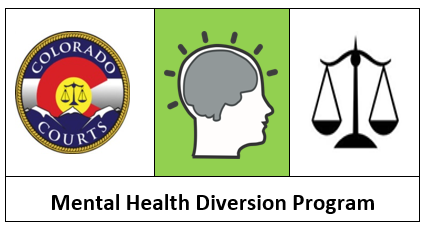
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| **Please complete and return this funding request to** [**kara.martin@judicial.state.co.us**](mailto:kara.martin@judicial.state.co.us) **by April 28, 2020.**  **Please add space, rows or attachments as necessary.** |



**Funding Request of the Judicial District**

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| ***Legislative Intent,***  ***Sec. 18-1.3-101.5, C.R.S.*** | *To identify and divert individuals with mental health conditions, charged with low-level criminal offenses, out of the criminal justice system and into community treatment programs, consistent with the principles and proposed model of the Colorado Commission on Criminal and Juvenile Justice (CCJJ), adopted January 12, 2018.* |

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| Section 1. Applicant Information | | |
| Primary MHDP contact name: | **Email:** | **Phone:** |
| Mailing address: | | |
| FY21 funding requested (*excluding $50K DA disbursement*): $ | **Participating counties:** | |

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| Section 2. Program Information |
| Part A - Target Population and Participant Eligibility Determination |
| 1. Program capacity Anticipated # participants at a given time: Maximum # participants at a given time: \_\_\_\_ |
| 1. Statutorily eligible offenses categories   *Low-level criminal offenses exclude Victim Rights Act offenses and:*  *• include any petty or misdemeanor offense;*  *• with DA agreement, any class 4, 5 or 6 felony or any level 3 or 4 felony drug offense.*  If your program will exclude any statutorily-eligible offenses from MHDP eligibility, please identify the ineligible offense(s) or offense categories and describe the reason for exclusion.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Eligibility disqualifications 2. List any disqualifying factor(s) for someone otherwise eligible (i.e., whose mental health screen indicates mental health concerns or needs and who faces potential charges for an eligible offense) and reasons for the eligibility disqualification: 3. List all screens or assessments used to determine MHDP eligibility or referrals.  |  |  |  |  | | --- | --- | --- | --- | | Name of Screen/ Assessment | Purpose  (eligibility or referral) | Administered by Whom? | Eligibility Threshold or  Disqualifying Score/Rating | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Additional explanation, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Eligibility changes: For existing pilots, briefly describe any changes expanding or narrowing eligibility criteria during FY19 and FY20. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Part B – Program Implementation and Operations |
| 1. Program partners   *Pilot sites are encouraged to strengthen stakeholder partnerships throughout program planning, implementation and adaptation to 1) improve program operations through maximum input, buy-in, collaboration and coordination; and 2) maximize participant access and meaningful referrals for basic needs and stability-enhancing services.*  Please list all program partners and indicate their level of engagement in program planning, implementation and problem-solving.Examples: Bridges liaison, co-responders, court staff, DA office, JBBS, jail, judicial officers, MH providers, pre-trial services, PD office, probation, law enforcement, community service providers (e.g., food banks, DV advocates, shelters, transitional housing, employment services, public benefits, etc.).   |  |  |  |  | | --- | --- | --- | --- | | **Program Partner** | **Engagement Level**  **(high, medium or low)** | **Program Partner** | **Engagement Level**  **(high, medium or low)** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 1. Mental health (MH) screen: *The short questionnaire administered orally by a non-mental health professional, such as a booking officer or pre-trial services staff, used to determine whether to request a mental health assessment. Administration of the screen does not require formal training and may occur as a routine justice system procedure. Examples of free, evidence-based, validated [on criminal justice populations] MH screens include Brief Jail Mental Health Screen (BJMHS), Colorado Criminal Justice Mental Health Screen – Adult (CCJMHS), and Correctional Mental Health Screen for Women (or Men) (CMHS-W or CMHS-M).* 2. Please identify the MH screen your program will use.   BJMHS  CCJMHS  CMHS-W and CMHS-M  Other:   1. Will all individuals booked into jail undergo MH screening if they are willing:  Yes  No   If not, please explain   1. Who conducts or will conduct MH screening?  * at booking/arrest:  jail/booking  pretrial services  other: * for individuals on summons/citation: * for individuals on bond:  1. Please briefly describe remaining steps in the eligibility process after MH screening. 2. Who tracks the # of positive and negative screens for MHDP quarterly reports? |
| 7. Mental health (MH) assessment,as referenced in the CCJJ Model: *The face-to-face or telehealth assessment conducted by a licensed mental health professional, in the jail, at the professional’s office, or elsewhere, to determine whether MHDP is recommended and if so, to provide a warm handoff to treatment. The assessment examines:*   * *Current symptomology of a behavioral health disorder;* * *History of behavioral health concerns, diagnoses, or treatment;* * *Current involvement in treatment;* * *Social determinants of health (e.g., homelessness, employment, etc.); and* * *Willingness to engage in MHDP and commit to treatment.* |
| a. Describe the process for obtaining MH assessment of candidates with positive MH screens, not otherwise disqualified from MHDP.   * candidates in custody: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * candidates out of custody: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. Describe the steps your program will take to increase the likelihood that out of custody candidates will attend their MH assessment appointments. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. Mental health and/or psychiatric treatment   1. How will your program coordinate entry into treatment and promote participation? (specify who will do what and when) 2. How will your program reduce barriers to increase treatment attendance? 3. Who will assist participants with obtaining and/or using private insurance and/or Medicaid during diversion and for post-diversion access? |
| 1. Case management and access to resources: Please describe how your program will help participants meet unmet needs (e.g., food, clothing, shelter, employment assistance, recovery support, medical care, public benefits, etc.) to achieve and maintain stability during and after diversion? |
| 1. Successful completion of diversion: Please describe the requirements to successfully complete diversion, resulting in the non-filing or dismissal of charges. |
| 1. Information-sharing  |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Example: Information-Sharing Arrangements among Program Partners* | | | | | |  | *Information to be Shared* | *From* | *To* | *Arrangement* | | *Example A* | *MH screen result*  *(i.e., positive or negative)* | *Jail* | *DA office* | *Covered by existing MOU; Each day, jail staff emails DA the list of individuals who screen positive if candidate signs Release of Information* | | *Example B* | *Status of MH assessment (complete or incomplete) and recommendation for/against MHDP participation; termination from treatment* | *MH provider* | *DA office* | *Candidate signs Release of Information; Information-sharing agreement between MH provider and DA’s office to be drafted* | | *Example*  *C* | *Status of candidate’s competency evaluation or restoration services outcome* | *Evaluator or restoration provider* | *DA office* | *Covered by existing information-sharing agreement which permits communication by confidential written notice* |   Please complete the table below to describe information-sharing among your program partners, including information-sharing agreements, participant authorizations for release of information or any other information-sharing arrangements.   |  |  |  |  | | --- | --- | --- | --- | | **Information-Sharing Arrangements among Program Partners** | | | | | **Information to be Shared** | **From** | **To** | **Nature of Arrangement** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 1. Training and support needs: Please describe any training or support needed from the State Court Administrator’s Office, such as procurement of training or speakers, facilitation of meetings, scheduling of monthly calls, technical assistance regarding screens or assessment tools, etc., for implementation of MHDP. |
| Part C – MHDP Goals, Objectives and Outcomes |
| Goals of the Colorado Commission on Criminal and Juvenile Justice Model Jails and Mental Health Task Force Model   * *Reduced incarceration of adults with unmet mental health needs* * *Reduction of the number and cost of court cases involving adults with unmet mental health needs* * *Cost-savings and measurable justice and healthcare resource management efficiencies* * *Positive outcomes for adults with mental health impairments.* |
| 13. Please identify pilot program goals, objectives and outcomes connected to the CCJJ Model referenced above. |
| Pilot Program Goal 1: |

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| --- | --- | --- | --- |
| Objective (a): | Objective (b): | | Objective (c): |
| Measurable Outcome(s) (a): | Measurable Outcome(s) (b): | | Measurable Outcome(s) (c): |
| Timeframe: | Timeframe: | Timeframe: | |
| MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 1: | | | |
| **Pilot Program Goal 2:** | | | |
| Objective (a): | Objective (b): | | Objective (c): |
| Measurable Outcome(s) (a): | Measurable Outcome(s) (b): | | Measurable Outcome(s) (c): |
| Timeframe: | Timeframe: | Timeframe: | |
| MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 2: | | | |
| **Section 3. Budget** | | | |
| **Part A – District Attorney Funding** | | | |
| 1. **District Attorney Funding:**Pursuant to 18-1.3-101.5, C.R.S., each pilot site DA office receives $50,000 annually offset personnel and administrative costs of operating MHDP. Below is an example of DA fund usage for FY21. **After reviewing the example, please complete the blank table that follows, which will show your program’s past and anticipated future DA funding usage and needs. Question 14 seeks a general description of the nature of funding needs and usage rather than a specific accounting.**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Example Anticipated Usage of FY21 DA Disbursement - Nature or Type of Expenditure and Basis for Calculation* | | | | | | *Compensation of .5 FTE DA’s office diversion coordinator at $2500/month, who gathers and maintains data, prepares quarterly reports, reviews cases for eligibility, makes MH assessment referrals, conducts candidate outreach and follow-up, tracks new charges, reviews cases for dismissal or pursuit of charges* | | | | *$30,000* | | *Language interpreters and document translation services for MHDP participants* | | | | *$3,000* | | *Bus passes and hotel vouchers for MHDP participants* | | | | *$3,000* | | *Office supplies (files, paper, pens, copies, telephone service)* | | | | *$500* | | *Diversion coordinator’s travel to jail, MH provider office, and court in all counties* | | | | *$1,500* | | *DA and diversion coordinator travel expenses for training on substance use disorders, MH and criminogenic needs* | | | | *$1,000* | | *Law enforcement training re: MHDP, MH, and competency (supplies, meals, speaker fees, and travel reimbursement)* | | | | *$1,000* | | **Type of Expenditure**  *For FY21, include the basis for or calculation of the estimated expenditures.* | **Approximate Past Expenditures** | | **Anticipated Future Expenditures** | | | | **FY19**  (7/1/18-6/30/19) | **FY20**  (7/1/19-6/30/20) | **FY21**  (7/1/20-6/30/21) | | | |  |  |  |  | | | |  |  |  |  | | | |  |  |  |  | | | |  |  |  |  | | |  1. **MHDP**  could have operated without these funds  could not have operated without these funds   could have operated with the lesser amount of $ per year  required additional funds *(please describe):*   1. **Estimated District Attorney cost savings from MHDP** *(e.g., nature of savings, estimated amount and calculation)*: | | | |
| **Part B – Program Implementation and Operations** | | | |
| **15.** **Pilot site funding request:** Below is an MHDP budget request example.   |  |  |  |  | | --- | --- | --- | --- | | *Example FY21 Budget Request* | | | | | *Example Expenditure/ Reimbursement Categories* | *Service or Purchase Description and*  *Expenditure Calculation* | *Provider/*  *Vendor/*  *Payee* | *Amount* | | *MH screening*  *(see question 6)* | *compensation for staff to handle administration of new screen at booking necessitating (.2 FTE at $55K/year to administer 2,000 screens/year, record results and report to DA* | *Sheriff’s Office* | *$11,000* | | *MH assessment*  *(see question 7)* | *Payment for 200 MH assessments per year at $200 each performed in custody and not Medicaid eligible* | *Sam Smith, LPC* | *$40,000* | | *MH treatment* | *6 treatment sessions each for 50 participants ineligible for Medicaid and lacking private insurance at $120/session (45 minutes)* | *ABC Therapy* | *$36,000* | | *psychiatric medications* | *Estimated at $100/month for 5 months for 25 participants, during pending SSI appeals* | *Walgreens* | *$12,500* | | *case management needed for successful MHDP completion and post-program stability* | *Case management services for 150 participants*  *18 hours at $45/hour (3 hours/month for 6 months)*   * *Accessing public benefits: TANF, SNAP, Medicaid, Sec. 8, SSI, etc.* * *Accessing private health insurance, medical, dental, MH, SUD disorder care/treatment, recovery support, DV advocacy* * *Employment, transportation, shelter or housing support* | *ABC Therapy* | *$121,500* | | *personnel or contract support (e.g., compensation reimbursement for jail or pre-trial FTE)* | *NA* | *NA* | *$0* | | *operating* | *NA* | *NA* | *$0* | | *Training* | *NA (covered by DA disbursement)* | *NA* | *$0* | | *Other* | *Narcan kits for 50 participants at $130 each* | *NA* | *$6,500* | | *Total FY21 Request* |  |  | *$227,500* |   **After reviewing the funding guidelines, please detail the total funding requested for FY21, to be provided on a reimbursement basis, in the following table.** | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **FY21 Budget Request (excluding $50K DA Disbursement)** | | | | | **Expenditure/ Reimbursement Category** | **Detailed Explanation of Service or Purchase and Expenditure Calculation** | **Provider/Vendor/**  **Payee** | **Amount** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **16.*****Estimated cost savings*** *as a result of MHDP by program partners other than the DA, such as jails, court, etc. (including the nature, estimated amount and calculation of such savings)*: | | | |
| 1. **Required Attachments** 2. **Flow charts or decision trees.** *Please attach flow charts or decision trees showing critical decision points, processes and time frames for MHDP candidates and participants for each of the following scenarios:*  * Candidates in custody: From arrest through program completion * Candidates on bond: From arrest through program completion * Candidates given citation and summons: Citation through program completion  1. **A copy of the diversion agreement, if any will be used.** | | | |

*The following information is true and correct to the best of my knowledge.*

Prepared by:

Printed name:

Title:

*This Funding Request will be administered in accordance with the provisions of C.R.S. §18-1.3-101.5 and the Model adopted by the Colorado Commission on Criminal and Juvenile Justice Model, on January 12, 2018. I am aware of and will comply with the quarterly and annual data reporting requirements of MHPD pilot sites.*

Approved by:

Printed name: Printed name:

District Attorney for the \_\_ Judicial District Chief Judge of the \_\_ Judicial District