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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Juvenile Justice Treatment Planning Chart

NCJRS

NOV 7 1994

ACQUISITIONS

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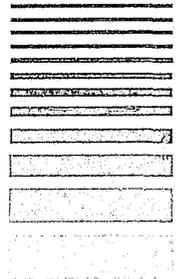
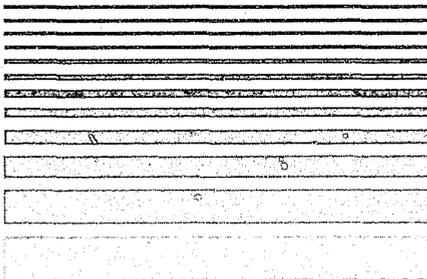
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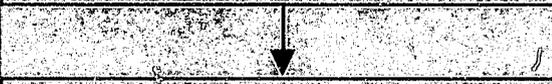
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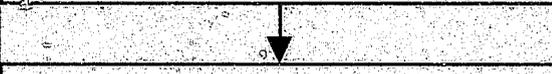


INFORMAL ADJUSTMENT
 Conditional release
 Release to parental custody
 Shelter care
 Community diversion
 Counseling

FILE PETITION
 Release to parental custody
 or
 Detention pending hearing



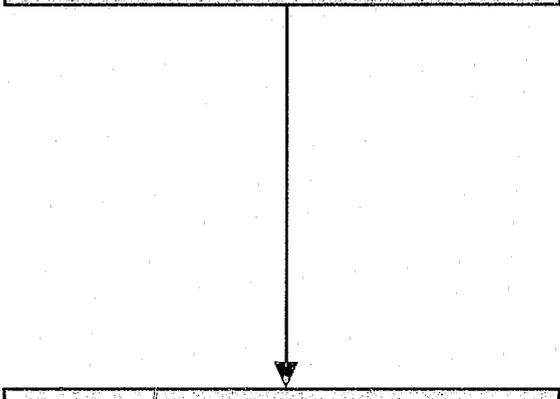
Drug testing*



Positive drug test



Treatment* (Tx) referral
 Detoxification*
 Assessment*
 Tx
 Relapse prevention*
 Family counseling
 Community reintegration*
 Other human services*
 Infectious diseases risk assessment*



Drug testing
 Detoxification
 Assessment
 Tx
 Relapse prevention
 Family counseling
 Other human services
 Infectious diseases risk assessment

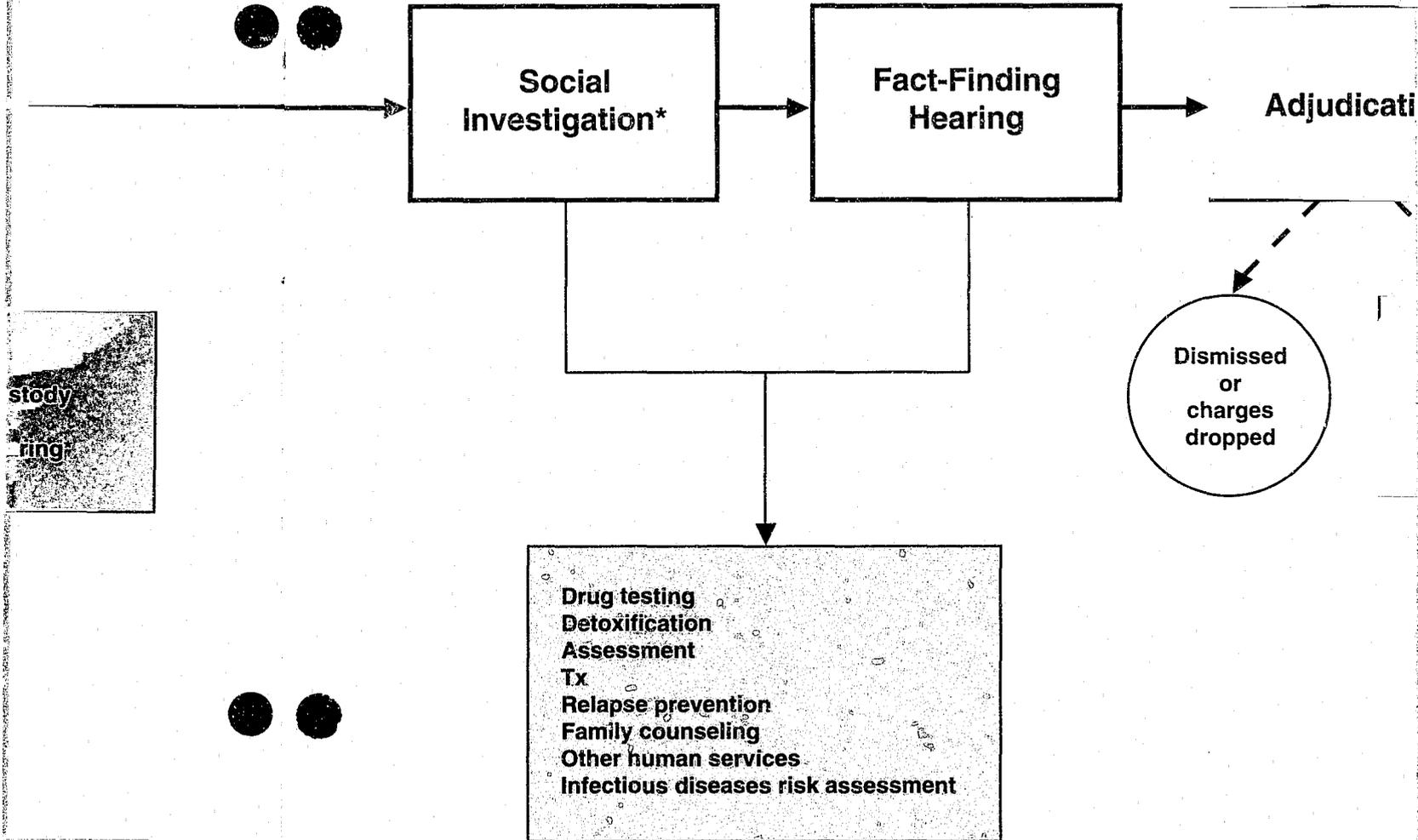


POLICE AUTHORITY _____|

JUDICIAL AUTHORITY _____|

TREATMENT AND PREVENTION INVOLVEMENT _____|

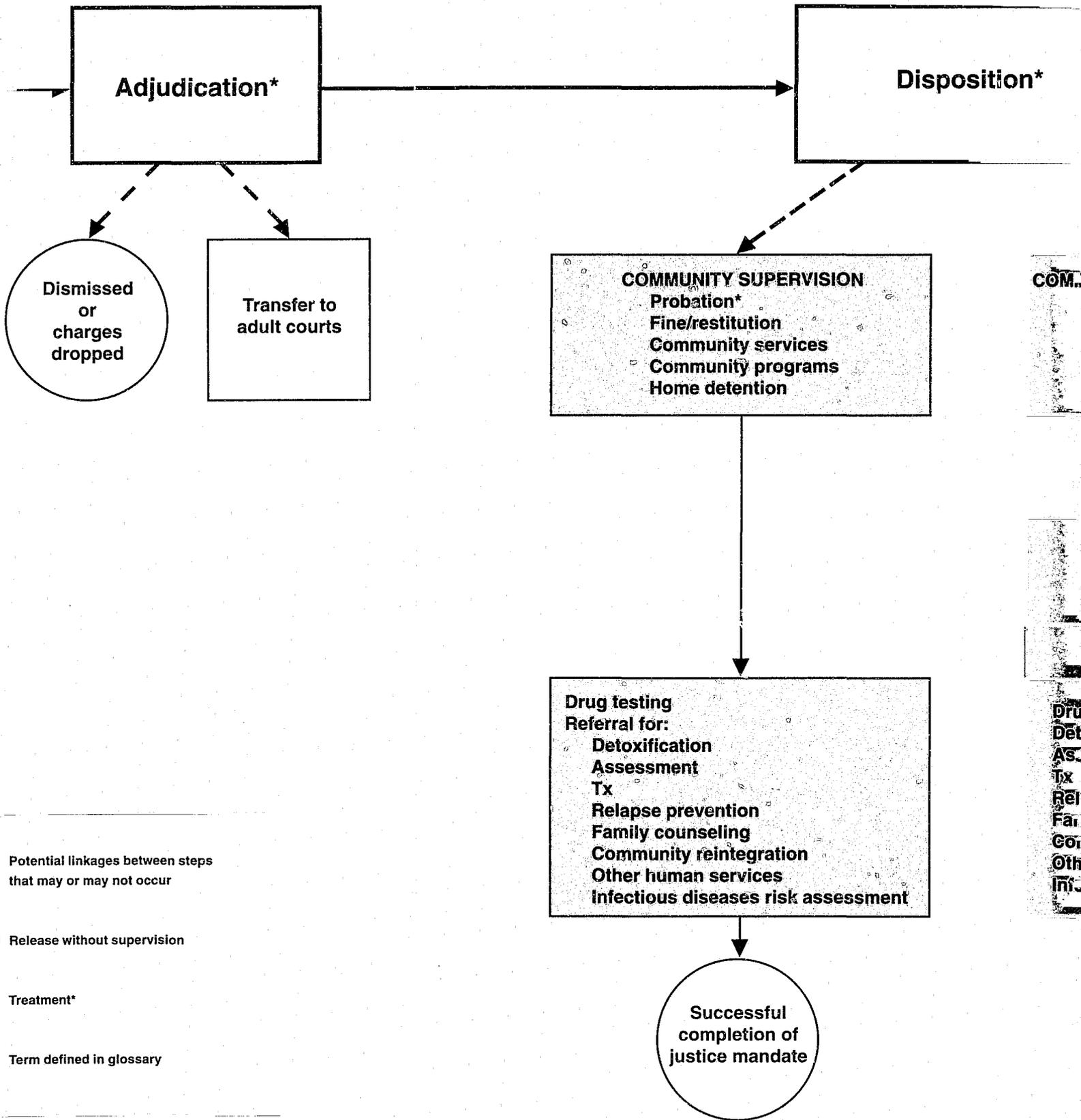
CSAT JUVENILE JUS



Key:

- Direction of case-person movement: Unbroken contact*
- Potential linkages between steps that may or may not occur
- Placement under court supervision
- Release without supervision
- Area of continual interagency communication*
- TX** Treatment*
- *** Term defined in glossary
- Area of developmental interagency coordination*

JUVENILE JUSTICE TREATMENT PLANNING CHART



➔ Potential linkages between steps that may or may not occur

○ Release without supervision

Tx Treatment*

* Term defined in glossary

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Disposition*

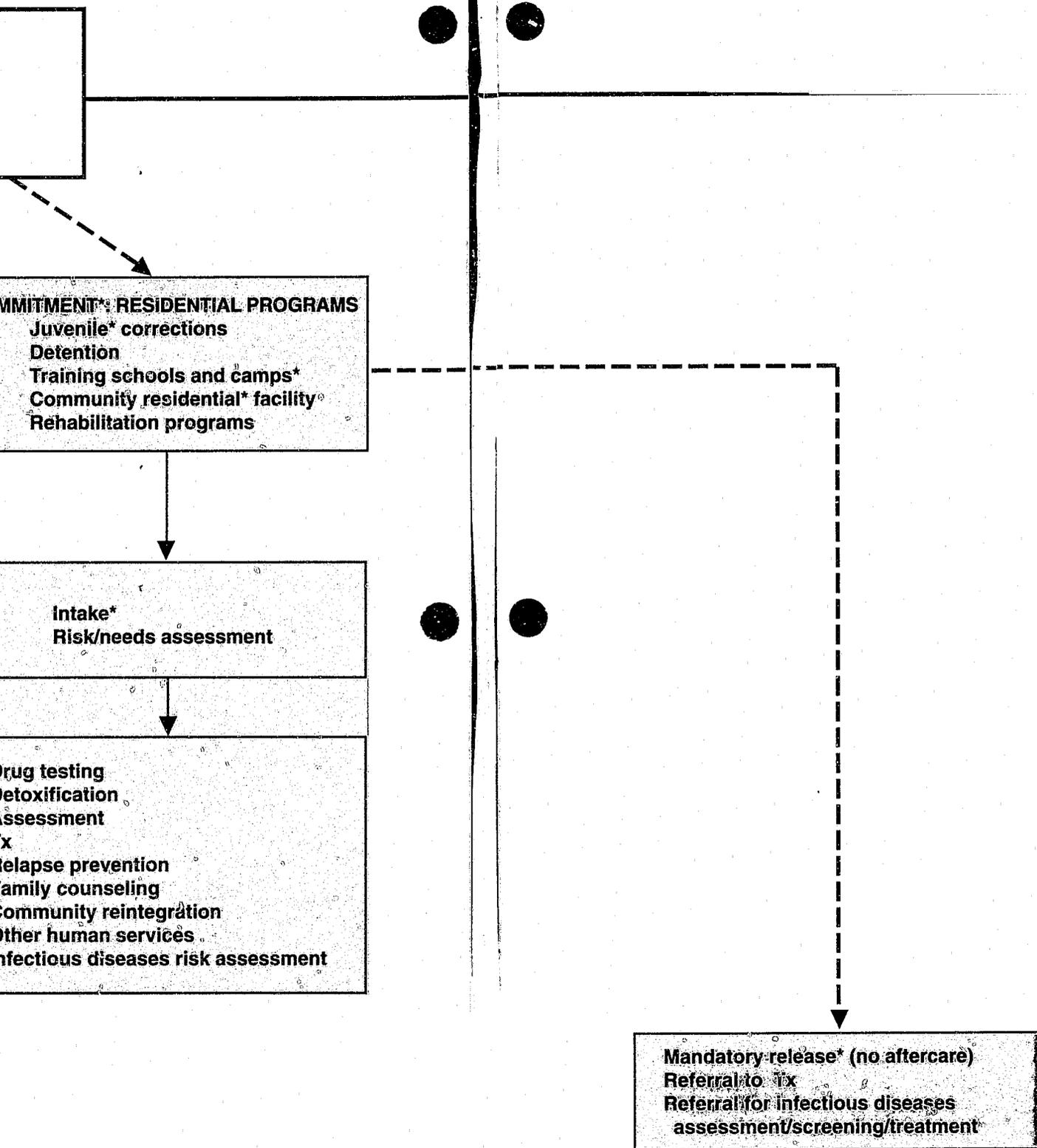
COMMITMENT*: RESIDENTIAL PROGRAMS
Juvenile* corrections
Detention
Training schools and camps*
Community residential* facility
Rehabilitation programs

Intake*
Risk/needs assessment

Drug testing
Detoxification
Assessment
Tx
Relapse prevention
Family counseling
Community reintegration
Other human services
Infectious diseases risk assessment

Mandatory release* (no aftercare)
Referral to Tx
Referral for infectious diseases
assessment/screening/treatment

JUVENILE CORRECTIONS

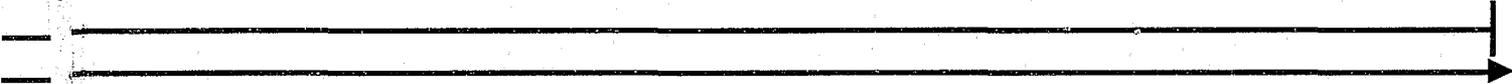


Aftercare*

COMMUNITY SUPERVISION
Drug testing
Detoxification
Assessment
Tx
Community reintegration
Relapse prevention
Family counseling
Other human services
Infectious diseases risk assessment

**Mandatory release* (no aftercare)
Referral to Tx
Referral for infectious diseases
assessment/screening/treatment**

**Successful
completion of
justice mandate**



Acquittal—Judgment of the court, based on the verdict of a jury or a judicial officer, that the defendant is not guilty of the offense(s) for which he or she has been tried.

Adjudication hearing—Stage in juvenile court proceedings in which a judge presides on behalf of the juvenile to determine if he or she actually committed the alleged offense. If the judge rejects the allegations, the juvenile is released. The judge may believe the allegations to be true, but withhold adjudication on condition that the juvenile agree to enroll in a community program that the court feels will help resolve the problem.

Aftercare—Control, supervision, and care exercised over juveniles released from facilities through a stated release process. It may include probation, counseling, enrollment in a community program, or any of many forms of treatment designed to lessen the chance that the youth will get in trouble again.

Assessment—Evaluation or appraisal of a candidate's suitability for alcohol or other drug abuse treatment and placement in a specific treatment modality/setting. This evaluation includes information regarding current and past use/abuse of drugs; justice system involvement; medical, familial, social, educational, military, employment, and treatment histories; and risk for infectious diseases (e.g., sexually transmitted diseases, tuberculosis, HIV/AIDS, and hepatitis).

Classification—Process through which the educational, vocational, treatment, and security needs of an offender are determined.

Commitment—Action of a judicial officer ordering that a juvenile subject to judicial proceedings be placed in a particular kind of confinement or residential facility for a specified reason authorized by law; also, the result of the action, that is, the admission to the facility.

Community reintegration planning—Preparation and strategy for each juvenile offender's release from custody. The plan prepares for the juvenile's return to the community in a law-abiding role after release.

Community residential program—Program housed in a structure without the security fences and security hardware typically associated with correctional facilities, such as a converted apartment building or private home. Such a program is not constructed as or intended to be a detention facility.

Continual interagency communication—Ongoing cooperative effort among treatment personnel, justice personnel, and public health personnel necessary to successfully treat and supervise the drug-involved offender. Communication among juvenile justice, treatment, and public health systems facilitates a united approach. Such an approach shows the juvenile that the systems are omnipresent and omnipotent, which enhances the offender's treatment.

Correctional facility—Facility for the incarceration of individuals accused or convicted of criminal activity. A correctional facility must have a separate perimeter that precludes the regular commingling of the inmates with inmates from other facilities.

Delinquent youth—Also referred to as a juvenile delinquent or a criminal-type offender, a youth who has been charged with or adjudicated for conduct that would, under the law of the jurisdiction in which the offense was committed, be a crime if committed by an adult.

Detainee—Juvenile held in local, very short-term confinement while awaiting consideration for pretrial release, first appearance for arraignment, or disposition.

Detention—Temporary care of a juvenile offender or of a juvenile alleged to be delinquent who requires secure custody in a physically restricting facility pending disposition of the case.

Detoxification—Structured medical or social milieu in which the individual is monitored for withdrawal from the acute physical and psychological effects of drug or alcohol addiction.

Developmental interagency coordination—Collaboration among juvenile justice personnel, treatment personnel, and public health personnel to form expert justice/treatment/public health systems. For example, developmental interagency coordination is essential in the assessment of the drug-involved juvenile offender and in the development of referral procedures and reporting policies, as well as in understanding each system's definition of success and failure.

Dismissal—Decision by a court to terminate adjudication of all outstanding charges, an action justified when, after pre-interview investigation and the facts disclosed in discussing the case with the juvenile and his or her parents indicate to the probation officer that the case is unfounded or when the evidence is untrustworthy or insufficient and does not warrant or sustain the charges (also referred to as *nolle prosequi*).

Disposition hearing—Hearing held subsequent to the adjudicatory hearing in which the judge determines what order of disposition should be made concerning a juvenile adjudicated as delinquent. A disposition may be probation, a warning or reprimand, some form of community service, a fine, or "home detention," in which the juvenile continues to live at home but receives rigorous daily counseling. A more stringent disposition may include training school or group home placement.

Diversion—The official halting or suspension, at any legally prescribed point after a recorded justice system entry, of formal criminal or juvenile justice proceedings against an alleged offender. The suspension of proceedings may be in conjunction with a referral of that person to a treatment or care program administered by a nonjudicial or a private agency.

Drug testing—Technical examination of urine samples to determine the presence or absence of specified drugs or their metabolized traces.

Group home—A nonsecure residential program emphasizing family-style living in a homelike atmosphere. Program goals are similar to those for large community residential programs. Although group homes usually house youths

who are court committed, they also house abused or neglected youths who are placed by social agencies.

Hearing—A proceeding to determine a course of action, such as the placement of a juvenile offender, or to determine guilt or innocence in a disciplinary matter. Arguments, witnesses, and evidence are heard by a judicial officer or administrative body in making the determination.

Infectious diseases risk assessment—Evaluation of a substance abuser's risk for sexually transmitted diseases, tuberculosis, HIV/AIDS, and other infectious diseases, including information regarding current and past history, screening, and treatment of such diseases. Testing and referral for treatment are recommended for the substance abuser assessed as at high risk for such diseases. The substance abuser assessed as at low risk should be reassessed intermittently. Thus, collaboration between juvenile justice personnel, treatment personnel, and public health personnel must be developed in order to ensure interagency coordination in the assessment and treatment of the drug-involved offender at various stages throughout the juvenile justice continuum and in the development of referral procedures and reporting policies, as well as in understanding each system's definitions of success and failure.

Infectious diseases screening/testing—Administration of screening tests that are sensitive and specific for the detection of tuberculosis, sexually transmitted diseases, HIV/AIDS, and other infectious diseases (e.g., the Mantoux (purified protein derivative) test for tuberculosis, serologies for syphilis (nontreponemal tests and treponemal confirmatory tests), and Western blot and ELISA for HIV/AIDS).

Intake/arrest—Action of taking a juvenile into custody for the purpose of charging him or her with a crime. The juvenile justice process often begins with an investigation by a police officer, either because he or she observes a law violation or because a violation is reported. The police officer may release the juvenile to his or her parents with a warning or reprimand or on condition that the juvenile enroll in a community diversion plan, or the officer may take the juvenile into custody and refer the matter to the juvenile court's intake officer for further processing.

Intake hearing—Early stage in juvenile court proceedings in which a court officer makes a legal judgment of the probable cause of the petition. Generally an intake officer receives, reviews, and processes complaints, recommends detention or release, and provides services for juveniles and their families, including diversion and referral to other community agencies.

Juvenile—Person under the age of 21 years, or as defined in the local jurisdiction as under the age of majority.

Mandatory release—Release from an institution required by statute when an individual has been confined for a period equal to his or her full sentence minus statutory "good time," if any.

Nonresidential program—Program that provides services to juveniles who live at home and report to the program on a daily basis. Juveniles in such a program require more

attention than that provided by probation and aftercare services. Often the program operates its own education program through the local school district.

Other human services—Supplemental services provided outside the treatment facility, such as job placement, training, food stamps, and vocational rehabilitation.

Petition—Application for court order or other judicial action. In juvenile proceedings, a petition is a document alleging that a youth is delinquent, a status offender, or a dependent child and asking that the court assume jurisdiction over the juvenile.

Probation—Court-ordered disposition alternative not involving confinement through which an adjudicated delinquent is placed under the control, supervision, and care of a probation field staff member.

Recidivism—Repetition of criminal behavior.

Relapse prevention—Strategy to train alcohol and other drug abusers to cope more effectively and to overcome the stressors/triggers in their environments that may cause relapse into drug use and dependency.

Shelter care—Any nonsecure public or private facility designated to provide either (1) temporary placement for alleged or adjudicated status offenders prior to the issuance of a disposition order or (2) longer term care under a juvenile court disposition order.

Social investigation—Investigation into the background and character of a delinquent that assists the court in determining the most appropriate disposition.

Status offender—A youth who has been charged with or adjudicated for a status offense, which is conduct declared by statute to be a crime for children but which would not be a crime if committed by an adult under the law of the jurisdiction where the offense was committed.

Training schools, camps, and ranches—Nonsecure residential programs providing services to youths. Training schools are also known as youth development centers, youth villages, youth treatment centers, youth service centers, or schools or homes for boys or girls. Camps and ranches are generally located in relatively remote or rural areas. Camps have structured programs that emphasize outdoor work, including conservation and related activities. Typically, ranch residents participate in a structured program of education, recreation, and facility maintenance, including responsibility for the physical plant, its equipment, and livestock.

Unbroken contact—Early, thorough, and substantial alcohol and other drug abuse treatment intervention delivered in an unbroken manner throughout the entire juvenile case-handling process, from intake through the completion of the sentence. The components of the system must transfer not only the juvenile but also the cumulative record of what the system has learned and what it has done.

This Juvenile Justice Treatment Planning Chart, developed by the Center for Substance Abuse Treatment (CSAT) presents a simplified model of the flow of cases through a typical State juvenile justice system. Considerations for status offenders, including abused, neglected, runaway, and homeless youth, are not included in the chart in an effort to simplify this operating model of the juvenile justice system. The chart illustrates the major decision points in the juvenile justice system where coordinated strategies for alcohol and other drug abuse treatment interventions may be applied—at intake, social investigation, fact-finding hearing, adjudication, disposition, and aftercare.

An understanding of the flow of the case-handling process, from intake to release, is essential for coordination and linkage between and among the treatment and juvenile justice systems. To develop comprehensive alcohol and other drug abuse

treatment plans within the juvenile justice system, it is equally critical that the addiction treatment components be understood.

The operation of a State juvenile justice system is a complex process, involving agencies and procedures designed to manage the juvenile offender, to manage the offender's criminal behavior, and to provide for the rehabilitative needs of the juvenile. Most States have developed juvenile justice systems uniquely responsive to local or regional interests and needs. Therefore, some States and local jurisdictions may not use all the features suggested in the chart, whereas others may use many more decision points and options for treating juveniles having addictive disorders. However, CSAT encourages States and local treatment systems to work together with juvenile justice systems, adapting and using the chart as a planning and coordinating tool to develop improvements in their own substance abuse treatment services.

This publication is one of a series of projects developed under contract 270-93-0004 from CSAT. Richard Bast served as the CSAT Government project officer, and Roberta Messalle served as the CSAT coordinator of the Juvenile Justice Treatment Planning Chart project. Duiona Baker, M.P.H., CSAT, and John Clark, M.D., Chief Medical Officer of the Los Angeles County Jail, were technical advisors for infectious diseases and criminal justice, respectively. John K. Zachariah, Regional Administrator of the American Correctional Association, contributed to the development of the chart and glossary.

Project advisors were Robert Anderson, Director, Criminal Justice Projects, National Association for State Alcohol and Drug Abuse Directors; Robert Aukerman, Director, Alcohol and Drug Abuse Division, Colorado Department of Health; Murray Durst, Manager, Substance Abuse Programs, National Council of Juvenile and Family Court Judges; Barbara Zugor, Executive Director, Treatment Alternatives to Street Crime (TASC), Phoenix, AZ; and Timothy Matthews, Director, American Probation and Parole Association.

DHHS Publication No. (SMA) 94-2091
Substance Abuse and Mental Health Services Administration
Revised edition, March 1994

Available from: National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852. Telephone: 1-800-729-6686 (in the metropolitan Washington area, 301-468-2600). Order No. PHD 598.