



TJJD Regional Diversion Application

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

[Instructions for completing this form are available on the TJJD website](#)

I. YOUTH OVERVIEW

Youth's Name (Last, First, Middle Initial)	Department Submitting Application	Youth's Next Disposition Court Date	
██████████	Collin County	04/29/2025	
Youth's Date of Birth (MM/DD/YYYY)	Youth's Full PID Number	Youth's IQ	Youth's ACE Score
04/07/2009	0430028888	94	6

II. RISK AND NEEDS ASSESSMENT

Name of Risk and Needs Assessment Tool Used			
PACT (Full-Screen)			
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
03/01/2022	ASSAULT CAUSES BODILY INJURY	Deferred Prosecution	Completed on Field Supervision
08/03/2023	ASSAULT CAUSES BODILY INJURY FAMILY MEMBER	Court Ordered Probation	Failure to Comply

IV. PRIOR FELONY REFERRALS AND ADJUDICATIONS

Date	Offense	Disposition	Outcome
05/13/2023	POSS CS PG 2 < 1G	Dismissed	Dismissed by the District Attorney
10/21/2024	POSS CS PG 2 < 1G DFZ I	Petition Filed	Pending in the 417 th

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

Date	Offense	Disposition	Outcome
10/21/2024	POSS CS PG 2 < 1G DFZ	Petition Filed	Pending in the 417 th
Felony Level: <input type="checkbox"/> 1 st Degree/Capital <input checked="" type="checkbox"/> 3 rd Degree <input 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 type="checkbox"/> Yes <input checked="" 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	
Is an original petition alleging delinquent conduct or a motion to modify filed with the court? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

VI. In order for the youth to qualify for the Regionalization Diversion program, the juvenile probation department must demonstrate a prior effort to provide appropriate interventions with priority given to the treatment needs of the youth. Intervention should be commensurate with county resources.

Did the juvenile probation department provide appropriate interventions with priority given to the treatment needs of the youth? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If no, why?	
<input type="checkbox"/> No funding available	<input type="checkbox"/> Other, please specify:
<input checked="" type="checkbox"/> Local placements/programs/services not available to meet the youth's needs	

VII. PRIOR INTERVENTIONS

Please include all relevant information regarding prior interventions and/or modifications: **The youth's medical insurance is through Molina Healthcare, which has shown difficulty in finding a treatment facility that accepts Molina Healthcare. Additionally, the youth has utilized acute, stabilization stays at local behavioral health hospitals to address her suicidal ideations and substance abuse. The youth has previously been placed at Odyssey House, where she was successfully discharged after 30 days for completion of treatment. The youth has also been placed at Sundown Ranch, Inc to address**



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her substance abuse, however was discharged due to financial reasons with insurance coverage. Additionally, the youth has utilized local intensive out-patient programs within the community to address her substance abuse.

VIII. SUPPORTING DOCUMENTATION SUBMITTED WITH THIS APPLICATION

☒ Psychological Evaluation ☒ Interagency Application for Placement ☒ Risk and Needs Assessment ☒ Other
Substance Abuse Assessment

IX. 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.

The Collin County Juvenile Probation Department is requesting diversionary funding for the youth to be placed at a residential treatment facility. The Collin County Juvenile Probation Department recommends the youth is in need of in-patient treatment at Shoreline Treatment Center to address her substance abuse needs.

X. PROPOSED PLACEMENT/SERVICE/PROGRAM

If more than one, please list in order of preference.

Placement/Service/Program	Estimated Length of Service	Cost Per Day (Estimated)	Has Youth Been Accepted into This Placement/Program/Service?	
Shoreline Treatment Center	60-90 days		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	Signature of Chief Juvenile Probation Officer or Designee	Date
Mike Combest	X Mike Combest	4-10-25

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.