

COUNTY OF SANTA BARBARA



JUVENILE DRUG COURT MANUAL

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Mission Statement

The Santa Barbara County Juvenile Drug Court (JDC) program will reduce substance abuse and related criminal activity and behavior among youth by offering a structure of strength-based effective and intensive treatment services.

Goals

- ❖ To reduce substance abuse
- ❖ To build academic, social, vocational, and personal competencies
- ❖ To improve educational outcomes (grades, attendance, and graduation rates) through cooperation and interaction with school districts
- ❖ To develop the skills to live a lifestyle free of substance abuse
- ❖ To increase ability to obtain employment
- ❖ To involve and strengthen family and other support systems
- ❖ To reduce recidivism and delinquent behavior
- ❖ To improve communication and collaboration between the legal system and treatment providers
- ❖ To implement strength-based assessments
- ❖ To provide appropriate and effective monitoring, sanctions and rewards/incentives to support the success of participants

TABLE OF CONTENTS

- I. CASE PROCESSING 1
 - A. Eligibility 1
 - B. Initial Alcohol, Drug, and Mental Health Services (ADMHS) Pre-JDC Screening..... 1
 - C. Suitability..... 2
 - D. Suitability Review/4-Week Opt Out..... 3
 - E. Case Resolution 3
 - 1. Youth Successful in Juvenile Drug Court 3
 - 2. Youth Unsuccessful in Juvenile Drug Court..... 3
- II. STRUCTURE OF THE JUVENILE DRUG COURT PROGRAM..... 4
 - A. JDC Program Steps 4
 - B. The Court Process..... 5
 - 1. Staffing Cases Before Court 5
 - 2. Review Hearings..... 5
 - C. JDC Program Staffing/Roles & Responsibilities 6
 - 1. Judicial Officer and Court Personnel 6
 - 2. Deputy District Attorney 6
 - 3. Deputy Public Defender/Conflict Defense Attorney 7
 - 4. Deputy Probation Officer 7
 - 5. ADMHS Staff: Pre-JDC Screening..... 8
 - 6. Treatment Providers: Initial, Ongoing, and Post-JDC Assessment..... 8
 - 7. Treatment Providers: Treatment 9
 - 8. ADMHS Staff: Treatment Monitoring 9
 - 9. Administration/Support 10
 - D. Treatment..... 10
 - 1. Length of Program..... 10

- 2. Treatment Phases..... 11
- 3. Drug Testing Program..... 12
- 4. JDC Program Interventions..... 13
- 5. Graduation From the JDC Program/Dismissal of Case..... 13
- 6. Termination Criteria..... 14
- 7. Guiding Principles..... 14
- 8. Treatment Menu..... 14

- III. FACILITIES..... 17
 - A. Youth and Family Treatment Centers..... 17
 - B. Program Evaluation..... 17
 - 1. Intake Data..... 17
 - 2. Ongoing Data Collection..... 18

- IV. ATTACHMENTS..... 19-28
 - A. Consent for Disclosure of Confidential Substance Abuse Information:
Drug Court Referral..... 19
 - B. Santa Barbara County Juvenile Drug Court Weekly Task List 20
 - C. Important Facts to Remember - Confirmatory Drug Testing (GC-MS)
..... 21
 - D. Alcohol, Drug and Mental Health Services Alcohol & Drug Program
County of Santa Barbara Drug Testing Policy & Procedures..... 22
 - E. Consent for the Release of Urine Specimen for the Purpose of
Confirmatory GC-MS (Gas Chromatography-Mass Spectrometry)
Testing 28

I. CASE PROCESSING

A. Eligibility

Participation in the Santa Barbara County Juvenile Drug Court (JDC) program is voluntary. The Court, Deputy District Attorney (DDA), Defense Counsel and Probation may make a recommendation for a youth to be considered for JDC on the condition that a youth agrees to participate in JDC. Once the recommendation is made, the Court may order a substance abuse screening by ADMHS. In the event a youth is not a current ward or on informal Court probation or deferred entry of judgment, the Court may also order an evaluation by Probation similar to a suitability report.

1. Who is Eligible

Except as set forth below, any youth with a pending petition, including those over the age of 17, may on recommendation of the Court, DDA, Defense Counsel or Probation be eligible for JDC.

A youth will not be ineligible solely for having a history of sales of minor amounts of drugs related to personal use; for having a specified number of felony adjudications; for having a history of domestic violence or elder abuse; or for having prior failures in a substance abuse program. However, these factors shall be taken into account in evaluating suitability along with a youth's current amenability to JDC and treatment.

2. Ineligibility

A youth who has an adjudicated or pending offense listed in §707(b) of the Welfare and Institutions Code (WIC) would be ineligible for JDC.

An exception: Charge of §245(a)(1) Penal Code (PC) (*assault with force likely to cause great bodily injury*), where in fact great bodily injury (GBI) is not the result. Given this factor, and with input from the victim regarding the consideration for JDC, §245(a)(1) PC would not be an automatic disqualifier. These cases will be evaluated for suitability by the JDC Team on a case by case basis depending on the age of the offense, victim's statement, the seriousness of the facts and other factors.

B. Initial Alcohol, Drug, and Mental Health Services (ADMHS) Pre-JDC Screening

ADMHS will complete an initial screening relative to the youth's substance use/abuse. If the youth is a ward of the Court, an ADMHS screening will not be required. The ADMHS screening will only be for non-wards. The rationale is the Court has significant information on those youth who are wards of the Court.

1. ADMHS' screening tools will focus on determining the extent of the youth's strengths, substance abuse problems, mental health issues and motivation for treatment. An oral or written report will be ready for the youth's first JDC program hearing. In any event, a written report will be completed within 30 days. To avoid delaying a youth from receiving alcohol and other drugs (AOD) treatment, youth screened suitable for AOD treatment can enter treatment immediately after the oral or written report from ADMHS. The time spent in treatment during this initial phase can be considered to be part of his/her total treatment time. A report will be completed prior to the four-week opt-out period.

- a. The ADMHS screening will include the following instruments:
 - Twenty Questions (Johns Hopkins) as needed
 - Learning Needs Screening (state mandated, including ADHD screening)
 - Change Worksheet Plan (to assess motivation)
 - PADDI (Practical Adolescent Dual Diagnosis Interview)
- b. Within thirty days of entering treatment, the treatment provider will administer the following assessment:
 - The Adolescent Addiction Severity Index (AASI)
- c. A treatment plan based on this information will be developed with the intent of building on the competencies and resources of the youth and family.

C. Suitability

1. The JDC Team will convene and review the recommendation for JDC. When determining suitability, in addition to ADMHS' initial screening and Probation's Disposition/Suitability Report, the JDC Team will also review and take into consideration the following factors:
 - a. Previous criminal history – charged and uncharged
 - b. Number and severity of adjudicated offenses
 - c. Past §707(b) WIC offenses
 - d. Level of gang involvement
 - e. The potential of the youth to adversely impact JDC program/participants
 - f. Previous history of domestic violence or elder abuse
 - g. Victim input as obtained by the District Attorney's (DA) office

The Judicial Officer with the concurrence of the DDA will make the final decision concerning appropriateness for JDC. In unusual cases and in the interest of justice, the Court may allow an otherwise ineligible minor to participate in JDC. The Court shall state on the record the reason for exercising its discretion.

2. If it is determined that the youth is inappropriate for the JDC program, the case will be processed by the Court with no prejudice attached for having been considered for the JDC program.
3. If appropriate, the youth will enter the JDC program.

- a. The youth and family, with the assistance of Defense Counsel, will complete a JDC Program Contract.
 - b. The Defense Counsel will assist the youth and family in determining their options. This means the opt-out period for JDC program will be 4 weeks from enrollment in JDC. Once again, the time spent in treatment during the ADMHS screening can be considered part of the youth's total treatment time.
 - c. The Deputy Probation Officer (DPO) will complete the JDC Program Referral form and the JDC Team will complete the Weekly Task List
4. Minute Order: The Court order will reflect that the youth has voluntarily entered into the JDC program and that he/she may be taken into custody by any peace officer and detained in Juvenile Hall for any violation of the terms and conditions of the JDC program pending Judicial Review at the next JDC calendar or within 48 judicial hours, whichever is sooner.
 5. Youth, parents or guardians will be required to attend review hearings.
 6. Based upon the assessment and compliance with treatment, the length of the treatment program is a minimum of six months and should be no longer than 12 months.

D. Suitability Review/4-Week Opt Out

A suitability review will be held after four weeks of enrollment. The JDC Team will make a recommendation for or against the youth's continuation in the program. The Court will consider feedback from the JDC Team members, the youth, and his/her family regarding positive and negative elements of the youth's participation in JDC.

E. Case Resolution

1. Unless the youth has a new adjudicated law offense during the time he/she is participating in JDC, or except in an unusual case (i.e. §245(a)(1) PC exception cases) where the interests of justice would best be served and the Court specifies on the record the reasons for its decision, the petition will be dismissed and probation terminated upon successful completion of JDC. Cases involving outstanding restitution owed to a victim where the youth would otherwise qualify for graduation will be staffed by the JDC Team for resolution; graduation and dismissal upon the filing of an Abstract of Civil Judgment (CR110), or continued Probation supervision to address outstanding restitution.
2. Youth who are unsuccessful in the JDC program will return to Juvenile Court for case processing. They shall not accrue any prejudice for having participated in the JDC program.

II. STRUCTURE OF THE JUVENILE DRUG COURT PROGRAM

Case handling in the JDC program differs from the usual in that the Judicial Officer, DDA, Defense Attorney, DPO, and treatment providers work together as a team to achieve client and family success in the program. To this end, each of the participants will often need to step outside their traditional roles in Court, finding ways to both protect the public and help the clients be successful.

“Court as Theater” has been found to be a powerful tool. This is unusual in Juvenile Court given issues of confidentiality. However, the benefits of the practice are of such importance that clients are asked to waive these rights while in the program.

The benefit of this system is that each youth in the room is educated by watching other cases. He/she learns how to achieve success and witnesses the consequences of not achieving success and hearing others try out excuses and seeing they don't work. They also see the praise and excitement generated by others' successes.

A. JDC Program Steps

STEP ONE: **Eligibility**

- The youth has a pending petition before the Court.
- The Court, DDA, Defense Counsel, or Probation recommends the youth be considered for JDC.

STEP TWO: **Court-ordered ADMHS Pre-JDC Screening Report**

- The Juvenile Court orders ADMHS to complete an initial screening for non-wards.
- The youth is given an appointment date by ADMHS.
- The matter is continued to the next JDC review date.

STEP THREE: **Suitability Review by the JDC Team**

The JDC Team reviews ADMHS' initial screening and any Probation reports, as well as other factors such as:

- Previous criminal history – charged and uncharged
- Number and severity of adjudicated offenses
- Past §707(b) WIC offenses
- Level of gang involvement
- The potential of the youth to adversely impact JDC program/participants
- Previous history of domestic violence or elder abuse.

- Victim input

The JDC Team determines whether the youth is suitable for the JDC program and the DPO completes Weekly Task List

STEP FOUR: **Juvenile Drug Court Program Review Hearing**

The youth is advised of JDC Team's decision.

- If not accepted, the youth will be returned to the Juvenile Court for processing.
- If accepted, the youth formally enters the JDC program.

Forms completed at this step:

- The Defense Attorney assists the youth in completing the JDC Program Contract.
- The Task List is given to the youth.
- The JDC Program Referral Form is completed by the DPO to give to the youth and treatment provider(s).

The Minute Order shall state, "Youth accepted into JDC program."

B. The Court Process

All youth start out with weekly review hearings and as they progress through the program their reviews become less frequent (e.g. once every two weeks, then every three weeks, and once per month.)

1. Staffing Cases Before Court

The Judicial Officer, DDA, Defense Attorney, DPO and Treatment Providers make up the JDC Team.

- a. The JDC Team meets to discuss the cases prior to the review hearings.
- b. A consensus is reached on how to proceed:
 - This does not bind the Judicial Officer should new or different information become available during the hearing.
 - It is important for the JDC Team to be consistent in their approach regarding sanctions and incentives.
 - Forms: The Weekly Task List is completed by the DPO based upon input from the JDC Team.

2. Review Hearings

- a. Youth and parents are present in the Courtroom simultaneously.

- b. Each youth and parent comes forward when their case is called.
- c. The Judicial Officer reviews the case, acknowledges progress or lack thereof, and discusses problem areas.
- d. The Judicial Officer discusses the tasks and orders to be completed before the next hearing, hands out a "task-list" and sets the next review date.

C. JDC Program Staffing/Roles & Responsibilities

1. Judicial Officer and Court Personnel

- a. Judicial Officer - The role of the Judicial Officer expands beyond the traditional role. The Judicial Officer becomes a participant in the treatment of the youth and an agent for change. While not giving up any of his/her Judiciary responsibility, the JDC Judicial Officer must attempt to reach consensus with the JDC Team where possible.
 - One Judicial Officer is assigned to hear the JDC calendars in each region of the county. This will assure consistency with the youth.
 - The Judicial Officer operates as part of the JDC Team that sets treatment goals.
 - The Judicial Officer takes a personal interest in the youth and spends time talking with them about their progress and problems.
- b. Court Reporter, Court Clerk, Bailiff - In JDC these individuals fill their traditional roles. Specifically, the Court Clerk assists with documenting on the JDC minute order the following:
 - At the time of Screening – "Youth ordered to be screened by ADMHS for JDC program."
 - At enrollment in the JDC program – "Youth accepted into JDC program" and "Stipulation" stamped onto order stating, "The youth stipulated that he/she may be taken into custody by any peace officer and detained in Juvenile Hall for any violation of the Terms & Conditions of the JDC program pending Judicial review at the next JDC calendar or within 48 judicial hours, whichever is sooner."

2. Deputy District Attorney

The DDA is an integral part of the JDC Team and will often step outside his/her traditional role in working with the rest of the Team to achieve success with the youth. This non-traditional approach will be most obvious in instances of relapses and other program violations when the interventions imposed will most likely be less punitive than with non-JDC program cases.

The DDA does not abrogate his/her duty to prosecute crime. The flexibility will be working with the JDC Team in admitting and maintaining youth in the program. The DDA is a voice on issues of public safety and the appropriateness of a youth's inclusion in the program.

3. Deputy Public Defender (DPD)/Conflict Defense Attorney

The DPD or Conflict Defense Attorney assigned to the JDC program is a crucial member of the JDC Team.

- The Defense Counsel provides orientation of the JDC program for the youth prior to enrollment.
- The Defense Counsel assists youth and family in completion of the Consent and Releases forms and JDC Program Contract.
- During the program, the Defense Counsel will work with the JDC Team to determine appropriate interventions.

4. Deputy Probation Officer

The DPO assigned to the JDC program must be skilled at working with teenagers. The DPO is a Peace Officer responsible for enforcing Court orders and protecting the public from the actions of probationers on the caseload, fulfilling his/her duties as described in the Penal Code and Welfare and Institutions Code. Yet, the DPO must be flexible enough to work as an integral part of the JDC Team.

a. Supervision of JDC Program Youth

The DPO may contact youth and their families at the treatment program facility, in the field, and in the home.

- (1) Field contacts by the DPO are important to the success of JDC program clients. The DPO is responsible for monitoring the activities of the clients while they are away from the program, which means working evenings and weekends, and making his/her work schedule random so the clients cannot predict when the DPO will be in the field.
- (2) Home visits by the DPO will provide crucial information for case staffing that can support or refute perceptions based on how the client performs in the program. Visits to the home offer a wealth of information about the client and his/her family.
- (3) School visits are telling in ways similar to home visits. Seeing who a youth associates with, how he/she is dressed, his/her demeanor, attendance patterns and talking with his/her teachers will result in an intuitive knowledge about the youth that supports or refutes what seems to be happening at the treatment program center.
- (4) Treatment Program Facilities The DPO may contact youth at treatment facilities. This will be done either before or after group.

b. Court and Reports

The DPO will act as Court Hearing Officer. The DPO will prepare a weekly progress report on each youth coming to Court on review. This report will be provided to the JDC Team at the staffing.

c. Caseload Size

Part of the basic structure of the JDC program is for the youth to be accountable for their actions and responsible for taking their lives in positive directions. It is very important that lapses in accountability and responsibility are detected early so they can be addressed. To this end, there will be a great deal of compliance monitoring performed by the DPO and Treatment Providers. The DPO and Treatment Providers will do urine testing and alcohol testing. The caseload size will vary depending on how duties are distributed between the various Team members; a good estimate is between 20 - 25 as the maximum workable size.

5. ADMHS Staff: Pre-JDC Screening

ADMHS staff will perform the following duties:

- ADMHS staff will administer a series of screening tools with each JDC program participant referred for a screening.
- ADMHS staff will provide information to the JDC Team via a verbal and written report.
- ADMHS staff will provide information to assist in the development of the initial treatment plan.

6. Treatment Providers: Initial, Ongoing, and Post-JDC Assessment

Addiction Severity Index (ASI) and national studies indicate that reassessment should be conducted on a regular basis as new treatment issues surface or change. Drug Medi-Cal (DMC) requires that treatment plan reviews occur no less frequent than every 90 days.

The JDC program recommends a regular review of progress in treatment and appropriate treatment level, thus allowing for natural incentives and consequences for youth in treatment. This should occur at 30 days for initial treatment planning and a maximum of 90 days thereafter for treatment plan review, following DMC requirements.

Reassessments or treatment plan reviews will be conducted by ADMHS/Alcohol & Drug Program Treatment Providers. Treatment Providers will work with the JDC Team on emerging issues to ensure a collaborative approach to the JDC program.

The JDC program recommends refining the current Strength-Based Assessment (SBA) and incorporating other performance, motivation and ability to participate in treatment indicators (i.e., school attendance, family and probation feedback, etc.) to determine treatment recommendations. This assessment will be revised to fit a five phase program and develop protocols for providers to determine duration of treatment. Length of

treatment would depend upon treatment phase and success in program, with appropriate aftercare and follow up.

During the assessment, information regarding the youth will also be collected from the DPO regarding school, community, family and vocational progress. The SBA would be presented to the JDC Team along with a proposed treatment phase based upon the information, emphasizing the best interests of the youth.

At the end of the assessment period the youth will continue treatment based upon recommendations or opt-out of the JDC program. It is imperative that treatment phases and length of treatment be based upon the provider's assessment and progress in treatment.

7. Treatment Providers: Treatment

The treatment providers will provide ongoing treatment services to youth and families, including in-home counseling, and provide treatment information that will allow the JDC Team to evaluate each youth's participation in the program. An updated treatment plan will be conducted no later than 90 days after the initial treatment plan was developed.

a. Confidentiality

Youths are required to sign waivers of confidentiality specific to general information such as program attendance, test results, general demeanor and participation, and progress. The waiver will also include information that may pose a threat to the client or others, and information that would seriously jeopardize the integrity of the JDC program.

b. Preparation of Reports/Statistics

Treatment Providers will be required to provide information needed to fully evaluate the program, complete performance measures set for the program, and to comply with any reporting requirements of government agencies that have a legal right to the requested information.

c. Appearance in Court

The Treatment Providers are part of the JDC Team and will participate in weekly JDC program case reviews and review hearings.

8. ADMHS Staff: Treatment Monitoring

Assigned ADMHS staff is responsible for monitoring the quality of services provided within the Youth and Family Treatment Centers (YFTC), including ancillary services, where indicated.

9. Administration/Support

- a. JDC Coordinator The assigned JDC Coordinator is a shared task held by ADMHS and a Juvenile Probation Manager. JDC is one of several programs assigned to these staff.

Some of the JDC Coordinator duties include:

- Coordination of the JDC Team
- Coordination of training
- Negotiation of conflict
- Brokering of services for clients
- Developing and keeping updated a policy/procedure manual
- Liaison between the Court, Probation, Treatment Providers, Schools, Law Enforcement, etc.
- Community outreach and education
- Fundraising and obtaining donations for incentives.

- b. Financial/Business Staff The agency with fiduciary responsibilities for the grant/foundation funding will be responsible for paying bills, preparing reports to the granting agency, and preparing statistical reports, etc.
- c. JDC Team Communication In addition to the weekly staffing, the use of electronic mail and monthly policy, data, treatment, and probation meetings assist in keeping information flowing to JDC Team members. When issues arise, the JDC Team will contact the JDC Coordinator for follow-up and resolution.

D. Treatment

The primary focus of the JDC program is success. A broad underlying assumption is that drug and alcohol use/abuse with youth is a symptom of other issues, both developmental and environmental. The treatment seeks to build participants into strong and productive citizens who do not use or abuse drugs and alcohol.

A "strengths-based" approach will be employed. After identifying the strengths of the individual and the available resources, an individualized treatment plan will be developed. The intent of this process is to build on the competencies and resources the youth and family bring to the program, rather than for the program to "impose" a generic one-size-fits-all protocol.

All treatment will adhere to evidenced-based practices and established Youth Treatment Guidelines issued by the California Department of Alcohol and Drug Programs.

1. Length of Program

The JDC program is a motivationally-enhanced program consisting of five phases of AOD treatment intensity. The duration of treatment largely depends on the individual client, or

more specifically, on the individual client's progress in his/her recovery program and compliance with other requirements of the Court. Promotion from one phase to the next means promotion from a more intensive phase of AOD treatment to a less intensive phase of AOD treatment, and will be contingent upon minimal days of continuous sobriety and compliance with other requirements of the Court. Generally, a client will spend a minimum of six (6) months and up to 12 months or more in treatment depending on his/her need and compliance with Court orders. Clients can also be moved (demoted) from a less intensive to a more intensive phase of treatment depending upon client need as well. These motivational criteria meet best-practice standards and are evidence-based.

The presiding Judicial Officer has the discretion and ultimate authority of moving clients from one phase to another, and skipping phases if the presiding Judicial Officer so desires.

2. Treatment Phases

Assessment Phase: Each youth shall receive a screening and assessment, consisting of two sessions as previously described. The initial screening will be done by ADMHS staff. The second, more intensive assessment will be administered by the Treatment Provider. The first 30 days will be an assessment period for every client. During that time, clients will attend AOD groups four (4) times per week, drug test regularly, attend individual sessions as needed, and comply with other terms of the Court. These other terms include but may not be limited to regular school attendance, crisis/collateral sessions as needed, Court appearances, and sober activities, as scheduled. After the 30 days, all assessments will be completed and evaluated, and clients will be placed into one (1) of the following treatment phases, depending on need and successful compliance with Court orders during the past month.

Phase I: Groups four (4) times per week, individual sessions pro re nata ('PRN' or 'as needed'), random drug testing and full compliance with other Court orders.

Criteria to Promote: Minimum 30 days sobriety, regular attendance at group, individual and family sessions, as well as satisfactory participation/completion of Phase I requirements (drug testing, weekly Court appearances, daily school attendance, contact with DPO as directed, meeting Phase I treatment goals and objectives).

Phase II: Groups three (3) to four (4) times per week, individual sessions PRN, random drug testing and full compliance with other Court orders.

Criteria to Promote: Minimum of 45 days of cumulative sobriety during the phase just prior to promotion, regular attendance at group, individual and family sessions, as well as satisfactory participation/ completion of Phase II requirements (drug testing, bi-weekly Court appearances, daily school attendance, contact with DPO as directed, meeting Phase II treatment goals and objectives).

Phase III: Groups two (2) to three (3) times per week, individual sessions PRN, random drug testing and full compliance with other Court orders.

Criteria to Promote: Minimum of 60 days of cumulative sobriety during the phase just prior to promotion, regular attendance at group, individual and family sessions, as well as

satisfactory participation/ completion of Phase III requirements (drug testing, Court appearances every three weeks, daily school attendance, contact with DPO as directed, meeting Phase III treatment goals and objectives).

Phase IV: Groups two (2) to three (3) times per week, individual sessions PRN, random drug testing, and full compliance with other Court orders.

Criteria to Promote: Minimum of 90 days of cumulative sobriety during the phase just prior to promotion, regular attendance at group, individual and family sessions, as well as satisfactory participation/completion of Phase IV requirements (drug testing, monthly Court appearances, daily school attendance, contact with DPO as directed, meeting Phase IV treatment goals and objectives).

Phase V – Active Recovery: JDC appreciates the concept of “commencement” or beginning a clean and sober lifestyle and has acknowledged that concept by changing the terminology of “aftercare” to “active recovery.”

Groups one (1) to two (2) per week, or PRN per Court Team, individual sessions PRN, random drug testing, and full compliance with other Court orders.

Criteria to promote or Graduate: Minimum of 90 days of cumulative sobriety during the phase just prior to promotion, attend weekly active recovery groups, as well as satisfactory participation/completion of Phase V requirements (drug testing, Court appearances every six (6) weeks, daily school attendance, contact with DPO as directed, meeting Phase V treatment goals and objectives).

3. Drug Testing Program

Drug Testing is an integral part of the JDC program. The purpose of testing is to achieve early detection of relapses so corrective action can be taken in support of the youth’s return to sobriety and success in the program. Youths are tested for any one or combination of substances including, but not limited to, marijuana, amphetamines, cocaine, morphine, PCP, and alcohol. Standardized strip tests, multiple panel strip tests and breathalyzers will be used for presumptive or preliminary tests. Urine testing is observed by either Probation or treatment staff. Youths are tested for substances they are known to use and randomly for other substances.

Maximizing the effectiveness of drug testing resources (as well as other treatment resources) will be an important consideration especially if more youth become eligible for the JDC program.

- a. Testing is done randomly by the DPO and treatment providers.
- b. Positive presumptive or preliminary urine tests will not be sent to the lab for confirmation, unless the youth denies use, in which case the urine sample is sent to the lab for confirmatory testing.
- c. Juvenile Probation and all JDC Treatment Providers will follow all Collaborative Court System agreed-upon Treatment Guidelines & Procedures, including drug

testing/confirmation protocols, as set forth by the Policy Council, and comply with all Federal, State, and County funding and/or programmatic standards. (See Attachments C, D, and E.)

4. JDC Program Interventions

The JDC program includes a plan for graduated interventions that may be applied as an immediate and direct response to the youth's progress within the program. The Judicial Officer, with the input from the JDC Team, will employ the following graduated interventions for positive behavior and to encourage progress and program compliance:

- Encouragement and praise from the Bench
- Sober activities
- Employment opportunities
- Decreased frequency of Court appearances and testing requirements
- Gift Certificates

The following interventions will be applied as an immediate and direct consequence of failure to comply with JDC program requirements. The Judicial Officer, with input from the JDC Team, will employ the following interventions to assist youth in complying with the program:

- Admonishment from the Bench
- Writing an essay on a topic selected by the JDC Team
- Increased frequency of Court appearances and testing requirements
- Increased participation in individual and or group counseling
- Completion of Community Service Work/Restorative Justice Activities
- Brief periods of incarceration
- Alternative Home Release Programs, i.e., Home Supervision, House Arrest, Electronic Monitoring
- Weekend Commitment Alternative Program (WECAP)
- Formal Probation Violation
- Delay of promotion from phase
- Out-of-home placement within county and continuance in the JDC program
- Placement in a residential treatment facility
- Other alternative sanctions/rewards as developed

5. Graduation From The JDC Program/Dismissal of Case

Graduation from the JDC program will require that all treatment goals and program requirements have been met, including three (3) to six (6) months of active recovery, and that youths have 90 continuous days of sobriety. If a client has obtained 90 days of sobriety and relapses on or about the time of graduation, the client will be continued in treatment and provide at least 30 additional days of continuous sobriety before graduating from JDC.

Unless the youth has a new adjudicated law offense during the time he/she is participating in JDC, or except in an unusual case where the interests of justice would best be served and the Court specifies on the record the reasons for its decision, the petition will be dismissed and probation terminated.

6. Termination Criteria

A youth who has an adjudicated or pending offense listed in §707(b) WIC would be ineligible for JDC or subject to termination from JDC. An exception to this is a youth with an adjudicated or pending offense for an assault with force likely to cause great bodily injury. These cases will be evaluated by the JDC Team on a case by case basis depending on the age of the offense, the seriousness of the facts and other factors.

Youth who are unsuccessful in the JDC program will return to Juvenile Court for case processing. They shall not accrue any prejudice for having participated in the JDC program.

7. Guiding Principles

The County of Santa Barbara JDC adheres to the following guiding principles established by the State of California Youth Treatment Guidelines:

For the most positive outcomes among youth experiencing AOD-related problems, they must have access to age-appropriate intervention and treatment, practical support such as life skills training and employment, and meaningful opportunities for involvement and leadership. Youth need programs that address their developmental issues, provide comprehensive and integrated services, involve families, and allow youth to remain in the most appropriate, but least restrictive setting, so they can be served within the context of their families, classroom and community. Historically, the AOD treatment service system has not served youth well because it was designed and intended for adults.

A full continuum of care should be available to address the varying levels of services needed by youth, and allow for movement back and forth across levels as treatment progress or regresses. In addition to formal treatment, the continuum of care for youth and their families should include pre-treatment options (mentoring, brief interventions, harm reduction, etc.), relapse prevention (either before, during, or after formal treatment), and active recovery services.

8. Treatment Menu

JDC treatment draws on the following menu of services:

a. **Court**

Attending regular Court reviews is considered a part of the treatment for clients in the JDC program. At the review hearings the youths stand before their peers, the JDC Team, and the Judicial Officer while their performance and attitude is reviewed. The Judge discusses their progress (or lack thereof) and then formulates a plan of action to be fulfilled by the next Court hearing.

b. **Treatment Counseling Groups**

Most of the actual JDC treatment will be administered and facilitated in a group setting per best-practice standards. There will be various types of groups including

psycho-education groups, relapse prevention groups, peer support groups and general process groups if a licensed psychotherapist is facilitating the process group. A common theme throughout the groups will be having the participants focus on their participation in the JDC program and how they are meeting their responsibilities. Youths will talk about their successes and how they achieved them, and identify the factors contributing to any failures. Participants will help each other develop "winning strategies" to be successful in the program. Specific groups include:

(1) **Relapse Prevention Group:**

The Relapse Prevention Group focuses on drug use/abuse, the circumstances and attitudes that lead to it, and practical ways to both avoid the circumstances and change attitudes.

(2) **Peer Support Group:**

A peer support group is a modification of 12-step groups using a suitable model. Treatment providers introduce youths to the first five (5) steps of the 12-step program within their group. Additionally, treatment provides youths with information about local 12-step meetings geared to a youth/teen group.

(3) **Drug/Alcohol (Psycho) Education Group:**

Basic education on AODs and their effects is important for the clients to understand why substance abuse is not something which people with high self-esteem and positive goals do.

c. **Individual Counseling**

It is important for youths to have private time with counselors to speak about issues they may be too embarrassed to bring up in group or which may be inappropriate to discuss in group. A primary focus is on the individual's sense of progress in developing a strategy to be successful in building a life that is both fulfilling and drug/alcohol free.

d. **Restitution/Restorative Justice Activities**

Restitution for the youths who have committed crimes resulting in a victim is of utmost importance in order for them to realize their responsibility to others. The restorative justice activities will help build the client's sense of being an important part of the community with responsibilities to others.

e. **School**

A primary goal of the program is education for participants.

f. **Random Drug Testing**

The purpose of random testing is to detect relapses and to ensure success of the clients. Probation and treatment providers conduct testing. Testing is done randomly using a call-in system.

g. **Conflict Resolution**

For a number of JDC program clients, anger will be a significant issue. Specific conflict resolution counseling is available to all clients in each region.

h. **Job Training**

Ability to be employed is a primary component of building a strong and productive citizen. Job training, for those youths who are appropriate for it, is an important component.

i. **Personal Development Activities**

A goal of the JDC program will be to help the client develop talents and interests, whether in the arts, sports, or academics.

j. **Recreation**

Recreation is important for relaxation, but also helps build social skills and creates opportunities to learn more about the clients in a relaxed atmosphere.

k. **Sports**

With this population, physical exercise is important for a variety of reasons. These include the production of beneficial chemicals in the brain, social development and simple relaxation.

Youths are encouraged to participate in local team sports available to them at school or local recreation teams.

l. **Tutoring**

The clients in the program may have significant problems with academics. School is important and, with the demands of the JDC program, it is conceivable the situation could be aggravated. There are tutoring programs in each of our school districts.

m. **Cultural Issues Programming**

Some of the clients will have been raised in a cultural milieu distinctly different from what they encounter outside their homes. This can lead to a conflict in values and norms of behavior, and may contribute to a tendency to find respite in substance abuse. Culturally specific programming will seek to educate the client about his/her native culture and help him/her appreciate it. It would also seek to point out the differences between his/her cultural heritage and American culture, exploring ways to effectively integrate the two.

n. **Gender-Specific Programming**

Females especially may benefit from programming aimed at dating/relationship issues, sex education, personal hygiene, dealing with abuse and harassment, etc. Each area office has community-based organizations that provide gender-specific healthy relations and self-esteem groups. Each treatment site provides gender-specific groups.

o. Religious Activities

Clients who are involved in religious activities with goals and values consistent with successful program completion and recovery will be allowed to participate in these activities as part of their program completion requirements. Each region has active faith-based organizations with youth programs.

p. Nutrition Education

Nutrition can play an important role in the recovery process. Clients need to be educated in the relationship between addiction, addictive biochemistry, and food.

q. Smoking Cessation Protocol

Youths will not be allowed to smoke on the premises of the treatment program, and will have cessation protocols readily available.

III. FACILITIES

A. Youth and Family Treatment Centers (YFTC)

The regional YFTC were developed and are monitored by ADMHS. The JDC program treatment services, along with other services for juveniles, are housed at the YFTC to accomplish an economy of scale.

- Santa Maria Valley Youth and Family Center (SMVYFC) and Coast Valley Substance Abuse Treatment Center (CVSATC) provide contracted services for the JDC program in Santa Maria.
- Zona Seca provides services for the JDC program in Lompoc.
- Council on Alcoholism and Drug Abuse (CADA) provides services for the JDC program in Santa Barbara.

B. Program Evaluation

The JDC Core Committee reviews monthly data provided by Probation and Treatment to evaluate the success of the program and in determining the need for modifications or adjustments.

1. Intake Data

- a. A screening, including the 20 Questions, Learning Needs Screening, Change Plan Worksheet, and PADDI conducted by ADMHS (*see pages 1, 2 of this Manual*). The information obtained from these scales is used for both treatment and evaluation.

- b. Within 30 days from the beginning treatment, the treatment provider will administer a full bio-psychosocial assessment including the AASI (*see page 2 of this Manual*). The information obtained from all of these assessments is used for both treatment and evaluation.
- c. The DPO reviews the criminal records of the juveniles, including: (1) the charge(s) which brought them to JDC; (2) the number and type of offenses of the youth for a 12-month period prior to starting the JDC program; and (3) the number of days incarcerated during that period of time. The DPO reports this data to the JDC Team.
- d. The DPO collects data from the schools regarding the client's grades and attendance the prior academic year.

2. Ongoing Data Collection

Once in the JDC program, the following data are collected by the DPO on a monthly basis:

- a. Number of youths screened and admitted
- b. Number of field contacts
- c. New arrests and probation violations
- d. Terminations / Discharges
- e. Number of Graduates
- f. Number and Type of Sober Activities
- g. Number and Type of Restorative Justice Activities

Attachment A



CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE
INFORMATION:
DRUG COURT REFERRAL

I, _____, hereby consent to communication
(Participant)
between _____, and Santa Barbara Superior Court Judge
(Provider)

Santa Barbara County District Attorney's Office, Defense
Attorney _____, the Santa Barbara County Probation Department, The
Department of Alcohol, Drug & Mental Health Services, and/or other referring agency(s),

The purpose of and need for this disclosure is to inform the court and other above named parties of my eligibility and/or acceptability for substance abuse treatment services as well as my treatment attendance, prognosis, compliance and progress in accordance with Juvenile Drug Court monitoring criteria.

Disclosure of this confidential information may be made only as necessary for and pertinent to hearings and/or reports concerning

(charges, petitions,)

I understand that the consent is subject to revocation at any time except to the extent that the program or person, which is to make disclosure, has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Juvenile Drug Court for the case named above, such as the discontinuation of all court and/or probation supervision upon my successful completion of the Juvenile Drug Court requirements, or upon a disposition removing me from Juvenile Drug Court involvement and/or probation.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records, and that recipients of this information may re-disclose it only in connection with their official duties.

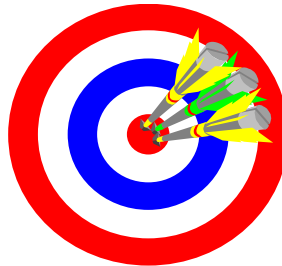
Date

Signature of Minor

Date

Signature of Parent/Guardian

Attachment B



SANTA BARBARA COUNTY JUVENILE DRUG COURT

WEEKLY TASK LIST

For the Week of _____ PHASE _____

Participant Name: _____ Date: _____

____ Contact Probation Officer – Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

____ Report for testing _____

____ Attending Counseling/Recovery Program @ _____

Report on - Mon. Tues. Wed. Thurs. Fri. Sat. Sun. _____

____ Attend _____ @ _____

_____ @ _____

_____ @ _____

____ Complete: _____ hours of CWS by next court date

____ Attend School: _____

____ Special Event _____

____ Other: _____

____ Comments: _____

Next Court Date: _____

Sober Date: _____

Minor's Signature: _____

Sober Days: _____

Probation Officer: _____ Phone: _____

Attachment C

Important Facts to Remember – Confirmatory Drug Testing (GC-MS)

Testing/ Provider:

- 1) Have all clients sign Consent for Release for GC-MS testing.
- 2) A client who has a positive drug test will no longer be sent to probation for retest. Only after requesting a client to sign a self admittance form, send a positive test to the contracted lab for GC-MS testing. It should be noted that court sanctions may be stronger for a positive urine and positive GC-MS.
- 3) Fill out a lab requisition sheet for each client specimen for GC-MS testing.
- 4) Follow the shipping instructions of the contracted lab.

Testing/The contracted lab:

- 1) The contracted lab will fax testing results within 24 hours of receipt and mail a copy of the testing results within 3 -5 days.

Provider Notification to Probation and Client:

- 1) The provider must notify probation of the GC-MS testing results immediately upon receipt of the results and should contact the client as soon as possible.

Provider Supplies:

- 1) It is the provider's responsibility to insure that they have adequate supplies. If supplies are not received within 3 days of placing an order, the provider should contact the contracted lab and notify the Probation Department of the delay.

ADP:

- 1) Each agency will be assigned their own account. ADP is billed and pays for GC-MS testing. Clients are to be billed \$15.00 for a positive confirmation test.

Comments or questions should be directed to Asia Eichmiller at 681-5445.

Attachment D

Effective October 2005/Revised March 2011

Alcohol, Drug and Mental Health Services Alcohol & Drug Program County of Santa Barbara



DRUG TESTING POLICY & PROCEDURES

The policies and procedures set forth in this document will apply to all contractors receiving substance abuse treatment funds or claiming reimbursement for drug testing procedures with the County of Santa Barbara Alcohol and Drug Program. The County reserves the authority to modify these policies and procedures at any time.

NOTE: Authority cited:

- Department of Alcohol and Drug Programs, Health and Human Services Agency, State of California.
- Alcohol and/or Other Drug Program Certification Standards 12045, Drug Screening.
- California Code of Regulations, Title 9, Crime Prevention Act of 2000 (SACPA)- Substance Abuse Treatment and Testing Accountability (SATTA) Program.
- Santa Barbara County Proposition 36, Substance Abuse Crime Prevention Act of 2000 (SACPA) Collective Decision Points, 7. Standards for testing and selection of testing instrument.

OBJECTIVE:

Drug Testing is viewed as an important tool in drug treatment. Detection of ongoing drug usage or intermittent relapses can assist in the therapeutic process. Urine test results provide the counselor and client a timely opportunity to honestly confront those factors which constitute triggers for relapse and cravings in the early stages of recovery. Drug Testing is used as an intervention tool to overcome denial of substance abuse problems, hold one accountable for their behavior, and strive to live drug free. The inclusion of drug testing in treatment planning is a very important way to document compliance to program standards.

The following procedures are recommended for the uniformity and consistency in the practice of Drug Testing; for the health and safety of staff and clients, as well as to insure the reliability and validity of the test results.

Foreword:

California Department of Alcohol and Drug Programs, Alcohol and/or Other Drug Program Certification Standards require all certified residential and nonresidential alcohol and drug programs to have a written policy statement regarding drug screening where it is deemed appropriate and necessary by the program director. "The program will establish procedures that protect against the falsification and/or contamination of any body specimen sample collected for drug screening and document results of the drug screening in the participant's files."

- Substance Abuse and Crime Prevention Act of 2000 (SACPA)- Substance Abuse Treatment and Testing Accountability (SATTA) Program, " Drug testing, when used, must be used as a treatment tool. We continue to believe that inclusion of drug testing in treatment plans is a very important way to document compliance."
- Santa Barbara County Proposition 36, Collective Decision Points, American Bio Medica Drug Test Products will be used countywide with a direct observation of the sample collection."

The County of Santa Barbara, Alcohol & Drug Programs supports the below standards and protocols contained within the following pages.

1. Intake Advisement & Release Forms:

At the time of initial intake, all clients will be advised that urinalysis testing is a part of their treatment program. Testing methods may include, but are not limited to urine, saliva, and breath alcohol testing. All clients should be advised that they will be required to submit to supervised drug tests on a random basis. Failure to submit a sample or submitting adulterated urine will constitute a positive test. Clients may also be required to submit a urine sample upon suspicion of drug usage and movement from one program phase to another, which requires the submission of a clean urine sample. Each Agency Director shall insure that a Drug Testing and Results Log are maintained on each client.

During intake, all clients should be asked if they are on any form of Probation, Parole or Child Welfare Services supervision and a release of information should be obtained from the client at that time allowing for communication with that Agency. The release must be obtained for each agency requiring drug testing results.

2) Validation of Urinalysis Supplies

In determining and maintaining reliability and performance, the use of both positive and negative controls at the start of each group of tests is recommended. Distilled or deionized water can be used for a negative control. These controls should be run to ensure proper technique, assay reliability and performance. If the expected results are not achieved with the positive and negative controls, do not proceed with testing.

3) Effective and Safe Procedures for Obtaining Urine Samples

The Drug Testing area must be locked when not in use, and clients should have no access to this room except during testing. Before using the room, scan it for contraband. It is well established that many methods exist to adulterate or substitute urine samples. Addicts often utilize these methods in an attempt to avoid detection of ongoing drug usage. Urine test strips for adulteration and detection of Creatinine, Nitrite, Glutaraldehyde, pH, Specific Gravity, Bleach, Pyridinium, Chlorochromate, and temperature should be used for all suspected adulterated urines.

In order to insure that the urine sample provided by the client is genuine, it is imperative that a staff member visually observes via direct frontal observation or mirror, the client urinate into the specimen cup. The staff member should hand the empty cup to the client immediately before the sample is provided, to avoid adulterants being placed in the cup by the client in advance of the test. A staff member of the same sex to the client must observe the submission of the urine sample. The testing procedures should be conducted as follows:

- 3.1 Female staff should insure they visually observe the flow of urine from the female client's body, having them urinate and at mid flow stop, then collect the urine sample. One of the client's hands should be holding the cup at the bottom and the other should be empty and visible to the staff member.
- 3.2 Male staff members should insure that they clearly observe the flow of urine from the male client's body into the test cup.
- 3.3 Staff members should insure that the client provides at least one inch of urine into the test cup to allow a sufficient amount to be analyzed.

The Client should then hand the urine sample directly to the staff member. Staff members must always wear latex gloves while handling urine samples to reduce the risk of infection from contagious diseases.

4) Staff Training

Approved drug test products will be used to analyze urine samples for the presence of morphine, cocaine, amphetamine, benzodiazaphine, THC, and Alcohol. Staff should be trained to conduct analysis of urine samples by written drug testing procedures, video instruction, or training. Each agency shall designate an employee as the liaison with ADP. It is recommended that staff receive personal instruction and training by a qualified individual. Staff should be qualified to conduct urine analysis before left alone to do so. Training/Certification shall be documented in the employee personnel file and be updated annually.

5) Analysis of Urine Samples

- 5.1 Every attempt should be made to analyze the urine specimen while the client is on the premises. The urine analysis shall occur away from the client's line of observation; thus, avoiding possible client outbursts or contamination of the testing results.
- 5.2 Do not leave urine unattended unless it is in a fully sealed, identified receptacle and placed in a locked container, where no client would have access.
- 5.3 If a test result is positive (+) for any substance, a client should immediately be advised of the test results.
- 5.4 Determine how and when to inform the client of the positive test. The goal is to approach the client in a manner designed to elicit an honest admission of use and to debrief the events leading up to the use episode or relapse. However, it is common for clients who are or have recently used to deny, sometimes adamantly, they have used.

6) Positive Test Reporting Protocol For Probation Referred Clients

- 6.1 If a client tests positive and admits to staff they used, the following steps must be taken by the testing staff:
 - a. The client should be asked to sign an Admission of Use Statement.
 - b. Fill out an Incident Report and fax the copy to the designated referral source.
- 6.2 If a client tests positive and does not admit to staff that they have used, the following steps must be taken by the testing staff:
 - a. Fill out an incident report and fax copy to the designated referral source.
 - b. Have the client sign Consent for Release for GC-MS testing, then follow the recommended GC-MS protocols set by the laboratory and send the positive test sample to NTL for GC-MS testing.
- 6.3
 - a. In the event a client denies use and a confirmatory test of the same sample produces a positive result, the client may face additional sanctions.

7) Biohazard Procedures for Urine Testing. All human body fluids should be considered hazardous and must be treated with extreme caution:

- 7.1 Staff must wear latex gloves at all times when handling urine samples. Do not handle or touch anything outside of the testing room while wearing gloves to avoid contaminating any other surface.
- 7.2 Sample containers must always be kept on a hard surface to prevent spills. Do not place a urine sample directly onto a surface; instead place the test cup on a clean paper towel or plastic tray/mat, which will contain spills.
- 7.3 To dispose of urine samples, empty each sample container into the toilet taking care not to splash any liquid outside the toilet bowl and flush.
- 7.4 All used urine sample containers and used urine test materials must be placed in a separate receptacle. These materials cannot be disposed of in any other trash container, as they are hazardous.
- 7.5 Wash your hands, and have the client wash their hands before leaving the test room.

8) Urine Spills:

- 8.1 Urine spills must be cleaned up immediately, and the surface must be disinfected using a disinfectant spray or cleaner. All cleanup materials must be disposed of in the appropriate receptacle.

- 8.2 A urine spill on carpeting or another porous surface requires special care, including thorough cleaning and disinfecting. After cleaning, report this urine spill to a management team member.

Attachment E

**CONSENT FOR THE RELEASE OF URINE SPECIMEN
FOR THE PURPOSE OF CONFIRMATORY GC-MS
(GAS CHROMATOGRAPHY-MASS SPECTROMETRY) TESTING**

I, _____, hereby consent
(Name of Client)
to the release of my urine specimen collected on _____ by the
(Date)
_____ program to
(Name of agency and program)

The current contracted laboratories for confirmatory testing. These test results will immediately be sent to the Courts, via probation.

The purpose of this consent is to permit confirmatory drug testing of the above collected urine specimen. Initial test results conducted by _____ program using
Name of Agency
the American Bio Medica testing unit indicates a presumptive positive result for the following drug(s) of abuse:

(Presumptive positive test results)

I _____, am consenting to the
(Name of Client)
urine specimen release for confirmatory testing as I deny use of the above drug(s) of abuse and would like to contest the presumptive positive test results.

I understand that the confirmatory testing performed by the NTL Laboratories will be conducted using a Gas Chromatography-Mass Spectrometer (GC-MS) and only for the drug(s) of abuse listed above.

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and HIPAA and cannot be disclosed without my written consent unless otherwise provided for in the regulations and that I have a right to a copy of this release upon request. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Dated: _____
(Signature of client)

Dated: _____
(Witness)