**Treatment Alternatives and Diversion**

**Goals and Objectives**

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Goals** | **Objectives** | **Activities** | **Measures of Impact/Outcome** |
| *What are the long-term goals of the program/court?* | *What are the steps or intermediate goals that will support achievement of the long-term goals?*  | *What is the program doing or what services are being delivered to help meet the program goals and objectives?* | *What measures will be used to determine whether or not the program is meeting the goals and objectives?* |
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\* If your program/court has more than five goals, please select the five most important.

*For enhancement projects or implementation projects* that are a modification to an existing program, indicate whether the goals or objectives have changed since the most recent funding period and if so, why they have changed.