**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 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** |
| *Hire program coordinator* | *Executive Director* | *Month One* |
|  |  |  |
|  |  |  |
|  |  |  |
| Submit quarterly progress report |  | 15th day of each grant quarter |
| Submit quarterly financial performance report |  | 15th 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](https://isp.illinois.gov/CrimeReporting/Cii2020). 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](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/isp.illinois.gov/StaticFiles/docs/CrimeReporting/cii/cii20/ds/Index%20Crime%20&%20Drug%20Arrest%20Data%20Record%20Layout%20and%20Field%20Contents%20Description%20(pdf%20format).pdf).

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

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

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

|  |
| --- |
| **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](https://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 *immediately* following an overdose, for those who are at risk for an overdose, or for that individual’s family and/or friends (i.e. immediate contact post-overdose). | * Number of handouts on treatment options provided to individual who had a recent overdose or who is at risk to overdose * Number of handouts on treatment options provided to individual’s (who had recent overdose or who is at risk to overdose) family and/or friends |
| Conduct follow-up outreach to XX individuals after overdose (i.e. rapid engagement). | * Number of individuals contacted/visited following an overdose |
| Assist XX individuals with substance use disorders to enroll in available insurance coverage for which they are eligible, if applicable. | * Number enrolled in available insurance coverage for which they are eligible. |
| Refer XX individuals to substance use disorder treatment and/or services. | * Number of individuals referred to inpatient facility. * Number of individuals referred to outpatient facility. * Number of individuals referred to a community-based provider. * Number of individuals referred to medical provider or Opiate Treatment Program (OTP). |
| XX individuals will successfully engage in substance use disorder treatment and/or services. | * Number of individuals engaged in treatment and/or services for a minimum of 30 days. |
| XX individuals referred to supportive services and/or additional treatment services (for issues other substance use). | * Number of individuals referred to supportive services and/or additional treatment services. |

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

|  |  |
| --- | --- |
| **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. |

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

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

**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](mailto: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. |