated Response

- Hire a program coordinator.
- Train officers and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, supportive services, and the current program, including:
 - Neuroscience of Addiction for Law Enforcement
 - Medication-Assisted Treatment
 - Criminogenic Risk-Need for Health and Safety
 - Why Drug Treatment 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
 - Deflection in Rural Communities
- Execution of MOUs with substance use disorder treatment providers.
- Implement public information initiative(s) for community education on substance use disorders, treatment options, and the program.
- Adopt protocols/policies/procedures within organization for the staff and officers regarding
 - training staff and officers on substance use disorders and treatment options;
 - process for enrolling individuals in available health insurance;
 - mechanism for assessing individual's required level of care (i.e. by who);
 - mechanism for connecting and transporting individuals to treatment;
 - program eligibility policies;
 - program intake procedures and documentation;
 - process for taking community calls for assistance; and
 - protocols for post-treatment recovery support (aftercare) and client follow-up.

Model 5: Officer Intervention Response

- Hire a program coordinator.
- Train officers and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, supportive services, and the current program, including:
 - Neuroscience of Addiction for Law Enforcement
 - Medication-Assisted Treatment
 - Criminogenic Risk-Need for Health and Safety
 - Why Drug Treatment 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
 - Deflection in Rural Communities
- Execution of MOUs with substance use disorder treatment providers.
- Implement public information initiative(s) for community education on substance use disorders, treatment options, supportive services, and the program.
- Adopt protocols/policies/procedures within organization for the staff and officers regarding
 - training staff and officers on substance use disorders and treatment options;
 - process for enrolling individuals in available health insurance;
 - mechanism for assessing individual's required level of care (i.e. by who);
 - mechanism for connecting and transporting individuals to treatment;
 - program eligibility policies;

- program intake procedures, documentation, and connection to case management;
- process for use of officer discretion in offering treatment in lieu of arrest; and
- protocols for post-treatment recovery support (aftercare) and client follow-up.

COMMUNITY PARTNERSHIP (CP) FOR DEFLECTION & SUBSTANCE USE DISORDER TREATMENT
2
PROGRAM NARRATIVE
NOFO # 1705-2678

Program narrative may not exceed **35 pages**, including the questions and tables in this document. Responses must be written in **Calibri 12-point font and single-spaced**. Do not delete the template questions in your response and do not change the formatting of this document.

Questions that require a narrative response should be answered in the box titled **“Response”** underneath each question. Failure to comply with formatting requirements may lead to application disqualification.

Summary of the Program – 28 Points

Question 1: Program summary. Describe the proposed program including the scope of services, intent of the program, strategy, activity, the geographic area(s) to be served, and the people that will be served. This must include the identification of which model(s) your agency intends to implement, as outlined in the NOFO (see Appendix A). The response must demonstrate that you are maintaining fidelity to the model(s) selected. Please limit your response to two paragraphs. (5 points)

Response:

Question 2: 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 A 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:

Question 3: Program eligibility. For each model chosen, please describe participant eligibility for your agency’s program and any reasons for program exclusion. (5 points)

Response:

Question 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)

Response:

Question 5: Treatment providers and services. Please indicate the treatment providers and other treatment and support services you intend to use. Please provide specific organization names if they've been identified. Provide a description for what those organizations will offer to program participants. Also provide who will assess individuals for appropriate level of care and how. (3 points)

Response:

Question 6: 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:

Question 7: Diversity, equity and inclusion. Please describe how your proposed program incorporates the values of diversity, equity and inclusion in operations? For example, do you incorporate the perspectives of the population served in program design and delivery? (3 points)

Response:

Statement of the Problem– 5 Points

Question 1: Describe the problem(s) that demonstrates the need for your proposed program. Where applicable and feasible, please be specific to the geographic area(s) to be served by the program and relevant statistics (e.g., total population, racial makeup, education, health, and median household income). (5 points)

Response:

Project Management – 17 Points

Question 1: Who will oversee the program funded by this opportunity? Include titles, duties, primary qualifications and any mandatory training or certifications. Specify which staff will be paid with ICJIA funds and which staff will be paid with other funds. (5 points)

Response:

Question 2: Performance measures. Describe the process you will follow for the collection and submission of performance measures. Include staff responsible for the collection and approval process. If also applying for funding for program evaluation, please indicate the person or persons who will be responsible, their qualifications, and what they will be asked to evaluate. (3 points)

Response:

Question 3: Coordination and supervision. Describe the collaboration that will occur between your agency, 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 multiple jurisdictions, there must be a Memorandum of Understanding from each prosecutor's office.* (3 points)

Response:

Question 4: Anticipating barriers. Describe any anticipated challenges and barriers to implementing, or expanding, this program and how they will be mitigated/addressed. (3 points)

Response:

Question 5: Funding/Sustainability. What other funding or resources have you/your program acquired to help operate and/or sustain the deflection program? Identify which components of the program will be supported through CP funding and how other program components (if any are funded through other monies) will be supported. How will the program sustain when CP funds end, if awarded? (3 points)

Response:

Project Implementation – 5 Points

Please complete the implementation schedule below. Define each step in the implementation and operation of the proposed program, detail the staff position responsible for each task, and include a target date for completion. Do not use staff names.

Italicized font are suggestions that can be edited as needed. Please add additional lines as necessary.

Task	Staff Position Responsible	Date Due
<i>Hire program coordinator</i>	<i>Executive Director</i>	<i>Month One</i>
Submit quarterly progress report		15 th day of each grant quarter
Submit quarterly financial performance report		15 th day of each grant quarter

Priority Areas – 30 Points

The Community Partnership for Deflection and Substance Use Disorder Treatment 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.

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 2021 to 2022, 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 below, 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.

Question 1: War on drugs impact. 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). (10 points)

Response:

Potential sources:

[Illinois State Police UCR drug arrest statistics](#). 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 “2020/2019 Index Crime Offense & Drug Arrest Data [xlsx format]” to download. For data variable descriptions, [click here](#).

[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](#). These data are hosted by ICJIA and display breakdowns of data regarding admissions to IDOC for drug offenses such as demographic and county characteristics.

Question 2: Police/community relations. Describe any police/community relations issues in your targeted geographic area(s), and any current or future efforts intended to address these issues. 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. (10 points)

Response:

Potential sources: 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.

Question 3: Access to mental health and drug treatment. Report the level of access to mental health and substance use treatment in your targeted geographic area(s). 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). (10 points)

Response:

Potential sources:

FindTreatment.gov This locator provides information on state-licensed providers who specialize in treating substance use disorders and mental illness.

Report the number of treatment facilities in your target area(s) by selecting the “Substance Use”, “Buprenorphine Practitioners”, and “Opioid Treatment Programs” filters under the “Facility Types” filter. Enter your organization’s address and set the mile radius filter to include your intended service area.

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.

Goals and Performance Metrics – 10 Points

The funded grantee will be required to submit quarterly data reports reflecting information about these performance measures and may be asked to collect additional measures to track program progress and outcomes.

Process objectives are milestones within the project that help you keep track of progress implementing the proposed activities.

Outcome objectives are results that the project seeks to create that support the overall goal. This is the goal your program establishes to meet.

Performance measures are discrete, clear, and quantifiable measures that the project will set to determine whether funded activities are meeting goals. The items listed under Performance Measures will be reported to ICJIA in the progress reports.

The following table depicts objectives linked to performance indicators that show progress toward the proposed program goal. Complete the table by entering ambitious yet realistic numbers in the areas marked with “XX” for **each goal** that your program will address and its

corresponding process objectives. Your proposed program may not address every goal. Rows may be added to define additional objectives and related performance measures as needed. This program is for ~~12~~ **10** months, the metrics should measure meaningful, tangible changes resulting from program implementation or expansion for the designated period of performance.

Goals for ALL Community 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 – date 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 program staff 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 of Racial and Gender Equity in Deflection; Working with Community Partnerships; Deflection in Rural Communities: and, Harm Reduction.	➤ Number of total program staff trained ➤ List type of program staff 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.	➤ List types of public awareness initiatives by the third month of the program. ➤ Date initiative was implemented.

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 <i>immediately</i> 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.

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.	<ul style="list-style-type: none"> ➤ 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.

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 program staff will conduct outreach to make multiple referrals.	<ul style="list-style-type: none"> ➤ Number of program staff making referrals ➤ Number of referrals per staff member
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.	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ 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).	<ul style="list-style-type: none"> ➤ Number of individuals referred to supportive services and/or additional treatment services.

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.	<ul style="list-style-type: none"> ➤ Number of community calls related to substance use ➤ Number of referrals made
If applicable, XX multiple districts/agencies will make referrals.	<ul style="list-style-type: none"> ➤ Number of districts/agencies making referrals
XX program staff will take community calls and make multiple referrals.	<ul style="list-style-type: none"> ➤ Number of program staff taking community calls ➤ Number of program staff making referrals ➤ Number of referrals per staff member
Assist XX individuals in need of help with entry into substance use disorder treatment and/or services.	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ Number enrolled in available insurance coverage for which they are eligible.
Refer XX individuals to substance use disorder treatment and/or services.	<ul style="list-style-type: none"> ➤ Number of individuals referred to inpatient facility. ➤ Number of individuals referred to outpatient facility.

	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ 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).	<ul style="list-style-type: none"> ➤ Number of deflection clients referred to supportive services and/or additional treatment services.

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.	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ Number of individuals receiving case management
XX individuals offered pre-arrest diversion program by race and ethnicity that is representative of the service area	<ul style="list-style-type: none"> ➤ Number of referrals by race and ethnicity
If applicable, XX multiple districts/agencies will offer program in lieu of arrest	<ul style="list-style-type: none"> ➤ Number of districts/agencies making referrals
XX program staff will offer pre-arrest diversion program.	<ul style="list-style-type: none"> ➤ Number of program staff 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.	<ul style="list-style-type: none"> ➤ Number of individuals offered pre-arrest diversion program per staff member ➤ Number of individuals referred to treatment and/or services.
Assist XX program participants to enroll in available insurance coverage for which they are eligible.	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ Number of pre-arrest diversion program participants referred to inpatient facility.

	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ 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).	<ul style="list-style-type: none"> ➤ Number of pre-arrest diversion program participants offered supportive services and/or additional treatment services.

Budget Detail and Budget Narrative – 5 Points

Please complete the budget and the budget narrative for your proposed program using the Excel template. This program is for 10 months, both the budget and budget narrative should reflect 10 months of programming.

Application Submission

Completed NOFO Application materials should be zipped in a single folder. Each individual document should be named following naming conventions listed on page 18 and emailed to CJA.CP@illinois.gov. Please review the submission checklist on page 1 in NOFO Instructions. All materials must be received by: 5:00 p.m. CST, July 30, 2024.

ICJIA encourages applicants to review the Technical Assistance Recording for more information on how to apply.