



TJJD REGIONAL DIVERSION APPLICATION

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

I. YOUTH OVERVIEW

<i>Youth's Name</i> [REDACTED]	<i>County Where Youth Was Adjudicated</i> Collin County	<i>Department's Recommendation Deadline or Court Date</i> 9/06/18
<i>Youth's Date of Birth</i> 9/22/03	<i>Youth's PID Number</i> 24803	

II. RISK AND NEEDS ASSESSMENT

Name of Risk Assessment Tool Used
RANA

<i>Risk Assessment</i>	<i>Needs Assessment</i>
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 REFERRAL AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
4-3-17	Criminal Trespass	Adjudicated to placement	Unsuccessful Discharge
8-31-17	Criminal Mischief	Taken into Consideration	Modified to Placement
9-7-17	Assault	Refused	

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
2-13-17	Robbery	Adjudicated to Placement	Unsuccessful Discharge
6-27-17	Agg Assault/Family/Weapon	Adjudicated to Placement	Unsuccessful Discharge

V. SEVERITY OF FELONY THAT WOULD HAVE RESULTED IN A RECOMMENDATION FOR COMMITMENT TO TJJD

Felony Level: <input type="checkbox"/> 1 st Degree/Capital <input type="checkbox"/> 3 rd Degree <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>* See TJJD-REG-007i for a list of offenses against person</small>
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VI. PRIOR INTERVENTIONS

Enter the number of times the youth received each type of intervention at each type of placement. Check successful or unsuccessful for the most recent outcome for placement.

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	SBT	AOD	MH/PS	MHC	AMVO	FC	Successful	Unsuccessful
Community Services		1		1			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kinship Placement							<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment		1		1			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric Hospital							<input type="checkbox"/>	<input type="checkbox"/>
Placement by CPS							<input type="checkbox"/>	<input type="checkbox"/>
County Operated Post Adj. Facility					1		<input type="checkbox"/>	<input checked="" type="checkbox"/>
TJJD Commitment/Treatment Type							<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: **The community services was after-care counseling through the department.**

VII. SUPPORTING DOCUMENTATION

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 the recommendation for what treatment or intervention is needed (i.e., criminogenic need), needs to be addressed, and plans for aftercare.

Seeking services for mental health; behavior modification treatment. Aftercare to be provided through Collin County.

IX. PROPOSED PLACEMENT/SERVICE/PROGRAM

Placement/Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
Truecore Behavioral Solutions (regular tract)	6-9 months	\$162.30
CSI Rockdale	6-9 months	\$162.30

X. PROPOSED AFTERCARE PLAN

Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
Aftercare services through Collin County	6-9 months	

CERTIFICATION

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

Printed First and Last Name H. Lynn Hadnot	Chief Juvenile Probation Officer Signature 	Date 08-28-18
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TJJD REVIEW AND COMMENT

TJJD has five workdays to respond to a juvenile probation department's request. TJJD will make reasonable efforts to expedite responses upon request.

Printed First and Last Name	Director of Community Mental Health Services Signature X	Date
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Recommend for Diversion Do Not Recommend for Diversion

Printed First and Last Name	Senior Director of Probation & Community Services Signature X	Date
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Recommend for Diversion Do Not Recommend for Diversion Authorization Granted