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
[redacted], [redacted] [redacted]	COLLIN COUNTY	AUGUST 11, 2020

Youth's Date of Birth	Youth's PID Number
03/30/2005	23920

II. RISK AND NEEDS ASSESSMENT

Name of Risk Assessment Tool Used

PACT

Risk Assessment	Needs Assessment
High ☐ Moderate ☒ Low ☐	High ☒ Moderate ☐ Low ☐

III. PRIOR MISDEMEANOR REFERRAL AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
11-04-15	Poss of Marij DFZ	DPD	Completed
05-22-19	Assault CBI	Probation	Failure to Comply

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
07-30-19	Deadly Conduct Firearm	Probation	Failure to Comply
03-25-20 & 05-29-20	UUV (2 CT'S)	Pending	Pending
05-29-20	Evad Arrest/Det w/Veh	Pending	Pending

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

Felony Level:

☐ 1st Degree/Capital ☒ 3rd Degree
☐ 2nd Degree ☐ State Jail

Presence of:

Felony Sex Offense: ☐ Yes ☒ No
Felony against Person*: ☐ Yes ☒ No
Weapon or Firearm: ☒ Yes ☐ No

* See TJJD-REG-007i for a list of offenses against person

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 *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	SBT	AOD	MH/PS	MHC	AM/VO	FC	Successful	Unseccessful
Community Services							☐	☐
Kinship Placement							☐	☐
Residential Treatment							☐	☐
Psychiatric Hospital							☐	☐
Placement by CPS							☐	☐
County Operated Post Adj. Facility							☐	☐
TJJD Commitment/Treatment Type							☐	☐
Other		1	2	2		1	☐	☒

Please include any additional relevant information regarding prior interventions and/or modifications: **Provided with in-house substance abuse, individual and angermanagement counseling (unsuccessful). Provided with outpatient mental health services via Life Path (unsuccessful). JPO had child relocated out of state for is safety via ICJ. Supervision rejected by out of styate officials due to high risk concerns (neighborhood and out of state family issues involving CPS).**

11209 Metric Boulevard, Bldg. H
Austin, TX 78758
P.O. Box 12757
Austin, TX 78711
www.tjjd.texas.gov
(512) 490-7130

VII. SUPPORTING DOCUMENTATION

☒ Psychological Evaluation ☒ Inter-Agency Application for Placement ☒ Other **Fitness to Proceed Report**

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 inpatient mental health, substance abuse, academic assistance with special needs and behavior modification treatment. Upon successful discharge from placement, aftercare to be provided through the Yes-Waiver Program via Life Path, resume academic services via JJAEP and mentorship services.

IX. PROPOSED PLACEMENT/SERVICE/PROGRAM

Placement/Service/Program	*Estimated Length of Service*	*Cost Per Day (Estimated)*
RITE OF PASSAGE	**6-9 MONTHS**	**$197.69**

X. PROPOSED AFTERCARE PLAN

Service/Program	*Estimated Length of Service*	*Cost Per Day (Estimated)*
Aftercare services through Life Path	**3-6 months**	**MEDICAID**

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 H. Lynn Hadnot	July 29, 2020

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

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