## Comprehensive Opioid, Stimulant, and Substance Use Program First Responder Deflection Mentor Site Selection Application

### **Submission Deadline** **Applications for the Bureau of Justice Assistance’s (BJA’s) Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) First Responder Deflection Mentor Site Initiative are due by 5:00 p.m., Eastern Time, on June 28, 2024.**Prior to completing the application, read the entire [First Responder Deflection Mentor Site Application Information Sheet](http://s.iir.com/e6fVquzv), which outlines expectations and the format of the program. This form is for jurisdictions applying to be **mentor** sites. Selected mentors will be contacted by the week of July 8, 2024. To apply, complete the application at <http://s.iir.com/f4DPNeEf>.   **Questions**

### All questions in the application MUST be answered for your submission to be considered. Further details about the First Responder Deflection Mentoring Initiative and application process are available in the [First Responder Deflection Mentor Site Application Information Sheet](http://s.iir.com/e6fVquzv). For questions not addressed by this document or for tailored assistance, please send an email to [info@cossup.org](mailto:info@cossup.org).

### **Applicant Information**\*

Applicant agency\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of applicant site\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of applicant program\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Contact Information for Person Submitting the Application**\*

First name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Geographic Information

### **What type of community does your initiative serve?**\*

#### Community type (select all that apply)\*

[ ] City/village/township

[ ] County

[ ] Region

[ ] Tribal community/native

[ ] Other - please explain (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

#### Is this a rural community?\*

( ) Yes, rural and/or frontier

( ) No

What is the population size of the community/communities served by your jurisdiction?  
(This can be found on the U.S. Census website at <https://www.census.gov/quickfacts>.)\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### What is the estimated racial and ethnic demographic makeup of the community that your deflection program serves? (This can be found on the U.S. Census website at <https://www.census.gov/quickfacts>.)\*

White, not of Hispanic origin (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Black or African American, not of Hispanic origin (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hispanic or Latino (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

American Indian or Alaska Native, not of Hispanic origin (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asian, not of Hispanic origin (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native Hawaiian or other Pacific Islander, not of Hispanic origin (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two or more races (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not known (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Program Information

### Year in which your program began offering services?\*

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#### Do you serve multiple jurisdictions?\*

( ) Yes: Countywide

( ) Yes: Multiple towns/cities

( ) No

#### What deflection pathway(s) below best describes your program? Select all that apply.\*

[ ] Self-referral: An individual voluntarily initiates contact with a first responder agency (law enforcement, fire services, or emergency medical services [EMS]) for a treatment referral without fear of arrest.

[ ] Active Outreach: A first responder intentionally identifies or seeks out individuals with substance use disorders to refer them to or engage them in treatment; outreach is often conducted by a team consisting of a clinician and/or a peer with lived experience.

[ ] Naloxone Plus: A first responder and a program partner (often a clinician or a peer with lived experience) conduct outreach specifically to individuals who have recently experienced an opioid overdose to provide linkages to treatment.

[ ] First Responder and Officer Referral: During routine activities such as patrol or response to a service call, a first responder engages individuals and provides a referral to treatment or to a case manager. (Note: If law enforcement is the first responder, no charges are filed or arrests made.)

[ ] Officer Intervention (only applicable to law enforcement): During routine activities such as patrol or response to a service call during which charges might otherwise be filed, law enforcement officers provide a referral to treatment or to a case manager or issue a noncriminal citation to report to a program. Charges are held in abeyance until treatment and/or a social service plan is successfully completed.

[ ] Community Response: In response to a call for service, a team comprising community-based behavioral health professionals (e.g., crisis workers, clinicians, peer specialists) and/or other credible messengers—individuals with lived experience—sometimes in partnership with medical professionals engages individuals to help de-escalate crises, mediate low-level conflicts, or address quality-of-life issues by providing a referral to treatment, services, or a case manager.

[ ] Other - please explain (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

#### Who is the lead agency for the program?\*

( ) Sheriff’s department

( ) Police department

( ) EMS

( ) Fire

( ) Combined fire/EMS

( ) Behavioral health agency

( ) Public health agency

( ) Other - please explain (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

#### Is your first responder deflection program based on a specific brand or model(s)? Select all that apply.\*

[ ] Crisis Assistance Helping Out On The Streets (CAHOOTS)

[ ] Civil Citation

[ ] Community Paramedics

[ ] Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD)

[ ] Mobile Crisis Response

[ ] Police Assisted Addiction & Recovery Initiative (PAARI)

[ ] Quick Response Team (QRT)

[ ] Safe Stations

[ ] Other - please explain (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

### What evidence-supported practice or promising practices do you use (e.g., peer support specialist certification, Crisis Intervention Training [CIT])?\*

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## Deflection Data

### Average number of individuals served by your program annually.\*

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### Number of individuals referred in the program to date since program inception.\*

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### Average number of referrals to treatment and/or community-based services made monthly.\*

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#### Does your agency collect racial and ethnic demographic data of individuals served by your program?\*

( ) Yes

( ) No

#### What is the estimated racial and ethnic demographic makeup of individuals served by your program?\*

White, not of Hispanic origin (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Black or African American, not of Hispanic origin (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hispanic or Latino (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

American Indian or Alaska Native, not of Hispanic origin (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Native Hawaiian or other Pacific Islander, not of Hispanic origin(%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two or more races (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not known (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Program Development and Sustainability

### Provide a brief description of your community and the nature of the opioid, stimulant, or substance use crisis.\*

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### Describe your first responder deflection program, including the key components of the model. If you have a program brochure, please provide a copy with your submission.\*

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#### Do you have a website about your program?\*

( ) Yes

( ) No

### What is the URL for your website?\*

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#### What agencies and local partners are represented in your first responder deflection program? What are their roles and responsibilities relative to the program?\*

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| --- | --- | --- | --- |
|  | **Select One** | | **Roles and Responsibilities** |
|  | **Yes\*** | **No\*** |  |
| Police department | ( ) | ( ) | \_\_\_ |
| Sheriff’s department | ( ) | ( ) | \_\_\_ |
| Fire | ( ) | ( ) | \_\_\_ |
| EMS department | ( ) | ( ) | \_\_\_ |
| Combined fire/EMS | ( ) | ( ) | \_\_\_ |
| Local/county/state public or behavioral health agency | ( ) | ( ) | \_\_\_ |
| Community-based behavioral health provider | ( ) | ( ) | \_\_\_ |
| Probation, parole, or specialty courts | ( ) | ( ) | \_\_\_ |
| Peer organization | ( ) | ( ) | \_\_\_ |
| Family and advocacy organization | ( ) | ( ) | \_\_\_ |
| Faith-based organization | ( ) | ( ) | \_\_\_ |
| Tribal agency | ( ) | ( ) | \_\_\_ |
| Public/private hospital | ( ) | ( ) | \_\_\_ |
| Other (e.g., community/advocacy agency) \*\*Include additional information in the roles and responsibilities text box. | ( ) | ( ) | \_\_\_ |

#### How is your program currently funded? Select all that apply, and include the names of grants you have received. \*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Select One** | | **Names of Grants Received** |
|  | **Yes\*** | **No\*** |  |
| Federal | ( ) | ( ) | \_\_\_ |
| State | ( ) | ( ) | \_\_\_ |
| Local | ( ) | ( ) | \_\_\_ |
| Philanthropic | ( ) | ( ) | \_\_\_ |
| Other \*\*Include additional information on the text box. | ( ) | ( ) | \_\_\_ |

### Describe your program’s sustainability plan.\*

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### **For the essay questions below, describe how your program integrates and addresses each of the Five Critical Elements of Deflection, select sub-elements that you integrate and provide an explanation.** Learn more about the elements here: <https://www.cossup.org/Content/Documents/Articles/CHJ_TASC_Critical_Elements.pdf>

### **Element 1: Partnership Building**\*

#### Multidisciplinary collaborative partnerships. (Explain below)\*

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#### Dedicated program coordinator. (Explain below)\*

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#### Regular stakeholder/operational meetings. (Explain below)\*

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#### How do you share and disseminate information with your stakeholders? (Explain below)\*

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#### What type of feedback loop do you have to discuss challenges and successes? (Explain below)\*

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### **Element 2: Community Engagement/Buy-in**\*

#### Public outreach to minority communities. (Explain below)\*

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#### Peer support involvement. (Explain below)\*

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#### Engage and educate the community. (Explain below)\*

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### **Element 3: Standardize First Responder Diversion Within the Agency**\*

#### Create policies and procedures. (Explain below)\*

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#### Provide comprehensive training. (Explain below)\*

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### **Element 4: Care Coordination and Case Management**\*

#### Linkage between first responder referral and treatment/service provider. (Explain below)\*

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#### Encourage participation and retention. (Explain below)\*

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#### Holistic care coordination. (Explain below)\*

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### **Element 5: Program Evaluation**\*

#### Review program implementation and ensure equity. (Explain below)\*

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#### Demonstrate program success to policymakers and the community. (Explain below)\*

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#### Create a feedback loop to share program impact and value of deflection efforts. (Explain below)\*

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## Program Operations

#### Do you have a target population for your program?\*

( ) Yes

( ) No

### Who is your target population and how did you determine the target population? Include whether and how you used data to inform your decision making.\*

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### How do you promote and support racial, ethnic, gender, or sexual orientation equity in your initiative?\*

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#### Do you have eligibility or exclusion criteria for individuals who are referred and connected to treatment through your partnership? \*

( ) Yes

( ) No

### Explain your eligibility or exclusion criteria for individuals who are referred and connected to treatment through your partnership further, including if they have changed over time.\*

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#### What treatment and recovery support services do you offer and/or connect to?\*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Substance use treatment | ( ) | ( ) |
| Mental health treatment | ( ) | ( ) |
| Medication for opioid use disorder (MOUD) or other medication-assisted treatment (MAT) | ( ) | ( ) |
| Peer support and recovery coaching | ( ) | ( ) |
| Detoxification | ( ) | ( ) |
| Housing | ( ) | ( ) |
| Transportation assistance | ( ) | ( ) |
| Application assistance for benefit programs | ( ) | ( ) |
| Support for children and families | ( ) | ( ) |
| Other (e.g., veteran, LGBTQI+ and gender-specific services). | ( ) | ( ) |

### Explain what other veteran, LGBTQI+, gender-specific, etc. services you offer and/or connect to.\*

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### Describe how individuals are referred and connected to treatment services in your program.\*

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### Approximately how many treatment providers are in your referral network?\*

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#### Do you use screening and assessment tools as part of your operations? \*

( ) Yes

( ) No

### Describe the screening and assessment tools you use as part of your operations.\*

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#### Have you ever utilized training and technical assistance through COSSUP or other sources? \*

( ) Yes

( ) No

### Describe the training and technical assistance you have utilized through COSSUP or other sources.\*

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## Data

### What performance, evaluation, and/or outcome data do you collect? How are the data collected?\*

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#### Have you produced any reports or presentations about the outcomes of your program? \*If yes, please submit a copy of your latest report or presentation.\*

( ) Yes

( ) No

#### Are you willing to share this document on the public COSSUP Deflection Resource Library? \*

( ) Yes

( ) No

## Mentor Site Activities

#### Have you ever served as a mentor site for COSSUP or other initiatives? This may also include serving as “learning sites” or “innovators.”\*

( ) Yes

( ) No

### Describe how you served as a mentor site for COSSUP or other initiatives, including serving as a “learning site” or “innovators.”\*

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### How many site visits did you host as a mentor?\*

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### Do you have any success stories you would like to share with the reviewers?\*

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### What program components, practices, or activities have been particularly effective in your community that would benefit other communities as they plan, implement, or enhance their programs? (For example, incorporating case management; addressing law enforcement and first responder buy-in; strength of stakeholder and partnership collaboration; robust data collection and program evaluation; strength of client outreach and engagement methods; strong community buy-in and engagement; unique partnerships [e.g., faith community, business community])\*

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### What activities could mentees observe and participate in when they visit? (For example, post-overdose door knocks and outreach in the community or stakeholder meetings.)\*

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### **Policies and Procedures Manual**

#### Do you have a policies and procedures manual? \*If yes, please attach a copy at the end of the application.\*

( ) Yes

( ) No

When was the manual last updated?\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Are you willing to share this document on the public COSSUP Deflection Resource Library?\*

( ) Yes

( ) No

### **Program Flowchart**

#### Do you have a program flowchart that shows the deflection initiative’s structure? \*If yes, please attach a copy at the end of the application.\*

( ) Yes

( ) No

#### Are you willing to share this document on the public COSSUP Deflection Resource Library?\*

( ) Yes

( ) No

### **Legal or Program Documentation**

#### Does your program have memoranda of understanding, data and information sharing agreements, release-of-information forms, or other legal or program documents that can be used as model templates? \*If yes, please attach a copy at the end of the application.\*

( ) Yes

( ) No

#### Are you willing to share this document on the public COSSUP Deflection Resource Library?\*

( ) Yes

( ) No

## Essay Questions

### Why are you interested in being a First Responder Deflection Program mentor site? What are your primary goals for the mentorship?\*

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### What makes your organization exemplary? Include information about law enforcement and first responder buy-in to your community’s deflection initiatives.\*

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### What are the three key lessons learned that you consider important to share with mentees?\*

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### Do you have any success stories that you would like to share about your program?\*

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## Confirmation

### **Do you certify that if selected, your program agrees to the following:**

### **Participation in mentor site training.**

### **Host onsite visit(s) with assigned mentee sites.**

### **Participation in a minimum of three matches between July 2024 and September 2025. This is subject to applications for mentoring received. Mentee matches are assigned in coordination with the mentor site and their availability.**

### **Complete post-mentoring evaluation.**

#### Select one of the options below.\*

( ) Yes

( ) No

## Attach Files

**Upload the following documents, if your agency has them:**

### **A copy of reports or presentations about the outcomes of your program.**

### **A copy of your policy and procedures manual.**

### **A copy of your program flowchart that shows the deflection initiative’s structure.**

### **A copy of any memoranda of understanding, data- and information-sharing agreements, chain-of-custody forms, universal release-of-information forms, or other legal or program documents that your program has that can be used as model templates.**

### **Any other documents that you would like to submit in support of your application.**

#### Attach Files: Up to ten files can be attached.\*