Each local juvenile probation department is asked to complete an inventory that includes details related to probation services and programming, referrals, dispositions, available resources, and departmental needs. These inventories will be forwarded, reviewed, and compiled at the regional level and used in the development of a regional plan. Please contact the president of your regional association or TJJD staff if you need assistance completing this form. For general information, contact James Williams at (512) 490-7991 or [james.williams@tjjd.texas.gov](mailto:james.williams@tjjd.texas.gov). For information regarding referrals, contact Amanda Zamarron at (512) 490-7244 or [amanda.zamarron@tjjd.texas.gov](mailto:amanda.zamarron@tjjd.texas.gov).

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **I. PROBATION DEPARTMENT OVERVIEW** | | | | | | | |
| *Juvenile Probation Department* | | *Chief* | | | *Phone #* | | *Date Submitted*  *to Regional Association* |
|  | |  | | |  | |  |
| *Counties Served* | | | *Number of Certified JPOs* | | | *Average Caseload* | *Total # of Referrals in Fiscal Year (FY) 15* |
|  | | |  | | |  |  |
| *Felony Referrals in FY 15* | *Felony Adjudications in FY 15* | | | *Misdemeanor Referrals in FY 15* | | | *Misdemeanor Adjudications in FY 15* |
|  |  | | |  | | |  |
| *CINS Referrals in FY 15* | *CINS Adjudications in FY 15* | | | *TJJD Commitments in FY 15* | | | |
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| **II. PROBATION DEPARTMENT PROGRAMMING**  *Include services provided by both probation department staff and contracted providers. (Use additional sheet if needed.)* | | |
| *Program* | *Provider (Licensing/Certifications)* | *# of Youth Served in FY 15* |
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| **III. LOCAL MENTAL HEALTH AUTHORITY PROGRAMMING**  *Programs available to youth ages 10-17 (Use additional sheet if needed.)* | | | | |
| *Name of Local Mental Health Authority* | *Executive Director* | | | *Phone #* |
|  |  | | |  |
| *Counties Served* | | | | |
|  | | | | |
| *Programs Available* | | *Available to JPD Youth?* | *# of JPD Youth Served FY 15* | |
|  | | Yes  No |  | |
|  | | Yes  No |  | |
|  | | Yes  No |  | |
|  | | Yes  No |  | |
|  | | Yes  No |  | |

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| --- | --- | --- |
| **IV. COMMUNITY RESOURCES / OTHER LOCAL SERVICES AVAILABLE TO THE PROBATION DEPARTMENT**  *(Use additional sheet if needed.)* | | |
| *Name of Provider/Agency* | *Program or Service* | *# of JPD Youth Served FY 15* |
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| **V. COUNTY PLACEMENT**  *List all county placements used or contracted with in the last 36 months. Include placements to the department’s post-adjudication program, as applicable, and out-of-county placements. (Use additional sheet if needed.)* | | | |
| *Name of Provider/Agency* | *Program or Service* | *Location* | *# of JPD Youth Placed FY 15* |
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| **VI. AFTERCARE SERVICES**  *Include services provided by both probation department staff and contracted providers. (Use additional sheet if needed.)* | | | |
| *Name of Provider/Agency* | *Program or Service* | *Location* | *# of JPD Youth Served FY 15* |
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| **VII. JUVENILE PROBATION DEPARTMENT NEEDS**  *List needs in the order of priority for the areas below.* |
| *Briefly describe your juvenile probation department’s fiscal needs related to diversion of youth from TJJD secure facilities.* |
|  |
| *Briefly describe your juvenile probation department’s training/technical assistance needs related to diversion of youth from TJJD secure facilities.* |
|  |
| *Briefly describe your juvenile probation department’s programming needs related to diversion of youth from TJJD secure facilities.* |
|  |
| *Briefly describe any staffing needs your juvenile probation department has related to diversion of youth from TJJD secure facilites.* |
|  |
| *Briefly describe any other needs your juvenile probation department has related to diverion of youth from TJJD secure facilities.* |
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| **VIII. TARGET POPULATION FOR DIVERSION** |
| *Based on the responses provided above, describe which youth within the target population may be best served given the current availability of resources. Please include the approximate number of youth by county in the target population, average age, offense histories, level of risk, and information related to specialized treatment needs. (Use additional sheets as necessary).* |
|  |
| *Identify which additional portion of youth within the target population the region could serve next if provided additional resources within this biennium and future biennia. (Use additional sheets as necessary).* |
|  |