

# JUVENILE COURT PROCESS

How, What, Where, When & Why?

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# General Overview of Juvenile Court Services Department

*JPC, Juvenile Probation Counselors - 33 JPCs – not including Supervisors*

*Screening Unit – Supervisor & JPCs*

*FIRS, Family Intervention & Restoration Services – Supervisor, JPCs, and Social Work*

*BHR, Behavioral Health Response – Supervisor & JPCs*

**Field Units**

- City Unit
- Bellevue Unit
- Renton Unit
- Federal Way Unit

*CSEC, Commercially Sexually Exploited Children*

*JJAT, Juvenile Justice Assessment Team*

*EET, Education Employment Training*

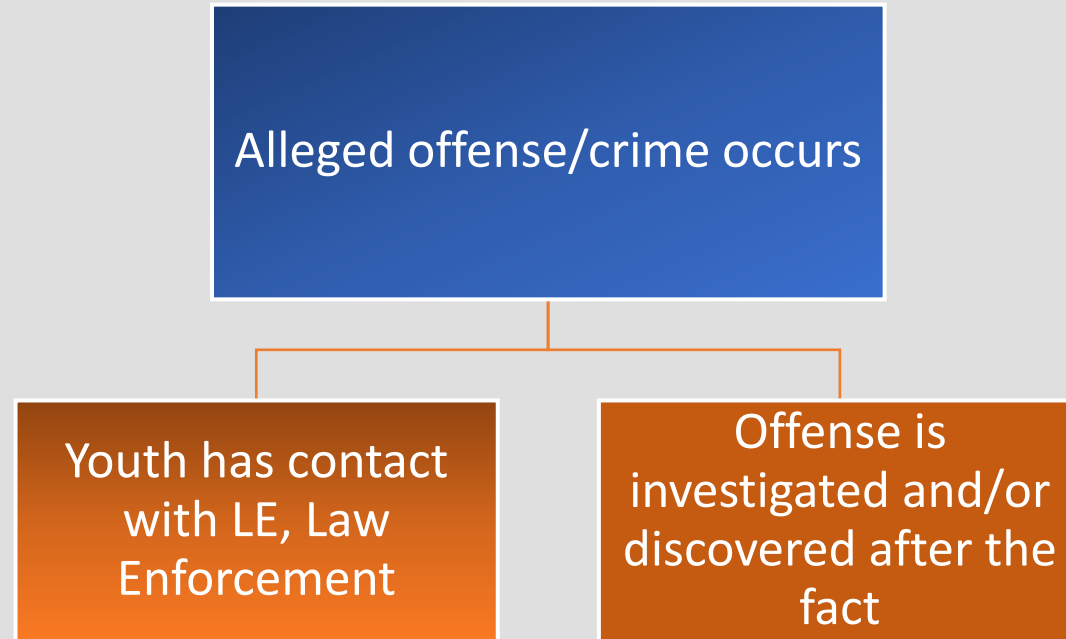
*PYJ, Partnership for Youth Justice*

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# JUVENILE COURT SERVICES OVERVIEW

- [Commercially Sexually Exploited Children \(CSEC\) program](#) Survivor-centered program addressing commercial sexual exploitation of children.
- [Community Supervision \(probation\)](#) How we help youth fulfill court-ordered obligations and prevent their return to the justice system.
- [Diversion and Partnership for Youth Justice \(PYJ\)](#) Diversion keeps youth out of the formal court process so they can avoid a criminal record. Learn more about the program and find volunteer opportunities with Diversion Community Accountability Boards.
- [Education Employment Training \(EET\)](#) Our program for court-involved youth to achieve educational and employment success. Volunteer to help these youth explore career options.
- [Internships](#) Apply to be part of the next generation of court leaders and youth workers
- [Juvenile Justice Assessment Team \(JJAT\)](#) A team devoted to working with youth in the court system to assess how we can best help with their mental health or substance abuse needs.
- [Mentoring](#) Mentors are local providers who want to make a positive difference in a young person's life.
- [The Justice Bobbe J. Bridge Resource Center](#) The Resource Center helps ensure youth and families have access to information, programs, and opportunities that support their needs and goals.
- [Youth and family resources](#) Find many types of services in our community, including wellness, counseling, housing support, financial help, parenting assistance, and more.
- [Youth skills training and family interventions](#) Evidence-based programs that help court-involved youth and families build skills, work through challenges, and get therapeutic support. A Juvenile Probation Counselor (JPC) decides if these programs are a good fit.

# How does a youth become involved with Juvenile Court?



# Juvenile Detention Intake Criteria:

- Assault 2 or 3
- Burglary 2
- Driving while Under the Influence (DWI) – Juvenile The youth must have a prior DWI conviction to meet the criteria ([RCW 10.31.100\(16\)](#)).
- Escape 1, 2, 3 or Attempted
- Eluding Pursuit of Police Vehicle
- Explosive-Endangering Property
- Explosive Unlawful Possession - Attempted
- Failure to Register As Sex Offender (Felony)
- Firearm Possession - Attempted
- Harassment - Felony
- Motor Vehicle - Theft
- Residential Burglary
- Possession of a Stolen Vehicle
- Robbery 2
- Taking of a Motor Vehicle 1 or Attempted
- Violation of the Uniform Controlled Substances Act (VUSCA) Narcotics Delivery
- VUSCA Narcotics Delivery - Attempted, Conspiracy, or With Intent to Deliver
- VUSCA Narcotics Delivery - Meth
- Violation of Uniform Firearms Act (VUFA) 2 - Attempted
- Weapon Display
- Weapon At School

[Juvenile Detention Intake Criteria - King County, Washington](#)

# Youth presents to secure detention

Meets with Screening Unit JPC

Youth is detained until  
FA (first appearance)  
and assigned intake  
JPC

Youth is immediately  
released per Judge's  
orders and returns  
upon Arraignmnet

## Release?

Temporary Conditions of  
*Release: pending legal matter*

*Attend School*

*Curfew as set by parents*

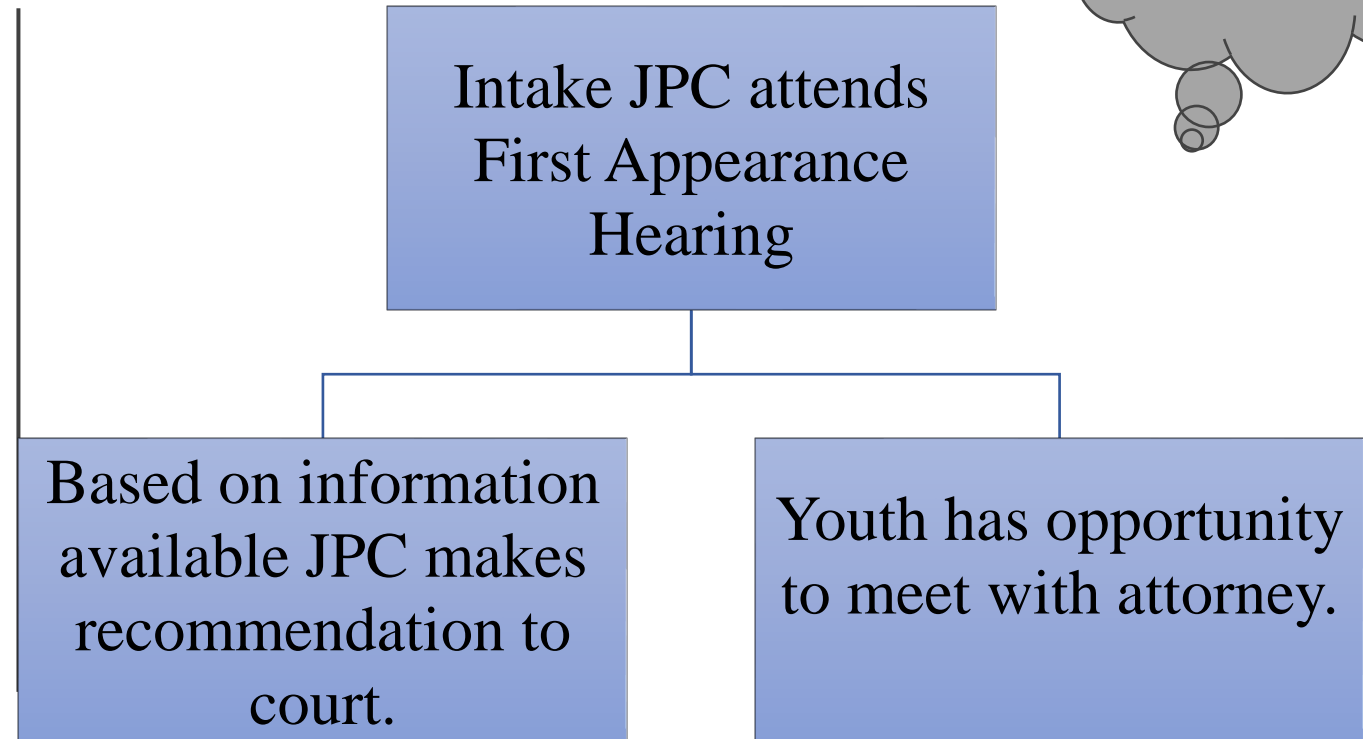
No Substance Use

No contact with person(s) or  
places.

## Detain?

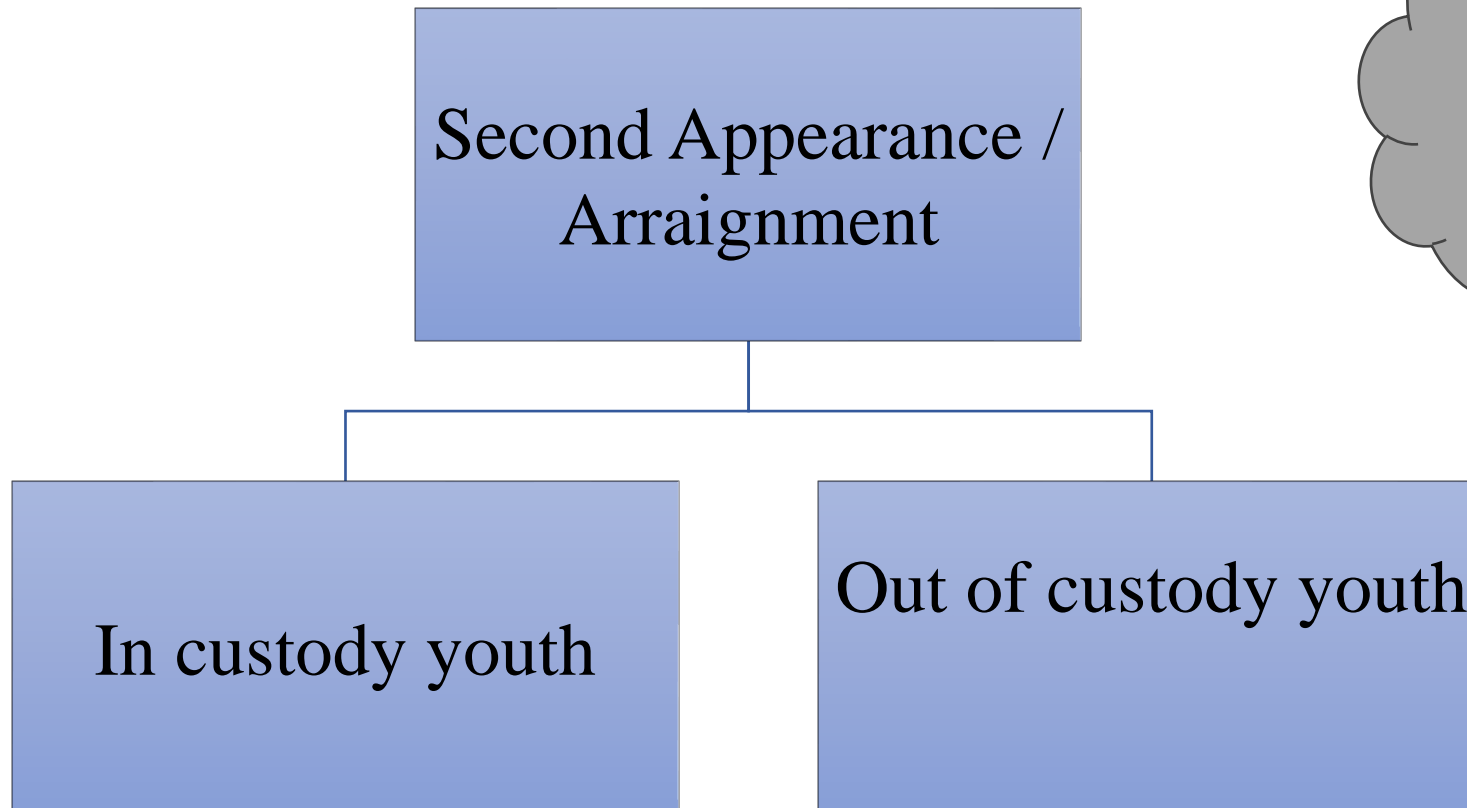
- Threat to community safety
- Likely Fail to Appear
- To protect from self  
(respondent)
- Believed the youth would  
intimidate a witness or  
otherwise interfere with  
an investigation
- The youth committed a new  
offense while another matter  
is pending

Youth is assigned an Intake JPC based on their geographic location:





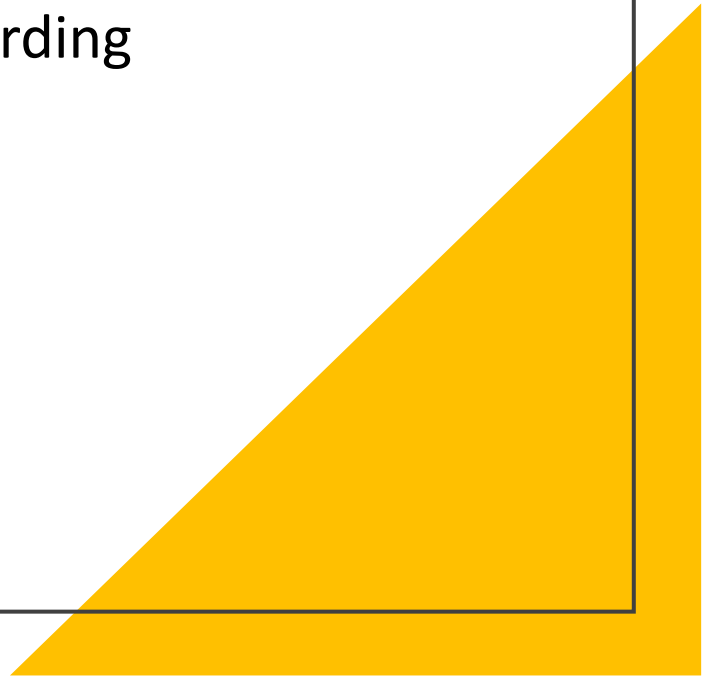
# Second Appearance / Arraignment:



# Arraignment Hearing:

Youth has opportunity to meet with their attorney, go over necessary paperwork, some preliminary information regarding court process.

Enters a plea of not guilty. Released, detained or EHM, Electronic Home Monitoring.



# Case Setting Hearing – CSH

Basically, a period of time for negotiations to take place. How the PAO, Defense and JPC either come to an agreement or not in regard to how the case will be resolved. What the conditions will be.

This can take a significant length of time for several reasons.

During that time, the youth is working with their intake JPC on compliance for their release conditions, EBP screenings and processes that will help guide JPC towards best practices in referring to services.

# Different types of case resolution

**JPC Lead Diversion** – out of court resolution

**Diversion by way of PYJ, *Partners for Youth Justice* via CABs, *Community Accountability Boards*** – Out of court resolution

**Straight Probation** – Community Supervision

**Deferred Disposition** – period of time spent on supervision, successful at conditions – dismissed

**SODA** – Sex Offender Disposition Alternative

**BHR** – Behavioral Health Response

**CDDA (Option C)** – Chemical Dependency Disposition Alternative

**Option B** – Suspended commit – if youth is not in compliance with conditions the youth is sentenced to JR, *Juvenile Rehabilitation* i.e. Echo Glen Children's Center

**MI Up, *Manifest Injustice Up*** – Court has ordered a sentence above the standard range (aggravating and mitigating factors, youth's circumstances. Generally driven by recommendations from PAO, Probation – can come from Judge

**MI Down, *Manifest Injustice Down*** – Court has ordered sentence below the standard range based on youth's circumstances, support in home and community, engagement in services etc.

**FIRS, *Family Intervention & Restorative Services*** - Out of court diversion for DV within the home

# Roles of different JPCs and Units

## Screening JPC:

This unit is housed in the building where detention and court is located.

What they do – get background information from youth, contact family, determine placement eligibility i.e. FIRS or secure or immediate release – authorized by judges. Certain offenses are eligible for immediate release. Also depending on a youth's offense history. There is a judge on call and the screening unit JPC will provide information to the judge to determine youth is eligible for immediate release. Intake screenings are especially valuable to the CSE-IT screens.

## FIRS, Family Intervention & Restorative Services JPC:

This unit is housed in the building and remotely where detention and court is located.

What they do – Adolescent Family Violence, alternative to formal court involvement

### Referrals

- Upon investigating a domestic violence incident, law enforcement could either, 1) Arrest the youth and bring them to detention, or 2) Submit a police report to the FIRS program for review.
- If youth are arrested and brought to detention, juvenile detention staff will determine whether they are eligible to transfer to the FIRS respite center. Multiple factors are considered, including the youth's criminal history, and health and safety concerns.
- If youth are not arrested, the FIRS team may receive a police report for review. If determined to be eligible, FIRS team will contact the family about next steps

# Roles of different JPCs and Units- continued

## **Intake JPC:**

Housed in field units.

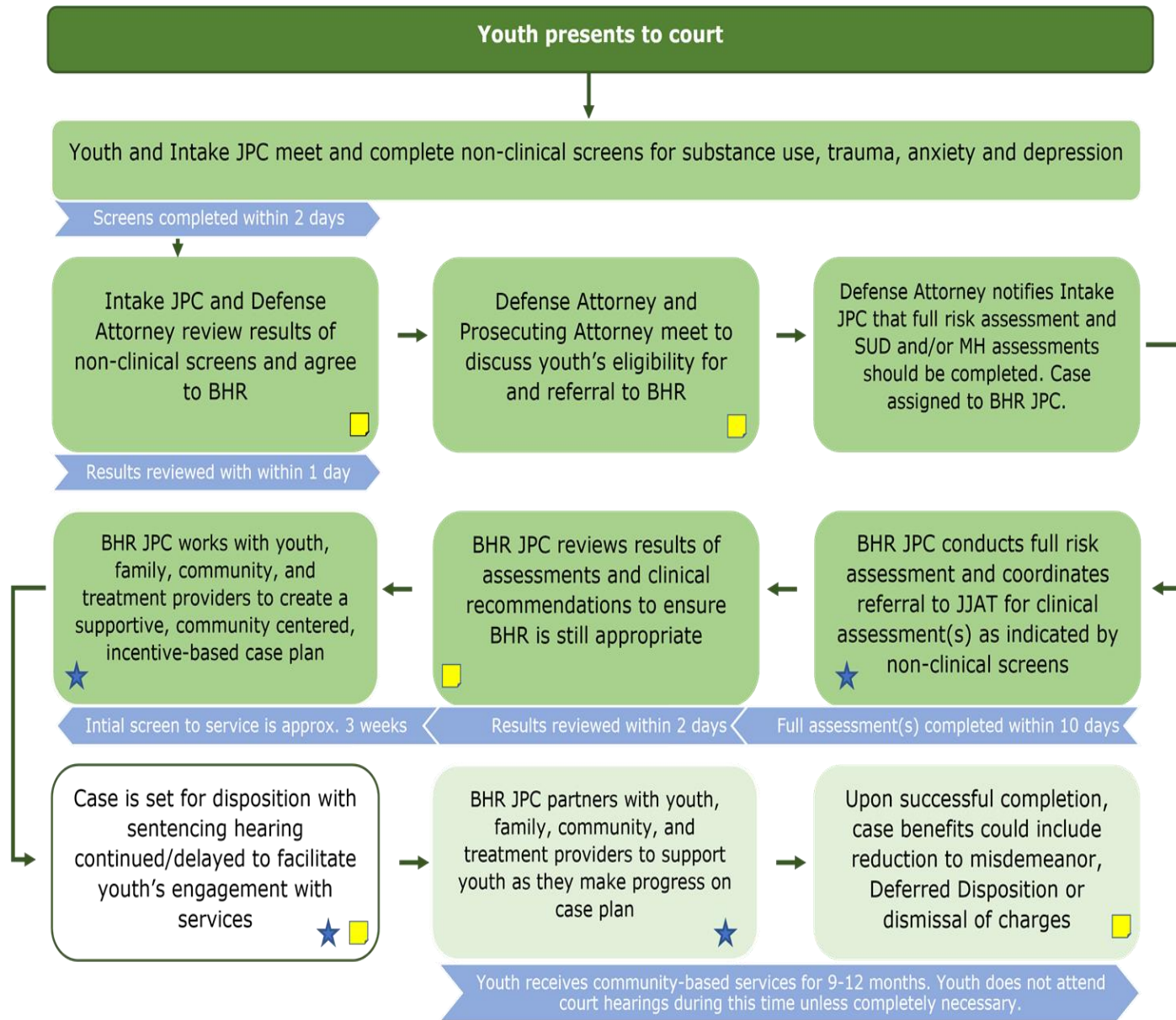
What they do – continue to support youth and family while going through the intake process. Gather information, monitor progress and challenges, implement behavioral health screens, communicate with defense attorneys and prosecuting attorneys. Provide court with reports regarding youth's engagement in services, school attendance, etc. They can set detention review hearings where it is decided by a judge after hearing from all parties if the youth is a danger to community and or self and can be remanded into secure detention or put on EHM. They are also given all of the new cases that come in to screening or out of custody referral.

## **Supervision JPC:**

Housed in field units.

What they do – typically less court hearings than intake JPC. Monitor youth's progress while on probation "supervision". Provide incentives for follow through. Support youth throughout their time on probation. Supervising JPCs have more flexibility to meet with youth in the community. Sometimes at home, school, library, of coffee shop.

# BHR, *Behavioral Health Response*



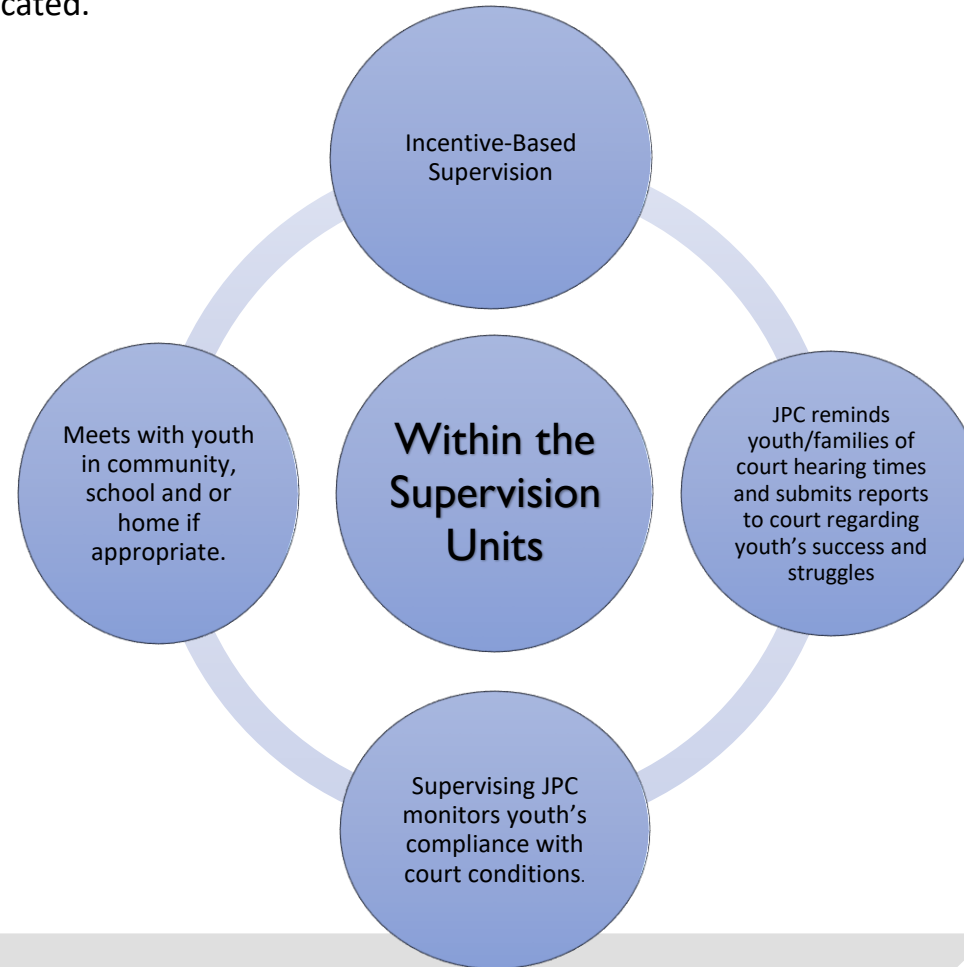
Timeframe Decision point Incentive provided

See BHR Manual for full program details

# Field Units & Supervision JPC:

Field units are located in the community with the exception of City Unit which is located the building in the same place where detention and court is located.

- Supervisor
- Lead JPC
- Intake JPC
- Supervision JPCs





# Pros & Cons of communicating with JPCs and/or Case Managers:



## Pros – Not communicating

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- Less work to do
- Don't trust probation



## Cons – Not Communicating

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- Don't Reach Youth
- Probation doesn't want to refer



## Pros – Communicating

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- Build more relationships
- Model healthy boundaries

## Cons - Communicating

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- More work to do
  - Youth might not trust me
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# Generalized Anxiety Disorder Assessment

## GAD -7

### GAD-7

Anxiety Screener

9. Over the last 2 weeks, how often have you been bothered by: \*

	Not at all (0)	Several Days (1)	More than half the days (2)	Nearly Every Day (3)
Feeling nervous, anxious, on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. If you checked off any problems above, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

- Generalized Anxiety Disorder Assessment (GAD-7) This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalized anxiety disorder (GAD).
- It uses some of the DSM-V criteria for GAD (General Anxiety Disorder) to identify probable cases of GAD along with measuring anxiety symptom severity. It can also be used as a screening measure of panic, social anxiety, and PTSD. It was modeled after the PHQ9 to be used quickly and effectively within a primary care setting.
- 2-5 minutes to complete

## PHQ-9

Depression Screener

11. Over the last 2 weeks, how often have you been bothered by any of the following problems? \*

	Not at all (0)	Several Days (1)	More than half the days (2)	Nearly Every Day (3)
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. If you checked off any problems above, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all  
 Somewhat difficult

# Patient Health Questionnaire PHQ-9

- The PHQ-9 is a 9-question instrument given to patients to screen for the presence and severity of depression. It is the 9-question depression scale from the Patient Health Questionnaire (PHQ). The PHQ takes less than 3 minutes to complete. The total of all 9 responses from the PHQ-9 aims to predict the presence and severity of depression.

### Global Appraisal of Individual Needs-Short Screener (GAINS-SS)

Substance Usage Screener

15. The following questions are about common psychological, behavioral or personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

DURING THE LAST 12 MONTHS, DID: \*

	NO (0)	YES(1)
You use alcohol or drugs weekly	<input type="radio"/>	<input type="radio"/>
You spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)	<input type="radio"/>	<input type="radio"/>
You keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people	<input type="radio"/>	<input type="radio"/>
Your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events	<input type="radio"/>	<input type="radio"/>
You have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sleeping or sitting still, or use alcohol or drugs to stop being sick or avoid withdrawal problems	<input type="radio"/>	<input type="radio"/>

## GAIN SS SDS (Substance Dependence Severity) Subscale

- Substance Dependence Severity Scale (SDSS)
- The SDSS is a semi-structured, clinician-administered interview that assesses DSM-IV dependence and abuse and ICD-10 harmful use for alcohol and other drugs for the previous 30 days. It assesses frequency and severity of symptoms.

### PC-PTSD

Trauma Screener

13. Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic.  
For example:
- a serious accident or fire
  - a physical or sexual assault or abuse
  - an earthquake or flood
  - a war
  - seeing someone be killed or seriously injured
  - having a loved one die through homicide or suicide

Have you ever experienced this kind of event? \*

- YES  
 NO

14. In the past month, have you...

	NO(0)	YES(1)
Had nightmares about the event(s) or thought about the event(s) when you did not want to?	<input type="radio"/>	<input type="radio"/>
Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	<input type="radio"/>	<input type="radio"/>
Been constantly on guard, watchful, or easily startled?	<input type="radio"/>	<input type="radio"/>
Felt numb or detached from people, activities, or your surroundings?	<input type="radio"/>	<input type="radio"/>
Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused.	<input type="radio"/>	<input type="radio"/>

# Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

- The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) is a 5-item screen designed to identify individuals with probable PTSD.
- Those screening positive require further assessment, preferably with a structured interview.
- Scoring begins with an item to assess whether the respondent has had any exposure to traumatic events. If they deny exposure, the PC-PTSD-5 is complete with a score of 0. If they indicate a trauma history –they respondent i answer five additional yes/no questions about how that trauma has affected them over the past month. Preliminary results from validation studies suggest that a cut-point of 3 on the PC-PTSD-5 (e.g., respondent answers "yes" to any 3 of 5 questions about how the traumatic event(s) have affected them over the past month) is optimally sensitive to probable PTSD.

# Other court involved youth:

## BECCA

- *ARY – At Risk Youth*
  - Parents often are the referent
  - Youth are exhibiting high risk behaviors; not attending school, whereabouts unknown/run, substance use, in-home violence etc.
- *CNS or CHINS – Child in Need of Services*
  - Often the referent is the child and someone of support.
- *Truancy –*
  - Usually brought to the attention of the court via school districts or parents can make a referral.

Parents can make a CAST referral in response to their student's absence by completing referral form on KC Forms Website.  
Districts can request a CAST at any time after a truancy petition is filed.

# JUVENILE JUSTICE ASSESSMENT TEAM (JJAT)

- **Assessment and Consultation**
- Mental Health
- Substance Use
- Consultation on complex cases
- Neuropsych or Psychiatric referrals
- **Psychological services**
- Cognitive, personality, and some neuropsych assessment
- **Education, Support & Outreach**
- SUD Specialist
- SUD Prevention/education classes for youth who have no diagnosable SUD disorder
- Outreach and engagement in the community
- Transportation, basic needs
- Inpatient support/coordination
- Narcan & Fentanyl Education
- Unit trainings
- Distribution of Narcan
- Adding Fentanyl to testing panel
- Teen Activity Group (TAG) 4-week MH Groups

# EDUCATION AND EMPLOYMENT TRAINING (EET)

- Support for education success, Job Readiness Training, and subsidized work experience to eligible court- involved youth including building the necessary resiliency and life skills to navigate work, school, and life.
- Helps court-involved youth ages 15-19 achieve educational and employment success.
- Education and Employment Specialists work with young people all throughout King County.
- EET accepts referrals and works with young people year-round – to be eligible, youth need at least (and preferably more) 3 months of community supervision or Diversion contract remaining; to be on probation OR on a Diversion or FIRS agreement OR having entered a plea for CEDAR or BHR; and Moderate to High score on the full risk needs assessment.



# PYJ, Partnership for Youth Justice – CABs, Community Accountability Boards

**PYJ** recruits **CAB** members from community programs to help support and identify resources for youth and families.

- Corporate partners include organizations to help support young people within the community, including Zillow and Amazon
- Expanding partnership with school districts for preventative work focusing on behavior management and connection to community resources

## **THE BOARDS:**

- CABs are diverse and representative of the youths' community
- Two culturally specific CABs, the East African CAB and the Hispanic/Latinx CAB are comprised of volunteers from, and serve youth from, these cultural backgrounds

# Acronyms

- ARR – Arraignment Hearing
- ARY – At Risk Youth
- ASD – Alternative to Secure Detention
- BHR – Behavioral Health Response
- CABs – Community Accountability Boards
- CAC – Child Advocacy Center
- CAST – Community Attendance Support Team
- CCFJC – Clark Children & Family Justice Center
- CJKKC – Children’s Justice Center of King County
- CLIP – Children’s Long-term Inpatient Program
- CMIP – Communicating with Minor for Immoral Purposes
- CNS/CHINS – Child in Need of Services
- CSAM – Commercial Sexual Abuse of Minor
- CSEC – Commercially Sexually Exploited Children
- DA – Defense Attorney
- DAJD – Department of Adult & Juvenile Detention
- DCYF – Department of Children Youth & Families
- Dispo – Disposition
- DRAI – Detention Risk Assessment Instrument
- DV – Domestic Violence
- EBP – Evidence Based Practice
- EET – Education
- EHM – Electronic Home Monitoring
- FA – First Appearance
- FTA – Failure to Appear
- HATC – Harborview Abuse & Trauma Center
- JJAT – Juvenile Justice Assessment Team
- JTRAC – Juvenile Therapeutic Response & Accountability Court
- JR – Juvenile Rehabilitation
- KCSARC – King County Sexual Assault Resource Center
- MDT – Multi-Disciplinary Team
- MI – Manifest Injustice (up or down)
- NCMEC – National Center for Missing & Exploited Children
- OPS – Organization for Prostitution Survivors
- PAO – Prosecuting Attorney’s Office
- PYJ – Partnership for Youth Justice
- REST – Real Escape from the Sex Trade
- SAPO – Sexual Assault Protection Order
- SCH – Seattle Children’s Hospital
- SOTP – Sex Offender Treatment Provider
- SUD – Substance Use Disorder
- TMV – Taking Motor Vehicle
- TMWOOP – Taking a Motor Vehicle w/o Owner Operator Permission
- VUCSA – Violation of the Uniform Controlled Substance Act
- VUFA – Violation of the Uniform Firearms Act

## **FIRS – Family Intervention & Restoration Services**

*CCFJC 1211 E Alder Street Seattle*

- Jeremy Crowe, *Supervisor* 206-477-6528 ~ 206-240-8595
- Cecilia Camino, *JPC* 206-477-2992 ~ 206-245-4905
- Dede Gartrell, *JPC* 206-477-2981 ~ 206-240-6974
- Diana Quall, *JPC* 206-263-1813 ~ 206-913-9259
- Roxanne Baxter, *JPC* 206-477-5263 ~ 253-452-6771

## **BHR Unit, Behavioral Health Response**

*CCFJC 1211 E Alder Street Seattle*

- Josalyn Conely, *Supervisor* 206-477-3075
- Lisa Gistarb, *Lead JPC* 206-477-5342 ~ 206-890-8684
- Toirian Taylor, *JPC* 206-477-1842
- Dan Baxter, *JPC* 206-848-0791
- Leonor Soliz, *JPC* 206-477-2911 ~ 206-419-3650

## **City Unit**

*CCFJC 1211 E Alder Street Seattle*

- Tracy Dixon, *Supervisor* 206-477-7739 ~ 253-632-4259
- Diane Rayburn, *Lead JPC* 206-477-7367 ~ 206-482-6593
- Yvette Gaston, *JPC* 206-477-3104 ~ 206-861-2484
- Daryl Cerdinio, *JPC* 206-477-2910 ~ 206-388-6292
- Demetrius Devers, *JPC* 206-477-1505 ~ 206-591-6946
- Williette Venkataya, *JPC* 206-477-0917

## **Bellevue Unit**

*2275 116<sup>th</sup> Ave NE, Suite 300, Bellevue 98004*

- Todd Foster, *Supervisor* 206-477-5343 ~ 206-217-5223
- Gwen Spears, *Lead JPC* 206-477-7368 ~ 206-669-3498
- Kiersten Knutson, *JPC* 206-477-2909 ~ 206-581-1966
- Yenhoa Tran “Mai”, *JPC* 206-477-5341
- Lisaa Lewis-Lucas, *JPC* 206-477-6491

## **Renton Unit**

*451 SW 10th St, Suite 200, Renton 98057*

- JoeAnne Taylor, *Supervisor* 206-477-5337 ~ 206-747-1061
- Nikki Burr, *Lead JPC* 206-477-5139 ~ 206-388-6286
- Darlin Johnson, *JPC* 206-477-5344
- Fred Aulava, *JPC* 206-477-5340 ~ 206-225-0188
- Brandon Lyons, *JPC* 206-477-7361 ~ 206-390-1831
- Yvonne Clement-Smith, *JPC* 206-263-0632 ~ 206-581-1915

## **Federal Way Unit**

*34004 16th Ave S, Suite 104, Federal Way 98003*

- Kelli Lauritzen, *Supervisor* 206-477-7365 ~ 206-468-1741
- Kris McKinney, *Lead JPC* 206-477-6497 ~ 206-915-0713
- Francisca Madera, *JPC* 206-477-7366 ~ 206-384-7091
- Kelli Sullivan, *JPC* 206-477-6502 ~ 206-384-1010
- Michelle Higa, *JPC* 206-477-7362 ~ 206-369-3657
- Rachael Hubert, *JPC* 206-477-7363 ~ 206-669-3971

# Truancy & At Risk Youth Programs

## **ARY/CNS**

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# COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC)

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