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| **Applicant Instructions:**   * Optional: Email [kara.martin@judicial.state.co.us](mailto:kara.martin@judicial.state.co.us) for a link to either of two informational sessions about applying for FY23 adult diversion program funding on **1/31/22 or 2/11/22 (noon-1 p.m.) or to schedule an alternate time.** * Respond briefly to each question using bullets (preferred) or narrative responses. Please use as much space as necessary within the application and reference the relevant question in any attachments. * Return the completed application to [kara.martin@judicial.state.co.us](mailto:kara.martin@judicial.state.co.us) by **4/5/2022.** * Applicants should plan to have a representative available for a short Q&A with the Adult Diversion Funding Committee on **4/19/22** between 9 a.m. and noon (specific time TBD). |

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| Section 1. Applicant Information | | | | | | |
| Judicial District: \_\_ | Counties Served by Diversion Program: all (in JD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County(ies) | | | | | |
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| Primary Contact Name: | | | Email: | | Phone: ( ) - | |
| FY23 Funding Requested | | Adult Diversion: $ | | Correctional Treatment: $ | | |
| New or existing program? | | New  Existing; If Existing, Year Started: \_\_\_\_\_\_\_ | | | | |
| Describe any unique local circumstances that contribute to the need for adult diversion funding. | | | | | |
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| Section 2. Adult Diversion Program Information | | | | | | | |
| Part A - Target Population | | | | | | | |
| 1. If the most serious offense is \_\_, would the case be considered for diversion? | *Ex 1: If the* ***most serious charge*** *is* ***F1****, the case would probably not be diversion-eligible due to offense level (F1) and* *F1 would* ***not*** *be marked below.*  *Ex 2: If the* ***most serious charge*** *is* ***petty****, would the case be diversion eligible? If so, mark* *petty. If not, don’t mark* *petty. This question is intended to better understand offense levels targeted by your program.*  F1 F2 F3 F4 F5 F6 DF1 DF2 DF3 DF4  M1 M2 DM1 DM2 Petty Offenses Traffic Offenses | | | | | | |
| 1. What % of diverted cases are likely to be felonies/drug felonies? | | | \_\_\_% | What % of diverted cases are likely to be misdemeanors/drug misdemeanors? | | | \_\_\_% |
| 1. Describe your diversion program’s target population (e.g., age, treatment needs, risk level). | | | | | | | |
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| 1. Why did you select this target population? If this population differs from prior years, please elaborate on this development. | | | | | | | |
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| 1. Identify objective eligibility criteria for entry into diversion (other than offense-related exclusions). | | | | | | | |
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| 1. Identify subjective eligibility criteria. | | | | | | | |
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| 1. What screening processes/instruments are used to identify diversion participants? | | | | | | | |
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| 1. If fully funded, approximately how many participants would be served in FY23? | | | | | |  | |
| Part B – Diversion Program Implementation and Operations | | | | | | | |
| 1. What are the points of entry into diversion (e.g., identification by law enforcement or co-responder, routine DA screening of arrests/summons and citation, referral by DA at advisement, request by program candidate or family, standardized screening, identification by pretrial services, etc.)? | | | | | | | |
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| 1. Are individuals involved in the competency evaluation/restoration system considered for diversion, either upon a determination of competent to proceed or following restoration? If so, please describe how those individuals are identified for diversion. | | | | | | | |
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| 1. If you are a new program applicant, what inspired you to apply for funding or create a new program this year? Please include a brief overview of the planned adult diversion program and the time frame for key tasks. If you are an existing program, please indicate any significant changes in your program since FY22. | | | | | | | |
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| 1. Other than expenses described in the budget below, what training or other resource needs, if any, are required for successful program operations? | | | | | | | |
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| 1. The Risk Needs Responsivity Model relies on the following principles:   Risk Principle: Interventions should match the risk level for re-offending, with higher risk individuals receiving more intensive programming for longer periods of time and lower risk individuals receiving low-intensity or no interventions.  Need Principle: Interventions should identify and target criminogenic needs.  Responsivity Principle: Treatment or interventions are most effective when matched to an individual’s level of criminal risk, criminogenic needs, learning style, personality, and skills.  How does your program implement these principles to determine the nature and level of supervision and appropriate interventions? What tools/methods are used to tailor diversion agreements to participants, consistent with these principles? | | | | | | | |
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| 1. What are the standard terms of your diversion agreements? | | | | | | | |
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| 1. How does/will your program support participants who are unhoused? What, if any, arrangements are in place to address participant needs for short-term or emergency housing? | | | | | | | |
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| 1. How does/will your program support participants with other unmet basic needs (e.g., food, medical or dental treatment, substance abuse disorder or mental health treatment, recovery support, clothing, employment/job training, education, identification documents, transportation, communication/ cell phone, etc.)? What, if any, processes are in place to ensure referrals are effective? | | | | | | | |
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| 1. How does/will your program identify and support participants with developmental disabilities, brain injuries, substance use disorders, mental health treatment needs, or other conditions that may affect functioning, ability to successfully complete diversion, and/or risk of recidivating? | | | | | | | |
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| 1. What % of participants do you anticipate will need behavioral health treatment? | | | | | | | |
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| 1. How does your program utilize drug/alcohol testing, if at all? | | | | | | | |
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| 1. Who will conduct behavioral health treatment assessments? If the treatment provider and assessor are the same, what oversight will guard against over-assessment into treatment? | | | | | | | |
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| 1. How will you track successful participation in behavioral health treatment, and evaluate treatment provider effectiveness? | | | | | | | |
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| 1. How does your program support equitable access to diversion, particularly for populations disproportionately represented in the criminal legal system? | | | | | | | |
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| 1. What ongoing efforts are in place to support the provision of culturally responsive services by staff, providers, and community partners? | | | | | | | |
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| 1. What programs operate in your community to support people accused or victims of crime? | | Mobile crisis response  Restorative Justice  Law Enforcement Assisted Diversion (LEAD)  Problem-Solving Courts  Pretrial Services  Jail Based Behavioral Health Services (JBBS)  Medication Assisted Treatment (MAT)  Bridges  Criminal Justice Advisory/Planning Committee  ☐ Co-Responder  Re-entry programs  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. How do/will you integrate diversion into the existing framework of law enforcement/criminal legal system responses? If you triage all new filings, please describe your triage process to decide fit between case/person and program. You may provide a narrative or bulleted response, a decision tree, or a Sequential Intercept Model map showing the relation of diversion to other system responses. See <https://spark.adobe.com/page/mRqVqcCHqlVfi/> and <https://www.prainc.com/sim/> regarding the Sequential Intercept Model. | | | | | | | |
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| 1. What are the primary unmet needs in your locale for individuals involved in the criminal legal system (e.g., underserved populations, unavailability of services, inadequate funding, etc.)? | | | | | | | |
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| 1. Identify any primary partner organizations to serve, supervise, or support participants. Include a contact name, phone, email, and nature of assistance to be provided by each. If this is a first-time funding request or a new partner, please attach a brief letter of commitment from the partner organization. | | | | | | | |
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| 1. How will you demonstrate an effective return on investment for the grant award? | | | | | | | |
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| Part C – Data Reporting, Goals, Objectives and Outcomes | | | | | | | |
| 1. Identify three goals, including objectives and measurable outcomes, that further one or more Adult Diversion Program statutory goals: 2. Prevent the commission of additional criminal acts; 3. Restore victims of crime; 4. Facilitate the payment of restitution; 5. Reduce the number of cases in the criminal justice system; 6. Ensure participant accountability; 7. Avoid collateral consequences of criminal charges and convictions; 8. Rehabilitate and reintegrate participants into the community; and 9. Advance the public interest. | | | | | | | |
| *Goal: The aim or desired result (often broad and representing long term vision)*  *Objective: Actions to be taken or achieved in furtherance of the goal*  *Outcome: Measurable results/effect (e.g., divert \_\_# people; \_\_% successful completion of diversion; \_% of participants receive job training; \_\_# victims receive restitution in full, etc.)* | | | | | | | |
| Program Goal 1: | | | | | | | |
| Objective (a): | Objective (b): | | | | Objective (c): | | |
| Measurable Outcome(s) (a): | Measurable Outcome(s) (b): | | | | Measurable Outcome(s) (c): | | |
| Timeframe: | Timeframe: | | | | Timeframe: | | |
| Statutory goal(s) advanced by Program Goal 1: | | | | | | | |
| Program Goal 2: | | | | | | | |
| Objective (a): | Objective (b): | | | | Objective (c): | | |
| Measurable Outcome(s) (a): | Measurable Outcome(s) (b): | | | | Measurable Outcome(s) (c): | | |
| Timeframe: | Timeframe: | | | | Timeframe: | | |
| Statutory goal(s) advanced by Program Goal 2: | | | | | | | |
| Program Goal 3: | | | | | | | |
| Objective (a): | Objective (b): | | | | Objective (c): | | |
| Measurable Outcome(s) (a): | Measurable Outcome(s) (b): | | | | Measurable Outcome(s) (c): | | |
| Timeframe: | Timeframe: | | | | Timeframe: | | |
| Statutory goal(s) advanced by Program Goal 3: | | | | | | | |

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| Section 3. Budget | | | |
| Use this section to elaborate on program financial needs and anticipated expenses. Identify any fees participants will be charged. | | | |
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| Expenses Category | **Funded by Grant[[1]](#footnote-1)** | **Funded by Other Sources** | **Total** |
| General Adult Diversion Program Funds, §18-1.3-101, C.R.S. | | | |
| Personnel (e.g., Diversion Coordinator, Behavioral Health Navigators). *Itemize type and amount of expense.* | $ | $ | $ |
| DA Staff or Stakeholder Training (other than CCJC) | $ | $ | $ |
| Consultants/contract support (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | $ | $ |
| Operating (Supplies, Travel, etc.). *Itemize type and amount of expense.* | $ | $ | $ |
| Mental Health Assessment, Evaluation and/or Treatment (Payor of Last Resort, Non-Correctional Treatment) | $ | $ | $ |
| Case Management/Participant Support Services  *Itemize type and amount of expense.* | $ | $ | $ |
| Law Enforcement/Jail Compensation (In-custody screening, data collection and reporting, etc.) *Itemize type and amount of expense.* | $ | $ | $ |
| Participant Needs/Support (Transportation, Medication, Transitional Housing, etc.). *Itemize type and amount of expense.* | $ | $ | $ |
| Adult Diversion Request | $ |  |  |
| Correctional Treatment Funds, §18-19-103, C.R.S. | | | |
| Screening, Assessment or Evaluation | $ | $ | $ |
| Alcohol/Drug Testing | $ | $ | $ |
| Participant Substance Use Disorder Education/Training | $ | $ | $ |
| CCJC Conference | $ | $ | $ |
| Treatment (Substance Use Disorder/Co-occurring) | $ | $ | $ |
| Recovery Support Services.[[2]](#footnote-2) *Itemize type and amount of expense.* | $ | $ | $ |
| Correctional Treatment Fund Request | $ |  |  |
| *Quarterly reporting will track expenses related to grant monies distributed, not outside funding.* | | | |
| Average monthly supervision fee paid per participant | | $ | |
| Total FY23 anticipated participant fees received | | $ | |

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| ***Signature*** |

Written policies and procedures addressing eligibility criteria are due with year-end reports.

*I have reviewed the information contained in this Adult Diversion Funding Application and certify that is true and correct to the best of my knowledge.*

District Attorney printed name:

District Attorney signature: Date:

1. In the table below, estimate program-related expenses to be funded by the Adult Diversion grant or other sources. Ex.: If in-kind/match support covers $20K of $50K in personnel costs, the *Funded by Grant* column should list $30K. [↑](#footnote-ref-1)
2. See attachment, Examples of Recovery Support Services. [↑](#footnote-ref-2)