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| **PLEASE COMPLETE AND RETURN THE APPLICATION TO** **kara.martin@judicial.state.co.us** **BY MARCH 20, 2020** |
| **SCAO use only** | FY 19:  | Amount Awarded: $ | Amount Spent: $ |
|  | FY 20:  | Amount Awarded: $ | Amount Spent: $ |
| Score:  | Comments: |
| Deny/Grant: | FY 21:  | Amount Awarded: $ |

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| Section 1. Applicant Information |
| Judicial District:  | Counties Served:  |
| Primary Contact Name:  | Elected District Attorney: |
| Email:  | Office Phone: | Alt. Phone: |
| Mailing Address: | City: | CO | Zip: |
| Funding Amount Requested for FY 2021: $ |

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| Section 2. Adult Diversion Program Information |
| 1. *Is this a new or existing program?*
 | *New* |  | *Existing* |  | *Year Started* |  |
| Part A - Target Population |
| 1. *Describe your program’s target population, including any targeted offenses, and explain any changes in the target population from FY20.*
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| 1. *Why did you select this target population, including any targeted offenses?*
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| 1. *Approximately how many participants do you expect on a monthly or yearly basis, and how did you determine this number?*
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| 1. *Identify your program’s objective and subjective, if any, eligibility criteria. What are the screening and selection processes used to identify diversion candidates? Explain any differences in eligibility criteria from FY20.*
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| *Written policies and procedures addressing eligibility criteria are due with year-end reports.*  |
| 1. *How does diversion of the target population prevent participants from committing additional criminal acts?*
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| 1. *How does diversion of the target population advance the restoration of victims of crime and facilitate payment of restitution?*
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| 1. *To what extent will diversion of the target population reduce the number of cases in the criminal justice system?*
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| 1. *How will diversion of the target population ensure accountability?*
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| 1. *How will diversion of the target population limit the collateral consequences of criminal charges and convictions? How will it contribute to participant rehabilitation or reintegration into the community?*
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| 1. *In what specific ways will diversion of the target population serve the public interest?*
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| Part B - Program Implementation and Operations |
| 1. *Describe any unique circumstances in your judicial district that contribute to the need for adult diversion (e.g., increasing case filings, increasing volume of jury trials, jail overcrowding, etc.).*
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| 1. *If you are a first time applicant planning to create a new program, describe the adult diversion program you envision, including your implementation plan and time frames for key tasks. If you have an existing diversion program, provide a brief summary of your operations, including any operational changes made within the prior year, unless already noted above.*
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| 1. *Describe any training or other resource needs required for successful implementation or operations.*
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| 1. *How do you determine whether a diversion participant warrants supervision, including any screens, tools, assessments or other processes used in this decision-making process?*
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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: To reduce recidivism, 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.*

*Please describe the extent to which your program implements these principles in determining the nature and level of supervision and identifying interventions, including tools or methods your office or your partners use to individualize diversion agreements consistent with these principles.*  |
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| 1. *Describe, or attach a copy of, any standard terms of diversion agreements, including standard requirements for successful completion of the diversion agreement.*
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| 1. *How will you determine whether a behavioral health treatment assessment referral is necessary?*
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| 1. *How many people or what percentage of your target population do you anticipate will need behavioral health treatment?*
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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, when required, and evaluate treatment provider effectiveness?*
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| 1. *How will you demonstrate an effective return on investment for the grant award?*
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| Part C - Partner Organizations |
| 1. *Identify any partner organizations that will serve, supervise or support participants in completing their diversion agreements, including a contact name, phone, email and mailing address for each.*
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| 1. *For any partner identified above, please identify the services each will provide and state, or provide documentation for, the qualifications to provide those services.*
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| *If this is a first-time request for funding or partner organizations have changed, please attach a letter of commitment from each partner identifying the partner role.* |
| Part D – Data Reporting, Goals, Objectives and Outcomes  |
| *Please identify three goals in the sections below that connect program goals, objectives, and measurable outcomes to one or more statutory goals of:* * *Preventing the commission of additional criminal acts;*
* *Restoring victims of crime;*
* *Facilitating the payment of restitution;*
* *Reducing the number of cases in the criminal justice system;*
* *Ensuring participant accountability;*
* *Avoiding collateral consequences of criminal charges and convictions;*
* *Rehabilitating and reintegrating participants into the community; and*
* *Advancing the public interest.*
 |
| 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. Adult Diversion Budget |
| *Explain program financial needs and anticipated expenses. Identify any fees participants will be charged. State the anticipated cost per participant and explain the calculation of this amount.*  |
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| Table Instructions: *Estimate the total expenses to be funded by the Adult Diversion Program grant and total amount to be supported by other sources. Example: In-kind or match support will cover $20K of the $50K total personnel cost, the “Funded by Grant” column should list $30K.*  |
| Expenses Category | **Funded by Grant\*** | **Funded by Other Sources** | **Total** |
| General Adult Diversion Program Funds |
| Personnel: | $ | $ | $ |
| Training: | $ | $ | $ |
| Consultants/contract support: | $ | $ | $ |
| Operating: | $ | $ | $ |
| Non-Correctional Treatment: | $ | $ | $ |
| Other (specify):  | $ | $ | $ |
| Correctional Treatment Funds, §18-19-103, C.R.S. |
| Screening, assessment & evaluation: | $ | $ | $ |
| Alcohol and drug testing: | $ | $ | $ |
| Substance abuse education/training: | $ | $ | $ |
| CCJC conference: | $ | $ | $ |
| Substance abuse/Co-occurring treatment: | $ | $ | $ |
| Recovery support services: | $ | $ | $ |
| *Quarterly reporting will track expenses related to grant monies distributed, not outside funding.* |
| Estimated # of participants to be supervised:  |  | Avg. monthly supervision fee: | $  |
| Total anticipated participant fees:  | $ | Match/in-kind support: | $ |
| Total grant-funding requested: | $ | Total cost for Adult Diversion Program: | $ |

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| ***Signature*** |

*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: