



TJJD REGIONAL DIVERSION APPLICATION

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

If you need assistance completing this form, instructions are available online at
http://www.tjjd.texas.gov/publications/regionalization/TJJD_REG_007i.docx.

I. YOUTH OVERVIEW

[REDACTED]	County Where Youth Was Adjudicated	Department's Recommendation Deadline or Court Date
[REDACTED]	Collin	June 28, 2017
[REDACTED]	Youth's PID Number	
[REDACTED]	22976	

II. RISK AND NEEDS ASSESSMENT

Name of Risk Assessment Tool Used

RAYNA

Risk Assessment

High ☐

Moderate ☒

Low ☐

Needs Assessment

High ☒

Moderate ☐

Low ☐

III. PRIOR MISDEMEANOR REFERRAL AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
February 10, 2017	Terroristic Threat	Pending Trial	

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
August 10, 2014	Indecency with a child by contact	2 years probation	Modified twice

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

Date	Offense	Disposition	Outcome
August 10, 2014	Indecency with a Child/Contact	2 years probation with 2 modifications	Modified
Felony Level:		Presence of:	
<input type="checkbox"/> 1 st Degree/Capital	<input type="checkbox"/> 3 rd Degree	Felony Sex Offense:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> 2 nd Degree	<input type="checkbox"/> State Jail	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	FC		
Placed at Home in the Community	1		1	1		1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kinship Placement							<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment							<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric Hospital			1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Placement by CPS							<input type="checkbox"/>	<input type="checkbox"/>
Post Adjudication Facility	1						<input checked="" type="checkbox"/>	<input type="checkbox"/>
TJJD Commitment							<input type="checkbox"/>	<input type="checkbox"/>
Other							<input type="checkbox"/>	<input type="checkbox"/>

VII. SUPPORTING DOCUMENTATION SUBMITTED WITH THIS APPLICATION		
<input checked="" type="checkbox"/> Psychological Evaluation	<input checked="" type="checkbox"/> Inter-Agency Application for Placement	<input type="checkbox"/> Other

VIII. JUVENILE PROBATION DEPARTMENT REQUEST FOR ASSISTANCE
<i>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, the needs to be addressed, and the plans for aftercare.</i>
Placement for 9 months at R.T.C the Oaks in Brownwood, Texas and after care services recommendation at the completion of treatment.

IX. PROPOSED PLACEMENT/SERVICE/PROGRAM		
<i>Placement/Service/Program</i>	<i>Estimated Length of Service</i>	<i>Cost Per Day (Estimated)</i>
The Oaks	9 months	\$180 for 30 days and \$ 140 for the remaining 8 months

X. PROPOSED AFTERCARE PLAN		
<i>Service/Program</i>	<i>Estimated Length of Service</i>	<i>Cost Per Day (Estimated)</i>
After care therapy through Collin County Juvenile Probation		

CERTIFICATION		
<i>I certify that, if not for the Regionalization Diversion program, the disposition recommendation would be commitment to TJJD.</i>		
<i>Name of Chief Juvenile Probation Officer</i>	<i>Signature</i>	<i>Date</i>
MIKE COMBEST, DEPUTY DIRECTOR	X 	6.26.17
TJJD has five workdays to respond to a juvenile probation department's request. TJJD will make reasonable efforts to expedite responses upon request.		

TJJD RECOMMENDATION
Staffing Review Date
If modifications to the requested service are recommended, specify the modifications here:
If not recommended for approval, provide the rationale here:

TJJD SIGNATURES		
Name of Regionalization Team Member	Signature X	Date
<input type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion		
Name of Regionalization Team Member	Signature X	Date
<input type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion		
Name of Regionalization Team Member	Signature X	Date
<input type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion		
Name of Regionalization Team Member	Signature X	Date
<input type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion		
Name of Regionalization Team Member	Signature X	Date
<input type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion		

TJJD APPROVAL		
Name of Senior Director of Probation and Community Services	Signature X	Date
<input type="checkbox"/> Approved for Diversion <input type="checkbox"/> Not Approved for Diversion		