

C012931 ABSTRACT: This paper traces the history of Juvenile Assessment Centers (JAC) and provides an overview of the services they provide to youth in contact with the juvenile justice system. Several models for legislation are included from Florida, Kansas, Minnesota and North Carolina. The JAC in Miami-Dade, FL is given an example of a model JAC.

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Authors Silverthorn, B.

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Southern Juvenile Defender Center	Emory University School of Law 1301 Clifton Road Atlanta, Georgia 30322	Phone: 404.727.2072 Fax: 404.727.6820 E-mail: sjdc@law.emory.edu Internet: www.juveniledefender.org
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Juvenile Assessment Centers

Brooke N. Silverthorn
Intern, Southern Juvenile
Defender Center

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Executive Summary

Due to the fragmentation of social service agencies within a particular community, a comprehensive and integrated treatment plan was typically not available to address the needs of many juveniles in the justice system. Consequently, many juveniles' comprehensive needs went both undetected and unaddressed. As a result, these juveniles continued to return to the juvenile justice system. Juvenile assessment centers were designed, in part, to combat this recidivism problem. Juvenile assessment centers were also designed to address the underlying causes of delinquent behavior as a preventative measure.

Florida is the pioneer state in Juvenile Assessment Center development. It opened its first JAC in Tampa in Hillsborough County in 1993. Today Florida houses a "model" JAC in Miami - Dade County which was awarded a federal grant from the U.S. Department of Justice. Furthermore, in 1994 the Florida legislature called for mandated assessment centers to serve as a centralized intake and screening center for youth taken to the Department of Juvenile Justice. The legislation also mandated that social service agencies within a particular community work collaboratively to address juveniles' needs. Although the legislation governing Juvenile Assessment Centers in Florida has undergone some changes, its purpose to collaboratively identify and address juveniles' needs in the justice system has remained relatively unchanged over the past nine years.

The ideal JAC typically includes four key components including the following: single point of entry; immediate and comprehensive needs assessment; integrated case management; and a comprehensive and integrated management information system. The single point of entry system is designed to provide a 24 hour/day centralized intake. This system helps improve the quality of services provided to youth as well as the efficiency of the overall system. An immediate and comprehensive needs assessment is critical to the success of a JAC because knowing the needs of a particular youth helps to ensure an appropriate placement and a more effective result. Integrated case management is important in order to coordinate and monitor the services provided to a particular youth. And a comprehensive and integrated management information system serves as the backbone of the entire system by tracking the services provided to the juvenile, as well as treatment progression.

Although there are relatively few states that statutorily provide for mandated Juvenile Assessment Centers, many states have them on a county-wide basis or have another assessment system in place. Kansas, for example, has a

statutorily provided system based largely on the Florida model, which includes JACs in all judicial districts. Georgia, on the other hand, does not have a statutorily provided JAC system, nor a county or state-wide initiative. Instead, the Georgia Department of Juvenile Justice has developed its own assessment program called "first steps." However, because this is strictly a Department of Juvenile Justice initiative, not all youth have access to the program. Rather, it is only available to youth in the Department of Juvenile Justice custody. Other than Florida and North Carolina, the South East region does not have many juvenile assessment centers in operation, although some states have developed an alternative assessment system.

Funding is typically handled in two basic ways: Fixed-capital outlay and recurring dollars. Sometimes, the local community also contributes to the funding of the JAC, either through providing resources, buildings or monetary contributions.

Some preliminary areas of caution have been identified by various focus groups and researchers in the field as to the assessment center process. The three main areas of concern are breaches of confidentiality, failure to provide due process, and "net widening." Due to the comprehensive and collaborative nature of the assessment process, information sharing becomes essential in order to effectively address juveniles' needs. However, the need to protect the rights of the juvenile is equally compelling. Therefore, researchers have recommended that assessment centers develop a system for identifying need to know/right to know. It has been further suggested that JACs obtain prior written consent. However, in obtaining "consent" the JAC must respect the due process rights of the juvenile as well. In order to ensure that a juvenile's due process rights are protected, it has been stressed that defense attorneys need to be actively involved in the assessment process from the beginning. Finally, some concern over a "net widening effect" is also present. Specifically, researchers have expressed concern that law enforcement may use the assessment center as a "quick drop off point" for youth which will result in more youth being brought into the juvenile justice system. However, OJJDP expresses the position that rather than widening the net, this may serve to strengthen the net by providing youth with appropriate preventive services.

I. INTRODUCTION

A lack of synergy among social service agencies to address the full range of juvenile offenders' needs became an increasing concern during the early 1990s in the juvenile justice field. Consequently, a consensus began to form among juvenile justice service providers that early intervention was needed to address the problems of at-risk juveniles before those problems escalated into chronic offending.¹ Juvenile assessment centers (JACs) were developed in order to serve as centralized intake, assessment and service delivery systems. These assessment centers were one attempt to provide more effective and efficient means by which to identify and intervene in the patterns of behavior of at risk youth. The hope was that this effort would prevent them from further, more serious involvement in the juvenile justice system.

Common goals among JACs throughout the United States include: providing more comprehensive, community-based assessments of the needs of youth referred on the front end of intervention for better intervention planning; providing quality case management by improving and enhancing communication (written and electronic) between and among youth-serving agencies; and creating a more efficient alliance between law enforcement, juvenile justice and treatment resources through the use of centralized / coordinated JAC services. Along with sharing common goals, JACs also share a common need to protect the legal rights of the juveniles they serve. In particular, it is crucial for JACs to implement a system to ensure the confidentiality of the juvenile's information and to protect the due process rights of the juveniles.

Currently, many states have not developed a Juvenile Assessment Center model, although most states do provide for some type of assessment of the youth they serve.

II. HISTORY OF JUVENILE ASSESSMENT CENTERS

A. FLORIDA

Florida is the pioneer state in terms of the development and implementation of juvenile assessment centers. In 1994, the Florida legislature created the Florida Department of Juvenile Justice to address the growing problem of juvenile crime.² In addition, the legislature added a new Section to Chapter 39, which

¹ See INSTITUTE ON CRIMINAL JUSTICE, HENNEPIN COUNTY JUVENILE ASSESSMENT CENTER PLANNING PROJECT (1999).

² 1994 FLA. LAWS ch. 209.

governed juvenile delinquency, entitled “juvenile assessment centers.”³ Although the first juvenile assessment center had been funded by the Florida legislature in 1993, the 1994 legislation called for “mandated assessment centers” in each district to work collaboratively with other service providers to address the needs of children in the system. Specifically, the legislation directed the juvenile assessment centers to, “serve as central intake and screening for children referred to” the Department.⁴ Intake and screening included, “intake and needs assessment, substance abuse screening, physical and mental health screening, and diagnostic testing, as appropriate.”⁵

Furthermore, the Florida Department of Juvenile Justice conducted a study of the juveniles in the physical custody of the Department to determine the needs of these juveniles. The results were alarming. The Department discovered that five percent of the identified population had developmental disabilities, twenty nine percent had mental illnesses, twenty nine percent were identified as emotionally disturbed and seventy five percent exhibited signs of substance abuse disorders.⁶

1. Hillsborough County JAC

Hillsborough County opened Florida’s first juvenile assessment center in Tampa, Florida in May 1993 with money appropriated to it during a special session.⁷ Between May 1993 and December 1994, 9,506 juveniles were processed through this facility.⁸ The partners in this initial assessment center were: “HRS (later juvenile justice), the Hillsborough County Sheriffs Office, Tampa Police Department, Hillsborough County Public Schools, the University of South Florida, and the agency for Community Treatment Services.”⁹

a). Operation of the Hillsborough JAC

³ FLA. STAT. 39.0471 (1994).

⁴ *Id.*

⁵ *Id.*

⁶ See Jennifer Parker, *Juvenile Assessment Centers: A Study in Local Government Collaboration*, 31 STETSON L. REV. 203, 205 (2002).

⁷ See Jennifer Parker, *Juvenile Assessment Centers: A Study in Local Government Collaboration*, 31 STETSON L. REV. 203, 208 (2002).

⁸ *Id.*

⁹ *Id.*

The Hillsborough County JAC implemented a comprehensive assessment system that allowed it to identify “multiple problem, high-risk” youth at a particular time.¹⁰ In a 1993 pilot study at the Hillsborough JAC conducted of 110 truant males between the ages of 9-18 at the center, 45 percent had a history of one or more arrests on a delinquency charge.¹¹ Furthermore an analysis of assessment measures showed that “96 percent of these youth indicated a potential problem in peer relations; 82 percent indicated a potential problem in ‘mental health status’; and 33 percent to 47 percent had a potential problem involving substance abuse, physical health, family relations, and vocational status.”¹² In response to this information, the Tampa JAC wanted to direct its resources to a center that would immediately assess juveniles’ needs and therefore, provide services to juveniles and their families upon first contact with the justice system, rather than after multiple contacts.

Once taken into custody by law enforcement, a youth is transported directly to the JAC. The staff at the JAC process the youth by taking fingerprints, photographs, and breathalyzer and urine tests, if warranted. The JAC is staffed by many professionals, including: law enforcement, social workers, psychologists, counselors, and medical staff. The preliminary assessment includes a gathering of demographic information, mental health history, abuse and neglect history, criminal history, familial economic status, employment status, educational history, HIV risk behavior, and contacts with social service agencies. This information is gathered not only from the youth, but also from various other community agencies such as the Police Department, the School system, etc. Depending on the initial assessment, it may be determined that a more in-depth assessment is needed in order to make an appropriate referral. Once a referral for services or placement is made, the information is recorded into a centralized computer system in order to track the juvenile and the services provided.

II. Overview of JAC Services

In addition to providing intake, needs assessment, and collocated services for those youth already entering the system, JACs were also intended to serve as a “preventative” measure. Specifically, JACs sought to address the need for early intervention of at-risk behavior in order to prevent further involvement in the

¹⁰ See Shay Bilchik, *Community Assessment Centers: A Discussion of the Concept's Efficacy*, Office of Juvenile Justice and Delinquency Prevention (1995).

¹¹ *Id.*

¹² *Id.*

juvenile justice system. As a further preventative measure, JACs attempted to address the underlying contributors to delinquent behavior such as, mental illness, substance abuse, truancy, learning disorders, poverty, etc. Generally speaking, the overall objectives of a JAC typically include:

- 1). providing a comprehensive assessment of the juvenile's needs;¹³
- 2). improving case management and treatment;¹⁴
- 3). making efficient use of law enforcement, juvenile justice and treatment resources;¹⁵
- 4). avoiding unnecessary detention of juveniles;¹⁶
- 5). enhancing information sharing across agencies;¹⁷ and
- 6). Improving the monitoring of system performance.¹⁸

In order to meet these objectives, JACs employ the services of several different partner agencies including, substance abuse agencies, mental health agencies, school systems, police departments, public defender's offices, corrections departments, child welfare agencies.¹⁹ Researchers who have studied the JAC model recommend that a minimum of four key components be in place in order to meet the specific objectives outlined above.

The first component is the single point of entry. In order to effectively address the needs of the many juveniles entering the system, a single point of entry system is paramount. Without a single point of entry system, many juveniles receive the same or similar services from multiple agencies. This fragmented approach to treatment also produces an incomplete result, often demonstrated by juveniles who continue to offend. This single point of entry can be either an

¹³ See INSTITUTE ON CRIMINAL JUSTICE, HENNEPIN COUNTY JUVENILE ASSESSMENT CENTER PLANNING PROJECT (1999).

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ See e.g., Jennifer Parker, *Juvenile Assessment Centers: A Study in Local Government Collaboration*, 31 STETSON L. REV. 203, 208 (2002) (detailing some of the partner agencies involved in the Hillsborough County JAC).

actual “physical” point of entry or a “virtual” point of entry, meaning that multiple agencies could have access to the same database of information.²⁰ Ideally, the system would employ a 24 hour centralized system of intake and assessment. The effect of this system would be to integrate the services of multiple agencies, to improve access to resources, and to reduce duplication of services, which would ultimately result in a cost-benefit.²¹

The second component is the immediate and comprehensive needs assessment. Assessment is crucial to an effective juvenile justice system because in order to know where the best placement is for a particular child, it is imperative first to know the nature and extent of the child’s needs. In 1995, pursuant to National Juvenile Justice Action Plan study of 14 states, it was found that 31 percent of incarcerated juveniles could be safely placed in a less secure environment.²² This finding also has significant financial implications, considering that as a national average, it annually costs anywhere between \$35,000-\$60,000 for a state to incarcerate a juvenile.²³ Placing juveniles in alternative, more appropriate environments could result in significant savings, which could then be put to more effective use, such as prevention and treatment. Further, this assessment process would offer diversity of thought. This comprehensive approach is viewed as superior to a specially trained individual because it is an innovative approach for integrating the risk and needs classification requirements of the justice system.²⁴ The team would be comprised of several individuals possessing knowledge of different issues.

The third component is integrated case management. Because juveniles often require multiple services, integrated case management is crucial in order to coordinate and monitor the services. The case manager, then, has many roles including, “case assessment and planning, referral and monitoring of service delivery, and reassessment.”²⁵ The case manager also serves as the link between comprehensive assessment and effective, integrated service delivery. Other components of integrated case management typically include, individualized treatment plans that identify multiple system intervention priorities

²⁰ See Shay Bilchik, *Community Assessment Centers: A Discussion of the Concept’s Efficacy*, Office of Juvenile Justice and Delinquency Prevention (1995).

²¹ *Id.*

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ *Id.*

and also include long and short term goals, follow-up plans and other tracking methods, and mechanisms for reassessing youth.²⁶

The fourth, and final component is a comprehensive and integrated management information system. In today's world of computer systems and advanced technology, it is important for social service and community agencies to be able to effectively monitor a single juvenile's progress through multiple treatment agencies. Accordingly, integrated case management must be supported by the appropriate infrastructure in order to effectively monitor and respond to juveniles' needs, which can serve as a cornerstone of the single-point of entry system.²⁷ An ideal management information system would possess the capability to perform the following: "1) receiving and cataloging case manager-collected progress updates from community service providers; and (2) compiling data for reporting on the problems of youth in the community (needs), the levels of success in placing youth in needed services (service gaps), and the success of those treatment programs (preliminary outcomes)."²⁸

IV. FLORIDA'S LEGISLATIVE MODEL

A. Legislative History

The Florida legislature initially appropriated funds for a JAC in fiscal year 1993-1994 from the "Safe Streets Special Session." The initial amount appropriated was \$1,212,000, which was increased to \$3,212,00 a year later. Additionally, in the 1994 session, the Florida legislature created a new section of Chapter 39, which governed juvenile delinquency.²⁹ The title of this new section was "Juvenile Justice Assessment Centers," which mandated that "Juvenile Justice work cooperatively with other service providers to establish centers in each

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Id.*

²⁹ See Jennifer Parker, *Juvenile Assessment Centers: A Study in Local Government*

Collaboration, 31 STETSON L. REV. 203, 207 (2002). (Chapter 39 is entitled "Proceedings Related to Children").

service district.”³⁰ These assessment centers were to serve as centralized intake and were directed to provide the services needed for initial intake and needs assessment. Furthermore, the statute also mandated that the services provided must be, “available at the same level to which they were available to the general public.”³¹

1). Statutory Changes

In 1997 the Florida legislature created Chapter 985 to administer juvenile justice.³² The next year, in 1998, the legislature basically wiped out the previous statute that regulated JACs and created a new statute.³³ The new statute explicitly defined “Center” as “community operated facilities and programs which provide collocated central intake and screening services for youth referred to the Department of Juvenile Justice.”³⁴ Although the new statute did not change the list of service providers, it did mandate that each current and newly established center was to be developed and/or modified through a *local initiative* of agencies and government in order to provide services appropriate to that community.³⁵ This was a fairly significant change because it mandated involvement by the local community, which gave the community both an investment in, and responsibility for, the operation and direction of the JAC.

The new statute also created the administration and management of each center. In doing so, it created a governing body comprised of an advisory committee and inter-agency agreements.³⁶ The advisory committee was given the task of

³⁰ *Id.* (Other service providers included, “substance abuse facilities, mental health providers, law enforcement agencies, schools, health services providers, and other entities involved with children.”).

³¹ *Id.*

³² FLA. STAT. ch. 985 (1998); see also, Jennifer Parker, *Juvenile Assessment Centers: A Study in Local Government Collaboration*, 31 STETSON L. REV. 203, 213 (2002) (stating that juvenile delinquency statutes were put with the other statutes relating to crime, in an effort to get tough on juvenile offenders).

³³ See Jennifer Parker, *Juvenile Assessment Centers: A Study in Local Government Collaboration*, 31 STETSON L. REV. 203, 213 (2002).

³⁴ FLA. STAT. ch. 985.209 (1) (1998). The new statute remains essentially the same today.

³⁵ *Id.* at 985.209 (2). Lack of local support could negatively affect funding for the JAC.

³⁶ *Id.* at 985.209 (3).

ensuring that community agencies were participating and collaborating in an effort to provide services. Under the new statute, agencies were responsible for providing, at a minimum, the following services, “delinquency intake; positive identification of the youth; detention admission screening; needs assessment; substance abuse screening and assessments; physical and mental health screening; and diagnostic testing as appropriate.”³⁷ As a further requirement, the statute directed the centers to involve the youths’ families in the assessment an intake process to the greatest extent possible.³⁸ To date, Florida has JACs operating in all judicial districts except for three.³⁹

2). Overview of the Current Statute

Currently, Florida JACs are governed under Section 985.209 of the Florida Code.⁴⁰ In addition to the provisions set forth above calling for mandated collaboration, the current statute “authorize[s] and encourage[s]” JACs to establish truancy programs to provide central intake and screening of truant children in a specific geographic area.⁴¹ It also allows for a JAC to work collaboratively with any already established truancy program operating in the area served by the JAC.⁴² The current statute further mandates that all JACs “provide for coordination and sharing of information among the participating agencies to facilitate the screening of and case processing for youth referred to the department.”⁴³ This is an important provision because it makes for a more efficient system and allows a more comprehensive treatment approach by ensuring that service agencies are operating with full and relevant information about the juveniles they serve. Finally, the current statute provides for the organization of the assessments by giving the Department of Juvenile Justice the authority to utilize JACs to the fullest extent possible in order to conduct

³⁷ *Id.* at 985.209 (4).

³⁸ *Id.* at 985.209 (7).

³⁹ See Jennifer Parker, *Juvenile Assessment Centers: A Study in Local Government Collaboration*, 31 STETSON L. REV. 203, 214 (2002). The Third, Fourteenth and Sixteenth Districts do not currently have JACs in operation.

⁴⁰ FLA. STAT. ch. 985.209 (2002).

⁴¹ Fla. Stat. 985.209 (5) (2002).

⁴² *Id.*

⁴³ *Id.* at 985.209 (6).

predisposition assessments and evaluations.⁴⁴ For example, a juvenile may be evaluated by JAC staff while in a detention facility, or the youth may be transported to the JAC for assessment, depending on the circumstances. Furthermore, the statute mandates that any information, treatment recommendation, or reports obtained through the assessment be included in a youth's "commitment packet and shall accompany the youth to the residential commitment facility in which the youth is placed."⁴⁵

B. Funding

In Florida, JACS initially were funded in two ways: fixed-capital outlay and recurring dollars. Typically, the fixed capital is used for construction of the facility and then the recurring dollars are used to fund its operation. However, the local government also usually provides funding for the JAC located in its community either through providing land to house the JAC, buildings for its use or actual funds to use for the administration of services. Furthermore, federal funds may also be available to JACS. Each year steady budget enhancements have graced the Florida JAC system since its inception. For instance, in fiscal year 1995-1996, the budget appropriation was \$3,212,000. The next fiscal year, 1996-1997, the budget increased to \$3,632,000.⁴⁶ By fiscal year 1997-1998 the total funding rose to \$3,760,000. However, in fiscal year 1998-1999, the Florida legislature required that funds "not be provided to a JAC after October 1, 1998, unless the JAC had a cooperative agreement in place with each local government whose law enforcement agencies or child welfare agencies made use of the JAC specifying the financial or in-kind support to be provided by the local government."⁴⁷ This mandate was in line with the new statute, which placed more responsibility for the operation of a JAC with the local government.

More recently, in fiscal year 2000-2001, the total operating budget for JACs was \$4,926,341. However, during the 2001 Legislative session, the legislature proposed that all pre-dispositional services for juveniles accused of committing crimes be funded by the county rather than the state.⁴⁸

⁴⁴ *Id.* at 985.209 (7).

⁴⁵ *Id.*

⁴⁶ *Id.* at 211. This included recurring general funding for the Dade County JAC and the Leon County JAC.

⁴⁷ *Id.* 212.

⁴⁸ *Id.* at 214.

V. OTHER LEADING STATES

Since the mid-1990's, many other states have developed juvenile assessment centers. Many relied on Florida's system as a model for their own system. The state of Kansas, in particular, has developed a comprehensive JAC system, largely based on the Florida model, and specifically on the Hillsborough County JAC in Tampa.

A. Kansas

In 1994, the Kansas legislature allocated \$1.5 million for the implementation of a juvenile intake and assessment system available 24 hours per day.⁴⁹ Kansas also has a provision in its state code for juvenile assessment centers. Specifically, the Kansas legislature directed the state supreme court to "provide for the establishment and operation of juvenile intake and assessment programs in each judicial district."⁵⁰ The legislation contains a further provision that after July 1, 1997, the commissioner of juvenile justice "shall promulgate rules and regulations for the juvenile intake and assessment system...."⁵¹ This legislation also mandates that certain information be collected upon intake and assessment.

Specifically, the intake and assessment worker "shall collect the following information:

- 1). A standardized risk assessment tool;
- 2). Criminal history;
- 3). Abuse history;
- 4). Substance abuse history;
- 5). History of prior community services or treatment provided;
- 6). Educational history;
- 7). Medical history; and
- 8). Family history.⁵²

⁴⁹ 1994 Kan. Sess. Laws ch. 360 §46. The Koch Commission on Crime recommended that in rural districts intake and assessment services should be available 24 hours per day but through an "on-call" system of workers.

⁵⁰ KAN. STAT. ANN. §75-7023 (YEAR).

⁵¹ *Id.*

⁵² *Id.*

Kansas has established juvenile intake and assessment centers in all 31 judicial districts in the state.

B. Minnesota

In 1997 the Minnesota legislature established a grant program for juvenile assessment centers.⁵³ The legislation specifically stated, “[t]he commissioner of health shall administer a pilot project grant program to award grants to no more than three judicial districts to develop and implement plans to create juvenile assessment centers.”⁵⁴ It further defined a juvenile assessment center as, “a 24-hour centralized receiving, processing, and intervention facility for children who are accused of committing delinquent acts or status offenses or who are alleged to have been the victims of abuse or neglect.”⁵⁵ The juvenile assessment centers were to be developed by a “working group,” designated by the particular district’s chief judge.⁵⁶ The legislation further mandated certain plans to be implemented by each juvenile assessment center, including, “initial screening, including intake and needs assessment, substance abuse screening, physical and mental health screening, fetal alcohol exposure screening and diagnostic educational testing, as appropriate.”⁵⁷

The legislation also mandated collaboration, both of services and funds for the centers. Specifically, it called for service entities involved with the centers to make their services available at the same level for which services are available to the public. The legislation provided for grants to be made available to each district who submitted a plan to the commissioner and it was approved. Finally, the legislation called for the commissioner to report to the legislature by January 15, 1999 on the “planning and implementation grants awarded under this section.”⁵⁸

The Fourth Judicial District, in Hennepin County, Minnesota, was one of the three projects funded under this 1997 legislation.⁵⁹ The specific goals of this project

⁵³ 1997 MINN. LAWS, c. 203, art. 2, § 30.

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ *Id.*

⁵⁹ See INSTITUTE ON CRIMINAL JUSTICE, HENNEPIN COUNTY JUVENILE ASSESSMENT CENTER PLANNING PROJECT (1999).

included an attempt to address the needs of youth at risk of entering or further penetrating the juvenile justice system. An oversight group was formed to assist in the development of this center. This group conducted some preliminary planning ideas. Specifically, the groups engaged in a literature review, to become more familiar with the concept of a juvenile assessment center; conducted an inventory of screening and assessment tools; and conducted site visits to other centers around the country in order to identify the unavailable procedures and models.⁶⁰ Although in 2002 the legislature repealed the law granting funding to this pilot project, JACs still exist in some counties in Minnesota.

C. North Carolina

Although not specifically identified as a “juvenile assessment center,” North Carolina has provided for a “pilot program for a multifunctional juvenile facility” by statute.⁶¹ This multi-functional juvenile facility was designed to provide juveniles in the justice system with “custodial, rehabilitation, treatment and program services, including substance abuse and sex offender services.”⁶²

Cumberland County, North Carolina established a juvenile assessment center as a blended funding initiative in 1997-1998.⁶³ The Cumberland County JAC was established “to serve as the focal point within the community in assessing the underlying problems of at-risk youth....”⁶⁴ Additionally, its purpose is to serve a distinct population of youth. Those to be served at this facility include: “juveniles under court supervision, juveniles referred alleged to be delinquent or undisciplined, juveniles referred who are at risk of becoming delinquent or undisciplined, status offenders, and children of school age determined to be truant.”⁶⁵

The Cumberland County JAC provides single point of entry services, although the service does not operate 24 hours per day.⁶⁶ It also strives to provide timely and comprehensive assessments. Upon initial entry to the center, youth are

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² 2000 N.C. Sess. Laws 67, ss. 19.5(a)(b).

⁶³ Cumberland Juvenile Assessment Center Evaluation Report (2001).

⁶⁴ *Id.*

⁶⁵ *Id.*

⁶⁶ *Id.*

administered basic screening tools to assess “risk.”⁶⁷ This program utilizes two main assessment tools: BASC and MAYSI.⁶⁸ BASC “was designed to facilitate the differential diagnosis and educational classification of a variety of emotional and behavioral disorders of children and to aid in the design of treatment plans.”⁶⁹ MAYSI is used as a “parallel measure” and is designed to identify signs of mental and/or emotional disturbance or distress.⁷⁰ The results of these assessments then determine what happens next in terms of the juveniles treatment and/or placement. Once the JAC case manager gets a referral for a youth, he/she completes a “Biopsychosocial Assessment” which fills in gaps from the initial screening such as current charges, family relationships, etc.⁷¹ A “Family Service Plan” is developed in collaboration with the case manager, child and parents in order to best determine the needs of the particular child. At this time, a case manager may either refer a child to outside community services or monitor the plan him/herself to ensure compliance.⁷²

D. OTHER STATE INITIATIVES

Other states have also begun to establish JACs or other intake and assessment services, although in varying degrees. For instance, both Montana and Virginia have statutes that allow for a youth assessment under certain circumstances, but do not mandate the creation of a state-wide system.⁷³ And true to its reputation as “different,” California has implemented a juvenile assessment center through its San Mateo County Youth Court. Specifically, all youths arrested in the county first undergo an interview by a team of specialists focusing on the youth’s mental, physical and emotional health.⁷⁴

⁶⁷ *Id.*

⁶⁸ *Id.* (BASC stands for Behavior Assessment System for Children and MAYSI stands for the Massachusetts Youth Screening Instrument).

⁶⁹ *Id.*

⁷⁰ *Id.*

⁷¹ *Id.*

⁷² *Id.*

⁷³ MONT. CODE ANN. §41-5-1203 (1) (2001) (stating the circumstances under which a probation officer or an assessment officer may perform a youth assessment); VA. CODE ANN. §16.1-248.2 (1998).

⁷⁴ Court News

Colorado is another state in the beginning stages of JAC development. Specifically, its Denver Juvenile Community Assessment Center is a federally funded pilot project. This was developed in part as a result of a focus group report by OJJDP on the efficacy of Community Assessment Centers.⁷⁵ Colorado employed a "Planning Development Team" (PDT) composed of over 30 individuals from agencies involved with youth.⁷⁶ The PDT employed a "consensus-based" approach in order to assure that all participants had equal participation in the decision making process. The services and initiatives provided mirror those discussed above by the JACs.

1. Other Southeast Region Initiatives

Other than Florida and North Carolina, states in the Southeast region such as Georgia, Alabama, Mississippi, Louisiana and South Carolina have not made great strides to develop the JAC model. Other assessment programs, however, may be in place in these states. For example in Georgia, a program called "first steps" is in place under the direction of the Georgia Department of Juvenile Justice, for youth committed to its custody. When a youth is committed to the Department, before going to a Youth Detention Center he/she first goes through the first step assessment process. This process takes 14 days and is a basic assessment of mental health, education, medical and intellectual needs. After the initial assessment is completed, a youth may go through a more comprehensive tier 2 assessment if warranted by the initial basic assessment results. The rationale behind this process is that the Department of Juvenile Justice can decide how best to serve the youth based on his/her needs assessment.

Jefferson, Louisiana has an assessment center, but currently it is devoted to serving truant youth, as opposed to a more comprehensive system that serves all youth in the justice system. Louisiana also has an integrated case management system, which ensures that critical information gathered by one community agency is electronically available to other agencies.

South Carolina Department of Juvenile Justice has 3 "evaluation centers" throughout the state. The evaluation centers provide court-ordered evaluations for adjudicated juveniles prior to final disposition of their cases. These facilities provide comprehensive psychological, social, and educational assessments to guide the court's disposition of cases.

⁷⁵ OJJDP, Juvenile Justice Bulletin (March 2000), *available at*

http://www.ncjrs.org/html/ojjdp/jjbul2000_03_6/pag1.html.

⁷⁶ *Id.*

VI. A MODEL JAC – MIAMI-DADE, FLORIDA

The Miami-Dade JAC has been hailed as a “model” JAC.⁷⁷ It is the “only facility of its kind in an urban area in the United States.”⁷⁸ This JAC is open 24 hours per day, seven days per week, including holidays, and currently processes over 15,000 youth per year.⁷⁹ The unique aspect of the Miami-Dade JAC is that it serves as the “central point of booking and identification of juveniles who are arrested in Miami-Dade County.”⁸⁰ This means that a law-enforcement officer may drop off a juvenile at the JAC, and then immediately return to his/her duty on the street.⁸¹ Furthermore, the Miami-Dade Police Department serves as the lead agency, along with other community partners at this JAC. The Miami-Dade JAC was funded by local, state and federal funds. Its operating budget for fiscal year 2000-2001 was \$10,857,699.⁸²

The Miami-Dade JAC was specifically awarded a federal grant from the U.S. Department of Justice as part of a National Demonstration Project.⁸³ This project consists of seven components: “a screening and assessment project; a pre-arrest diversion project; a serious, habitual-offender comprehensive action plan;

⁷⁷ See Jennifer Parker, *Juvenile Assessment Centers: A Study in Local Government Collaboration*, 31 STETSON L. REV. 203, 215 (2002).

⁷⁸ *Id.* at 217.

⁷⁹ *Id.* at 215.

⁸⁰ *Id.* at 217.

⁸¹ *Id.* at 215. Between the JAC opening and 2002 this has saved approximately 319, 362 police hours.

⁸² *Id.* at 216. 47% of budget is from federal funds, 26% from state funds, and 23% from local funds.

⁸³ *Id.* at 217. The U.S. Justice Department awarded a 3 million dollar grant in order to gather information about the juvenile arrest population including, minor, first time offenders and serious habitual offenders.

a younger siblings project; an adolescent girls project; a Haitian juvenile arrest prevention study; and a JAC data warehouse.”⁸⁴

VII. Legal Issues

Although Juvenile Assessment Centers are often considered to be a promising new concept, some areas of caution have been noted. For example, an OJJDP focus group stressed the following areas in need of particular caution: “labeling, breach of confidentiality, unnecessarily ‘widening the net,’ lack of interagency coordination, and sensitivity toward due process.”⁸⁵ In particular, the focus group expressed concern that if assessment centers were viewed by law enforcement as a ‘quick drop-off point,’ it could potentially lead to a widening effect that would overwhelm and burden the juvenile justice system.

An assessment system that protects the due process rights of juveniles is a crucial component of any JAC. Due process issues can arise in several ways within the assessment center process. For example, when a juvenile is brought to the assessment center it must be made clear whether or not the child is then “in custody” for purposes of *Miranda* warnings and the right to counsel. If the juvenile is considered to be in custody, *ie.* he/she cannot voluntarily leave, then protections for the juvenile must be in place.

The right against self-incrimination is another important due process concern posed by the JAC model. This becomes particularly significant in light of the assessment center system that initially requires juveniles to fill out comprehensive, broad questionnaires. Although this information may be protected from being used as evidence in a court proceeding, there is still concern that it could be used against the juvenile in other ways, such as by the judge in determining disposition or as the basis for pursuing other charges.⁸⁶ One way of providing heightened protection for juveniles is to formulate different questionnaires to address different needs.⁸⁷ For example, if a juvenile comes to the center as a truant, then he/she will answer a questionnaire specifically designed to address education or other issues that may be related to truancy. The theory here is that if a juvenile is answering questions specifically tailored to his/her specific issue, then it is more likely that the JAC will be able to help the

⁸⁴ *Id.* at 217.

⁸⁵ See Shay Bilchik, *Community Assessment Centers: A Discussion of the Concept's Efficacy*, Office of Juvenile Justice and Delinquency Prevention (1995).

⁸⁶ See Kim Brooks, *Legal Issues Surrounding Community Assessment Centers* (2002).

⁸⁷ *Id.*

juvenile, while at the same time ensuring that the juvenile's due process rights are protected as well.

Preservation of record confidentiality also posed significant concern to the focus group members. They stressed the need to develop "an appropriate method of defining 'need to know/right to know.'"⁸⁸ Therefore, confidentiality is an issue to the extent that an assessment center shares information with other service providers. Typically this information would include police reports, detention data, educational records, medical and/or mental health information, substance abuse data, and child abuse/neglect data. This poses problems because the very nature of the Juvenile Assessment Center requires "sharing" certain information among service providers in order to best serve the needs of the juveniles. It has been suggested that the best manner in which to deal with information sharing is for JACs to develop a system by which only those service providers with a relevant need to know have access to the particular information. Furthermore, it must be stressed that in defining "need to know", JACs remain sensitive to any legal implications of information disclosure and/or sharing.

VIII. Conclusion

Prior to the development of Juvenile Assessment Centers, states did not have a centralized system for addressing the needs of juveniles in the justice system. In 1993, with the advent of the first JAC, in Hillsborough County, that changed. The JAC model has seen widespread growth and support in a few states: Florida, Kansas, and North Carolina, in particular. Furthermore, the Florida and Kansas state legislatures have provided the statutory authority for juvenile assessment centers. In Kansas, a juvenile assessment center is in operation in each judicial district. In Florida, all judicial districts except three currently operate a juvenile assessment center. Florida was also the first state to mandate collaboration between youth-serving community agencies. This was an important step in the development of the JAC model because it provided a more effective treatment outcome for youth and a more efficient system for the community.

Although many states have some system of assessment of the youth they serve, it is not based on the JAC model. The significance of the JAC model is that it is comprised of four key components, including: single point of entry, immediate and comprehensive needs assessment, integrated case management, and a comprehensive and integrated management information system. By combining these four components in a service delivery system, JACs are able to provide more effective and efficient treatment options for youth, resulting in better outcomes for youth and a greater cost-benefit for the state. However, in order to

⁸⁸ *Id.*

truly serve the best interests of the juveniles, it is stressed that JACs must ensure the protection of juveniles' legal rights. The main areas of concern include confidentiality of information and the protection of due process rights, such as the right against self-incrimination.