Learn more about the current open protocols using the following links:
Protocols for June 2025

- Community Projects
- Residential Projects
- Vocational Projects

Collin

DSA - Community Projects

ID: D-2025-08000
Grant Coordinator:
Regional:

Amount Allocated:
-

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▶ Portal Instructions

▼ Organization Information

Probation Department:	Collin
Primary Contact:	Pat Skipper
Chief JPO:	Cynthia Gore
County Number:	43
Does the Chief want to be notified of all submissions for this grant in the portal going forward?	Yes

▼ Grant Information

What Initiative are you applying for?	DSA - Community Projects

▼ Program Focus:

Program Title:	Collin County DSA Community Project

1.TARGET AND PRIORITY POPULATION:
Define the improvements to be addressed with this proposed project to include: target *population and the service gap being filled.*

Target and Priority Population:

Mental illness in the juvenile justice system has become an increasingly obvious problem. Multiple studies report that 75% of juveniles involved in the justice system have a diagnosable mental health problem and 27% suffer from a disorder so severe it significantly impairs their ability to function. The relationship between mental health issues and justice system involvement is complicated (Shubert and Mulvey, 2014), and the disproportionately high prevalence poses a significant challenge for the juvenile justice system. When left untreated, juveniles with mental health disorders have an increased risk of engaging in delinquent behaviors leading to escalating criminal activity and progression into the justice system. Fortunately, research also demonstrates that screening and identification leads to treatment (D. Bowser, B. Henry, G. Wasserman, 2019), which helps juveniles successfully navigate disorder challenges and reduces recidivism (A. Aazami, 2023).

The Collin County Juvenile Probation Department (CCJPD) seeks grant funds to continue with the two Case Managers to assist with provision of in-home and community-based wraparound services for high-risk, high-needs juveniles who demonstrate a need for intensive supervision and have been diagnosed with a mental health disorder. Along with an increase in referrals, CCJPD has recognized an increase in juveniles with mental health disorders who need additional support to be successful during and after probation.

In some cases, detained juveniles are able to obtain the necessary mental health treatment while in the facility, but services are disrupted after release, resulting in re-offense. Many juveniles are from families that are unable or unwilling to support the juveniles, and, are thus at-risk of moving deeper into the system. Families who are struggling to provide basic needs and transportation are frequently unable to break down barriers while navigating treatment and support systems for their at-risk youth. Case Managers will support juveniles and their families by providing intensive home-based case management to identify gaps in services, connect them with community resources, provide transportation to appointments, as needed, and serve as a liaison between various systems to ensure continuous care and improve all aspects needed for juveniles to be successful. Case Managers will work with juveniles and their families to support follow through at common service disruption points, including intake, scheduling and appointment attendance, and medication compliance. Additionally, Case Managers will work with the CCJPD Specialty Courts Education Director to support the juvenile's educational needs. With proper community-based support and intervention, mental health crises that lead to secure detention can be averted for youthful offenders with mental illness.

1. P. Srasvebkl, T. Butler, J.N. Trollor, J. Kasinathan, D. Kenny, D. Greenberg, M. Simpson, A. Kariminia, et al 2022. Association Between Mental Health Treatment and Reofending Among Justice-Involved Youths, pgs. 1-8.
2. LA. Toplin, LJ. Welty, K. Abram, M. Dulcan, JJ. Washburn, K. McCoy, et al, 2015. Psychiatric Disorders in Youth After Detention, OJJDP, Juvenile Justice Bulletin, pgs. 1-20.
3. D.C. Semenza, I.A. Silver, D.B. Jackson, et al, 2024. Youth Incarceration in Adult Facilities and Mental Health in Early Adulthood. Journal of Adolescent, Volume 74, Issue 5, May 2024, pgs. 989-995.
4. Beaudry G., Yu R. Langstrom, et al: An updated systematic review and meta-regression analysis: mental disorders among adolescents in juvenile detention and collrectional facilities. Child Abuse Psychiatry 2021: 60: 46-60.
5. Bonta J. Andrews DA: The Psychology of Criminal Conduct, 7th ed. New York, Toutlede, 2024.
6. Hoeve M, McReynolds LS, and Wasserman GA. 2014. Service Referral for Juvenile Justice Youths: Associations with Psychiatric Disorder and Recidivism. Administration and Policy in Mental Health and Mental Health Services Research 41(3):379-389.
7. Schubert CA and Mulvey EP. 2014. Behavioral Health Problems, Treatment, and Outcomes in Serious Youthful Offenders. Juvenile Justice Bulletin. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
8. Soulier M and McBride A. 2016. Mental Health Screening and Assessment of Detained Youth. Child and Adolescent Psychiatric Clinics 25(1):27-39.
9. Wasserman GA, McReynolds LS, Schwalbe CS, et al. 2019. Psychiatric Disorder, Comorbidity, and Suicidal Behavior in Juvenile Justice Youth. Criminal Justice and Behavior 37(12):1361-76.

▼ Program Approach:

2. Type of Project: Other

2a. APPROACH/METHODOLOGY:
Define the proposed approach and intervention(s) that addresses the areas of need identified in the program focus. Provide data to support the extent of the need being addressed by the project.
Approach:

One of the most important first steps to respond to the needs of youth in the juvenile justice system is to identify those with needs at their earliest point of contact with the juvenile justice system. All youth referred to CCJPD are screened for mental health needs using the MAYSI-2 and assessed for risk and protective factors

using the Positive Achievement Change Tool (PACT). These validated tools provide accurate information regarding the risks and needs of juveniles entering the system and equips CCJPD to better meet their needs. CCJPD will utilize scores from these tools, along with information from probation officers, to identify high-risk, high-needs juveniles with mental health disorders who are/may not be successful on traditional probation and are at risk of placement outside of their homes. These juveniles will be provided intensive case management services from the Case Managers.

Case Managers will provide in-home and community-based wraparound services for both juveniles and their parents/family. Case Managers will conduct home visits, interview both the juveniles and their parents/guardians to assess needs or problems with meeting case plan goals, and implement plans of assistance with an emphasis on ensuring youth and families in need of mental health services actually have the needed support to engage and follow through with compliance. Case Managers will participate in development and revision of treatment plans, identify gaps in continuum of services, and develop resources to address the needs of both juveniles and their families.

Many youth with mental health disorders receive services from a variety of agencies; however, the individual organizations are not likely to coordinate or communicate with one another. To empower juveniles and their families to successfully navigate the variety of services and number of contacts with various child-serving agencies that the juvenile and their families experience, service coordination and interagency collaboration are critical. Case management will encompass a multi-system approach to help juveniles and their families meet needs by coordinating with LifePath Systems (local mental health authority). school districts, treatment providers, and child welfare, as needed. Case Managers will serve as a liaison between the juvenile and families, law enforcement, courts, service providers, and community agencies to coordinate activities, develop prevention strategies, and monitor effectiveness of services being provided to meet the needs of the juvenile. Case Managers will coordinate referrals, monitor progress, and provide transportation, as needed. Case Managers will provide weekly case reports reflecting contacts with juveniles and other agencies involved in providing services for the family (other needs such as assistance with any basic needs like food, shelter, and clothing).

For mental health needs, treatment may consist of counseling offered by CCJPD staff, private providers utilizing private insurance, or counselors at lifePath Systems. Many of CCJPD treatment providers use Cognitive Behavioral Therapy (CST), as a primary modality. For educational needs, Case Managers will work closely with the CCJPD Specialty Courts Education Director to ensure juveniles are receiving the appropriate accommodations, 504 planning, and academic placement to improve education stability and experience. Often, a juvenile has been in and out of rehab, detention, and has attended multiple schools and has never received credit on mastered material simply because information has not been shared between entities. The Education Director evaluates all grades, report cards, and transcripts to identify areas of achievement. Education plans are personalized, realistic, and show students and their families the steps needed for success.

In addition to intensive supervision to address high-risk, high-needs juveniles diagnosed with mental health disorders in the community setting. Case Managers will also work with families while juveniles are in post-adjudication detention. Additionally, Case Managers will also offer psychoeducational groups to juveniles and parents on various topics in the probation office. Caseloads are expected to be 25 per Case Manager.

Along with the county population, the number of referrals to CCJPD has increased annually, increasing over 78% overall from FY21 (n = 1,000) to FY24 (n = 1,779). During this same period, the number of felony referrals has disproportionately increased by 77%, going from 335 FY21 to 626 in FY24.

CCJPD Referrals FY21 FY22 FY23 FY24
Misdemeanor 440 663 803 861
Felony 335 471 561 626
Other (CI/N/A) 207 234 265 292
Total 1000 1368 1629 1779

The nature of the felonies committed has also increased in degree of violence, as opposed to just statutory element. The number of youth referred for aggravated assault, robbery, murder, weapons, sexual assault, theft, and alcohol and drug offense has increased 23% from 114 in FY21 to 140 in FY24. The number of felony and misdemeanor charges has more than doubled over the same period.

CCJPD Felony Referrals FY21 FY22 FY23 FY24
Assault/Robbery/Murder/Weapons/Violent 114 124 130 140
Sex Offense 33 42 24 21
Theft/Burglary/Property 83 70 83 111
Alcohol/Drug Offense 80 140 252 267
Other 43 95 72 87
Total 353 471 561 626

CCJPD Misdemeanor Referrals FY21 FY22 FY23 FY24
Assault/Weapons 210 369 442 460
Alcohol/Drug Offense 46 41 33 27
Contempt/Violate Court Order 0 0 2 2
Theft Property 92 160 172 204
Other 92 93 154 168
Total 440 663 803 861

Correspondingly, the number of youth presenting with mental health disorders seen by CCJPD continues to increase. As demonstrated from the Massachusetts Youth Screening Instrument Second Version (MAYSI-2) scores in the table below, the number of youth recommended for primary services (clinical consultation or evaluation referral) by mental health professionals has increased 23% from 96 in FY21 to 119 in FY24. Additionally, over the same period, the number of youth receiving warnings for suicidal ideation has increased 50%. CCJPD has seen an increase of more than 800% in youth requiring suicide watch while detained in the John R. Roach Juvenile Detention Center, all while maintaining a consistent average daily population. Since 2021, CCJPD has placed 36 juveniles in secure facilities to address mental health (over the course of 4 years), and 42% of the 31 TJJD commitments made exhibited mental health disorders.

MAYSI-2 Screening FY21 FY22 FY23 FY24 Totals
Juveniles Screened 777 1155 1424 1466 4822
Trauma Experienced 298 404 468 421 1591
Warning for Suicidal Ideation 82 117 105 96 400
“High” Recommend Primary Services 96 124 124 119 463

MAYSI-2 data also indicate that one of every 3 youth screened by CCJPD reported experiencing trauma. Trauma exposure and post-traumatic stress are strongly associated with other commonly assessed criminogenic risk factors, including substance abuse, experiential avoidance (emotional numbing, callousness, dissociation), peer problems, negative family relationships, and academic issues, which can complicate treatment and probation success.

2a. NA
2b. SAFETY/SECURITY:
Identify how it will ensure safety and security and how it directly supports the well-being and protection of youth, staff, and community.
Safety and Security:

The grant will enhance community safety by addressing the root causes of juvenile delinquency through targeted mental health support and positive mentorship. By stabilizing mental health symptoms that contribute to delinquent behavior, the grant-funded services will help reduce the likelihood of future offenses. Additionally, the inclusion of positive role models will provide youth with guidance, support, and accountability, promoting healthier decision-making. These efforts will lead to increased compliance with probation requirements and a reduction in crisis intervention calls, ultimately creating a safer and more stable community environment.

The following are only a few ways Case Managers will help bring safety to the community by assisting juveniles (youth):

• Work with the families of juveniles in specialty courts to find needed resources like food, clothing, and shelter.
• Model and teach positive communication within the families.
• Teach and support healthy consistent parenting.
• Assist with conflict or any issues that may come up with the juvenile and family.
• Work with juveniles and family as an advocate within the justice system.
• Teach a Moral Reconation Therapy group every week to the male juveniles in specialty court.
• Teach positive coping skills to give juveniles alternatives to committing crimes.
• Assist juveniles in pro social activities.
• Assist juveniles-connecting them to higher education or trade schools.
• Assist juveniles with career readiness and job readiness.
• Teach juveniles life skills.
• Provide Group Therapy
• Provide Individual Therapy

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3. REGIONAL APPROACH/SHARING RESOURCES ACROSS DEPT AND/OR AGENCIES:
Explain how you are using a regional approach or working with other state agencies, probation departments, and TJJD departments.
Regional Approach:

The Juvenile Case Manager serves as a vital bridge between the justice system, the youth, their family, and the community. Their primary responsibility is to guide and support youth involved in the juvenile justice system by coordinating essential services, ensuring compliance with court requirements, and encouraging personal

development. Through consistent oversight and access to community resources, they work to reduce recidivism and empower youth to make positive, lasting changes that lead to stable and productive futures.

The following below is a list of key resources and partners that the case managers (and CCJPD) work with:

• LifePath Systems
• Juvenile Detention Officers
• Juvenile Probation Officers
• Law Enforcement
• School Officials
• Traffick911
• Substance Abuse Treatment Providers
• Mental Health Professionals
• Court Officials
• Children's Advocacy Center
• Residential Treatment Facilities
• Lawyers
• Collin County Substance Abuse
• Psychiatric Treatment Centers

Risk/ Needs/ Responsivity :

While juveniles are screened using PACT and MAYSI-2, which provides information regarding individual trauma and the need for targeted services, CCJPD has also incorporated the Mandt System and Trust-Based Relational Intervention (TBRI) service delivery models to create a trauma-informed environment throughout the department and apply the same principals of care to all individuals.

The Mandt System is a comprehensive, relationally based program that uses a continuous learning and development approach to prevent, deescalate, and if necessary, intervene in behavioral interactions that could become aggressive. The focus of the Mandt System is on building health relationships between all stakeholders in order to facilitate the development of an organizational culture that provides the emotional, psychological, and physical safety needed in order to teach new behaviors. When juveniles, who have experience trauma, feel safe, the potential to heal and build healthy relationships is improved.

TBRI is an attachment-based, trauma-informed intervention designed to meet the complex needs of vulnerable children. TBRI is designed for children from "hard places" such as abuse, neglect, and/or trauma. TBRI consists of three sets of principles to address physical needs, attachment needs, and disarm fear-based behaviors. All collaborating personnel will be required to be trained in TBRI for complete continuity of care across system and services delivery. The county has begun a comprehensive implementation process with all community-based
stakeholders regarding TBRI. Preliminary discussion for countywide implementation had been conducted with adult services (Judges of mental health courts, CSCD Director, and the Local Mental Health Authority).

The higher prevalence of mental health disorders among incarcerated juveniles is a matter of national and global concern. The CCJPD need accurate screening measures that identify youth requiring immediate mental health services. Addressing risk and mental health needs starts with appropriate and accurate identification, generally using a two tiered process that involves screening and assessment. CCJPD utilizes the MAYSI-2 for mental health screening for all referred juveniles. The MAYSI-2 is a 52-question self-report screening instrument that measures symptoms on seven scales pertaining to areas of emotional, behavioral, or psychological disturbance, including suicide ideation. This tool is the recommended screening tool widely used and recognized for mental health screening of youth in the juvenile system. The tool has been designed to identify youth who have special mental health needs. The MAYSI-2 has been widely adopted within the juvenile justice system as the standard intake tool in 47 states, including Texas.

To assess risk, CCJPD utilizes TJJD-approved Positive Achievement Change Tool (PACT), which is a more comprehensive risk and needs assessment instrument. The PACT is a two-part (shorter pre-screen and longer full assessment) utility based upon the Washington State Juvenile Court Assessment that was developed and validated on the Florida juvenile population. PACT utilizes evidence-based practices (e.g., Motivational Interviewing) to produce research-validated risk level scores measuring a juvenile's risk of re-offending. The PACT identifies the areas in which the juvenile is most at risk, as well as protective factors which can be built upon for success. The PACT assessment provides a foundation for designing individual treatment plans.

Case Managers will provide services for high-risk, high-needs juveniles that are individualized, community-based, and include the juvenile's family in the planning and delivery of treatment in a coordinated and collaborative approach that embodies the values and principles of system of care. These services are similar in nature to the Missouri's Community Partnership and the Jefferson County Community Partnership, which has been rated "Favorable" by the National Institute of Justice Crime Solutions website. In addition, providers and

community partners may utilize evidence-based practices in delivery of services. Many treatment providers utilize Cognitive Behavioral Therapy (CBT), which is the most widely studied psychotherapy approach and is broadly accepted as evidence-based.

COPD utilizes the PACT to identify each juvenile's criminogenic needs and risk of re-offending. Results from this tool are used to inform treatment and service delivery. The Case Managers will provide individualized case management to high-risk juveniles. Programming, interventions, and services provided will be targeted to the specific need areas and will be tailored, to the extent possible, to each juvenile's unique characteristics including learning style, motivation, abilities, and mental health status. Additionally, individualized plans will take into consideration each juvenile's strengths in order maximize the juvenile's desire to engage and improve protective factors. The purpose of the project is to be more responsive to the needs of juvenile's diagnosed with mental health disorders, identify gaps in services, and assist with navigating challenges in an effort to improve stability and probation success, minimize placement outside the home, and reduce recidivism.

1. Grisso, T., Fusco, S., Paiva-Salibury, M., Perravot, R. Williams, V. and Barnum, R. (2012). The Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2): Comprehensive Research Review. Worchester, MA: University of Massachusetts Medical School.
2. Hay C, Widdowson AO, Bates M, et al. 2018. Predicting Recidivism Among Released Juvenile Offenders in Florida: An Evaluation of the Residential Positive Achievement Change Tool. Youth Violence and Juvenile Justice 16(1):97-116.
3. Amy L. Gilbert, Todd L. Grande, Janelle Hallman, and Lee A. Underwood, 2015. Journal of Correctional Health Care, Screening Incarcerated Juveniles Using the MAYSI-2, Vol. 21, No. 1.
4. Hoffman SG, Asnaani A, Hoffman, LA., et al. 2023. The Efficacy of Cognitive Behavioral Therapy: a Review of Meta Analyses. Cognitive Therapy and Research (47):333-345.

▼ Additional Program Information

Please provide any additional narrative information you believe would be helpful in understanding the proposed program or service.

Other Details:

Pertinent additional information for program:

Performance Management:
Objectives:
1. 70% juveniles will complete probation without placement outside the home
2. 20% maximum re-offense rate for juveniles receiving case management services Measures:
1. Number of high-risk juveniles diagnosed with mental health disorders provided case management services
2. Number of project juveniles needing inpatient treatment
3. Number of project juveniles who reoffend within 1, 2, and 3 years
4. Number of project juveniles with subsequent probation placement within 1, 2, and 3 years
5. Number of project juveniles with subsequent TJJD commitment within 1, 2, and 3 years

Data Management:
CCJPD utilizes Techshare to collect, report, and manage program data. Techshare is a comprehensive, web-based technology solution developed as a collaborative effort between TJJD, the Texas Conference of Urban Counties and several local juvenile probation departments. Techshare provides enhanced productivity tools and data sharing capabilities, strong security and data integrity, and built-in interfaces with other entities involved in the juvenile justice system. Techshare provides timely and complete information on juvenile offenders to local juvenile probation departments, prosecutors, judges, treatment professionals, and TJJD staff to encourage accurate and appropriate disposition and rehabilitative decisions. Data to be collected on all juvenile offenders includes referral type and disposition, age, gender, racial/ethnic background, family information, program violations, drug testing results, and program start and completion dates. Additionally, the program tracks the number of participant's current education level while on supervision. Techshare also tracks the number of juveniles diagnosed with mental illness, screening and assessment scores, and current programs juveniles are referred to, participate in, and program outcomes.

Additional Program Information:
Proper identification for youth who need mental health services is a critical component to service delivery. However, the reality remains many of the youth in the criminal justice system are products of extremely inconsistent and often chaotic home environments which significantly diminish the likelihood of service compliance upon initiation. This is even more common in the homes of kid's suffering from mental illness as it not uncommon for mental illness to impact parents themselves, other caregivers, or multiple people within the family system. With the appropriate support for service engagement and compliance, these families will be in a position to execute critically needed mental health services. Additionally, participating youth and families will be

well established to continue with community-based mental health services for years to come beyond their direct involvement with the criminal justice
system.

▼ Cost

5. COST:
What is the cost of this program per child or family? Will there be in-kind or local financial matching?

Funds for this Fiscal Year: $221,537.00

Cost per Family or Youth per Year: $0.00

Cost per Day per Family or Youth: $142.01

Total Number of Families/Youth Serviced:

Local/ In-Kind Match: *Describe any local/in-kind match, with amounts or types, if applicable.*
Local/ In-Kind Match:

NA

▼ High Level Budget

Please complete a separate budget detail for each fiscal year of the grant award period. Fill out all sections that apply; if additional space is needed, another page may be added. The sum of all "Requested Total Cost" entries should equal the dollar amount indicated in the funding request above.

Program or Service

	Purpose	No.to be Served	Time Frame	Rate	Requested Total Cost

Salaries & Fringe

	Position Title	Monthly Salary &/or Fringe	Requested Total Cost	
1	JPO/Case Manager	$8,423.00	$101,076.00	Delete
2	JPO/Case Manager	$10,038.42	$120,461.00	Delete

Travel & Training

	Purpose	No. of People	Type of Expenditure	Time Frame	Requested Total Cost

Supplies or Equipment

	Item(s)	Item Cost	Comments	Requested Total Cost

Other *(please describe)*

Description	Requested Total Cost

▼ Logic Model

The following section 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. Please check here for help with creating output measures.
If you'd prefer to provide your Logic Model as a document, please attach it here by selecting the green + icon. Once uploaded, the prompt below will be removed and your attachment will be saved to the Documents section lower on this form.

Logic Model

Problem Statement:

Juveniles on probation with mental illness often require placement outside their home thus demonstrating there is a need for community based mental health program for juveniles.

Goal Statement:

Stabilize mental health symptoms contributing to delinquent behaviors.

Program Type: Counseling Services, Educational, Intensive Case Management, Intensive Supervision, Life Skills, Mental Health, Mentor

Treatment Modality: Family Therapy, Skills Development, Other, Family Therapy, Skills Development, TBRI - Trust Based Relational Intervention, Vocational or Educational

Other Treatment Modality:

Target Population

You will elaborate on the target population later in this application.

Target Population - Age: < or = 12, 13, 14, 15, 16 and up

Target Population - Risk Level: High

Target Population - Need Level: High

Scope

Scope - Size: 41-50

Scope - Data Source:

Data Source: Specialty Court and ISP (Intensive Supervision Probation) and many other sources/resources as indicated in Program Type, Treatment Modality, and Resources.

Resources

Describe the staff qualifications, materials, physical space, and other resources needed for program implementation.

Resources: Staff, Other

Other Resource(s) (Brief Title): Qualifications/Licensure/Training/Providers

Describe the Other Resource(s):

Collin County is the sixth largest county in Texas based on population (over 1.1 million) and lies just northeast of the Dallas-Fort Worth Metroplex. The county has 13 district courts, one of which (the 417th) hears all juvenile matters. Collin County Juvenile Probation department, with over 167 staff positions, provides probation

and intensive supervision services for deferred and adjudicated juveniles, pre- and post-adjudication detention and rehabilitation services, and alternative education services for expelled juveniles.

Case Managers hired utilizing grant funds will possess a Bachelor's degree and will have a minimum three (3) years' experience in probation, corrections, or social services. Additionally, Case Managers will continue to be trained on Mandt systems, PACT by departmental staff and be required to participate in the department's TBRI service delivery model.

Case Managers will coordinate with various community providers, based on the needs of each individual juvenile. Referrals will only be made to qualified and trained providers. For Academic matters, Case Managers will work with the CCJPD Specialty Courts Education Director (who has also been with us since the conception of the grant as well as the Case Managers), who, as a former teacher, counselor, and administrator for an alternative school and a recovery high school, has significant experience working with at-risk juveniles in the justice system.

Describe Staff Resources:

Resources needed for program implementation are the following but not limited to:

• Judicial Support: leadership, court reviews, and admonishments
• JPO-ISP Officers: case plans, enforce compliance 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: need assessment, treatment planning, counseling services
• Psychiatrist: psychiatric evaluations, medication management
• Substance abuse counselor: needs assessment, treatment planning, treatment

Activities

Select the + icon to add an activity.

Activity

- Edit | View

Activity	Description	Component	Output
Juvenile Mental Health Intervention Program	Juvenile will participate in Juvenile Mental Health Intervention Program.	Other Component 1: Juveniles will attend counseling twice weekly	Other Output 1: Juveniles will attend 80% of counseling sessions.

- Edit | View

Activity	Description	Component	Output
Juvenile Mental Health Intervention Program	Juveniles will participate in Juvenile Mental Health Intervention Program	Other Component 2: Juvenile will attend scheduled psychiatric appointmentss and take medication as directed.	Other Output 2: Juvenile will attend 80% of scheduled appointments and take medicaiton.

- Edit | View

Activity	Description	Component	Output
Juvenile Mental Health Intervention Program	Juveniles will participate in Juvenile Mental Health Intervention Program.	Other Component 3: Juvenile will meet with JPO and Juvenile	Other Output 3: Juvenile will meet with JPO and Juvenile

		Case Manager as directed.	Case Manager 80%.

- Edit | View

Activity	Description	Component	Output
Juvenile Mental Health Intervention Program	Juveniles will participate in Juvenile Mental Health Intervention Program.	Other Component 4: Juvenile will provide transcript and meet with Director of Education ongoing to address educational needs.	Other Output 4: 80% of Juveniles will provide transcripts and meet with the Director of Educatin.

- Edit | View

Activity	Description	Component	Output
Juvenile Mental Health Intervention Program	Juveniles will participate in Juvenile Mental Health Intervention Program.	Other Component 5: Juvenile will meet weekly with mentor. Mentor will provide support and assist juvenile in participating in prosocial activities.	Other Output 5: 80% of juveniles will meet with their mentor and participate in prosocial activities.

Other Comments

Notes or Comments:

Attached please find the Logic Model Structure and DSA Logic-Model-Outcomes.

▶ Budget and Expenditure Summary

▶ Input Budget

▶ Budget by Sub Category

▼ Documents

REQUEST DOCUMENTS

Letter of Support Lifepath Systems 2025 Collin County DSA.pdf

.Please choose a document type

Added by Pat Skipper at 1:45 PM on July 24, 2025

Collin County DSA Logic Model-Outcomes.docx

.Please choose a document type
Added by Pat Skipper at 1:44 PM on July 24, 2025

Attachment A - Collin County Logic Model DSA.docx

.Please choose a document type
Added by Pat Skipper at 1:42 PM on July 24, 2025

Collin County DSA Budget Detail.docx

.Please choose a document type
Added by Pat Skipper at 1:42 PM on July 24, 2025

ORGANIZATION DOCUMENTS