



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
KMM	Collin County	
Youth's Date of Birth (MM/DD/YYYY)	Youth's PID Number	Youth's IQ
02/08/2008	26993	

II. RISK AND NEEDS ASSESSMENT

Name of Risk Assessment Tool Used

PACT (PRE-SCREEN, 1/9/20)

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

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
1/17/20	AGG. SEX ASSAULT CHILD	SGL5 PROBATION	PLACEMENT-PAD COLLIN CO

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

Date	Offense	Disposition	Outcome
PENDING	VOP-AGG SEX ASSAULT CHILD	PENDING	PENDING
Felony Level: <input checked="" type="checkbox"/> 1 st Degree/Capital <input type="checkbox"/> 3 rd Degree <input type="checkbox"/> 2 nd State Jail Degree		Presence of: Felony Sex Offense: <input checked="" type="checkbox"/> Yes <input 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)

AM/VO - 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	AM/VO	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 (SEAY Center & Terrell SH)			2	2	2		<input type="checkbox"/> unk	<input type="checkbox"/> unk
Placement by CPS							<input type="checkbox"/>	<input type="checkbox"/>
Post-adjudication Facility	1		1	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: **Respondent has prior placement at Seay Center and Terrell SH due to self harm behaviors. Respondent was placed into Collin County PAD on 1/17/20. Respondent was negatively discharged from PAD on 3/5/20.**

VII. SUPPORTING DOCUMENTATION SUBMITTED WITH THIS APPLICATION

☒ Psychological Evaluation ☒ Inter-Agency Application for Placement ☒ Other **PDR completed on 12/12/19**

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 KM

1. KM and her parents will develop a safety plan/no self-harm to self. Work on building a healthier relationship with Mother.
2. KM will learn coping skills, including problem solving and emotional regulations.
3. KM 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 KM learn and implement coping skills and to help her identify, process and resolve feelings and concerns.
5. KM will attend Anger-Management Counseling and Sex Offender Therapy to address underlying issues.
6. Family Therapy to help increase parent's insight into KM's problems and ability to support /encourage KM. Help entire family develop new coping skills.
7. Medication management

IX. PROPOSED PLACEMENT/SERVICE/PROGRAM

Placement/Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
Youth Center of the High Plains/PAD	up to 12 months	150.00
Medications as needed	1 x month	125/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.

Name of Chief Juvenile Probation Officer

H. Lynn Hadnot

Signature


X

Date

03/05/2020

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.**