

JUVENILE TREATMENT AND SUPPORT COURT (JTASC) REFERRAL FORM

JTASC is a specialized court docket for youth with a diagnosed Severe Emotional Disorder (SED) that substitutes a problem-solving model for traditional court proceedings. Youth, and their families, who choose to participate will be accountable to higher levels of supervision and monitoring requirements and must actively participate in services and supports to address their behavior health needs. See back of form for more information.

Per statute, youth with a past or current CSC, a violent crime causing death or serious bodily harm are not eligible for participation. **JTASC is appropriate for the following youth:**

- 1.) **HIGH RISK OF REOFFENDING.** If mental health needs (or developmental disability) are not met, the youth will likely remain in the court system.
- 2.) **LOW RISK OF DANGER/HARM** to themselves, others, or the community.
- 3.) **HIGH MENTAL HEALTH NEEDS.** Youth has a Severe Emotional Disorder (SED). Youth who have a Developmental Disability are also appropriate for consideration.

SECTION I INITIATE REFERRAL To be completed by the individual initiating a referral to JTASC.

JUVENILE'S INFORMATION

First Name: Click or tap here to enter text.	Last Name: Click or tap here to enter text.
Youth's Insurance Benefit:	SSN # Click or tap here to enter text.
Gender: Click or tap here to enter text.	Birth Date: Click or tap here to enter text.
Resident of Kent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Youth's physical Address: (address, city, state zip) Click or tap here to enter text.	
Youth's Phone Number:	Youth's E-Mail: Click or tap here to enter text.
Parent/Guardian Names Click or tap here to enter text.	
Address of Parent or Legal Guardian if different than youth: Click or tap here to enter text.	
Parents Phone Number: Click or tap here to enter text.	Parent's E-mail: Click or tap here to enter text.
Youth's Legal Status: <input type="checkbox"/> On Bond <input type="checkbox"/> On Probation <input type="checkbox"/> Foster Care <input type="checkbox"/> Consent Calendar <input type="checkbox"/> Diversion Program	
Youth's Residence/Placement Status: <input type="checkbox"/> Own Home <input type="checkbox"/> Guardianship <input type="checkbox"/> Foster Care <input type="checkbox"/> jail	
<input type="checkbox"/> Detention or Residential Placement (location) Click or tap here to enter text.	
All Open Case Numbers:	
_____ <input type="checkbox"/> City Charge <input type="checkbox"/> County Charge	<input type="checkbox"/> Pending <input type="checkbox"/> Adjudicated
_____ <input type="checkbox"/> City Charge <input type="checkbox"/> County Charge	<input type="checkbox"/> Pending <input type="checkbox"/> Adjudicated
_____ <input type="checkbox"/> City Charge <input type="checkbox"/> County Charge	<input type="checkbox"/> Pending <input type="checkbox"/> Adjudicated
_____ <input type="checkbox"/> City Charge <input type="checkbox"/> County Charge	<input type="checkbox"/> Pending <input type="checkbox"/> Adjudicated
_____ <input type="checkbox"/> City Charge <input type="checkbox"/> County Charge	<input type="checkbox"/> Pending <input type="checkbox"/> Adjudicated
Prior Adjudications? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, # felonies _____ # of misdemeanors _____	

Date of last formal review: Click or tap to enter a date.	
Date of next hearing: Click or tap to enter a date.	Type of hearing: Click or tap to enter a date.
Assigned Probation Officer: Click or tap here to enter text.	Email: Click or tap here to enter text.
Defense Attorney: Click or tap here to enter text.	E-mail: Click or tap here to enter text.
Assigned Judge: Click or tap here to enter text.	E-mail: Click or tap here to enter text.

Name: Click or tap here to enter text.	Position: Click or tap here to enter text.
Office: Click or tap here to enter text.	Date of Referral: Click or tap to enter a date.
Phone Number: Click or tap here to enter text.	E-Mail: Click or tap here to enter text.

ATTACH the applicable documents with the submission of the referral:

- Petition and Police Report for any pending charges
- YLS for adjudicated youth
- Copy of last court order
- Psychological evaluation if available

SEND REFERRAL AND REQUESTED DOCUMENTS to teri.clark@kentcountymi.gov. Submitting this form initiates a referral to the Juvenile Treatment and Support Court

JUVENILE TREATMENT AND SUPPORT COURT (JTASC)

WHAT is JTASC?

- JTASC is a specialty mental health court to improve the response of youth with a Severe Emotional Disturbance (SED) who have come into contact with the juvenile justice system.
- JTASC is a multidisciplinary team based program. The team is led by the Honorable Deborah McNabb and consists of a Court Coordinator, both a Prosecuting and Defense attorney, a Probation Officer, a Clinical Liaison, a Network of Treatment Providers, and Circuit Court Personnel. The team works together for the common goal of helping the youth improve their mental health and general well-being and reduce/eliminate future criminal behaviors.

WHY have a juvenile mental health court in Kent County?

To reduce the detainment/placement of youth with a Severe Emotional Disturbance (SED) and to reduce the likelihood that they will commit future crimes.

HOW does it work?

- Intense court supervision (weekly court status reviews, increased meetings with probation officer, meeting with JTASC Clinical Liaison).

- Ongoing alcohol and drug testing for the duration of the program is required.
- Linking youth to local behavior health service providers. Participation in treatment through the duration of the program is required.
- Program monitoring to insure requirements and conditions are adhered to.
- The program can be completed in as little as 1 year but the pace is set by the youth and may take longer to complete.

WHO is the target population? Youth, with their parent/guardian, voluntarily choose to participate and must meet both legal and mental health eligibility criteria:

1. Legal eligibility is a discretionary matter and determined on a case by case basis. Youth with a past or current CSC, violent crime causing death or serious bodily harm by statute, are not eligible for participation.
2. Severe Emotional Disturbance (SED). A diagnosable mental, behavioral, or emotional disorder that results in functional impairment that substantially interferes with or limits the youth's role or functioning in family, school, or community activities.
3. Developmental Disability. An impairment in physical, learning, language, or behavior areas that impact day to day functioning and usually lasts throughout a person's lifetime.