

SOAR - JUVENILE MENTAL HEALTH COURT LOGIC MODEL

GOAL: Stabilize mental health symptoms contributing to delinquent behaviors.

OBJECTIVES	INPUTS/RESOURCES	ACTIVITIES	OUTPUT MEASURES	OUTCOMES	OUTCOME MEASURES
Phase 1: Assessment, Rapport Building, Treatment Planning	<p><u>Judicial Support:</u> leadership, court reviews and admonishments.</p> <p><u>ISP JPO:</u> caseplans, case management services and court compliance.</p> <p><u>JPO Case Manager/Service Coordinator:</u> assessment, service coordination, rehabilitation, skill building and case plan support.</p> <p><u>State & Defense Attorneys:</u> representation</p> <p><u>LCDC:</u> drug assessment, treatment and relapse prevention.</p> <p><u>Therapists:</u> assessment, treatment plan development and treatment.</p> <p><u>Psychiatrist:</u> evaluations and medication management</p>	Family Suitability Interview	% Program Acceptance	Family compliancy w/program requirements	PHASE I: Reduction in crisis calls/interventions
Phase 2: Stabilization		Assessments	% Initial treatment plans completed within 48 hrs.	Successful program completion	Reduction in hospitalizations
Phase 3: Transition		Treatment/Case Planning	% of active families	Increase in mental health stability	PHASE II: # of Pro-social activities completed
Phase 4: Aftercare Maintenance		Treatment/Case planning	% of compliant treatment plans and monthly reviews	Increase in family functioning and self-advocacy	#of juvenile's involved in prosocial activities
		Service coordination	% of compliance with home visits and other contacts (7 day standard)	Sustain mental health services	PHASE III: #of families advocating for themselves and the juvenile
		Court Compliance	% of completed Transition w/in 150 days of entry and % Discharge Plans w/in 180days of entry	*Linked to community resources	Utilization of community resources by the family
		Sustain treatment/case plan objectives	After Care Compliance	Increase in mental health education and coping skills	ALL PHASES: % of Home visits and contacts
		Sustain/Increase protective factors and court compliance	ALL PHASES: # of home visits and contacts		% of Program Removal Rate
		Transition/Discharge planning	Detention Rate		% of Probation Completion Rate
		Compliance	Program Removal Rate		% of Graduation Rate
		Monitoring of Family Self-efficacy	Decrease in Crisis Intervention		% of Satisfactory Survey Rate
			Standard Compliance:		% of Case Plan/Reviews in compliance
			*% of JPO and Provider performance through contacts, treatment planning, #fiscal year enrollments		# of juveniles modified/adjudicated
					Measure recidivism for one, two, and three years after program

Denton County
Juvenile Mental Health Court
SOAR



ATTORNEY INFORMATION BOOKLET

The Honorable Judge Kimberly McCary

The Honorable Paul Johnson
Denton County Criminal District Attorney

Laura Prillwitz, Program Coordinator



DENTON COUNTY JUVENILE MENTAL HEALTH COURT

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SOAR Mission Statement

To strengthen families while protecting the public by identifying youth with mental health issues and connecting them to appropriate community services; to reduce the number of youth with mental health issues who reoffend by using a multidisciplinary team approach to develop and monitor treatment and compliance; to assist youth with mental health issues to SOAR with empowerment, independence, freedom, beauty and dignity. (Adapted from acceptance speech of DF, winner of SOAR logo contest, and child in the juvenile justice system.)*

*In the words of DF, an eighth-grader and winner of the SOAR logo contest, “SOAR is a program for kids who are on probation and have mental health issues. A team of legal and counseling professionals work together with the [child] and his or her family to get well and succeed in life.” In DF’s vision of the SOAR logo, he “chose to draw an eagle because it represents power, independence, freedom, beauty, and dignity.”

APPLICATION OVERVIEW

This booklet is designed to make the application process for the Denton County Juvenile Mental Health Court SOAR efficient and easy to understand.

Your first step in seeking a candidate's admission into the Mental Health Court is to complete a Referral Form and provide the same to the Program Coordinator, who, in turn, will forward the form to the Mental Health Court Prosecutor. The Mental Health Court Prosecutor has complete discretion in permitting a candidate to move forward in the Mental Health Court process. Note that "sex cases" are not eligible for the Mental Health Court.

If the Mental Health Court Prosecutor agrees that your client is eligible for the Mental Health Court, your client and his/her family will be given written instructions from specific Juvenile Probation Department personnel (Probation) as to how the process will proceed. See Screening Process flow chart for a general overview.

None of the forms provided in this booklet or via Probation should be turned into the District Attorney's Office. Your client should return necessary forms and documents to the Mental Health Court Coordinator. She and her team and a third party professional (psychiatrist/psychologist/ mental health professional) will use the information completed by your client throughout the screening process to help provide the Mental Health Court Team with an accurate assessment of your client's suitability for the Mental Health Court.

Information gathered through forms provided in this packet or via Probation, a screening interview, and mental health evaluation (such as a psychological evaluation or behavioral health assessment*) will be used to produce a Juvenile Mental Health Court Report. The Mental Health Court Report will be available to the Mental Health Court Team. The Mental Health Court team will meet to discuss whether or not your client should be admitted into the Mental Health Court. The judge has the final decision. If your client is accepted into the Mental Health Court, he/she will appear in court to enter a plea and sign Mental Health Court paperwork and present the same to the judge. Thereafter the client will fulfill all of the Mental Health Court conditions, including attending bi-monthly court hearings.

(*If your client has not completed an acceptable mental health evaluation, he or she will be asked to do so. If an evaluation has been completed prior to the request to enter the Mental Health Court, the Coordinator will review the same to determine if it meets the Court's requirements.)

The Court believes that time is of the essence is responding to a request for admission into the Juvenile Mental Health Court (MHC), and all parties should act accordingly in fulfilling the Court's expectation.

**SOAR - Denton County Juvenile Mental Health Court
Referral Form**

While your referral of this Juvenile is vitally important, please know that, due to state and federal law, we may not be able to respond to you or provide you updates on the Juvenile's progress through the Court process.

Juvenile's name: _____ Today's date: _____
Juvenile's date of birth: _____ Alleged offense: _____
Date of alleged offense: _____ County in which alleged offense occurred: _____
Is the Juvenile currently detained or hospitalized? _____ If so, where? _____
Juvenile's address: _____
Juvenile's county of residence: _____
With whom does the Juvenile reside? _____
Phone numbers: _____ Relationship to Juvenile: _____
Juvenile's Mental Health Diagnosis: _____
Juvenile's Current Medications: _____
Juvenile's Current Treatment Provider: _____
Describe Juvenile's known or reported drug or alcohol use or abuse: _____

Name of person making referral: _____ Relationship to Juvenile: _____
Contact numbers for person making referral: _____

Is the Juvenile exhibiting any of these behaviors/conditions? (Circle all that you observe or that were reported to you.)

- | | |
|-------------------------|-----------------------|
| Auditory hallucinations | Visual hallucinations |
| Irrational behavior | Bizarre behavior |
| Delusional thoughts | Suicidal behavior |
| Depression | Manic behavior |
| Manic speech | Racing thoughts |
| Self injurious behavior | Other, explain: _____ |

Other comments: (use extra sheet if necessary.): _____

Has the Juvenile ever been hospitalized in a psychiatric facility: _____ (yes/no/unknown)

Return this form to: Laura Prillwitz, laura.prillwitz@dentoncounty.com or Juvenile Probation Department, 210 S. Woodrow Lane, Denton 76205.

SOAR Treatment Team

MHC Judge

Judge Kimberly McCary
210 S. Woodrow Lane
Denton, Texas 76205

The Judge acts as the chairperson or “facilitator” of SOAR, having the final decision-making and oversight authority for the Team. The Judge also presides over SOAR Court hearings.

MHC Prosecutor

Karen Anders
Denton County Criminal District Attorney’s Office
1450 E. McKinney Street, #3100
Denton, Texas, 76209-4524
940.349.2600 (phone)
940.349.2601 (fax)
karen.anders@dentoncounty.com

The State’s Attorney represents the State of Texas and is the initial gatekeeper, deciding which new cases are eligible for entry into SOAR. The prosecutor also attends and participates in SOAR staffings and in the decision-making process to determine the appropriate course of treatment. In addition, the prosecutor, will at times draft the necessary motions and plea paperwork for participants in the SOAR program. The prosecutor also may facilitate and participate in life-skills building with the participants of SOAR.

MHC Coordinator

Laura Prillwitz
Denton County Juvenile Probation Department
210 S. Woodrow Lane
Denton, Texas, 76205
940.349.2400 (phone)
laura.prillwitz@dentoncounty.com

The SOAR Coordinator is the primary contact person between the Judge and the rest of the SOAR Team. She has ultimate management authority over the programs and services provided to the SOAR families. She assists the Judge in creating community contacts and support and sees to it that all grant and other reporting requirements are met. She serves as clinical supervisor for the SOAR Team and identifies the continuum of treatment services to ensure that participants receive the treatment they need.

MHC Probation Officer

Shannon Ward
Denton County Juvenile Probation Department
210 S. Woodrow Lane
Denton, Texas 76205
940-349-2415 (phone)
940-349-2402 (fax)
shannon.ward@dentoncounty.com

The Juvenile Probation Officer (JPO) supervises and monitors SOAR participants for compliance with court orders, including terms of probation and school attendance. The JPO prioritizes criminogenic needs for developing goals for case plans and treatment reports to deter recidivistic behaviors in the community. The JPO also ensures SOAR participants follow proper treatment programming dosage through direct accountability and/or sanctions. The JPO works closely with the Case Manager to support developing protective factors and provides crisis management.

MHC Case Manager

Stacie Villarreal

Denton County Juvenile Probation Department

210 S. Woodrow Lane

Denton, Texas 76205

940-349-2424 (phone)

940-349-2402 (fax)

stacie.villarreal@dentoncounty.com

The SOAR Case Manager conducts interviews to determine a recommendation on a referred family's suitability in the SOAR Program and conducts orientation with accepted families. The Case Manager works with the Probation Officer in developing an individualized case plan/treatment plan focusing on the child's criminogenic risks and needs and protective factors, along with coordinating and participating in consults with treatment providers. The Case Manager ensures assessments are implemented, identifies treatment services necessary to meet the child's needs and connects families to available services in the community, provides coping-skills building both individually and in a group setting, provides crisis intervention when necessary, and documents the aforementioned in biweekly reviews with the SOAR Team.

MHC Attorney for Respondent

Prudence Sanchez: Ms. Sanchez may substitute other attorneys in her place. The child may also be represented by a retained attorney, who shall be deemed part of the Team.

721 West Mulberry

Denton, Texas 76201

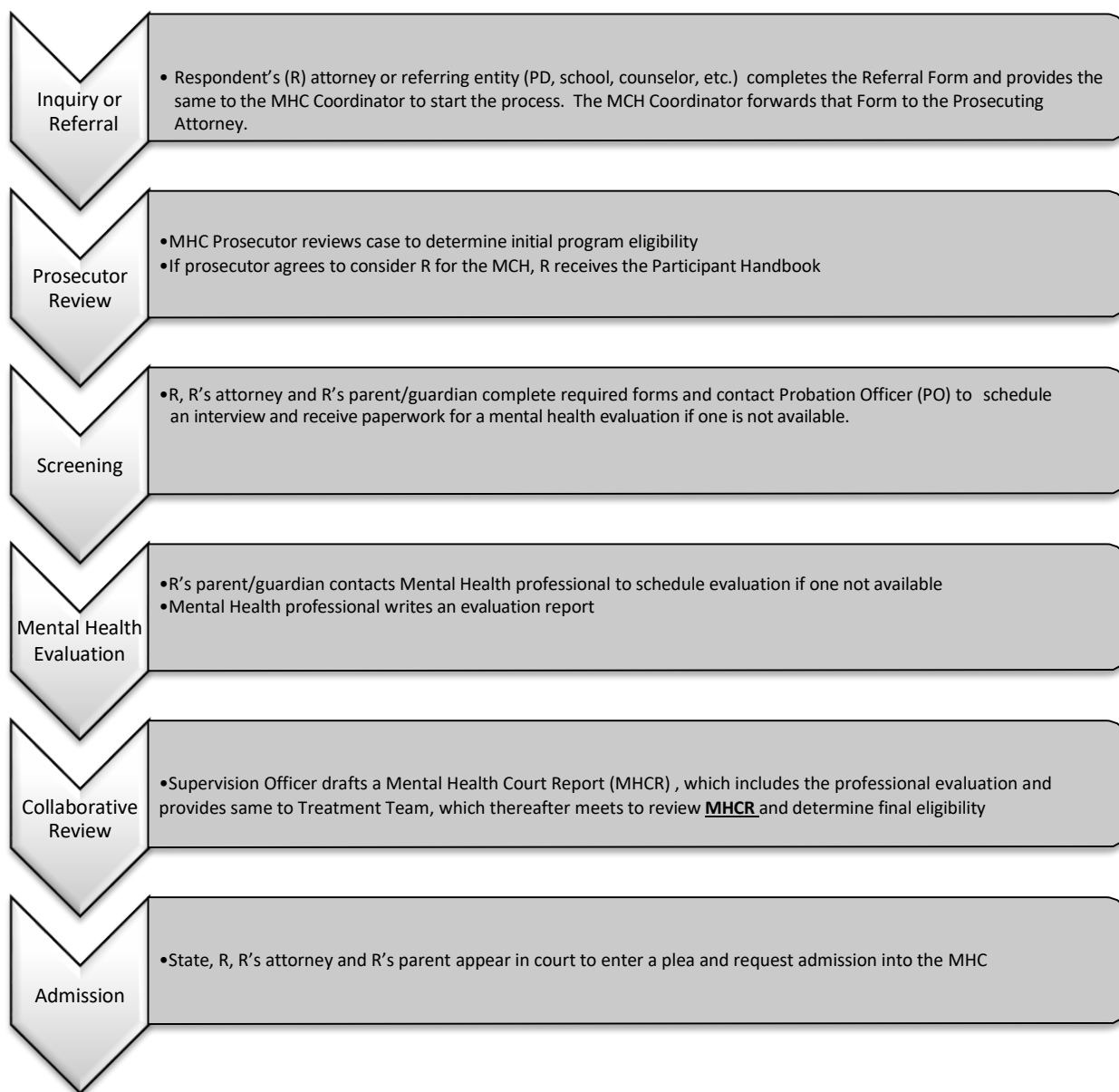
940-453-7613 (phone)

817-887-1530

pmsanchezlaw@gmail.com

The Respondents' Attorney protects and defends the rights and legal interests of the SOAR Respondents during SOAR team meetings and SOAR Court hearings

SCREENING PROCESS



PROGRAM OVERVIEW

THE SOAR PROGRAM Denton County Juvenile Mental Health Court Programmatic Overview

PROGRAMS PURPOSE: The program’s purpose is to serve the needs of children who are at risk of being removed from their homes due to mental health issues that result in behaviors that make them unmanageable in their home and/or community environments. The program was established to bring intensive services to these children in their homes and to address the family issues that may be contributing factors to the dysfunction of the identified children. The program is designed to assess the issues in the home that impact the mental health of the child and the functionality of the family and to work with the family and community resources to address the identified problems and to provide the rehabilitative and supportive services that will allow the juvenile to remain in his home with a decreased risk of removal as well as a lessened risk of recidivism, thereby keeping the community safe.

PROGRAM GOAL: The goal of Denton County Juvenile Mental Health Court is to reduce delinquency, increase offender accountability and rehabilitate juvenile offenders through a comprehensive, coordinated community-based juvenile probation system that involves the entire family dynamic.

TARGET POPULATION: Post adjudicated male and female juveniles between the ages of 10-17 diagnosed with mood disorder, psychosis, mania, anxiety, trauma (PTSD), anger issues, and ADHD amongst other diagnosis.

ELIGIBILITY CRITERIA: In order to be eligible for program consideration, the juveniles must meet the criteria of the following target population. The juvenile must be found to:

1. Post adjudicated youth
2. Have a DSM-5 diagnosis other than or in addition to substance abuse, ADHD, mental retardation, autism, or pervasive developmental disorder.
3. IQ of 70 or greater.

REASONS FOR EXCLUSION: Primary diagnosis of ODD, Conduct Disorder, ADHD. Juveniles charged with a “sex offense”.

THERAPEUTIC PROVIDER: Denton County Juvenile Contract Providers

PSYCHIATRIC SERVICE PROVIDER: Denton County MHMR or Participant’s Private Psychiatrist

ESSENTIAL PROGRAM CHARACTERISTICS:

- 1.** The program will have an integrated treatment and service approach in processing cases by utilizing a psychiatric evaluation, a psychological or behavioral health assessment, and a substance abuse screening.
- 2.** The program will use a non-adversarial approach with participants by including prosecutors and defense attorneys, which will ensure due process rights and protection for the public.
- 3.** Program staff will strive for early identification of program participants who are eligible.
- 4.** Within two business days after placement in the program, participants will have a developed treatment plan for appropriate mental health treatment, with services beginning the same week of acceptance.
- 5.** Participants will attend Juvenile Mental Health Court bi-weekly or monthly depending upon their phase in the program or as directed by the Court.
- 6.** The program, through intensive mental health treatment and services will provide opportunities for participants who are at risk for out of home placements to remain in the community and avoid further re-offending and avoid further court sanctions.
- 7.** Output measures and monitoring will be done for each phase of the program to ensure program effectiveness. Recidivism rates will be measured for one, two, and three years after the program.
- 8.** Program staff will continue to participate in interdisciplinary training and continuing education to promote effective program planning and services.
- 9.** The Program staff will work closely with MHMR, Denton County Independent School Districts, the National Alliance on Mental Illness (NAMI), and other community programs to provide appropriate services and referrals to participants and their families.

Denton County Juvenile Mental Health Court

SUMMARY OF PROGRAM PHASES

	PHASE ONE – 30 days Orientation	PHASE TWO – months 2-4 Stabilization	PHASE THREE – months 5-6 Transition	AFTERCARE – 90 days
Court Review Hearing Frequency	Bi – Weekly	Bi-Weekly	Monthly	N/A
Frequency of Therapeutic Services	1 hour per week minimum	1 hour per week minimum	1 hour per week minimum	1 hour per month or as needed
Frequency of Case Management Services	1 hours per week minimum	1 hours per week minimum	1 hour per week minimum	1 hour per month or as needed
Frequency of Probation Contacts	2 contacts per week	2 contacts per week	2 contacts per week	1 contact per week minimum
Frequency of Cognitive Behavioral Group Interventions	1 hour per week	1 hour per week	1 hour per week	N/A
Mandatory Meetings	Family Suitability Interview Weekly case staffings Assessments Treatment Plan Development Monthly review	Treatment Plan Updates Weekly case staffings Transition Planning Monthly reviews	Treatment Plan Updates Weekly case staffings Transition Planning Discharge Planning Monthly reviews	Monthly reviews Case Plan

Court Appearances

MHC dockets are scheduled for the second and fourth Thursdays of every month at 3:00 p.m. or as otherwise directed by the Court. Participants are required to report for court sessions on time and as directed. This could include weekly court dockets depending on the participant’s individualized treatment plan. Any participant reporting late for court or who fails to report to court will be subject to sanctions by the court.

Reporting and Medical and Mental Health Appointments

Reporting to the MHC Supervision Officer and making all counseling appointments are two of the most important aspects of the MHC. The participants should make every attempt to make their appointments or, if they cannot attend their appointments, notify both their mental health care provider and their supervision officer so they can be rescheduled. If the participant fails to attend an appointment possible sanctions could be ordered by the Court.

Alcohol and Drug Testing

Any participant may be tested at any time for alcohol or drugs. Sobriety monitoring is critical for both the sobriety of the participant and the safety of the community. Any participant suffering from chemical dependency issues will be monitored regardless of the charge which brought them to the MHC.

Incentives, Sanctions and Termination from the SOAR Program

Incentives are used to recognize and reward participation and progress. The program's emphasis is to focus on the positive stride you are making. Upon the recommendation of the SOAR Team, you may be given incentives for compliant behavior. Some incentives may include but are not limited to verbal praise and recognition. You can also suggest to your Probation Officer and Case Manager any additional ways that we can motivate you.

Examples of incentives include:

- Judicial recognition
- Reduced Court appearances -Reduced reporting to the Probation Officer
- Reduced community service hours
- Relaxed curfew
- Expanded permissible activities, privileges
- Reduced UAs
- Praise/Applause/Other Accolades
- Being excused from Court early
- Being heard at the beginning of the docket
- Opportunity to showcase talent (artwork, poetry, etc.)
- “Honor “Roll”, announce participants who have been compliant for a certain amount of time
- Graduation certificates
- Early termination of probation
- Other

The Judge, SOAR Treatment Team, your Probation Officer and your Case Manager may impose **sanctions** if you violate rules of the program. Sanctions may include, but are not limited to, community service and increased program requirements, as well as **termination** from the program. The sanctions will be imposed on a case-by-case basis, appropriate to your particular program violation. Additional examples of sanctions include:

- Increased Court appearances
- Court admonishment in front of other participants

- Detention
- Writing/reading/workbook assignment
- Letter of apology
- Verbal reprimand
- Additional community service hours
- Increased contact with Probation Officer and/or Court
- Return to previous Phase
- Tightened curfew
- Removal of privileges
- Additional program
- Increased UAs
- Address Judge/peers in court
- Extension of time in phase
- Increased individual counseling
- Removal from program
- Other

Continued participation in this program requires you to follow the program's rules. The SOAR Team wants you to succeed in this program, and we consider **termination** the last resort. Because of this, the SOAR Team will address serious concerns by increased monitoring. However, because the program has limited resources to be spent on participants who are not committed to or capable of meeting the goals set in this program, if increased monitoring is not effective in bringing you into compliance, you will be considered for **termination** from the program.

Graduation

All participants must successfully complete all phases of the program before being considered for graduation. In addition, participants must be following the terms of probation, be attending school on a regular basis, be taking medication as prescribed, be passing U.A.s, and have attended all court dates. Before graduating, participants must be making all appointments with Supervision Officer, Case Manager and be actively participating in counseling.

Authorizations for Treatment and Disclosure of Information

All participants and their parents/guardians shall sign the following form or one(s) similar to this form:

WAIVER AND RELEASE OF MENTAL HEALTH COURT REPORT

TO THE PRESIDING JUDGE OF THE JUVENILE MENTAL HEALTH COURT:

I, _____, a Respondent charged in Denton County, Texas, alleged to have committed acts constituting delinquent conduct and/or conduct indicating a need for supervision, do knowingly, voluntarily, and intelligently consent to the release and inspection of the Mental Health Court Report prepared by officers of the Denton County Juvenile Probation Department pursuant to and in accordance with my request and application to be considered for the Juvenile Mental Health Court. By providing this release, I understand I am waiving any rights or complaints of confidentiality regarding the information I provide to the Mental Health Court Coordinator/Probation Officer as a part of my application for Mental Health Court.

I authorize the release of my Mental Health Court Report to any and all members of the Mental Health Court Treatment Team in order to facilitate the screening process to determine my eligibility for the Mental Health Court.

I understand the information I provide as part of the process of preparing my Mental Health Court Report could possibly be used in my subsequent prosecution for the delinquent conduct/conduct indicating a need for supervision that I have been alleged to have committed should I not be accepted into the Mental Health Court.

Respondent's signature

Date: _____

Respondent's attorney's signature

Date: _____

Parent/Guardian's signature

Parent/Guardian's printed name: _____

Date: _____

FINANCIAL PROFILE

The Family shall complete the attached Financial Status Form.

- Failure to complete this form will prevent juvenile probation from providing you financial assistance for programs and services.
- List all money received **LAST MONTH** by **each person living in your home**. This should include the following income sources:
 - **GROSS PAY** from **ALL** jobs. Gross pay is the total earned before deductions for taxes, Social Security, etc.;
 - Amount received for welfare payments, unemployment compensation, or child support payments;
 - **GROSS** amount received from all retirement, pension, or Social Security payments;
 - Any other income sources, such as disability payments, workman's compensation, etc.

NOTE: If anyone's income for last month was higher or lower than usual, list that person's **AVERAGE** monthly income.

Parent/Guardian/Custodian Information:			
Adult Household Member Name:	Home or Cell Phone:	Work Phone:	
Street Address:	City:	State:	ZIP:

Juvenile's Information (Child referred to Juvenile Probation): PLEASE PRINT CLEARLY		
Child's Name (First and Last):	Child's Social Security Number:	Amount of monthly child support paid out-of-home for all children: \$_____

Provide your child's Food Stamp Case # or your TANF Case # (if applicable)	
Food Stamp Case #:	TANF Case #:

If you are paying for dependent (child or adult) care expenses, please complete the following:		
Care Provider: Name: _____ Name: _____ Name: _____	Total Monthly Paid \$: _____ .00	Are these dependent care expenses necessary to allow the parent/managing conservator to work? <input type="checkbox"/> YES <input type="checkbox"/> NO

Provide information for EVERYONE living in your household (Including yourself)					
Name	DOB	SSN	Relationship to Child	Income Source	Gross Monthly Income
			Child		
GROSS MONTHLY TOTAL:					

If the source of any of the income listed above is from Social Security, please check whether it is: SSI or RSDI

I certify that all of the above information is true and correct and that all income is reported.

Signature: _____	Date: _____
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PROBATION STAFF USE ONLY Department Assistance Determination/Approval		
Deferred Prosecution Fee Waiver <input type="checkbox"/> YES <input type="checkbox"/> NO	Placement <input type="checkbox"/> Family to Pay: _____% Amount to be paid: \$_____ .00	Non-Residential Services <input type="checkbox"/> Family to Pay: _____%
Reason Assistance Denied <input type="checkbox"/> Income <input type="checkbox"/> Incomplete Application	Signature Probation Officer/Date _____	Signature Probation Officer/Date _____

DENTON COUNTY JUVENILE DEPARTMENT

Risk and Needs Assessment

PACT - Positive Achievement Change Tool

The PACT is a leading juvenile risk and needs assessment, and is comprised of two assessments: the PACT Pre-screen (PACT Pre) and the PACT Full-Screen (PACT Full) instruments. The PACT Pre is a short screener designed to give practitioner and screening personnel a simple, quick evaluation of a youth's risk level based on criminal and social history background. The PACT Full is a more comprehensive instrument providing insight into risk level, the behavioral needs of youth, and information about Adverse Childhood Experiences (ACE) based on CDC criteria.

DENTON COUNTY JUVENILE MENTAL HEALTH COURT POST SCREENING INSTRUCTION LETTER

To Mental Health Court Candidate:

The application process should take less than four weeks.

During that time, while your application is being considered:

You must appear for all court dates.

You will not use drugs, re-offend or get detained.

You will make yourself available for meetings with the Mental Health Court Supervision Officer and the Mental Health Court Case Manager. You will also have a Pre-court Probation Officer assigned to your case.

You will continue to follow any Court orders that may be in place for you, such as Orders of Release. If you are on Orders of Release, you must also stay in touch with the Pre-Court Probation Officer supervising you on those Orders.

You will contact your Probation Officer and provide any information concerning any changes to your application (telephone numbers, employment, residence, etc.).

Return telephone calls promptly.

Notify your Probation Officer within 72 hours if you need to cancel or reschedule any appointments. Failure to do so will result in a delay in the application process or removal from consideration.

Inform your Probation when you have scheduled and when you have completed your mental health evaluation.

Thank You
Denton County Juvenile Mental Health Court Team

Respondent's signature

Date: _____

Respondent's attorney's signature

Date: _____

Parent/Guardian's signature
Parent/Guardian's printed name: _____

Date: _____

Denton County Juvenile Mental Health Court Program

Sample Probation Terms

CAUSE NO:

IN THE MATTER OF

§
§
§
§
§

IN THE COUNTY COURT

AT LAW NO. 1

RESPONDENT/CHILD

DENTON COUNTY, TEXAS

_____ These terms supersede any other Court-Ordered Terms and Conditions of Probation from this Court.

In the case of conflict in any of your Court Orders, you are bound to follow the stricter Court Order.

The Court has placed you, the Respondent, on probation beginning _____ until midnight _____ . During that term you shall obey the following Court-Ordered Terms and Conditions of Probation and any Amendments or Modifications hereto that are later Ordered by the Court:

1. LAW VIOLATIONS

Obey the laws and ordinances of this state, of any governmental sub-division of this state, of any other state, and of the United States.

2. PROBATION OFFICER VISITS

- A. Contact the Denton County Juvenile Probation Department (Department) within seven (7) calendar days of this Order if you have not already made contact with the assigned Probation Officer (PO).
- B. Meet with your PO at least once per month during office hours on the date and time scheduled by the PO.
- C. Permit the PO to visit you at your home, school, job, or elsewhere at any time.

3. FIREARMS

- A. Do not possess a firearm or simulated firearm (an object that by its appearance or manner of use would lead one to believe it is an actual firearm) unless Item B below is checked.
- B. _____ If checked, you may possess, only while supervised by a parent or guardian, a legal firearm for legal hunting or sporting purposes. You may possess a simulated firearm with or without adult supervision.

4. DRUGS & ALCOHOL & RELATED ISSUES

- A. Do not inhale, ingest, consume, or possess alcohol, marijuana, a dangerous drug, a controlled substance, a substance prohibited by federal law, any natural or synthetic mind altering substance (even if the same is not yet prohibited by law), any intoxicating substance, or any nicotine. Do not inhale, ingest, consume, or possess any cannabidiol (CBD), any products derived from CBD, or any ingestible hemp products. You may take medications that are prescribed to you in the manner in which they are prescribed to you. Do not possess an electronic cigarette or electronic pipe or vaporizer or related paraphernalia.

- B. Do not inhale, sniff, or in any way ingest paint or glue or any volatile chemical or harmful substance.
- C. Submit to all assessments for rehabilitation and/or treatment purposes.
- D. Provide a urine sample and submit to testing for usage of the substances and items prohibited in 4A and 4B.

The following term and condition is applicable if checked:

- E. _____ Undergo a complete drug and alcohol assessment and cooperate with and successfully complete all treatment recommendations; except that, if the assessment recommends inpatient treatment, further Orders of the Court would be necessary to require Respondent to complete such inpatient treatment.

5. ASSOCIATES/PROHIBITED PLACES

- A. Unless the person is your parent, guardian, custodian, or sibling, do not associate or have contact – directly or indirectly, personally or through another person(s) -- with persons with whom you have violated the law; persons on probation or parole; persons who violate the law; persons associated with criminal gangs; persons who are illegally possessing, inhaling, sniffing, huffing or in any way ingesting any substance referred to in 4A and 4B above; or the victim or the victim’s family.
- B. Do not associate in any way with nor have any contact – directly or indirectly -- whatsoever with _____.
- C. Do not go within ____ feet of _____.

6. SCHOOL

- A. Enroll in school, obey all published school rules, and attend every class every day school is in session for your assigned campus unless you have an “excused absence” as that term is defined by your school's rules. Do not get expelled, suspended, receive an in-school suspension, or receive any other type of school suspension. If not enrolled in a public or private school, you must either enroll in a G.E.D. program or participate in a home school program.
- B. Read the Student Code of Conduct of your school and any new school in which you might enroll while on probation and provide proof of having done so to your PO within seven (7) days of this Order or change of enrollment.
- C. Participate in tutoring for any class that you are failing, as the term “failing” is defined by your school.

The following term and condition is applicable if checked:

- D. _____ Enroll in and attend the Denton County Juvenile Justice Alternative Education Program (JJAEP) at 214 S. Woodrow Lane, Denton, Texas, on school days according to the calendar for the JJAEP and abide by the Student Code of Conduct for the JJAEP until you are readmitted to your public school.

7. CURFEW

- A. Unless you are participating in the Juvenile Mental Health Court (see rules set forth in Section below) or unless you are with a parent pre-approved by the Court or the PO or other adult pre-approved by the Court or the PO (the persons approved as of this date are listed in Term 8A below), be at and inside your residence according to the following schedule:

on Sunday evenings through Friday mornings, no later than 7:00 p.m. each night until 7:00 a.m. the following morning and

on Friday evenings to Sunday mornings, no later than 9:00 p.m. each night until 7:00 a.m. the following morning.

- B. This provision applies to respondents who do not go to school, are not employed, and are not studying for a G.E.D. or involved in a vocational program. It is the Court's intent that such children are not free to roam about during the day. Unless you are with a parent or other adult pre-approved by the PO or the Court, if you are not enrolled in an accredited school, or at work, or in actual attendance at a course of education/G.E.D. preparation or vocation, remain at home between 8:00 a.m. and 3:00 p.m. on those weekdays that are fall and/or spring semester school days. On non-school days, follow the curfew provisions in Section 7A.
- C. You may participate in officially sanctioned and supervised school/religious/civic/social activities which occur after curfew hours with the prior permission of the PO or the Court.
- D. You may seek work or work before or after curfew hours if your parent, guardian, or custodian approves and gives prior notification to your PO of the name of the business, the business's address, and phone number of where you are seeking work or working, as applicable. If/when you are working, you must provide your PO a copy of your work schedule as soon as you receive it from your employer.

8. PLACE(S) OF RESIDENCE

- A. Unless you are at a Court-Ordered "Placement" pursuant to Term 12 below, you must live and reside with _____, hereinafter "Supervising Adult(s)", whose address is _____, whose phone number is _____, and whose relationship to you is _____.

You must not move from this residence unless you obtain prior consent of the Court OR provide prior notice to your PO before any such move.

- B. You may also spend the night with _____, hereinafter "Supervising Adult(s)", whose address is _____, whose phone number is _____, and whose relationship to you is _____. Your PO must be notified in advance of any night(s) you will be spending with this/these Supervising Adult(s).

- C. If a Supervising Adult intends to take you overnight from his/her/their residence, you must obtain prior consent of the Court or permission from your PO at least 72 hours before any such overnight absence.

9. COUNSELING/PROGRAMS/SERVICES

- A. Begin counseling within 30 days of receipt of a written counseling plan from the Department. Cooperate with and complete the counseling plan. The counseling shall include but is not limited to the following topics/issues:

_____.
- B. Attend and complete Department-sanctioned programs as directed by your PO.
- C. _____ If checked, _____ shall attend and successfully complete a Parenting Classes.
- D. _____ If checked, _____ shall attend and successfully complete a Batterer's Intervention Program.
- E. _____ If checked, undergo, cooperate with, and complete a behavioral health assessment and/or a psychological

assessment and/or a psychiatric assessment -- at the discretion and direction of your PO. Cooperate with and successfully complete all treatment recommendations; except that, if the assessment recommends inpatient treatment, further Orders of the Court would be necessary to require you to enroll in and complete such inpatient treatment. Respondent's parent(s)/guardian(s)/custodian(s) may be requested by the Department to reimburse all or some of the costs of said assessment.

10. OTHER CONDITIONS

- A. Inform your PO of any change in school, address, phone number, employment, or marital status before making the change.
- B. Complete 12 / 24 / 48 / 100 or _____ hours of Community Service Restitution at a community service project supervised by the Department starting no later than 30 days from the date of this Order. Attend each community service event scheduled for you by your PO. Unless otherwise indicated, the Respondent's parent SHALL NOT be ordered to perform this community service with the Respondent. See §54.044(b) of the Texas Family Code. Community service shall be satisfied by actual work performed unless alternative community service is approved by the PO on a case-by-case basis for good cause.
- C. Return to Court for a Probation Review Hearing upon written notice by your PO.

The following conditions are applicable if checked or written in:

- D. _____ Actively seek and/or maintain employment throughout the term of your probation.
- E. _____ The Clerk of the Court is ordered to notify the Texas Department of Public Safety to suspend your Texas driver's license or not issue you a driver's license or permit for a period of
_____ six (6) months _____.
_____ twelve (12) months _____.
- F. _____ Respondent is Ordered to take all medications as prescribed.
- G. _____ shall study English as a Second Language.
- H. Other Condition(s): _____

I. _____ Juvenile Mental Health Court. You must not be unsuccessfully discharged from the Juvenile Mental Health Court, SOAR. You and your parent/guardian/custodian must comply with all of the requirements of SOAR and all of the directives of the SOAR Treatment Team, your PO, and your Case Manager. You and your parent/guardian/custodian must meet with your PO and Case Manger as directed by them. Your curfew will be determined by your PO, will be provided to you in writing, and is subject to change at any time during your Probation. You must comply with any and all SOAR Sanctions listed in your SOAR Handbook that are imposed on you by your PO or Case Manager.

11. SPECIAL CONDITIONS

- A. Felony Adjudication: If the adjudicated offense is covered under FC §54.0409, submit a DNA specimen, within thirty (30) days of this Order, to the Department of Public Safety for the purpose of creating a DNA record. You, a parent, or other person responsible for your support shall pay for any costs associated with creating this record.

The following conditions are applicable if checked:

B. _____ Handguns (FC §54.0406)

Within thirty (30) days of this Order, notify the PO of the manner in which you acquired the handgun, including the date and place of and any person involved in the acquisition.

C. _____ Cruelty to Animals (FC §54.0407)

Participate in psychological counseling for a period of no less than _____ sessions.

D. _____ Damaging Property with Graffiti (FC §54.046)

Participate in the Denton County Juvenile Probation Restitution Program (monetary damages caused to victim are to be repaid as specified in the Order of Disposition).

Complete 15 / 30 or _____ hours of Community Service Restitution at a community service project supervised by the Department.

E. _____ Gang-related Conduct (FC §54.0491)

Participate in the Department sanctioned criminal street gang intervention program for not less than 12 hours of instruction.

12. PLACEMENT CONDITIONS

The following condition is applicable if checked:

_____ Beginning on _____, or upon bed availability, and not to exceed midnight on _____, or until earlier successful completion of the program, the Court places you at _____, hereinafter "Placement", wherein you shall remain until discharged after successful completion of the Placement, abide by all of the rules of the Placement, cooperate with the Placement staff and plans of treatment, contact your PO within the rules of the Placement, and successfully complete the aftercare program including the JJAEP, if applicable. While at placement, the parent/guardian/ custodian remains financially responsible for the Respondent's medical and dental costs.

13. COURT-ORDERED FEES

- A. You and/or your parent, guardian, or custodian shall pay a total of fifteen dollars (\$15) per month during the period you are on probation, pursuant to Section 54.061 (a) of the Texas Family Code.
- B. You and/or your parent, guardian, or custodian shall pay twenty dollars (\$20) as costs of the Court, pursuant to Section 54.0411 (a) of the Texas Family Code.
- C. You and/or your parent, guardian, or custodian shall pay restitution as set forth in the Order of Adjudication/Modification and Disposition or Order of Restitution.

ORDERS and DIRECTIVES TO PARENT(S) / GUARDIAN(S)/CUSTODIAN(S)

Report any violation of these Orders to Respondent's PO. The report must be made no later than the next business day after the violation occurs. You must not give Respondent permission to violate these Orders.

You must call school officials and the Respondent's PO if the Respondent is absent from or late for school for any reason.

Provide transportation for the Respondent to meet his/her probation requirements and participate in any Department-sanctioned programs and/or services including counseling, non-residential programs, residential placements, and drug and alcohol assessments as required to comply with the terms and conditions of the Respondent's probation orders.

Pay required cost(s) for such programs and/or services in accordance with the applicable rates set forth in the fee

schedules for residential and non-residential services established by the Juvenile Probation Department.

Repay the cost of random urinalysis drug screenings within ten (10) days of the testing or screening.

Permit the PO to visit you or Respondent at your home at any time and consent to the PO visiting Respondent at his/her school, job, or elsewhere at any time.

Signed this _____ day of _____, 20__.

Respondent

Parent, Guardian or Custodian

Respondent's Attorney

Parent, Guardian or Custodian

Other-State Relationship to Respondent:

Other-State Relationship to Respondent:

Attorney for the State

Signed this _____ day of _____, 20__.

Presiding Judge, Denton County Court at Law Number One, Sitting as a Juvenile Court

SAMPLE ACKNOWLEDGEMENT AND SAMPLE STIPULATION

The following documents will be signed and presented to the Court at the time the Respondent requests the Court to approve his/her admission into the Juvenile Mental Health Court.

Sample Acknowledgement

You are hereby advised that the Court shall determine the terms and conditions of your probation and, thus, your participation in the Mental Health Court. The Court also has the authority at any time during your probation to revoke your participation in the Mental Health Court for any violation of your Terms and Conditions of Probation.

By signing this document, you acknowledge that your participation in the Mental Health Court is VOLUNTARY. By signing this document and other related documents, you are indicating to the Court, the State of Texas, and your Attorney the desire to volunteer for the Juvenile Mental Health Court and to abide by and follow the rules of said Court and your Terms and Conditions of Probation. By signing this document, you understand that the Terms and Conditions of Probation may be modified at any time by the Court, and you agree to abide by those changes.

Sample Stipulation

STIPULATION OF EVIDENCE

COMES NOW _____, Respondent/Child in the above entitled and numbered cause, in writing and in open court, and consents to the Stipulation of Evidence in this case and in so doing expressly waives the appearance, confrontation, and cross-examination of witnesses, the right to a trial by judge or jury, and further consents to the introduction of testimony by affidavits, written statements of witnesses and other documentary evidence. Accordingly, the Respondent/Child, having waived his/her Federal and State Constitutional Right against self-incrimination and after having been sworn, upon oath, states as follows:

“I judicially confess to the following-facts and agree and stipulate that the facts are true and correct and constitute the evidence in this case:

I was born _____, and was _____ years old at the time of this offense. If called to testify, I would testify to the following facts: _____

SIGNED this _____ day of _____, 20__.

RESPONDENT/CHILD

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority this _____ day of _____, 20__.

JULI LUKE,
COUNTY CLERK
DENTON COUNTY, TEXAS

BY: _____
DEPUTY

APPROVED:

ATTORNEY FOR RESPONDENT/CHILD

Kimberly McCary, Judge Presiding



SOAR Program Interview Form

Name: _____ AGE: _____ PID: _____ Referral Source: _____

Address: _____ Phone #: _____ Offense(s): _____

_____ Dates of Probation _____

Mother: _____ Father: _____ Resides with: _____

Current Probation Officer (if assigned): _____

Department Recommendation: _____

Name of School: _____ Grade: _____ Special Ed. (circle one): Yes/No

School functioning: _____ Last ARD? _____

Diagnosis: _____ Treating Psychiatrist Name: _____

Current Counselor: _____ Initial Date of Service: _____

Psychological Evaluation (circle one): Yes/No. If yes, please attach to application.

Hospitalizations (circle one): Yes/No. If yes, please list with dates: _____

Medications prescribed: _____

Compliant in taking medication (circle one): Yes/No

History of drug abuse (circle one): Yes/No. If yes, what substances: _____

RANA: Risk Level: _____ Need Level: _____

Maysi Results: _____

SASSI Results (and FDA if relevant): _____

Drug or Alcohol Use (circle one): Yes/No. Drug(s) of Choice: _____

Criminogenic Needs: _____

Protective Factors: _____

Trauma history: _____



Parent functioning/concerns: _____

Others in family with Mental Health Diagnosis? If so, who and what diagnosis: _____

What strengths does your child have? Please list: _____

What does your child need to work on to improve? Please list and explain: _____

What strengths does your family have? Please list: _____

What skills does your family need to work on? Please list and explain: _____

What do you hope to accomplish by having your child in the SOAR Program? _____

Date Screened: _____ **Screened By:** _____

Recommendation and Explanation: _____



SOAR Program Family Suitability Interview

Juvenile's Name _____

Referring Person _____

Date of Assessment _____

Parent or Guardian's Name _____

Check appropriate column:

Agree	Disagree	
		The supervision officer and/or case manager introduced themselves and explained the program, the services, and program expectations and their role in providing services to my child and family.
		I understand that some of the services will be at the juvenile probation office, some will be in my home, and the supervision officer will do visits at school.
		I understand that I will be expected to attend court with my child on a twice a month basis throughout my child's participation in the program.
		I understand that there will be a weekly group session and counseling session that I will be responsible for assuring that my child arrives on time and attends all meetings as scheduled.

With my signature, I am acknowledging that I have had the SOAR program explained to me and the staff answered all my questions regarding this program. With my signature below, I am acknowledging that I am willing to participate in the program and will make myself and child available to all program services. Following the suitability interview the SOAR team will conduct a thorough assessment with you and your child in order to make the determination if this program will meet the needs of your child.

Accept Program Services	Deny Program Services	Juvenile's/Parent or Guardian Signature	Date
		Juvenile Signature:	
		Parent/Guardian Signature:	

SOAR Supervision Officer or Case Manager Signature: _____ Date: _____

	Case was accepted for admission into SOAR Program and treatment will be initiated on:
	Case was declined for admission into the SOAR Program for the following reason(s):