

Name of Agency

Juvenile Services

Grant for: 2016-2017

SECTION A – General Agency Information

A-1. Applicant Information

County(ies) Served:		
Physical Street Address of Agency:		
City:	Zip:	Agency Phone:
Director Name:		Director Email Address:
Funds Requested for this Project Period:		Year of Inception as a Grant County:

1. Agency Mission/Vision:

2. Current Agency Strategic Plan

A-3. ADVISORY BOARD ROSTER

Fill in the names of the current advisory board members to include position held.

Name	Community Position	Advisory Board Officer Position	Term Expiration
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
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21.			
22.			
23.			
24.			
25.			

SECTION B – TREATMENT/SERVICES/PROGRAMS

B-1. Client Assessment of Risk and Needs

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

Detention Tool

Diversion Tool

Disposition Screening Tool

Disposition Tool

Residential

Re-entry

2. Frequency of Assessing Juvenile Offenders:

Initial

Follow-Up Every 6 Months

Follow-Up Every 12 Months

Discharge

Follow-Up after Discharge

Other

If Other, Please Explain:

3. Additional assessments used by agency.

Name of Assessment:

Type of Assessment: **Substance Abuse**

Agency Administering Assessment:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

If other, please explain:

Name of Assessment:

Type of Assessment: **Sex Offender**

Agency Administering Assessment:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

If other, please explain:

Name of Assessment:

Type of Assessment: **Mental Health**

Agency Administering Assessment:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

If other, please explain:

Name of Assessment:

Type of Assessment: **Education**

Agency Administering Assessment:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

If other, please explain:

Name of Assessment:

Type of Assessment: **Vocational**

Agency Administering Assessment:

None

Initial

Follow-up every 6 months

Follow-up every 12 months

Discharge

Follow-up after discharge

Other

If other, please explain:

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

B-2. Client Monitoring Services

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

Telephone

Office Visits

Home Visits

School 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

B-3. Treatment/Programs

1. 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.) If other, please explain:

c.) What services does the referral agency provide to the client? For example, intensive out-patient services, relapse prevention for substance abuse, group therapy, individual counseling, job placement, etc.

2. 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.) If other, please explain:

c.) What services does the referral agency provide to the client? For example, intensive out-patient services, relapse prevention for substance abuse, group therapy, individual counseling, job placement, etc.

3. 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.) If other, please explain:

c.) What services does the referral agency provide to the client? For example, intensive out-patient services, relapse prevention for substance abuse, group therapy, individual counseling, job placement, etc.

4. 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.) If other, please explain:

c.) What services does the referral agency provide to the client? For example, intensive out-patient services, relapse prevention for substance abuse, group therapy, individual counseling, job placement, etc.

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

B-4. 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, 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.

SECTION C – LEVELS OF SUPERVISION/COMPONENTS

C-1. Prevention – *Efforts to help prevent a juvenile from entering the juvenile justice system as a delinquent.*

1. Original Component Start Date:

2. Client/supervisor ratio for male population:

3. Client/supervisor ratio for female population:

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

Males

Females

Status Offenders

Pre-Adjudicated

Post-Adjudicated

Juvenile Sex Offenders

Juvenile Parolees

Other

If other, please explain:

5. Total number of juveniles to be served at one time.

6. Total number of juvenile parolees to be served each year.

FY	Juveniles
Number of clients served for FY 2013-2014	
Number of clients served for FY 2012 - 2013	

7. Prevention Component Description.

8. Component eligibility criteria.

9. Intake/Initial fee charged to client.

10. User fees charged to client.

C-2. Non-Secure Detention

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

Males

Females

Status Offenders

Pre-Adjudicated

Post-Adjudicated

Juvenile Sex Offenders

Juvenile Parolees

Other

If other, please explain:

2. Original Component Start Date:

3. Client/supervisor ratio:

4. Total number of juveniles to be served at one time.

5. Total number of juveniles to be served each year.

6. Total number of juvenile parolees to be served each year.

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

7. Non-Secure Detention Component description.

8. Component eligibility criteria.

9. Intake/Initial fee charged to client.

10. User fees charged to client.

C-3. Intensive Supervision

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

Males

Females

Status Offenders

Pre-Adjudicated

Post-Adjudicated

Juvenile Sex Offenders

Juvenile Parolees

Other

If other, please explain:

2. Original Component Start Date:

3. Client/supervisor ratio:

4. Total number of juveniles to be served at one time.

5. Total number of juveniles to be served each year.

6. Total number of juvenile parolees to be served each year.

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

7. Intensive Supervision Component description.

8. Component eligibility criteria.

9. Intake/Initial fee charged to client.

10. User fees charged to client.

C-4. Holdover

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

Males

Females

Status Offenders

Pre-Adjudicated

Post-Adjudicated

Juvenile Sex Offenders

Juvenile Parolees

Other

If other, please explain:

2. Original Component Start Date:

3. Client/supervisor ratio:

4. Total number of juveniles to be served at one time.

5. Total number of juveniles to be served each year.

6. Total number of juvenile parolees to be served each year.

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

7. Problem Solving Court Component Description:

8. Component eligibility criteria.

9. Intake/Initial fee charged to client.

10. User fees charged to client.

C-5. Other Supervision Type

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

Males

Females

Status Offenders

Pre-Adjudicated

Post-Adjudicated

Juvenile Sex Offenders

Juvenile Parolees

Other

If other, please explain:

2. Original Component Start Date:

3. Client/supervisor ratio:

4. Total number of juveniles to be served at one time.

5. Total number of juveniles to be served each year.

6. Total number of juvenile parolees to be served each year.

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

7. Component Description of Other Supervision Type:

8. Component eligibility criteria.

9. Intake/Initial fee charged to client.

10. User fees charged to client.

SECTION D – GOALS AND OBJECTIVES

D-1. Agency Goals and Objectives

A) GOAL: The agency will ensure all participants have a completed Indiana Youth Assessment System (IYAS), a risk and needs assessment tool, if required per the policy adopted by the Board of Directors of the Judicial Conference of Indiana.

1. An IYAS Assessment will be completed for each post-adjudication participant prior to or within _____ days of intake into the program.
2. Reassessments will be completed for each post-adjudication participant at a minimum of every six months and remain current throughout the duration of the program.
3. An IYAS Assessment will be completed no later than _____ days from the date of admission to detention for each participant if the youth was securely detained at any point prior to or during participation in the grant funded program.
4. An IYAS compliance audit on the two objectives stated above will be conducted and documented on a quarterly basis with the final results reported in the annual reports.

B) GOAL: The agency will create and maintain a case plan for each post-adjudication participant in the grant funded program.

1. A case plan will be developed, based on the IYAS, for each post-adjudication participant within _____ business days of intake into the program.
2. The participant's case plan will be consistently updated according to the timeline set forth in the agency's approved case management policy.
3. A case plan compliance audit on the two objectives stated above will be conducted and documented on a quarterly basis with the final results reported in the annual reports.

Please list required Goals and Objectives in the box below.

Required Documentation – The agency must submit the following documentation with the advisory board approved grant application.

Attach the following required documentation:

1. Detailed Budget for each level of supervision/component (Attachment A);
2. Agency Violation Policy and Procedure (Attachment B);

If established, attach the recommended approved advisory board documentation: (Indicate the exhibit by the next sequential alpha character)

1. Agency IRAS and Case Management Policy
2. Alcohol and Drug Policy
3. Quality Assurance Policy
4. County Ordinance Establishing Community Corrections
5. Agency Job Descriptions

If you are including additional attachments, please list them below: