



**MENTAL HEALTH PROGRAM  
(GRANT N)**  
End of Year Program Summary Report

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

**Fiscal Year 2015/Due by OCTOBER 1, 2015**

**Department:**

- 1. Program name and detailed description:**
- 2. List of specific program activities and/or services provided (by whom, how often, location):**
- 3. Describe how the program activities and/or services met the overall goals and objectives:**
- 4. Implementation issues:**
  - a. Service Provider, hiring of staff, etc.**
  - b. Areas of the grant not implemented as planned and why (change from original proposal):**
- 5. Total number of juveniles served:**
- 6. Number of mental health assessments completed:**
- 7. Number of mental health treatment hours provided:**
- 8. Output performance measures (% of juveniles served completing the program or placement):**
- 9. Program-specific outcome performance measures (if applicable):**
- 10. Identify other sources of funding used to provide programs, services, and placements, (if any):**
  - a. Percentage of Grant N funds used:**
  - b. Name and percentage of other funding sources used:**

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**Prepared By**

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**Phone Number**