



TJJD REGIONAL DIVERSION APPLICATION

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Instructions for completing this form are available online at http://www.tjjd.texas.gov/publications/regionalization/TJJD_REG_007i.docx.

I. YOUTH OVERVIEW		
Youth's Name (Last, First, Middle Initial)	County Where Youth Was Adjudicated	Department's Recommended Deadline or Court Date
18 - DD246	Collin County	04/23/18
Youth's Date of Birth (MM/DD/YYYY)	Youth's PID Number	Youth's IQ
02/15/2004	24345	95

II. RISK AND NEEDS ASSESSMENT		
Name of Risk Assessment Tool Used		
RANA		
Risk Assessment		Needs Assessment
High <input type="checkbox"/>	Moderate <input checked="" type="checkbox"/>	Low <input type="checkbox"/>
		High <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Low <input type="checkbox"/>

III. PRIOR MISDEMEANOR REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
01/11/17	Terroristic Threat	Deferred Prosecution	Failure to Comply

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
12/16/16	Assault P/S	Probation	Motion to Modify
09/06/16	Assault P/S	Probation	Motion to Modify
05/16/16	Assault P/S	Probation	Motion to Modify
05/16/16	Assault P/S	Probation	Motion to Modify

V. FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD			
Date	Offense	Disposition	Outcome
04/16/18	Assalut P/S	Pending Court	
Felony Level: <input type="checkbox"/> 1 st Degree/Capital <input checked="" type="checkbox"/> 3 rd Degree <input type="checkbox"/> 2 nd Degree <input type="checkbox"/> State Jail		Presence of: Felony Sex Offense: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Felony against Person*: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weapon or Firearm: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * See TJJD-REG-007i for a list of offenses against person	

VI. PRIOR INTERVENTIONS								
Enter the number of times the youth has been enrolled in each treatment category. Check "successful" or "unsuccessful" for the most recent outcome for each intervention type attempted.								
SBT - Sexual Behavior Treatment			AOD - Alcohol/Other Drug			AM/VO - Anger Management/Violent Offender		
FC - Family Counseling			MH/PS - Mental Health/Psychiatric Services (e.g., psychiatric hospital)			MHC - Mental Health Counseling (e.g., treatment for depression/anxiety)		
Prior Interventions	Treatment Types					Successful	Unsuccessful	
	SBT	AOD	MH/PS	MHC	AM/VO			
Placed at Home in the Community				1		1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kinship Placement							<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment (Waco Center for Youth)				1	1	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric Hospital							<input type="checkbox"/>	<input type="checkbox"/>
Placement by CPS							<input type="checkbox"/>	<input type="checkbox"/>
Post-adjudication Facility 2x				2	2	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TJJD Commitment							<input type="checkbox"/>	<input type="checkbox"/>
Other							<input type="checkbox"/>	<input type="checkbox"/>
Please include any additional, relevant information regarding prior interventions and/or modifications: Respondent has previously been placed at Waco Center for Youth and Post Adjudication Detention twice. Respondent was negatively discharged from placement on each occasion due to disruptive, aggressive behavior toward staff/other residents.								

VII. SUPPORTING DOCUMENTATION SUBMITTED WITH THIS APPLICATION

Psychological Evaluation Inter-Agency Application for Placement Other

VIII. JUVENILE PROBATION DEPARTMENT REQUEST FOR ASSISTANCE

Please indicate what type of assistance the juvenile probation department is requesting for the youth, including a recommendation for what type of treatment or intervention is needed and the needs to be addressed.

Definitive Goals for A J


1. A and her parents will develop a safety plan/no self-harm to self. Work on building a healthier relationship with Mother. A needs to regain trust with Mother.
2. A will learn coping skills, including problem solving and emotional regulations.
3. A will learn to identify appropriate adjustment to her environment, negative thoughts and how to replace them with more positive, adaptive thoughts.
4. Individual Therapy that will help A learn and implement coping skills and to help her identify, process and resolve feelings and concerns.
5. A will attend Anger-Management Counseling in order to cope with any built up anger.
6. Family Therapy to help increase parent's insight into A's problems and ability to support /encourage A Help entire family develop new coping skills.
7. Medication management

IX. PROPOSED PLACEMENT/SERVICE/PROGRAM

<i>Placement/Service/Program</i>	<i>Estimated Length of Service</i>	<i>Cost Per Day (Estimated)</i>
Center for Success and Independence at Rockdale Academy	9 months	162.30
Medications as needed	1 x month	100/month
Gas reimbursement/parent visit	1 x month	60/month

CERTIFICATION

I certify that, if not for the Regionalization Diversion program, the disposition recommendation would be commitment to TJJD.

<i>Name of Chief Juvenile Probation Officer</i> H. LYNN HADNOT	<i>Signature</i> X 	<i>Date</i> 04.24.18
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TJJD has five workdays to respond to a juvenile probation department's request. TJJD will make reasonable efforts to expedite responses upon request.

**The chief juvenile probation officer must sign the form before it is submitted to TJJD.
Scan and email a copy of the form to RegionalizationApplications@tjtd.texas.gov.**