

**EXAMINING THE DEPTH AND BREADTH OF MENTALLY ILL ADOLESCENTS INCARCERATED IN
THE STATE OF IDAHO**

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ABSTRACT

This research project will examine the exorbitant costs that the Idaho Department of Juvenile Corrections (IDJC) spends each year to house youth with Serious Emotional Disturbances (SED), Dual Diagnoses, and youth that fall under the broad category of being “Neglected or Abused.” In addition, an evaluation of the local juvenile justice system will explore the vast number of youth on probation, related detention costs, and community-based services/partnerships that—in theory—are suppose to handle the majority of the needs associated with this specific population that is dually involved with the juvenile justice system. Finally, some evaluative discussion will examine the increasing number of youth who are committed to the custody of IDJC and to local detention centers, and the growing frustration of the Court when having to place this population in correctional settings for the sole purpose of accessing “services.”

There are eight (8) objectives that have been identified for this project and thought to be significant to critically evaluating mentally ill youth involved with the juvenile justice system in Idaho:

- Illustrate that youth with mental illnesses are prevalent at the county and state level, specifically in the juvenile justice setting, and that community-based resources are inadequate to fully assist with the treatment of this population;
- Illustrate that the Idaho Department of Juvenile Corrections (IDJC) is charged with handling youth with serious legal issues, yet carries the primary responsibility to treat the needs of mentally ill youth that are concurrently placed in their custody;
- Illustrate that IDJC is forced to prioritize the needs of the youth, to the needs of the community, to the needs of their budget, in order to meet their decreasing budget mandates.

- Demonstrate that there is a growing dissatisfaction between juvenile justice practitioners with their partner agency the Idaho Department of Health and Welfare—IDHW—in terms of how to work with this difficult population of youth.
- Quantify that the incarceration time of Serious Emotionally Disturbed (SED) youth is longer than those without SED impairment, and illustrate that since IDJC is forced to balance their budget, they are releasing non-SED youth earlier to community-based options, yet holding SED youth longer due to the lack of community-based transition options.
- Qualify that the prevailing purpose of IDJC is to provide “correctional” treatment to the criminogenic population, and thus increasing dollars are being spent to house SED, Dual Diagnosis, and Neglect and abused youth (which by statute, and in most instances, are to be handled primarily by IDHW).
- Offer supporting evidence (via literature) that these problems are not unique to Idaho, but are wide-spread throughout the United States.
- Raise the awareness to key members of the State of Idaho that without clear leadership, increased funding, and renewed partnerships throughout the state, the needs of the mentally ill youth will continue to be treated in correctional settings, and will continue to fail to meet the needs of this special population.

The research methodology used includes an extensive literature review; an evaluation of the various costs at the local and state levels for incarceration, specifically focusing on costs associated with housing youth in IDJC custody over the last two (2) years; three (3) different types of surveys of the 44 county juvenile probation administrators and 10 juvenile detention administrators; surveys of the members of the Juvenile Magistrate Advisory Board; surveys of various stakeholders in the 2nd Judicial District; and interviews and telephonic discussions with various state level personnel.

Overall, the research methodology used on this topic has provided both concrete data and insights into the problem(s) at hand, as well as some anecdotal information that is worth exploring deeper. An area that was lacking was a greater response rate amongst those surveyed; however, the information that was retrieved represented each of the seven (7) judicial districts in Idaho and provides a foundation for deriving answers to these problems. While there appears to be enough statistical information to satisfy the goals and objectives of this project and to draw constructive conclusions, this researcher would represent that further data might need to be collected to draw absolute conclusions—largely due to the wide array of terminology and differences in using this language amongst the various entities in the state.

Notwithstanding, this research project has quantified that an enormous amount of money is being spent housing a population of youth in correctional settings that are not equipped to treat their primary need—their mental health issues. It's unfortunate that at local and state levels throughout the United States, youth with mental disturbances are being locked up and treated like criminals. In addition, agencies that are supposed to handle these problems continue to abdicate their responsibility to the juvenile justice system—thus creating a perpetual cycle. Without diligent infrastructural development/efforts to assist this co-occurring population, the mentally disturbed youth of our society will continue to be: untreated, unnecessarily incarcerated, and without question, left stigmatized as a criminal—when their primary issue is mental illness.

INTRODUCTION

Nearly every Monday morning of the week, a large group of professionals gather in the conference room of Court Services to review the previous week of juvenile arrest reports. The purpose of this multi-agency approach is to assist the prosecutor in determining what level of prosecution is needed, and what issues are presenting with the young offender at that moment in time. On one particular Monday in February, 2004, the group was reviewing the problems of a young 12 year old girl who was accused of committing a “battery” against her sister. While the criminal topic of “battery” is routine in nature, this case unfolded an amazing set of facts that literally shocked those in the room. As stated in Idaho Code 18-903¹, this young girl did actually, intentionally, and unlawfully touch or struck her sister against her will, to wit: by kicking her in the stomach. This isn’t overly alarming considering normal sibling rivalry; however, the 14 year old sister was 26 weeks pregnant. In addition, the younger sister was jealous that nobody “loved” her enough to have sex with her so she could also have a baby. The final determination for the younger sibling was that “if I can’t get pregnant, then you shouldn’t be either.”

Juvenile Probation staff indicated that there was potential mental health issues surrounding the 12 year old offender, and possibly child protective factors surrounding the 14 year old pregnant sister and unborn fetus. Law enforcement agreed that something had to be done, as this wasn’t normal thinking for a 12 year old, and a heinous crime had been committed. Child Protection/Mental Health indicated that this was a violation of the law and she needed to be petitioned into court, and then placed in detention. When the Idaho Department of Health and Welfare (IDHW) representative was asked by the prosecutor about involvements with this child/family, the IDHW representative sighed and said, “we’ve been working with this family for years, and something needs to be done.” When asked about the status of the fetus, the IDHW representative denounced to the group that “until a baby is born, there is no baby.” Shocked a bit, this writer asked more about that

statement, and was put into place with the comment “this isn’t about Roe v. Wade, so quit bringing up the topic, because there is no baby.” On a side note, researching Idaho Code² notes that there are no specific sections that provide exclusive rights to an unborn fetus. However, further research appears to suggest constructive arguments can be made from a prosecutor’s office to pursue charges on behalf of the fetus, should they deem it necessary.

A multi-agency prosecutorial staffing of this nature may be uncommon to many, as traditional practices generally do not include the wide gamut of system players to decide 99% of all juvenile arrest reports. In Nez Perce County, this is the practice. To shed light on this matter, we view ourselves as a progressive court that seeks the best outcomes for all youth, and thus, gladly assume the loosely given definition of a “problem-solving court.” Unfortunately as progressive as we espouse to be, the conflicting positions and opinions previously described are representative of the growing tension amongst stakeholders to this problem-solving approach. Was a crime committed? Yes, it would appear so. Does this case need to be in the legal system, or continue under the Children’s Mental Health Act, or Child Protective Act? Herein lies the debate that goes on in Nez Perce County, and without prejudice, throughout much of the State of Idaho. The reality is this: once the matter becomes entrenched in the juvenile justice system, far more often than not, the Children’s Mental Health Act, and Child Protective Act simply disappear, and the burden falls on the juvenile justice system to find solutions to problems that obviously existed prior to the case coming under its purview.

While stories about shifting responsibilities are commonplace to juvenile justice practitioners in the field, it should be noted that “mentally ill” youth are not only the most stigmatized, but they are also the most treatable population in the country. In Idaho, with over 17,000 youth³ having a diagnosis of “Seriously Emotionally Disturbed” or SED, this number doesn’t represent the thousands of additional youth who are also mentally ill but haven’t yet reached a diagnosis of SED

(the criteria needed to access state-level services). What's worse, on any given day, local juvenile detention centers in Idaho have approximately 30%⁴ of their incarcerated population diagnosed as SED, and the State of Idaho Department of Juvenile Corrections (IDJC) has nearly 30%⁵ of its long-term incarcerated population diagnosed the same. Like most states, the juvenile justice system (local and state level) is ill-equipped to handle the mentally ill population, largely due to those responsibilities falling under the umbrella of IDHW (or its equivalent counterpart). Thus the population that is likely to make the most progress, is left with a criminal label (for usually simple crimes), and then transitioned into the juvenile justice system for the next stages of their lives. This dysfunctional approach, to a treatable problem, not only dramatically impacts mentally ill youth, but leaves them incarcerated without any mental health treatment. Further, it begs the question about whether this population truly receives "justice" considering their unique situation.

Magistrate Judges in Idaho have also become increasingly frustrated with this practice, and as such, have reached a near stalemate with the other branches of government as to the best way to proceed. There's no doubt that tight fiscal budgets leave little room for advancement; however, the clientele is shifting from the agency who is *funded and mandated* to provide these services (to anyone under the age of 18), to an agency who lacks the ability to treat offenders with various mental and emotional disturbances—and all of this transference without any corresponding dollars to meet this need. Moreover, in the last five (5) year's there has been a steady number of youth who are being placed in Idaho's state correctional facilities that are classified as "mentally ill;" and unfortunately, it is the Court who ultimately places these youth in the care of IDJC. The Magistrates passionately argue that if either IDHW would take responsibility for their mandates, or if resources/options could be developed or enhanced, this situation wouldn't occur as often. The reality is that Magistrate Judges are left with a difficult decision to make each time they sentence a youth; and without proper resources, the end result will be more youth with SED diagnoses in the custody of

IDJC. The grimmer reality is that IDJC is not funded nor equipped to fully meet the mental health needs of these youth, and will continue to struggle with how to satisfy the orders of the Court for this increasing population in custody.

The purpose of this body of research is to shed light into the way mentally ill youth are handled in the Idaho juvenile justice system, and to also address the following:

- The needs of mentally ill youth (in Idaho) are tied to a lawsuit that stretches over a quarter of a century, in which the State of Idaho has been accused of not properly treating youth with mental health needs. This lawsuit is still being litigated, and provides not only an interesting history lesson, but also the crux of this research body—mentally ill youth are not suited for correctional institutionalization. Despite this, they continue to be placed in correctional settings as a result of shifting blame, lack of appropriate resources, and lack of accountability to the needs of our youth.
- The Idaho Department of Juvenile Corrections (IDJC) is charged with handling youth with legal issues that the Court deems to be unsuitable to remain in the community. As a result, they have inherited the *primary* responsibility to treat the needs of mentally ill youth that are concurrently placed in their custody, while their sister agency, the Idaho Department of Health and Welfare (IDHW), is not held responsible for sharing with this cost (though the youth most often are under their purview prior to commitment).
- IDJC is forced to address the needs of the youth, together with the needs of the community and their budget in order to meet their financial resources. The end result is that IDJC is not able to fully address the “issues and needs” unique to each offender in its care.

- There is a growing dissatisfaction between juvenile justice practitioners with their partner agency IDHW. The tension stems from a practical viewpoint on how to work collaboratively (from a community-based setting) with this challenging population of youth, and not place them in correctional settings simply because there are purportedly no other community-based options.
- The incarceration time of Serious Emotionally Disturbed (SED) youth is longer than those without SED impairment, and since IDJC is forced to balance their budget, they are releasing non-SED youth earlier to community-based services, and holding SED youth longer because of the lack of transitional community-based services.
- The prevailing purpose of IDJC is to provide “correctional” treatment to the criminogenic population, and thus increasing dollars are being spent to house SED, Dual Diagnosis, and “Neglected and Abused” (which in most cases are to be handled by IDHW), and thus less dollars are afforded to the youthful offender most in need of correctional education and treatment.
- These problems are not unique to Idaho, but are wide-spread throughout the United States, and as a result, a significantly high number of mentally ill youth throughout the United States are not receiving appropriate services in the juvenile correctional system.
- There is a need to raise awareness with key members of the State of Idaho that without clear leadership, increased funding, and renewed partnerships throughout the state, the needs of the mentally ill youth will continue to be “treated” primarily in correctional settings, and correspondingly, continue to fail to meet the true “needs” of this special population.

LITERATURE REVIEW

While practitioners would suggest the concept of a “problem-solving court” as a relatively new term (or way of viewing the legal system), this researcher would argue that there were two pioneer thinkers in the mid- to late 1800’s that created a historical foundation for addressing the disenfranchised youth of America: Zebulon Brockway and Enoch C. Wines. Because of their tireless contributions and determination, the tangential result was the creation of the first “problem-solving court” in America. Without spending valuable time retracing well-documented history, it suffices to acknowledge the efforts of early advocates as being centered on how to “make a good boy” out of a “bundle of perversities.”⁶

With the advent of the “child saving movement,” and the ultimate creation of the first Juvenile Court in Cooke County, Illinois (in 1899), there was a recognized and an accepted belief that youth under the age of 18 had unique and special circumstances, and thus, should be treated separately from adults. Utilizing modern terminology, a “problem-solving” court was established and operated under the auspices of *parens patriae*, wherein, the court was authorized to use wide discretion in resolving problems, and dually act as the “parent” for the best interest of the child. An example would be when the home situation was in disarray and obvious behavioral problems existed, the court would remove the child and place them in a reformatory. Although the early concepts of reformatories were centered on producing “change,” what largely transpired was the least fortunate of our society (youth) were warehoused until their 18th birthdays in settings that were less than equipped to handle the plethora of issues unique to children. Not wishing to go into explicative detail about early reformatories, it suffices to say: Children were taught basic survival skills, and programmed to say and act in a way that satisfied the expectations of how a child should behave in society. Afterwards, they were released back to the streets with a hope that they were “reformed” from their recalcitrant ways. A critical eye on the literature of this time frame might also

argue that the reformatory mentality was casually linked to the early works of Frederick Taylor and his views on scientific management (which was prevalent during this period of time). For purposes of this body of research, “scientific management” can best be illustrated as: streamlining and focusing/directing efforts to eliminate redundancy, thus producing a maximization of outcomes at the cheapest cost to the business.

It would be safe to surmise that *either* our early forefathers were overly altruistic in terms of saving youth, or the first Juvenile Court originated from social class pressure to handle the out of control youth in their community. Regardless, a contextual question must be asked of our practitioners today: What has truly changed in the way we treat our wayward and/or disturbed youth today, comparative to 105 years ago?

If you review Representative Henry Waxman’s US House of Representatives Special Investigative Report⁷ you will immediately note that of the 698 juvenile detention facilities in the United States, a sample of 524 responded and found that two-thirds of juvenile detention facilities in the United States are holding youth who are waiting for community mental health treatment. This translated into a six-month sample that identified over 15,000 youth who were housed due to their mental illness or lack of treatment. To further define the scope of the problem, the report describes how this costs over \$100 million each year⁸ (of local taxpayer dollars) to provide incarceration to a population that needs treatment. The investigative report further depicts the multitude of youth on any given day that are housed in detention centers, and describes how 7-year old children⁹ are being held in maximum security detention facilities pending mental health treatment. Alarming, but not surprising, are quotes from administrators in Louisiana and Georgia (respectively) saying “we appear to be warehousing youths with mental illnesses due to lack of mental health services” and “no other place would accept the child.”¹⁰ These statements don’t begin to uncover the total spectrum of what transpires on any given day in the United States, but illustrates a sad point: It appears the United

States has yet to fully grasp the concept of how to treat (and properly fund) programs specific to the ever-changing needs of youth in our society, thus creating a constant influx into an already overcrowded adult system.

In an effort to explore more of the 21st century language about problem-solving courts, the Center for Court Innovation explored a list of shared principles that problem-solving courts strive for. This author believe it's imperative to explore these, and apply their espoused values to today's juvenile problems:

- Case Outcomes: Problem solving courts seek to achieve tangible outcomes for victims, for offenders and for society. These include reduction in recidivism, increased sobriety for addicts, and healthier communities.
- Judicial Monitoring: Problem solving courts rely upon the active use of judicial authority to solve problems and to change the behavior of the litigants. Instead of “passing off” cases to other judicial officers, judges at problem solving courts stay involved with each case throughout the post-adjudication process.
- Informed Decision-making: Problem solving courts seek to improve the quality and quantity of information available in the courtroom through technology, more frequent court appearances and on-site professional staff. With better information, courts can respond more swiftly and effectively to problems and hold defendants, as well as partner agencies, to a higher level of accountability.
- Collaboration: Problem solving courts employ a *collaborative* approach, in which they rely on both government and non-profit partners to help achieve their goals.
- Non-traditional Roles: Traditional courts operate on a basic 8 a.m. to 5 p.m. schedule. Non-traditional roles of problem-solving courts include altering the

dynamics in the courtroom, including operating times, to move away from the adversarial (or traditional) process.

- System Change: Problem-solving courts promote reform outside of the courthouse, as well as within, in an effort to change with the environment.

In reviewing the aforementioned terminology associated with problem-solving courts, it appears that minus the “technology” discussion, most of the root language can be arguably traced back to the inception of the first juvenile court. The inclusion of outside advocates, promotion of healthier inner-cities, adaptation to changing political views, and a move away from traditional views are all tenants of problem-solving courts of the 21st century. We need not belabor the point; however, basic elements of a problem-solving court in the late 1800’s developed foundational precepts that have carried themselves into the 21st century as a rational model for handling sensitive/specialty cases. So the question then is “what causes the juvenile justice system—a past and modern day problem-solving court—not to be more cognizant of the vast issues that are tantamount to our youth today?” Due to the vast amount of literature on juvenile justice, it is difficult to narrow the answer to a single factor, thus the answer will need to be explored first from a general perspective, and then tied to a specific look at the State of Idaho’s own juvenile justice/welfare system.

The National Center for State Courts indirectly tries to address why problem-solving courts are struggling (or are experiencing barriers to better outcomes), and since juvenile court is constructed to be a problem-solving court, the following list¹¹ seemingly applies to this research:

- The overall growth rate is declining for problem-solving courts clearly due to financial constraints.
- While these courts are not a “panacea” for solving the complex societal problems, further research is needed to determine why some are successful, and others are not.

- Forward thinkers on problem-solving courts emphasize the importance of local flexibility to address cultural and resource driven issues, yet pressure exists for standardization to ensure fairness and equity, as well as promote resource management/accountability.
- There appears to be discourse on ethical and legal issues as problem-solving courts expand into communities and broader vetting is critical to gain further acceptance from the mainstream judicial and legal community.
- While there is positive cost savings attached to community-based alternative sanctions (derived from problem-solving courts), there also exists a counter-balance to the need to incarcerate those that fail with the conditions set forth by the problem-solving court.
- Obvious tensions exist over the allocation of treatment and social services to one population versus another, and will continue to be a struggle for the courts and community in general.
- Finally, expanding the broader array of problem-solving courts will be worth monitoring, but the fiscal aspect must be balanced against the social and system needs—now and into the future.

This hasn't answered the specific question about why juvenile justice systems are not efficient and effective at addressing issues relevant to youth, yet this researcher would suggest that many answers can be derived from this list, and one of the main reasons would be tied to tight fiscal appropriations. However, the answer is also entangled in the broader array of system failures, and can be illustrated by a review of "pendulum swings."

As the justice system pendulum has swung from one axis to the other in terms of how to handle the growing population of dysfunctional persons, "deinstitutionalization" (of the mental

institutions) is arguably one of the main culprits as to why there are so many mentally disturbed people in prison systems today. In 1960 there were an estimated 559,000 people in mental hospitals throughout the United States; however, by 1999 there were an estimated 60,000 people left in mental hospitals.¹² This radical drop in hospitalization was due in part to a promise to make treatment services available at the community level to support this movement. Unfortunately, the end result was many individuals being left with diagnosed mental illnesses and without services or medication. The Bureau of Justice Statistics reports that they have found high rates of homelessness, unemployment, alcohol and drug abuse, and physical and sexual abuse among the mentally ill offenders prior to their incarceration. There is a legitimate debate, and this researcher firmly believes that the physiological manifestation (associated with passing these debilitating genes to offspring) is causally linked to many problematic similarities in their respective offspring, *if left untreated* {emphasis added}. Because of a potential manifestation over the generations, it could be suggested that a link exists to the current set(s) of parents who are in jail/prison, and their respective adolescents experiencing the vast array of difficulties with mental illness and substance abuse. Since this research project isn't about genetics, though it suffices to say that bad genes are passed from one generation to the next, and thus a cycle perpetuates itself if left untreated.

Before moving too much further into the heart of this research body, it would behoove us to establish acceptable terminology for “mental illness,” as well as a specific definition for “serious emotional disturbance.” While the definitions have wide variances, the National Alliance for the Mentally Ill (NAMI) describes mental illness as a “brain illness that can profoundly disrupt a person’s thinking, feeling, moods, ability to relate to others and the capacity to cope with the demands of life.”¹³ NAMI believes these specific areas are treatable through a pharmaceutical regime, different types of counseling (individual, group, support), and other community service type assistance. NAMI tries to illustrate that persons afflicted with mental illnesses can’t generally

overcome the problem with “will power,” and that without specific treatment, the consequences may include: disabilities; unemployment; substance abuse; homelessness; inappropriate incarceration; and suicide.

NAMI has spent an extensive time examining the multitude of services that *should* be provided to persons with mental illnesses (to assist in treating them and providing for a better lifestyle), and has found that due to the lack of adequate care, the cost of having untreated persons with mental illnesses has risen from \$79 billion in 1990 to \$113 billion in 2000.¹⁴ To compound the matter, with many of the budget crises that have impacted various state entities, total state funding for mental health has increased 33% compared to 68% for correction departments nationwide (assumption given that it is adult specific corrections). While nobody would dismiss the absolute need for corrections departments, it should be noted that NAMI estimates roughly 16% of the nation’s prison population have either serious brain disorders or mental illnesses. When you take this percent estimate and compare it to current prison and jail population, this translates into nearly 300,000 people who are in prisons or jails that suffer from mental illnesses. As previously stated, in 1999 there were an estimated 60,000 persons in mental health hospitals, thus there is nearly five times the number of people in prisons and/or jails with mental illnesses or brain disorders compared to those in mental health hospitals.

The term “Serious Emotional Disturbance” (SED) has been adopted by the State of Idaho as both a diagnosis and classification for public children’s mental health services in Idaho. The Idaho Department of Health and Welfare (IDHW) defines an SED¹⁵ as emergency conditions where the child exhibits the following: (1) Psychotic symptoms (e.g. delusions, hallucinations, disorganized thinking, etc.), (2) Risk of harm to self—life threatening risk which, if left unmet may result in physical harm or loss of life, (3) Risk of harm to others—life threatening risk which if left unmet may result in physical harm or loss of life and which is specifically related to psychosis, and (4) A

serious emotional disturbance (SED) is not required for Emergency Conditions, but is required for ongoing mental health services. To be eligible for Department of Health and Welfare Children's Mental Health services on an ongoing basis, a child must have a serious emotional disturbance characterized by a DSM-IV diagnosis, and a functional impairment, which are both described below.

A standard clinical assessment is used to gather and document information required to determine if a child has a serious emotional disturbance. The DSM-IV Diagnosis utilized by IDHW states that an "Axis I clinical disorder is required, and a substance abuse disorder, conduct disorder, or developmental disorder alone does not by itself constitute a serious emotional disturbance, although one or more of these disorders may co-exist with a serious emotional disturbance. Co-existing conditions require a joint planning process which crosses programs and settings, and V codes are not considered an Axis I disorder for purposes of this definition."¹⁶

The functional impairment criterion involves the Child Adolescent Functional Assessment Scale (CAFAS) to determine the degree of functional impairment. In this instrument, the child must have a full scale score (using all 8 subscales) of 80 or above with a "moderate" impairment in at least one of the following three scales: (1) Self-harm behavior, (2) Moods/ emotions, and/or (3) Thinking.¹⁷

As many chief probation officers and administrators realize, SED is not the only level of measurement for the mentally ill; and though research prohibits the exploration of all Axis I diagnoses (in relation to this project), exploration will be conducted on the dually diagnosed population and its relevance to the juvenile justice/mental health systems.

"Dual Diagnosis" is a term that NAMI refers to as mentally ill people who have a co-occurring substance abuse disorder.¹⁸ This term is critical to the body of research contained herein, as many of the findings from Idaho probation and detention administrators note that this population is wide-spread, and thus tremendous impacts are placed on the county and state

correctional system (the Idaho Department of Juvenile Corrections—IDJC) for reasons to be explored shortly.

To summarize, the literature review conducted for this project has illustrated a foundation from which we can draw the following:

1. Problem-solving courts have roots tied to at least the mid 1800's, and were derived to handle a specialty docket, to wit: juveniles;
2. Early problem-solving courts had a basic vision, and it is closely tied to current philosophical values of modern day problem-solving courts;
3. The trend in the late 1800's to early 1900's was to maximize returns on investments for manufactured projects, and this mentality may be arguably constructed to relate to the best way to handle social problems. This overall mentality can also be debatably implied to be largely unchanged in the last 100 years;
4. Current national statistics show the staggering number of youth being housed in detention facilities that have mental illnesses, and are largely being untreated. This fact suggests that whether youth were placed in reformatories and housed until their 18th birthdays (at the turn of the 20th century), or are housed in juvenile correction centers/detention centers in the 21st century, that we have yet to adequately address the process of warehousing our most challenging populations for the last 105 years;
5. The deinstitutionalization movement in the 1960's produced a net result of more than 500,000 untreated mentally disturbed people being placed back in the communities, and a predictable (and unfortunate) explosion into our corrections systems to manage this problem;
6. Current prison population note approximately 16% of their population as being mentally ill, and no specific treatment afforded during incarceration; and

7. Mental illness is treatable, but without adequate treatment, homelessness, substance abuse and suicide are common end results.

The body of this paper will shift to a specific examination of the State of Idaho juvenile justice system, and will focus on three parallels that Senator Waxman's report uncovered: (1) At least 30% of the Idaho Juvenile Corrections Department custody youth are diagnosed with Serious Emotional Disturbances and are not being afforded the proper treatment for their condition; (2) juvenile probation departments and detention centers are finding that 25-40% of their caseload is either SED, Dually Diagnosed, or somehow otherwise affected with mental illness, and a lack of community-based services to adequately treat them; and (3) a 25-year old law suit against the State of Idaho has yet to be resolved, and has its primary roots embedded in the failure (of the state) to properly treat juveniles with mental illnesses for the last quarter of a century.

JEFF D V. STATE OF IDAHO

“The history of this case is a sad record of promises made and broken over two decades. The defendants have repeatedly promised to provide appropriate services to the plaintiffs, who are a class of severely emotionally and mentally disabled children in the State of Idaho.”¹⁹ This quote is taken from the 9th Circuit Court of Appeals decision on this court case, and represents what many practitioners in the state have contended for years: Children's emotional and mental well-being are taken for granted, and unless they commit a crime, their needs are largely unattended to.

In 1980, a complaint was filed on behalf of 2,000 indigent children, and the parties (Jeff D. and the State of Idaho, by and through IDHW) stipulated to a class certification. When the matter was filed, the complaint alleged that some of the plaintiff's had been hospitalized in facilities with adults, some of whom were known sexual predators and child molesters. In 1983, a settlement agreement was entered wherein the defendants (the State of Idaho) agreed to end the practice of placing children in adult facilities, and begin providing community-based services for children who

did not require in-patient hospitalization. What's ironic, but nonetheless true, was the creation of the first juvenile court in 1899 (Cooke County, Illinois) being founded because of the need and belief that juveniles should not be housed with adults. Up until 1983, the State of Idaho allowed this practice—ironically 84 years after it was deemed inappropriate in Illinois and after a lawsuit was filed on behalf of Jeff D.

As part of the continuation of the lawsuit, in 1990, the parties stipulated to a supplemental agreement which reiterated the defendant's obligation to prevent hospitalization (of juveniles) in adult facilities, and provided that an available and accessible continuum of alternative community-based treatment facilities and residential programs (that provide mental health services) be available to the class of plaintiffs.

Throughout the history of this case, there have been numerous plaintiff filings stating that the State of Idaho was failing to obey the court's orders, and thus new agreements were drawn up, and various "studies" were conducted to assess the true needs of this class of people. By 2000, the plaintiffs had filed a motion to hold the State of Idaho in contempt, and the state filed motions to dismiss the entire suit.

In February, 2001, the Idaho Council on Children's Mental Health (ICCMH) was formed (currently chaired by the Lt. Governor) and has participation from many various stakeholder departments, legislators, and members of the community. There are numerous purposes, and one of them is to assist in the development of a "system of care" for the mentally ill children in Idaho. To bring this lawsuit to present day, the 9th Circuit found that:

"We have no doubt that the three consent decrees entered in this case impose substantial obligations on Idaho state officials. The defendants, however, have no one but themselves (or their predecessors) to blame for those obligations....The plaintiffs and the district court have been lenient—indeed, perhaps too lenient—in encouraging negotiation instead of conflict when confronted with the defendant's lack of compliance. We will not punish the good faith of the plaintiffs and the district court by freeing the defendants from the obligations they have voluntarily undertaken over twenty years....In

the meantime, and without a more compelling showing, we cannot allow these state officials to break the promises they have made—under the aegis of the federal courts—to a class of some of Idaho’s most vulnerable citizens.”²⁰

As a result of the 9th Circuit Court findings, the matter was remanded back to Federal Court, where the Honorable Judge Winmill continues to preside over it. The case at this point is centered on the appointment of a “neutral expert” for purposes of assisting the court in disseminating the volume of information that has been generated over the last 25 years.

WHAT IS A “SYSTEM OF CARE?”

With the creation of the Idaho Council on Children’s Mental Health, the prevailing philosophy adopted was that of a “system of care.” The U.S. Department of Health and Human Services defines a system of care²¹ as: “an approach that facilitates partnerships to create a broader, more seamless array of services and supports. This approach is based on the development of a strong infrastructure of interagency collaboration, individualized care practices, culturally competent services and supports, and child and family involvement in all aspects of the system. The end result is better outcomes for children and families.” Additional research in this website (<http://nccanch.acf.hhs.gov/profess/systems/index.cfm>) unveiled the following: “A Systems of Care approach is an effort on the part of all child- and family-serving agencies and families to support children with complex needs in an integrated manner. The Systems of Care approach has been used as a catalyst for changing the way public agencies organize, purchase, and provide services for children and families with multiple needs. This approach has been applied across the United States in various ways at the macro level (through public policy and system change) and at the micro level (in the way service providers directly interact with children and families in need of assistance). The approach is demonstrated through multi-agency sharing of resources and responsibilities and

full participation of professionals and families as active partners in planning, funding, implementing, and evaluating services and system outcomes.”

“Systems of Care enable cross-agency coordination of services regardless of where or how children and families enter the system {emphasis added}. Agencies work strategically, in partnership with families and other formal and informal support systems, to address children's unique needs. To do so effectively, participants in Systems of Care must:

- Agree on common goals, values, and principles that will guide their efforts.
- Develop a shared infrastructure to coordinate efforts toward the common goals of safety, permanency, and well-being.
- Within that infrastructure, work to ensure the availability of a high-quality array of community-based services to support families and preserve children safely in their homes and communities.”

This sounds like an approach that has much promise in theory; and emphasizes that there should be a cross-agency coordination of services “regardless of where or how the children and families enter the system.” Ideally this model would be adopted and embraced by all agencies and implemented in its entirety if adopted as a direction for working with youth and families—like in Idaho. Two main problems exist with this model most notably that it doesn’t address how to change the paradigm and/or culture of the stakeholders, which then relates to the sharing of financial resources and cost of implementation. With so many agencies being territorial about their scarce resources, the divisiveness surrounding the stakeholders (in Idaho) has grown to new levels of frustration and thus many youth are “falling” through the cracks in the system of care. The State of Idaho is committed to continued use of this topical name in an attempt to meet the needs of the

mentally ill, yet this researcher would suggest (and would relate that many administrator's, members of the court, and other stakeholders would concur) that without adequate funding and major attitudinal changes, the perception will continue to be that the ICCMH and "system of care" are nothing more than window dressing for appeasing the court and this lawsuit.

PREVALENCE OF MENTALLY ILL CHILDREN IN IDAHO

"Research indicates more than 17,000 children in Idaho live with a serious emotional disturbance (SED). Children affected by SED often have difficulty functioning at home, school, and in the community. Approximately 40 percent of these children and their families will need to access public services."²² This quote from the Idaho Council on Children's Mental Health (ICCMH) represents a disturbingly high number of youth in need of public services for their mental illnesses, and a state system that is ill-equipped to fully meet the needs of this population.

Though this research project does not focus on the treatment of the entire SED population in Idaho, it will focus on the dually involved SED population and the juvenile justice system. Because of this, research focused the cost of housing the high number of mentally ill youth (who are incarcerated in local detention facilities and/or state facilities in Idaho), and the subsequent lack of treatment afforded to them. Primary data was obtained from the 44 county probation departments, the twelve (12) county detention centers that encompass all seven judicial districts, and the Idaho Department of Juvenile Corrections (IDJC). While there is a margin of error to note—as some of the county entities did not respond—it appears that statistical conclusions can still be made.

In collaboration with other detention facility administrator's, a snap-shot survey was sent out and information reported for August 10, 2004, indicated the following: Of the nine (9) facilities responding, it was estimated that county government spends approximately \$214,898 to \$323,846 per year to house mentally ill youth (See Appendix A). The purpose of this survey was to ascertain whether or not "mentally ill" youth are actually held in county facilities, and to establish some

baseline discussion with other stakeholders in the state. Because of some vagueness in the initial survey, a secondary survey was sent out on September 15, 2004, to the 44 county chief probation officers', as well as the regional detention centers with the following questions:

- How many total juveniles are in detention or on probation on September 15, 2004?
- How many total juveniles are in detention or on probation on September 15, 2004, that have a diagnosed mental illness?
- How many total juveniles are in detention or on probation on September 15, 2004, that have a diagnosed mental illness and are taking or have been ordered to take psychotropic medication?

The main reason to include the probation numbers was to generate an idea of how many mentally ill youth are involved in the juvenile justice system as a total representation (See Appendix B). The results indicate the following:

Chart 1

Number of Probation/Detention Depts Responding	Ttl youth under jurisdiction	Ttl youth with diagnosed mental illness	Ttl youth with diagnosed mental illness, and taking meds
Probation (n=20/44)	3,353	918	687
Detention (n=9/12)	191	52	39
Numeric Total	3,544	970	726

When reviewing the data, specific attention should be drawn to the fact that simply because a youth is diagnosed with a mental illness does not necessarily translate into the mental illness requiring psychotropic medications.

Probationers in the State of Idaho with Mental Illnesses	27.38%
Probationers in the State of Idaho with Mental Illnesses who take prescribed pharmaceutical medications	20.49%
Youth in Detention Facilities in the State of Idaho with Mental Illnesses	27.23%
Youth in Detention Facilities in the State of Idaho with Mental Illnesses who take prescribed pharmaceutical medications	20.42%

The prevalence of mentally ill youth in the custody of IDJC must also be examined, as these youth came from the county systems, and are housed for a variety of reasons to be explored later. The following data was obtained from IDJC in a report dated January 17, 2001, and illustrates the problems that IDJC experiences with adolescents in custody with Axis I and II diagnoses.²³ It should be noted that since this data was released, legislative and rule changes to the JCA were put in place to reduce the indeterminate sentencing age from 21 to 19, as well as the creation of a custody review board to prevent the excessive warehousing of youth as was previously taking place. The following is a breakdown on the specific age group affected by the recent legislative change.

Chart 2: 18 to 21 year old data demographics in IDJC custody on January 1, 2001

Males	71
Females	9
Mental Health Axis I&II diagnosis	48 or 60% of population (see chart below)
Severely Developmentally Delayed	8 with IQ's in mid 50's to low 60's
Prior History with IDHW	18
Dual Commitment (IDJC and IDHW)	4
Average Length of Stay	20.36 months
Total Cost in State Custody	\$7,548,079.99 to date
Average Cost per Youth	\$94,351.00 to date

ADD	3	ADHD	14
Adjustment	1	Alcohol Abuse	3
Anti-social personality	1	Anxiety	2
Bipolar	14	Borderline Personality	3
Cannabis Abuse	6	Characterological	1
Conduct	10	Depression	5
Disruptive Behavior	1	Dysthmic	8
Impulse Control	2	Intermittent Explosive	2
Learning	2	Major Depression	10
Narcissistic	1	Obsessive Compulsive	3
Organic	1	Oppositional Defiant	4
Paraphillia	5	Parent Child Relationship	2

Polysubstance Abuse	5	PTSD	10
Psychotic	1	R/O Mood	1
Schizo Affect	1	Sexual	1

Of relevance, the IDJC researcher who compiled this information noted that one of the youth was “19 years of age, has been diagnosed with PTSD, Bipolar, Schizo-affect, conduct disorders, was in mental health prior to commitment, was a recommit, DJC no {sic} recommended release date or place, he is currently combative and difficult in treatment, he is currently at JCC-St. Anthony, he has been in our custody for 46.2 months {emphasis added}.”²⁴ In addition, IDJC published their “Length of Stay Report” dated August 9, 2001, and noted that one juvenile spent a total of 63.7 months in custody—the data did not specifically describe the reasons for the extended stay in placement, yet inferences can be drawn that because of the severity of mental degeneration, and combined community risk, the youth was held until statutory expiration at the age of 21.

Since IDJC put legislation in place to lower the maximum age of commitment from 21 to 19 (except under sex offender classification, and with permission of the custody review board), diagnostic statistics of this nature are no longer tracked in the same format. While the adjustment of this age rule was somewhat controversial, the main impetus for IDJC appeared to be the exorbitant costs associated with housing of youth that were making little to no progress; youth that were mentally ill and not progressing in correctional treatment; and, the continued increase of commitments to state custody by the county probation departments due to lack of community-based resources.

In an inquiry on November 15, 2004, IDJC reported having 120 SED youth in custody out of a total population of 412. This translates to 29.1% of the population being SED, and does not account for the other mental illnesses that are prevalent, but not of this level of diagnosis, or previously described herein. In addition, IDJC spent a reported \$129,000 in fiscal year 2003 on

medications for their SED youth. For the 2005 Legislative Report prepared by IDJC, they note that “44.4%” of their population is “mentally ill” and 32.1% of that category are diagnosed SED.

It suffices to suggest that adolescents with mental illnesses are housed in the various state and county correctional centers in Idaho.

OVERVIEW OF IDAHO JUVENILE JUSTICE SYSTEM

One detention administrator advised this researcher that though there was a class action stipulation in the Jeff D. v. State of Idaho lawsuit that prohibited youth under the age of 18 from being housed with adults (previously mentioned, and noted as being in 1983), juveniles were still being housed in county jails in southwestern Idaho up to 1987. Of additional interest, the State of Idaho secured federal funding to pass down to county governments to construct regional detention centers, and by 1992, there were at least 10 such facilities built—which housed only adolescents under the age of 18. During this same time frame, and up to October 1, 1995, primary responsibility for juvenile justice fell on the Idaho Department of Health and Welfare (IDHW) under the old Youth Rehabilitation Act (YRA). It should be noted that there were a small number of county operated probation departments, but primary responsibility for probation services throughout the state was with IDHW.

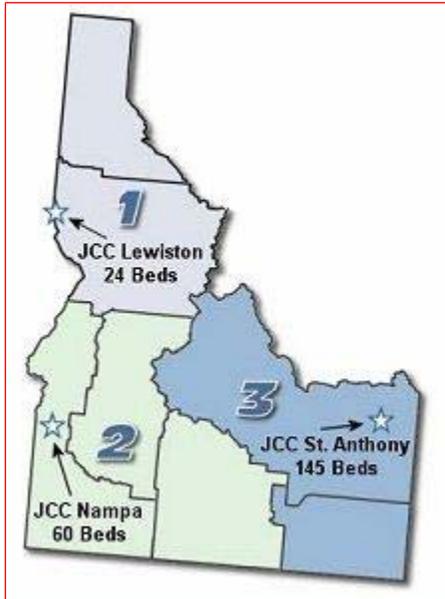
According to discussions with fellow administrators (who were Chief Probation Officer’s during this time, but not under IDHW control), judges, and members of the legislature, it was determined that the needs of juveniles were not being adequately met under the YRA. Because of the lack of direction on how to handle juvenile justice and juvenile crime in the communities, it was determined that “child welfare” and “juvenile justice” were two separate issues, and thus a change in practice and philosophy was needed in the state. As a result, a legislative change prompted the creation of the Idaho Department of Juvenile Corrections (IDJC); a complete abandonment from the YRA, and subsequent creation of the Juvenile Corrections Act (JCA); and finally, a mandate that

all forty-four (44) counties in Idaho have juvenile probation services created to promote the strengths of each community. The adopted philosophical framework attached to the JCA was the Balanced Approach (which is an element of the Restorative Justice model), and is currently practiced state-wide by all county operated probation departments.

Through the creation of IDJC, numerous contract providers were retained to house many of the youth who were committed to IDJC custody—formerly in IDHW approved facilities—as IDJC had only one (1) institution for all Observation and Assessments (to determine the unique needs of the youth, as well as placement options) and placements. That particular institution (now named JCC-St. Anthony’s) is located in the rural southeast corner of Idaho, and all youth from throughout the state were transported there for initial diagnostic evaluation.

As IDJC became more organized, another institution was built—called JCC-Nampa—and it became the primary diagnostic unit for the state. Now, as of this writing, IDJC has three primary correctional institutions—JCC-St. Anthony’s, JCC-Nampa, and JCC-Lewiston—each of which is capable of providing their own diagnostic assessments for the three (3) state regions, and each with specific treatment modalities. Due to a multitude of factors, of which a few will be discussed later, many of the previous contract providers are no longer receiving youth from IDJC custody. This move to construct and maintain three (3) state correction institutions has been called the “regionalization” concept, and now IDJC only maintains a few select contracts for specialized care. Please note illustration 1 which depicts where the three IDJC institutions are located:

Illustration 1:



As stated on their website (www.djc.state.id.us) the mission of IDJC is to “Prevent and reduce juvenile crime in partnership with communities.” The Idaho Department of Juvenile Corrections believes that by incorporating the three elements of the Balanced Approach—community protection, offender and family accountability, and competency development—and promoting a strong working partnership with various stakeholders, the mission of IDJC can be carried out. The regionalization effort was a move designed to not only save on

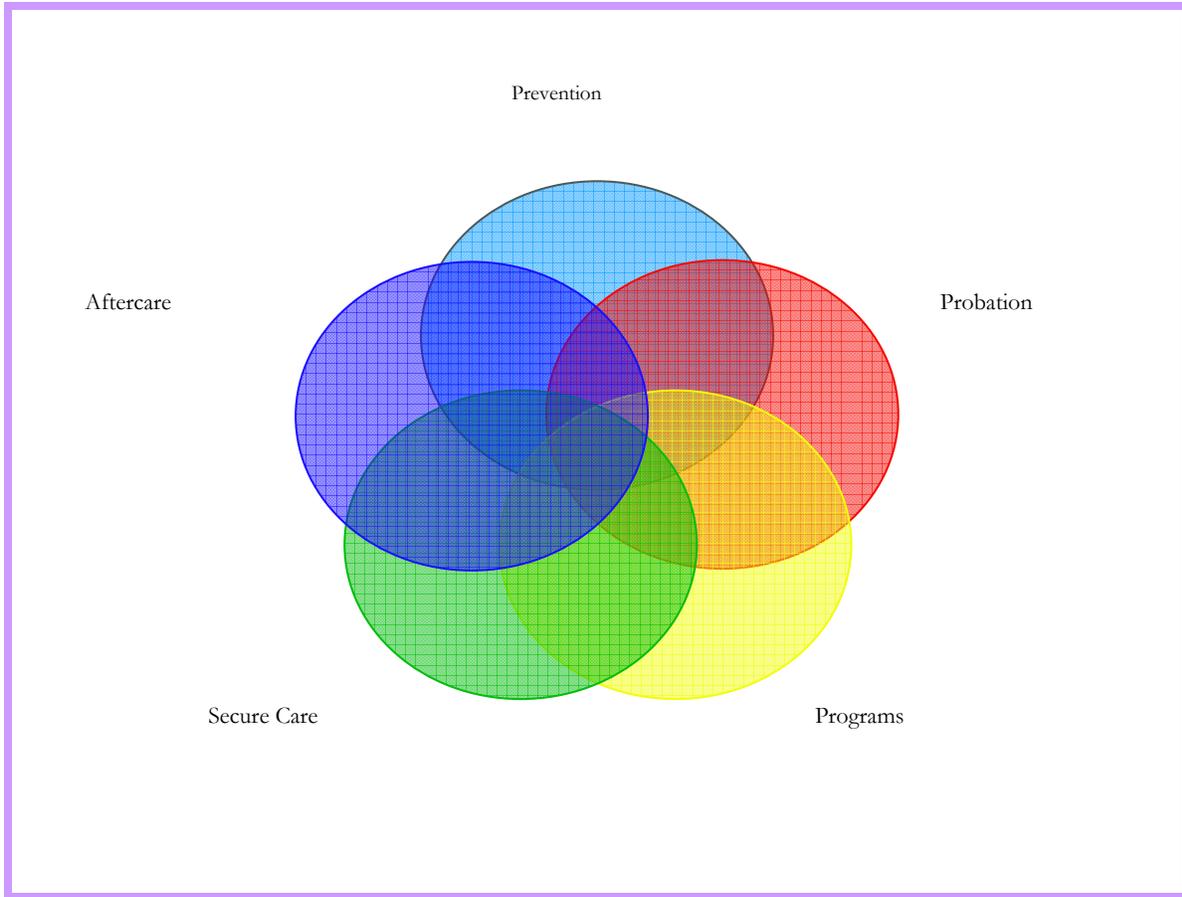
resources (transporting youth from north Idaho, to St. Anthony’s), but also designed to promote greater working partnerships in the various sections of the state, and to keep youth closer to their home communities.

HOW COUNTY PROBATION OFFICES IN IDAHO OPERATE IN CONJUNCTION WITH IDJC

As any probation or detention administrator will recognize, there are vast differences (from state-to-state) in terms of how a juvenile proceeds through the “juvenile justice system,” and the Idaho system is no different. The old adage in Idaho is: “there are 44 counties and 44 different ways to handle juvenile justice!” This is mostly true; yet with the Balanced Approach as a driving force, many local jurisdictions customize their probation departments around the resources and beliefs of their respective communities to safeguard the three elements of the Balanced Approach—community protection, offender accountability, and competency development. Local control of probation departments has been instrumental in securing some needed resources from previously untapped stakeholders, and new relationships that have promoted greater community collaboration. In addition, the local control of probation has given each department an opportunity for interfacing

with the clients, families, schools, and other stakeholders on a more personal level to allow for the individualized treatment that each youth receives. With the advent of changing juvenile justice from the YRA to the JCA, statewide attention was given to juvenile delinquency, and promoted the basic process illustrated that each department strives for in some manner.

Illustration 2:



As expected, funding is a major driving force as to whether county systems will have any of the five (5) illustrative components noted in Illustration 2. Funding also determines the depth and breadth of how extensive/ expansive each programmatic area is developed. An example might be in the aforementioned illustrative label of “Probation” and whether or not a department has a diversion unit, intake unit, intensive supervision unit, sex offender unit, general supervision unit, electronic surveillance unit, et cetera. Aside from this, a critical component that surrounds this

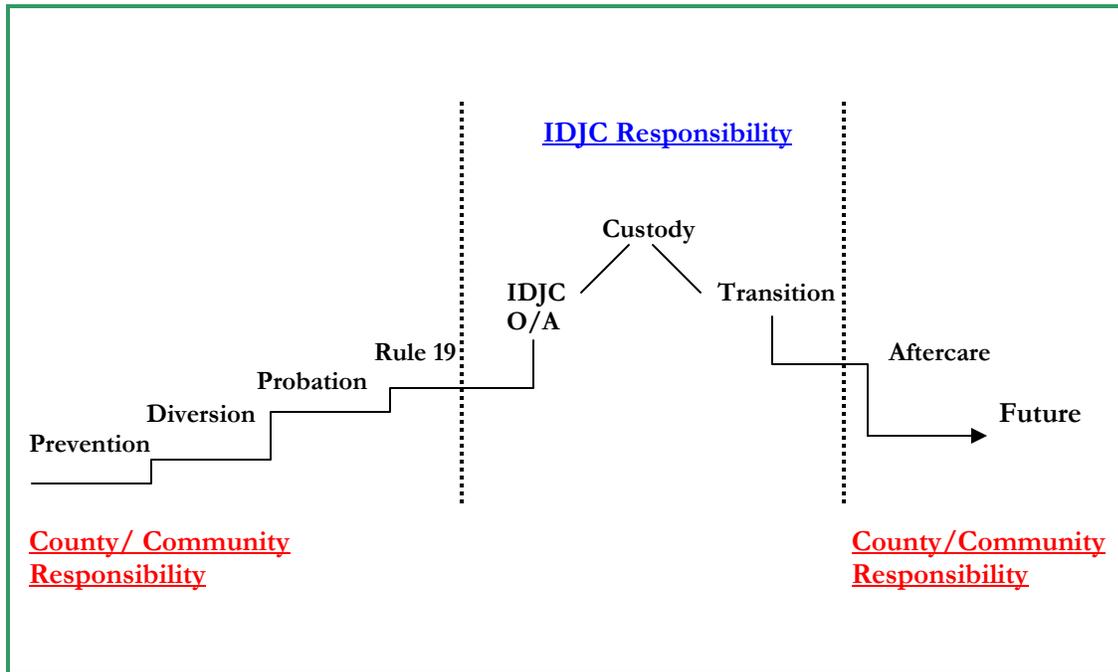
model is the community stakeholders. By having developed/established relationships, a pooling of resources can sometimes be actualized, and thus a community problem might be able to be handled by a multitude of funding streams. What is promoted is an ownership to the process, thus a greater chance that tangible outcomes can be achieved. Recognizing this to be seemingly altruistic, the belief itself is visionary and worthy of pursuit where and when possible, as long as there is acceptance that delinquent behaviors will still occur.

Though controversial, it is generally accepted that there has been a gradual decline in the basic values of the American society. Notwithstanding the gradual decline in crime rates, it continues to exist, and juveniles are principally involved in behaviors that were once deemed “vicious” and reflective of the adult population—drive-by shootings, throat slashing, drugs, rape, burglary, et cetera. Because of the seriousness of offenses that some youth are involved in, county probation departments have to explore a variety of graduated sanctions to protect the community, and ultimately assist the youth in altering his/her behavior. Unfortunately, when all methods and means are exhausted by the county probation department, a commitment by the Court to IDJC custody may be warranted. Idaho Code 20-520 (q) states that the court may commit a juvenile to the legal custody of the department of juvenile corrections for an indeterminate period of time, not to exceed the juvenile’s 19th birthday, unless deemed necessary and appropriate by the custody review board. The maximum time a juvenile can remain in the custody of IDJC is their 21st birthday.²⁵

While there are a multitude of examples to illustrate the inner-workings between county and state (committees, programs, academies, legislation, et cetera), the basic premise of the relationship is this: the youth resides in a community; commits a series of law violations and is sent to IDJC for a more structured period of time (to hopefully correct the delinquent behavior/thinking); and then is expected to return to the community and probation will again assist with helping this adolescent to

become a productive member of society. The details of each step either makes the relationship thrive or not, and the level of details and resources applied at each step ultimately assist in determining whether or not a youth will be successful. While the primary responsibility (for most youth) falls on them to make good decisions, not all youth are able to due to factors such as: chemical imbalances, organic disorders, developmental issues, mental impairments. This population of youth requires multi-agency involvement and a significant amount of resources to move them into a position where he/she may have a chance at succeeding in life. Please note the following continuum:

Illustration 3: Flowchart of Responsibilities between county and state



RULE 19 CRITERIA AND ITS RELATIONSHIP TO MENTALLY ILL YOUTH

Under Rule 19 of the Idaho Juvenile Rules, there are specific standards for committing a youth to the Idaho Department of Juvenile Corrections. When you review the language, it does not explicitly allow for commitment to IDJC for the sole purpose of securing mental health treatment, but it is also does not preclude it from happening. Due to the vagueness that exists in the rules and

the growing frustration of county probation departments (and some magistrate judges) with IDHW, many SED youth are being placed in the custody of IDJC for the sole purpose of safeguarding the youth due to his/her debilitating mental health condition. Rule 19 of the Idaho Juvenile Rules states:²⁶

“Before commitment to the custody of the Department of Juvenile Corrections, pursuant to I.C. Section 20-520, a magistrate must make findings on the record that the juvenile meets any of the following criteria. A juvenile under the age of twelve (12) years shall not be committed to the Department of Juvenile Corrections unless the magistrate finds that there are extraordinary circumstances; provided a court may not commit a juvenile offender under the age of ten (10) years to the custody of the Department. Any juvenile considered for commitment to the Department must meet the following criteria: (a) The juvenile has been adjudicated for a crime that would be a felony if committed by an adult and two or more of the following circumstances are present: (1) The crime is a crime of violence, or is a crime of a sexual nature, or is a crime involving the manufacture, sale or other delivery of a controlled substance; (2) The crime either did or reasonably could have resulted in serious bodily injury or death to others; (3) The crime demonstrates that the juvenile has exhibited such wanton and reckless disregard for the property rights of others that release of the juvenile could constitute substantial risk to the community; (4) Other than the charges presently before the court, the juvenile has been adjudicated or convicted of two or more felonies or three or more misdemeanors within the past 12 months and is presently or has been on probation or committed to the custody of the Idaho Department of Health & Welfare or Department of Juvenile Corrections, pursuant to the provisions of the Youth Rehabilitation Act or Juvenile Corrections Act, within the past 12 months; (5) *A community-based program is not available or not appropriate* {emphasis added}; (6) The juvenile has failed in a less secure out of home placement; (7) The juvenile has failed to comply with the terms of a home detention order. **OR** (b) The juvenile has been adjudicated for a crime that would be a misdemeanor if committed by an adult and three or more of the following circumstances are present: (1) Other than the charges presently before the court, the juvenile has been adjudicated or convicted of two or more felonies or three or more misdemeanors in the past 12 months and is presently or has been on probation or committed to the custody of the Idaho Department of Health & Welfare or Department of Juvenile Corrections, within the past 12 months; (2) The crime demonstrates that the juvenile has exhibited such wanton and reckless disregard for the property rights of others that release of the juvenile could constitute a substantial risk to the community; (3) The crime either did or could have reasonably resulted in serious bodily injury or death to others; (4) The crime is a crime of violence, or a crime of a sexual nature; (5) *A community based program is not available or not appropriate*; {emphasis added} (6) The juvenile has failed in a less secure out of home placement; (7) The juvenile has failed to comply with the terms of a home detention order.”

The specific language noted in this section which is often used for justification to commit a youth to IDJC custody is that “a community-based program is not available or not appropriate.”

Many of my counterparts would argue that IDHW and/or IDJC should be developing more “community-based” treatment to support the needs of the co-occurring population—and selfishly, this author would agree. Yet the indisputable fact remains: As long as the current rule stays in place, and as long as co-occurring delinquent behaviors continue to exist, the SED and Dual Diagnosis youth will likely be sentenced to the custody of IDJC.

THE JUVENILE CORRECTIONS ACT AS IT APPLIES TO THE CUSTODIAL DELINQUENT YOUTH AND MENTALLY ILL YOUTH

Idaho Code 20-501 notes that secure facilities “provide secure confinement, discipline, education and treatment of *the most seriously delinquent juveniles* {emphasis added}. Programs at the secure facilities would be designed to help juveniles recognize accountability for delinquent behavior by confronting and eliminating delinquent norms, criminal thinking and antisocial behavior and making restitution to the victims through community service or other restitution programs.”²⁷ It would appear in reading this section of Idaho Code that the typical youth in custody would be one who possessed behaviors resembling that of adult inmates/criminals. Though the code goes on to discuss a “continuum” of services that should be in place (recognizing the vast levels of delinquency), and provides language that might suggest an idealistic system, it appears that it doesn’t give credence to the growing needs of the co-occurring adolescent population—mentally ill youth who commit delinquent behaviors. One question to ask is what mandate exists for IDJC to “treat” the needs of the mentally ill? The answer falls under the US Constitution, specifically the 8th Amendment (Cruel and Unusual Punishment), and then under Idaho Code 20-502 (14). Research on this topic indicates that regardless of the problems with the youth, IDJC is mandated by state and federal law to provide treatment for the various needs. What degree of treatment isn’t specifically outlined in either venue, thus a conundrum exists on how best to proceed with treating the plethora of issues with each youth in custody.

Because this delicate issue exists, many interesting discussion points have presented themselves with county administrators, magistrate judges, members of IDJC, and the legislature. The most contested debate can be illustrated by the following dichotomy: Should the “needs of the youth and community” determine the length of time in custody, or should the “length of time in custody” (and commensurate dollars spent) determine the release? While it is hopeful that the answer is a combination of both, this researcher believes it to be a critical question to be asked, due to the myriad of ethical issues (to adequately treat or safeguard the community) against the static factors of a tight fiscal budget. This entire question intertwines the dysfunctional (yet unique) needs of the youth—to the needs of the county probation departments—the courts—the legislature—and the community—into a chaotic dilemma for IDJC to manage. In reviewing the practices of IDJC for many years, it appears that they try to simply “triage” the situation to the best of their ability, offer a variety of treatment modalities, and then evaluate desired outcomes to the reality of the other variables at work. As noted in the language surrounding problem-solving courts, the courts cannot be a panacea to each problem that exists in society, and a parallel can be drawn to IDJC as well.

IMPACT OF BUDGET REDUCTIONS TO TIME IN CUSTODY

The Idaho Department of Juvenile Corrections has experienced reductions in their budget dating back to 1999. While some budgetary adjustments that impact travel or salary freezes are noteworthy during situational challenges, the core issue that impacts everyone is the associated “treatment” or “housing” appropriations that are being reduced. Within the last 6 to 7 years, IDJC has had residential numbers in excess of 500, but a budget allowance for the high 400’s. This disparity caused the department to holdback in other areas to keep their budget within appropriation constraints. With the statewide budget “crunch” of the early 2000’s, all departments began to adjust their budgets for “mandatory holdbacks” that the Executive Branch deemed necessary.

As a result, IDJC began to review a plethora of statistical information about their department and their current practices surrounding the various populations in custody. What was immediately noteworthy was the large population of offenders between ages of 18 and 21. As previously outlined, many of this population were mentally ill, and had been housed for periods of time in excess of 40 months, in fact, one youth was held for over 60 months. The county probation departments became concerned about releasing a volatile population back into the community, and thus IDJC put in place a “custody review” board that reviews the treatment offered to the youth (while in custody) against any concerns from the community upon recommendation for release from IDJC. While there are varying degrees of concern about this process, it appears that county probation departments still have a venue to express their concerns about the release of a volatile youth.

In addition, IDJC began tracking its “length of stay” for youth in custody. The main reason was the increase from 13.71 months in 1998 to 15.65 months in 2001. This increase of nearly 2 months translated into larger dollar amounts being spent on a population that went from 492 (in 1998) down to 444 (in 1999), to 458 (in 2000) to 503 (in 2001). In a report dated August 9, 2001, IDJC noted the following “potential reasons” for the increased length of stay (LOS): “juveniles taking longer to complete programming; multiple placements; juveniles who have difficulty completing program; community willingness to accept juveniles with shorter LOS; and system capacity issues.”²⁸

Finally, IDJC found that costs associated with contract providers (utilized for specialized service) was significantly impacting the departments budget, thus when budget cuts were made, this area of the budget had been reduced by over 22%. This researcher remembers a challenging youth who had a significant mental impairment, as well as aggressive tendencies, and was placed in a facility in South Carolina for a per diem in excess of \$400 per day. What IDJC found was that the

State of Idaho adolescent psychiatric hospital turned him down due to the severity of his mental illnesses, and no other facility in the United States would take him due to the complexity of his problems. This type of case impacted IDJC's budget tremendously, and thus, all youth in custody needed their cases reviewed for appropriateness of placement and treatment modality. At present, IDJC reports having a specialized mental health contract at a daily rate of \$350. It appears that IDJC still needs this resource, as it is not able to adequately handle the mentally ill population within their state-operated institutions. Of interest to this researcher was the discovering that in 1998 IDJC housed approximately 492 youth at an average cost of \$53,040 per youth. Six years later, IDJC housed approximately 453 youth at an average cost of \$62,925 per youth. This statistical finding suggests that the custody census decreased by 8%, but the average cost of housing increased by nearly 19%. The question to ask is "why," and the answer can be argued in the next section.

LENGTH OF STAY FOR SED YOUTH VERSUS NON-SED YOUTH

This topic alone is highly controversial in Idaho, as it presents conflicting situations for IDJC and county probation departments, and ethical considerations that must be kept in the forefront of treatment for this population. The questions to examine are: Do youth with SED diagnoses spend more time in the custody of IDJC compared to non-SED youth? And if so, should youth diagnosed with significant mental deficiencies be housed longer (under a corrections driven system) than youth without significant mental deficiencies?

In researching this topic with IDJC, it appears that youth with SED diagnoses have an average length of stay (LOS) of 19.5 months compared to non-SED youth who have an average LOS of 17.95 months. While this difference in the figure is not as alarming as was previously anticipated, it nonetheless suggests that our most severely mentally ill youth stay in correctional custody nearly 6 weeks longer than others.

The main question this researcher would ask is: Should a youth with a diagnosis of SED even be in a correctional system for any period of time? Notwithstanding, six (6) weeks of additional time for an SED versus non-SED youth may not translate into a significant amount of time to lawmakers. However, this research has found that of the 120 SED youth in IDJC custody (as of 11/15/2004), a translated additional cost of \$616,000 was incurred over a six-week period. This is fiscally significant due to the degree of specialized treatment that this population requires, yet is not afforded in a correctional system. Further, having mentally ill youth serving time in correctional institutions for any period of time is ethically debatable from the perspective of this author.

LEVELS OF CARE

In an effort to identify the various typologies of youth and to manage the multitude of associated problems surrounding the mental, physical and emotional needs of the youth, IDJC has implemented a five (5) level system of care designed to assist them with the various profiles and needs. <http://www.djc.state.id.us/docs/Publications/Guideline1.pdf> The particulars surrounding the process are detailed in Appendix L; though it suffices that the intent is to categorize youth into an initial level system (with commensurate treatment modalities), and then progress them downwards (towards transition and aftercare) to the county probation system. In the event of problems and a re-assessment is needed, possible movement upwards in the level of care may be required.

The question then to be asked is what “type of treatment” is afforded to each youth in the various levels of custody classification? This question is challenging to answer fully due to the diversity of placement options afforded to youth because it largely dependent on their individual needs. In 2001, IDJC reported over 70 different contracts and/or holding options for youth. Due to time constraints this researcher was not able to fully examine each facility and their

commensurate treatment modalities. Though this list is not meant to be inclusive of all specific treatment listings, it is meant only to illustrate some of the generic services available to youth in custody:

Table 3:

Cognitive Thinking Errors	Life Skills and Job Skills Training
Sex Offender Treatment	Individual Counseling
Group Counseling	Positive Peer Culture
Drug and Alcohol Treatment	Vocational/Recreation Development
Mental Health Hospitalization/Acute Care	Behavioral Modifications
Emancipation Transition	Security only holds
Basic Education Achievements	Family Therapy
Victimization Counseling	Empathy Development

IDAHO JUVENILE JUSTICE SUMMARY

As can be imagined, what has become the norm for the Idaho Department of Juvenile Corrections (reducing their overall custody), has become a frustration for the county probation departments—as none are fully equipped to take back youth into the community with significant mental illnesses, or violent tendencies. This problem would not be an issue if there was local infrastructure in place to handle these youth. Because the current state system does not allow for continuation of services from children’s mental health to adult mental health, or continuation of custody (IDJC to the Department of Corrections), options and resources are limited for this needy and often dangerous population.

METHODOLOGY

The crux of the issue to be examined in this body of research is whether or not mentally ill youth are being housed in correctional settings, and if so, is the high cost in the best interest of the juvenile justice system. General research in this area seems to suggest the mentally ill youth of our society are being afforded different types of treatment when emotional or mental problems first arise, and are then turned over to the juvenile justice system when their problems manifest themselves into delinquent behaviors. This researcher would suggest that this phenomenon is the pivotal point in the life of a youth, and the impetus for the survey and collection of data. What remains to be examined is: (1) the estimate of the mental health problems in Idaho, generally speaking, and specifically related to county probation and juvenile detention centers, and IDJC custody, (2) the associated costs to the taxpayers to incarcerate the youth, generally speaking, and specific to certain mental illness profiles, (3) the type of treatment afforded to the IDJC institutionalized youth in comparison to the dollars being spent, (4) the opinions from the stakeholders in relation to the juvenile justice system, the mental health problems, and community-based treatment, and (5) whether or not the practitioners in the field believe incarcerating mentally ill youth is the best option.

Earlier in this paper, baseline data was attempted by administrators with the Idaho Association of County Juvenile Justice Administrator's (IACJJA), to which this researcher is a member and contributor (in part), to some of the questions and end results. The purpose was to simply see if a problem existed (as was indicated in Representative Henry Waxman's Congressional Report), and if so, what general impacts were noted in Idaho. See appendices A and B for copies of this initial approach. Of immediate interest (concerning this survey) was the harsh reaction received by the Idaho Department of Health and Welfare (IDHW) about our (IACJJA) efforts to examine the mentally ill adolescent population under county jurisdiction. Comments received from one

representative of IDHW indicated that the information was anecdotal and attempted to affix blame on the Department of Health and Welfare. The perception of practitioners in the state was that IDHW was not meeting the needs of our youth, and was allowing them to be incarcerated for extended periods of time. What this translated into was a attitude that incarcerating the mentally ill adolescent was a shifting of responsibility to another system that is not funded or equipped to handle this population. This was part of the impetus for researching this project.

To answer the questions noted above, and to try and ascertain whether or not there is a greater problem overshadowing the system, this researcher conducted three (3) surveys (See Appendix C, D, and E) in the form of confidential electronic surveys (over email) to an internet link. The surveys were designed to not only gather demographical information to assist in identifying which judicial district/county someone responded from, but also generated an automatic identification number that is only available to this researcher (still without knowledge of who the specific person was). The format was also constructed to allow for comparison ranking on critical information to the system; opinions, identification of problems, and collection of additional data above and beyond the first two survey attempts that the Idaho Association of County Juvenile Justice Administrator's constructed.

The survey was set up in three different formats: One for IACJJA members, one for magistrate judges, and one for stakeholders in the 2nd Judicial District of Idaho. All three formats contained many of the same questions with hopes of generating a larger sample of opinions and data, as well as a comparison on any agreed upon areas.

The surveys were pre-tested in mid-September, 2004, by a few random people at Nez Perce County Court Services, and the only changes needed were for spelling and grammatical errors and subsequent modifications to the final document as a result. Upon completing this, the internet site designed to carry the document and generate an Excel spreadsheet of the results was modified, and

set for distribution. Two problems arose that were not foreseen: Having the text box design on the internet site not configured to a large enough text cache to hold the information from the person taking the survey, thus producing an error and not allowing the information to be sent back to this researcher; and, the website for the surveys was setup with the assumption that anyone who took the survey was utilizing Internet Explorer. What was discovered was some departments in the state utilized Netscape, thus all of the survey questions were scrambled into a large run-on sentence. Once these two problems were eradicated, the on-line survey process went very well.

On October 7, 2004, all probation and detention administrators in each of the forty-four counties were sent emails with the internet link, and instructions to also forward the additional link set up for the magistrate judges in each jurisdiction. Because of the working relationship between each chief probation officer and his/her judge, the hope was to gather a larger response from the local magistrates. In an extra effort to poll the judges, assistance was obtained from the Juvenile Coordinator at the Administrative Office of Courts to ensure that hard copies of the magistrate survey were provided to the juvenile magistrates (attending the Magistrate Advisory Committee meetings). Finally, an email was sent to members of the defense bar, law enforcement, and CASA (Court Appointed Special Advocates) in the 2nd Judicial District with the survey electronically attached. For purposes of gathering specific probation and detention data related to the prevalence of mentally ill youth purportedly in custody, October 20, 2004, was designated as a day to gather “one-day” demographic data related to county caseloads and detention housing lists. The final due date for all survey materials to be filled out on the website link was October 27, 2004.

Of the 44 surveys sent to the 44 county chief probation officers’, a response was received from 24 of them, or 55%. The Idaho Department of Juvenile Corrections estimates that there are nearly 6,000 youth under county probation in Idaho, and the survey results received back demographically outlined 3,414 youth or 57% of all probation youth in Idaho. For the twelve (12)

detention centers in Idaho, only 33% (or 4) responded with data. What is noted though, is that for the data obtained on October 20th, and data obtained from the September 15th IACJAA survey, similar statistical data was revealed, thus inferences and hard data can still be utilized. Of the estimated 32 juvenile magistrates in Idaho, only 12 responded, or 38%. For the stakeholder survey in the 2nd Judicial District, there were 15 surveys sent to members of the defense bar, law enforcement—specifically, school resource officers—and CASA employees. Of the 15 sent, only 5 or 33% were returned. While this number is very low, the information provided in terms of comments was useful, and various rank orderings were of assistance to the overall comparison. One good result was representation from each of the seven judicial districts being present from the chief probation officer and magistrate surveys. These two primary representations will be significant in terms of data and recommendations due to the diversity of each county/judicial district.

As previously stated, this researcher obtained data from the IACJJA in three different time periods: August, September, and October. Because of the changing profiles of youth in custody or under supervision, it was decided that picking random days in each month would allow for a representative view, and would allow for inferences to be drawn over the three month period. In addition, data from IDJC was collected back to 2001, and a one-day preview was conducted on November 15, 2004 for all youth in custody. There were numerous email and phone discussions surrounding this topic with the Community Divisions Program, as well as the Information Systems personnel, and thus data had to be extrapolated specific to what this researcher was looking for.

Because of the relatively complex topic at hand, this author felt it important to draft survey questions that would satisfactorily cover the depth and breadth related to the juvenile justice system. In addition, the questions also had to cover the participation of the stakeholder entities, the state-wide resources for handling this population, and in general, an overall opinion of the system. In

summary, the survey questions were specific to the problems at hand, and inclusive of the services available at the county and state levels.

OBSTACLES TO THE DATA COLLECTION

As with any research project, collecting larger samples of data is perhaps the greatest challenge. This author believed that surveying the 44 county chief probation officers and 12 detention administrators' over the 3-month period may have been too much of a burden. Although, if they had been given one survey and asked to retrieve data from 3 months prior, the response rate would have been much lower, and longitudinal data could not be used. In addition, not knowing why some departments didn't participate in the survey was troubling, though understandable, considering three surveys were sent to them. Due to a combination of financial resources and time, this researcher was unable to conduct the surveys via a personal interview, which statistically has shown to produce better results, nor was there follow-up telephonically due to time constraints. Instead, efforts were made to poll as many individuals as possible, and try to gather the largest adolescent population to form conclusions. By obtaining data from over 3,400 youth (of the 6,000 estimated to be on county probation), this researcher felt that many valid conclusions could be drawn from this sample.

An area that would have been helpful would have included a larger response rate from the magistrate judges. However, deference must be given to their hectic schedules and constant polling from professional organizations. As stated, having representatives from six of the seven judicial districts responding was very favorable, and allows for some good conclusions to be drawn as well.

One major disappointment was the sample size from the "outside stakeholders" in the 2nd Judicial District. This researcher realizes the time constraints, but was hopeful of a better response rate. Of most use will be the comments offered, and a few rank orderings of critical topics that can be compiled with the other members of this survey.

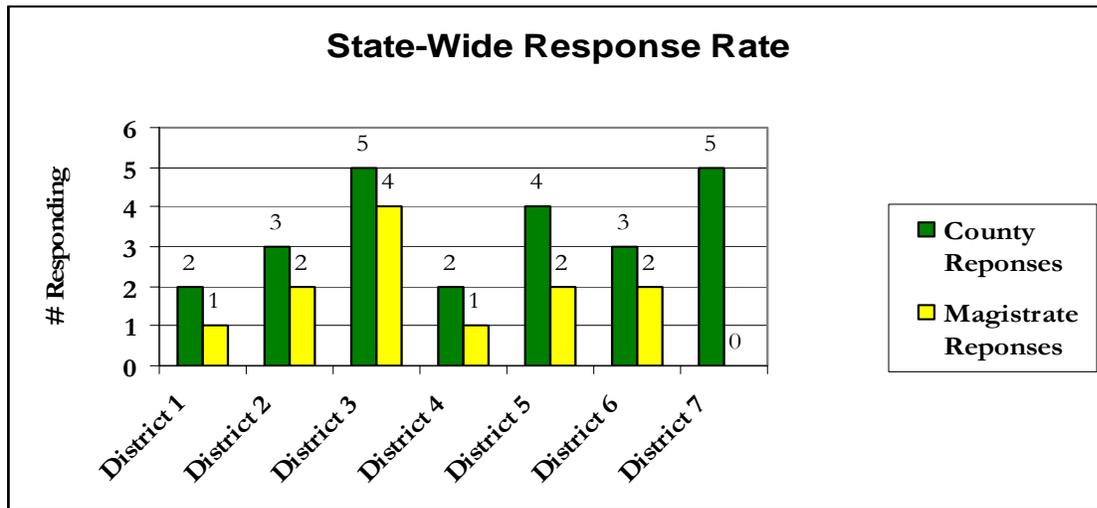
As previously stated, one obstacle that presented itself was the negative reaction from an IDHW worker who sits as a representative to the administrator's association. This researcher was initially skeptical of forging ahead with this project for obvious personal and professional reasons, yet recognized that any good project may have to uncover those areas most sensitive to the system. Because of a lifetime commitment to the needs of youth, this researcher felt he would be remiss if he didn't "tackle the giant" and bring to light the disturbing reality in Idaho. To enhance this statement, if the end result of this project is that there is recognition for improvement to those incarcerated mentally ill youth, then we should also demand that it not be swept under the proverbial "carpet" as is being done at this time.

While this researcher openly admits to not having clinical skills to diagnosis each of the youth in question, and openly admits that there could be different avenues to obtaining other statistical information, it is worthy of noting that the purpose was to simply examine the perceived problem at hand. In addition, any information collected may be able to assist the higher echelons of state government with a set of findings that they can chose to develop, explore, or ignore. Even though this researcher was initially worried about any personal skewing or prejudice towards the topic at hand, the state-wide results obtained thus far represents that a significant problem exists, and verifies that this was a worthy endeavor.

SURVEY FINDINGS

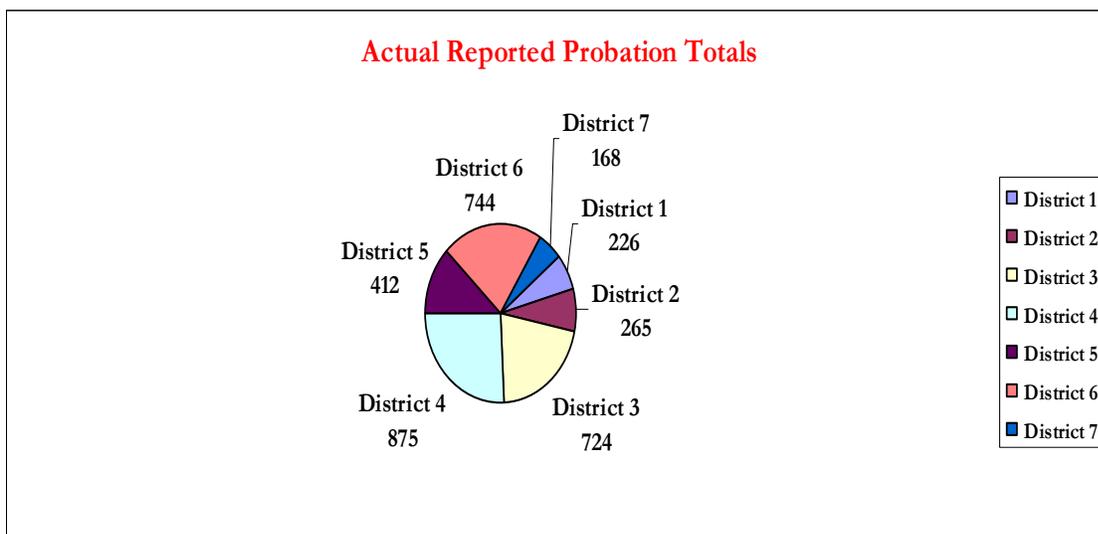
As evidenced by the statistical data from the county probation departments, juvenile detention centers, and the Idaho Department of Juvenile Corrections, mentally ill youth are wide-spread in the system, and in each of the three categories that were surveyed herein. The response rate indicated that all seven judicial districts were represented from the county, and six of the seven judicial districts at the magistrate level.

Illustration 4:



The Idaho Department of Juvenile Corrections estimates that there are nearly 6,000 youth who are under county probation in the State of Idaho. This survey generated statistical information on 3,414 of those youth, and is broke down by judicial district as follows:

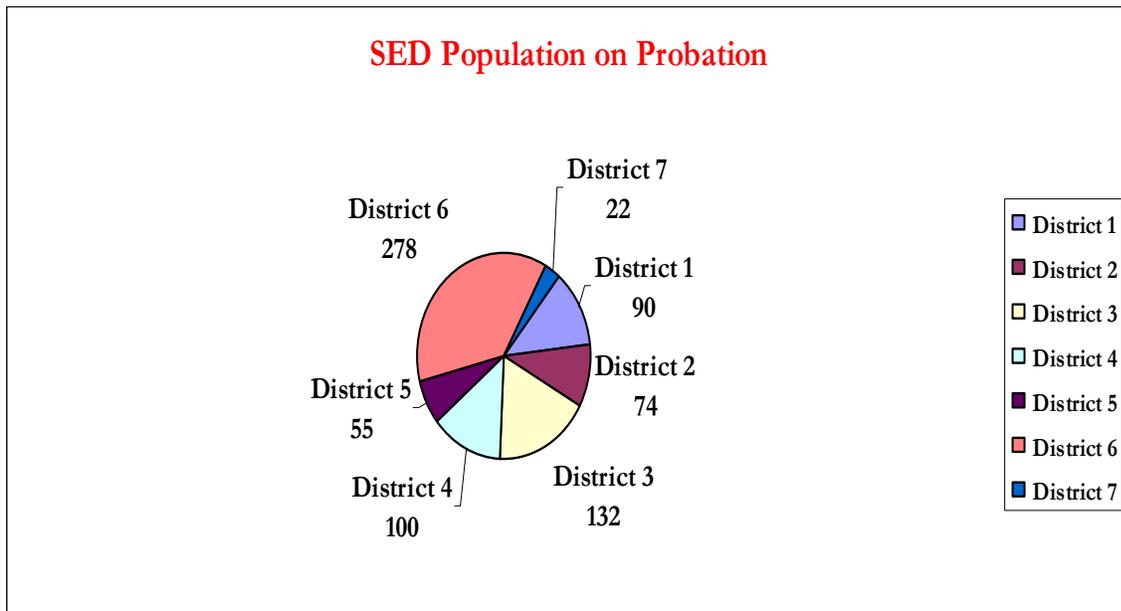
Illustration 5:



What became obvious was the prevalence of mentally ill youth from each of the judicial districts in each of the following categories: Serious Emotional Disturbance (SED), Dual Diagnosis, and those youth prescribed pharmaceutical medications for their disturbances. While some would contend

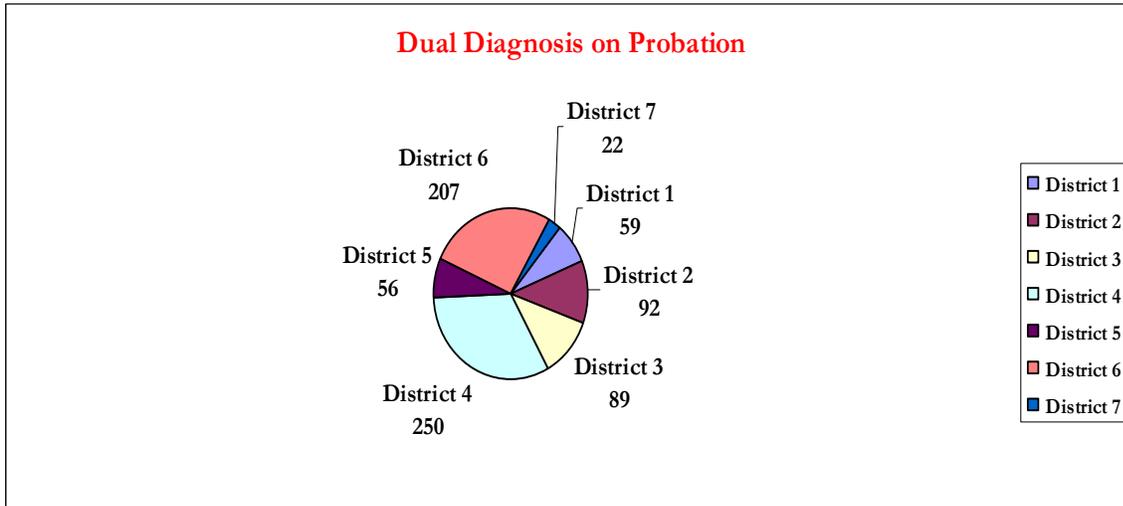
that it is more important to look at the individual diagnoses, this researcher is utilizing common terminology from the Idaho Department of Health and Welfare (IDHW) since they are charged with providing mental health treatment to the youth of our state. In addition, the main impetus that IDHW focuses on is the SED population, and thus the three categories noted above were selected. The following illustration represents some enlightening, yet disturbing information:

Illustration 6:



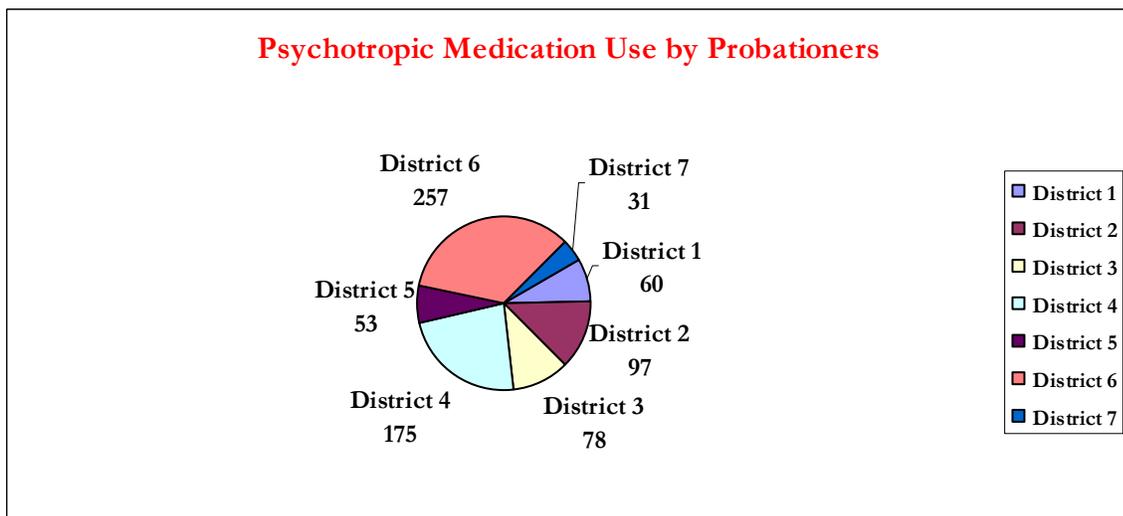
As previously noted in this research, youth must have a diagnosis of SED to be eligible for any public assistance from the Idaho Children’s Mental Health Division.

Illustration 7:



This population of dually diagnosed youth represents a difficult challenge for the court, as they are both mentally ill and have substance abuse problems. This population also accesses many IDHW resources for mental health and substance abuse treatment, thus they are well represented in terms of statistical data from the IDHW system.

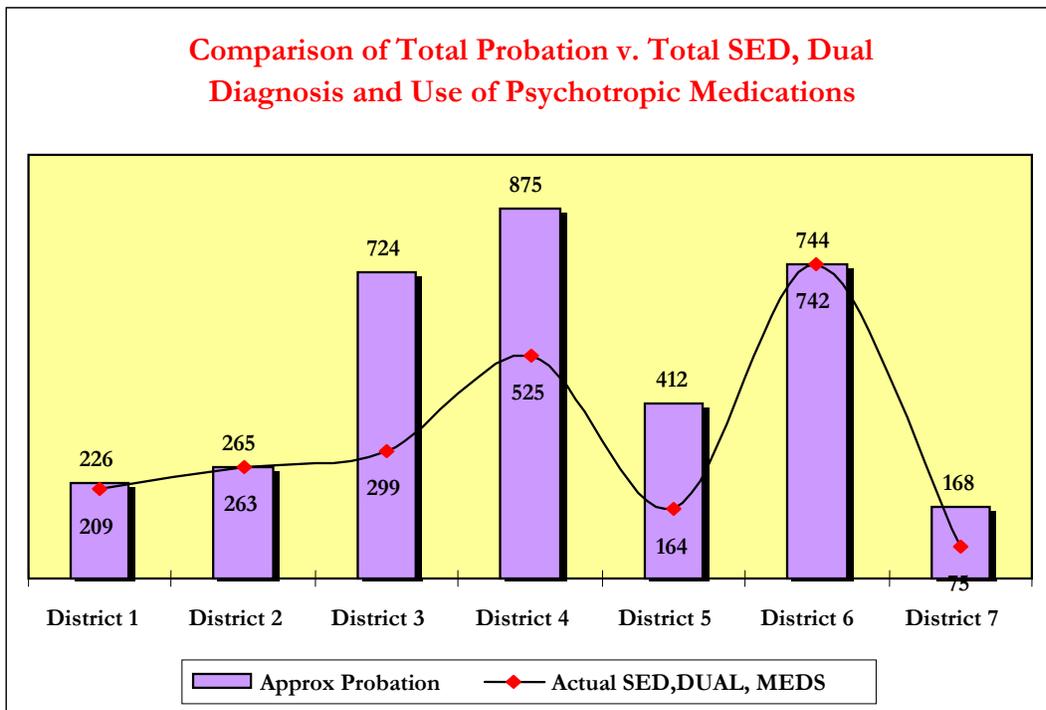
Illustration 8:



This pie chart represents all youth who have a diagnosed mental illness and the number of that population that is prescribed medications associated with their mental illness.

The Idaho Department of Health and Welfare (IDHW) and the National Association for the Mentally Ill (NAMI) note that approximately 10% of the total population is diagnosed as Seriously Emotional Disturbed (SED), thus requiring dedicated resources to work with this population. If that is the case, the SED population on probation in Idaho is at 22% of the total population, and from current practical experience, and statewide opinion, there are no local resources to handle this population. To combat this situation, there is a significant number of dual diagnosis youth on probation, and that population represents nearly 23% of the juvenile probation population in Idaho. This next chart illustrates the heart of this research, and is indicative of the problem facing county probation/detention departments.

Illustration 9:

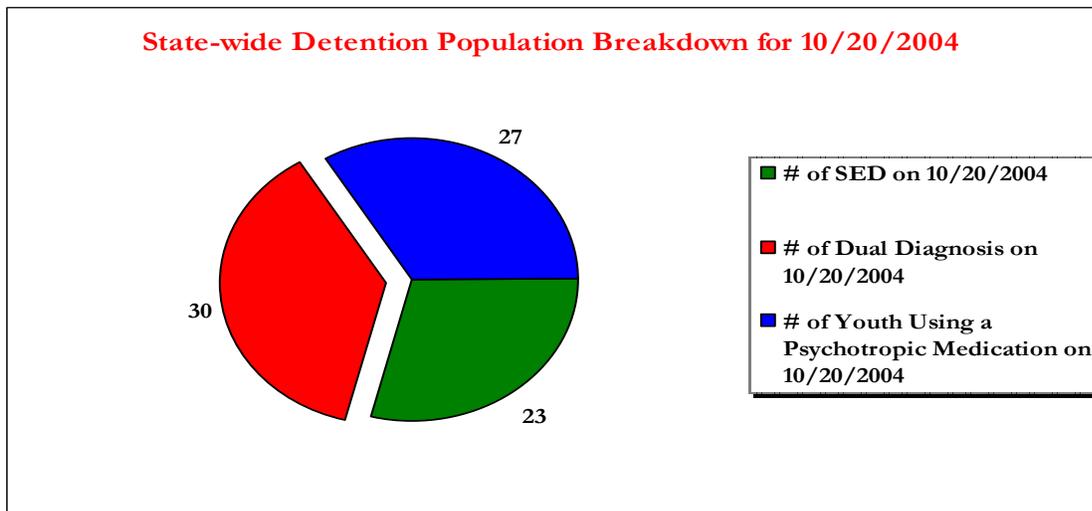


If you compare the total SED population, with the dual diagnosis population, with the number of youth taking medications, you find a staggering indicator in Districts 1, 2 and 6—specifically, over 93% of the population in each of these districts is either SED, dually diagnosed, or taking prescribed

medications (or some combination thereof). Of note, the Idaho Department of Health and Welfare is mandated by the State of Idaho to provide children’s mental health, as well as statewide substance abuse services (for those financially qualified). Because of this, an estimated 60% of the probation population in Idaho is eligible for Medicaid to assist with these services, to include psychotropic medications. Of additional interest, as of December 1, 2004, Nez Perce County Court Services was advised that there was a “freeze” on substance abuse treatment until further notice. When probed on the length of time for this “freeze” on services, it was indicated that the month of May, 2005 was a likely expectation, but for sure by July 1, 2005.

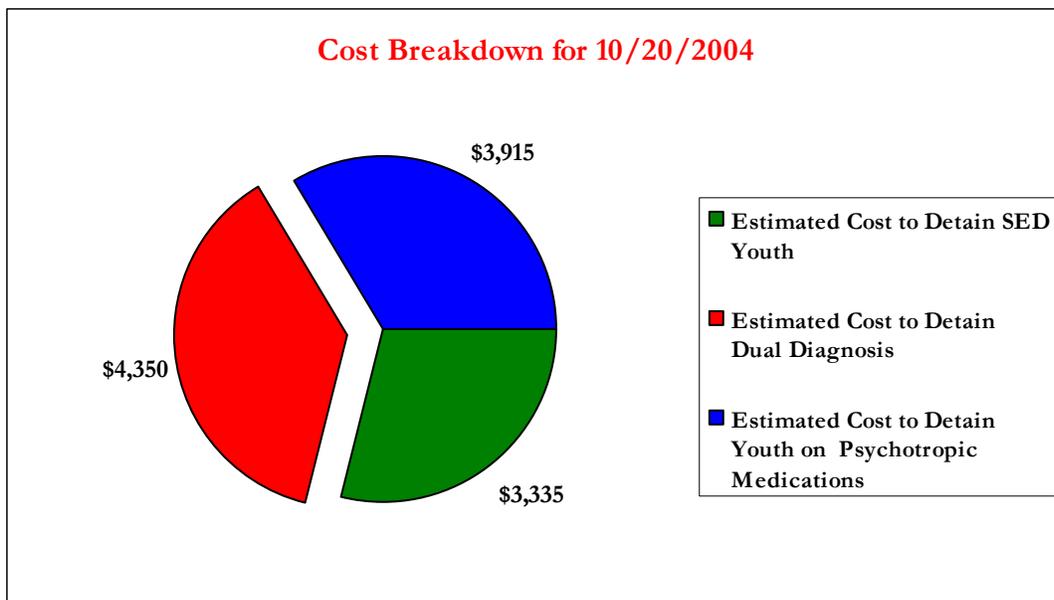
Now that some foundational information was provided as to the number of youth on probation, the direction should turn to the number of youth in detention measuring the same three variables. For the three snap-shot surveys that were sent out, it was estimated that nearly 30% of the youth in county detention centers were diagnosed with a mental illness, and 35% were taking medications. One administrator noted that at times he has had “over 75% of the population” taking some type of medication. For purpose of this research, the data obtained from October 20, 2004 will be used to provide the most recent information.

Illustration 10:



Of the 80 youth noted in this survey response, 37.5% were dually diagnosed; 28.75% were diagnosed SED; and 33.75% were under some type of psychotropic medication. The sample survey is relatively small (only 4 of 12 facilities were able to respond), yet it mirrors data that was obtained from the Congressional study distributed in July, 2004. What is statistically relevant, however, is the associated cost for the 1-day sample noted in illustration 11 (which is the breakdown for illustration 10 previously noted).

Illustration 11:

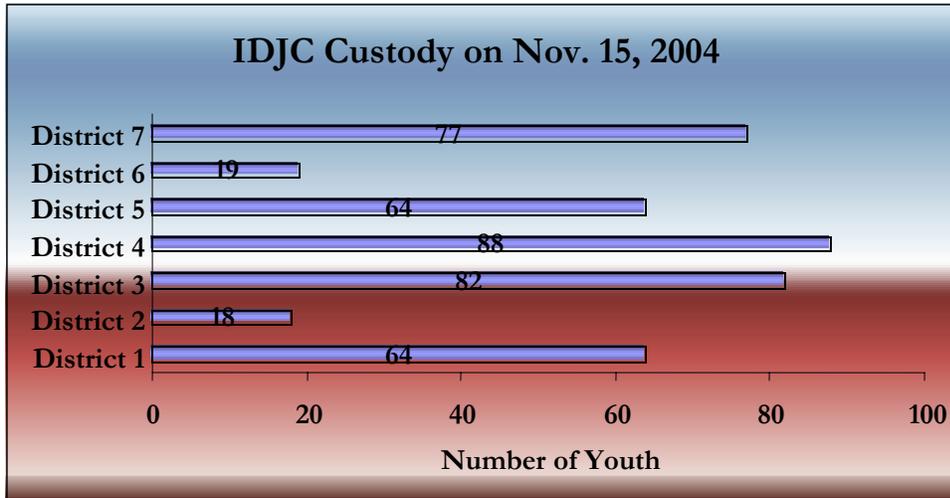


This cost largely falls on the county detention centers to house this population, and as such, the associated costs fall on local county taxpayers. If you translate this seemingly low number into an annual total (for the 80 kids mentioned), you will find that \$2,805,025 is spent to house SED and dually diagnosed youth. This number does not include the medications category, and certainly is a low figure since 8 facilities did not respond to the survey, but purportedly house many of these same categorical youth.

To complete the picture of associated costs for the mentally ill, data from the Idaho Department of Juvenile Corrections (IDJC) must be examined. On November 15, 2004, this

researcher compiled data from IDJC and noted that 412 youth were in custody. The next illustration examines a judicial district breakdown of the 412 custody figure.

Illustration 12:



For the population noted above, IDJC tabulated that 120 youth were diagnosed with SED or 29.1% of their population. In researching state fiscal years 2003 and 2004, it was discovered that IDJC spent the following:

Table 4:

Fiscal Year for SED	# of youth served per year	IDJC Institutional Expenditures for SED population in custody
Fiscal Year 2004	183	\$8,544,962
Fiscal Year 2003	195	\$8,128,745

Table 5:

Fiscal Year for Dual Diagnosis	# of youth served per year	IDJC Institutional Expenditures for Dual Diagnosis population in custody
Fiscal Year 2004	111	\$4,272,481
Fiscal Year 2003	129	\$4,335,331

This researcher further inquired about a category that relates to IDHW mandates, and that is “abuse and neglect” and asked IDJC to calculate their year by year expenditures for this population. The following represents this extra category:

Table 6:

Fiscal Year	# of youth served per year	IDJC Institutional Expenditures for the victims of child abuse/neglect population in custody
Fiscal Year 2004	361	\$14,184,637
Fiscal Year 2003	371	\$12,518,267

As can be seen, the Idaho Department of Juvenile Corrections spent in excess of \$32 million dollars in housing this population of youth for state fiscal year 2004. Why is this important? Because IDHW is mandated by statute, and funded by state appropriations to handle these specific populations, yet they are in the custody of IDJC. However, if you examine it closer, nearly all of these costs are borne exclusively by the juvenile corrections system, and not dually shared by the agency funded to work with and provide services to this population. In order to better define these issues in one document, a complete breakdown of each category into “per youth, per day, and per year” expenditures is listed in Appendix J.

Now that this discussion has confirmed the presence of mentally ill youth in the system, as well as the commensurate costs that fall on county and state juvenile justice systems, it would be beneficial to examine the other aspects of the survey that detail the opinions and rank orderings of specific categories deemed most pertinent to the system. The following table illustrates viewpoints towards the need to commit the youth or to keep them in the community and why.

Table 7:

Survey Scale: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree											
Probation Responses						Magistrate Responses					
Survey Question	1	2	3	4	5	Survey Question	1	2	3	4	5
Due to a delay in obtaining services, do you commit a youth to IDJC?	2	13	2	3	0	Due to a delay in obtaining services, do you commit a youth to IDJC?	4	5	0	3	0
Have you ever committed a youth because the home situation was threatening or extremely challenging?	1	6	1	9	3	Have you ever committed a youth because the home situation was threatening or extremely challenging?	1	2	4	5	0
When the youth was mostly mentally ill, have you ever committed youth to simply gain access to some type of service?	3	2	2	9	4	When the youth was mostly mentally ill, have you ever committed youth to simply gain access to some type of service?	1	1	0	7	3

There are very good indicators in this set of responses: First, regardless if there is a delay in accessing services at the community level or not, 75% of the administrators and magistrates surveyed indicated their willingness to wait for local services (within reason) in lieu of committing a youth to custody. Secondly, 60% of administrators and 42% of the magistrates would commit a youth because the home life was threatening to the welfare of the child. And finally, 65% of administrators and 83% of magistrates would commit a youth to custody if the youth were mostly mentally ill, and the sole purpose would be to access some type of service. These three questions illustrate that as long as community resources are available, and progress is being made, efforts will be made to retain the youth in the community.

The next question asked was to rank order the reasons for a commitment to IDJC, as many possibilities exist as to why a youth should or should not be committed. The following table

illustrates the preferences between probation administrators, magistrate judges, and outside stakeholders (defense attorney's and law enforcement). The scale used is from 1 to 10, with 1 being the most important priority for committing a youth to IDJC custody, and 10 is the least important.

Table 8:

Priority for Committing youth	Probation/ Detention (avg. ranking)	Magistrate (avg. ranking)	Defense Attorney (avg. ranking)	Law Enforcement (avg. ranking)	Overall Avg Ranking
The committing offense	2.26	3.08	6.00	3.00	3.59
Little confidence in partner agencies to assist	7.39	7.60	5.70	9.00	7.42
Have provided enough chances in the community	4.61	4.00	4.30	5.50	4.60
Access to correctional treatment	4.83	4.08	3.70	3.00	3.90
Mental health issues could not be addressed in the community	5.52	5.73	6.67	6.00	5.98
Juvenile met Rule 19 criteria	6.00	5.00	4.70	7.50	5.80
Drug/Alcohol issues could not be addressed in the community	5.48	6.09	3.30	2.50	4.34
Need to get youth away from home environment	6.87	6.50	7.30	6.00	6.67
MH & D/A issues could not be addressed in the community	4.91	6.00	5.00	2.50	4.60
Other	6.33	6.20	0.00	0.00	6.27

Table 8 provides some useful data, and allows for inferences as to why youth are being committed to correctional settings. First, nearly everyone agreed that the committing offense and inappropriate behaviors in the community should be the main reasons for removal from the community, but closely tied to this was the inability to treat primary drug and alcohol issues, and the dual diagnosis population. These areas seem to go hand-in-hand, thus suggesting a disassociation between agencies to properly assist with the problems of the youth. Of a positive note, this researcher speculated whether or not there would be a high ranking for surrounding the lack of confidence in partner agencies to assist (as a pure reason), and am glad to see that exclusive finger-pointing is not tied to the decision-making rationale.

To further explore the confidence in the community stakeholders, the survey asked all parties to rank their confidence (1 is the highest, to 5 as the lowest) for the following agencies that provide service to youth in their care (and their rankings are noted):

Table 9:

Agency Type	Probation/ Detention (avg. ranking)	Magistrate (avg. ranking)	Defense Attorney (avg. ranking)	Law Enforcement (avg. ranking)	Overall Avg Ranking
IDJC	2.09	2.42	2.50	1.50	2.10
IDHW (Mental Health)	3.91	4.00	4.50	2.00	3.60
IDHW (Child Protection)	3.57	3.33	4.50	3.50	3.70
Dept of Education	2.83	3.36	3.50	1.00	2.70
Local school districts	2.30	2.75	3.50	1.00	2.40
Local county probation	1.70	1.58	2.50	1.00	1.70
Local Detention Centers	1.87	1.83	3.50	1.00	2.10

Local Providers of Mental Health	2.83	3.08	2.50	2.00	2.60
Local Providers for Substance Abuse	2.70	3.00	3.00	2.00	2.70

While it may be premature to draw hard conclusions, it appears that if you measure 2.50 as the midpoint, any numerical ranking less than that would be considered good to very good, and any numerical ranking greater than 2.50 would be considered bad to very bad. In light of this, most local entities and two state agencies (IDJC and the Dept. of Education) are viewed in a favorable light, and the IDHW mental health and child protection units (and their respective statewide contracts for local providers of mental health counseling and substance abuse) are not ranked as favorable by those members surveyed.

The next area of measurement involved the “availability” of services that are provided to the local communities by the various state agencies. This list is not inclusive of every local service, but categorized in the broader sense the “core” services that can be accessed by the local probation departments and families of youth with mental health issues (not on probation). The scale is 1 to 5, with 1 being not available, and 5 always being available:

Table 10:

Type of Service	Probation/ Detention (avg. ranking)	Magistrate (avg. ranking)	Defense Attorney and Law Enforcement Combined ** (avg. ranking)	Overall Avg Ranking
Community-based MH by IDHW	2.40	1.92	2.00	2.10
Community-based MH by IDJC	2.10	2.30	1.75	2.10
MH services by IDHW /SED	2.40	2.17	2.00	2.20

MH services by IDJC for SED youth	2.20	1.50	1.75	1.80
Assessment services for SED by IDHW	2.80	2.58	1.75	2.40
Assessment services for SED by IDJC	2.10	1.50	1.75	1.80
Therapeutic foster care for SED youth provided by IDHW	1.70	1.60	1.75	1.70
Respite care for SED youth provided by IDHW	2.00	1.80	1.75	1.90
Crisis response care for SED youth provided by IDHW	1.80	1.60	1.75	1.70
Day treatment services for SED youth provided by IDHW	2.30	2.10	1.75	2.10
Family support services for SED youth provided by IDHW	2.10	2.50	2.00	2.20
In-patient care services for SED youth provided by IDHW	2.40	1.80	1.75	2.00
Out-patient care services for SED youth provided by IDHW	2.00	2.30	1.75	2.00
Residential services for SED youth provided by IDHW	1.90	1.30	1.60	1.60

**the combined notation for the defense attorney's and law enforcement was due in part to a lack of response, and possibly a lack of understanding to all the services noted above.

In reviewing the information, it should be noted that 2.50 would be considered the average, and any numerical ranking LESS THAN 2.50 would be considered poor, and any numerical ranking HIGHER THAN 2.50 would be considered good. Upon reviewing the levels of services available to children with SED diagnoses, it appears that all categories contained in this part of the survey showed a BELOW AVERAGE opinion in terms of “availability” of services provided by the state agencies for the adolescent client(s).

A remarkable finding came from the administrator’s surveyed in terms of the following question: “If there were increased capacity and availability of community based mental health services from the Idaho Department of Health and Welfare there would be less need to commit youth with SED to the Department of Juvenile Corrections.” Of those surveyed, 87.50% indicated that they either ‘agreed’ or ‘strongly agreed’ that with community-based services previously noted (in the aforementioned chart), that they would be less likely to commit that population to the Idaho Department of Juvenile Corrections. For the magistrate judges who were asked the same question, 66.6% indicated the same as the county probation departments.

When the administrator’s were asked “After a youth with SED is released from the Department of Juvenile Corrections there are community based services which are available to assist the youth and the family from repeating delinquent behavior?”, there was nearly a split opinion, with 54% indicating that this is not something they agree with. The magistrate judges were asked the same question and 75% of them responded that they didn’t agree with this statement.

Finally, when the county administrators were asked if they would like to be able to “divert youth with SED from commitment to the Department of Juvenile Corrections so that they and their families could receive community based mental health services,” 95.8% of the county administrator’s answered “yes” and 88.8% of the magistrates agreed as well.

An area of interest to this researcher involved the level of “training” afforded to detention workers on the topic of mental health. The following information was reported:

Table 11:

Do you staff receive training on:	Yes	No
Signs and symptoms of mental illness?	4	2
Attitudes about mental illness (e.g., stigma)?	1	5
Understanding and assessing mental illnesses?	2	4
The relationship between violence and mental illness?	1	5
Dual diagnosis: substance abuse and mental illness?	2	4
Developmental disorders?	1	5
Homelessness and mental illnesses?	0	6
De-escalation techniques specific to mentally ill youth?	3	3
Officer safety?	6	0
Calming approach techniques?	5	1
Interviewing techniques?	4	2
Medications: Noncompliance; Side effects?	5	1
Suicide prevention?	4	2

In reviewing the information, it appears that some basic areas of training exist when it comes to the mentally ill population incarcerated in local detention facilities. Because the mentally ill population contains many different categories of illness, it appears there are a few facilities that are deficient in some of the topical areas contained herein.

RESULTS OF THESIS STATEMENT

When this research project began, there were eight (8) primary objectives that were meant to encompass the problem that the State of Idaho faces with its juvenile offender population.

Objective 1: *Illustrate that youth with mental illnesses are prevalent at the county and state level, specifically in the juvenile justice setting, and that community-based resources are inadequate to fully assist with the treatment of this population.*

Research conducted on this specific objective clearly identifies 17,000 youth in Idaho with a current diagnosis of Seriously Emotionally Disturbed (SED). This diagnosis alone does not capture the thousands of other youth who do not meet this threshold by definition alone, thus understating the complete picture of “mentally ill” youth in the state. Further, this body of research has clearly demonstrated that over 3,400 youth were identified in our survey as being on some type of probation with county departments, and notes that nearly 2,300 or 68% of the juvenile probation population are either SED, Dually Diagnosed, or under a prescription for some type of psychological medication. Research has also identified that there exists roughly 60% of the county detention population as being either SED or Dually Diagnosed, and over 33% are taking psychological prescriptions. Finally, the Idaho Department of Juvenile Corrections continues to carry at least 29% of their population with a diagnosis of SED, and an overall custodial population of 44% that are mentally ill.

In terms of community-based treatment being afforded to this population, survey results clearly indicated a significant dissatisfaction with state-level efforts to provide primary services to youth with SED diagnoses. In addition, county budgets are not primarily designed to carry funding for mental health treatment, or substance abuse counseling, yet are often left to assume small amounts of this responsibility in an attempt to assist a youth or appease the orders of the court.

Objective 2: *Illustrate that the Idaho Department of Juvenile Corrections (IDJC) is charged with handling youth with serious legal issues, yet carries the primary responsibility to treat the needs of mentally ill youth that are concurrently placed in their custody.*

In researching this particular area, it was spelled out in Title 20, Chapter 5 of Idaho Code which notes the responsibility of IDJC falls on acceptance of any juvenile with a valid decree of the court, and further imposes the “custodian” responsibilities of physical possession of the juvenile, the duty to protect, train and discipline him/her and to provide him/her with food, shelter, education and ordinary medical care. Further, the 8th Amendment to the US Constitution supports the contention of IDJC that it must provide for any psychological or mental health treatment for any youth in its custody. Research on this topic—via interviews with IDJC staff—indicates that there is no outside funding afforded to them from the Idaho Department of Health and Welfare (IDHW) for treatment of SED or any other mental illness. When probed, it appears that for dually committed youth (to IDJC and IDHW joint custody) there are very few fiduciary transactions that note a sharing in the mental health treatment for common youth.

Objective 3: *Illustrate that IDJC is forced to prioritize the needs of the youth, to the needs of the community, to the needs of their budget, in order to meet their decreasing budget mandates.*

Research on this subject was based on years of being a participant to meetings with IDJC, as well as discussions with IDJC staff members and county administrators. It appears that in the time period 1995-1997, IDJC accepted youth without regard to their committing offense, or individual needs and held them for longer periods of time. Data was not available as to the prevailing custodial breakdowns as afforded in current data tracking, thus comparisons of mental health issues could not be fairly critiqued.

In efforts to manage their budget, as well as expand their departmental and community obligations, IDJC began efforts to streamline their processes, as well as build additional facilities to support their directions. Examples of this would be fulfillment of their statutory requirement to create a state-wide juvenile offender information system; creation of county/state contracts for Functional Family Therapy; Status Offender Projects: Reintegration Programs; Implementation of

“What Works” research to institutional programming; Regionalization of services; Creation of their Levels of Care; Creation of a Custody Review Board; Lowering the statutory age of custody from 21 to 19; Creation of drug specific treatment programs; and now transition to Global Position Tracking for some offenders. There appear to be magistrate judges who are very supportive of IDJC and only wish that additional funding would be afforded to expand the needed services of their clients; however, there are some that feel that IDJC and IDHW are synonymous organizations and IDJC is failing in its mission. As was illustrated in the literature review, “scientific management” has been rudimentarily introduced to IDJC as it has attempted to create a system that is more efficient and responsive to the courts, community and to the clients. What is unfortunately lacking in their processes is the reality that efficiencies with severely mentally ill clients do not always equate to best treatment outcomes. IDJC was once a system that housed clients and made efforts to fully treat the “needs” of the youth. However, it has become a system that is forced to manage a plethora of issues (tight budgets, new mandates, increasing numbers of mentally ill youth, increased drug addiction severity, and non-existent collaboration from their sister agency—IDHW—in terms of sharing the costs of youth in Idaho). Unfortunately, IDJC is releasing youth back into the same dysfunctional homes they left (or worse, on to the streets) and the bottom line to this approach is maximizing the dollar spent at the expense of the youth and community. While a worthy venture for manufacturing “widgets”, it does not bode well when it comes to tender adolescent lives that are bounced from one system to the other.

Objective 4: Demonstrate that there is a growing dissatisfaction between juvenile justice practitioners with their partner agency the Idaho Department of Health and Welfare—IDHW in terms of how to work with this difficult population of youth.

The research into this area was produced an overwhelming dissatisfaction with IDHW in terms of their core areas of services. On a scale of 1 to 5, with 5 being the highest level of service

satisfaction, and 1 being that of services being nearly non-existent, those surveyed responded with an overall average ranking of IDHW as being a 1.99 in eleven (11) core areas of service measured through the Jeff D. lawsuit. Though not any better, IDJC had an average rating of 1.90 for the three (3) core areas of service. These core areas of service are critical to this body of research due to their sole function being “service” driven outcomes. These services were specifically measured against the delinquent population for purposes of containing the body of research to a fixed population.

Objective 5: Quantify that the incarceration time of Serious Emotionally Disturbed (SED) youth is longer than those without SED impairment, and illustrate that since IDJC is forced to balance their budget, they are releasing non-SED youth earlier to community-based options, yet holding SED youth longer due to the lack of community-based transition options.

Research on this topic was limited to current data that is available, as data was not being tracked until the Jeff D. lawsuit brought IDJC under its umbrella. Current data obtained from IDJC notes that the length of time for SED youth is approximately 19.5 months compared to 17.95 months for non-SED youth. While there could be a myriad of explanations to this variance, it appears that in order to balance the complex issues of youth with co-occurring problems, youth who do not require the exorbitant treatment regimes, and who appear to be able to satisfactorily manage their behaviors while in custody are seemingly released earlier. Does this make sense? It does provided the youth has been held accountable for his/her actions, and the “risk” level to the community has been appropriately reduced—to allow for transitional aftercare services by the county probation departments. In addition, this practice may make sense in terms of an agency that is diligently trying to balance the ethical needs of “treatment” versus the dollar spent dichotomy. The unfortunate result is that youth with mental impairments are being housed for longer periods of time in correctional institutions, and no community resources exist to allow for quicker transitions back to the county aftercare systems.

Objective 6: *Qualify that the prevailing purpose of IDJC is to provide “correctional” treatment to the criminogenic population, and thus increasing dollars are being spent to house SED, Dual Diagnosis, and Neglect and abused youth (which by statute, and in most instances, are to be handled primarily by IDHW).*

Reviewing Idaho Code sections 20-501 and 502 one could quickly surmise the intent of IDJC—to provide a continuum of services to manage the diversity of placement that may be received from the Court. The “Balanced Approach” is rooted in juvenile justice literature, and has been adopted by the State of Idaho as the model for deciding if justice is “served” on a youthful offender. Because of the diversity of placement, and because of the growing dissatisfaction prevalent amongst most county probation administrators, this research examined three areas of housing (by IDJC) that have statutory requirements specific to IDHW: SED, Dual Diagnosis, and Neglected and Abused youth. While this researcher will concede that Dual Diagnosis has to have both mental illness and substance abuse disorders (and substance abuse is often linked to a law violation), the prevailing funding source for treating both illnesses is still statutorily under IDHW’s purview.

Statistical information was gathered from IDJC and noted in state fiscal year 2004 approximately \$8.5 million was spent on SED youth; \$4.2 million on Dual Diagnosis youth; and \$14 million on “neglected and/or abused” youth. Again, this researcher will concede that these youth were adjudicated for crimes that ultimately resulted in their custody to IDJC; however, there are reported instances by magistrates of not having any other options, and thus committing the youth was the only way to access services.

Objective 7: *Offer supporting evidence (via literature) that these problems are not unique to Idaho, but are wide-spread throughout the United States.*

In reviewing the wealth of information available on the subject, it appears that over \$100 million is spent yearly by county detention centers to house juveniles who are waiting for

“community mental health services.” In addition, the Surgeon General notes that one in five US children between the ages of 9 and 17 have a mental or addictive disorder that causes impairment.²⁹ Because of financial limitations, the Surgeon General further notes that a “high proportion” of young people with a diagnosable mental disorder “do not receive any mental health services at all” {emphasis added}.³⁰ Because detention centers are primarily designed to house offenders who commit lawful violations, it is disturbing that there are nearly 2,000 youth on any given night that are housed in detention centers waiting for mental health services.

Objective 8: To raise the awareness of key members of the State of Idaho that without clear leadership, increased funding, and renewed partnerships throughout the state, the needs of the mentally ill youth will continue to be treated in correctional settings, and will continue to fail to meet the needs of this special population.

This researcher can not force any of the bureaucratic agencies to read this material, nor to care about the socio-economic factors attached by failing to treat mental illness; yet, unless the State of Idaho examines the “culture” surrounding decision making specific to youth, the old adage will continue to be true: “if you do what you have always done, you will get what you have always got.” Further, unless the State of Idaho truly embraces a change in this specific practice, our mentally ill children in Idaho will continue to be left untreated, and will end up in local detention centers and/or state custody for the sole purpose of accessing services.

Former President Lyndon Baines Johnson said it best: “The family is the cornerstone of our society. More than any other force, it shapes the attitude, the hopes, the ambitions, and the values of the child. And when the family collapses it is the children that are usually damaged. When it happens on a massive scale the community itself is crippled.”³¹ While some of us recognize this to be a true statement, there are workers (of child serving agencies) that do not wish to be bothered with the extra effort to make a child succeed, and funding authorities that echo this same mantra—thus making it nearly impossible to break a negative cycle that will carry to future generations. While

arguable that this is an anecdotal phrase, this is a disturbing reality that has been observed here in Idaho, and read about through many professional articles and journals. Hopefully this project will ignite the passions in those professionals to invest their hearts and souls into the lives of our troubled youth, and to not lose sight of their ability to make a difference in someone's life.

CONCLUSION:

Youth in our society have incredible challenges that face them everyday: Homelessness, being born with drug addictions, victims or witnesses to domestic violence, mental disorders, poverty, gangs, and the list goes on. Sadly, the debilitating mental disorders that affect one in five youth in the United States are treatable if government officials wish to focus on this aspect of society. Unfortunately, these youth are largely left untreated at the early stages of their lives, then engage in some delinquent behavior, and ultimately spend the rest of their lives in the correctional system—all the while their primary problem is left unattended to, thus creating a person who is functionally unable to care for themselves ever again.

This research project has illustrated that there are significantly high numbers of mentally ill youth in Idaho, and a disproportionately higher number in the juvenile justice system. The Idaho Department of Health and Welfare believes that there are 10% of youth in Idaho with a diagnosis of Seriously Emotionally Disturbed (SED).³² This number is a rough estimate based on national findings, and doesn't include the tens of thousands of other mental disturbances of a lesser standard that often times manifest themselves into the category of SED. As previously mentioned, Representative Waxman's report notes the widespread amount of mentally ill juveniles being housed in correctional facilities throughout the United States, and the State of Idaho is included in this finding.

As far as recommendations for this project, this author proposes the following:

Recommendation #1: Idaho has “studied” the problem for many years, and clearly identified that significant mental health problems exist in our youth. Instead of investing more time and money into identifying the problem, investments should be tailored towards service delivery. While acknowledging that budgets are tight, it is a sad state of affairs when your primary access to public services have to be ultimately tied to a clinical diagnosis of SED, and anything lesser does not fall within the various Medicaid mandates for treatment. There are multitudes of youth with mental impairments and disorders, and thus this needs to be considered in terms of funding options.

Recommendation #2: It is the strong opinion of this author that the creation of “local and regional councils” to work with the adolescent mental health problems are mere “window dressing” for the Jeff D. lawsuit, and it is further the opinion of this researcher that should the case ever be dismissed, the investment by the State of Idaho into this endeavor will likely go away as well. A recommendation would be that in lieu of each judicial district receiving a token \$50,000 to work with the SED youth of our state, major fiscal outlay be made available to adequately address “change.” In addition, should the funding be made more lucrative, it would be my recommendation that the purse strings not be under the control of IDHW due to their regulatory approach to services. A review of the Nez Perce County local council expenditure sheet notes for example tennis shoes and clothing as expenditures. While this would not be a significant problem by itself, these items were coded as “respite care” which causes alarm to the way IDHW tracks and reports information. To those practitioners in the field, the term respite care has a clear meaning, and purchasing tennis shoes does not generally fall under this specific heading. Of equal disturbance was finding four (4) SED youth were “staffed” by a local council, yet none of them received any SED counseling or treatment services specific to their needs. Data being reported statewide must be validated and deemed reliable to ensure its credibility before the Judge; otherwise he/she will be

unable to make an informed decision about the final disposition of this case. At this time, the data being reported by IDHW is highly suspect, and not deemed to be reliable by this researcher, thus was not looked at closely for further development in this research project.

Recommendation #3: Youth on probation at the county level are being housed in detention centers and state correctional institutions and their primary mental health needs are not being attended to. The State of Idaho must quit using these imprisonment tactics for the mentally ill population, and invest in appropriate community-based alternatives: group homes, half-ways houses, inpatient facilities, acute care facilities, and so forth. Adequate investments must be made into these resource alternatives, as constructive arguments could be made towards cruel and unusual treatment by continuing this practice.

Recommendation #4: A fourth recommendation would be that the Idaho Juvenile Rules be reviewed to see if the current practice for committing a youth to IDJC custody meets the established intent. It seems far too easy to place a juvenile into the custody of IDJC simply to “access service” that should have been provided in the local communities by IDHW. As one administrator commented, it would be easier to “yank the tooth out of lion’s mouth than to access any service through DHW.” We need to ensure that loopholes are removed, or at least spelled out with legislative intent.

Recommendation #5: The organizational “culture” of IDHW must be examined, as well as any and all of entities that make decisions about the lives of people. It is far too easy to simply “do what we’ve always done.” IDHW represents the largest state bureaucracy in Idaho, and certainly represents the most established organizational culture of any state agency. Research and interviews with colleagues would suggest that there is a fragmentation between the upper management staff and those in “line level” positions, thus creating a mixed message to the public. Survey results showed a significant dissatisfaction with IDHW, thus suggesting that most of the dissatisfaction lies

with the line worker who continues to shift the blame, and indicate “sorry, this is not our problem.” If the culture of IDHW cannot be truly changed, then a suggestion might be towards taking the individual divisions of IDHW and breaking them into smaller (individual) state agencies to force a more responsive and accountable system (eg. Idaho Department of Medicaid, Idaho Department of Child Protection, Idaho Department of Children’s Mental Health, Idaho Department of Adult Mental Health). The Idaho Department of Juvenile Corrections has illustrated that a flatter organization can be more responsive to the constituent population, and can be affected by change if needed.

Recommendation #6: The notion of juvenile court as a problem-solving court is a great asset to the system, but is seriously under funded (and over utilized) to handle the diversity of problems that present themselves today. Laws should be adjusted to allow the Judges greater sentencing options, to include, but not limited to: Easier access to children’s mental health sentences; easier expansions of child protection cases; and promotion of more “family” driven courts with the resources needed to manage the majority of case problems.

Recommendation #7: Since IDHW contends that SED affects 10% of the child population in Idaho, it seems only wise that when +30% of the juvenile probation population is somehow affected with either SED, Dual Diagnosis, or some other combination, that resources should be targeted at this population due to ethical considerations, but also the millions of taxpayer dollars being spent to house them in correctional settings.

Recommendation #8: If an alarming \$20 million can be spent by IDJC to house youth with SED and Dual Diagnosis labels, then it would behoove the legislature to examine the true “target” population of IDJC—the seriously delinquent youth. Research has found that youth with the most serious criminogenic tendencies are released earlier than youth with SED diagnoses. In general, research has indicated that minor offenses have contributed to the SED population being

committed, and generally it is related to the frustration of the court and county of not being able to adequately provide alternative options in lieu of corrections settings. Taxpayers are funding two agencies with two specific functions: Protecting the community and treating the mentally ill. The only question to ask is why IDJC should be expected to continue to carry this population when their counterpart agency is allowed to abdicate responsibility, and not contribute fiscally towards the solution. This is a major systemic problem that needs reviewed.

Recommendation #9: In reviewing the operational definition of a “system of care,” compared to the practice in Idaho that is espoused by the IDHW, it appears that a significant conflict exists. On one hand, a system of care is supposed to develop a strong infrastructure of interagency collaboration to address the needs of the population in question—in Idaho it would be children with SED diagnoses—and IDHW has adopted this definition for their approach to the Jeff D. lawsuit. On the other hand, many county probation departments will attest, and magistrate judges would likely concur, that when a dual system problem arises (which would be a mentally ill or abused/ neglected/abandoned child commits a crime), IDHW is quick to indicate that it is a “juvenile justice” problem, and begin removing services. This is noted in nearly all 44 county probation departments, and is evidenced by the astronomical expenditures IDJC has incurred to house this population. It is the recommendation of this researcher that the Idaho Department of Health and Welfare must address whether it truly wishes to pursue a “system of care” approach to its fullest intent, or continue to use the term for convenience.

Recommendation #10: It is widely known that government responds when a problem finally arises, and in the case of Idaho, the Jeff D. lawsuit fits this profile. Because mentally ill juveniles are being housed in detention centers in Idaho, and because a significant amount of the county probation population has mentally ill probationers, it would behoove the system to examine the training being afforded at this time to probation officers. To continue to expect that probation

officers will understand the complexities of body chemistry in relation to pharmaceuticals, in relation to six or seven different diagnoses, is unrealistic and setting up the system for continued failure. This researcher has personally witnessed staff members using clinical phrases, but not having a true understanding of “how the symptoms” are related to the behaviors. This is disturbing in nature because often times the behavior is deemed criminal, when in fact it is purely a mental disturbance that is predictable and related to the typology of that diagnoses. If we (as a state) continue to expect detention and probation staff to be the primary contacts with this population, then commensurate training must be afforded to minimize the labeling, and allow for better information to the courts for proper sentencing.

Recommendation #11: A final recommendation would be to those participants in juvenile drug courts around the State of Idaho. While it is noteworthy that this additional problem-solving court exists in some counties of the state, it would be the recommendation of this researcher that efforts be made towards adopting a mental health component to supplement the drug court model. Statistics provided herein suggest a large majority of youth on probation, in detention, and in IDJC custody with dual diagnosis, and all research indicates that both of these problems should be handled in concert with each other. Though this recommendation may alter the dynamics and processes already established, it may prove to be a worthy endeavor to include this feature to improve the likelihood of success for this challenging population (who already are in the juvenile justice system, and in various drug courts around the state).

Of late development, but nonetheless relevant to this body of research, the Magistrate Judges in Idaho have voted to propose legislation in the upcoming 2005 legislative session regarding their ability to commit the Idaho Department of Health and Welfare to provide for adolescent mental health services, and pay for all costs related should the Court deem them necessary and appropriate. Currently the Children’s Mental Health Act is primarily a “voluntary” service, thus it

requires parents signing children up for services before an action can occur. As many court administrators will realize, “Judges” don’t generally propose legislation; thus it is incumbent upon this researcher to hypothesize that the court is significantly dissatisfied, and is utilizing its silent powers to propose legislative changes that will allow for major sentencing alternatives to the SED population. This impact should be noticeable to those youth who are placed in local detention centers, as well as in IDJC custody, and should begin to reverse this atrocious practice. Of course, IDHW is against this statutory change, and has expressed interest in not having it pass the House and Senate.

This research endeavor has quantified what many in the state have already realized, and illustrated that we are failing (as a state and country) to properly handle the disenfranchised persons of society. This author would have enjoyed incorporating positive IDHW statistics into this report, and even enjoyed more being able to fairly defend the efforts being made by this agency. However, this author is disturbed at what appears to be IDHW escaping their duty of doing what is right and fair for our children. Unfortunately, the 9th Circuit Court of Appeals agrees, county probation administrators and local magistrates agree, parents and children in the state agree, and the only one not in agreement continues to be IDHW. While many other avenues could be explored in terms of specific mental illnesses and their relation to imprisonment, et cetera, this researcher was satisfied with the approach taken because it illustrates the issues most closely aligned to the prevailing juvenile justice system. The term “Serious Emotional Disturbance” is the category being evaluated by the state, and thus any other additions would be met with a non-responsive state audience. The only areas to possibly strengthen would be face-to-face interviews with the judges who were unable to respond, and with the rest of the county probation and detention administrators. This researcher would speculate that the data would hold with what has been uncovered thus far.

In terms of implications, this researcher believes this to be a body of research that can assist with tracking the number of these youth who graduate into the adult corrections system, and illustrate the years of failure even further. This research only focused on the first 18 years of life, and it would be interesting to see the cost implications to both systems. While the focus has been on juveniles and their deplorable community-based mental health treatment, this researcher has first-hand knowledge that the adult mental health system is in far worse condition, and fails at even a greater level than the children's mental health system.

The State of Idaho will be remiss if they do not take heed to the failure of one of their state agencies, and the catastrophic impacts this will have on the economic outlook for future generations. The old adage of an ounce of prevention being worth a pound of cure comes to mind, but then again, my position is not to simply balance budgets—my position is to creatively find ways to fill gaps in service, and actually care about the needs of the future youth in my state.

For any practitioner in the juvenile justice system, the words of former president Theodore Roosevelt should ring true: “Far and away the best prize that life has to offer is the chance to work hard at work worth doing.”³³ If we are to make a difference in the lives of young persons, we have to be able (and willing) to enjoy our work, and demand that excellence prevail from all persons and stakeholders in the system. As it pertains to our youth in Idaho, Judge James Farris said it best in July, 1993, when he spoke to the National Council of Juvenile and Family Court Judges: “Our juvenile justice system was designed to prevent children from going into the criminal justice system, and we are doing a lousy job of it...If you prevent, there's no need to rehabilitate; if you prevent, there's no need to incarcerate, so put your money in the playpen, not the state pen.”

APPENDICES TO FOLLOW

Survey for All Juvenile Detention Centers

This survey was conducted to supply representatives with a picture of Idaho Detention populations and concerns.

Children with mental illness are left to languish in juvenile detention centers while they wait for mental health services. According to reports, during a recent six-month period, nearly 15,000 children were held in secure detention while awaiting scarce mental health services. The investigative report points to a national crisis resulting in part from the reduction or elimination of mental health services as states struggle to balance budgets. However, money cut from these services is not saved. Juvenile detention facilities are spending an estimated \$100 million annually in taxpayer's money simply to warehouse these children while they are awaiting services.

1. **Name of Facility:** Idaho has 12 Juvenile detention centers of which 9 responded. These facilities were located in every region of the state.
2. **What is the bed space of the Detention facility?** The facilities occupancy levels ranged from 16 to 90 beds.
3. **What percentages of juveniles in your population on average have some type of mental health issue?** Reporting facilities averaged a 30% population rate of juveniles with some type of mental health issue. Some facilities believe that there could be up to 70% juveniles in custody that have mental health issues but have not been identified.
4. **What percentage is on psychotropic medication?** An average of 30% of juveniles are listed as taking some type of psychotropic medication.
5. **Are mental health services available in your center?** 56% of reporting facilities have no mental health services specifically for detention, the other 44% of reporting facilities have some type of mental health services supported by the facility or an outside source.
6. **If so, who pays for those services?** County funding pays for 75% of the facilities that have some type of mental health services.
7. **Are mental health services available from outside sources?** Reporting facilities indicate there are services available from outside sources, but they require court orders or parent involvement to initiate. (Crisis management) This process is time consuming and places juveniles at risk during crisis periods.
8. **If so, who pays for those services?** It depends on who initiated the service. Health and Welfare, county (tax payers), and parents.

9. **On average, what does it cost your facility annually to house juveniles with mental health issues while the system looks for treatment or placement? (DHW or foster children included)**

(3-B) Between \$10,000.00 and \$15,000.00 annually just for juveniles who are DHW children. DHW does not reimburse the counties for detention costs. The counties are left to absorb the cost in already tight budgets.

(Ada County) We do not keep statistics on this. However, as an example, we have one juvenile in our facility right now that is in need of placement. She will be with us for at least 60 days. The approximate cost for her will be \$12,000.00 for the 60 days.

(Region 2) We also had one boy in for 7 days who was waiting for placement at a cost of \$1400.00. Sometimes youth may stay for 1 day, and we've had youth for over 30 days; so the cost would range from \$170 to \$5100 (factored at our per diem of \$170/day).

(Region 1) This one is hard to even guess at. Obviously there are many youth who wait for appropriate placement with both high and low level, mental health challenges. A guess would be an average of 1 or 2 per month for an extra 7-14 days. (\$10,248.00-\$20,496.00)

(SWJDC) We estimate that at any time we have 2-4 youth who would not be in detention if they had proper treatment, or are waiting for transport to treatment. This would translate into bed space costs of approximately \$70,000 to \$140,000 per year. This does not include prescription costs, which are usually borne by the County, but I did not take the time to research those costs.

(Region 6) \$60,000-80,000

(5-C) A rough estimate would be \$20,000.

(Mini-Cassia) A low "estimate" would be around 250 days. At a daily cost of \$125. per day, that is roughly \$31,250.

(Snake River Detention Center) Unsure of annual cost.

Reporting facilities annual costs: \$214,898.00 - \$323,846.00

Appendix B

-----Original Message-----

From: Steve Jett [mailto:SJett@canyonco.org]

Sent: Friday, August 13, 2004 15:58

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Subject: Mental Health numbers

This is a reminder for everyone that we are doing a followup survey to Brian Walker's survey to estimate numbers of juveniles in detention centers with mental health needs.

The IACJJA has decided to do a followup survey to find out how many kids in the detention centers and on probation have been professionally diagnosed with a mental health disorder. To do this, and not violate any HIPPA laws or any confidentiality rules, we have decided to do a snapshot survey of all kids, both in detention and probation, who are presently taking, or who have been ordered to take psychotropic medication, which would indicate a professional diagnosis.

We do not need names, only the following numbers:

How many total juveniles in detention or on probation on September 15, 2004.

How many total juvenile in detention or on probation on September 15, 2004, that have a diagnosed mental illness.

How many total juvenile in detention or on probation on September 15, 2004, that have a diagnosed mental illness and are taking or have been ordered to take psychotropic medication.

Please forward those numbers to me at sjett@canyoncounty.org.

Thanks so much.

Steve

Mental Health Questionnaire results
Probation Depts

Detention Centers

	Juvs on Prob	Juvs diagnosed	Juvs taking medication		Juvs in Det	Juvs diagnosed	Juvs taking medication
Ada	895	330	237	Ada	34	9	0
Adams				Bannock			
Bannock				Bonner			
Bear Lake	27	0	0	Bonneville	26	7	7
Benewah				Canyon	50	11	11
Bingham	258	31	31	Fremont			
Blaine				Kootenai	32	12	12
Boise				Lemhi	0	0	0
Bonner				Mini-Cassia	7	2	2
Bonneville				Nez Perce	8	4	1
Boundary				Twin Falls	19	2	2
Butte				Valley			
Camas					176	47	35
Canyon	479	112	81				
Caribou							
Cassia	Combine w/ Minidoka						
Clark							
Clearwater	48	22	21				
Custer	16	5	4				
Elmore							
Franklin							
Fremont							
Gem							
Gooding	51	22	16				
Idaho	33	12	8				
Jefferson							
Jerome	142	19	19				
Kootenai	451	131	98				
Latah	45	9	9				
Lemhi	31	8	5				
Lewis	Combine w/ Clearwater						
Lincoln							

Madison			
Minidoka	189	22	18
Nez Perce	124	57	25
Oneida			
Owyhee			
Payette			
Power			
Shoshone			
Teton			
Twin Falls	168	32	27
Valley			
Washington			
	2957	812	599

Appendix C

For **Chief Probation Officer's**, thank you for taking the time to complete **the first 33 questions of this survey**. It is estimated that the completion of this questionnaire will take approximately 20 minutes. I hope that the results from the survey responses can be used to help us improve our system of juvenile justice. I plan to make the results available for your review when the study is completed.

For **Detention Administrator's**, thank you for all the same reasons described above, and for completing **Questions 1-2, 8, 10-32 and 34-38**.

The following several questions are to be used for general classification purposes only

1. In which judicial district do you primarily serve?

_____ District 1 _____ District 2 _____ District 3 _____ District 4
_____ District 5 _____ District 6 _____ District 7

2. Please mark whether you are a Chief PO (CPO) or Detention Administrator (DA)

_____ CPO _____ DA

The next set of questions focuses on your viewpoint for sentencing youth to the **Department of Juvenile Corrections**.

3. In your capacity as a CPO, has your department ever sentenced a youth to the Department of Juvenile Corrections (DJC)?

_____ Yes _____ No

4. If yes, roughly how many youth has your department sentenced to DJC during your tenure?

1-10 11-20 20 -50 50 +

Please rate the following questions:

5. In some cases of commitment to DJC, the juvenile is found to have committed a crime, but although county resources are available, there is delay in the delivery of these services. Due to delay in providing services to the youth, did you consider commitment rather than waiting for alternative sanctions?

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**
1 2 3 4 5

6. In some cases, the need to protect the youth is balanced against the need to commit to DJC. There have been occasions when the need to protect the youth and get them out of a threatening and/or challenging home environment led to the decision of commitment.

Strongly Disagree 1 Disagree 2 Neutral 3 Agree 4 Strongly Agree 5

7. In some cases of commitment to DJC, the needs of the youth were mostly mental health related, thus you recommended committed the youth to hopefully gain access to treatment because no other options appeared to be available.

Strongly Disagree 1 Disagree 2 Neutral 3 Agree 4 Strongly Agree 5

8. On a scale of 1 – 10 (1 being your most important reason, and 10 your least, and there can't be any ties or duplications), please rank order the following reasons for a commitment to the Department of Juvenile Corrections:

- ___ Committing offense
- ___ Have little confidence in partner agencies to adequately assist in the community
- ___ Have provided the youth enough chances
- ___ Access to correctional based treatment
- ___ Mental health issues could not be addressed in the community
- ___ The juvenile met Rule 19 criteria, thus he/she should be committed
- ___ Drug/Alcohol issues could not be addressed in the community
- ___ Need to get the youth away from his home environment
- ___ Mental Health & Drug/Alcohol issues could not be addressed in the community
- ___ Other, please state _____.

9. Have you ever recommended that a youth be sentenced to the Department of Juvenile Corrections knowing (or had reason to believe) he/she was diagnosed as being Seriously Emotionally Disturbed (SED)?

Yes _____ No _____

10. **CPO's:** Have you ever recommended that a youth be sentenced to the Department of Juvenile Corrections knowing (or had reason to believe) he/she was a dual diagnosis youth (mentally ill and substance abuse together)? Yes _____ No _____

CPO's and DA's: Do you believe that a youth with a dual diagnosis should be committed to the Department of Juvenile Corrections (DJC)? Why or why not?

11. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles within their care? (1 is the highest confidence, 5 is the lowest)

- a. ___ The Idaho Department of Juvenile Corrections (DJC)
- b. ___ The Idaho Department of Health and Welfare—Mental Health
- c. ___ The Idaho Department of Health and Welfare—Child Protection
- d. ___ The Idaho Department of Education
- e. ___ The local school districts in your jurisdiction
- f. ___ The local county probation departments
- g. ___ The local county detention centers
- h. ___ The local providers for mental health counseling
- i. ___ The local providers for drug and alcohol counseling

12. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles who are outside their care, but in need of services? (1 is the highest confidence, 5 is the lowest)

- a. ___ The Idaho Department of Juvenile Corrections (DJC)
- b. ___ The Idaho Department of Health and Welfare—Mental Health
- c. ___ The Idaho Department of Health and Welfare—Child Protection
- d. ___ The Idaho Department of Education
- e. ___ The local school districts in your jurisdiction
- f. ___ The local county probation departments
- g. ___ The local county detention centers
- h. ___ The local providers for mental health counseling
- i. ___ The local providers for drug and alcohol counseling

13. If you were given the opportunity to make three (3) recommendations for improvement of the current juvenile justice system of Idaho, and if you knew that these recommendations would be implemented immediately, what would they be and why?

14. _____ On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Idaho Department of Health and Welfare in your jurisdiction?

15. _____ On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Department of Juvenile Correction in your jurisdiction?

16. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
17. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Department of Juvenile Corrections.
18. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
19. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Department of Juvenile Corrections.
20. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of therapeutic foster care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
21. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of respite care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
22. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of crisis response services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
23. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of day treatment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
24. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of family support services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
25. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of in-patient care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
26. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of out-patient services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
27. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of residential services for youth with SED and their families provided by the Idaho Department of Health and Welfare.

28. If there were increased capacity and availability of community based mental health services from the Idaho Department of Health and Welfare there would be less need to commit youth with SED to the Department of Juvenile Corrections

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**
 1 2 3 4 5

29. After a youth with SED is released from the Department of Juvenile Corrections there are community based services which are available to assist the youth and the family from repeating delinquent behavior.

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**
 1 2 3 4 5

30. In your experience, what percentage of youth (that you see in your community) with a diagnosis of SED become involved in the juvenile justice system and have previously received mental health services from the Idaho Department of Health and Welfare?

0%-20% **21%-40%** **41%-60%** **61%-80%** **81%-100%**

31. Have you ever recommended a sentence to the Department of Juvenile Corrections knowing (or had reason to believe) the youth was diagnosed as being SED and mental illness was the primary reason for the delinquent behavior because there were no community based mental health services available to treat youth with SED? If yes, what is the percentage of youth you would estimate?

0%-20% **21%-40%** **41%-60%** **61%-80%** **81%-100%**

32. Would you like to be able to divert youth with SED from commitment to the Department of Juvenile Corrections so they and their families could receive community based mental health services?

Yes _____ **No**_____

FOR CHIEF PROBATION OFFICERS

33. For the reporting date of **October 20, 2004**, please take a count of your youth on probation and report the following:

Total number of youth receiving probation services: _____
 Total number of youth pending probation: _____
 Total number of youth in custody of DJC: _____
 Estimated number of youth on probation that are:
 SED _____
 Dual Diagnosis _____

 Estimated number of probation youth who are Rule 19 eligible: _____

Estimated number of probation youth who are prescribed some type of psychotropic medication: _____

FOR DETENTION ADMINISTRATORS:

34. Have you ever held mentally ill youth in your detention center?

Yes _____ No _____

35. If yes, what was the longest period of time that you held a mentally ill youth?

_____ Less than 10 days

_____ Between 11 and 20 days

_____ Between 21 and 45 days

_____ Greater than 45 days

36. From your own personal perspective, do you believe that it is appropriate to hold mentally ill youth in secure detention centers?

Yes _____ No _____

37. For this question, please mark YES or NO for the following questions:

Do your staff receive on-going training pertaining to:

- a. Signs and symptoms of mental illness? _____ Yes _____ No
- b. Attitudes about mental illness (e.g., stigma)? _____ Yes _____ No
- c. Understanding and assessing mental illnesses? _____ Yes _____ No
- d. The relationship between violence and mental illness? _____ Yes _____ No
- e. Dual diagnosis: substance abuse and mental illness? _____ Yes _____ No
- f. Developmental disorders? _____ Yes _____ No
- g. Homelessness and mental illnesses? _____ Yes _____ No
- h. De-escalation techniques specific to mentally ill youth? _____ Yes _____ No
- i. Officer safety? _____ Yes _____ No
- j. Calming approach techniques? _____ Yes _____ No
- k. Interviewing techniques? _____ Yes _____ No
- l. Medications: Noncompliance; Side effects? _____ Yes _____ No
- m. Suicide prevention? _____ Yes _____ No

38. For the reporting date of **October 20, 2004**, please take a count of your youth (in your facility) and report the following:

Total bed space of your facility: _____

Total number of inmates: _____

Total number of inmates that are SED: _____
Total number of inmates that are dual diagnosis: _____
Total number of inmates who are prescribed some
type of psychotropic medication: _____

Appendix D

Thank you for taking the time to complete this 32 question survey. It is estimated that the completion of this questionnaire will take approximately 15-20 minutes. I hope that the results from the survey responses can be used to help us improve our system of juvenile justice. I plan to make the results available for your review when the study is completed.

The following several questions are to be used for general classification purposes only

1. In which judicial district do you primarily serve?

_____District 1 _____District 2 _____District 3 _____District 4

_____District 5 _____District 6 _____District 7
2. How long have you been a Magistrate Judge?

0-5 years 6-10 years 11-15 years 15 + years
3. In your role as a Magistrate Judge, how long have you worked in “juvenile court?”

0-5 years 6-10 years 11-15 years 15 + years

The next set of questions focuses on your viewpoint for sentencing youth to the Department of Juvenile Corrections.

4. In your capacity as a Judge, have you ever sentenced a youth to the Department of Juvenile Corrections (DJC)?

_____Yes _____No
- 4a. If yes, roughly how many youth have you sentenced to DJC?

1-10 11-20 20 -50 50 +

Please rate the following questions:

5. In some cases of commitment to DJC, the juvenile is found to have committed a crime, but although county resources are available, there is delay in the delivery of these services. Due to delay in providing services to the youth, did you consider commitment rather than waiting for alternative sanctions?

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**
1 2 3 4 5

11. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles within their care? (1 is the highest confidence, 5 is the lowest)

- a. ___ The Idaho Department of Juvenile Corrections (DJC)
- b. ___ The Idaho Department of Health and Welfare—Mental Health
- c. ___ The Idaho Department of Health and Welfare—Child Protection
- d. ___ The Idaho Department of Education
- e. ___ The local school districts in your jurisdiction
- f. ___ The local county probation departments
- g. ___ The local county detention centers
- h. ___ The local providers for mental health counseling
- i. ___ The local providers for drug and alcohol counseling

12. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles who are outside their care, but in need of services? (1 is the highest confidence, 5 is the lowest)

- a. ___ The Idaho Department of Juvenile Corrections (DJC)
- b. ___ The Idaho Department of Health and Welfare—Mental Health
- c. ___ The Idaho Department of Health and Welfare—Child Protection
- d. ___ The Idaho Department of Education
- e. ___ The local school districts in your jurisdiction
- f. ___ The local county probation departments
- g. ___ The local county detention centers
- h. ___ The local providers for mental health counseling
- i. ___ The local providers for drug and alcohol counseling

13. If you were given the opportunity to make three (3) recommendations for improvement of the current juvenile justice system of Idaho, and if you knew that these recommendations would be implemented immediately, what would they be and why?

14. _____ On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Idaho Department of Health and Welfare in your jurisdiction?

15. _____ On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Department of Juvenile Correction in your jurisdiction?

16. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
17. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Department of Juvenile Corrections.
18. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
19. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Department of Juvenile Corrections.
20. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of therapeutic foster care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
21. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of respite care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
22. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of crisis response services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
23. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of day treatment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
24. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of family support services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
25. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of in-patient care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
26. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of out-patient services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
27. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of residential services for youth with SED and their families provided by the Idaho Department of Health and Welfare.

28. If there were increased capacity and availability of community based mental health services from the Idaho Department of Health and Welfare there would be less need to commit youth with SED to the Department of Juvenile Corrections

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**
1 2 3 4 5

29. After a youth with SED is released from the Department of Juvenile Corrections there are community based services which are available to assist the youth and the family from repeating delinquent behavior.

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**
1 2 3 4 5

30. In your experience, what percentage of youth (that you see from the bench) with a diagnosis of SED become involved in the juvenile justice system and have previously received mental health services from the Idaho Department of Health and Welfare?

0%-20% **21%-40%** **41%-60%** **61%-80%** **81%-100%**

31. Have you ever sentenced a youth to the Department of Juvenile Corrections knowing (or had reason to believe) he/she was diagnosed as being SED and mental illness was the primary reason for the delinquent behavior because there were no community based mental health services available to treat youth with SED? If yes, what is the percentage of youth you would estimate?

0%-20% **21%-40%** **41%-60%** **61%-80%** **81%-100%**

32. Would you like to be able to divert youth with SED from commitment to the Department of Juvenile Corrections so they and their families could receive community based mental health services?

Yes _____ **No**_____

5. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles **within their care**? (1 is the highest confidence, 5 is the lowest)

- a. ___ The Idaho Department of Juvenile Corrections (DJC)
- b. ___ The Idaho Department of Health and Welfare—Mental Health
- c. ___ The Idaho Department of Health and Welfare—Child Protection
- d. ___ The Idaho Department of Education
- e. ___ The local school districts in your jurisdiction
- f. ___ The local county probation departments
- g. ___ The local county detention centers
- h. ___ The local providers for mental health counseling
- i. ___ The local providers for drug and alcohol counseling

6. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles who are **outside their care**, but in need of services? (1 is the highest confidence, 5 is the lowest)

- a. ___ The Idaho Department of Juvenile Corrections (DJC)
- b. ___ The Idaho Department of Health and Welfare—Mental Health
- c. ___ The Idaho Department of Health and Welfare—Child Protection
- d. ___ The Idaho Department of Education
- e. ___ The local school districts in your jurisdiction
- f. ___ The local county probation departments
- g. ___ The local county detention centers
- h. ___ The local providers for mental health counseling
- i. ___ The local providers for drug and alcohol counseling

7. If you were given the opportunity to make three (3) recommendations for improvement of the current juvenile justice system of Idaho, and if you knew that these recommendations would be implemented immediately, what would they be and why?

8. _____ On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Idaho Department of Health and Welfare in your jurisdiction?

9. _____ On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Department of Juvenile Correction in your jurisdiction?

10. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
11. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Department of Juvenile Corrections.
12. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
13. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Department of Juvenile Corrections.
14. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of therapeutic foster care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
15. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of respite care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
16. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of crisis response services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
17. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of day treatment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
18. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of family support services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
19. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of in-patient care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
20. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of out-patient services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
21. _____ On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of residential services for youth with SED and their families provided by the Idaho Department of Health and Welfare.

Appendix F

For **Chief Probation Officer's**, thank you for taking the time to complete **the first 33 questions of this survey**. It is estimated that the completion of this questionnaire will take approximately 20 minutes. I hope that the results from the survey responses can be used to help us improve our system of juvenile justice. I plan to make the results available for your review when the study is completed.

For **Detention Administrator's**, thank you for all the same reasons described above, and for completing **Questions 1-2, 8, 10-32 and 34-38**.

The following several questions are to be used for general classification purposes only

- In which judicial district do you primarily serve?
 2____ District 1 3____ District 2 5____ District 3 2____ District 4
 4____ District 5 3____ District 6 5____ District 7
- Please mark whether you are a Chief PO (CPO) or Detention Administrator (DA)
 18____ CPO 4____ DA 2____ Both

The next set of questions focuses on your viewpoint for sentencing youth to the **Department of Juvenile Corrections**.

- In your capacity as a CPO, has your department ever sentenced a youth to the Department of Juvenile Corrections (DJC)?
 _____ 20 _____ Yes _____ 0 _____ No
- If yes, roughly how many youth has your department sentenced to DJC during your tenure?
 1-10 (3) 11-20 (7) 20 -50 (6) 50 + (4)

Please rate the following questions:

- In some cases of commitment to DJC, the juvenile is found to have committed a crime, but although county resources are available, there is delay in the delivery of these services. Due to delay in providing services to the youth, did you consider commitment rather than waiting for alternative sanctions?

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1 (2)	2 (13)	3 (2)	4 (3)	5 (0)

- In some cases, the need to protect the youth is balanced against the need to commit to DJC. There have been occasions when the need to protect the youth and get them out of a threatening and/or challenging home environment led to the decision of commitment.

11. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles within their care? (1 is the highest confidence, 5 is the lowest)

- a. **2.09**The Idaho Department of Juvenile Corrections (DJC)
- b. **3.91**The Idaho Department of Health and Welfare—Mental Health
- c. **3.57**The Idaho Department of Health and Welfare—Child Protection
- d. **2.83**The Idaho Department of Education
- e. **2.30**The local school districts in your jurisdiction
- f. **1.70**The local county probation departments
- g. **1.87**The local county detention centers
- h. **2.83**The local providers for mental health counseling
- i. **2.70**The local providers for drug and alcohol counseling

12. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles who are outside their care, but in need of services? (1 is the highest confidence, 5 is the lowest)

- a. **3.78**The Idaho Department of Juvenile Corrections (DJC)
- b. **4.22**The Idaho Department of Health and Welfare—Mental Health
- c. **4.26**The Idaho Department of Health and Welfare—Child Protection
- d. **3.65**The Idaho Department of Education
- e. **3.30**The local school districts in your jurisdiction
- f. **2.48**The local county probation departments
- g. **3.22**The local county detention centers
- h. **3.26**The local providers for mental health counseling
- i. **3.26**The local providers for drug and alcohol counseling

13. If you were given the opportunity to make three (3) recommendations for improvement of the current juvenile justice system of Idaho, and if you knew that these recommendations would be implemented immediately, what would they be and why?

14. **2.40**On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Idaho Department of Health and Welfare in your jurisdiction?

15. **2.10**On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Department of Juvenile Correction in your jurisdiction?

16. **2.40** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
17. **2.20** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Department of Juvenile Corrections.
18. **2.80** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
19. **2.10** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Department of Juvenile Corrections.
20. **1.70** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of therapeutic foster care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
21. **2.00** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of respite care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
22. **1.80** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of crisis response services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
23. **2.30** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of day treatment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
24. **2.10** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of family support services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
25. **2.40** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of in-patient care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
26. **2.00** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of out-patient services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
27. **1.90** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of residential services for youth with SED and their families provided by the Idaho Department of Health and Welfare.

28. If there were increased capacity and availability of community based mental health services from the Idaho Department of Health and Welfare there would be less need to commit youth with SED to the Department of Juvenile Corrections

Strongly Disagree 1 (1) Disagree 2 (0) Neutral 3 (3) Agree 4 (12) Strongly Agree 5 (8)

29. After a youth with SED is released from the Department of Juvenile Corrections there are community based services which are available to assist the youth and the family from repeating delinquent behavior.

Strongly Disagree 1 (2) Disagree 2 (11) Neutral 3 (3) Agree 4 (7) Strongly Agree 5 (1)

30. In your experience, what percentage of youth (that you see in your community) with a diagnosis of SED become involved in the juvenile justice system and have previously received mental health services from the Idaho Department of Health and Welfare?

0%-20% 2 21%-40% 7 41%-60% 2 61%-80% 1 81%-100% 0

31. Have you ever recommended a sentence to the Department of Juvenile Corrections knowing (or had reason to believe) the youth was diagnosed as being SED and mental illness was the primary reason for the delinquent behavior because there were no community based mental health services available to treat youth with SED? If yes, what is the percentage of youth you would estimate?

0%-20% 6 21%-40% 6 41%-60% 1 61%-80% 0 81%-100% 0

32. Would you like to be able to divert youth with SED from commitment to the Department of Juvenile Corrections so they and their families could receive community based mental health services?

Yes 23 No 1

FOR CHIEF PROBATION OFFICERS

33. For the reporting date of **October 20, 2004**, please take a count of your youth on probation and report the following:

Total number of youth receiving probation services: **3414**
 Total number of youth pending probation: **748**
 Total number of youth in custody of DJC: **245**
 Estimated number of youth on probation that are:
 SED **766**
 Dual Diagnosis **775**

Estimated number of probation youth who are Rule 19 eligible: **597**

Estimated number of probation youth who are prescribed some type of psychotropic medication:

751

FOR DETENTION ADMINISTRATORS:

34. Have you ever held mentally ill youth in your detention center?

Yes 7

No 0

35. If yes, what was the longest period of time that you held a mentally ill youth?

0 Less than 10 days

1 Between 11 and 20 days

3 Between 21 and 45 days

3 Greater than 45 days

36. From your own personal perspective, do you believe that it is appropriate to hold mentally ill youth in secure detention centers?

Yes 0

No 6

37. For this question, please mark YES or NO for the following questions:

Do your staff receive on-going training pertaining to:

- | | | | |
|----|--|--------------|-------------|
| a. | Signs and symptoms of mental illness? | <u>4</u> Yes | <u>2</u> No |
| b. | Attitudes about mental illness (e.g., stigma)? | <u>1</u> Yes | <u>5</u> No |
| c. | Understanding and assessing mental illnesses? | <u>2</u> Yes | <u>4</u> No |
| d. | The relationship between violence and mental illness? | <u>1</u> Yes | <u>5</u> No |
| e. | Dual diagnosis: substance abuse and mental illness? | <u>2</u> Yes | <u>4</u> No |
| f. | Developmental disorders? | <u>1</u> Yes | <u>5</u> No |
| g. | Homelessness and mental illnesses? | <u>0</u> Yes | <u>6</u> No |
| h. | De-escalation techniques specific to mentally ill youth? | <u>3</u> Yes | <u>3</u> No |
| i. | Officer safety? | <u>6</u> Yes | <u>0</u> No |
| j. | Calming approach techniques? | <u>5</u> Yes | <u>1</u> No |
| k. | Interviewing techniques? | <u>4</u> Yes | <u>2</u> No |
| l. | Medications: Noncompliance; Side effects? | <u>5</u> Yes | <u>1</u> No |
| m. | Suicide prevention? | <u>4</u> Yes | <u>2</u> No |

38. For the reporting date of **October 20, 2004**, please take a count of your youth (in your facility) and report the following:

Total bed space of your facility: 197

Total number of inmates: 80

Total number of inmates that are SED: 23

Total number of inmates that are dual diagnosis:	<u>30</u>
Total number of inmates who are prescribed some type of psychotropic medication:	<u>27</u>

Appendix G

Thank you for taking the time to complete this 32 question survey. It is estimated that the completion of this questionnaire will take approximately 15-20 minutes. I hope that the results from the survey responses can be used to help us improve our system of juvenile justice. I plan to make the results available for your review when the study is completed.

The following several questions are to be used for general classification purposes only

1. In which judicial district do you primarily serve?
1District 1 **2**District 2 **4**District 3 **1**District 4
2District 5 **2**District 6 **0**District 7
2. How long have you been a Magistrate Judge?
(2) 0-5 years **(4)** 6-10 years **(3)** 11-15 years **(3)** 15 + years
3. In your role as a Magistrate Judge, how long have you worked in “juvenile court?”
(2) 0-5 years **(5)** 6-10 years **(4)** 11-15 years **(1)** 15 + years

The next set of questions focuses on your viewpoint for sentencing youth to the Department of Juvenile Corrections.

4. In your capacity as a Judge, have you ever sentenced a youth to the Department of Juvenile Corrections (DJC)?
12Yes **0**No
- 4a. If yes, roughly how many youth have you sentenced to DJC?
(3) 1-10 **(3)** 11-20 **(1)** 20 -50 **(5)** 50 +

Please rate the following questions:

5. In some cases of commitment to DJC, the juvenile is found to have committed a crime, but although county resources are available, there is delay in the delivery of these services. Due to delay in providing services to the youth, did you consider commitment rather than waiting for alternative sanctions?

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
14	25	30	43	50

11. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles within their care? (1 is the highest confidence, 5 is the lowest)

- a. **2.42**The Idaho Department of Juvenile Corrections (DJC)
- b. **4.00**The Idaho Department of Health and Welfare—Mental Health
- c. **3.33**The Idaho Department of Health and Welfare—Child Protection
- d. **3.36**The Idaho Department of Education
- e. **2.75**The local school districts in your jurisdiction
- f. **1.58**The local county probation departments
- g. **1.83**The local county detention centers
- h. **3.08**The local providers for mental health counseling
- i. **3.00**The local providers for drug and alcohol counseling

12. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles who are outside their care, but in need of services? (1 is the highest confidence, 5 is the lowest)

- a. **4.17**The Idaho Department of Juvenile Corrections (DJC)
- b. **4.08**The Idaho Department of Health and Welfare—Mental Health
- c. **3.75**The Idaho Department of Health and Welfare—Child Protection
- d. **4.27**The Idaho Department of Education
- e. **3.67**The local school districts in your jurisdiction
- f. **3.25**The local county probation departments
- g. **4.00**The local county detention centers
- h. **3.75**The local providers for mental health counseling
- i. **3.67**The local providers for drug and alcohol counseling

13. If you were given the opportunity to make three (3) recommendations for improvement of the current juvenile justice system of Idaho, and if you knew that these recommendations would be implemented immediately, what would they be and why?

14. **1.92**On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Idaho Department of Health and Welfare in your jurisdiction?

15. **2.30**On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Department of Juvenile Correction in your jurisdiction?

16. **2.17** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
17. **1.50** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Department of Juvenile Corrections.
18. **2.58** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
19. **1.50** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Department of Juvenile Corrections.
20. **1.60** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of therapeutic foster care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
21. **1.80** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of respite care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
22. **1.60** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of crisis response services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
23. **2.10** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of day treatment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
24. **2.50** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of family support services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
25. **1.80** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of in-patient care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
26. **2.30** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of out-patient services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
27. **1.30** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of residential services for youth with SED and their families provided by the Idaho Department of Health and Welfare.

28. If there were increased capacity and availability of community based mental health services from the Idaho Department of Health and Welfare there would be less need to commit youth with SED to the Department of Juvenile Corrections

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**
 1 0 2 2 3 1 4 4 5 4

29. After a youth with SED is released from the Department of Juvenile Corrections there are community based services which are available to assist the youth and the family from repeating delinquent behavior.

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**
 1 1 2 5 3 3 4 2 5 0

30. In your experience, what percentage of youth (that you see from the bench) with a diagnosis of SED become involved in the juvenile justice system and have previously received mental health services from the Idaho Department of Health and Welfare?

0%-20% 5 **21%-40%** 3 **41%-60%** 2 **61%-80%** 0 **81%-100%** 0

31. Have you ever sentenced a youth to the Department of Juvenile Corrections knowing (or had reason to believe) he/she was diagnosed as being SED and mental illness was the primary reason for the delinquent behavior because there were no community based mental health services available to treat youth with SED? If yes, what is the percentage of youth you would estimate?

0%-20% 5 **21%-40%** 3 **41%-60%** 0 **61%-80%** 1 **81%-100%** 0

32. Would you like to be able to divert youth with SED from commitment to the Department of Juvenile Corrections so they and their families could receive community based mental health services?

Yes 8 **No** 1

Thank you for taking the time to complete this 25 question survey. It is estimated that the completion of this questionnaire will take approximately 10-15 minutes. I hope that the results from the survey responses can be used to help us improve our system of juvenile justice. I plan to make the results available for your review when the study is completed.

The first question is for general classification purposes only

1. Please check which agency and/or position that best describes where you work:

2Law Enforcement

3Attorney

0CASA

The next set of questions focuses on your viewpoint for sentencing youth to the Department of Juvenile Corrections.

2. On a scale of 1 – 10 (1 being your most important reason, and 10 your least, and there can't be any ties or duplications), please rank order the following reasons for committing a youth to the Department of Juvenile Corrections:

4.50Committing offense

7.00Little confidence in partner agencies to adequately assist in the community

4.80Have provided the youth enough chances

3.40Access to correctional based treatment

6.40Mental health issues could not be addressed in the community

7.30The juvenile meets the minimum criteria, thus he/she should be committed

3.00Drug/Alcohol issues could not be addressed in the community

6.80Need to get the youth away from his home environment

4.00Mental Health & Drug/Alcohol issues could not be addressed in the community

____Other, please state _____.

3. Do you believe that a youth with a diagnosis of Seriously Emotionally Disturbed (SED) should be sentenced a youth to the Department of Juvenile Corrections?

Yes 2

No 3

4. Do you believe that a youth with a dual diagnosis (mental illness as well as legal problems) should be committed to the Department of Juvenile Corrections (DJC)? Why or why not?

5. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles **within their care**? (1 is the highest confidence, 5 is the lowest)

- a. **2.00**The Idaho Department of Juvenile Corrections (DJC)
- b. **3.25**The Idaho Department of Health and Welfare—Mental Health
- c. **4.00**The Idaho Department of Health and Welfare—Child Protection
- d. **2.25**The Idaho Department of Education
- e. **2.25**The local school districts in your jurisdiction
- f. **1.75**The local county probation departments
- g. **2.25**The local county detention centers
- h. **2.25**The local providers for mental health counseling
- i. **2.50**The local providers for drug and alcohol counseling

6. How would you rank your confidence in the following agencies in terms of their “willingness” and/or “ability” to fully assist juveniles who are **outside their care**, but in need of services? (1 is the highest confidence, 5 is the lowest)

- a. **3.75**The Idaho Department of Juvenile Corrections (DJC)
- b. **4.25**The Idaho Department of Health and Welfare—Mental Health
- c. **4.50**The Idaho Department of Health and Welfare—Child Protection
- d. **3.50**The Idaho Department of Education
- e. **3.50**The local school districts in your jurisdiction
- f. **3.25**The local county probation departments
- g. **3.25**The local county detention centers
- h. **2.25**The local providers for mental health counseling
- i. **2.25**The local providers for drug and alcohol counseling

7. If you were given the opportunity to make three (3) recommendations for improvement of the current juvenile justice system of Idaho, and if you knew that these recommendations would be implemented immediately, what would they be and why?

8. **2.00**On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Idaho Department of Health and Welfare in your jurisdiction?

9. **1.75**On a scale of 1-5 (1 being not available and 5 being always available), how would you rate the availability of community-based Mental Health services provided by the Department of Juvenile Correction in your jurisdiction?

10. **2.00** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
11. **1.75** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of mental health services for youth with SED and their families provided by the Department of Juvenile Corrections.
12. **1.75** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
13. **1.75** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of assessment services for youth with SED and their families provided by the Department of Juvenile Corrections.
14. **1.75** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of therapeutic foster care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
15. **1.75** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of respite care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
16. **2.00** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of crisis response services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
17. **1.75** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of day treatment services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
18. **1.75** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of family support services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
19. **1.60** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of in-patient care services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
20. **1.75** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of out-patient services for youth with SED and their families provided by the Idaho Department of Health and Welfare.
21. **2.00** On a scale of 1-5 (1 being not available and 5 being always available) rate the availability in your jurisdiction of residential services for youth with SED and their families provided by the Idaho Department of Health and Welfare.

22. If there were increased capacity and availability of community based mental health services from the Idaho Department of Health and Welfare there would be less need to commit youth with SED to the Department of Juvenile Corrections

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1 0	2 1	3 1	4 1	5 2

23. After a youth with SED is released from the Department of Juvenile Corrections there are community based services which are available to assist the youth and the family from repeating delinquent behavior.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1 1	2 2	3 0	4 1	5 1

24. In your experience, what percentage of youth (that you see from your respective position) with a diagnosis of SED become involved in the juvenile justice system and have previously received mental health services from the Idaho Department of Health and Welfare?

0%-20% 1	21%-40% 0	41%-60% 3	61%-80% 0	81%-100% 0
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25. Would you like to be able to divert youth with SED from commitment to the Department of Juvenile Corrections so they and their families could receive community based mental health services?

Yes 3	No 2
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SURVEY COMMENTS

Question: Do you believe that a youth with a dual diagnosis should be committed to the Department of Juvenile Corrections (DJC)?

Responses: Chief PO's and Detention Administrator's

- My opinion may only be because DJC have been our only out of home resource. DHW provides little or no support for mental health cases. The one youth that they attempted to provide out of home placement for, the placement was inappropriate, the stay was too short and he was immediately sent directly home with little or no support or after care.
- Just because the offender has or had a dual diagnosis does not necessarily mean the criminal behaviors are treated through mental health services. The 2 dept. should work to resolve both criminal delinquency and mental health issues.
- If that is the only means to ensure community safety, and get the services necessary for the youth.
- My experience has been that the criminal behavior is usually a direct result of the youths Mental Health Diagnosis or problem and inability to cope with their illness.
- There are times when it becomes appropriate, but there are times if early intervention on the mental health issues would have take place there might not of been the need for DJC commitment.
- Most facilities or treatment centers are not truly designed for mental health issues.
- Because in rural areas it is a challenge to access adequate services and treatment for dual diagnosis clients.
- In rural counties there are no facilities available for dual diagnosis juveniles. DJC has more contracts with providers to deal with this level of care than a small county.
- If the crime and juvenile fit the commitment criteria and other services are not available I would ask for a commitment to assure the safety of the community from the juveniles actions.
- Some should, some shouldn't. If DJC has the ability or resource to help the youth, perhaps they should be committed. However, youths shouldn't be committed because DJC is a "catch all", and no other agency can or is willing to help.
- If they meet Rule 19 criteria and have committed a chargeable offense
- Not every youth meets the criteria.
- Difficult to answer since it involves both legal violations of the law, and potentially uncontrollable mental health issues. If DHW were to do their jobs better, than I would suggest that communities would keep more youth in their custody.
- Usually the reason for the dual diagnosis, is because the juvenile is trying to self medicate the mental illness. The mental illness should be dealt with by Children's Mental Health and not in a corrections facility.
- It is hard to give a definitive answer to this. My choice would depend on whether the primary problem is based on criminogenic factors or mental health factors.

- If there are no services available and the juvenile is a risk to the community and a risk to himself, then there appears to be no other options at this time. In the ideal world, a juvenile with severe mental health issues should not end up in the juvenile correctional field.
- yes, services need to be accessed and Health and Welfare is not able to provide the amount of services needed, therefore we tend to give them to DJC, even though it is a mental health issue. We take the position that the child comes first and we will try to change the system second, the treatment is most important.
- At this time. There are currently no community based agencies that we have access to that can address these needs. DJC commitment can be a safe and productive placement for the juvenile, family and community if the juvenile can be placed in an appropriate facility.
- If there is a need for treatment outside of the community, then it often seems like the only way to meet the needs of the Balanced Approach is to work with the Department of Juvenile Corrections.
- If the SED youth is a danger to the community and commitment to DJC is their best treatment option, then it is appropriate. However, if other residential treatment options were available, they would be more appropriate in some instances.
- Dual diagnosis should not be a factor in excluding youth from commitment. We need to insure that we can treat them once they are committed.
- There are no community based services to address these problems.
- It always depends on their behavior in the community, however, there are no adequate treatment programs in the community for such kids.
- In some cases, if protection of the community from serious crime, particularly violent crimes, requires it. Most generally, I do not believe a youth w/ a dual diagnosis should be committed to DJC

Responses: Magistrates

- NO. THEY SHOULD BE SENT TO AN APPROPRIATE FACILITY DESIGNATED BY THE DEPARTMENT OF HEALTH & WELFARE PURSUANT TO THE CHILDREN'S MENTAL HEALTH ACT.
- Yes. the local facilities for treatment are inadequate
- Depends upon what the dual diagnosis is, don't commit if problem is mostly mental illness.
- Yes, unless community risk can be sufficiently mitigated by mental health treatment in community
- Yes, we have no other viable options
- Yes if he or she knows difference between right and wrong and commits crimes and meets criteria
- Yes
- Yes, if offense was committed and community alternative are not available
- Yes, community protection, accountability and competency development may require it
- In most cases, No. Sometimes community protection requires it.
- If he meets Rule 19 & I have no other treatment option available then commitment may occur

Response: Stakeholders

- Only if appropriate treatment is not available locally
- Yes
- Yes, sometimes programs are more effective if away from parents who don't offer any support. This isn't always the answer, but I believe parents not supporting treatment makes the juveniles resist the help
- No, inadequate treatment options available & limited resources

Question: If you were given the opportunity to make three (3) recommendations for improvement of the current juvenile justice system of Idaho, and if you knew that these recommendations would be implemented immediately, what would they be and why?

Response: Chief PO's and Detention Administrator's

- Residential community based treatment for females.
- Health and Welfare be more willing to provide Mental Health Services to Probation youth who are identified as being SED
- Get rid of the Dept. of H&W and start over
- Appropriate placement and services for juveniles with mental health issues
- Drug and alcohol treatment. Not enough treatment providers.
- Legislative: more penalties for parents that continually have encouraging violations.
- More services for females.
- Take mental health out of health and welfare, just as juvenile justice was in 1995.
- More money and services become available to rural counties for the implementation and continuation of local programs
- More education of the juvenile justice system in the public school lower grades.
- Disband DHW and create smaller, but more accountable departments that actually could get their jobs done more effectively, and efficiently
- I would like to see all of the Counties involved in Juvenile Detention Alternatives Initiative (JDAI). I feel it has been beneficial to our whole system.
- Health and Welfare would serve mentally ill clients even if they had criminal charges
- Revamp the Mental Health System - so mentally ill kids get services rather than treated in the criminal system.
- Address the children's mental health situation.
- Leaving DJC commitment for placement only in State run facilities and sex offender specific treatment and filter the money spent on contracts to the counties to use to access treatment and programs for juveniles locally. (Somewhat like the Ohio Project).
- Change criteria for commitment to the Department of Juvenile Corrections and increase the number of services that are available through this commitment. Possibly a pilot program to see if providing intensive services early on makes it more likely that young people will be successful.
- Adequate funding for mental health and substance abuse treatment; outpatient and residential.
- A system of parole ensuring state funds availability for those juveniles released from DJC

- More and better drug and alcohol treatment.
- Incentives to communities to provide proven strategies
- Increased family participation in therapy while kid is in DJC
- Enough funds at the state level so that juveniles are not released based on how much they cost to retain.
- Adequate funding for DJC, including for the expansion of DJC-Lewiston and for the hiring of additional staff.
- A shift in all probation departments, detention centers, Department of Juvenile Corrections and other agencies, to change to a Restorative Justice Model. A model that includes victims, and members of the greater community in the process of taking care of each other (when a crime is committed and beyond). To create opportunities for connection, forgiveness, and stewardship on the part of offenders.
- Make a provision in the juvenile justice code to allow for the court to appoint CASA or guardian ad litem for juveniles that are appropriate.
- implement more drug and alcohol treatment for adolescents in an intervention stage
- Revamp the Child Protection System. Preventative work would prevent many of the kids we see in the system from penetrating this far.
- Juvenile Corrections would become more involved with children at risk for commitment
- More collaboration with H&W. It would be much better if they were willing to help with our Mental Health and C.P. kids.
- Have DJC put more money into the communities for prevention related activities, thus reducing the need for eventual commitment
- Immediate consequences for offenders rather than the months long delay from from incident, arraignment and disposition.
- Easier access to mental health services as well as drug and alcohol treatment services.
- Raise the maximum age back to 21 of juveniles who potentially could be in DJC's custody
- Make parents be more accountable by ordering them to participate in treatment.
- Detention time for status offenses
- Sex offender treatment. Too far to travel for services.
- Follow through of services between agencies as a child moves through the system.
- Quit trying to do the same thing and expecting different results
- Better contracted services and facilities for state committed youth outside of JCC-St Anthony
- Residential community based treatment for sexual offenders
- Strict requirements for early aftercare planning for juvenile returning to the community from residential care. This planning process should include, Mental Health, Child Protection, DJC, County Probation, and someone from the local School District
- Quicker turn around between court hearing and actual disposition of juveniles
- Better communication between agencies.
- Legislative: more drug and alcohol testing of all juveniles on probation.
- Take into consideration where the juvenile is discharging to upon completion of treatment and factor that into release conditions.
- Do away with DJC's accounting method of "one in, one out". I know it's a "fiscal" issue, but some youths are released way to early from custody.

- More re-entry resources in the community.
- Loosen the laws that govern Child Protection and have more kids removed from their homes, and better foster care systems in general
- Not so many probation terms. I believe we set the juvenile up to fail. We give them so many rules and conditions that they must follow and most find it hard to follow through.
- Health and Welfare would pay detention costs for children for whom they are the guardian
- Develop regional programming throughout the state so rural counties have programs at the county level rather than commitment to the state.
- Expand services offered by counties, this is where services tend to be best utilized and get the best service for the dollar.
- Bring at least a fare share if not all of the drug and alcohol monies that are distributed through the local RASA boards and give it to the counties to develop and implement drug and alcohol treatment that is beneficial to those juveniles in their community. Do away BPA or any other management program and let the counties handle it like Block Grant money is currently handled.
- A system where outside agencies are able to collaborate and combine resources to best serve the needs of offenders, their families and the community at large.
- Lower detention costs with treatment being offered in detention.
- Better coordination and communication between state and county entities.
- Increased aftercare funding

Response: Magistrates

- AVAILABILITY OF DRUG & ALCOHOL COUNSELING SPECIFICALLY DESIGNED FOR TROUBLED YOUTH
- more funding for juvenile mental health
- More half-way homes, group homes, youth ranches, that are treatment based, because we don't have those services available in small rural counties.
- Develop effective system of court-ordered delivery of mental health treatment. Woefully inadequate
- Transition housing or long term foster homes-need to be able to provide alternate placement to homes
- Mental Health Treatment-Obvious need
- Stop releasing unsuccessful "committees" to DJC. Especially sex offenders
- Require competent treatment for juveniles found to be abused
- Money rewards to counties for solving their own problems
- Hold the juvenile corrections accountable for premature release of sex abuse offenders
- Increase mental health resources at the local level and state level
- Local control over drug treatment and mental health as done with juvenile justice
- Provide competent D&A treatment
- Give more notice of anticipated releases.
- Local in-patient substance abuse facility-great need
- More funding for juvenile drug court and treatment with court approval or review of treatment plans. Almost all serious and repeat offenders have substance abuse problems.

- Expand availability of foster care and group homes
- More assistance for schools and substance abuse treatment providers, because we need to treat the problems before they evidence themselves through criminal behaviors.
- better treatment for domestic violence incidents
- FUNDING FOR JUVENILE DRUG COURTS
- more funding for alcohol/drug treatment
- More options for parents, such as parenting classes, support groups, because these parents are not doing their job.
- Establish state-supported spectrum of early intervention and prevention programs. high risk behavior is early identified by elementary schools.
- Mental Health Treatment. Need more services
- Longer stays at DJC and more bed space-Good program
- Fund community-based treatment
- Implement a comprehensive adolescent mental health treatment model

Response: Stakeholders

- Jury Trials, in order to properly defend my clients
- Increased/stiffer fines & penalties for Drug & Alcohol Offenders. They need to be more in balance with Tobacco Violations
- Allow juv probation to have agent warrants powers, so they could immediately hold probationers accountable on the spot
- More input into sentencing 'std' sentence is too long
- Change runaway offences back to criminal violations.
- Special deputy powers to serve own warrants
- Create a juvenile court (similar to adult court) so minor offences can be processed with a citation-littering-shoplifting-etc
- special deputy powers to arrest probationers who are caught in illegal activity

Appendix J

	FY 03			FY 04		Actual Dollar Change	% Change
	# served	cost		# served	cost		
Cost of housing all SED youth per year	195	\$8,128,745.00		183	\$8,544,962	\$416,217.00	5.12%
Cost of housing all SED youth per day	195	\$41,685.87		183	\$46,693.78	\$5,007.91	12.01%
Cost of housing one (1) SED youth per day	1	\$114.21		1	\$127.93	\$13.72	12.01%
Cost of housing all Dual Diagnosis youth per year	129	\$4,335,330.72		111	\$4,272,481.05	(\$62,849.67)	-1.45%
Cost of housing all Dual Diagnosis youth per day	129	\$33,607.21		111	\$38,490.82	\$4,883.61	14.53%
Cost of housing one (1) Dual Diagnosis youth per day	1	\$92.07		1	\$105.45	\$13.38	14.53%
Cost of housing all Child Abuse/Neglect youth per year	371	\$12,518,267.45		361	\$14,184,637.09	\$1,666,369.63	13.31%
Cost of housing all Child Abuse/Neglect youth per day	371	\$33,741.96		361	\$39,292.62	\$5,550.66	16.45%
Cost of housing one (1) Child Abuse/Neglect youth per day	1	\$92.44		1	\$107.65	\$15.21	16.45%

TITLE 20
STATE PRISON AND COUNTY JAILS
CHAPTER 5
JUVENILE CORRECTIONS ACT

Juvenile Corrections Act created in 1995, Section 1, Chapter 44, Idaho Session Laws as amended in 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, and 2004.

20-501. **LEGISLATIVE INTENT.** It is the policy of the State of Idaho that the juvenile corrections system will be based on the following principles: accountability; community protection; and competency development. Where a juvenile has been found to be within the purview of the juvenile corrections act, the court shall impose a sentence that will protect the community, hold the juvenile accountable for his actions, and assist the juvenile in developing skills to become a contributing member of a diverse community. It is the further policy of the State of Idaho that the parents or other legal guardians of the juvenile offender participate in the accomplishment of these goals through participation in counseling and treatment designed to develop positive parenting skills and an understanding of the family's role in the juvenile's behavior. It is the further intent of the legislature that the parents or legal guardians of the juvenile offender be held accountable, where appropriate, through monetary reimbursement for supervision and confinement of the juvenile offender, and restitution to victims of the juvenile's delinquent acts. In enacting this legislation, the legislature finds that the juvenile corrections system should encompass the following aspects: day treatment, community programs, observation and assessment programs, probation services, secure facilities, after-care and assistance to counties for juveniles not committed to the custody of the department of juvenile corrections.

The following is a brief description of what the legislature intends to become the components of Idaho's juvenile corrections system:

Probation. Probation officers would have twenty-four (24) hour on call responsibility for juveniles and would monitor their activities on a continual basis. Probation officers would be responsible for assisting juveniles and their families in accessing counseling or treatment resources, close supervision of juveniles' activities, supervision of restitution and coordination of other services provided to juveniles. Juvenile offenders ordered into the custody of the department of juvenile corrections would be monitored by a county probation officer.

Day treatment. Day treatment programs would be time limited nonresidential treatment and educational programs. Included in these programs would be trackers who would provide intensive supervision of juveniles through daily contact and by counseling juveniles regarding employment, education, courts, family and life skills. Nonresidential alcohol and drug programs would provide outpatient assessment and counseling for juveniles with substance abuse problems.

Community programs. It is intended that community programs would exist throughout the state to provide twenty-four (24) hour residential supervision and treatment options to juveniles in close proximity to their families and their community. It is intended that these programs would strengthen the juvenile's relationship with family, engender a commitment to school and employment, promote the development of competency and life skills and help juveniles generalize appropriate behavior into their environment.

Observation and assessment. Regional observation and assessment centers would be provided, either directly or on a contract basis, to conduct observation and assessment of the

juvenile in a short-term residential experience. It is intended that these programs would maintain standardized home and daily routines with intensive daily programming.

Secure facilities. Secure facilities would provide secure confinement, discipline, education and treatment of the most seriously delinquent juveniles. Programs at the secure facilities would be designed to help juveniles recognize accountability for delinquent behavior by confronting and eliminating delinquent norms, criminal thinking and antisocial behavior and making restitution to victims through community service or other restitution programs.

It is the further intent of the legislature that the primary purpose of this act is to provide a continuum of programs which emphasize the juvenile offender's accountability for his actions while assisting him in the development of skills necessary to function effectively and positively in the community in a manner consistent with public safety. These services and programs will individualize treatment and control of the juvenile offender for the benefit of the juvenile and the protection of society. It is legislative intent that the department of juvenile corrections be operated within the framework of the following principles to accomplish this mission:

- (1) Provide humane, disciplined confinement to a juvenile who presents a danger to the community.
- (2) Strengthen opportunities for the juvenile's development of competency and life skills by expanding the juvenile's access to applicable programs and community resources.
- (3) Hold juveniles accountable for their delinquent behavior through such means as victim restitution, community service programs and the sharing of correctional costs.
- (4) Invoke the participation of the juvenile offender's parent or legal guardian in assisting the juvenile to recognize and accept responsibility for his delinquent or other antisocial behavior and hold the parent or legal guardian accountable, where appropriate, through the payment of detention costs and restitution to victims and through attendance at programs for the development of positive parenting skills designed to promote a functional relationship between the juvenile and his family.
- (5) Develop efficient and effective juvenile correctional programs within the framework of professional correctional standards, legislative intent and available resources.
- (6) Provide for a diversity of innovative and effective programs through research on delinquent behavior and the continuous evaluation of correctional programs.
- (7) Assist counties in developing meaningful programs for juveniles who have come into the juvenile corrections system but who have not been committed to the custody of the department of juvenile corrections.
- (8) Provide programs to increase public awareness of the mission of the juvenile corrections system and encourage public participation in developing an effective juvenile corrections system designed to aid in reducing juvenile crime in this state.
- (9) Develop and maintain a statewide juvenile offender information system.

20-502. DEFINITIONS. When used in this chapter, unless the context otherwise requires

- (1) "Adult" means a person eighteen (18) years of age or older.
- (2) "Commit" means to transfer legal custody.
- (3) "Community-based program" means an in-home confinement program or a nonsecure or staff secure residential or nonresidential program operated to supervise and provide competency development to juvenile offenders in the least restrictive setting, consistent with public safety, operated by the state or under contract with the state or by the county.
- (4) "Court" means any district court within the State of Idaho, or magistrate's division thereof.
- (5) "Department" means the state department of juvenile corrections.

(6) “Detention” means the temporary placement of juveniles who require secure custody for their own or the community’s protection in physically restricting facilities.

(7) “Detention center” means a facility established pursuant to sections 20-517 and 20-518, Idaho Code.

(8) “Director” means the director of the department of juvenile corrections.

(9) “Diversion” means the utilization of local community resources, churches, counseling for the juvenile and/or family, substance abuse counseling, informal probation, community service work, voluntary restitution, or any other available service or program as an alternative to the filing of a petition with the juvenile court.

(10) “Judge” means a district judge or a magistrate.

(11) “Juvenile” means a person less than eighteen (18) years of age or who was less than eighteen (18) years of age at the time of any act, omission or status bringing the person within the purview of this chapter.

(12) “Juvenile corrections center” means any state-operated secure facility wherever located.

(13) “Juvenile offender” means a person under the age of eighteen (18), committed by the court to the custody, care and jurisdiction of the department for confinement in a secure or community-based facility following adjudication for a delinquent act which would constitute a felony or misdemeanor if committed by an adult.

(14) “Legal custody” means the relationship created by the court’s decree which imposes upon the custodian responsibilities of physical possession of the juvenile, the duty to protect, train and discipline him and to provide him with food, shelter, education and ordinary medical care.

(15) “Legal guardian” means a person appointed as guardian of a minor under the laws of Idaho. For the purposes of this chapter, legal guardian does not include and shall not be construed to include the owner, operator or the agent of an owner or operator of a detention center, observation and assessment center, secure facility, residential facility or other facility having temporary or long-term physical custody of the juvenile offender.

(16) “Observation and assessment program” means any state-operated or purchased service program responsible for temporary custody of juvenile offenders for observation and assessment.

(17) “Secure facility” means any architecturally secure state-operated facility or facility operated under contract with the state which provides twenty-four (24) hour supervision and confinement for juvenile offenders committed to the custody of the department.

(18) “Staff secure facility” means a residential facility with awake staff twenty-four (24) hours a day, seven (7) days a week for intensive supervision of juveniles.

(19) “Work program” means a public service work project which employs juvenile offenders at a reasonable wage for the purpose of reimbursing victims of the juvenile offender’s delinquent behavior.

20-503. DEPARTMENT OF JUVENILE CORRECTIONS CREATED – APPOINTMENT OF DIRECTOR – POWERS AND DUTIES OF DEPARTMENT. (1) The department of juvenile corrections is hereby created. The department shall, for the purposes of section 20, article IV, of the constitution of the State of Idaho, be an executive department of the state government.

(2) The department shall be under the control and supervision of a director, who shall be appointed by the governor, with the advice and consent of the senate. The director shall exercise all of the powers and duties necessary to carry out the proper administration of the department and may delegate duties to employees and officers of the department. The director shall have the authority to employ an attorney or attorneys to provide legal services to the department and such

managers, assistants, clerical staff and other employees necessary to the proper functioning and administration of the department.

(3) The department of juvenile corrections shall be composed of such administrative units as may be established by the director for the proper and efficient administration of the powers and duties assigned to the director or the department. The director shall appoint an administrator for each administrative unit within the department.

(4) The director shall have full power and authority to do all things necessary to establish and provide for the administration and operation of the department of juvenile corrections and to accomplish an orderly transition to the department of juvenile corrections and the counties of the duties and responsibilities for juvenile offenders and the juvenile justice system being performed by the department of health and welfare. It is intended that the director and staff of the department of health and welfare work cooperatively with the director and staff of the department of juvenile corrections and the counties in this effort, while continuing with their duties to juvenile offenders in the custody of the department of health and welfare until the official transfer of such duties to the department of juvenile corrections and the counties on October 1, 1995.

(5) Effective October 1, 1995, all existing commitments to the department of health and welfare made pursuant to section 16-1814(1)6., Idaho Code, are hereby transferred to the department of juvenile corrections. All powers, duties and functions with respect to those commitments are hereby transferred from the department of health and welfare to the department of juvenile corrections. The director of the department of juvenile corrections shall have all the powers and duties as may have been or could have been exercised by his predecessors in law pursuant to these commitments and he shall be the successor in law to those commitment duties without regard to the language of individual judicial orders of commitment for the juveniles.

20-504. DUTIES OF THE DEPARTMENT OF JUVENILE CORRECTIONS. (1) The department shall have jurisdiction over all juveniles committed to it pursuant to chapter 5, title 20, Idaho Code.

(2) The department is responsible for all juvenile offenders committed to it by the courts of this state for confinement. The department shall also establish minimum standards for detention, care and certification of approved detention facilities based upon such standards.

(3) The department shall establish and administer all secure residential facilities including all state juvenile corrections centers.

(4) The department shall make all decisions regarding placement of juvenile offenders committed to it in the most appropriate program for supervision and treatment.

(5) The department shall establish an observation and assessment process for juvenile offenders committed to it by a court.

(6) The department shall establish liaison services with the counties or within the department's regions.

(7) The department may establish and operate work programs designed to employ juvenile offenders in public service work projects for the purpose of reimbursing victims of the juvenile offender's delinquent behavior.

(8) The department is hereby authorized and may place juveniles committed to it pursuant to this chapter in a community-based or private program; provided, that the person, agency or association operating the facility or program has been approved and has otherwise complied with all applicable state and local laws.

(9) The department shall establish minimum standards for the operation of all private residential and nonresidential facilities and programs which provide services to juvenile offenders.

The standards shall be no more stringent than standards imposed for facilities operated by the department or for detention facilities operated by counties.

(10) The department shall provide technical assistance to counties establishing research-based programs for juveniles who either have been found to come under the purview of this chapter or who have had their case informally diverted pursuant to section 20-511, Idaho Code, and who have not been committed to the legal custody of the department.

(11) The department shall have authority to adopt such administrative rules pursuant to the procedures provided in chapter 52, title 67, Idaho Code, as are deemed necessary or appropriate for the functioning of the department and the implementation and administration of this act.

(12) Subject to any competitive bidding requirements otherwise provided by law, the department shall have authority to enter into contracts with a private association or organization or other public agency or organization for the inspection and licensure of detention facilities.

(13) Subject to any competitive bidding requirements otherwise provided by law, the department shall have authority to enter into contracts with private providers or local governmental agencies for the confinement or other permanent or temporary placement of juveniles committed to its custody.

(14) The department shall have authority to apply for, receive and expend federal funds, subject to appropriation by the legislature. The department shall have authority to establish guidelines for and administer the distribution of state block grant funds to counties for the employment and training of county probation officers, the establishment of secure and nonsecure residential or nonresidential facilities and programs for juvenile offenders. The department may require that a county provide matching funds as a condition of receiving a block grant. The department, by rule, in cooperation with the courts and the counties, shall establish uniform standards for county juvenile probation services, as well as qualifications for and standards for the training of juvenile probation officers.

(15) All of the powers and duties imposed upon or granted to the director of the department of health and welfare or the board of health and welfare pursuant to chapter 18, title 16, Idaho Code, are hereby transferred to the director of the department of juvenile corrections. The director shall have all such powers and duties as may have been or could have been exercised by his predecessors in law with respect to chapter 18, title 16, Idaho Code, and shall be the successor in law to all contractual obligations entered into by his predecessor in law.

20-504A. STATE JUVENILE CORRECTIONS CENTERS – PURPOSES – POWERS AND DUTIES OF THE DEPARTMENT AND THE DIRECTOR. (1) The purposes of a juvenile corrections center shall be

(a) The care, control and competency development of adjudicated juvenile offenders meeting standards for admission as adopted by the Idaho supreme court;

(b) The provision pursuant to agreement with the counties of detention services for juveniles subject to administrative or court order;

(c) The provision of observation and assessment services for juveniles committed to the department of juvenile corrections; and

(d) To accept for placement those individuals sentenced to a state juvenile corrections center by a district court, or pursuant to agreement with the board of correction, subsequent to waiver of juvenile court jurisdiction.

(2) The department shall administer and provide general oversight of all state juvenile corrections centers and any other secure or nonsecure facilities as required by the juvenile corrections act.

(3) The department shall assure that the educational programs of state juvenile corrections centers are in compliance with educational standards for secure juvenile facilities which are approved by the Idaho state board of education or an accrediting association recognized by the Idaho state board of education.

(4) The department shall have the power to promulgate rules in accordance with the provisions of chapter 52, title 67, Idaho Code, for the administration and operation of state juvenile corrections centers.

(5) The director shall have the power

(a) To employ, fix the salary and prescribe the duties of a superintendent for each juvenile corrections center. The superintendent shall be a nonclassified employee and shall serve at the pleasure of the director. With the advice of the director, the superintendent may appoint and prescribe the duties of assistants, instructors, specialists and other employees required for the operation of the center;

(b) To remove any employee of a juvenile corrections center for cause;

(c) To ensure that all teachers, except specialists, hold teaching certificates issued under the authority of the state board of education which are valid for the grades and subjects taught. All specialists shall hold diplomas from an accredited school of their specialty;

(d) To have, at all times, general supervision and control of all property, real and personal, appertaining to the center, and to insure the same; and

(e) To expend tax moneys appropriated, or otherwise placed to the credit of the center for maintenance and operation and to account for the same as prescribed by law.

(6) Wherever the term "State Youth Training Center" or "State Youth Services Center" shall appear in the Idaho Code it shall mean any state juvenile corrections center.

20-505. JURISDICTION. Subject to the prior jurisdiction of the United States, the court shall have exclusive, original jurisdiction over any juvenile and over any adult who was a juvenile at the time of any act, omission or status, in the county in which the juvenile resides, or in the county in which the act, omission or status allegedly took place, in the following cases

(1) Where the act, omission or status is prohibited by federal, state, local or municipal law or ordinance by reason of minority only, regardless of where the same occurred;

(2) Where the act or omission is a violation of any federal, state, local or municipal law or ordinance which would be a crime if committed by an adult, regardless of where the same occurred, except traffic, watercraft, fish and game, failure to obey a misdemeanor citation and criminal contempt violations. A juvenile violator under the age of fourteen (14) years at the time of the violation may, at the discretion of the court, be treated under the provisions of this chapter;

(3) Concerning any juvenile where the juvenile comes under the purview of the interstate compact on juveniles as set forth in chapter 19, title 16, Idaho Code;

(4) This chapter shall not apply to juvenile violators of beer, wine or other alcohol and tobacco laws; except that a juvenile violator under the age of fourteen (14) years at the time of the violation may, at the discretion of the court, be treated under the provisions of this chapter;

(5) This chapter shall not apply to the violent juvenile offender, as defined in this chapter [; (6)].

20-506. TRANSFER FROM OTHER COURTS. If during the pendency of a criminal or quasi-criminal charge against any juvenile in any other court, it shall be ascertained that the juvenile was under the age of eighteen (18) years at the time of committing the alleged offense, except where such juvenile has left the state, or where said charge is that such juvenile is a juvenile traffic, beer,

wine or other alcohol or tobacco violator, or is within the purview of section 20-508(1)(a) or (1)(b), Idaho Code, it shall be the duty of such court forthwith to transfer the case, together with all the papers, documents and testimony connected therewith, to the court having jurisdiction over the juvenile with respect to the offense charged. The court making such transfer shall order the juvenile to be taken forthwith to the court to which the transfer is being made or place of detention designated by the court or shall release the juvenile to the custody of some suitable person to be brought before the court at a time designated. The court to which the case is transferred shall then proceed as provided in this act.

20-507. RETENTION OF JURISDICTION. Jurisdiction obtained by the court in the case of a juvenile shall be retained by it for the purposes of this act until he becomes twenty-one (21) years of age, unless terminated prior thereto. If a juvenile under the jurisdiction of the court and after attaining eighteen (18) years of age, is charged with a felony, he shall be treated as any other adult offender. If a person eighteen (18) years of age or older already under court jurisdiction is convicted of a felony, that conviction shall terminate the jurisdiction of the court, provided, however, that nothing herein contained shall prohibit any court from proceeding as provided in section 20-508(2), Idaho Code.

20-508. WAIVER OF JURISDICTION AND TRANSFER TO OTHER COURTS. (1) After the filing of a petition and after full investigation and hearing, the court may waive jurisdiction under the juvenile corrections act over the juvenile and order that the juvenile be held for adult criminal proceedings when

(a) A juvenile is alleged to have committed any of the crimes enumerated in section 20-509, Idaho Code; or

(b) A juvenile is alleged to have committed an act other than those enumerated in section 20-509, Idaho Code, after the child became fourteen (14) years of age which would be a crime if committed by an adult; or

(c) An adult at the time of the filing of the petition is alleged to have committed an act prior to his having become eighteen (18) years of age which would be a felony if committed by an adult, and the court finds that the adult is not committable to an institution for the mentally deficient or mentally ill, is not treatable in any available institution or facility available to the state designed for the care and treatment of juveniles, or that the safety of the community requires the adult continue under restraint; or

(d) An adult already under the jurisdiction of the court is alleged to have committed a crime while an adult.

(2) A motion to waive jurisdiction under the juvenile corrections act and prosecute a juvenile under the criminal law may be made by the prosecuting attorney, the juvenile, or by motion of the court upon its own initiative. The motion shall be in writing and contain the grounds and reasons in support thereof.

(3) Upon the filing of a motion to waive jurisdiction under the juvenile corrections act, the court shall enter an order setting the motion for hearing at a time and date certain and shall order a full and complete investigation of the circumstances of the alleged offense to be conducted by county probation, or such other agency or investigation officer designated by the court.

(4) Upon setting the time for the hearing upon the motion to waive jurisdiction, the court shall give written notice of said hearing to the juvenile, and the parents, guardian or custodian of the juvenile, and the prosecuting attorney, at least ten (10) days before the date of the hearing, or a lesser period stipulated by the parties, and such notice shall inform the juvenile and the parents,

guardian or custodian of the juvenile of their right to court appointed counsel. Service of the notice shall be made in the manner prescribed for service of a summons under section 20-512, Idaho Code.

(5) The hearing upon the motion to waive jurisdiction shall be held in the same manner as an evidentiary hearing upon the original petition and shall be made part of the record.

(6) If as a result of the hearing on the motion to waive jurisdiction the court shall determine that jurisdiction should not be waived, the petition shall be processed in the customary manner as a juvenile corrections act proceeding. However, in the event the court determines, as a result of the hearing, that juvenile corrections act jurisdiction should be waived and the juvenile should be prosecuted under the criminal laws of the State of Idaho, the court shall enter findings of fact and conclusions of law upon which it bases such decision together with a decree waiving juvenile corrections act jurisdiction and binding the juvenile over to the authorities for prosecution under the criminal laws of the State of Idaho.

(7) No motion to waive juvenile corrections act jurisdiction shall be recognized, considered, or heard by the court in the same case once the court has entered an order or decree in that case that said juvenile has come within the purview of the juvenile corrections act, and all subsequent proceedings after the decree finding the juvenile within the purview of the act must be under and pursuant to the act and not as a criminal proceeding.

(8) In considering whether or not to waive juvenile court jurisdiction over the juvenile, the juvenile court shall consider the following factors

(a) The seriousness of the offense and whether the protection of the community requires isolation of the juvenile beyond that afforded by juvenile facilities;

(b) Whether the alleged offense was committed in an aggressive, violent, premeditated, or willful manner;

(c) Whether the alleged offense was against persons or property, greater weight being given to offenses against persons;

(d) The maturity of the juvenile as determined by considerations of his home, environment, emotional attitude, and pattern of living;

(e) The juvenile's record and previous history of contacts with the juvenile corrections system;

(f) The likelihood that the juvenile will develop competency and life skills to become a contributing member of the community by use of facilities and resources available to the court;

(g) The amount of weight to be given to each of the factors listed in subsection (8) of this section is discretionary with the court, and a determination that the juvenile is not a fit and proper subject to be dealt with under the juvenile court law may be based on any one (1) or a combination of the factors set forth above, which shall be recited in the order of waiver.

(9) If the court does not waive jurisdiction and order a juvenile or adult held for criminal proceedings, the court in a county other than the juvenile's or adult's home county, after entering a decree that the juvenile or adult is within the purview of this chapter, may certify the case for sentencing to the court of the county in which the juvenile or adult resides upon being notified that the receiving court is willing to accept transfer. In the event of a transfer, which should be made unless the court finds it contrary to the interest of the juvenile or adult, the jurisdiction of the receiving court shall attach to the same extent as if the court had original jurisdiction.

(10) Upon conviction of a juvenile held for adult criminal proceedings under this section, the sentencing judge may, if a finding is made that adult sentencing measures would be inappropriate

(a) Sentence the convicted person in accordance with the juvenile sentencing options set forth in this chapter; or

(b) Sentence the convicted person to the county jail or to the custody of the state board of correction but suspend the sentence or withhold judgment pursuant to section 19-2601, Idaho Code, and commit the defendant to the custody of the department of juvenile corrections for an indeterminate period of time in accordance with section 20-520(1)(q), Idaho Code. The court, in its discretion, may order that the suspended sentence or withheld judgment be conditioned upon the convicted person's full compliance with all reasonable program requirements of the department of juvenile corrections. Such a sentence may also set terms of probation, which may be served under the supervision of county juvenile probation. However, in no event may the total of the actual time spent by the convicted person in the custody of the department plus any adult sentence imposed by the court exceed the maximum period of imprisonment that could be imposed on an adult convicted of the same crime.

(c) If a convicted person is given a suspended sentence or withheld judgment conditioned upon the convicted person's compliance with all reasonable program requirements of the department pursuant to paragraph (b) of this subsection, and if the department reasonably believes that the convicted person is failing to comply with all reasonable program requirements, the department may petition the sentencing court to revoke the commitment to the department and transfer the convicted person to the county jail or to the custody of the state board of correction for the remainder of the sentence.

20-509. VIOLENT OFFENSES, CONTROLLED SUBSTANCES VIOLATIONS NEAR SCHOOLS AND OFFENDERS. (1) Any juvenile, age fourteen (14) years to age eighteen (18) years, who is alleged to have committed any of the following crimes or any person under age fourteen (14) years who is alleged to have committed any of the following crimes and, pursuant to section 20-508, Idaho Code, has been ordered by the court to be held for adult criminal proceedings

- (a) Murder of any degree or attempted murder;
- (b) Robbery;
- (c) Rape, but excluding statutory rape;
- (d) Forcible sexual penetration by the use of a foreign object;
- (e) Infamous crimes against nature, committed by force or violence;
- (f) Mayhem;
- (g) Assault or battery with the intent to commit any of the above serious felonies;

(h) A violation of the provisions of section 37-2732(a)(1)(A), (B) or (C), Idaho Code, when the violation occurred on or within one thousand (1,000) feet of the property of any public or private primary or secondary school, or in those portions of any building, park, stadium or other structure or grounds which were, at the time of the violation, being used for an activity sponsored by or through such a school;

(i) Arson in the first degree and aggravated arson; shall be charged, arrested and proceeded against by complaint, indictment or information as an adult. All other felonies or misdemeanors charged in the complaint, indictment or information, which are based on the same act or transaction or on one (1) or more acts or transactions as the violent or controlled substances offense shall similarly be charged, arrested and proceeded against as an adult. Any juvenile proceeded against pursuant to this section shall be accorded all constitutional rights, including bail and trial by jury, and procedural safeguards as if that juvenile were an adult defendant.

(2) Once a juvenile has been formally charged or indicted pursuant to this section or has been transferred for criminal prosecution as an adult pursuant to the waiver provisions of section

20-508, Idaho Code, or this section, the juvenile shall be held in a county jail or other adult prison facility unless the court, after finding good cause, orders otherwise.

(3) Except as otherwise allowed by subsection (4) of this section, once a juvenile has been found to have committed the offense for which the juvenile was charged, indicted or transferred pursuant to this section or section 20-508, Idaho Code, or has been found guilty or pled guilty to a lesser offense or amended charge growing out of or included within the original charge, whether or not such lesser offense or amended charge is included within the acts enumerated in subsection (1) of this section, the juvenile shall thereafter be handled in every respect as an adult. For any subsequent violation of Idaho law, the juvenile shall be handled in every respect as an adult.

(4) Upon the conviction of a juvenile pursuant to this section, the sentencing judge may, if a finding is made that adult sentencing measures would be inappropriate

(a) Sentence the convicted person in accordance with the juvenile sentencing options set forth in this chapter; or

(b) Sentence the convicted person to the county jail or to the custody of the state board of correction but suspend the sentence or withhold judgment pursuant to section 19-2601, Idaho Code, and commit the defendant to the custody of the department of juvenile corrections for an indeterminate period of time in accordance with section 20-520(1)(q), Idaho Code. The court, in its discretion, may order that the suspended sentence or withheld judgment be conditioned upon the convicted person's full compliance with all reasonable program requirements of the department of juvenile corrections. Such a sentence may also set terms of probation, which may be served under the supervision of county juvenile probation. However, in no event may the total of the actual time spent by the convicted person in the custody of the department plus any adult sentence imposed by the court exceed the maximum period of imprisonment that could be imposed on an adult convicted of the same crime.

(c) If a convicted person is given a suspended sentence or withheld judgment conditioned upon the convicted person's compliance with all reasonable program requirements of the department pursuant to paragraph (b) of this subsection, and if the department reasonably believes that the convicted person is failing to comply with all reasonable program requirements, the department may petition the sentencing court to revoke the commitment to the department and transfer the convicted person to the county jail or to the custody of the state board of correction for the remainder of the sentence.

20-510. INFORMATION – INVESTIGATION – PETITION. Any peace officer, any prosecuting attorney, or any authorized representative of the board of trustees of a school district of this state, having knowledge of a juvenile who is within the purview of this act may file a petition with the court in such form as may be required by the court, except a peace officer may also issue a citation for a curfew violation pursuant to section 20-549, Idaho Code. Said individual or agency shall be responsible for providing the evidence to support the allegations made in the petition, provided this in no way shall relieve peace officers from enforcement of the law as set forth in section 31-2227, Idaho Code. The court shall make a preliminary inquiry to determine whether the interests of the public or of the juvenile require that further action be taken. Such inquiry may be made through the county probation officer or such other agent or investigation officer designated by the court. Thereupon, the court may make such informal adjustment as is practicable, or dismiss the petition, or set the matter for hearing. If an informal adjustment is made, it shall provide for full or partial restitution in the manner and form prescribed by the court when the offense involves loss or damage of property of another. A probation officer shall not file a petition unless the juvenile has previously been under the jurisdiction of the court. The petition and all subsequent court documents

shall be entitled “In the interest of . . . , a juvenile under eighteen (18) years of age.” The petition may be made upon information and belief but it shall be made under oath. It shall set forth plainly (1) the facts which bring the juvenile within the purview of this act; (2) the name, age, and residence of the juvenile; (3) the names and residences of his parents and spouse, if any; (4) the name and residence of his legal guardian, if there be one, or the person or persons having custody or control of the juvenile, or of the nearest known relative if no parent or guardian can be found. If any of the facts herein required are not known by the petitioner the petition shall so state.

Service of a petition upon the parents, legal guardian or person or persons having custody or control of the juvenile shall subject the parents, legal guardian or person or persons having custody or control of the juvenile to the provisions of this chapter. The petition shall inform the parents, legal guardian or other person legally obligated to care for and support the juvenile that service of the petition upon them shall make them subject to the provisions of this chapter.

20-511. DIVERSION OR INFORMAL DISPOSITION OF THE PETITION. (1) Prior to the filing of any petition under this act, the prosecuting attorney may request a preliminary inquiry from the county probation officer to determine whether the interest of the public or the juvenile requires a formal court proceeding. If court action is not required, the prosecuting attorney may utilize the diversion process and refer the case directly to the county probation officer or a community based-diversion program for informal probation and counseling. If community service is going to be utilized pursuant to this subsection, the prosecuting attorney shall collect a fee of sixty cents (60¢) per hour for each hour of community service work the juvenile is going to perform and remit the fee to the state insurance fund for the purpose of securing worker’s compensation insurance for the juvenile performing community service.

(2) After the petition has been filed and where, at the admission or denial hearing, the juvenile admits to the allegations contained in the petition, the court may decide to make an informal adjustment of the petition. Informal adjustment includes, but is not limited to:

- (a) Reprimand of the juvenile;
- (b) Informal supervision with the probation department;
- (c) Community service work;
- (d) Restitution to the victim;
- (e) Participation in a community-based diversion program.

(3) Information uniquely identifying the juvenile, the offense, and the type of program utilized shall be forwarded to the department. This information shall be maintained by the department in a statewide juvenile offender information system. Access to the information shall be controlled by the department, subject to the provisions of section 9-342, Idaho Code.

Such informal adjustment of the petition shall be conducted in the manner prescribed by the Idaho juvenile rules. When an informal adjustment is made pursuant to this section and the juvenile is to perform community service work, the court shall assess the juvenile a fee of sixty cents (60¢) per hour for each hour of community service work the juvenile is to perform. This fee shall be remitted by the court to the state insurance fund for the purpose of securing worker’s compensation insurance for the juvenile performing community service.

20-512. SUMMONS – NOTICE – CUSTODY OF JUVENILE. After a petition shall have been filed and after such further investigation as the court may direct, and if the matter is set for hearing, the court shall issue a summons requiring the person or persons who have custody or control of the juvenile to appear personally and bring the juvenile before the court at a time and place stated; provided, however, if hearing is to be held, it shall be held not later than fifteen (15) days after the summons is issued unless the court should order on being shown cause that the time be extended. If

the person so summoned shall be other than a parent or guardian of the juvenile, then the parent or guardian or both shall also be notified of the pendency of the case and of the time and place appointed for the hearing. Notice shall be given as hereinafter provided. A subpoena may be issued requiring the appearance of any other person whose presence is required by the juvenile, his guardian or any other person who, in the opinion of the judge, is necessary. If it appears the juvenile is in such condition or surroundings that his welfare requires that he be taken into custody immediately, the judge, as provided in section 20-516, Idaho Code, may order by endorsement upon the summons that the officer serving the same shall at once take the juvenile into custody and bring him before the court.

20-513. SERVICE OF SUMMONS – TRAVEL EXPENSES. Service of summons shall be made personally by delivery of an attested copy thereof to the person summoned; provided that if the judge is satisfied that it is impracticable to serve personally such summons or the notice provided for in the preceding section, he may order service by registered mail addressed to the last known address, or by publication thereof, or both. It shall be sufficient to confer jurisdiction if service is effected at least forty-eight (48) hours before the time fixed in the summons for the hearing. When publication is used the summons shall be published in two (2) consecutive issues of a weekly newspaper printed and published in the county; such newspaper to be designated by the court in the order for publication of the summons, and such publication shall have the same force and effect as though such person had been personally served with said summons. Service of summons, process or notice required by this act shall be made by the sheriff or a probation officer upon the request of the court and a return must be made by the sheriff on the summons showing that such service has been made. The judge may authorize payment of any necessary travel expenses incurred by any person summoned or otherwise required to appear at the hearing of any case coming within the purview of this act, and such expenses when approved by the judge shall be a charge upon the county, except that not more than five (5) witnesses on behalf of any parent or guardian may be required to attend such hearing at the expense of the county. The court may summon the appearance of any person whose presence is deemed necessary as a witness or possible resource for the care and treatment of the juvenile, including persons whom the juvenile or the family wishes to have present.

20-514. APPOINTMENT OF COUNSEL – PAYMENT OF COST OF LEGAL SERVICES. (1) As early as possible in the proceedings, and in any event before the hearing of the petition on the merits, the juvenile and his parents, or guardian, shall be notified of their right to have counsel represent them. When it appears to the court that the juvenile or his parents or guardian desire counsel but are financially unable to pay for such legal services, the court shall appoint counsel to represent the juvenile and his parents or guardian; provided that in the event the court shall find that there is a conflict of interest between the interests of the juvenile and his parents or guardian, then the court shall appoint separate counsel for the juvenile, whether or not he or his parents or guardian are able to afford counsel, unless there is an intelligent waiver of the right of counsel by the juvenile and the court further determines that the best interest of the juvenile does not require the appointment of counsel. Counsel appointed under this section shall initially receive reasonable compensation from the county and the county shall have the right to be reimbursed for the cost thereof by the parents or guardian as hereafter provided in this section.

(2) The parents, spouse or other person liable for the support of the juvenile, or the estates of such persons, and the estate of such juvenile, shall be liable for the cost to the county of legal services rendered to the juvenile by counsel appointed pursuant to this section, unless the court finds such persons to be needy persons and financially unable to pay the cost of such legal services.

(3) The prosecuting attorney of each county may, on behalf of the county, recover payment or reimbursement, as the case may be, from each person who is liable for the payment or reimbursement of the cost of court appointed counsel for the juvenile, his parents or guardian under this section. In the event such payment or reimbursement is not made upon demand by the prosecuting attorney, suit may be brought against such persons by the prosecuting attorney within five (5) years after the date on which such counsel was appointed by the court.

20-515. FAILURE TO OBEY SUMMONS, A CONTEMPT – WARRANT. If any person summoned as herein provided shall, without reasonable cause, fail to appear, he may be proceeded against for contempt of court. In case the summons cannot be served, or the parties served fail to obey the same, or in any case when it shall be made to appear to the judge that the service will be ineffectual, or that the welfare of the juvenile requires that he be brought forthwith into the custody of the court, a warrant or a capias may be issued for the parent, guardian or the juvenile.

20-516. APPREHENSION AND RELEASE OF JUVENILES – DETENTION. (1) A peace officer may take a juvenile into custody, or a private citizen may detain a juvenile until the juvenile can be delivered forthwith into the custody of a peace officer, without order of the court

(a) When he has reasonable cause to believe that the juvenile has committed an act which would be a misdemeanor or felony if committed by an adult; or

(b) When in the presence of a peace officer or private citizen the juvenile has violated any local, state or federal law or municipal ordinance; or

(c) When there are reasonable grounds to believe the juvenile has committed a status offense. Status offenses are truancy, running away from or being beyond the control of parents, guardian, or legal custodian and curfew violations. Status offenders shall not be placed in any jail facility but instead may be placed in juvenile shelter care facilities, except in the case of runaways, when there is a specific detention request from a foreign jurisdiction to hold the juvenile pending transportation arrangements.

(2) A peace officer may take a juvenile into custody upon a written order or warrant signed by a judge. The judge may issue the order or warrant after finding that there is reasonable cause to believe that the juvenile comes within the purview of this chapter. Such taking into custody shall not be deemed an arrest. Jurisdiction of the court shall attach from the time the juvenile is taken into custody. When an officer takes a juvenile into custody, he shall notify the parent, guardian or custodian of the juvenile as soon as possible. Unless otherwise ordered by the court, or unless it appears to the officer taking the juvenile into custody that it is contrary to the welfare of society or the juvenile, such juvenile shall be released to the custody of his parent or other responsible adult upon written promise, signed by such person, to bring the juvenile to the court at a stated time. Such written promise shall be submitted to the court as soon as possible. If such person shall fail to produce the juvenile as agreed, or upon notice from the court, a summons for such person may be issued by the court and a warrant may be issued for apprehension of the juvenile.

(3) A juvenile taken into custody may be fingerprinted and photographed. Any fingerprints and photographs taken shall be forwarded as provided in subsection (8) of this section. If the court finds good cause it may order any fingerprints and photographs expunged.

(4) When a juvenile is not released he shall be taken forthwith to the court or place of detention specified by the court and then not later than twenty-four (24) hours, excluding Saturdays, Sundays and holidays, shall be brought before the court for a detention hearing to determine where the juvenile will be placed until the next hearing. Status offenders shall not be placed in any jail facility, but instead may be placed in juvenile shelter care facilities.

Placements may include, but are not limited to, the following

- (a) Parents of the juvenile;
- (b) Relatives of the juvenile;
- (c) Foster care;
- (d) Group care;
- (e) A juvenile detention facility; or
- (f) Community-based diversion programs.

(5) The person in charge of a detention facility shall give immediate notice to the court that the juvenile is in his custody.

(6) No juvenile shall be held in detention longer than twenty-four (24) hours, exclusive of Saturdays, Sundays and holidays, unless a petition has been filed and the court has signed the detention order.

(7) As soon as a juvenile is detained by court order, his parents, guardian or legal custodian shall be informed by notice in writing on forms prescribed by the court that they may have a prompt hearing regarding release or detention.

(8) A juvenile taken into detention for an offense shall be fingerprinted and photographed. Fingerprints and photographs taken of juveniles shall be forwarded to the appropriate law enforcement agency and filed with the bureau of criminal identification of the Idaho state police which shall create a juvenile fingerprint file and enter the fingerprint data into the automated fingerprint identification system. The fingerprint data shall then be forwarded to the department to be maintained in a statewide juvenile offender information system. Access to the information in the juvenile offender system shall be controlled by the department, subject to the provisions of section 9-342, Idaho Code. If the court finds good cause it may order the fingerprints and photographs of the juvenile expunged.

(9) Peace officers' records of juveniles shall be kept separate from records of adults and shall be subject to disclosure according to chapter 3, title 9, Idaho Code.

20-517. DETENTION ACCOMMODATIONS. (1) The county commissioners shall provide a detention facility for the detention of juveniles to be conducted by the court, or, subject to the approval of the court, by other appropriate public agency, provided that such detention shall comply with the provisions of section 20-518, Idaho Code; or within the limits of funds provided by the county commissioners the court may arrange for the use of private homes for such detention, subject to the supervision of the court or other agency, or may arrange with any institution or agency to receive for temporary care and custody juveniles within the jurisdiction of the court, provided said private individual or agency facilities, except relatives of the juvenile, shall meet the licensing requirements as provided in this chapter for care of juveniles. Nothing herein shall prevent a jail facility from being utilized as a detention facility if it complies with the provisions of section 20-518, Idaho Code.

(2) For the purpose of carrying out the provisions of this section, the county commissioners may enter into contracts or agreements with public or private agencies, individuals, other counties, or the department of juvenile corrections which may include the expenditures of moneys outside the county boundaries. If the county in which the court is located has made an agreement with another governmental unit or agency located outside the county or the judicial district for the detention of juveniles under this act, then any court in the county may order a juvenile detained outside of the county or outside of the judicial district in the detention facility described in such agreement.

(3) The county wherein any court has entered an order for the detention of a juvenile outside of the county or outside of the judicial district as provided by subsection (2) of this section shall pay all direct and indirect costs of the detention of the juvenile to the governmental unit or

agency owning or operating the detention facility in which the juvenile was detained. The amount of such cost may be determined on a per day per juvenile basis by agreement between the county wherein the court entered the order of detention and the county or governmental unit or agency owning or operating such detention facility.

(4) All funds appropriated by the state for the planning and design of regional detention facilities shall be administered and distributed by the director of the department of administration for the planning and design of regional detention facilities in accordance with the requirements or directives of such appropriation. In administering such fund, the director of the department of administration shall consult with the designated county officials of every county involved or affected by a proposed regional detention facility and shall abide by the decision of the designated representatives of each of the counties so involved or affected.

20-518. STANDARDS FOR DETENTION. The following shall be minimum standards for the detention of juveniles provided for in section 20-517, Idaho Code

(1) Juvenile detention facilities must be so constructed and/or maintained as to keep juveniles segregated from adult offenders or those being treated as adult offenders under section 20-508 or 20-509, Idaho Code, with there to be no contact as to sight and/or sound between the two (2) classes.

(2) Juvenile detention facilities must provide supervision and observation of juvenile detainees sufficient to protect the physical and mental health of the detainees.

(3) Juveniles held in detention must be provided with at least three (3) adequate and nutritional meals per day.

(4) Juveniles held in detention must have access to reading materials on a regular and systematic basis. Detained juveniles may receive books, newspapers and periodicals from any source including delivery to the detention facilities by family members, subject to the right of detention authorities to inspect and remove dangerous or harmful materials. Detention authorities may forbid the introduction into holding quarters of obscene books or periodicals.

(5) A visiting program shall be established in juvenile detention facilities which will allow for family visits to each juvenile for at least two (2) hours each week.

(6) Notwithstanding any other provision in this chapter, the minimum standards set forth herein shall not apply to any person who attains his or her eighteenth birthday prior to beginning or while in detention. When such person attains his or her eighteenth birthday, he or she shall be transferred from juvenile detention to the county jail.

20-519. EVIDENTIARY HEARING. If the juvenile denies the allegations in the petition, the court shall conduct a full evidentiary hearing, in the manner prescribed by the Idaho juvenile rules. The juvenile shall have the right to call witnesses on his own behalf. A record shall be made in all proceedings connected with the case and shall be preserved in the event of appeal. If at the conclusion of the evidentiary hearing the court finds the juvenile to come within the purview of the act, the court shall so rule, and then shall set the matter down for sentencing, or may, in the interest of time, hold a sentencing hearing at the conclusion of the evidentiary hearing if all information necessary to the disposition of the case is available at the time.

When a juvenile, other than the juvenile against whom the petition has been filed, is summoned as a witness in any hearing under this act, notwithstanding any other statutory provision, parents, a counselor, a friend or other person having a supportive relationship with the juvenile shall, if available, be permitted to remain in the courtroom at the witness stand with the juvenile during the juvenile's testimony unless, in written findings made and entered, the court finds that the juvenile's constitutional right to a fair trial will be unduly prejudiced.

20-520. SENTENCING. (1) Upon the entry of an order finding the juvenile is within the purview of the act, the court shall then hold a sentencing hearing in the manner prescribed by the Idaho juvenile rules to determine the sentence that will promote accountability, competency development and community protection. Prior to the entry of an order disposing of the case, other than an order of discharge or dismissal, the court shall request and shall receive a report containing the results of an inquiry into the home environment, past history, competency development, prevention or out of home placement services provided, and the social, physical and mental condition of the juvenile. The court shall not consider or review the report prior to the entry of an order of adjudication. Upon presentation and consideration of the report by the court, the court may proceed to sentence the juvenile as follows

(a) Place the juvenile on formal probation for a period not to exceed three (3) years from the date of the order, except the court may place a juvenile on formal probation for a period not to exceed the juvenile's twenty-first birthday if the court finds that the juvenile has committed a crime of a sexual nature;

(b) Sentence the juvenile to detention pursuant to this act for a period not to exceed thirty (30) days for each act, omission or status which is prohibited by the federal, state, local or municipal law or ordinance by reason of minority only. The sentence shall not be executed unless the act, omission or status is in violation of section 922(x) of title 18, United States Code, or the court finds that the juvenile has violated the court's decree imposing the sentence as provided below.

If the court, after notice and hearing, finds that a juvenile has violated the court's decree imposing the sentence under circumstances that bring the violation under the valid court order exception of the federal juvenile justice and delinquency prevention act of 1974, as amended, the court may commit the juvenile to detention for the period of detention previously imposed at sentencing;

(c) Commit the juvenile to a period of detention, pursuant to this act, for a period of time not to exceed ninety (90) days for each unlawful or criminal act the juvenile is found to have committed, if the unlawful or criminal act would be a misdemeanor if committed by an adult, or where the juvenile has been adjudicated as an habitual status offender;

(d) If the juvenile has committed an unlawful or criminal act which would be a felony if committed by an adult, the court may commit the juvenile to detention for a period not to exceed one hundred eighty (180) days for each unlawful or criminal act;

(e) Whenever a court commits a juvenile to a period of detention it shall notify the school district where the detention facility is located. No juvenile who is found to come within the purview of the act for the commission of a status offense shall be sentenced to detention in a jail facility unless an adjudication has been made that the juvenile is an habitual status offender;

(f) Commit the juvenile to detention and suspend the sentence on specific probationary conditions;

(g) The court may suspend or restrict the juvenile's driving privileges for such periods of time as the court deems necessary, and the court may take possession of the juvenile's driver's license. The juvenile may request restricted driving privileges during a period of suspension, which the court may allow if the juvenile shows by a preponderance of evidence that driving privileges are necessary for his employment or for family health needs;

(h) The court may order that the juvenile be examined or treated by a physician, surgeon, psychiatrist or psychologist, or that he receive other special care, or that he submit to an alcohol or drug evaluation, if needed, and for such purposes may place the juvenile in a hospital or other suitable facility;

(i) In support of an order under the provisions of this section, the court may make an additional order setting forth reasonable conditions to be complied with by the parents, the juvenile, his legal guardian or custodian, or any other person who has been made a party to the proceedings, including, but not limited to, restrictions on visitation by the parents or one (1) parent, restrictions on the juvenile's associates, occupation and other activities, and requirements to be observed by the parents, guardian or custodian;

(j) The court may make any other reasonable order which is in the best interest of the juvenile or is required for the protection of the public, except that no person under the age of eighteen (18) years may be committed to jail, prison or a secure facility which does not meet the standards set forth in section 20-518, Idaho Code, unless jurisdiction over the individual is in the process of being waived or has been waived pursuant to section 20-508 or 20-509, Idaho Code. The court may combine several of the above-listed modes of disposition where they are compatible;

(k) An order under the provisions of this section for probation or placement of a juvenile with an individual or an agency may provide a schedule for review of the case by the court;

(l) Order the proceeding expanded or altered to include consideration of the cause pursuant to chapter 16, title 16, Idaho Code;

(m) Order the case and all documents and records connected therewith transferred to the magistrate division of the district court for the county where the juvenile and/or parents reside if different than the county where the juvenile was charged and found to have committed the unlawful or criminal act, for the entry of a dispositional order;

(n) Order such other terms, conditions, care or treatment as appears to the court will best serve the interests of the juvenile and the community;

(o) The court shall assess a twenty dollar (\$20.00) detention/probation training academy fee against the juvenile for every petition filed where there has been an adjudication that the juvenile is within the purview of this chapter. All moneys raised pursuant to this subsection shall be transmitted by the court for deposit in the juvenile corrections fund which is created in section 20-542, Idaho Code;

(p) Additionally, the court shall assess a fee of sixty cents (60¢) per hour of community service against the juvenile for every petition filed where there has been an adjudication that the juvenile is within the purview of this chapter and the court is ordering community service. Such fee is to be remitted by the court to the state insurance fund for purposes of providing worker's compensation insurance for persons performing community service pursuant to this chapter;

(q) Commit the juvenile to the legal custody of the department of juvenile corrections for an indeterminate period of time not to exceed the juvenile's nineteenth birthday, unless, in the opinion of the custody review board, extended time in custody is necessary to address competency development, accountability, and community protection; provided however, that no juvenile shall remain in the custody of the department beyond the juvenile's twenty-first birthday. The department shall adopt rules implementing the custody review board and the operations and procedures of such board;

(r) Notwithstanding any other provision of this section, a court may not commit a juvenile offender under the age of ten (10) years to a period of detention or to the custody of the department of juvenile corrections for placement in secure confinement.

(2) When an order is entered pursuant to this section, the juvenile shall be transported to the facility or program so designated by the court or the department, as applicable, by the sheriff of the county where the juvenile resides or is committed, or by an appointed agent. When committing a juvenile to the department, or another entity, the court shall at once forward to the department or entity a certified copy of the order of commitment.

(3) Unless the court determines that an order of restitution would be inappropriate or undesirable, it shall order the juvenile or his parents or both to pay restitution to or make whole any victim who suffers an economic loss as a result of the juvenile's conduct in accordance with the standards and requirements of sections 19-5304 and 19-5305, Idaho Code. The amount of restitution which may be ordered by the court shall not be subject to the limitations of section 6-210, Idaho Code. Court-ordered restitution shall be paid prior to any other court-ordered payments unless the court specifically orders otherwise.

(4) Any parent, legal guardian or custodian violating any order of the court entered against the person under the provisions of this chapter shall be subject to contempt proceedings under the provisions of chapter 6, title 7, Idaho Code.

20-521. HABITUAL STATUS OFFENDER. Any juvenile who has been adjudicated for commission of two (2) status offenses within twelve (12) months may be charged, petitioned and adjudicated as an habitual status offender for the third status offense committed within that twelve (12) month period.

The court may utilize any dispositional alternative for an habitual status offender that is detailed in section 20-520, Idaho Code, except that the juvenile shall not be placed in the Idaho juvenile corrections center.

20-522. JURISDICTION OVER PARENTS. Whenever a juvenile is found to come under the purview of this chapter, the court shall have jurisdiction and authority to have the juvenile and the juvenile's parent(s), legal guardian or custodian sign a probationary contract with the court containing terms and conditions that the juvenile and the juvenile's parent(s), legal guardian or custodian must adhere to as a condition of the juvenile's probation. The probationary contract may provide that upon a violation or breach of the terms and conditions of the probationary contract, the juvenile's parent(s), legal guardian or custodian shall be liable to the court for a specific monetary sum not in excess of one thousand dollars (\$1,000) for the breach of contract. All such moneys shall be payable to the court and shall be in addition to any other fines, penalties or other sanctions provided by law. Any moneys received by the court pursuant to this section shall be paid into the juvenile corrections fund created in section 20-542, Idaho Code. In lieu of or in addition to a monetary payment, the court may order that the parent(s), legal guardian or custodian attend parenting classes or undergo other treatment or counseling. Any person violating any order of the court entered under the provisions of this section shall be subject to contempt proceedings under the provisions of chapter 6, title 7, Idaho Code.

20-523. SCREENING TEAMS TO PROVIDE ASSISTANCE TO COURT. In order to provide assistance to a court in making a disposition pursuant to section 20-520, Idaho Code, a screening team composed of a county probation officer or other investigation officer or agency designated by the court may meet and provide a written recommendation delineating options to the court for disposition of the case pursuant to this chapter.

20-524. SUPPORT OF JUVENILE – REIMBURSEMENT FOR COSTS INCURRED. (1) Whenever a juvenile is placed by the court in custody other than that of the juvenile's parents, guardian or custodian, after due notice to the parent, guardian or other persons legally obligated to care for and support the juvenile, and after a hearing, the court may order and decree that the parent or other legally obligated person shall pay in such a manner as the court may direct a reasonable sum that will cover in whole or in part the support and treatment of the juvenile. If the parent or other legally obligated person willfully fails or refuses to pay such sum, the court may proceed against him for contempt, or the order may be filed and shall have the effect of a civil judgment.

(2) If the juvenile is detained, the court may order that the parents or other legal guardian of the juvenile contribute to the costs of detention in an amount to be set by the court. The order may be filed and shall have the effect of a civil judgment. It is the intent of the legislature that foster parents or a parent or legal guardian receiving public assistance relating to that juvenile should not benefit from the continued receipt of payments or public assistance from any state or federal agency while the juvenile is detained. The department of health and welfare is directed to promulgate a rule implementing this intent.

(3) All child support orders shall notify the obligor that the order will be enforced by income withholding pursuant to chapter 12, title 32, Idaho Code.

(4) Failure to include these provisions does not affect the validity of the support order or decree. The court shall require that the social security numbers of both the obligor and obligee be included in the order or decree.

20-524A. PAYMENT OF DETENTION COSTS. If the juvenile is committed to the custody of the department of juvenile corrections pursuant to chapter 5, title 20, Idaho Code, the department shall reimburse the county for the period of time in excess of five (5) calendar days during which the juvenile is housed at a detention facility. This time period shall begin to run on the first business day the department receives a copy of the order of commitment, executed by the court. Orders received by the department after 3 o'clock p.m., mountain standard time, on a business day, will be considered to have been received the next business day. Facsimile transmissions of the order are acceptable.

20-525. RECORDS – PRIVILEGED INFORMATION. (1) The court shall maintain records of all cases brought before it. In proceedings under this act the following juvenile courtroom proceedings and records shall be open to the public all proceedings against a juvenile of the age of fourteen (14) years or older and who is petitioned or charged with an offense which would be a felony if committed by an adult including the court docket, petitions, complaints, information, arraignments, trials, sentencings, probation violation hearings and dispositions, motions and other papers filed in any case in any district; transcripts of testimony taken by the court; and findings, verdicts, judgments, orders, decrees and other papers filed in proceedings before the court of any district.

(2) Juvenile courtroom proceedings and records shall remain confidential when the court and the prosecutor agree extraordinary circumstances exist that justify records of a juvenile of the age of fourteen (14) years or older and who is petitioned or charged with an offense which would be a felony if committed by an adult should remain confidential because it is in the best interest of the juvenile.

(3) In proceedings under this act the following records and court proceedings of juveniles of the age of thirteen (13) years or younger shall not be withheld from public inspection, except on court order, which order must be made in writing in each case the court docket, petitions,

complaints, information, arraignments, trials, sentencings, probation violation hearings and dispositions, motions and other papers filed in any case in any district; transcripts of testimony taken by the court; and findings, verdicts, judgments, orders, decrees and other papers filed in proceedings before the court of any district.

(4) These records shall be open to inspection according to chapter 3, title 9, Idaho Code. All information obtained and social records prepared in the discharge of official duty by an employee of the court shall be subject to disclosure according to chapter 3, title 9, Idaho Code.

(5) The victim of misconduct shall always be entitled to the name of the juvenile involved, the name of the juvenile's parents or guardian, and their addresses and telephone numbers, if available in the records of the court.

(6) Notwithstanding the other provisions of this act and notwithstanding any order entered pursuant hereto, nothing in this act shall prohibit the exchange of records created pursuant to this act between prosecuting attorneys or courts in this state.

20-525A. EXPUNGEMENT OF RECORD – HEARING – FINDINGS NECESSARY – SPECIAL INDEX – EFFECT OF ORDER. (1) Any person who has been adjudicated in a case under this act and found to be within the purview of the act for having committed a felony offense or having been committed to the department of juvenile corrections may, after the expiration of five (5) years from the date of termination of the continuing jurisdiction of the court, or, in case the juvenile was committed to the juvenile corrections center, five (5) years from the date of his release from the juvenile corrections center, or after reaching age eighteen (18), whichever occurs last, petition the court for the expungement of his record. Upon the filing of the petition, the court shall set a date for a hearing and shall notify the prosecuting attorney of the pendency of the petition and of the date of the hearing. The prosecuting attorney and any other person who may have relevant information about the petitioner may testify at the hearing.

(2) Any person who has been adjudicated in a case under this act and found to be within the purview of the act for having committed misdemeanor or status offenses only and not having been committed to the department of juvenile corrections may, after the expiration of one (1) year from the date of termination of the continuing jurisdiction of the court or after reaching age eighteen (18) years, whichever occurs later, petition the court for the expungement of his record. Upon the filing of the petition, the court shall set a date for a hearing and shall notify the prosecuting attorney of the pendency of the petition and the date of the hearing. The prosecuting attorney and any other person who may have relevant information about the petitioner may testify at the hearing.

(3) In any case where the prosecuting attorney has elected to utilize the diversion process or the court orders an informal adjustment pursuant to section 20-511, Idaho Code, the person may, after the expiration of one (1) year from the date of termination of the continuing jurisdiction of the court or after reaching age eighteen (18) years, whichever occurs later, petition the court for the expungement of his record. Upon the filing of the petition, the court shall set a date for a hearing and shall notify the prosecuting attorney of the pendency of the petition and the date of the hearing. The prosecuting attorney and any other person who may have relevant information about the petitioner may testify at the hearing.

(4) The court may not expunge a conviction for any of the following crimes from a juvenile's record

- (a) Administering poison with intent to kill (18-4014, Idaho Code);
- (b) Aggravated battery (18-907, Idaho Code);
- (c) Armed robbery (chapter 65, title 18, Idaho Code);
- (d) Arson (chapter 8, title 18, Idaho Code);

- (e) Assault with intent to commit a serious felony (18-909, Idaho Code);
- (f) Assault with intent to murder (18-4015, Idaho Code);
- (g) Assault or battery upon certain personnel, felony (18-915, Idaho Code);
- (h) Forcible sexual penetration by use of a foreign object (18-6608, Idaho Code);
- (i) Infamous crime against nature, committed by force or violence (18-6605, Idaho Code);
- (j) Injury to child, felony (18-1501, Idaho Code);
- (k) Kidnapping (18-4501, Idaho Code);
- (l) Murder of any degree (18-4001 and 18-4003, Idaho Code);
- (m) Rape, excluding statutory rape (18-6101 and 18-6108, Idaho Code);
- (n) Ritualized abuse of a child (18-1506A, Idaho Code);
- (o) Sexual exploitation of a child (18-1507, Idaho Code);
- (p) Unlawful use of destructive device or bomb (18-3320, Idaho Code);
- (q) Voluntary manslaughter (18-4006 1., Idaho Code);
- (r) A violation of the provisions of section 37-2732(a)(1)(A), (B) or (C), Idaho Code, when the violation occurred on or within one thousand (1,000) feet of the property of any public or private primary or secondary school, or in those portions of any building, park, stadium or other structure or grounds which were, at the time of the violation, being used for an activity sponsored by or through such a school;
- (s) A violation of the provisions of section 37-2732B, Idaho Code, related to drug trafficking or manufacturing of illegal drugs.

(5) If the court finds after hearing that the petitioner has not been adjudicated as a juvenile for any of the crimes identified in subsection (2) of this section, and has not been convicted of a felony, or of a misdemeanor wherein violence toward another person was attempted or committed since the termination of the court's jurisdiction or his release from the juvenile corrections center, and that no proceeding involving such felony or misdemeanor is pending or being instituted against him, and if the court further finds to its satisfaction that the petitioner has been held accountable, is developing life skills necessary to become a contributing member of the community and that the expungement of the petitioner's record will not compromise public safety, it shall order all records in the petitioner's case in the custody of the court and all such records, including law enforcement investigatory reports and fingerprint records, in the custody of any other agency or official sealed; and shall further order all references to said adjudication, diversion or informal adjustment removed from all indices and from all other records available to the public. However, a special index of the expungement proceedings and records shall be kept by the court ordering expungement, which index shall not be available to the public and shall be revealed only upon order of a court of competent jurisdiction. Copies of the order shall be sent to each agency or official named in the order. Upon the entry of the order the proceedings in the petitioner's case shall be deemed never to have occurred and the petitioner may properly reply accordingly upon any inquiry in the matter. Inspection of the records may thereafter be permitted only by the court upon petition by the person who is the subject of the records or by any other court of competent jurisdiction, and only to persons named in the petition.

20-526. ENCOURAGING VIOLATIONS. Any person who by any act or neglect encourages, aids or causes a juvenile to come within the purview or jurisdiction of this chapter, or who after notice that the driving privileges of the juvenile have been suspended or restricted under the provisions of this chapter knowingly permits or encourages said juvenile to operate a motor vehicle in violation of such suspension or restriction shall be guilty of a misdemeanor. The court may

impose conditions upon any person found guilty under this section, and so long as such person shall comply therewith to the satisfaction of the court, the sentence imposed may be suspended.

20-527. SCHOOL TRUSTEES TO REPORT TRUANTS. When a juvenile of compulsory school age is expelled the board of trustees of the school district or the board's delegated representatives shall file a petition under this act as provided in section 33-205, Idaho Code. The court shall cause an investigation to be made and upon receipt of the written report of the investigation, the court may proceed under this act or the child protective act with respect to the juvenile and may proceed against the juvenile's parent(s), guardian or custodian under this act pursuant to section 33-207, Idaho Code.

20-528. APPEALS. All orders or final judgments made by any court in matters affecting a juvenile within the purview of this act may be appealed by the juvenile or the state. A decision by the court pursuant to section 20-508, Idaho Code, not to waive jurisdiction under this act over the juvenile may be appealed by the state. Appeals shall be reviewed as provided by the appellate rules of the supreme court of Idaho, except no undertaking shall be required. Upon filing of the notice of appeal, the district court shall take jurisdiction of the case and if the juvenile is in detention shall promptly hold a hearing after the filing of a request to determine whether the juvenile shall remain in detention.

20-529. APPOINTMENT OF COUNTY PROBATION OFFICERS. The courts in the several counties of this state shall enter into a contract or agreement for probation services to the counties or, if the court deems local probation services are preferable, may appoint one (1) or more persons to serve as probation officers at the expense of the county with the concurrence of the county commissioners.

20-530. REASSESSMENT OF COMMITTED JUVENILES – RECORDS – FAILURE TO REASSESS. (1) The department shall make periodic reassessments of all juveniles committed to it for the purpose of determining whether existing orders and dispositions in individual cases should be modified or continued in force. Assessments may be made as frequently as the department considers desirable and shall be made with respect to every juvenile at intervals not exceeding one (1) year. Reports of periodic reassessments made pursuant to this section shall be filed with the court from which the juvenile was committed.

(2) The department shall keep written records of assessments, prognosis, and all orders concerning disposition or treatment of every juvenile committed to it.

(3) Failure of the department to assess a committed juvenile or to reassess him within one (1) year of a previous assessment shall not of itself entitle the juvenile to discharge from the control of the department but shall entitle him to petition the committing court for an order of discharge and the court shall discharge him unless the department satisfies the court of the need for further control.

20-531. SECURE FACILITIES. (1) The department shall maintain and operate secure facilities for the custody of juvenile offenders who pose a danger of serious bodily harm to others or who have engaged in a pattern of serious criminal offenses, and who cannot be controlled in a less secure setting.

(2) The department shall provide or make available to juvenile offenders in secure facilities, instruction appropriate to the age, needs and range of abilities of the juveniles. An assessment shall be made of each juvenile at the secure facility to determine abilities, learning

disabilities, interests, attitudes and similar matters. Training in the development of competency and life skills designed to assist the juvenile in operating effectively within and becoming a contributing member of the community shall be provided. Prevocational education shall be provided to acquaint juvenile offenders with vocations, their requirements and opportunities.

(3) The department shall place juvenile offenders committed to the department in a state or privately operated secure facility that provides humane care and developmental opportunities for the juvenile offender while promoting accountability and community protection.

(4) The department shall adopt standards, policies and procedures for the regulation and operation of secure facilities. Such standards, policies and procedures shall not be inconsistent with law. Policies shall be promulgated as rules in compliance with chapter 52, title 67, Idaho Code.

20-532. TERM OF COMMITMENT – REVIEW AFTER COMMITMENT. A juvenile offender committed to a secure facility shall remain until the offender reaches nineteen (19) years of age, is retained for extended custody pursuant to section 20-520(1)(q), Idaho Code, or is released or discharged. A juvenile offender committed to a secure facility shall appear before the department within ninety (90) days after commitment, for review of treatment plans.

20-532A. ORDER FOR APPREHENSION AND DETENTION OF ESCAPEES FROM CUSTODY. Upon a finding by the Idaho department of juvenile corrections that a juvenile in the custody of the department has escaped from custody, a written order signed by the director or his designee shall be a sufficient order for detention for any law enforcement officer to apprehend and take into custody such person. It is hereby made the duty of all sheriffs, police, constables, parole officers, prison officials and other peace officers, to execute such order. From and after the issuance of the detention order and until taken into custody, the escapee shall be considered a fugitive from justice. Upon apprehension, the juvenile shall be detained in the closest available detention center and shall thereafter be transported by the department as soon as possible or, at the discretion of the detaining authority, the juvenile may be transported directly by that authority to the department's nearest regional facility.

20-533. RELEASE FROM CUSTODY OF THE DEPARTMENT. (1) The department shall determine an appropriate date for release of the juvenile offender from the custody of the department, based upon guidelines established by the department. The department shall review and update policy guidelines annually.

(2) Juvenile offenders may be released to their own home, to a residential community based program, to a nonresidential community based treatment program, to an approved independent living setting, or to other appropriate residences, but shall remain on probation until the probation is terminated by the court. Following the release of a juvenile offender the court may conduct a hearing to review the juvenile's conditions of probation and determine whether existing conditions should be amended or eliminated or additional conditions imposed.

(3) County probation officers shall enforce probation conditions and supervise juvenile offenders while on probation. As authorized by court order, probation officers may establish additional reasonable conditions of probation with which the juvenile offender must comply. The juvenile may move for a hearing before the court to contest any conditions imposed by the probation officer. If the probation officer establishes additional conditions of probation, the probation officer shall advise the juvenile at the time such additional conditions are imposed of the juvenile's right to move the court for a hearing to contest those conditions.

(4) When the department is considering release of a juvenile offender committed to the department for confinement, the department shall notify the prosecuting attorney of the county

from which the juvenile offender was committed to confinement, the judge whose order caused the juvenile offender to be committed to confinement and the victims of the juvenile offender's unlawful conduct.

20-533A. COMPLIANCE WITH OPEN MEETING LAW – EXECUTIVE SESSIONS AUTHORIZED – CONFIDENTIALITY OF RECORDS. (1) All meetings of the custody review board of the Idaho department of juvenile corrections shall be held in accordance with the open meeting law as provided in chapter 23, title 67, Idaho Code, provided however:

(a) Deliberations and decisions of the board concerning whether or not a juvenile shall be held in custody of the Idaho department of juvenile corrections for an extended period of time past his or her nineteenth birth day may be made in executive session; and

(b) Votes of individual members in custody decisions shall not be made public, provided that the board shall maintain a record of the votes of the individual members as required in subsection (2) of this section.

(2) A written record of the vote to retain the juvenile in custody for an extended period of time by each board member in each case reviewed by that member shall be produced by the board. Such record shall be kept confidential and privileged from disclosure, provided the record shall be made available upon request to the governor, the chairman of the senate judiciary and rules committee and the chairman of the house of representatives judiciary, rules and administration committee for all lawful purposes.

(3) A board member or employee of the Idaho department of juvenile corrections who distributes to any person not specifically listed in this section any hearing information or records that are legally required to be kept confidential shall be guilty of a misdemeanor.

(4) Nothing contained in this section shall prevent any person from obtaining the results of any action by the board or director of the Idaho department of juvenile corrections without reference to the manner in which any member voted, and the board shall make such information public unless doing so would violate public records laws.

(5) Nothing contained in this section shall prevent the director, designated staff of the director, the governor, the chairman of the senate judiciary and rules committee or the chairman of the house of representatives judiciary, rules and administration committee from attending any meeting, including any executive session, of the custody review board.

20-533. MAGISTRATE COURT PROBATION SECTIONS TO FURNISH INFORMATION TO DEPARTMENT. Probation sections of the magistrate division of the district court shall render full and complete cooperation to the department in supplying the department with all pertinent information relating to juvenile offenders committed to the department. This information may include, without limitation, prior criminal history, social history, psychological evaluations, and identifying information specified by the department.

20-534. REVIEW OF PROGRAMS FOR JUVENILES – CERTIFICATION. The department shall annually review all state operated or state contracted programs which provide services to juvenile offenders and certify compliance with standards provided by the department. Written reviews shall be provided to the managers of those programs. Based upon policies established by the department, those programs which are unable or unwilling to comply with approved standards may not be certified. Any person owning or operating a private facility who willfully fails to comply with the standards established by the department shall be guilty of a misdemeanor.

20-535. CONTRACTS WITH PRIVATE PROVIDERS OF SERVICES FOR JUVENILE OFFENDERS – CERTIFICATION REQUIRED. Nothing in this chapter shall prohibit the department from contracting with private providers or other entities for the provision of care, treatment and supervision of juvenile offenders committed to the custody of the department, if these programs are certified as in compliance with department standards within six (6) months after commencing operation.

20-536. PROGRAM RECORDS AS PROPERTY OF DEPARTMENT – CONTROL OF RECORDS. All records maintained by providers under contract with the department to provide services to juvenile offenders are the property of the department and shall be returned to it when the juvenile offenders are terminated from the provider's programs. The department shall maintain an accurate audit trail of information provided to other programs, providers or agencies regarding juvenile offenders under its jurisdiction.

20-537. RESTITUTION TO VICTIMS OF JUVENILE OFFENDERS – DUTIES OF DEPARTMENT. (1) The department or county probation shall make reasonable efforts to ensure that restitution is made to the victim of the juvenile offender. Restitution may be made through the employment of juvenile offenders in work programs or directly to the person; provided, however, that reimbursement to the victim is conditional upon the juvenile offender's involvement in such program.

(2) Restitution may be made a condition of probation.

20-538. CREATION OF FUND. There is hereby created in the state treasury a fund known as the "juvenile corrections victim restitution fund," which shall be administered by the department. Moneys in the fund shall consist of wage payments made to juvenile offenders in work programs, appropriations and moneys received by the department from whatever source. Moneys in the fund shall be utilized to provide full or partial restitution to victims of the juvenile offender's delinquent behavior.

20-539A. DISTRIBUTION AND REPORTING REQUIREMENTS FOR STATE, OTHER PUBLIC AND PRIVATE CONTRACT FACILITIES. Each facility housing juvenile offenders in department custody, whether a state, other public or private contract facility, shall comply with the following requirements for disbursement and reporting:

(1) State facilities, upon receiving any moneys credited to a juvenile in its custody, shall deposit the funds in the juvenile corrections victim restitution fund pursuant to section 20-539, Idaho Code.

(2) Other public or private contract facilities housing juveniles in department custody, upon receiving any moneys credited to or earned by a juvenile at the facility, shall directly distribute the moneys on or before the first day of each calendar quarter to the county court that committed the juvenile to department custody. Upon remitting moneys to a county on behalf of a juvenile offender, the facility shall report the direct distribution to the department for inclusion in the department's records.

20-539. REPORTS BY DEPARTMENT. When a juvenile offender has been committed to the department pursuant to this chapter, the department shall supply a report of the juvenile offender's educational and developmental progress to the committing court as often as the court deems necessary in its order of commitment, but not less frequently than every three (3) months.

20-540. SPECIAL COMMISSIONER – DUTIES. The court shall be authorized to appoint a special commissioner to assist in the conduct of proceedings under this chapter. In any case in which the court refers a petition to the commissioner, the commissioner shall promptly cause the matter to be investigated and on the basis thereof shall either recommend dismissal of the petition or hold a hearing as provided in this act and make recommendations to the court regarding the disposition of the matter. Such commissioner shall be paid for services rendered on order of the court from county funds in such amount as is determined by the court.

20-541. JUVENILE CORRECTIONS FUND – CREATION. There is hereby created in the state treasury, the juvenile corrections fund. Moneys in the fund shall be utilized by the department for construction and administration of facilities under the jurisdiction of the department of juvenile corrections, for assistance to a county or series of counties in constructing, contracting for or administering detention facilities for juveniles, to coordinate training for juvenile detention officers and/or juvenile probation officers, and for alternative programs designed to help juveniles avoid the traditional juvenile corrections system. All moneys in the fund may be expended only pursuant to appropriation by the legislature.

20-547. CONSTRUCTION OF ACT – CITATION OF ACT – OTHER CODE REFERENCES CONSTRUED. This act shall be liberally construed to the end that the legislative policy expressed herein is achieved. This act may be cited as the “Juvenile Corrections Act of 1995.” On and after the effective date of this act, any citation in the Idaho Code to chapter 18, title 16, Idaho Code, shall be understood and construed as a citation to chapter 5, title 20, Idaho Code, unless the context otherwise requires.

20-548. COMPENSATION – AMOUNT – CREDITING ACCOUNT OF JUVENILE – JUVENILES NOT EMPLOYEES. Each juvenile who is engaged in productive work under the jurisdiction of the director of the department of juvenile corrections may receive for this work such compensation as the director shall determine, to be paid out of any funds available in the department of juvenile corrections competency development account. After payment of restitution pursuant to section 20-538, Idaho Code, compensation shall be credited to the account of the juvenile to be used for payment of fines, reimbursement to the department of juvenile corrections for expenses directly related to that juvenile, and upon certain circumstances, payment to the juvenile upon release from the department of juvenile corrections.

No juvenile compensated under this act shall be considered an employee of the state or the department of juvenile corrections, nor shall any juvenile come within any of the provisions of the worker’s compensation law, or be entitled to any benefits thereunder whether on behalf of himself or any other person.

20-549. CURFEW VIOLATIONS – CITATION – NOTIFICATION. Violation by a juvenile of a curfew established by a municipal or county ordinance shall be punishable by a fine not to exceed three hundred dollars (\$300), detention, or both. Fines shall be deposited in the county juvenile justice fund of the county where the violation occurred, or if such a fund has not been established, then in the current county expense account for juvenile corrections purposes in the county where the violation occurred. The imposition of detention shall be subject to the provisions of sections 20-520(1)(b) and 20-521, Idaho Code. Detention of a juvenile in a county jail for violation of a curfew is prohibited.

Any peace officer may issue a citation for violation of a curfew that shall thereafter proceed under the juvenile corrections act in the same manner as though the violation was charged

by a petition. Citations shall be issued on the Idaho uniform citation form. The peace officer issuing a curfew citation may detain the violator and at the time the citation is issued shall make a reasonable effort to obtain the endorsement of the juvenile's parent or legal guardian on the citation. If the endorsement of a parent or legal guardian cannot be obtained with the exercise of reasonable diligence, a copy of the citation shall be hand delivered or mailed to the juvenile's parent or legal guardian by a peace officer at least seven (7) days prior to the date set for the juvenile's appearance. The citation shall provide a date certain for the appearance before a magistrate of the juvenile and parent or legal guardian.

When sentencing a juvenile for violating a curfew, the court may also enter any order authorized in section 20-520, Idaho Code. The court shall have jurisdiction over the parent or legal guardian of the violator pursuant to section 20-522, Idaho Code.

Levels of Care and Custody

BACKGROUND

The Idaho Department of Juvenile Corrections (IDJC) has identified the “What Works” literature as the foundation of our residential treatment programs. This body of work, and the supporting research, identifies those factors which are important contributors to delinquent behavior and which therefore may also be the most effective targets for change.

“What Works” emphasizes the importance of a classification system that includes an assessment of each juvenile’s Risks, Needs, and Responsivity factors. IDJC has developed a Custody Level Assessment form now being used in O&A throughout the Department. A Custody Level Reassessment tool, scored just prior to the juvenile’s release or transfer, is currently being piloted at JCC–St. Anthony. These tools suggest levels of custody and care based upon information from both static and dynamic risk/need factors.

IDJC is currently using the Custody Level Assessment to guide placement from Observation & Assessment (O&A) to an appropriate level of custody and care, or to provide a clear basis for override. Very early review of the data from the Custody Reclassification tool suggests that this instrument may be able to help the department document progress made and thus also help justify recommendations for release or transfer to lower levels of custody and care.

The Levels of Care and Custody defined in this document are closely related to the classification system and may help avoid the “compartmentalizing” of juveniles strictly by diagnosis. IDJC’s concern has been that such compartmentalizing has contributed to the need for multiple placements and increased lengths of stay for individual juveniles.

The purposes of all five Levels of Care and Custody are:

- Teach and reinforce safe behavioral controls.
- Address specific risks and needs identified in the assessment provided by the department.
- Provide these services at the lowest appropriate level of care possible.

While the descriptions which follow identify the levels as distinct, it is recognized that juveniles and programs function within a range of needs and levels.

The purpose of this document is to **DESCRIBE** the conditions of custody, care and treatment at different levels based upon assessed juvenile risk and need. Nothing in this document should be construed or interpreted to establish required standards of practice for the department or its contractors. Those standards are established in administrative rule, department policy and in the contracts between the department and each provider.

LEVELS OF CARE AND CUSTODY

The following information applies to all five Levels of Care and Custody and should be considered minimum procedures and practices across all levels. Those items that distinguish one level from another will be specifically described by level.

Operational Description at all Levels of Care and Custody Facilities

- Private facilities must have the appropriate child care license.
- County facilities must meet IDHW Licensing terms as specified in RFP.

Assignment Criteria at all Levels of Care and Custody Facilities

- Referral and assignment to any level must be documented using the IDJC custody classification document, written incident reports, and progress reports.
- Transfer is made based upon a custody level reclassification and a resulting adjustment to the juvenile's individual treatment plan.
- Prior to transfer to a higher level of care, an updated O&A and JSC summary is necessary if the original O&A report is more than six months old.
- Juveniles may be assigned to special management units as a consequence for documented behavioral violations. Facilities should not be used exclusively as disciplinary or behavioral units. Placement and release from a special management unit must be tied to the accomplishment of specific behavioral objectives.

Case Management at all Levels of Care and Custody Facilities

- IDJC's case management policy and administrative rules regarding case management apply in all cases regardless of level.
- The department's case manager will guide all case management decisions.
- Families should be engaged as much as possible in case management decisions along with community treatment team members, particularly the JPO.
- The department has the final authority on all placement decisions for juveniles in its legal custody.

Treatment Plans at all Levels of Care and Custody Facilities

- Treatment plans must reflect the priorities identified in the IDJC regional O&A and its component parts.
- Treatment plans are highly individualized addressing individual risk, need and responsivity factors.
- Reintegration plans are identified in the initial treatment plan and may change as necessary throughout treatment.

Program Services and Delivery at all Levels of Care and Custody

- As individuals progress through programs they may be offered additional services specifically designed toward release or to facilitate transfer to a lower level of care. Families should be involved as appropriate throughout treatment at all levels.
- Where Levels of Care and Custody allow for community activities they must be planned and authorized by the treatment team, the case manager, the facility administrator, and the JPO.

- Appropriate education services must not be denied as a disciplinary measure. These activities may be restricted or offered in a more structured way for documented threats to the safety and security of the facility, staff, other residents, and/or the community.
- Licensed and/or certified professional staff must provide specialized services such as substance abuse treatment, sex offender treatment, and other specialized service areas as required by the State of Idaho.

Health and Mental Health Services at all Levels of Care and Custody Facilities

- Emergency medical care must be available.
- Psychiatric care and consultation must be available as necessary to monitor psychotropic medications and to support staff in managing juveniles with a serious emotional disturbance diagnosis.
- Psychotropic medication monitoring must be available on at least a monthly basis.
- Juveniles may present mental health issues that require individual professional attention outside of the normal operating limits of the facility. Professionals with the required licenses, experience, and education must provide these services.
- Juveniles exhibiting serious suicide risk may be considered for assignment to another level facility, as a temporary plan for managing the high suicide risk.

Release at all Levels of Care and Custody

- Release prior to reaching age 19 must be justified by progress documented in the department's Custody Reclassification document and written progress reports. Once a juvenile reaches age 19, the Custody Review Board will recommend either continued custody or release to the Director based upon input from IDJC case managers, JPOs and others.

LEVEL 5 – MAXIMUM RISK

Purpose of a Level 5 Facility

- Teach and reinforce safe behavioral controls.
- Level 5 facilities are reserved for long-term juveniles who have demonstrated a documented pattern of violence or other serious incidents of non-compliance within a level 4 facility.
- Administrative due process is afforded juveniles at the time of transfer to a Level 5 facility because of the very limited services resulting from this assignment.

Operational Description (Specific terms will be established in each contract.)

- Locked secure setting.
- Intensive staff supervision 24 hours per day.
- Staffing ratios should be from 1:4 to 1:6 during waking hours not exceeding 1:12 during sleeping hours.
- Jails and detention facilities must provide staff ratios consistent with state and federal rules and regulations.

- Close monitoring of juveniles isolated in their rooms is necessary in order to minimize the risk of self-harming behavior.
- On-site nursing services must be available at least 12 to 16 hours per week. This number of hours may be reduced by 50% for facilities with 12 beds or less.
- Routine health and mental health (medication monitoring) services must be provided on-site under the highest levels of supervision.

Assignment Criteria

- Juveniles identified as not being able to benefit from treatment based on the following criteria:
 - Age
 - Criminal history.
 - Length of stay.
 - Documented history of serious incidents of violence, escape or repeated non-compliance that threatens the safety and security of a lower level facility.
 - Juveniles experiencing serious mental health needs may require a level of services beyond those typically available at a level 5 facility.

Case Management and Treatment Plans

- Education, health, and mental health services as required by state and federal rule and regulation.
- Limited additional services that allow the juvenile to earn transfer to a lower level of care.
- Maximum supervision and control.

Program Services and Delivery

- Minimal levels of counseling will be provided.
- Group work will focus on managing behaviors and group living tasks.
- *No routine activities in the community are authorized.*
- *Education and/or vocations must be offered on site under the highest levels of supervision.*

LEVEL 4 – HIGH RISK

Purpose of a Level 4 Facility

- Teach and reinforce safe behavioral controls and begin to address the specific risks and needs identified in the O&A and included in treatment plan.
- Provide academic services including remedial and special education services.
- Provide older juveniles with the opportunity to develop basic job skills and job market entry preparation.
- Provide high levels of mental health care that may require attention from licensed professionals.
- Provide residential substance abuse treatment.
- May provide offense specific services for juveniles with sexually abusive behavior, assessed to present moderate to high risk for re-offending, and who have not substantially completed work on these issues. The program must provide supervision designed to protect the community.

Operational Description (Specific terms will be established in each contract.)

- Locked secure setting or high level of staff supervision in addition to a therapeutic culture.
- High levels of staff supervision 24 hours per day.

- Services offered are comprehensive and not limited to confinement and behavior management.
- Must provide some degree of closely supervised community contact.
- Staffing ratios may range from 1:6 to 1:8 during waking hours and must not exceed 1:16 during sleeping hours.
- Case managers and/or counselors must be provided at a ratio of 1:12 to 1:16.
- On-site nursing services must be available at least 12 to 16 hours per week. This number of hours may be reduced by 50% for facilities with 12 beds or less.
- Routine health and mental health services must be provided on-site.

Assignment Criteria

- Documented pattern of violence or juveniles who have been adjudicated for numerous or serious crimes in the community.
- Documented history of serious incidents of violence, escape or repeated non-compliance that threatens the safety and security of a lower level facility.

Case Management

- Refer to case management at all levels of care and custody.

Program Services and Delivery

- Individual counseling provided as identified in the O&A included in the treatment plan.
- Group work addresses cognitive behavioral tasks, managing behavior, and practicing group living tasks.
- Education, special education and vocations must be offered on site and only under high levels of staff supervision.
- Juveniles who progress sufficiently to be considered for release or transfer may be considered for home passes and for community activities.
- Staff must provide direct supervision for individual and group activities in the community at all times.
- Staff must closely monitor home passes, though this may be by telephone and third party contact.

LEVEL 3 – MODERATE RISK

Purpose of a Level 3 Facility

- Teach and reinforce safe behavioral controls and begin to address the specific risks and needs identified in the O&A and included in treatment plan.
- Provide academic services including remedial and special education services.
- Provide older juveniles with the opportunity to develop basic job skills and job market entry preparation.
- Provide high levels of mental health care that may require attention from licensed professionals.
- Provide residential substance abuse treatment.
- May provide offense specific services for juveniles with sexually abusive behavior, assessed to present moderate to low risk for re-offending, and who have not substantially completed work on these issues. The program must provide supervision designed to protect the community.

Operational Description (Specific terms will be established in each contract.)

- Unlocked staff secure setting with high levels of staff supervision often supported by a therapeutic culture.
- Staff supervision is provided at a high level during waking hours.
- Staff ratios in the evening may be reduced to the lower limits of licensing standards as long as provisions are made for quick response from off duty staff.
- Staffing ratios must meet licensing requirements of 1:8 during waking hours and must not exceed 1:20 during sleeping hours.
- Case managers and/or counselors must be provided at the licensing standard of 1:20.
- If on-site nursing services are not provided routinely, access to nursing services must be readily available to assist staff with related training and to support staff in decision-making about access to the appropriate level of medical care.
- Routine health and mental health services must be provided on-site or in the community.

Assignment Criteria

- Juveniles with a documented pattern of noncompliance with community sanctions and who have been adjudicated for numerous crimes in the community.
- Juveniles with a documented history of repeated non-compliance that threatens the safety and security of a lower level facility may also be considered.

Case Management

- Because level three facilities are located in the community, work with the family or other identified reintegration resource should remain an important priority throughout the placement.

Program Services and Delivery

- Individual counseling provided as identified in the O&A included in the treatment plan.
- Group work addresses cognitive behavioral tasks, managing behavior, and practicing group living tasks.
- Education and vocational services may be offered on site or in the community. Staff supervision must be addressed for each juvenile receiving services in the community. Onsite education and special education services must be available for juveniles not capable of receiving services in the community.

- Juveniles who have progressed beyond the initial stages of a program may be considered for home passes and for community activities.
- Staff must provide direct supervision for group activities in the community at all times.
- Staff must closely monitor home passes and individual community activities.

LEVEL 2 – LOW RISK AND COMMUNITY TRANSITION OR INDEPENDENT LIVING

Purpose of a Level 2 Facility

- *Teach and reinforce safe behavioral controls and begin to address the specific risks and needs identified in the O&A and included in treatment plan.*
- *Reinforce, build upon, and practice existing skills that the juvenile has to exhibit safe behavioral controls.*
- *Provide academic services including remedial and special education services.*
- *Provide older juveniles with the opportunity to develop basic job skills and job market entry preparation.*
- *Address the specific risks and needs identified to finalize a successful return to the community.*
- *Provide opportunities to practice skills in a community setting and away from the facility.*
- *Facilitate and monitor successful reintegration into the community.*
- *May provide high levels of mental health care that may require attention from licensed professionals.*
- *Provide substance abuse services.*
- *May provide offense specific services for juveniles with sexually abusive behavior, assessed to present low risk for re-offending, and who have substantially completed work on these issues. The program must provide supervision designed to protect the community.*

Operational Description (Specific terms will be established in each contract.)

- Unlocked setting with levels of staff supervision sufficient to meet the terms of the contract with the department and relevant child care licensing standards.
- Staff supervision must assure that juveniles involved in community services or activities are attending and participating as intended in those activities.
- Staff ratios in the evening may be reduced to the lower limits of licensing standards as long as provisions are made for quick response from off duty staff.
- Case managers and/or counselors must be provided at the licensing standard of 1:20.
- Routine health and mental health services must be provided on-site or in the community.

Assignment Criteria

- Initial assignment for Juveniles who have not been adjudicated for numerous crimes in the community but may have a documented pattern of noncompliance with community sanctions.
- Transfer from a higher-level facility following a documented custody level reassessment that supports the need for a lower level facility.
- Low risk for violence or escape.

- Juveniles with a documented history of compliance and progress in a higher-level facility may also be considered for short-term work to finalize reintegration plans or to develop independent living skills.
- Failure by the juvenile to maintain his or her status in education, vocational or treatment services in the community may result in consideration for reassignment back to a higher level of care and custody.

Case Management

- Reintegration resources should remain an important priority throughout the placement. Reintegration resources should include the family when possible.
- The treatment plan or reintegration plan must be developed with and authorized by the department's case manager and must also reflect the concerns of the JPO.

Program Services and Delivery

- Community activities must include supervision.
- Activities in the community must be closely tied to the goals and objectives of the treatment plan or reintegration plan.
- Education and vocational services are offered in the community. Staff supervision must be addressed for each juvenile receiving services in the community.
- Individual counseling may be provided by a community resource.
- Group work done may address a variety of cognitive behavioral tasks as well as on managing behaviors and practicing group living tasks.
- Juveniles should continually be refocused on those tasks that need to be accomplished to finalize their full return to the community and release from IDJC custody.
- Juveniles should be involved in home passes and regular participation in community education, vocations, and treatment services.
- Home passes must provide for close monitoring of the pass by staff, though this may not be by direct contact.
- Substance abuse services may be offered in the community, provided by a professional level counselor or by a support group such as AA/NA based on the level of need indicated.

LEVEL 1 – MINIMUM RISK – NON-RESIDENTIAL SERVICES

Purpose of a Level 1 Program

- Provide non-residential services that target a specific area of need. Programs and/or services are not intended to address a wide variety of needs in a thorough way.
- Teach and reinforce safe behavioral controls and begin to address the specific risks and needs identified in the O&A and included in treatment plan.
- Reinforce, build upon, and practice existing skills that the juvenile has to exhibit safe behavioral controls.
- *Address the specific risks and needs identified to finalize a successful return to the community.*
- Provide support for independent living and/or transition services in a setting that is not operated by the state or in a private residential contractor.
- Provide or arrange for support and reinforcement of families or other guardians as an important, integral, part of release.
- Arrange for academic services including remedial and special education services.
- Provide older juveniles with the opportunity to develop basic job skills and job market entry preparation.

- Provide or arrange for high levels of mental health care that may require attention from licensed professionals.
- *Provide or arrange for substance abuse services.*
- *May provide or arrange for services for juveniles with sexually abusive behavior, assessed to present low risk for re-offending, and who have substantially completed work on these issues. The program must also provide services designed to address the particular needs of juvenile sexual offenders and the community.*

Operational Description (Specific terms will be established in each contract.)

- Juveniles assigned to level one reside with family or other approved guardians.
- Staff supervision must assure that juveniles are attending and participating in activities and services prescribed in the treatment plan.
- Routine health and mental health services must be provided. These services should be arranged thru a community provider.

Assignment Criteria

- Juveniles may be assigned from a higher-level facility following a documented Custody Level Reassessment that supports the need for a lower level facility.
- Juveniles who have not been adjudicated for numerous crimes in the community but may have a documented pattern of noncompliance with community sanctions.
- Low risk for violence or escape.
- Juveniles with a documented history of compliance and progress in a higher-level facility may also be considered for short-term work to finalize reintegration plans or to develop independent living skills.
- Failure by the juvenile to maintain his or her status in education, vocational or treatment services in the community may result in consideration for reassignment back to a higher level of care and custody.

Case Management

- The treatment plan or reintegration plan must be developed with and authorized by the department's case manager and must also reflect the concerns of the JPO.
- Work with the family or other identified reintegration resources should remain an important priority throughout the placement.

Program Services and Delivery

- Activities in the community must be closely tied to the goals and objectives of the treatment plan or reintegration plan.
- Education and vocational services are offered in the community. Staff supervision must be addressed for each juvenile receiving services in the community.
- Individual counseling may be provided by a community resource.
- Group work done may address a variety of cognitive behavioral tasks as well as on managing behaviors and practicing group living tasks.
- Juveniles should continually be refocused on those tasks that need to be accomplished to finalize their full return to the community and release from IDJC custody.
- Juveniles should be participating in regular community education, vocations, and treatment services.
- Home passes may be included in the treatment plan if the juvenile is not residing with a family.
- Substance abuse services may be offered in the community, provided by a professional level counselor or by a support group such as AA/NA based on the level of need indicated.

END NOTES

- ¹ Idaho State Code 18-903(b), 2004 Edition, Titles 1-30, Volume 1. Thorton Publishing Corporation, dba, Premier Publications, Inc.
- ² Idaho State Code 18-4016, 32-102 and 18-4006, 2004 Edition, Titles 1-30 and Titles 31-41, Volume 1. Thorton Publishing Corporation, dba, Premier Publications, Inc.
- ³ Idaho Systems of Care—Working Together for Children in Our Communities Newsletter. Idaho Department of Health and Welfare. May, 2004 Edition. <http://www.idahochild.org>. Last visited November 18, 2004.
- ⁴ Triplett, John E., Survey Results compiled for CEDP 2005 research project.
- ⁵ Ibid.
- ⁶ Platt, Anthony. The Child Savers 2nd Edition. The University of Chicago Press, 1977.
- ⁷ Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States. United States House of Representatives, Committee on Government Reform—Minority Staff, Special Investigations Division, July 2004. Prepared for Rep. Henry A. Waxman and Sen. Susan Collins.
- ⁸ Ibid, page 8.
- ⁹ Ibid, page 6.
- ¹⁰ Ibid, page 5.
- ¹¹ Casey, Pamela and Rottman, David. Problem-solving Courts: Models and Trends. National Center for State Courts. Based on a presentation given July 8, 2003, in Edinburgh, Scotland.
- ¹² Ibid, page 8.
- ¹³ National Alliance for the Mentally Ill (NAMI), “About Mental Illness”. Last visited on October 10, 2004. www.nami.org (no authors noted on website).
- ¹⁴ Ibid
- ¹⁵ Eligibility Criteria for Department of Health and Welfare Children’s Mental Health Services. Publication without author, but given as literature by IDHW representatives. Notation on bottom is “Facspm 01-05 09/01/01”
- ¹⁶ Ibid
- ¹⁷ Ibid
- ¹⁸ Ibid, notation 12

¹⁹ United States Court of Appeals for the 9th Circuit, No. 00-35948. D.C. No. CV-80-04091-BLW Opinion. Jeff D v. State of Idaho.

²⁰ Ibid

²¹ U.S. Department of Health and Human Services, Administration for Children and Families, National Clearinghouse on Child Abuse and Neglect Information. Last visited October 10, 2004. <http://nccanch.acf.hhs.gov/profess/systems/index.cfm> (no authors noted on website)

²² Idaho Council on Children's Mental Health (ICCMH) Community Report Card, 2004. Prepared and approved by the ICCMH for distribution.

²³ 18 to 21 year old data, 01/17/01. Prepared by William Lasley and Larry Callicutt, employees of the Idaho Department of Juvenile Corrections.

²⁴ Ibid, pages 3-4.

²⁵ Idaho Code 20-520(1)(q), 2004 Edition, Titles 1-30, Volume 1. Thorton Publishing Corporation, dba, Premier Publications, Inc.

²⁶ Idaho Juvenile Rule 19 located at www.isc.idaho.gov/rules/juv19.rul Last visited on November 18, 2004.

²⁷ Idaho Code 20-501, 2004 Edition, Titles 1-30, Volume 1. Thorton Publishing Corporation, dba, Premier Publications, Inc.

²⁸ Idaho Department of Juvenile Corrections Final DRAFT Length of Stay Report Final DRAFT, August 9, 2001. Unknown author of report.

²⁹ Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, 123 (1999).

³⁰ Ibid

³¹ Former President Lyndon B. Johnson. **Commencement Address at Howard University: "To Fulfill These Rights."** June 4, 1965. Website <http://www.hpol.org/lbj/civil-rights/> visited on November 18, 2004.

³² Idaho Council on Children's Mental Health (ICCMH) Community Report Card, 2004. Prepared and approved by the ICCMH for distribution.

³³ Fitton, Robert A., Leadership: "Quotations from the World's Greatest Motivators" Westview Press, 1997. Page 264.