

Name of County:

Adult Services Grant Amendment for FY2016

General Agency Information

Applicant Information

County(ies) Served:	
Advisory Board Chair Name:	
Advisory Board Chair Mailing Address:	
City:	Zip Code:
Advisory Board Chair Phone:	
Advisory Board Chair Email Address:	

Auditor Name:	
Auditor Mailing Address:	
City:	Zip Code:
Auditor Phone:	
Auditor Address:	

Total Funds Requested:

ADVISORY BOARD ROSTER

Fill in the names of the current advisory board members to include position held. Identify Chairman, Vice Chairman, and Secretary under Advisory Board Officer Position Provide an updated roster to the Department as positions change.

Name	Community Position	Advisory Board Officer Position	Term Expiration
1.	Sheriff or Sheriff Designee		
2.	Prosecutor or Prosecutor Designee		
3.	Director of Division of Family Resources or Designee		
4.	Executive of the Municipality or Designee		
5.	Criminal Judge or Designee		
6.	Criminal Judge or Designee		
7.	Juvenile Judge		
8.	Public Defender or Designee		
9.	Victim or Victim Advocate		
10.	Ex-Offender		
11.	Member of the Fiscal Body or Designee		
12.	Probation Officer		
13.	Educational Administrator		
14.	Representative of a Private Correctional Agency (If one exists in the county)		
15.	Mental Health Administrator		
16.	Lay Person		
17.	Lay Person		
18.	Lay Person		
19.	Lay Person		
20.			
21.			
22.			
23.			
24.			
25.			

**Section I: Community
Corrections
Adult Services
Grant Amendment for FY2016
General Agency Information.**

Applicant Information

County(ies) Served:		
Physical Street Address of Agency:		
City:	Zip:	Agency Phone:
Director Name:		Director Email Address:
Year of Inception as a Grant County:		

Community Corrections Funds Requested :

1. Agency Mission and Vision Statements:

2. Current Agency Strategic Plan:

STAFFING INVENTORY

1. Insert or Attach Agency Organization Chart:

Client Assessment of Risk and Needs

1. Which of the following IRAS Assessment tools does your agency use?

- Pre-Trial
- Community Supervision Screening Tool
- Community Supervision Tool
- Re-entry

2. Frequency of Assessing Adult Offenders:

- Initial
- Follow-Up Every 6 Months
- Follow-Up Every 12 Months
- Discharge
- Follow-Up after Discharge
- Other

3. Specialized Assessments

3a. Substance Abuse Assessments

Frequency of Assessments Administered:

- None
- Initial
- Follow-up every 6 months
- Follow-up every 12 months
- Discharge
- Follow-up after Discharge
- Other

List Substance Abuse Assessments utilized within agency or at referral agencies:

Agency(ies) Administering Assessments:

3b. Sex Offender Assessments

Frequency of Assessments Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after Discharge

Other

List any Sex Offender Assessments utilized with in agency or completed by referral agencies:

Agency(ies) Administering Assessments:

3c. Mental Health Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after Discharge

Other

List any Mental Health Assessments utilized within agency or completed by referral agencies:

Agency(ies) Administering Assessments:

3d. Educational Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after Discharge

Other

List any Educational Assessments utilized within agency or completed by referral agencies:

Agency(ies) Administering Assessment:

3e. Vocational Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

List any Vocational Assessments utilized within agency or completed by referral agencies:

Agency(ies) Administering Assessment:

Please list and describe any additional assessment tools utilized by the agency, if not listed above.

Client Monitoring Services

1. Indicate the types of client contacts your agency mandates. (*Check all that apply*)

Telephone

Office Visits

Home Visits

Employment Visits

Appointment Verification

Electronic Monitoring (RF)

Electronic Monitoring (GPS)

2. Company name and address of RF service provider, if applicable:

3. Company name and address of GPS service provider, if applicable:

4. Does the Agency Utilize Drug Testing Services?

Yes

No

If yes, list the vendor name and address:

Check the types of drug testing services provided:

Baseline

Random

Follow-Up

Probable Cause

5. Does the Agency Utilize Alcohol Monitoring Services?

Yes

No

If yes, list the vendor name and address:

Check the type of alcohol monitoring services provided:

Baseline

Random

Follow-Up

Probable Cause

Evidence Based Programs & Criminogenic Interventions

1. **Program Name:**

Provider Name:

a. **Criminogenic Risk/Need area addressed by provider: (*Check all that apply*)**

Criminal History

Education/Financial

Housing

Family & Social Supports

Peer Associates

Substance Abuse

Attitudes/Behaviors (Cognitive Interventions)

b. Referral Criteria:

(Include Population Targeted, Risk Level Targeted, Sentencing Requirements, etc.)

c. Eligibility Exclusions:

d. Description of Evidence Based Programs/Interventions Provided:

Provide a description of program and include information including the Name of Curriculum, Length, Duration, Gender Based, Self Study, Classroom Setting, etc.

2. Program Name

Provider Name

a. Criminogenic Risk/Need area addressed by provider: (*Check all that apply*)

Criminal History

Education/Financial

Housing

Family & Social Supports

Peer Associates

Substance Abuse

Attitudes/Behaviors (Cognitive Interventions)

b. Referral Criteria:

(Include Population Targeted, Risk Level Targeted, Sentencing Requirements, etc.)

c. Eligibility Exclusions:

d. Description of Evidence Based Programs/Interventions Provided & Research Validation Reference:

Provide a description of program and include information including the Name of Curriculum, Length, Duration, Gender Based, Self Study, Classroom Setting, etc.

3. Program Name:

Provider Name:

a. Criminogenic Risk/Need area addressed by provider: (Check all that apply)

Substance Abuse

Mental Health

Employment

Housing

Family Counseling

Cognitive Behavioral

Other

b. Referral Criteria:

(Include Population Targeted, Risk Level Targeted, Sentencing Requirement,.etc.)

c. Eligibility Exclusions:

d. Description of Evidence Based Programs/Interventions Provided & Research Validation Reference:

Provide a description of program and include information including the Name of Curriculum, Length, Duration, Gender Based, Self Study, Classroom Setting, etc.

4. Program Name:

Provider Name:

a. Criminogenic Risk/Need area addressed by provider: (*Check all that apply*)

Substance Abuse

Mental Health

Employment

Housing

Family Counseling

Cognitive Behavioral

Other

b. Referral Criteria:

(Include Population Targeted, Risk Level Targeted, Sentencing Requirements...etc)

c. Eligibility Exclusions:

d. Description of Evidence Based Programs/Interventions Provided & Research Validation Reference:

Provide a description of program and include information including the Name of Curriculum, Length, Duration, Gender Based, Self Study, Classroom Setting, etc.

5. List and describe any other community partnerships your agency has and/or the services/volunteer work your agency provides to the community.

Implementation and Use of Evidence Based Practices (EBP)

1. Provide a narrative/description of the agency's use of the Eight (8) Principles of Effective Intervention in day to day operations to include, but not limited to the use of assessments, case plans, rewards and sanctions, positive reinforcements, treatment referrals, and supervision based on risk level.

1.) Assess Actuarial Risk/Needs, 2.) Enhance Intrinsic Motivation, 3.) Target Interventions (a) Risk Principle, (b) Need Principle (c) Responsivity Principle (d) Dosage (e) Treatment Principle 4.) Skill Train with Directed Practice, 5.) Increase Positive Reinforcement, 6.) Engage Ongoing Support in Natural Communities, 7.) Measure Relevant Processes/Practices, and 8.) Provide Measurement Feedback.

COMMUNITY CORRECTIONS LEVELS OF SUPERVISION/COMPONENTS Work Release/Residential Program

1. What type of work release facility does the agency oversee?

Agency does not operate a work release/residential program

Jail Based

Stand Alone

Other

If other, please explain:

2. Original Component Start Date:

3. Total number of Work Release Beds used for Community Corrections:

4. Total number of male beds:

5. Total number of female beds:

6. Client/supervisor ratio for male population:

7. Client/supervisor ratio for female population:

8. Population type(s) to be served. (*Check all that apply*)

Felons

Misdemeanants

Split Sentences

Parolees

Pre-trial

Other

If other, please explain:

9. Total number of felons to be served at one time:

10. Total number of misdemeanants to be served at one time:

11. Total number of felons to be served each year:

12. Total number of misdemeanants to be served each year:

13. Total number of parolees to be served each year:

FY2015	Felons	Misdemeanants
Number of High Risk Clients Served		
Number of Moderate Risk Clients Served		
Number of Low Risk Clients Served		

14. Work Release/Residential Component Description.

15. Component eligibility criteria. Include any eligibility exclusions.

16. Intake/Initial fee charged to client.

17. User fees charged to client.

Home Detention/Electronic Monitoring

1. Population type(s) to be served. (Check all that apply)

- Males
- Females
- Felons
- Misdemeanants
- Split Sentences
- Parolees
- Pre-trial
- Other

If other, please explain:

2. Original Component Start Date:

3. Client/supervisor ratio:

- 4. Total number of felons to be served at one time.**
- 5. Total number of misdemeanants to be served at one time.**
- 6. Total number of felons to be served each year.**
- 7. Total number of misdemeanants to be served each year.**
- 8. Total number of parolees to be served each year:**

FY2015	Felons	Misdemeanants
Number of High Risk Clients Served		
Number of Moderate Risk Clients Served		
Number of Low Risk Clients Served		

9. Home Detention/Electronic Monitoring Component description.

10. Component eligibility criteria. Include any eligibility exclusions.

11. Intake/Initial fee charged to client:

12. User fees charged to client:

Day Reporting

1. Population type(s) to be served. (Check all that apply)

Males

Females

Felons

Misdemeanants

Split Sentences

Parolees

Pre-trial

Other

If other, please explain:

2. Original Component Start Date:

3. Client/supervisor ratio:

4. Total number of felons to be served at one time:

5. Total number of misdemeanants to be served at one time:

6. Total number of felons to be served each year:

7. Total number of misdemeanants to be served each year:

8. Total number of parolees to be served each year:

FY2015	Felons	Misdemeanants
Number of High Risk Clients Served		
Number of Moderate Risk Clients Served		
Number of Low Risk Clients Served		

9. Day Reporting Component description. Please indicate if electronic monitoring is used in supervision as a part of this component.

10. Component eligibility criteria.

11. Intake/Initial fee charged to client:

12. User fees charged to client:

Problem Solving Courts

1. Which problem solving courts does the county provide? (Check all that apply)

County does not provide problem solving courts.

Drug Court

Re-entry Court

Veterans Court

Other

If other, please explain:

2. Original Component Start Date:

3. Population type(s) to be served. (Check all that apply)

Males

Females

Felons

Misdemeanants

Split Sentences

Parolees

Pre-trial

Other

If other, please explain:

4. Client/supervisor ratio:

5. Total number of felons to be served at one time:

6. Total number of misdemeanants to be served at one time:

7. Total number of felons to be served each year:

8. Total number of misdemeanants to be served each year:

FY2015	Felons	Misdemeanants
Number of High Risk Clients Served		
Number of Moderate Risk Clients Served		
Number of Low Risk Clients Served		

9. Problem Solving Court Component Description:

10. Component eligibility criteria. Include any eligibility exclusions.

11. Intake/Initial fee charged to client:

12. User fees charged to client:

Forensic Diversion *I.C 11-12-3.7-7An advisory board shall develop a forensic diversion plan to*

provide an adult who has a mental illness, an addictive disorder, or both a mental illness and an addictive disorder and has been charged with a crime that is not a violent crime; an opportunity, pre-conviction or post-conviction, to receive community treatment and other services addressing mental health and addictions instead of or in addition to incarceration.

1. Population type(s) to be served. (Check all that apply)

- Males
- Females
- Felons
- Misdemeanants
- Split Sentences
- Parolees
- Pre-trial
- Other

If other, please explain:

2. Original Component Start Date:

3. Client/supervisor ratio:

4. Total number of felons to be served at one time:

5. Total number of misdemeanants to be served at one time:

6. Total number of felons to be served each year:

7. Total number of misdemeanants to be served each year:

FY2015	Felons	Misdemeanants
Number of High Risk Clients Served		
Number of Moderate Risk Clients Served		
Number of Low Risk Clients Served		

8. Forensic Diversion Plan

9. Intake/Initial fee charged to client:

10. User fees charged to client:

Community Service/Restitution

1. Population type(s) to be served. (Check all that apply)

- Males
- Females
- Felons
- Misdemeanants
- Split Sentences
- Parolees
- Pre-trial
- Other

If other, please explain:

- 2. Original Component Start Date:**
- 3. Client/supervisor ratio:**
- 4. Total number of felons to be served at one time:**
- 5. Total number of misdemeanants to be served at one time:**
- 6. Total number of felons to be served each year:**
- 7. Total number of misdemeanants to be served each year:**

FY2015	Felons	Misdemeanants
Number of High Risk Clients Served		
Number of Moderate Risk Clients Served		
Number of Low Risk Clients Served		

8. Community Service/Restitution Component Program Description to include agency partnerships and services provided.

9. Component Eligibility Criteria. Include any eligibility exclusions.

10. Initial or Intake Fee:

11. Fee per Hour:

12. Flat User Fee:

13. User Fees - Other (please explain):

Community Transition Program (CTP) *I.C. 11-8-1-5.5 Community Transition*

Program means the assignment of a person committed to the department to: (1) a community corrections program; or (2) in a county or combination of counties that do not have a community corrections program, a program of supervision by the probation department of a court; for a period after a person's community transition commencement date until the person completes the person's fixed term of imprisonment, less the credit time the person has earned with respect to the term.

1. Does your agency utilize the Community Transition Program (CTP)? Yes No

2. Original Component Start Date:

3. Target Population:

4. Client/supervisor ratio:

5. Total number of felons to be served at one time:

6. Total number of felons to be served each year:

FY	Felons
Number of clients served for FY 2013 – 2014	
Number of clients served for FY 2012 - 2013	

7. Intake / Initial Fee:

8. User Fees Charged to Offenders:

9. Please describe the screening and selection process of offenders into local Community Transition Program:

10. Please list the offenses in which the advisory board/county government deems ineligible for participation in CTP:

11. CTP Component Program Description:

Section II: Probation
Adult Services
Grant Amendment for FY2016

General Agency Information.

Applicant Information

County(ies) Served:		
Physical Street Address of Agency:		
City:	Zip:	Agency Phone:
Chief Probation Officer's Name:		Email Address:

Probation Funds Requested :

1. Agency Mission and Vision Statement:

2. Current Agency Strategic Plan:

STAFFING INVENTORY

1. Insert or Attach Agency Organization Chart:

Client Assessment of Risk and Needs

1. Which of the following IRAS Assessment tools does your agency use?

- Pre-Trial
- Community Supervision Screening Tool
- Community Supervision Tool
- Re-entry

2. Frequency of Assessing Adult Offenders:

- Initial
- Follow-Up Every 6 Months
- Follow-Up Every 12 Months
- Discharge
- Follow-Up after Discharge
- Other

3. Specialized Assessments

3a. Substance Abuse Assessments

Frequency of Assessments Administered:

- None
- Initial
- Follow-up every 6 months
- Follow-up every 12 months
- Discharge
- Follow-up after Discharge
- Other

List Substance Abuse Assessments utilized with in agency or at referral agencies:

Agency(ies) Administering Assessments:

3b. Sex Offender Assessments

Frequency of Assessments Administered:

- None
- Initial
- Follow-up every 6 months
- Follow-up every 12 months
- Discharge
- Follow-up after Discharge
- Other

List any Sex Offender Assessments utilized with in agency or at referral agencies:

Agency(ies) Administering Assessments:

3c. Mental Health Assessments

Frequency of Assessment Administered:

- None
- Initial
- Follow-up every 6 months
- Follow-up every 12 months
- Discharge
- Follow-up after Discharge
- Other

List any Mental Health Assessments utilized with in agency or at referral agencies:

3d. Education Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

List any Education Assessments utilized within agency or completed by referral agencies:

Agency(ies) Administering Assessment:

3e. Vocational Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

List any Vocational Assessments utilized within agency or completed by referral agencies:

Agency(ies) Administering Assessment:

Agency(ies) Administering Assessment:

4e. Please describe any additional assessment tools the agency utilizes, if not listed above.

Client Monitoring Services

1. Indicate the types of client contacts your agency mandates. *(Check all that apply)*

Telephone

Office Visits

Home Visits

Employment Visits

Appointment Verification

Electronic Monitoring (RF)

Electronic Monitoring (GPS)

2. Company name and address of RF service provider, if applicable:

3. Company name and address of GPS service provider, if applicable:

4. Does the Agency Utilize Drug Testing?

Services If yes, list the vendor name and address:

Yes

No

Check the types of drug testing services provided:

Baseline

Random

Follow-Up

Probable Cause

5. Does the Agency Utilize Alcohol Monitoring?

Yes

No

Services: If yes, list the vendor name and address:

Check the type of alcohol monitoring services provided:

Baseline

Random

Follow-Up

Probable Cause

Implementation and Use of Evidence Based Practices (EBP)

1. Provide a narrative/description of the agency's use of the Eight (8) Principles of Effective Intervention in day to day operations to include, but not limited to the use of assessments, case plans, rewards and sanctions, positive reinforcements, treatment referrals, and supervision based on risk level.

1.) Assess Actuarial Risk/Needs, 2.) Enhance Intrinsic Motivation, 3.) Target Interventions (a) Risk Principle, (b) Need Principle (c) Responsivity Principle (d) Dosage (e) Treatment Principle 4.) Skill Train with Directed Practice, 5.) Increase Positive Reinforcement, 6.) Engage Ongoing Support in Natural Communities, 7.) Measure Relevant Processes/Practices, and 8.) Provide Measurement Feedback.

Community Partnerships

List and describe any other community partnerships your agency has and/or the services/volunteer work your agency provides to the community.

Level of Supervision

Total Number of Level 6 & D Felons estimated to be served by funded position(s):

Will court recidivism reduction programs be utilized to enhance evidence based services and supervision?

Yes

No

If Yes, please describe court recidivism reduction program

Program Description:

Describe how the funding request will assist in diverting the target population of Level 6 and D felons from the Department of Correction. Include how and which evidence based services and supervision will be used to reform offenders.

Section III:
Prosecutor's Diversion Adult Services
Grant for FY2016

General Agency Information.

Applicant Information

County(ies) Served:		
Physical Street Address of Agency:		
City:	Zip:	Agency Phone:
Name:		Email Address:

Prosecutor's Diversion Funds Requested :

1. Agency Mission and Vision Statements:

2. Current Agency Strategic Plan:

STAFFING INVENTORY

1. Insert or Attach Agency's Organization Chart

Client Assessment of Risk and Needs

1. Which of the following IRAS Assessment tools does your agency use?

- Pre-Trial
- Community Supervision Screening Tool
- Community Supervision Tool
- Re-entry

2. Frequency of Assessing Adult Offenders:

- Initial
- Follow-Up Every 6 Months
- Follow-Up Every 12 Months
- Discharge
- Follow-Up after Discharge
- Other

3. Specialized Assessments

3a. Substance Abuse Assessments

Frequency of Assessments Administered:

- None
- Initial
- Follow-up every 6 months
- Follow-up every 12 months
- Discharge
- Follow-up after discharge
- Other

List Substance Abuse Assessments utilized with in agency or completed by referral agencies:

Agency(ies) Administering Assessments:

3b. Sex Offender Assessments

Frequency of Assessments Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

List any Sex Offender Assessments utilized with in agency or completed by referral agencies:

Agency(ies) Administering Assessments:

3c. Mental Health Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

List any Mental Health Assessments utilized with in agency or completed by referral agencies:

Agency(ies) Administering Assessments:

3d. Education Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

List any Education Assessments utilized within agency or completed by referral agencies:

Agency(ies) Administering Assessment:

3e. Vocational Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

List any Vocational Assessments utilized within agency or completed by referral agencies:

Agency(ies) Administering Assessment:

Please describe any additional assessment tools the agency utilizes, if not listed above.

Client Monitoring Services

1. Indicate the types of client contacts your agency mandates. *(Check all that apply)*

Telephone

Office Visits

Home Visits

Employment Visits

Appointment Verification

Electronic Monitoring (RF)

Electronic Monitoring (GPS)

2. Company name and address of RF service provider, if applicable:

3. Company name and address of GPS service provider, if applicable:

Does the Agency Utilize Drug Testing Services:

Yes

No

If yes, list the vendor name and address:

Check the types of drug testing services provided:

Baseline

Random

Follow-Up

Probable Cause

Does the Agency Utilize Alcohol Monitoring Services:
If yes, list the vendor name and address:

Yes

No

Check the type of alcohol monitoring services provided:

Baseline

Random

Follow-Up

Probable Cause

Implementation and use of Evidence Based Practices (EBP)

1. Provide a narrative/description of the agency's use of the Eight (8) Principles of Effective Intervention in day to day operations to include, but not limited to the use of assessments, case plans, rewards and sanctions, positive reinforcements, treatment referrals, and supervision based on risk level.

1.) Assess Actuarial Risk/Needs, 2.) Enhance Intrinsic Motivation, 3.) Target Interventions (a) Risk Principle, (b) Need Principle (c) Responsivity Principle (d) Dosage (e) Treatment Principle 4.) Skill Train with Directed Practice, 5.) Increase Positive Reinforcement, 6.) Engage Ongoing Support in Natural Communities, 7.) Measure Relevant Processes/Practices, and 8.) Provide Measurement Feedback.

Community Partnerships

List and describe any other community partnerships your agency has and/or the services/volunteer work your agency provides to the community.

Level of Supervision

Total Number of Level 6 & D Felons estimated to be served:

Will court recidivism reduction programs be utilized to enhance evidence based services and supervision?

Yes

No

If Yes, please describe court recidivism reduction program:

Program Description:

Describe how the funding request will assist with diverting the target population of Level 6 and D felons from the Department of Correction. Include how and which evidence based services and supervision will be used to reform offenders.

Section IV:
Court Recidivism Reduction Program
Adult Services Grant for FY2016

General Agency Information.

Applicant Information

County(ies) Served:		
Physical Street Address of Agency:		
City:	Zip:	Agency Phone:
Name:		Email Address:

Court Recidivism Reduction Program Funds Requested :

1. Agency Mission and Vision Statements:

2. Current Agency Strategic Plan:

STAFFING INVENTORY

1. Insert or Attach Agency's Organization Chart

Client Assessment of Risk and Needs

1. Which of the following IRAS Assessment tools does your agency use?

- Pre-Trial
- Community Supervision Screening Tool
- Community Supervision Tool
- Re-entry

2. Frequency of Assessing Adult Offenders:

- Initial
- Follow-Up Every 6 Months
- Follow-Up Every 12 Months
- Discharge
- Follow-Up after Discharge
- Other

3. Specialized Assessments

3a. Substance Abuse Assessments

Frequency of Assessments Administered:

- None
- Initial
- Follow-up every 6 months
- Follow-up every 12 months
- Discharge
- Follow-up after discharge
- Other

List Substance Abuse Assessments utilized with in agency or completed by referral agencies:

Agency(ies) Administering Assessments:

3b. Sex Offender Assessments

Frequency of Assessments Administered:

- None
- Initial
- Follow-up every 6 months
- Follow-up every 12 months
- Discharge
- Follow-up after discharge
- Other

List any Sex Offender Assessments utilized with in agency or completed by referral agencies:

Agency(ies) Administering Assessments:

3c. Mental Health Assessments

Frequency of Assessment Administere:

- None
- Initial
- Follow-up every 6 months
- Follow-up every 12 months
- Discharge
- Follow-up after discharge
- Other

List any Mental Health Assessments utilized with in agency or completed by referral agencies:

Agency(ies) Administering Assessments:

3d. Education Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

List any Education Assessments utilized within agency or completed by referral agencies:

Agency(ies) Administering Assessment:

3e. Vocational Assessments

Frequency of Assessment Administered:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

List any Vocational Assessments utilized within agency or completed by referral agencies:

Agency(ies) Administering Assessment:

Please describe any additional assessment tools the agency utilizes, if not listed above.

Client Monitoring Services

1. Indicate the types of client contacts your agency mandates. *(Check all that apply)*

Telephone

Office Visits

Home Visits

Employment Visits

Appointment Verification

Electronic Monitoring (RF)

Electronic Monitoring (GPS)

2. Company name and address of RF service provider, if applicable:

3. Company name and address of GPS service provider, if applicable:

Does the Agency Utilize Drug Testing Services:

Yes

No

If yes, list the vendor name and address:

Check the types of drug testing services provided:

Baseline

Random

Follow-Up

Probable Cause

Does the Agency Utilize Alcohol Monitoring Services:
If yes, list the vendor name and address:

Yes

No

Check the type of alcohol monitoring services provided:

Baseline

Random

Follow-Up

Probable Cause

Implementation and use of Evidence Based Practices (EBP)

1. Provide a narrative/description of the agency's use of the Eight (8) Principles of Effective Intervention in day to day operations to include, but not limited to the use of assessments, case plans, rewards and sanctions, positive reinforcements, treatment referrals, and supervision based on risk level.

1.) Assess Actuarial Risk/Needs, 2.) Enhance Intrinsic Motivation, 3.) Target Interventions (a) Risk Principle, (b) Need Principle (c) Responsivity Principle (d) Dosage (e) Treatment Principle 4.) Skill Train with Directed Practice, 5.) Increase Positive Reinforcement, 6.) Engage Ongoing Support in Natural Communities, 7.) Measure Relevant Processes/Practices, and 8.) Provide Measurement Feedback.

Community Partnerships

List and describe any other community partnerships your agency has and/or the services/volunteer work your agency provides to the community.

Level of Supervision

Total Number of Level 6 & D Felons estimated to be served:

Program Description:

Describe how the funding request will assist with diverting the target population of Level 6 and D felons from the Department of Correction. Include how and which evidence based services and supervision will be used to reform offenders