



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
[REDACTED]	Collin	07/24/18
[REDACTED]	Youth's PID Number	Youth's IQ
[REDACTED]	25380	83

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

III. PRIOR MISDEMEANOR REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
10/31/17	Assault Bodily Injury	Adjudicated	Placement
03/25/18	Assault Bodily Injury	Adjudicated	Placement
04/23/18	Assault Bodily Injury	Pending	

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS			
Date	Offense	Disposition	Outcome
04/18/18	Assault Public Servant	Adjudicated	Placement
06/12/18	Assault Public Servant	Pending	

V. FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD			
Date	Offense	Disposition	Outcome
06/12/18	Assault Public Servant	Pending	
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 FC - Family Counseling			AOD - Alcohol/Other Drug MH/PS - Mental Health/Psychiatric Services (e.g., psychiatric hospital)			AMVO - Anger Management/Violent Offender MHC - Mental Health Counseling (e.g., treatment for depression/anxiety)		
Prior Interventions	Treatment Types						Successful	Unsuccessful
	SBT	AOD	MH/PS	MHC	AMVO	FC		
Placed at Home in the Community							<input type="checkbox"/>	<input type="checkbox"/>
Kinship Placement							<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment							<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Hospital							<input type="checkbox"/>	<input type="checkbox"/>
Placement by CPS							<input type="checkbox"/>	<input type="checkbox"/>
Post-adjudication Facility			1		1		<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: **Juvenile's legal guardian would not accept him back into the home without treatment. Juvenile was placed in Collin County's Post-Adjudication Program but was unsuccessfully discharged after assaulting a detention officer.**

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.

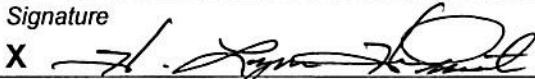
The juvenile is need of a safe and stable environment where he can develop necessary skills to function in society. Anger management, individual, and family counseling would be very beneficial. The juvenile was not in the PAD program long enough to be enrolled in family counseling.

IX. PROPOSED PLACEMENT/SERVICE/PROGRAM

Placement/Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
TrueCore Behavioral Solutions, LLC	365 Days	162.30

CERTIFICATION

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

Name of Chief Juvenile Probation Officer	Signature	Date
H. LYNN HADNOT	X 	7-18-18

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@tjjd.texas.gov.