



Wisconsin Deflection Initiative Essential Elements

WDI Essential Elements Primary authors

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Revisions and Updates (September 2025 Edition)

This revised edition of the **Wisconsin Deflection Initiative Essential Elements** represents a substantial update and expansion of the original 2024 manual. The revisions reflect stakeholder feedback, evolving best practices in deflection programming, and the need for clearer implementation guidance. Key updates include:

- **Expanded Program Pathways**

Each of the six deflection pathways now includes detailed descriptions of target populations, operational protocols, and pathway-to-program connections. This level of specificity is intended to support consistent adoption across diverse communities.

- **Eligibility Framework Enhancements**

The eligibility section has been reframed around universal requirements, minimal exclusion criteria, and a low-barrier, person-centered philosophy. The emphasis is on accessibility, voluntary participation, and inclusivity.

- **New Program Models**

Two distinct program models: **Targeted Outreach** and the **Participant Recovery and Engagement Program (PREP)** have been added. These models provide structured guidance for initial engagement, case management, recovery support, and long-term stabilization.

- **Implementation Planning Framework**

A new section outlines a phased approach to implementation, including pre-implementation activities, launch preparation, pilot rollout, and continuous quality improvement. This addition is designed to help communities move from planning to practice in a structured way.

- **Monitoring, Quality Assurance, and Evaluation**

The monitoring and evaluation sections have been expanded to provide more rigorous standards for data collection, quality assurance, compliance, and performance measurement. These updates align local programs with statewide and national reporting expectations.

- **Training and Capacity Building**

Training guidance has been significantly expanded, with an emphasis on trauma-informed care, engagement strategies, external training partnerships, and professional development. The goal is to equip staff with the knowledge and skills necessary for effective program delivery.

- **Legal and Policy Framework**

A new dedicated section addresses compliance with federal and state regulations, liability and risk management, participant consent, and information-sharing agreements. This section is intended to support programs in navigating complex legal and privacy considerations.

- **Expanded Appendices and Resources**

The appendices now include additional resources, templates, and references to assist programs in design, evaluation, and sustainability planning.

This revised manual is intended to provide Wisconsin communities with a more comprehensive, practical, and adaptable framework for implementing effective deflection programs.

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1 INTRODUCTION AND BACKGROUND

The Wisconsin Deflection Initiative (WDI) is a proactive community approach to address public health and safety challenges faced in many Wisconsin communities. By incorporating one or more of the six pathways of deflection, communities can now identify and deflect at-risk populations to treatment and behavioral health services before a crisis, overdose, or new criminal activity. Deflection programs aim to connect individuals to systems of care at the earliest point possible while attempting to provide the necessary resources and skills to improve outcomes and reduce criminal activity.

The WDI employs two distinct, but complementary program types designed to meet individuals where they are in their recovery journey. These program types represent a continuum of care that begins with initial outreach and engagement and progresses to sustained support and case management.

Each program type utilizes specific intervention approaches tailored to the participant's level of engagement and readiness for change, ensuring that services are both accessible and effective across diverse populations and circumstances.

This **essential element** manual serves as a comprehensive guide to support the effective implementation of deflection programs across the state. It provides essential standards, guidance, and resources necessary to ensure consistency, effectiveness, and the achievement of desired outcomes for the Wisconsin Deflection Initiative (WDI). By adhering to the principles and recommendations outlined in this manual, stakeholders can work collaboratively to transform the response to substance use and mental health issues, improve individual outcomes, and build a more just and compassionate criminal justice system for all residents of Wisconsin.

1.1 PURPOSE AND GOALS

The primary purpose of the WDI is to use a multi-faceted approach to identify and engage at-risk populations to create awareness and connections to services before a crisis, overdose, or new crime is committed.

1.1.1 REDUCING RECIDIVISM AND PROMOTING PUBLIC SAFETY

By addressing the underlying factors contributing to substance use and criminal behavior, the WDI strives to reduce recidivism rates and enhance public safety. By providing individuals with the necessary resources, support, and skills to overcome their challenges, the initiative aims to break the cycle of addiction and criminal involvement, fostering safer communities for all residents.

1.1.2 ENGAGING COMMUNITIES AND STAKEHOLDERS

The WDI emphasizes the active involvement and collaboration of community stakeholders, including law enforcement agencies, healthcare providers, treatment organizations, community-based service providers, individuals with lived experience, and other key stakeholders. By fostering partnerships and engaging diverse perspectives, the initiative aims to create tailored, community-driven solutions that effectively address local needs and priorities.

1.1.3 PROMOTING SYSTEM-LEVEL CHANGE

The WDI seeks to drive broader system-level changes in policies, practices, and resource allocation to sustain and expand deflection programs. By advocating for evidence-based approaches and fostering collaboration between criminal justice, healthcare, and social service systems, the initiative aims to create a supportive ecosystem that maximizes the potential for positive outcomes.

1.2 RATIONALE AND EXPECTED OUTCOMES

The implementation of deflection programs within the Wisconsin criminal justice system is based on a robust rationale and extensive evidence base. Research has consistently shown that traditional punitive approaches often fail to address the underlying issues that contribute to substance use disorders and criminal behavior. Deflection programs offer a promising alternative by diverting individuals to stabilization services, recovery services, and treatment programs that address the root causes of their involvement in the criminal justice system. It should be noted that comprehensive measurement of all program outcomes may be limited by challenges in accessing relevant data across different systems and agencies involved in these interventions.

Expected Outcomes of the WDI:

1.2.1 INCREASED ACCESS TO TREATMENT AND RECOVERY SUPPORTS

By diverting individuals from the criminal justice system, the WDI aims to connect them with timely and appropriate treatment services. This will reduce barriers to accessing care, promote engagement in evidence-based treatment modalities, and provide the necessary support for sustained recovery.

1.2.2 REDUCED OVERDOSE AND EMERGENCY HOSPITALIZATION INCIDENTS

By connecting individuals to appropriate treatment and stabilization services, deflection programs aim to reduce fatal and non-fatal overdoses and emergency hospitalizations among participants. While comprehensive measurement of these critical health outcomes may be limited by data access challenges across systems, reducing overdose incidents and emergency department visits remains a fundamental goal of deflection programming.

1.2.3 IMPROVED INDIVIDUAL AND COMMUNITY HEALTH

The WDI seeks to improve individual health outcomes by addressing substance use disorders and mental health challenges comprehensively. By providing individuals with the necessary

resources and support, the initiative aims to enhance physical and mental well-being, reduce substance-related harm, and improve overall quality of life. This, in turn, contributes to healthier and more resilient communities throughout Wisconsin.

1.2.4 REDUCTION IN OFFENDING AND/OR RECIDIVISM

Through early intervention, targeted diversion, and the provision of effective treatment and support, the WDI aspires to reduce recidivism rates and prevent individuals from reentering the criminal justice system. By addressing the root causes of criminal behavior and promoting personal growth and recovery, the initiative aims to break the cycle of substance use and criminal involvement.

1.2.5 COST SAVINGS AND EFFICIENT RESOURCE ALLOCATION

By diverting individuals to treatment services rather than pursuing costly criminal justice processes, the WDI aims to generate cost savings for the state. These savings can be reinvested in expanding and enhancing treatment options, community-based supports, and other resources necessary for the sustainability of the initiative.

1.2.6 STRENGTHENED COLLABORATIONS AND COMMUNITY ENGAGEMENT

The WDI seeks to foster collaborations among criminal justice entities, healthcare systems, social service agencies, community-based organizations, and individuals with lived experience. By working together, sharing resources, and leveraging collective expertise, the initiative aims to build a robust and interconnected system of care that effectively supports individuals in need and contributes to safer and healthier communities.

1.3 SEQUENTIAL INTERCEPT MODEL FRAMEWORK CONTEXT

The Wisconsin Deflection Initiative operates within the Sequential Intercept Model (SIM), a nationally recognized framework developed by SAMHSA and the GAINS Center that identifies six key intervention points where people with mental health and substance use disorders can be diverted from the criminal justice system to treatment and support services.

1.3.1 WDI'S STRATEGIC POSITION

The Sequential Intercept Model maps six intervention points:

- **Intercept 0:** Community Services (prevention, early intervention)
- **Intercept 1:** Law Enforcement/Emergency Services (police encounters, crisis response)
- **Intercept 2:** Initial Detention/Court Hearings (booking, first appearance)
- **Intercept 3:** Jails/Courts (specialty courts, jail programming)
- **Intercept 4:** Reentry (transition from incarceration)
- **Intercept 5:** Community Corrections (probation, parole)

The WDI strategically focuses on Intercepts 0 and 1 - the earliest and most cost-effective intervention points. This positioning prevents deeper criminal justice involvement, reduces trauma associated with arrest and incarceration, and maintains individuals' community connections

and stability. WDI strategies can also be utilized in Intercept 4 -- by providing support to individuals that have recently transitioned to the community from incarceration.

1.3.2 SYSTEMS INTEGRATION BENEFITS

By operating within the SIM framework, the WDI:

- Reduces pressure on downstream criminal justice systems (courts, jails, corrections)
- Creates capacity for more serious offenses requiring traditional justice responses
- Demonstrates value to stakeholders across multiple systems
- Builds coalitions that include law enforcement, behavioral health, courts, and community organizations
- Supports comprehensive planning that addresses the full continuum of criminal justice contact

By grounding deflection programs within the Sequential Intercept Model, Wisconsin communities implement evidence-based interventions as part of comprehensive criminal justice reform that promotes public safety while addressing the root causes of criminal behavior.

2. DEFLECTION PATHWAYS AND PROGRAM TYPES

2.1 SIX DEFLECTION PATHWAYS

Deflection pathways provide a standardized framework for engaging individuals and connecting them to appropriate services, regardless of the specific program type ultimately implemented. These pathways follow national standards and best practices, offering sites a comprehensive guide for selecting and implementing the most appropriate deflection approach based on their community's needs, resources, and first responder capabilities. The pathway framework ensures consistency in approach while maintaining flexibility for local adaptation and implementation.

Implementation Considerations

Sites may choose to implement single or multiple pathways based on their community's specific needs, available resources, first responder capacity, and existing service infrastructure. The pathway framework allows for graduated implementation, with sites often beginning with one or two pathways and expanding their deflection capabilities over time as experience and resources grow. Successful pathway implementation requires strong partnerships between first responder agencies, behavioral health providers, and community organizations to ensure seamless referrals and appropriate service connections.

Key Components:

- Six evidence-based pathways following national standards for deflection programming
- Framework for initial engagement of at-risk populations for referral to PREP or Targeted Outreach programs
- Flexible approach allowing sites to implement single or multiple pathways based on community needs
- Clear target populations and operational frameworks for initial engagement

Pathway-to-Program Connections

The six pathways are strategically designed to capture individuals at different points of contact with first responder systems and varying levels of crisis or need:

Participant Recovery and Engagement Program (PREP) connections: Self-referral, Officer Intervention, and First Responder and Officer Referral pathways typically connect individuals to PREP program services, reflecting a higher level of voluntary engagement and readiness for sustained case management support.

Targeted Outreach connections: Naloxone Plus, First Responder and Officer Referral, and Active Outreach pathways generally connect individuals to Targeted Outreach program services, emphasizing immediate engagement and brief interventions that may lead to more intensive services over time.

2.1.1 SELF-REFERRAL

Target Population: Individuals with substance use disorders who voluntarily initiate contact with a first responder agency or deflection program seeking referral to services.

Approach: This pathway ensures that individuals can engage with law enforcement agencies without fear of arrest, creating a safe entry point for those ready to seek help. The voluntary nature of this pathway often makes participants well-suited for PREP services, as they demonstrate initial motivation and readiness for sustained engagement.

Operational Components:

- Direct contact through designated phone lines, websites, or walk-in centers
- Clear, accessible information about how to access services without fear of arrest or judgment
- Streamlined intake process that minimizes wait times and bureaucratic barriers

2.1.2 OFFICER INTERVENTION

Target Population: Individuals in crisis or with non-crisis mental health emergencies and/or substance use disorders who commit low-level nonviolent offenses where charges could be filed.

Approach: Applicable exclusively to law enforcement and occurs during routine activities such as patrol or response to service calls where charges would otherwise be filed. In this pathway, law enforcement provides referrals to treatment, services, or case managers, or issues non-criminal citations requiring program participation while holding charges in abeyance until treatment or social service plans are completed.

Operational Components:

- Field-generated referrals during routine law enforcement activities
- Electronic referral systems allowing officers to submit referrals immediately from patrol vehicles
- Clear protocols for when charges are held in abeyance pending program completion
- Training for officers on identifying appropriate deflection opportunities

2.1.3 FIRST RESPONDER AND OFFICER REFERRAL

Target Population: Individuals in crisis or with non-crisis mental health disorders and/or substance use disorders, or those in situations involving homelessness, theft, or prostitution.

Approach: Operates as a preventative approach during routine first responder activities, where personnel engage individuals and provide referrals to treatment, services, or case managers without filing charges or making arrests when law enforcement is involved. Depending on the individual's level of engagement and readiness, this pathway can connect people to either PREP or Targeted Outreach services.

Operational Components:

- Preventative referrals generated during non-arrest encounters
- Coordinated protocols between law enforcement, EMS, and fire services
- Immediate warm handoff capabilities when participants express readiness

2.1.4 ACTIVE OUTREACH

Target Population: Individuals in crisis or with non-crisis mental health disorders and/or substance use disorders, as well as those experiencing homelessness.

Approach: Involves first responders intentionally identifying or seeking out individuals with substance use disorders to refer them to social service programs, treatment, and services. This outreach is typically conducted by teams comprising behavioral health professionals and/or certified peers with lived experience. This pathway typically connects individuals to Targeted Outreach services focused on initial engagement and relationship building.

Operational Components:

- Proactive referrals generated through targeted outreach efforts
- Coordinated teams including first responders and behavioral health professionals
- Regular community sweeps and engagement activities in high-need areas
- Certified peer specialists involved in outreach and initial engagement efforts

2.1.5 NALOXONE PLUS

Target Population: Individuals with opioid use disorders or individuals who have experienced accidental non-fatal overdoses.

Approach: Involves first responders and program partners, often behavioral health professionals or certified peers with lived experience, conducting targeted outreach specifically to individuals who have recently experienced opioid overdoses. This pathway assists with engaging individuals in treatment and providing linkages to treatment and social services. The immediate post-overdose period represents a critical window for engagement, making this pathway particularly suitable for Targeted Outreach approaches.

Operational Components:

- Emergency referrals triggered by overdose response
- Rapid response protocols for post-overdose engagement (24-72 hour window)
- Coordination with emergency departments and EMS for immediate referrals
- Follow-up protocol for individuals who initially decline services

2.1.6 COMMUNITY RESPONSE

Target Population: Individuals in crisis or with non-crisis mental health disorders and/or substance use disorders, as well as those in situations involving homelessness or low-level conflicts.

Approach: Deploys teams comprising of community-based behavioral health professionals such as crisis workers, clinicians, and certified peer specialists, sometimes in partnership with medical professionals, to respond to calls for service. These teams engage individuals to help de-escalate crises, mediate low-level conflicts, or address quality of life issues by providing referrals to treatment, services, or case managers.

Operational Components:

- Referrals from community-based behavioral health crisis teams
- Integration with existing mobile crisis response systems
- Partnerships with hospitals, schools, social services, and community organizations
- Family and community member referral capabilities

2.2 REFERRAL PROCESSING AND RESPONSE PROTOCOLS

The referral process serves as the critical bridge between initial contact through deflection pathways and engagement in appropriate WDI services. This process is designed to be responsive, efficient, and participant-centered while maintaining the voluntary nature of all deflection services.

2.2.1 RESPONSE TIME FRAMEWORK

Crisis Referrals (0-4 hours):

- Immediate safety assessment and crisis intervention
- Mobile response capabilities for field-based engagement
- Direct connection to emergency services when needed
- Rapid access to psychiatric emergency services and medical care

Urgent Referrals (4-24 hours):

- Same-day or next-day contact for high-priority referrals
- Expedited intake and assessment processes
- Coordination with referring agencies for immediate needs
- Priority scheduling for individuals at high risk

Standard Referrals (24-72 hours):

- Contact within 72 hours for routine referrals
- Structured intake scheduling that accommodates participant availability
- Comprehensive assessment and service planning
- Coordination with ongoing supports and services

2.2.2 INTAKE AND ASSESSMENT PROCESS

Initial Contact:

- Welcoming, non-judgmental approach that builds rapport immediately
- Clear explanation of program services and voluntary nature of participation
- Basic screening for immediate needs and safety concerns
- Scheduling of comprehensive assessment when appropriate

Comprehensive Assessment:

- Collaborative conversation focused on individual's goals and needs
- Trauma-informed approaches that avoid re-traumatization
- Assessment of strengths, resources, and existing support systems
- Identification of barriers to engagement and strategies for addressing them

Service Planning:

- Individualized planning based on assessment results and participant preferences
- Goal-setting that reflects participant's own priorities and values
- Resource mapping and connection planning
- Timeline development that respects participant's readiness and capacity

2.2.3 PROGRAM ASSIGNMENT AND TRIAGE

Targeted Outreach Assignment

Appropriate for individuals who:

- Need immediate, brief intervention
- Are in crisis situations requiring rapid de-escalation and resource connection
- Are not ready for ongoing case management
- Have situations where immediate risk reduction is the primary goal

PREP Assignment

Appropriate for individuals who:

- Express interest in ongoing support and case management
- Have complex needs requiring sustained intervention
- Are ready for collaborative goal-setting and service engagement
- Would benefit from intensive case management and advocacy

Specialized Referrals

May be necessary for:

- Higher levels of care (inpatient, residential treatment)
- Specialized programs for specific populations (pregnant women, adolescents, trauma survivors)

- Medical or psychiatric services requiring professional intervention
- Legal or social services beyond WDI scope

Internal Program Transitions

- **Targeted Outreach to PREP:** Individuals ready for enhanced services can transition when they demonstrate increased engagement and readiness
- **PREP to Specialized Services:** Connections to higher levels of care when needed
- **Cross-Program Referrals:** Movement between WDI programs based on changing needs
- **Re-engagement Referrals:** Former participants returning to services

2.3 PROGRAM TYPES AND ELIGIBILITY FRAMEWORK

The Wisconsin Deflection Initiative employs two distinct, but complementary program types designed to meet individuals where they are in their recovery journey. These program types represent a continuum of care that begins with initial outreach and engagement and progresses to sustained support and case management. Each program type utilizes specific intervention approaches tailored to the participant's level of engagement and readiness for change, ensuring that services are both accessible and effective across diverse populations and circumstances.

2.3.1 GENERAL ELIGIBILITY PRINCIPLES

Program eligibility within the WDI is designed around core principles that support accessibility, voluntary participation, and low-barrier entry while ensuring participant safety and program effectiveness:

Core Principles:

- **Voluntary Participation:** All deflection services are voluntary, with participants maintaining the right to decline or discontinue services at any time
- **Low-Barrier Access:** Eligibility criteria minimize barriers while ensuring safety and program effectiveness
- **Person-Centered Approach:** Individual circumstances, needs, and readiness guide eligibility determinations
- **Responsive Service Delivery:** Eligibility processes accommodate diverse backgrounds and accessibility needs
- **Safety First:** Basic safety considerations for both participants and staff guide all eligibility decisions

Universal Requirements:

- **Age:** Each program can determine appropriate age criteria based on their community needs, target population, and available services for adult and juvenile populations.
- **Geographic Service Area:** Participants must be within the designated service area or have demonstrated connection to the community

- **Voluntary Consent:** Demonstrated understanding of program services and voluntary agreement to participate
- **Basic Capacity:** Sufficient cognitive capacity to participate safely in voluntary services and provide informed consent

Minimal Exclusion Criteria:

The WDI maintains minimal exclusion criteria, applied only when necessary for safety:

- **Active Psychosis or Severe Mental Health Crisis:** Requiring immediate emergency psychiatric intervention
- **Acute Medical Emergency:** Needing immediate medical treatment that precludes program participation
- **Imminent Danger:** Posing immediate physical danger to self or others that cannot be safely managed within program parameters
- **Legal Restrictions:** Court orders or legal restrictions that prohibit contact with program staff or participation in community-based services
- **Offense Type Restrictions (Officer Intervention Pathway Only):** Site-specific criteria for offense types that prohibit participation.

Note: Exclusions are temporary whenever possible, with re-evaluation for eligibility once immediate safety concerns are addressed.

2.4 TARGETED OUTREACH PROGRAMS

Targeted Outreach programs focus on initial engagement and brief interventions with individuals who may benefit from recovery services but have not yet formally entered a structured program. This approach emphasizes building trust, providing immediate support, and creating pathways to more intensive services. Targeted Outreach maintains the most accessible eligibility criteria within the WDI framework, recognizing its critical role in initial engagement, crisis intervention, and serving as an entry point to the broader continuum of care.

2.4.1 PROGRAM OVERVIEW AND PHILOSOPHY

Targeted Outreach operates on the principle that meaningful engagement can occur in brief, strategic encounters that meet individuals exactly where they are in their readiness for change. This program type serves as the foundation of the WDI's low-barrier approach, providing immediate value while creating opportunities for future engagement. The program recognizes that initial contact may be the only opportunity to connect with some individuals, making each interaction potentially transformative.

Core Philosophy:

- **Meet people where they are:** No requirement for readiness to change or commitment to recovery
- **Immediate value provision:** Every contact should offer something beneficial, regardless of future engagement

- **Risk reduction focus:** Priority on reducing immediate risks and improving current circumstances
- **Relationship building:** Establishing trust and rapport for potential future engagement
- **Resource connection:** Linking individuals to immediate supports and services

2.4.2 ELIGIBILITY FRAMEWORK FOR TARGETED OUTREACH

Broad Accessibility Approach

Targeted Outreach maintains the most inclusive eligibility criteria within the WDI, designed to capture individuals at the earliest possible intervention points and during crisis situations:

Primary Eligibility Criteria:

- **Pathway Identification:** Individuals identified through any of the deflection pathways. This may exclude the Officer Intervention Pathway.
- **Substance Use Indicators:** Demonstrated, suspected, or self-reported substance use disorders or problematic substance use patterns
- **Mental Health Indicators:** Signs of mental health challenges, emotional distress, or psychiatric symptoms
- **Social Determinants:** Experiencing homelessness, housing instability, food insecurity, or other social factors affecting wellbeing
- **Legal Involvement:** Low-level criminal activity related to substance use, mental health issues, or survival behaviors
- **Crisis Situations:** Individuals experiencing acute stress, family conflict, or other destabilizing circumstances

No Formal Assessment Required:

- Brief interventions can be provided based on immediate presentation and obvious need
- No requirement for formal diagnosis, comprehensive assessment, or clinical evaluation
- Focus on immediate support and resource connection rather than formal program enrollment
- Eligibility determined through brief conversation and observation rather than structured screening

Crisis Response Eligibility

Behavioral Health Crises:

- Individuals experiencing acute mental health symptoms who can be safely engaged in community settings
- People in emotional distress following traumatic events or significant life stressors
- Individuals with suicidal ideation who are not in immediate danger and can participate in safety planning
- People experiencing anxiety, panic, or other acute psychological symptoms

Substance Use Crises:

- Recent overdose survivors during the critical post-overdose engagement window (24-72 hours)
- Individuals experiencing withdrawal symptoms who are medically stable
- People seeking help during moments of clarity or motivation following substance use episodes
- Individuals concerned about their substance use patterns or consequences

Social and Environmental Crises:

- People experiencing immediate housing loss or eviction
- Individuals facing family conflict or domestic violence situations
- People in financial crisis affecting basic needs
- Individuals involved in survival behaviors such as sex work or theft

Medical and Safety Crises:

- People with untreated medical conditions related to substance use or lifestyle
- Individuals at risk of overdose who refuse traditional treatment
- People with infectious diseases requiring immediate intervention and support
- Individuals in unsafe living situations or environments

2.4.3 OUTREACH VISIT AND ENGAGEMENT PROTOCOLS

Outreach Visit Framework

Definition: A brief intervention to engage individuals who may benefit from recovery services by providing immediate support, addressing barriers to care, and linking them to appropriate programs and resources.

Flexible Duration and Format:

- **Time Range:** 5 minutes to 2 hours depending on individual needs and circumstances
- **Location Flexibility:** Street outreach, emergency departments, homes, community locations, or any setting where contact occurs
- **Multiple Contact Model:** Recognition that effective engagement may require several brief contacts over time
- **Follow-up Capabilities:** Ability to maintain contact and provide ongoing brief support as needed

Engagement Strategies by Population

Street-Based Outreach:

- Regular presence in high-need geographic areas with consistent outreach schedules
- Mobile outreach units equipped with basic supplies and resource materials
- Certified peer specialists with lived experience leading outreach efforts
- Coordination with law enforcement and emergency services for warm handoffs

Healthcare-Based Outreach:

- Crisis counselors working directly with patients in emergency departments
- Coordination with medical staff for appropriate timing and patient readiness
- Discharge planning support and resource connection for hospital patients
- Integration with existing hospital social work and case management services

Community Event Outreach:

- Presence at community events, health fairs, and public gatherings
- Resource tables and information sharing at community meetings
- Partnerships with libraries, food banks, and other community gathering places
- Mobile outreach during community crises or significant events

2.4.4 BRIEF INTERVENTION COMPONENTS

Definition: A brief intervention is a short, structured interaction (typically 5-30 minutes) designed to engage individuals who may benefit from recovery services to motivate behavior change, provide immediate support, and connect individuals to resources. Brief interventions use evidence-based techniques to engage individuals in a non-judgmental manner and promote readiness for positive change.

Enhanced Brief Intervention Framework:

Initial Screening and Rapport Building:

- Quick evaluation of immediate needs, current situation, and safety concerns
- Assessment of readiness for change using motivational interviewing principles
- Identification of individual strengths, resources, risk, and protective factors
- Establishment of trust through genuine interest and non-judgmental attitude

Education and Information Sharing:

- Provision of relevant information about risk reduction and overdose prevention
- Education about available services and recovery options in accessible language
- Information about legal rights and protections related to seeking help
- Resource sharing to include written materials and contact information

Motivational Enhancement:

- Use of motivational interviewing techniques to explore ambivalence about change
- Identification of discrepancies between current situation and stated values or goals
- Exploration of individual's own motivations for considering change
- Enhancement of self-efficacy and confidence in ability to make positive changes

Resource Connection and Referral:

- Linking individuals to appropriate services, programs, or supports based on expressed needs
- Warm handoffs to other services when possible as desired by individual
- Provision of transportation assistance or accompaniment to initial appointments

- Follow-up to ensure successful connection to resources

Warm Handoff:

- When possible or desired by the individual
- Within the first 72 hours post-incident
- Deflection team member or first responder personally facilitates the connection between an at-risk individual and their next service provider
- Handoff can be made via phone, email, or in-person, and may involve transportation to and from the service
- Staying actively involved during the initial transition to ensure continuity of care

Safety Planning and Risk Reduction:

- Assessment and addressing of immediate safety concerns including housing, food, and medical needs
- Provision of risk reduction supplies including naloxone, public health supplies, and hygiene items
- Discussion of basic safety plans for high-risk situations
- Connection to emergency services and crisis supports

Follow-up and Continued Engagement:

- Establishment of next steps or future contact plans when appropriate and desired
- Creation of flexible re-engagement opportunities that don't require formal commitment
- Provision of contact information and methods for individual to initiate future contact
- Documentation of interaction for continuity of care if individual seeks future services

2.4.5 KEY PERFORMANCE MEASURES FOR PROGRAM OVERSIGHT

To support consistent implementation and continuous improvement, deflection programs should track key performance and outcome measures aligned with their program design. For Targeted Outreach, this includes metrics related to

- Referral processing
- Outreach activities
- Service linkage
- Participant characteristics
- Outcomes such as service initiation and utilization or re-referral rates

Programs can find detailed definitions and calculation guidance in the [Wisconsin Statewide Deflection Performance Measures Guide](#), which outlines recommended metrics tailored to each deflection program type. Using these standardized measures supports internal monitoring, quality assurance, and evaluation efforts across sites.

2.5 PARTICIPANT RECOVERY AND ENGAGEMENT PROGRAM (PREP)

PREP programs provide ongoing support and case management for individuals who have voluntarily engaged with deflection services and are actively participating in recovery-oriented

activities. This program type emphasizes sustained engagement, collaborative planning, and comprehensive support to promote long-term stability and recovery.

All program interactions are grounded in mutual respect, dignity, and responsive service practices, with participants maintaining the right to be heard and to have their perspectives valued in all aspects of their care. Recovery within PREP is understood as self-defined and individualized, with goals that are person-centered, strengths-based, and personally relevant to each participant's unique circumstances and values. Progress is measured through movement toward individual goals rather than predetermined outcomes, with setbacks viewed as natural parts of the recovery process rather than failures.

The main components of a PREP program include:

- Intake
- Setting program expectations
- Eligibility and admission
- Engagement in services (service type(s) dependent on client need)
- Case management support
- Program exit

2.5.1 INTAKE

The intake process for PREP is designed as a collaborative, person-centered conversation that builds rapport while gathering essential information to support individualized service planning. Rather than following a rigid clinical assessment protocol, intake emphasizes creating a safe, welcoming environment where participants feel heard and respected while providing staff with the information needed to offer appropriate support and resources.

Key Components:

- Collaborative, person-centered conversation that builds rapport while gathering essential information
- Substance use screening focusing on current relationship with substances and immediate safety concerns
- Mental health screening using trauma-informed approaches to assess wellbeing and support needs
- Assessment of willingness and readiness to participate in services
- Skill assessment identifying existing strengths and areas for growth or development

Substance Use Screening

Substance use screening and assessment components focus on understanding the participant's current relationship with substances, patterns of use, and any immediate safety concerns rather than conducting exhaustive diagnostic evaluations. This exploration includes gathering information about substances used, frequency and context of use, previous treatment experiences, and the participant's own perspective on how substance use impacts their life and goals. The screening process emphasizes risk reduction principles and avoids judgmental

language, while identifying any immediate medical concerns that may require urgent attention, such as withdrawal symptoms or overdose risk factors.

Mental Health Screening

Mental health screening encompasses a sensitive exploration of current emotional wellbeing, psychiatric history, trauma experiences, and any existing mental health supports or treatments. Staff utilize trauma-informed approaches that recognize the high prevalence of trauma among deflection participants while being careful not to re-traumatize individuals through intrusive questioning. This component includes assessment of current mental health symptoms, suicide or self-harm risk, any psychiatric medications or treatments, and the participant's own understanding of their mental health needs and preferences for support.

Readiness Assessment

The assessment of willingness and readiness to participate involves exploring the participant's motivation for engaging with services, their understanding of available supports, any barriers they anticipate to participation, and their preferred level and type of engagement. This conversation helps staff understand what brings the individual to services, what they hope to achieve, any ambivalence they may feel about receiving help, and how the program can best support their goals and circumstances.

General Information and Skill Assessment

Gathering general information about the individual encompasses basic demographic data, contact information, emergency contacts, current living situation, income sources, healthcare coverage, legal involvement, family composition, and other social determinants that may impact service planning. Skill assessment focuses on collaborative identification of the participant's existing capabilities and areas where they may desire to build new skills or knowledge, covering practical life skills as well as recovery-specific skills while emphasizing the participant's existing strengths.

2.5.2 SETTING PROGRAM EXPECTATIONS

PREP operates as a voluntary program where participants maintain the autonomy to withdraw at any time without penalty or consequence. The foundation of the program rests on collaborative engagement, with contact frequency determined jointly between participants and staff based on individual needs and circumstances, typically ranging from weekly to monthly interactions.

Key Components:

- Voluntary participation with autonomy to withdraw at any time without penalty¹
- Collaborative engagement with flexible contact frequency based on individual needs

¹ This does not apply to individuals admitted via the Officer Intervention pathway, and charges are held in abeyance until an individual completes the program.

- Mutual respect, dignity, and personally relevant in all interactions
- Self-defined recovery goals that are person-centered and strengths-based
- Fundamental participant rights including grievance procedures and advocacy support

Participant Rights

Participants maintain fundamental rights throughout their engagement, including the right to refuse specific services while remaining in the program, request different staff if needed, access grievance procedures, and involve support persons in their planning process with appropriate consent. The program operates without predetermined time limits, with services continuing as long as they remain beneficial and desired by the participant.

2.5.3 ELIGIBILITY AND ADMISSION

The PREP program maintains an inclusive, low-barrier approach to eligibility that prioritizes accessibility and voluntary participation over restrictive criteria.

Key Components:

- Inclusive, low-barrier approach prioritizing accessibility and voluntary participation
- Individuals identified through deflection pathways with basic willingness to engage, with program-determined age criteria based on community needs and available services
- Collaborative admission process emphasizing informed consent and individual autonomy
- Rolling admissions with minimal documentation requirements to reduce barriers
- Responsive service practices and accessibility needs accommodated throughout the process

Eligibility Criteria Individuals are eligible for PREP services if they have been identified through deflection pathways, express some level of interest in receiving support services, and demonstrate basic willingness to engage with program staff, with age criteria determined by each program based on community needs and available services. The program recognizes that readiness for change exists on a continuum and does not require participants to commit to specific treatment modalities, abstinence goals, or intensive engagement levels as a condition of admission.

Admission Process

The admission process emphasizes collaboration and informed consent, beginning with an initial conversation that explores the individual's current situation, immediate needs, and level of interest in receiving support. During this process, staff provide clear information about program services, expectations, and participant rights while conducting a preliminary assessment of the person's willingness and capacity to engage safely with services.

2.5.4 ENGAGEMENT IN SERVICES

Service engagement within the PREP program follows a personalized, needs-based approach that recognizes each participant's unique circumstances, goals, and readiness for different levels of intervention.

Key Components:

- Personalized, needs-based approach with dynamic service adjustments as situations evolve
- Comprehensive continuum including outpatient, inpatient/residential, mental health, and recovery support services
- Stabilization services addressing foundational needs like housing, healthcare, and legal advocacy
- Participant choice and responsive service practices guiding all service connections
- Strong community provider relationships facilitating warm handoffs and coordinated care

Service Categories

Outpatient Services Outpatient services serve as a foundational component for many participants, encompassing individual and group counseling, medication-assisted treatment, psychiatric services, and specialized programming such as trauma-informed care or co-occurring disorder treatment.

Inpatient/Residential Services For participants requiring more intensive intervention, the program facilitates connections to inpatient or residential treatment services, including detoxification, short-term residential programs, long-term therapeutic communities, and specialized residential services.

Mental Health Services Mental health services are integrated throughout the service continuum, recognizing the high prevalence of co-occurring mental health conditions among participants. These services may include psychiatric evaluation and medication management, individual and group therapy, crisis intervention, and certified peer support services.

Recovery Support Services Recovery support services encompass a broad range of community-based supports designed to enhance participants' natural recovery capital, including certified peer recovery coaching, mutual aid group facilitation, vocational and educational support, housing assistance, family therapy, and connections to faith-based or personally relevant recovery communities.

Stabilization Services Stabilization services address the foundational needs that support engagement in other recovery-oriented services, including emergency housing assistance, food security support, healthcare coordination, benefits enrollment, legal advocacy, transportation assistance, and crisis intervention.

2.5.5 CASE MANAGEMENT SUPPORT

Case management within the PREP program centers on PREP contacts, which are defined as direct interactions with participants that emphasize genuine engagement, therapeutic rapport, and collaborative support to facilitate progress toward recovery goals.

Key Components:

- PREP contacts emphasizing genuine engagement, therapeutic rapport, and collaborative support
- Characterized by depth of engagement, therapeutic value, goal-orientation, and individualized approach
- Comprehensive care coordination ensuring participants can navigate complex service systems
- Crisis intervention and safety planning with immediate support capabilities
- Long-term relationship building supporting gradual independence and natural support development

PREP Contacts

PREP contacts go beyond basic service coordination to create meaningful interactions that address the individual's specific needs, circumstances, and stage of change through active listening, collaborative problem-solving, and personalized support. These contacts are distinguished by their quality, depth, and impact rather than just the tasks performed.

Characteristics of PREP Contacts:

- **Depth of engagement:** Conversations that explore underlying issues, motivations, and barriers
- **Therapeutic value:** Emotional support, validation, and encouragement while maintaining appropriate professional boundaries
- **Goal-oriented:** Discussions consistently connect to the participant's treatment plan, recovery goals, or immediate needs
- **Collaborative approach:** Participants are actively involved in the conversation and decision-making process
- **Individualized:** Content and approach tailored to each participant's unique situation, background and experiences, and communication style
- **Action-focused outcomes:** Each interaction results in concrete next steps, resource connections, or movement toward positive change

Care Coordination

The practical components of case management include comprehensive care coordination that ensures participants can successfully navigate complex service systems while maintaining their autonomy and choice. Case managers maintain regular communication with treatment providers, housing agencies, healthcare systems, and other supports to ensure coordinated care while always respecting the participant's preferences about information sharing.

2.5.6 Program Exit

Program exit within PREP is conceptualized as a gradual transition process rather than an abrupt end, designed to support participants in achieving sustainable independence while maintaining connections to support systems they have developed.

Key Components:

- Gradual transition process with flexible six-month timeframe based on individual needs and progress
- Step-down approach reducing contact frequency while maintaining safety net of support
- Multiple exit pathways including goal achievement, service transition, voluntary withdrawal, or re-engagement
- Comprehensive transition planning identifying ongoing supports and community connections
- Open-door policy allowing streamlined re-engagement when circumstances change

Exit Process

While PREP services typically span approximately six months, the program maintains flexibility to extend or modify this timeframe based on individual participant needs, circumstances, and progress toward self-defined goals. The exit process emphasizes participant choice and readiness, recognizing that successful program completion looks different for each individual.

Exit Types:

- **Graduation/Completion:** Successful completion of identified recovery goals
- **Termination (noncompliance):** Individual did *not* meet program expectations repeatedly
- **Administrative (death, medical, mental health, moving):** Circumstances beyond the individual's control prevented them from graduating.
- **Voluntary withdrawal:** Participant choice to discontinue services
- **Transfer/ Referred to another program:** Movement to other appropriate services or programs

Transition Planning

Transition planning is a central component of all program exits, involving collaborative development of plans that support the participant's continued progress and stability beyond formal program participation. This planning process includes identification of ongoing treatment providers, community supports, natural support systems, and emergency resources that the participant can access independently. An important principle of deflection is that participants have the ability to return to services when circumstances change.

2.5.6 KEY PERFORMANCE MEASURES FOR PROGRAM OVERSIGHT

For more intensive models, such as PREP, that include case management or continued participant engagement, it is especially important to track both operational and outcome-oriented performance measures. Key domains to monitor include:

- Referral processing
- Intake, eligibility, screening and assessment rates
- Service connection and engagement
- Participant characteristics
- Program exit types and time in program
- Outcomes such as arrest/charge/conviction rates, fatal/non-fatal overdose, and emergency hospitalization (depending on data availability)

The [Wisconsin Statewide Deflection Performance Measures Guide](#) provides standardized definitions and calculation methods for each of these metrics. Tracking these measures helps programs ensure fidelity to the model, identify barriers to engagement, and evaluate participant outcomes. Using a consistent framework also enables cross-site comparisons and broader learning across the state.

3. IMPLEMENTATION PLANNING

Successful implementation of the Wisconsin Deflection Initiative requires systematic planning that incorporates Sequential Intercept Model principles, community engagement, and evidence-based practices. This section provides a comprehensive framework for communities to plan, launch, and sustain effective deflection programs. Timeline estimates may vary considerably based on jurisdiction size, available funding, staffing resources, and local capacity. Smaller jurisdictions or those with limited resources may require extended timeframes for each phase, while larger jurisdictions with dedicated implementation teams may be able to accelerate certain components.

3.1 PRE-IMPLEMENTATION PHASE

3.1.1 COMMUNITY ASSESSMENT AND SIM MAPPING

Stakeholder Engagement (Months 1-2):

- Convene representatives from law enforcement, behavioral health, courts, corrections, and community organizations
- Include individuals with lived experience and community advocates in planning processes
- Engage elected officials and community leaders to build political and financial support
- Identify a program evaluator to support implementation, process, and outcome evaluation and establish evaluation partnerships
- Establish clear governance structure and decision-making processes

Resource and Gap Analysis (Months 2-3):

- Conduct comprehensive SIM mapping to identify existing resources at each intercept point
- Assess current service capacity, eligibility criteria, and accessibility barriers
- Analyze criminal justice and behavioral health data to understand population needs
- Identify funding sources and sustainability planning opportunities

Community Readiness Assessment (Months 1-3):

- Evaluate law enforcement and first responder capacity and willingness to participate
- Assess behavioral health provider network capacity and capability
- Review legal and policy environment for barriers and opportunities
- Conduct community surveys and focus groups to gauge public support

3.1.2 PLANNING AND DESIGN

Program Model Selection (Months 3-4):

- Choose appropriate deflection pathways based on community needs and capacity

- Determine program types (Targeted Outreach, PREP, or both) based on resources and goals
- Establish service area boundaries and target population definitions
- Develop program goals, logic model and theory of change

Partnership Development (Months 2-4):

- Establish formal partnerships through Memorandums of Understanding
- Develop information sharing agreements and data collection protocols
- Create referral protocols and communication systems

Policy and Procedure Development (Months 3-5):

- Develop program policies aligned with WDI essential elements
- Create standard operating procedures for all program components
- Establish participant rights and grievance procedures
- Develop crisis intervention and safety protocols

3.1.3 INFRASTRUCTURE DEVELOPMENT

Staffing and Recruitment (Months 4-6):

- Develop job descriptions and qualifications for key positions
- Recruit and hire program director, case managers, and support staff
- Establish supervision structures and accountability systems
- Plan for ongoing training and professional development

Technology and Data Systems (Months 3-6):

- Select or develop data collection and case management systems
- Establish communication technologies for field-based staff
- Create reporting systems for funders and stakeholders, or identify workflows for submitting data to funders and stakeholders
- Ensure HIPAA compliance and data security protocols

Physical Infrastructure (Months 4-6):

- Secure office space that is accessible and welcoming to participants
- Establish satellite locations or mobile capabilities for outreach
- Create safe and confidential meeting spaces for sensitive conversations
- Ensure accessibility accommodations for individuals with disabilities

3.2 LAUNCH PHASE

3.2.1 STAFF TRAINING AND PREPARATION (MONTHS 5-7)

Core Competency Training:

- WDI essential elements and program model fidelity

- Sequential Intercept Model principles and community integration
- Trauma-informed care and effective communication and accessibility
- Motivational interviewing and strengths-based engagement

Specialized Training:

- Crisis intervention and de-escalation techniques
- Substance use disorders and co-occurring conditions
- Community resource navigation and referral protocols
- Data collection and documentation requirements

System Integration Training:

- Coordination protocols with law enforcement and first responders
- Behavioral health system navigation and resources
- Criminal justice system interface and legal considerations
- Community resource mapping and referral processes

3.2.2 PILOT IMPLEMENTATION (MONTHS 6-8)

Soft Launch Strategy:

- Begin with limited pathways and small participant capacity
- Focus on building relationships and refining processes
- Collect intensive feedback from participants and partners
- Make rapid adjustments based on early experience

Quality Assurance During Startup:

- Daily debriefing and problem-solving sessions
- Weekly case consultation and supervision
- Regular stakeholder check-ins and feedback collection
- Documentation of program changes and their impacts on identified program outcomes
- Ongoing data collection for program monitoring and quality assurance

Community Engagement:

- Public education campaigns about deflection services
- Outreach to community organizations and potential referral sources
- Media and communication strategies to build awareness and support
- Community advisory board activation and ongoing engagement

3.2.3 FULL IMPLEMENTATION (MONTHS 8-12)

Capacity Building:

- Gradual expansion of pathways and service capacity
- Addition of specialized services and populations
- Geographic expansion within planned service areas

- Enhancement of community partnerships and referral networks

Process Assessment:

- Analyze process data from pilot implementation period (6-12 months)
- Share findings with program team and stakeholders
- Identify successful processes and areas for improvement

Process Refinement:

- Standardization of successful practices and protocols
- Elimination of ineffective or problematic procedures, with documentation of any program changes and their impact on program goals and anticipated outcomes
- Integration of lessons learned from pilot experience and process assessment, along with documentation of any program changes and their impact on program goals and anticipated outcomes
- Documentation of best practices for replication

3.2.4 CONTINUOUS QUALITY IMPROVEMENT

Regular System Review:

- Quarterly stakeholder meetings to review performance and outcomes
- Annual SIM mapping updates to assess system changes and needs
- Continuous process improvement based on data and feedback
- Strategic planning for expansion and enhancement

Innovation and Adaptation:

- Pilot testing of new approaches and interventions
- Integration of emerging research and best practices
- Adaptation to changing community needs and circumstances
- Scaling of successful innovations to other communities

Sustainability Planning:

- Ongoing diversification of funding sources
- Political and community support maintenance
- Staff retention and professional development
- Long-term strategic planning and goal setting

4. TRAINING AND CAPACITY BUILDING

It is important to provide comprehensive training to ensure that staff involved in implementing a deflection initiative have the necessary knowledge, skills, and guidance. Proper education and training are essential for effective implementation, adherence to deflection principles, procedural guidelines, responsive service delivery, and building meaningful engagement with program participants.

4.1 TRAINING COMPONENTS

4.1.1 TRAINING NEEDS ASSESSMENT

Conduct comprehensive training needs assessment to identify the specific training requirements for staff involved in the deflection initiative. The assessment may include surveys, interviews, or focus groups to gather insights into existing knowledge gaps, skill deficiencies, and areas that require additional support. Involve staff, supervisors, and key stakeholders in the assessment process.

4.1.2 DEFLECTION PRINCIPLES AND PROCEDURAL GUIDELINES

Develop training programs that provide a comprehensive understanding of deflection principles and procedural guidelines. Cover topics such as:

- The purpose of deflection
- Eligibility criteria
- Deflection pathways
- Referral processes
- Participant engagement strategies
- Program components

Explain the importance of adhering to established guidelines to ensure consistency, fairness, and effective program implementation.

4.1.3 TRAUMA-INFORMED CARE

Include training in trauma-informed care principles to equip staff with the knowledge and skills to support individuals who have experienced trauma. Education topics include:

- The impact of trauma
- Trauma-sensitive communication
- Creating safe environments
- Implementing trauma-informed practices
- Promoting participant well-being, engagement, and positive outcomes

4.1.4 EFFECTIVE ENGAGEMENT WITH PROGRAM PARTICIPANTS

Develop training programs that focus on effective engagement strategies with program participants. Cover topics such as:

- Building rapport
- Active listening
- Motivational interviewing
- Strengths-based approaches
- Fostering collaborative and supportive relationships
- Communicating program expectations
- Setting goals
- Empowering participants throughout their recovery journey

4.1.5 PROFESSIONAL DEVELOPMENT AND SKILL ENHANCEMENT

Highlight the importance of ongoing professional development and skill enhancement for staff members involved in the deflection initiative. Encourage continuous learning through:

- Workshops
- Conferences
- Webinars
- Relevant training opportunities
- Staying current with emerging research and best practices

4.1.6 COLLABORATION WITH EXTERNAL TRAINING PROVIDERS

Explore collaboration with external training providers, subject matter experts, or academic institutions to deliver specialized training programs. Utilize their expertise to enhance staff knowledge and skills in specific areas such as:

- Evidence-based practices
- Trauma-informed care
- Responsive service delivery
- Stigma Reduction
- General Drug Trends
- Other relevant topics

4.1.7 EVALUATION OF TRAINING PROGRAMS

Implement evaluation mechanisms to assess the effectiveness of training programs. Utilize:

- Feedback surveys
- Post-training assessments
- Focus groups
- Continuous assessment to ensure training meets evolving needs

5. MONITORING, QUALITY ASSURANCE, COMPLIANCE, AND EVALUATION

Effective program management in complex initiatives like deflection programs depends on **integrated systems of data collection, quality assurance, compliance monitoring, and evaluation**. According to the CDC's Framework for Program Evaluation in Public Health (CDC, 1999), these elements help to answer:

- Are we doing things right? (Process monitoring and quality assurance)
- Are we doing the right things? (Evaluation of outcomes and impact)

Integration promotes data-driven decision-making, improves accountability, and enhances program sustainability.

5.1 DATA COLLECTION AND MONITORING: FOUNDATIONS OF PROGRAM OVERSIGHT

Effective program monitoring and data collection provide the critical foundation for understanding daily operations, measuring progress toward goals, and making informed decisions. Together, these activities support transparency, accountability, and continuous quality improvement in deflection programs.

5.1.1 PROGRAM MONITORING

Program monitoring involves the consistent, ongoing collection of data about activities and outcomes. It allows programs to track implementation fidelity, identify operational challenges, and adjust practices to enhance effectiveness.

The [Wisconsin Statewide Deflection Performance Measures Guide](#) supports these efforts by offering a set of outcome and performance metrics tailored to Wisconsin's diverse deflection programs. Developed collaboratively by practitioners, researchers, and evaluators, the guide helps programs measure key aspects such as:

- Participant demographics
- Referral pathways and eligibility
- Service delivery and participant engagement

By aligning monitoring activities with these standardized measures, programs can ensure data consistency and comparability across sites.

5.1.2 SYSTEMATIC DATA COLLECTION

High-quality data collection requires:

- Capturing data promptly, ideally as close to events as possible
- Using standardized tools, such as REDCap (used by COSSUAP-funded programs), to enhance accuracy and security
- Assigning clear roles and responsibilities for data entry and management

Key Wisconsin Data Sources Include:

Data Source	Information Provided
Participant self-report	Personal substance use, needs, and outcomes
Deflection programs	Referrals, services provided, participant engagement
Law Enforcement	Call logs, police reports
EMS and Fire Department Services	Response details for overdoses and emergencies
County Medical Examiner	Overdose death investigations
Treatment and Community Providers	Service utilization and outcomes
Health claims	Healthcare usage and billing
Prescription Drug Monitoring Program (PDMP)	Prescription histories
Consolidated Court Automation Programs (CCAP)	Court and justice system data
Wisconsin Administrative Data Core (WADC)	FoodShare (SNAP/Food Stamps), BadgerCare (Medicaid/SCHIP), Medicaid Claims & Encounters, Department of Corrections, Homelessness Management Information System

Combining these sources allows programs to develop a comprehensive understanding of participant trajectories, program effectiveness, and community impact.

Ensuring Data Quality and Utility

To maximize the usefulness of collected data:

- Implement data quality checks regularly
- Train staff on data collection protocols and privacy standards
- Maintain consistent definitions and coding practices

This approach supports reliable reporting, informs quality improvement initiatives, and lays the groundwork for rigorous evaluation.

5.2 DATA SHARING AND LEGAL COMPLIANCE: PROTECTING PRIVACY AND ENABLING COLLABORATION

Deflection programs typically involve collaboration among multiple agencies, such as law enforcement, emergency medical services (EMS), fire departments, district attorney's office, community services, treatment providers, and recovery support agencies. Effective collaboration requires operational data sharing to coordinate services, track participant progress, and evaluate program outcomes.

5.2.1 LEGAL AND REGULATORY FRAMEWORKS

Data sharing - whether interagency or with evaluators - is subject to legal and ethical requirements designed to protect individual privacy and confidentiality. Key regulations include:

- **Health Insurance Portability and Accountability Act (HIPAA):** Governs the privacy and security of protected health information (PHI).
- **CFR 42 Part 2:** Provides enhanced confidentiality protections for substance use disorder (SUD) treatment records.
- **Criminal Justice Information Services (CJIS):** Regulates the handling of criminal justice information and imposes security requirements on agencies accessing or sharing this data.

These regulations may restrict what information can be shared, with whom, and under what circumstances. They often require authorizations, limited use agreements, or specific data handling protocols.

Key Information Sharing Scenarios Include:

- Referral to the deflection program
- Outreach visits with prospective participants
- Updates on treatment progress and service engagement

Given the complexity and potential risks involved, **agencies should consult their respective legal counsel early in program implementation** to understand applicable laws and develop compliant information-sharing protocols.

5.2.2 MEMORANDUMS OF UNDERSTANDING

Agency collaborations in any deflection program can be complex. It is highly recommended to formalize collaborations through interagency agreements, such as a Memorandum of Understanding (MOU). An MOU is an agreement between two or more parties that outlines the expectations and responsibilities of each party. It clarifies:

- Roles and responsibilities of each party
- Data sharing terms, including permitted uses and protections
- Procedure for data security and confidentiality

Implementation Tips:

- Begin Developing MOUs **early** in program planning, ideally as soon as partnerships form.
- Ensure that all participating agencies' legal counsel review the MOU before finalizing.
- Regularly revisit and update agreements to reflect program changes or new regulations.

5.3 QUALITY ASSURANCE, COMPLIANCE, AND CONTINUOUS IMPROVEMENT

Quality assurance, compliance monitoring, and continuous improvement are critical to ensuring that deflection programs are implemented with fidelity, meet established standards, and evolve in response to participant and system needs. When aligned with data monitoring and supported by tools such as the **Wisconsin Statewide Deflection Performance Measures Guide**, these systems

enable programs to assess adherence to core standards, improve service delivery, and ensure accountability to stakeholders.

5.3.1 QUALITY ASSURANCE STANDARDS

Establish clear standards for quality assurance to ensure that deflection programs adhere to established requirements and program guidelines. These standards should encompass all aspects of program implementation, including:

- Referral processes
- Participant eligibility
- Treatment components
- Case management
- Overall program operations

Specify the expectations and benchmarks that programs must meet to ensure consistent and high-quality service delivery.

5.3.2 COMPLIANCE WITH PROGRAM REQUIREMENTS

Define protocols for compliance with program requirements to ensure consistent adherence to established standards. Specify:

- Essential program components
- Eligibility criteria
- Procedural guidelines that must be followed

Using standardized tools (such as checklists or flowcharts) and ongoing staff training can help ensure consistent adherence to these standards. Internal tracking aligned with performance measures also enables programs to spot deviations and make timely corrections.

5.4 MONITORING AND ASSESSMENT OF QUALITY AND COMPLIANCE

Building upon the data monitoring foundation described in Section 5.1, deflection programs should implement routine internal review processes to ensure that program implementation meets both operational and quality standards.

5.4.1 INTERNAL AUDITS

Develop procedures for internal audits to be conducted by program staff or designated personnel at regular intervals. These audits should evaluate:

- Program operations
- Documentation practices
- Adherence to program requirements
- Accuracy and completeness of participant records
- Referral processes
- Service delivery consistency and compliance

5.4.2 SITE VISITS

Formal site visits may also be conducted by oversight entities or cross-agency quality teams. Site visits may involve:

- Physical visits to program locations
- Interviews with staff members and participants
- Observations of program activities
- Evaluation of the program's physical environment
- Assessment of participant engagement
- Review of overall quality of services provided

5.4.3 DATA INTEGRITY AND REPORTING

Data integrity is essential for performance monitoring, compliance reporting, and evaluation. Programs should:

- Use standardized data collection procedures
- Conduct routine data audits and quality checks
- Provide staff training on data entry and privacy standards
- Track and report outcomes consistently, using definitions aligned with state-level performance measures

High-quality data supports program transparency and prepares programs for external evaluation.

5.5 CONTINUOUS QUALITY IMPROVEMENT

A culture of continuous improvement ensures deflection programs remain effective, responsive, and sustainable.

5.5.1 FEEDBACK AND LEARNING

Encourage program staff and stakeholders to:

- Share observations and feedback during regular team meetings
- Participate in structured quality improvement initiatives
- Use participant and partner feedback to identify improvement opportunities

Incorporating insights from the **Wisconsin Deflection Statewide Performance Measures Guide** can help programs identify patterns and target interventions where they are most needed.

5.5.2 TRAINING AND TECHNICAL ASSISTANCE

Offer training and technical assistance to support program staff in meeting quality assurance and compliance requirements. Provide:

- Regular training sessions on program standards
- Compliance protocols

- Data reporting procedures
- Quality improvement strategies
- Ongoing technical assistance to address staff questions and challenges
- Guidance on achieving and maintaining compliance

5.5.3 COLLABORATION WITH OVERSIGHT AGENCIES

Establish collaborative relationships with oversight agencies or entities responsible for monitoring and regulating deflection programs. Maintain:

- Open lines of communication
- Regular program updates
- Collaboration on quality assurance efforts
- Guidance and feedback from oversight agencies
- Alignment with best practices and regulatory requirements

5.6 EVALUATION: MEASURING OUTCOMES AND INFORMING IMPROVEMENT

Evaluation is an essential component of deflection program implementation. It goes beyond monitoring to assess the *effectiveness* of the program—whether it is achieving its intended outcomes, improving participant well-being, and advancing broader public health and public safety goals.

Where monitoring tracks day-to-day operations and outputs, **evaluation provides a deeper understanding of the program’s overall outcomes**, guiding evidence-based decision-making, resource allocation, and long-term strategy.

Depending on data availability, deflection programs should aim to evaluate key outcomes such as:

- Reductions in fatal and nonfatal overdoses
- Decreases in justice system involvement (e.g., recidivism)
- Improvements in treatment engagement, housing stability, or employment for participants

The **Wisconsin Statewide Deflection Performance Measures Guide** provides a strong foundation for evaluation by identifying core indicators that can be used across programs, ensuring consistency and comparability.

Recommendations for Conducting Evaluation:

- **Identify an evaluator early.** Engage an internal or external evaluator during the planning stage to help design a framework aligned with your goals.
- **Collaborate on data strategy.** Work with your evaluator to identify appropriate data sources, align them with performance measures, and design a timeline for evaluation milestones.
- **Begin with available tools.** If it's not possible to work with an evaluator right away, programs should use the **Wisconsin Statewide Deflection Performance Measures Guide** to

begin collecting relevant data and documenting outcomes from the start of the program.

Evaluation not only demonstrates accountability to funders and stakeholders, but also supports **continuous quality improvement**, **cross-agency learning**, and the **scaling of promising practices** across Wisconsin and beyond.

6. PROGRAM SUSTAINABILITY AND EXPANSION

6.1 STRATEGIES FOR PROGRAM SUSTAINABILITY

6.1.1 DIVERSIFYING FUNDING SOURCES

Explore additional funding sources beyond initial grants or allocations. Identify potential funding opportunities from:

- Federal, state, and local government agencies
- Private foundations
- Philanthropic organizations
- Corporate sponsorships

Develop a comprehensive funding plan that includes multiple revenue streams to support program sustainability.

6.1.2 COLLABORATION AND RESOURCE SHARING

Promote collaboration and resource sharing among deflection programs, community organizations, and service providers. Encourage partnerships to:

- Pool resources
- Share costs
- Leverage expertise
- Explore joint funding applications
- Develop shared staffing models
- Share infrastructure to maximize efficiency and sustainability

6.1.3 PROGRAM EVALUATION AND PERFORMANCE METRICS

Emphasize the importance of program evaluation and the use of performance metrics to demonstrate the effectiveness and impact of deflection programs. Regularly assess:

- Program outcomes
- Participant success rates
- Cost-effectiveness

Use evaluation findings to showcase program success and attract ongoing funding support.

6.1.4 COMMUNITY ENGAGEMENT AND SUPPORT

Highlight the significance of community engagement and support for program sustainability. Foster relationships with community stakeholders, including:

- Local businesses
- Advocacy groups
- Civic organizations

Seek community input, involve community members in program planning and implementation, and cultivate community support for continued funding and resources.

6.2 FUNDING MECHANISMS

6.2.1 GRANTS AND CONTRACTS

Encourage deflection programs to pursue grant opportunities and secure contracts with government entities or service agencies. Provide guidance on:

- Grant writing
- Grant management
- Contract negotiation to maximize funding possibilities

6.2.2 MEDICAID REIMBURSEMENT

Investigate opportunities to secure Medicaid reimbursement for eligible services provided within deflection programs. Work closely with state agencies or managed care organizations to navigate Medicaid billing requirements and maximize reimbursement.

6.2.3 COMMUNITY FUNDRAISING AND DONATIONS

Develop relationships with local businesses, civic organizations, and advocacy groups to secure donations and community support. Focus on building partnerships that provide both funding and community investment in program success.

- Identifying aligned community stakeholders and potential donors
- Developing compelling cases for support using local impact data
- Creating professional donation proposals and materials
- Implementing donor recognition and stewardship practices
- Exploring in-kind donations and volunteer support opportunities
- Establishing sustainable annual giving programs and fundraising events

6.3 SUCCESSFUL PROGRAM MODELS

6.3.1 GEOGRAPHIC EXPANSION

Consider geographic expansion of the deflection initiative to reach more communities across Wisconsin. Identify regions with:

- High needs
- Limited access to services

Collaborate with local stakeholders, government entities, and community organizations to assess feasibility and develop expansion plans.

6.3.2 PARTNERSHIPS AND COLLABORATION

Foster partnerships and collaboration with other jurisdictions, counties, or states to:

- Share resources
- Share expertise
- Share program models
- Explore cross-jurisdictional initiatives
- Enable knowledge exchange
- Develop joint funding applications

6.3.3 POLICY ADVOCACY AND LEGISLATIVE SUPPORT

Engage in policy advocacy and work with legislators to advocate for:

- Supportive policies
- Funding streams
- Legislative changes that facilitate sustainability and expansion

Collaborate with advocacy groups, professional associations, and stakeholders to build political support and drive policy reforms.

7. LEGAL AND POLICY FRAMEWORK

The legal and policy framework provides the foundation for deflection initiatives in Wisconsin. Understanding and adhering to relevant laws, regulations, and policies is essential for successful program implementation and operation.

7.1 CURRENT WISCONSIN LEGAL ENVIRONMENT

Currently, deflection laws, regulations, and broad-based policies are non-existent in Wisconsin. There are examples of deflection laws, regulations, and broad-based policies implemented in a limited number of other states. Model laws, regulations, and broad-based policies have been established and are included in the appendices.

7.2 COMPLIANCE REQUIREMENTS

7.2.1 STATE LAWS AND REGULATIONS

Describe the relevant state laws, regulations, and policies that form the basis for the deflection initiative in Wisconsin. Ensure compliance with existing statutes and any specific requirements unique to the jurisdiction.

7.2.2 FEDERAL REQUIREMENTS

Address federal requirements that may impact deflection program operations, including:

- Health Insurance Portability and Accountability Act (HIPAA)
- 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records)
- Criminal Justice Information Services (CJIS) requirements
- Grant compliance requirements

7.2.3 LOCAL ORDINANCES AND POLICIES

Consider local ordinances and policies that may affect deflection program implementation and ensure alignment with community-specific requirements.

7.3 LEGAL CONSIDERATIONS FOR IMPLEMENTATION

7.3.1 INFORMATION SHARING AGREEMENTS

Develop appropriate legal frameworks for information sharing between:

- Law enforcement agencies
- Healthcare providers
- Treatment organizations
- Community service providers
- Program evaluators

7.3.2 LIABILITY AND RISK MANAGEMENT

Address liability and risk management considerations for deflection programs, including:

- Professional liability coverage
- Participant safety protocols
- Crisis intervention procedures
- Emergency response plans

7.3.3 CONSENT AND AUTHORIZATION

Establish clear procedures for obtaining participant consent and authorization for:

- Program participation
- Information sharing
- Treatment referrals
- Data collection and evaluation activities

8. APPENDICES: RESOURCES, TEMPLATES AND REFERENCES

8.1 RESOURCES

8.1.1 NATIONAL ORGANIZATIONS AND INITIATIVES

1. **PAARI - The Police Assisted Addiction and Recovery Initiative**

- Website: paariususa.org

2. **PTACC - Police Treatment Community Collaborative**

- Website: ptaccollaborative.org
- Resources: 6 Pathways of Deflection One-pager, Guiding Principles

3. **LAPPA - Legislative Analysis and Public Policy Association**

- Website: legislativeanalysis.org
- Resources: Deflection Fact Sheet, Model Law Enforcement and Other First Responder Deflection Act

4. **GAINS Center for Behavioral Health and Justice Transformation**

- Website: [SAMHSA GAINS Center](http://SAMHSA.GAINS.Center)
- Resources: Deflection and Pre-arrest Diversion materials, Sequential Intercept Model tools and resources

5. **Sequential Intercept Model Resources**

- SAMHSA-GAINS Center SIM Mapping Tools and Resources
- SIM Community Planning Toolkit
- Intercept-Specific Implementation Guides
- SIM Evaluation and Performance Measurement Tools

6. **COSSUP Resource Center**

- Website: cossup.org
- Resources: Critical Elements guides, Implementation primers, Rural considerations

7. **Justice Community Opioid Innovation Network**

- Website: jcoinctc.org

- Resources: First Responder Deflection training courses

8.1.2 RESEARCH AND POLICY DOCUMENTS

- BJA First Responder Deflection Infographic
- Model Deflection Law
- NADCP Journal for Advancing Justice - Law Enforcement Deflection
- Pre-Arrest Diversion and Deflection Framework
- Navigating Confidentiality in First Responder Deflection
- Sequential Intercept Model Research and Evaluation Studies

8.1.3 WISCONSIN-SPECIFIC RESOURCES

- Wisconsin Statewide Deflection Performance Measures Guide
- Wisconsin Criminal Justice Coordination Council MOU Template
- Wisconsin Administrative Data Core (WADC)
- Consolidated Court Automation Programs (CCAP)

8.1.4 INFORMATION SHARING COMPLIANCE

- [Summary of the HIPAA Privacy Rule](#)
- [HIPAA 45 CFR Part 160](#)
- [HIPAA 45 CFR Part 164](#)
- [42 CFR Part 2](#)
- SAMHSA: Disclosure of Substance Use Disorder Patient Records - Does Part 2 Apply to Me?
- SAMHSA: Disclosure of Substance Use Disorder Patient Records - How Do I Exchange Part 2 Data?
- [SAMHSA: Substance Abuse Confidentiality Regulations](#)

8.2 TEMPLATES

[This section would include practical implementation tools such as:]

- Program Implementation Checklist
- Memorandum of Understanding Template
- Data Sharing Agreement Template
- Participant Intake Forms
- Program Evaluation Templates
- Training Curriculum Templates
- Quality Assurance Checklists
- Sustainability Planning Worksheets

8.3 REFERENCES

8.3.1 POLICY AND LEGISLATIVE REFERENCES

1. White House Announces State Model Law to Expand Programs that Deflect People with Addiction to Care (2022)

2. Arizona PBS Deflection Initiative examples and case studies

8.3.2 RESEARCH STUDIES

3. "Police drug busts can cost lives, researchers say" - NPR (2023)
4. "Spatiotemporal Analysis Exploring the Effect of Law Enforcement Drug Market Disruptions on Overdose" - American Journal of Public Health (2023)
5. "Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010-2021" - Addiction Journal (2023)

8.3.3 IMPLEMENTATION GUIDANCE

6. "Reduced drug use is a meaningful treatment outcome for people with stimulant use disorders" - National Institutes of Health
7. "Factors Affecting Comfort in Disclosing Alcohol and Other Drug Histories" - Addiction Policy Institute

8.3.4 LEGAL AND COMPLIANCE REFERENCES

8. Eastern District of Pennsylvania Statement of Interest on Treatment Access in Jails
9. Various SAMHSA resources on confidentiality regulations and information sharing
10. Multiple research studies on information sharing compliance and privacy regulations

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This document serves as a comprehensive guide for implementing deflection programs within the Wisconsin Deflection Initiative. For additional resources, updates, and implementation support, visit the Wisconsin Criminal Justice Coordination Council webpage at:
<https://cjcc.doj.wi.gov/initiative/wisconsin-deflection-initiative-wdi-0>