



TJJD REGIONAL DIVERSION APPLICATION

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

I. YOUTH OVERVIEW

Youth's Name	County Where Youth Was Adjudicated	Department's Recommendation Deadline or Court Date
DCM	Collin County	6-12-19
Youth's Date of Birth	Youth's PID Number	
06/17/02	24413	

II. RISK AND NEEDS ASSESSMENT

Name of Risk Assessment Tool Used

PACT Pre-Screen

Risk Assessment	Needs Assessment
High <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/>	High <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Low <input type="checkbox"/>

III. PRIOR MISDEMEANOR REFERRAL AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
8-9-16	Terroristic Threat Cause Fear Of Imminent SBI	Deferred Prosecution by Prosecutor	Failure to Comply
3-31-17	Terroristic Threat Cause Fear Of Imminent SBI	Adjudicated-Placed on Probation	Failure to Comply
1-10-18	Criminal Mischief >=\$750<\$2,500	Adjudicated to Placement	Successfully completed Placement
4-21-19	Evading Arrest Detention	Pending	

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
1-10-18	Robbery	Adjudicated to Placement	Successfully Completed Placement
4-21-19	Agg Assault w/Deadly Weapon	Pending	

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 checked="" type="checkbox"/> 2 nd Degree <input type="checkbox"/> 3 rd 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 * See TJJD-REG-007i for a list of offenses against person
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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.

Prior Interventions	SBT	AOD	MH/PS	MHC	AMVO	FC	Successful	Unsuccessful
SBT- Sexual Behavior Treatment								
AOD- Alcohol/Other Drug								
MH/PS- Mental Health/Psychiatric Services (e.g., psychiatric hospital)								
MVC- Anger Management/Violent Offender								
MHC- Mental Health Counseling (e.g., treatment for depression/anxiety)								
FC- Family Counseling								
Community Services							<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"/>
County Operated Post Adj. Facility					1	1	<input checked="" type="checkbox"/>	<input 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:

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 behavior modification treatment. Aftercare to be provided through Collin County. Respondent successfully completed the Collin County Post-Adjudication Program and was receptive to residential treatment services prior to discharge. Mother is involved and will participate in treatment and after-care services which will be provided by the department. Child and family received weekly therapy sessions (after-care) before moving to bi-weekly sessions.

IX. PROPOSED PLACEMENT/SERVICE/PROGRAM

Placement/Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
The Center for Success and Independence-Rockadale Academy	9-12 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	Chief Juvenile Probation Officer Signature	Date
H. Lynn Hadnot	X 	06-11-19

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	Date
	X	

☐ Recommend for Diversion ☐ Do Not Recommend for Diversion

Printed First and Last Name	Senior Director of Probation & Community Services Signature	Date
	X	

☐ Recommend for Diversion ☐ Do Not Recommend for Diversion ☐ Authorization Granted