**FFY21 and FFY22 Justice Assistance Grant**

**Addressing Co-occurring Disorders for People Who are Involved in the Justice System**

**PROGRAM NARRATIVE**

**NOFO # 2094-2964**

Program narrative must be submitted via AmpliFund. This document is for reference only. Applicants are highly encouraged to review the questions and complete a response on a separate document, then log into AmpliFund and “copy & paste” the response in the appropriate section.

The AmpliFund system times out after 20 minutes of inactivity. Clicking “save and continue” is encouraged as you begin completion of information in AmpliFund.

**Narrative Questions**

Draft your narrative by completing the following. Please do not delete the items. Before initiating your application, gather data to support your problem statement and performance measures. Truly analyze the problem in your jurisdiction and determine how your grant activities will impact your program goals, objectives and, mainly, the desired outcomes.

**Applicant Information** (1 point for answering all three sections in the table below)

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| Section 1:  Please check mark ONE box of the Illinois regions where most of the proposed activity will take place. Multi- or cross-regional applications will be assigned to geographic regions where program activity is anticipated to be most significant. For instance, if an applicant proposes to serve three counties in geographic Region 1 and most of the proposed activity will take place in geographic Region 2, the application will be assigned to region 2. (*See Attachment 1 – Illinois Regions in the NOFO)*   |  |  | | --- | --- | | Check mark ONE box | Illinois Regions | |  | 1. Northern Region outside Cook and Collar Counties | |  | 1. Collar Counties Region | |  | 1. Cook County Region | |  | 1. Central Counties Region | |  | 1. Southern Counties Region | |  | 1. State-wide Illinois | | | |
| Section 2:  If you are a government entity applying with subgrantees, how many organizations total are included in your program?  Does each partner fully understand and is aware of their role and responsibilities as either passthrough entity or subgrantee? ***Please read*** [***ICJIA Passthrough Entity Policy***](https://icjia.illinois.gov/grants/rules-regs-policies) ***before responding***  Does each partner understand that lesser awarded amounts must be prorated among all partners? | | |
| Section 3:  Please complete the below table for each agency in your program. | | |
| **Lead Applicant Agency Name** | **Current Annual Operating Budget** | **Agency Website** |
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| **If known and if applicable,**  **Subgrantee Agency Name** | **Current Annual Operating Budget** | **Agency Website** |
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**Program Summary**

1. Provide a clear, concise (one paragraph) summary of the program, including problem to be addressed and outcomes to be gained. (4 points)

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**Statement of the Problem**

1. The problem statement should include a description of the problem that will be the focus of the program and the needs of the community. Problem statements should include data to assist reviewers in understanding the magnitude, frequency, and type of the problem you want to address. (10 points)

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Description of the Service Area

1. Please list all counties to be served. If applying as lead entity with subgrantee(s), list counties served by each agency. If providing services state-wide, please indicate that services are state-wide. (2 points)

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1. Provide the population size, the urban/suburban/rural characteristics of the area to be served, as well as any other descriptive information (i.e., socio-economic, employment, poverty indicators, etc.) relevant to the statement of the problem. (2 points)

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1. Complete the data table using data for the jurisdiction(s) that your program will serve (include all counties in your program area). These data may include information from the ICJIA Research Hub site, data from Illinois Uniform Crime Reports and/or Administrative Office of the Illinois Courts data. Also include any additional data that you may have available in your jurisdiction that speaks to your proposed program. (3 points)

<https://icjia.illinois.gov/researchhub/>

[Annual Report | Office of the Illinois Courts](https://www.illinoiscourts.gov/reports/annual-report-illinois-courts/)

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| **Data Element** | **2020** | **2023** |
| Population of counties served |  |  |
| Controlled substance arrests |  |  |
| Mental health cases open end of year (Office of the Illinois Courts) |  |  |
| Active adult probation felony caseload (Office of the Illinois Courts) |  |  |
| Active adult probation misdemeanor caseload (Office of the Illinois Courts) |  |  |
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1. What does the data indicate? For instance, does this information indicate a definite need for the project, growth in a particular area, or change in the situation over time? (3 points)

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**Program Design**

1. Describe the program to be funded. What services will be provided for co-occurring conditions of behavioral health and substance misuse for people involved in the justice system? And how? Note services that are funded in the budget. (7 points)

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1. Describe how you will reach and engage this population? Note outreach and engagement funded in the budget. (7 points)

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1. Describe how your program will include housing assistance or referrals. Note expenses budgeted for this assistance. (7 points)

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1. What evidence-based practices are part of your program design?

Note expenses budgeted for evidence-based practices. (7 points)

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Required components for this program must include the following. Grantees will be required to provide these components.

1. Focus on service delivery to the community they serve.
2. Target populations must be adults or juveniles who are involved in the justice system, including those in a pretrial release/detention status, on probation, or on mandatory supervised release.
3. Target population services should focus on co-occurring conditions of behavioral health needs and substance misuse.
4. Program must offer housing assistance or referral.

**Project Implementation**

Complete the Implementation Schedule. Refer to the Process Objectives on page 6 and 7. On the implementation table, create reasonable tasks or steps to help move the project in accomplishing the Process Objectives. List the agencies and staff position responsible for each step. Use job titles, such as police officer, program coordinator, and social worker. Do not use names. These grants are 12-month grants so projected steps should fall within the 12 months. (5 points)

**Implementation Schedule**

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| **Task** | **Staff Position** | **Date of Completion** | |
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| Submit quarterly Fiscal Report to the Authority. |  | October 15, 2025  January 15, 2026  April 15, 2026  **July 15, 2026** |
| Submit quarterly Data Report to the Authority. |  | October 15, 2025  January 15, 2026  April 15, 2026  **July 15, 2026** |
| Complete BJA PMT reports through <https://bjapmt.ojp.gov>. |  | October 15, 2025  January 15, 2026  April 15, 2026  **July 15, 2026** |
| Submit all FINAL Fiscal and Program Closeout reports to the Authority. |  | July 30, 2026 |

**Goals, Objectives, and Performance Indicators**

Projects funded through ICJIA set goals and objectives that serve as performance benchmarks. These objectives are used to develop the performance measures and data reports that are submitted to ICJIA each quarter to determine project performance.

This chart notes *potential* objectives and performance measures aligning with the proposed program. Complete these objectives by filling in the X as appropriate. Objectives may be added or deleted to align with the proposed program strategy. All objectives must be measurable and within the program's scope and goal. **(8 points)**

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| **Goal**: Reduce continued involvement in the criminal justice system by providing services for those with co-occurring behavioral health and substance misuse needs. | |
| **Process Objectives** | **Performance Measures** |
| x will be referred to the program | # that were referred |
| x will be accepted  X will be enrolled into the program | # accepted  # enrolled |
| x will receive comprehensive intake | # of clients who receive comprehensive intake |
| x will be assigned a peer recovery specialist | # assigned a peer recovery specialist |
| x clients per month will be **assessed** for social service needs | # of clients who are assessed for social service needs |
| x clients per mo. referred internally to housing services | # of clients who are referred to housing |
| x clients per mo. referred to counseling services | # of clients who are referred to counseling services |
| x clients per mo. referred to employment services | # of clients who are referred to employment services |
| x clients per mo. referred to education services | # of clients who are referred to education services |
| x clients per mo. referred to other services | # of clients who are referred to other services |
| x% of clients (x) will have a case management plan prepared | % of clients that have a case management plan prepared |
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| **Outcome Objectives** | **Performance Measures** |
| Of those accepted and enrolled into the program, x will **receive** services (at least one contact) | # of enrolled clients that received services at least once |
| % of clients (x) will receive at least xx contacts per month with peer recovery specialist | % of clients (x) that received at least xx contacts per month with peer recovery specialist |
| x% of clients (x) will receive housing services beyond intake | % of clients that received housing services beyond intake |
| x % of clients (x) will receive counseling services | % of clients that received counseling services |
| x % of clients (x) will receive employment services | % of clients that received employment services |
| x % of clients (x) will receive education services | % of clients that received education services |
| x % of clients (x) will receive other services | % of clients that received other services |
| x% of enrolled program clients will remain engaged in program services for at least x months. Engagement is defined as contact once a month for referrals, counseling or other services. | % of clients that remain engaged for a minimum of x months. |
| x% of active program clients will not be arrested or have a VOP filed during participation. | % of clients that remained free from arrest or VOP during program participation. |
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**Project Management**

1. To implement practices regarded as “best practices” or “evidence-based,” it is essential that each program secure its own, locally relevant, data to evaluate the progress of your program and success of the practice implemented in your community.

Please describe how success will be measured for each practice implanted.

Detail what data will be collected and how/when data will be utilized to evaluate the success of the practice and inform any adjustments needed. (5 points)

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1. How will you gauge your overall performance to ensure a positive impact on people involved in the justice system? (3 points)

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1. Please describe how you will overcome obstacles in launching and implementing or updating your program. (5 points)

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1. Please describe your plan for supervising and coordinating the progress of the program in 12 months.

This should include implementing tasks, timely delivery of program services, accomplishing objectives, tracking financial spending, tracking performance data, and timely reporting. If you have a lead and subgrantee(s) application, please describe how each will fulfill their responsibilities as outlined in [ICJIA Passthrough Entity Policy](https://icjia.illinois.gov/grants/rules-regs-policies). Note any expenses budgeted for coordination and supervision. (5 points)

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| **Application Submission via AmpliFund**  The following steps are required:   1. Applicants must register at the Illinois Grant Accountability and Transparency Act (GATA) Grantee Portal: <https://grants.illinois.gov/portal/>. 2. Applying Organizations must identify an individual(s) who will submit the application via AmpliFund, this person will serve as the Primary Contact for this application. However, more than one individual can have access to and complete components of the application via AmpliFund. The Primary Contact must submit the applications, including attachments, via AmpliFund.   To apply, go to:   To be considered for funding, completed applications must be submitted via the above AmpliFund link by the application deadline of 5:00 p.m. CDT, April 4, 2025.  ICJIA encourages applicants to review this Technical Assistance Recording for more information on how to apply. |