**Youth Development Council**

**Youth Development Division**

**2021- 2023 Juvenile Crime Prevention Plan**

**County:**

**Authorized Representative Contact Information:**

Name

Title

Address

Email

Telephone

**Lead Agency:**

**Lead Agency Director Contact Information:**

Name

Title

Address

Email

Telephone

**Lead Agency Fiscal Contact Information:**

Name

Title

Address

Email

Telephone

**Please provide a brief description of the following:**

1. **Planning process**

* Information on local community juvenile justice issues, needs, barriers, and service gaps.
* COVID-19 and wild fires effects
* Summary of key data supporting the recommended strategies. Data should include demographics, juvenile crime trends, risk and protective factor profiles, outcome information.
* JJIS reports
* School districts – students’ attendance and engagement (encouraged)
* Evidence of government agencies, school district(s), ESDs, and community partners’ participation and support of the proposed plan.
* Description of how JCP Basic, Diversion and other funds are used in the continuum of services.

1. **Services/programs to be funded:**

* Brief description of the services/programs
* Services provider(s) information:
* Lead Agency
* Subcontractor Agency(s)

Please note, that all JCP funded services should focus programming efforts on the areas of risk identified by the JCP Assessment tool with the outcome goal of recidivism reduction and crime prevention.

1. **JPC assessment tool:**

The JCP Risk Assessment Tool is the instrument used to monitor and evaluate JCP programs. All programs and services receiving JCP funds must use the JCP Risk Assessment Tool. Local plans should include the following information:

* Who will conduct assessments and reassessments?
* What training have they received?
* How the tool will be used to address criminogenic factors?
* Who will be entering assessment information into the JJIS or YDD Data Manager? Please identify which database will be used.

1. **Population to be served:**

* Demographic information – age, race, ethnicity, gender
* Legal status – offenders, non-offenders, both
* Risk level
* Referral process – how youth are referred for assessment and services
* Estimated numbers of youth to be served by JCP- prevention funded program(s)

1. **Budget:**

* Budget information should include budget detail and budget narrative.
* Please use current budget as a baseline

1. **Evidence-based practice and cultural appropriateness**

* Please submit an evidence-based practice checklist for each program proposed for funding
* Description of cultural strategies, including addressing racial and ethnic disparities identified in your data analysis, and inclusion
* How will the program provide services that are affirming and supportive of LGBTQ+ youth?
* How will the program provide affirming and supportive services to gender-diverse youth?

1. **Statement of LPSCC’s or the County Governing Body’s approval of submitted plan**

Please submit your plan and EBP Checklist(s) by March 31, 2021, via email to [JCP@ode.state.or.us](mailto:JCP@ode.state.or.us)