



**State of Wyoming**

**Departments of Education, Family Services, Health**

**Wyoming Community Juvenile Services Boards**

## **Forms for Application**

**\*These materials are not a promise of contract or funding\***

**Important Application Dates:**

**December 31, 2009 – Last date of Application**

**June 30, 2010 – End of Biennium**

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The application forms will be posted to <http://www.wyjuvenilejustice.com/> on April 20, 2009. Please contact Jeffery Herb at [jherb@state.wy.us](mailto:jherb@state.wy.us) for more information.

**\*PLEASE SAVE A COPY OF ALL FILES TO A DISK OR YOUR COMPUTER\***



**Phase I.**  
**Form 1: Cover Letter**

1. Project title: County Community Juvenile Services Boards
2. Name of Person Completing Application:
  - a. Title: Agency:
  - b. Address: City: Zip:
  - c. Phone: Fax:
  - d. Email:
3. Primary contact: Title:
4. Lead Agency:
  - a. Address: City: Zip:
  - b. Phone: Fax:
  - c. Email:
5. Total funding request:
6. Eligible Award Amount:
7. Was a Letter of Intent submitted on behalf of the CJSB?  
 Yes  No

**Certification:** I certify to the best of my knowledge that the information contained in this application is correct. If awarded funding under this grant, I certify that this project will be conducted in accordance with the funding source requirements and the assurances provided within the application and any contract. I have been authorized by the agency's governing body to make this application and enter into a contract with the State of Wyoming.

\_\_\_\_\_  
Signature of Primary Contact

\_\_\_\_\_  
Date



## **Form 2: Community Board Members**

### 1. Community Board Members

#### a. Department of Family Services:

- i. Title:
- ii. Address:                      City:                      Zip:
- iii. Phone:                      Fax:
- iv. Email:

#### b. Public Health:

- i. Title:                      Agency:
- ii. Address:                      City:                      Zip:
- iii. Phone:                      Fax:
- iv. Email:

#### c. Local School District (s):

- i. Title:                      Agency:
- ii. Address:                      City:                      Zip:
- iii. Phone:                      Fax:
- iv. Email:

#### d. Prosecuting Attorney:

- i. Title:                      Agency:
- ii. Address:                      City:                      Zip:
- iii. Phone:                      Fax:
- iv. Email:

#### e. Police Department (s):

- i. Title:                      Agency:
- ii. Address:                      City:                      Zip:
- iii. Phone:                      Fax:
- iv. Email:

#### f. Sheriff's Department:



- i. Title:
- ii. Address:                                City:                                Zip:
- iii. Phone:                                Fax:
- iv. Email:

g. County Commissioner:

- i. Title:
- ii. Address:                                City:                                Zip:
- iii. Phone:                                Fax:
- iv. Email:

h. Mental Health:

- i. Title:                                Agency:
- ii. Address:                                City:                                Zip:
- iii. Phone:                                Fax:
- iv. Email:

i. Public Defender:

- i. Title:                                Agency:
- ii. Address:                                City:                                Zip:
- iii. Phone:                                Fax:
- iv. Email:

j. Other:

- i. Title:                                Agency:
- ii. Address:                                City:                                Zip:
- iii. Phone:                                Fax:
- iv. Email:

2. What frequency will the CJSB meet?

- Weekly    Bi-weekly    Monthly    Every other month    Quarterly

3. Narrative:



## **Form 3: Community Involvement in Planning**

1. Describe the method for involving the public in the strategic planning process and description of who and how the public was involved:



## Form 4: County Information

### 1. County Population

i. Most recent Census Population Estimate:

A. Comparing 2000 to most recent estimate, population:

Increased  Decreased

B. Percentage of population in poverty:

1. Comparing 2000 to 2007, the poverty rate:

Increased  Decreased

### 2. Detention Population

i. Number of juveniles placed in detention in 2008:

A. Males          Females

ii. Number of detention days for 2<sup>nd</sup> half of 2008:

A. Average length of stay in detention for 2<sup>nd</sup> half of 2008:

iii. Comparing 2005 & 2006 to 2007 & 2008, detention placements:

Increased  Decreased

iv. Primary cause of detention for 2008:

- Awaiting placement  Arrest on new charge  Circuit court commitment  
 District court commitment  ICJ/Runaway  Municipal court commitment  
 Violation of probation

v. Secondary cause of detention for 2008:

- Awaiting placement  Arrest on new charge  Circuit court commitment  
 District court commitment  ICJ/Runaway  Municipal court commitment  
 Violation of probation

### 3. Placement Profile

i. Number of juveniles in out-of-home placement in 2008:

A. Males          Females

ii. Number of re-entries into detention 2<sup>nd</sup> half of 2008:



- iii. Comparing 2005 & 2006 to 2007 & 2008, placements :
  - Increased             Decreased
- iv. Primary cause of placement for 2008:
  - Drug/Alcohol use    Educational concerns    Evaluation    Family dysfunction
  - New offense    Truancy/Chins    Severity of offense    Violation of probation/conditions
- v. Secondary cause of placement for 2008:
  - Drug/Alcohol use    Educational concerns    Evaluation    Family dysfunction
  - New offense    Truancy/Chins    Severity of offense    Violation of probation/conditions

4. Education Profile

- i. School Districts:
- ii. Graduation rate:
- iii. School attendance:
- iv. Paws data:

5. Court/Offense information:

- i. Uniform crime report data:
  - A.Total 2008 juvenile arrests:
- ii. 2008 Number of Juveniles Disposed in Municipal Court:
- iii. 2008 Number of Juveniles Disposed in Circuit Court:
- iv. 2008 Number of Delinquency Petitions filed:
  - A.Number of dispositions:
- v. 2008 Number of CHINS Petitions filed:
  - A.Number of dispositions:

6. Assets of the county:

7. Needs of the county:

- i. Risk Factors:
  - A. What primary risk factors affect why juveniles enter the justice system?





- Availability of drugs     Child abuse/neglect in the home
- Community Disorganization     Gangs     Lack of Structured Activities
- Low commitment to school     Parental involvement in criminal activity
- Transient population

1. Narrative:

B. What protective factors are available within the county to prevent the entry into the justice system?

1. Narrative:

8. Outline of Service System

A. Describe the case management structure.

B. Describe the service delivery network for the following:

1. Low risk youth:
2. Moderate risk youth:
3. Moderate-High risk youth:
4. High risk youth:

C. Describe the flexibility process for providing individualized case management.

9. How is the Community Board service area defined?

- County Boundaries     School District Service Area     Other    Other:

10. Describe the coordination process of working with other systems within the criminal justice system working with children and families to ensure legal responsibilities are upheld youth/families receive quality services.

11. Describe agreements among participating service agencies:

- i. Describe the policies, practices, and protocols across the case flow process for all systems with the at-risk youth.

12. Describe any impact on local, state, and federal laws and regulations:

- i. Describe any other legal issues:



**Phase II.**  
**Form 5: Strategic Plan**  
**Central Intake and Assessment**

1. Vision, Values, Mission
  - A. What is the Vision of the board:
  - B. What are the Values, Mission, and Philosophy?
2. Describe how the single entry process will be implemented in conjunction with Wyo. Stat. § 14-6-203 (SEA 068).
3. At what point will the PACT Assessment be used in the Central Point of Intake?  
 Initial appearance     Receipt of referral to Prosecutor's Office     Upon citation/referral
  - A. Who will administer the PACT Pre-Screen Assessment?  
 County Probation     Department of Family Services     Diversion  
 Law Enforcement     Prosecutor's Office
4. Describe the provision for confidentiality ranging from intake to diversion as described in Wyo. Stat. § 14-6-203.
5. Describe the community's Strategic Central Intake and Assessment Plan:

**Detention/Shelter Care**

1. Describe the community's detention process, detailing which youth are detained and for what reasons.
  - A. Describe the criteria for determining when at-risk youth are to be assessed for detention/shelter care.
  - B. Describe the criteria for determining who shall be admitted to detention. Focus shall be given to allow low-risk youth to return home to separate them from high-risk youth who shall be detained.



- C. Describe the method in which twenty four (24) hour intakes be processed.
- D. Describe the criteria for determining who needs shelter care.
- 2. Describe the process of detention/shelter care diversion programs.
- 3. Describe the criteria for notification and involvement of parents/guardians ranging from intake to disposition.
- 4. Describe the community's Strategic Detention/Shelter Care/ 24 hour intake Plan:

### **Continuum of Care**

1. Target Population:

A. Specific Ages targeted:

- Less than 11 years old
- 11-12 years old
- 13-14 years old
- 15-16 years old
- 17-18 years old
- 18-21 years old

2. Assets/Needs

What does the cumulative prospective board view as the primary issue facing:

A. Community:

- Availability of drugs
- Availability of alcohol
- Community Attitudes favorable towards drugs/alcohol
- Community attitudes negative towards youth
- Community disorder and /or decay
- Lack of cohesiveness
- Language/cultural issues
- Poverty
- Racial tension
- Transition and mobility of population
- Unemployment/underemployment

1. Describe assets of community:

2. Describe needs of community:

B. Family:

- Child abuse and neglect
- Divorce
- Domestic Violence
- Family substance abuse
- Parental involvement in problem behavior
- Poor parental supervision
- Single parent households

1. Describe assets of services related to families in jurisdiction:

2. Describe needs of services related to families in jurisdiction:



C. School:

Dropouts  Grade repetition  Poor academic performance

School disciplinary problems  Truancy

1. Describe assets of school:

2. Describe needs of school:

D. Youth:

Alcohol Use  Drug Use  Gang involvement  Runaway  Suicide

Teen pregnancy  Vandalism/graffiti  Violence

1. Describe assets of services related to youth in jurisdiction:

2. Describe needs of services related to youth in jurisdiction:

E. Describe the strategic plan to address needs in each of the following areas:

1. Community:

2. Family:

3. School:

4. Youth:

F. Describe the Continuum of Care for the following risk levels:

1. Low risk youth:

2. Moderate risk youth:

3. Moderate-High risk youth:

4. High risk youth:

2. Describe the continuum of services, detailing services available within the specific region, ranging from early intervention to transition from out-of-home placement.

### **Alternative Sources of Funding**

1. Who/what agency will be responsible for exploring other funding sources and operational costs for local juvenile services.



2. Describe the continuum of services, detailing services available within the specific region, ranging from early intervention to transition from out-of-home placement.



## Form 6: Staffing Plan

1. Does the Community Board intend to hire anyone with Community Boards grant?

Yes  No

If Yes, continue below, if No, continue to question 2.

A. What is the anticipated salary:

- 
- 
- 

B. How many hours will this person work a week:

- 
- 
- 

C. Who will supervise this person(s):

D. What is the anticipated job description, including duties:

- 
- 
- 

2. Will staff from other agencies be assigned directly to the Community Board and/or its strategic plan?

Yes  No If Yes, continue below, if No, continue to question 3.

A. What agency(s) anticipate to have staff assigned to the Community Board and/or its strategic plan?

- 
- 
- 

3. Describe how staff will work with Community Board members towards goal completion.



## **Form 7: Fiscal Organizational Capacity**

1. What agency will act as the lead agency?

Address:                      Phone:                      Fax:

A. Name and title of person authorized to sign contracts and submit invoices:

2. Describe the lead agency's support towards the Community Board:

3. Identify other funding sources and operation costs for local juvenile services.

A. What will be the source of the fifteen percent (15%) in kind match:

Equipment    Space    Salaries    Other

Narrative:



## **Form 8: Timeline**

1. When does the Community Board expect to implement the strategic plan for:
  - A. Central Intake and Assessment:
  - B. Diversion/Detention/Shelter Care:
  - C. Continuum of non-secure services:
  - D. Identification of other funding sources:





## Phase III.

### Form 9: Review/Evaluation

1. County:
2. Name of Person Completing Review:
  - A. Title:
  - B. Agency:
3. Date of review:
4. Date of application:
5. Primary contact:
  - A. Title:                      Agency:
  - B. Address:                      City:                      Zip:
  - C. Phone:                      Fax:
  - D. Email:
6. List any changes in membership:
  - A. Department of Family Services:
  - B. Public Health:
  - C. Local School District:
  - D. Prosecuting Attorney:
  - E. Police Department:
  - F. Sheriff's Department:
  - G. County Commissioner:
  - H. Mental Health:
  - I. Public Defender:
  - J. Other:

### Central Point of Intake

1. Court Filings



- a. Number of Juveniles Disposed in Municipal Court:
  - b. Number of Juveniles Disposed in Circuit Court:
  - c. Number of Delinquency Petitions filed:
    - i. Number of dispositions:
  - d. 2008 Number of CHINS Petitions filed:
    - i. Number of dispositions:
2. Number of adjudications during period of review:
  3. Describe how the central point of intake is being used in your community:

### **Detention/Shelter Care**

1. Detention rates:
  - A. Number of youth in detention for 2<sup>nd</sup> half of 2008:
  - B. Number of youth in detention for past six months:
  - C. Average length of stay in detention 2<sup>nd</sup> half of 2008:
  - D. Average length of stay in detention for past six months:
  - E. Number of re-entries into detention 2<sup>nd</sup> half of 2008:
  - F. Number of re-entries into detention for past six months:
  - G. Number of days in detention for all youth 2<sup>nd</sup> half of 2008:
  - H. Number of days in detention for all youth for past six months:
2. Placement rates:
  - A. Number of youth in out-of-home placement on date of application:
  - B. Number of youth in out-of-home placement on date of review:
  - C. Average length of out-of-home placement on date of application:
  - D. Average length of out-of-home placement on date of review:
  - E. Number of re-entries into out-of-home placement for 2<sup>nd</sup> half of 2008:
  - F. Number of re-entries into out-of-home placement for past six months:
  - G. Number of placement days for 2<sup>nd</sup> half of 2008:
  - H. Number of placement days for past six months:



## Continuum of Care

1. Case Management
  - A. Number of youth served:
  - B. Dispositions:
    1. In-home/community services/probation:
    2. Detention:
    3. Residential treatment/Institutions:
    4. Other:            describe:
2. Educational Rates:
  - A. Graduation rate of school district (s) for year prior to application:
  - B. Graduation rate of school district (s) for most recent year:
  - C. School attendance for semester prior to application:
  - D. School attendance for most recent semester:
  - E. Paws data for year prior to application:
  - F. Paws data for most recent year:

## Alternative Sources of Funding

1. Fiduciary Agent:
  - a. Title:                    Agency:
  - b. Address:                    City:                    Zip:
  - c. Phone:                    Fax:
  - d. Email:
2. Describe what funding sources were identified from outside sources:



## **Form 10: Quarterly Report**

1. In the Past three (3) months, please describe what progress has been made in the following areas:
  - A. Central Point of Intake:
  - B. Diversion/Detention/Shelter Care:
  - C. Continuum of Care:
  - D. Identification of Other Funding Sources:
2. What overall advancements has the CJSB board made in local juvenile justice issues.
3. What overall setbacks has the CJSB board experienced in local juvenile justice issues.
4. During the next three (3) months, describe what is planned for following area:
  - A. Central Point of Intake:
  - B. Diversion/Detention/Shelter Care:
  - C. Continuum of Care:
  - D. Identification of Other Funding Sources:
5. Narrative:

