LOGIC MODEL STRUCTURE (The following table places program information into the structure of a logic model for research-driven program design and must be completed with the DSA application. TJJD staff offer training and materials on the use of this design, including sample logic models, and are available to offer technical assistance. Please contact Research@tjjd.texas.gov. Not all text boxes may be filled; additional pages may be added as needed.)

<u>Problem Statement:</u> Juveniles on probation with mental illness on probation often require placement outside their home thus demonstrating there is a need for community based mental healh program for juveniles.

Goal Statement: Stabilize mental health symptoms contributing to deliquent behaviors.

Target Population: (Describe
the target population of the
program by identifying the
following.)

- Age(s): 12-17
- Qualifying Characteristic(s)
 - Youth on probation diagnosed with mental illness.
 - 0
- Risk Level(s): High
- Identified Need(s)
 - o Mental health treatment
- o Medication management
- o Community based services
- Current Recidivism
 - o Level:
 - o Data Source:
- Other/Notes
- 0
- 0
- 0

Resources:* (Describe the staff, materials, physical space, and other resources needed for program implementation.)

- Judicial Support: leadership, court reviews, and admonishments
- JPO ISP Officers: case plans, enforce complinace with terms and conditions of probation.
- Juvenile Case Manager: service coordination, conduct groups, skill building
- State & Defense Attorneys: representation
- Director of Education:
 Coordinate education needs
- Therapist: needs assessment, treatment planning, counseling services
- Psychiatrist: psychiatric evaluations, medication manangement
- Substance abuse counselor: needs assessment, treatment planning, treatment
- *Specific budget request and local/inkind match information is gathered elsewhere in the application.

Activities: (Describe planned activities, such as treatment sessions, or other programs and services.)

• Summary: Juveniles will participate in Juvenile Mental Health Intervention Program.

Component 1

• Juveniles will attend counseling twice weekly.

Component 2

• Juvenile will attend scheduled psychtriatic appoints and take medication as directed.

Component 3

• Juvenile will meet with JPO and Juvenile Case Manager as directed.

Component 4

 Juvenile will provide transcript and meet with Director of Education ongoing to address educational needs.

Component 5

 Juvenile will meet weekly with mentor. Mentor will provide support and assist juvenile in participating in prosocial activities.

Outputs: (Describe outputs for each activity, such as youth served, number of sessions delivered, or attendance rate.)

• Summary: Juveniles will pariticpate in Juvenile Mental Health Intervention Program.

Output 1

• Juvenile will attend 80 % of counseling sessions.

Output 2

• Juvenile will attend 80% of scheduled appointments and take medication.

Output 3

• Juvenile will meet with JPO and Juvenile Case Manager 80%

Output 4

• 80% of juveniles will provide transcripts and meet with the Director of Education.

Output 5

• 80 % of juveniles will meet with their mentor and participate in prosocial activities.

Outcomes: (Describe expected outcomes toward fulfilling the "Goal Statement" above.)

Recidivism Reduction

- One-year: 20%
- Two-year: 10%
- Three-year: 5%

Other Outcomes

- Reduce number of juveniles with mental illness in detention/out of home placements.
- Decrease number of juveniles hospitalized for mental illness.
- Utilization of community resources by family.
- Increase in academic performance by juveniles.
- Decrease crisis intervention calls.
- Increase probation compliance
- Provide positive role models for juveniles utilizing mentors.