

Project Information Form

Agency Information

Applicant/CPO:

Address:

Phone number:

CPO Project Director (*This person will facilitate communication between the CPO, OACR, the contracted Mental Health Professional(s), and the leadership of the Tactical Team(s) and/or Crisis Negotiation Team(s)*):

Name:

Title:

Address:

Phone number:

Email address:

If your Project Director is not your agency's ARRIVE Together liaison, list your agency's ARRIVE Together liaison.

Name:

Title:

Address:

Phone number:

Email address:

Program and Background Information

1. Describe your County's current ARRIVE Together partnership(s) and models, including which law enforcement agencies and Mental Health partners are involved.

2. Provide the number of reports of and responses to barricaded individuals or hostage situations within the County for the last three years. Note the timeframe of the reported data (e.g., m/d/yr – m/d/yr). If the County does not have access to three years of data, please indicate why and provide as much information/data as possible during the relevant time frame that will demonstrate the relative frequency of these reports and responses.

3. List all Authorized Teams within your County. If the County has/had more than one Authorized Team, identify each team, the area they were responsible for, and provide the total number of responses for the previous three years.

4. *For only those Counties that do not have an Authorized Team*, list, if applicable, the out-of-county approved Authorized Team(s) that will respond to incidents involving barricaded individuals or hostage situations in your County.

5. If, due to geographical or other considerations, your Authorized Team(s) have historically responded out of county, please provide the number of out-of-county responses for the preceding three years and the county(ies) to which your Team(s) have responded.

6. Please describe the planned partnership with a Mental Health Professional(s) or agency(s) for the ARRIVE Critical Incident Model in your County. Include the agency or agencies and/or individuals your agency will utilize, as well as a description of the planned partnership. If you have already entered into an MOU with a Mental Health agency, please provide a copy with your application.

7. Describe how your agency will work with and support the partnering Mental Health Professional(s) in establishing an ARRIVE Together Critical Incident Model in your County, including the training required in UOF Addendum C, Section 7. If there are multiple Authorized Teams in your County, describe which Mental Health partners you will utilize for each Team if they differ. Please include any plans to share the Mental Health resource and partnership, training, and/or equipment between Authorized Teams.

8. Provide a description of how you will ensure data collection via the Benchmark ARRIVE portal as well as any additional agency, local, county-, or state-level reporting systems.

Please attach additional pages if necessary.