

A Juvenile Mental Health Court

Purpose:

- •Serve the needs of children who are at risk of being removed from their homes due to mental health issues that result in behaviors making them unmanageable in their community environments.
- •Bring intensive services to these children and address the family issues that may contribute to the underlying dysfunction.
- •Coordinate 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 at home.
- •Promote community safety through a decreased risk of removal for the child as well as a lessened risk of recidivism.



Open case before the Juvenile Court

Have a DSM-V diagnosis other than or in addition to substance abuse, ADHD, mental retardation, autism, or pervasive developmental disorder

Have an IQ of 70 or greater



Primary diagnosis of Dissociative Disorder or Personality Disorder

Charged with a Sex Offense

Process for Acceptance into SCYE

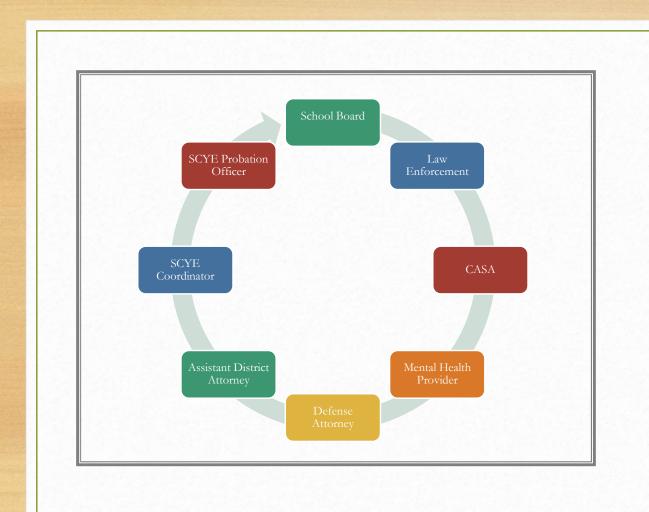
- Work with ADA and Defense Counsel to see if SCYE is and option
- Submit Application
- Meet with SCYE Coordinator
- Initial Assessment
- Vote by SCYE Board for Acceptance

SUMNER COUNTY YOUTH EMPOWERMENT (SCYE) PROGRAM

APPLICATION FOR ADMISSION

Please read the attached instructions to apply for Summer County's SCYE program, a juvenile mental health court. This form and the requested documentation must be completed prior to the defendant being considered for admission.

| Child Name: | | DOB: _ | | |
|--|--------------|---------------------|----------|------------------------------|
| Address: | | Cell: | | |
| | | Work: | | |
| SSN: | Sex: | Race: _ | | |
| Parent/Guardian Name: | | | D | OB: |
| Address: | | Cell: _ | | |
| | | Work: | | |
| SSN: | Sex: | Race: | | |
| Who has legal custody of the child | d? | | | |
| Child Detained?: □ Yes □ No | Probation?: | □ Yes □ No | With W | Thich Agency?: |
| Defendant's Attorney: | | | _Phone: | |
| Approving Prosecutor Name: | | | | |
| Charges (list briefly): | | | | |
| Docket Number(s): | | | | |
| Enrolled in the following school: | | Current G | irade: | IEP or 504 Plan?: □ Yes □ No |
| Substance Abuse Issues?: Ye | es 🗆 No Drug | (s) of Choice: | | |
| Mental Health Diagnosis: | | | | |
| Insurance Provider: | Mer | ntal Health Service | s Provid | er: |
| By signing below, I understand information is true and correct | | | ed for t | he SCYE program. The above |
| Defendant Signature | | Date | | - |
| Parent Signature | | Date | | Court Date: |
| Attorney Signature | | Date | | |



SCYE Board Members

SCYE Phases • Establish Therapeutic Baseline • Rapport Building • Focus on Therapeutic and Probation Goals • Prepare for Exit from the Program

Sumner County Youth Empowerment (SCYE) SUMMARY OF PROGRAM PHASES

| | PHASE ONE - 90 days Stabilization | PHASE TWO - 90 days Specialized Treatment | PHASE THREE - 90 days Transition | AFTERCARE – 90 days | Interim Phase |
|--|---|---|---|-------------------------------------|--|
| Court Review Hearing Frequency | Bi - Weekly | Bi-Weekly | Monthly | N/A | 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 | Hospital |
| Frequency of Case Management Services | 1 hour per week minimum | 1 hour per week minimum | 1 hour per week minimum | 1 hour per month or as needed | 1 weekly Contact Shared by Prob. Officer |
| Frequency of Probation Contacts | 2 contacts per week | 2 contacts per week | 2 contacts per week | 1 contacts per week minimum | 1 weekly Contact Shared by Case Mgr |
| Frequency of Cognitive Behavioral Group Interventions | 1 hour per week | 1 hour per week | 1 hour per week | N/A | N/A |
| Mandatory Meetings | Family Suitability Interview Weekly case staffings 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 | Continuum of Care Plan, Parent Class, Aftercare Plan |

Judicial Diversion for SCYE Cases

| - Requirements Top | | |
|--------------------|--|-----------------------|
| Assigned | Requirement | Start |
| 6/27/2022 | Judicial Diversion | 6/27/2022 298 days |
| 11/14/2022 | Sumner County Youth Empowerment (SCYE) | 11/14/2022 |
| | | 157 days |

Phases in Quest

| - Phases for this requirement Top | | | |
|--|----------------------|------------|-------------|
| Name | | Start date | Week Status |
| SCYE PHASE ONE - Stabilization | | 11/14/2022 | 23 |
| ☑ Bi-Weekly Court Review Hearings | 3/27/2023 | | |
| 1 hr/wk min Therapeutic Services | 2/13/2023 | | |
| 1 hr/wk min Case Management Service | es 2/13/2023 | | |
| 2 Probation Contacts per week | 2/13/2023 | | |
| 1 hr/wk Cognitive Behavioral Group Int | erventions 3/27/2023 | | |
| Family Suitability Interview | 3/27/2023 | | |
| | 2/13/2023 | | |
| Treatment Plan Development | 3/27/2023 | | |
| ✓ Monthly Review | 3/27/2023 | | |
| SCYE PHASE TWO - Specialized Treatm | ent | 4/20/2023 | 1 |
| ■ Bi-Weekly Court Review Hearings | | | |
| ☐ 1 hr/wk min Therapeutic Services | | | |
| 1 hr/wk min Case Management Service | es | | |
| 2 Probation Contacts per week | | | |
| ☐ 1 hr/wk Cognitive Behavioral Group Int | erventions | | |
| □ Treatment Plan Updates | | | |
| Weekly Case Staffings | | | |
| ☐ Transition Planning | | | |
| ■ Monthly Reviews | | | |

Treatment, Incentives, Sanctions

| Tour at the second | | |
|---------------------------------------|-----------|--------|
| Treatment | | |
| None | | |
| - Incentives for this requirement Top | | |
| Action date | Incentive | Reason |
| None | | |
| - Sanctions for this requirement Top | | |
| Action date | Sanction | Reason |
| None | | |

SCYE Court Team Members

- Heather Harper, SCYE Coordinator
 - <u>hharper@sumnercountytn.gov</u>
- Jared Rickard, SCYE Probation Officer
 - jrickard@sumnercountytn.gov
- Alan Hickey, Assistant Court Director
 - <u>ahickey@sumnercountytn.gov</u>