Each region is asked to complete an inventory which includes details related to probation services and programming, including referrals, dispositions, available resources, and needs across the region. These inventories will be forwarded, reviewed, and compiled at the state level and used in the development of the statewide regionalization plan.

|  |
| --- |
| **I. Regional Overview** *(add rows or use additional sheets as necessary)* |
| **Juvenile Probation Department** | **Counties Served** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Total # of Caseload Carrying Certified JPO’s in Region* | *Average Caseload* | *Total Number of Referrals in Region in FY 15* |
|  |  |  |
| *Number of felony referrals in Region in FY 15* | *Number of felony adjudications in Region in FY 15* |
|  |  |
| *Number of misdemeanor referrals in Region in FY 15* | *Number of misdemeanor adjudications in Region in FY 15* |
|  |  |
| *Number of CINS referrals in Region in FY 15* | *Number of CINS adjudications in Region in FY 15* |
|  |  |
| *Number of TJJD Commitments from Region in FY 15* |
|  |

|  |
| --- |
| **II. Total County-Operated Post-Adjudication Capacity in Region***(add rows or use additional sheets as necessary)* |
| Name of Program | Location | Facility Capacity | Staffed Capacity | Type of Program |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **III. Total Private Contracting Capacity for Post-Adjudication Placements in Region***(add rows or use additional sheets as necessary)* |
| Name of Program | Location | Facility Capacity | Type of Program |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **IV. Specialized Treatment Available in Region *(add rows or use additional sheets as necessary)*** |
| **Name of Provider/Program** | **Capacity** |
| **Treatment for Youth with Substance Use Disorders** |
|       |       |
|       |       |
|       |       |
| **Treatment for Youth with Intensive Mental Health Needs** |
|       |       |
|       |       |
|       |       |
| **Treatment for Youth with Sexual Behavior Problems** |
|       |       |
|       |       |
| **Treatment for Violent Offenders** |
|       |       |
|       |       |
| **Treatment for Female Offenders** |
|       |       |
|       |       |
| **Treatment for Young Offenders** |
|       |       |
|       |       |
| **Treatment for Offenders with Intellectual and/or Developmental Disabilities** |
|       |       |
|       |       |
|       |       |

|  |
| --- |
| **V. Using the information provided in each department’s Resource Inventory, summarize the mental health services available to juvenile probationers in the region not previously addressed.**  |
|  |

|  |
| --- |
| **VI. Summarize any additional services available in the region that are not already included on the Juvenile Probation Department Resource Inventory*(add rows or use additional sheets as necessary)*** |
| Name of Provider/Agency | Program or Service | # of JPD Youth Served in FY 15 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **VII. Regional Needs -- Please identify and describe current gaps in your region’s ability to provide needed services, supports, and resources to divert youth from state secure facilities.**  |
| *Briefly describe your region’s financial needs related to diversion of youth from TJJD secure facilities.*  |
|  |
| *Briefly describe your region’s training/technical assistance needs related to diversion of youth from TJJD secure facilities.*  |
|  |
| *Briefly describe your region’s programming and treatment needs related to diversion of youth from TJJD secure facilities.*  |
|  |
| *Briefly describe your region’s staffing needs related to diversion of youth from TJJD secure facilities.*  |
|  |
| *Briefly describe any other needs your region has related to diversion of youth from TJJD secure facilities.*  |
|  |

|  |
| --- |
| **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).*  |
|  |

|  |
| --- |
| **IX. Funds** |
| *Describe how the region proposes to use the start-up funds for the current biennium.*  |
|  |
| *What additional funding does the region need to successfully divert additional youth within the target population?* |
|  |
| *What additional funding does the region need to increase local/community services?* |
|  |

|  |
| --- |
| **X. Regional Plan for Diversion**  |
| *Describe how the region will ensure the provision of services, including research-based services, to meet the needs of youth who otherwise would be committed to TJJD secure facilities. Please include your timeline for diversion readiness.* |
|  |