



REQUEST FOR FUNDING: FY 16 REGIONALIZATION SPECIAL PURPOSES

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Department Name: Collin County

Submitted by: H. Lynn Hadnot

Contact Phone Number: 972-548-6473

Date Submitted: October 26, 2016

Required Return Date: October 26, 2016

*A limited amount of remaining FY 16 Regionalization Start-Up funds is being made available to support the regionalization efforts. These funds will be **one time awards and must be expended before November 30, 2016**. Departments who are considering revising or enhancing their programs and services may wish to apply for the opportunity to purchase new curriculum or to provide additional training for staff.*

Regionalization efforts focus on diverting youth from commitment to state operated secure facilities; these youth frequently present with higher risk and treatment needs, mental health diagnoses, and backgrounds that include trauma. The target population includes youth with intellectual and developmental disabilities and female and young offenders. Funding requests that reflect a focus on any these areas are welcomed.

SPECIAL PURPOSE REQUEST

- | | |
|---|--|
| ☐ One-time expenditure | ☒ Treatment Curriculum |
| ☐ Staff development/training | ☐ Equipment |
| ☐ Other | |

AMOUNT REQUESTED:

\$1120.00

USE OF FUNDS (please provide a detailed but concise description of the planned use of funds including a narrative detailing how your request will support or enhance treatment services and programming for youth)

Funds will be used to purchase facilitator guide and youth participant materials, to expand on programming in the county's post-adjudication and after-care program for juvenile offenders. The curriculum is called Staying Quit, developed by Correctional Counseling, Inc. The department currently utilizes MRT in post-adjudication programming which is evidence-based as part of its programming regimen. This additional programming would build on those services and continue into community reintegration (after-care). The curriculum will be facilitated by the departments licensed clinicians in both the post-adjudication program and office setting for after-care.



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ADDITIONAL INFORMATION (REQUIRED – please fill out all sections that apply; if additional space is needed, another page may be added with the required information)

☐ Supplies or Equipment

Item(s)	Item Cost	Comments	Requested Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☒ Program, Service, or Curriculum

Purpose	No. to be Served	Time Frame	Rate	Requested Total Cost
<u>Staying Quit Group</u>	<u>50</u>	<u>9 months</u>	<u>140.00</u>	<u>1120.00</u>
<u>Starter Quit</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Training

Purpose	No. of People	Type of Expenditure	Dates	Requested Total Cost
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Other

Purpose	Type of Expenditure	Requested Total Cost
_____	_____	_____