

Proposed

A.R.S. § 8-501

12. "Receiving foster home" means a licensed foster home that is suitable for immediate placement of children when taken into custody or pending medical examination and court disposition.

16. "SHELTER PLACEMENT" MEANS A TEMPORARY SHORT TERM OUT OF HOME PLACEMENT OF A CHILD IN A HOME OR A PUBLIC OR PRIVATE FACILITY THAT IS LICENSED BY THE STATE AND THAT CONTRACTS WITH THE DEPARTMENT TO PROVIDE SHELTER CARE.

8-515. Time limits on SHELTER PLACEMENT placement in receiving home; court orders

A. In the absence of a juvenile court order, a child shall not remain in a ~~receiving foster home~~ SHELTER PLACEMENT for a period of more than three weeks.

B. Juvenile court orders extending ~~receiving foster home~~ SHELTER placement beyond three weeks shall be reviewed by the juvenile court at least EVERY THREE WEEKS ~~once each week~~, beginning ~~one week~~ from the date of the INITIAL order EXTENDING THE SHELTER PLACEMENT. At the time of this review, the juvenile court shall either reaffirm or withdraw the order.

Current

8-501. Definitions

A. In this article, unless the context otherwise requires:

9. "Out-of-home placement" means the placing of a child in the custody of an individual or agency other than with the child's parent or legal guardian and includes placement in temporary custody pursuant to section 8-821, voluntary placement pursuant to section 8-806 or placement due to dependency actions.

....

12. "Receiving foster home" means a licensed foster home that is suitable for immediate placement of children when taken into custody or pending medical examination and court disposition

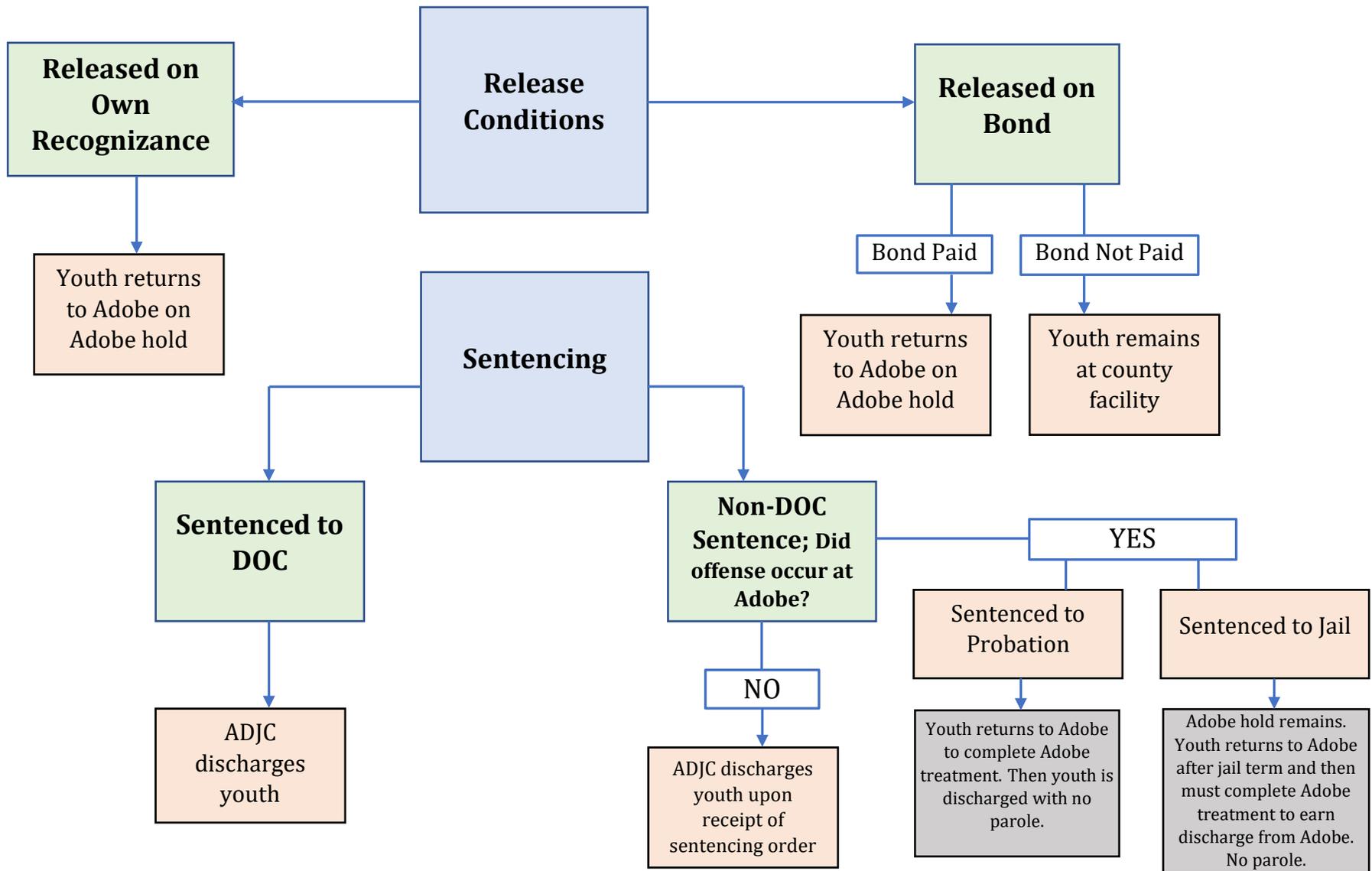
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ADJC Youth Charged as Adults

A.R.S. §§ 41-2820; 8-305, 13-3967



IMPORTANT!

- ADJC places a hold on every ADJC commit in county custody, even if the youth has not yet arrived at Adobe. The hold is released upon discharge from ADJC.
- ADJC is a state-run facility and cannot accept a youth with an unpaid bond.

ADJC TERMS:

RELEASE: = Parole

DISCHARGE = ADJC Jurisdiction Ends

ARIZONA CODE OF JUDICIAL ADMINISTRATION

Proposal Cover Sheet

Part 6: Probation

Chapter 1: General Administration

Section 6-105.01: Powers and Duties of Officers Evidence-Based Practices

Summary of Background:

Pursuant to a growing body of research regarding juveniles who offend sexually, in 2017 the Association for the Treatment of Sexual Abusers (ATSA) released “best practice” guidelines for assessment, treatment, and intervention with these juveniles. The ATSA best-practice guidelines (which outline ethical considerations arising from the use of this technique) state: “...*Studies from the past 15 years have found the reported mean sexual recidivism rate to be approximately 2.75%. Research shows sexually abusive behavior in adolescents rarely persists into adulthood....Without a clearly identified benefit, and with a potential for harm, ATSA recommends against using polygraph [or plethysmography] with adolescents under the age of 18.*” (See Exhibit A)

In June 2019, Dr. Kurt Bumby (Center for Effective Public Policy, Center for Sex Offender Management) and Suzanne Tallarico, MA (Court Consulting Division, National Center for State Courts), published their final report “Enhancing Court and Probation Practices for Cases Involving Juveniles Who Commit Sexually Abusive Behaviors (JSAB)”. This report was the result of a two-year review which included: Probation practices & materials from all 15 counties; treatment practices, as evidenced in client files and videos of polygraph examinations. These were conducted in collaboration with the Juvenile Justice Services Division (JJSD) and the Juveniles with Sexually Abusive Behaviors (JSAB) Advisory Committee. This Report outlined the results of this extensive review and provided the JJSD with Guiding Tenets, as well as Practice and Treatment Recommendations. Several of those Recommendations were specific to the use of polygraphs with JSAB, including the following: “*In keeping with evidence-based practices, the use of the polygraph is not recommended as a tool for JSAB.*” “*The findings from a polygraph examination should not be used as the basis for – or to drive decisions about – the assessment of risk, determinations of treatment or supervision progress, probation violations, or successful completion or unsuccessful termination from treatment or probation.*”

1. Effects of the proposal:

- Juveniles referred to the juvenile court will be protected from the potential harm which may be caused by the use of polygraph as part of a treatment program
- Probation policies and procedures may need to be updated to reflect this code change
- JJSD contracts will be revised to ensure that all assessments and treatments for JSAB will be in accordance with this code and **ARS 8-350.01, B-1**, which requires that all JSAB treatment providers “*shall comply with the professional code of ethics from the association for the treatment of sexual abusers [ATSA].*” (See Exhibit B)
- The efficacy of treatment for JSAB will improve with adherence to best- and evidence-based practices as outlined by both ATSA and the NCSC/CSOM Report

2. Significant new or changed provisions:

- No code previously addressed the use of polygraphs with juveniles

3. Committee actions or comments:

- A draft version of this code, substantially similar¹ to this language, has been approved by the Juvenile Administrators and the Committee on Probation. It is scheduled for presentation to the Committee on the Juvenile Courts (COJC) on October 31, 2019.
- A modified version of the Code was posted on October 18, 2019 for comments. Comments closed on October 28, 2019 at 5:00pm. There were 69 views; no comments were received.

4. Controversial issues:

- None known at this time.

5 Recommendations: Recommend approval

¹ Language presented to the Committee on Probation (COP) was as follows: “n. Ensure that any administration of a polygraph examination on a juvenile shall only occur after obtaining written approval by a judicial officer of the juvenile court.” In contrast, the language currently provides as follows: “n. Ensure that, as part of a treatment program, any administration of a polygraph examination on a juvenile referred to the Juvenile Court shall only occur after obtaining written approval by a judicial officer of the juvenile court.”

ATSA ADOLESCENT PRACTICE GUIDELINES (2017)

<http://www.atsa.com/practice>

The following quotes are from the above most recent (2017) ATSA Adolescent Practice Guidelines for all ATSA members.

Page 1, General Expectations

...In support of these goals, the Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents who have engaged in sexually abusive behavior (2017 Adolescent Practice Guidelines) provide guidance to practitioners and others who work with adolescents who have sexually abused or are at risk to abuse. ATSA members agree to abide by these guidelines and integrate them into all practice and programmatic decision-making.

Page 4, Intended Scope, Applicability, and Intended Use

The ATSA Adolescent Practice Guidelines are grounded in scientific evidence, sound general practice principles, and accepted ethical standards in an array of relevant areas including, but not limited to, child and adolescent development, neuroscience, sociology, criminology, and clinical and forensic psychology....

Page 5, Sexual Abuse as a Public Health Issue

Studies from the past 15 years have found the reported mean sexual recidivism rate to be approximately 2.75%. Research shows sexually abusive behavior in adolescents rarely persists into adulthood.

EXHIBIT A

A.R.S. 8-350.01

The following statute requires that JJSD treatment providers abide by the code of ethics from ATSA. All JJSD contracts require this adherence as well.

8-350.01. Youth sex offenders; treatment; definition

A. If the court or the adult or juvenile probation department places a sex offender in a sex offender treatment program, the treatment provider or, if the treatment is provided by the state department of corrections or the department of juvenile corrections, the state department of corrections or the department of juvenile corrections shall place the offender in a treatment program with similar offenders of a similar age and developmental maturity level, if group treatment is prescribed by the treatment provider.

B. A mental health treatment program that a sex offender is required to participate in by a court, an adult or juvenile probation department, the state department of corrections or the department of juvenile corrections:

1. Shall comply with the professional code of ethics from the association for the treatment of sexual abusers. [ATSA]

2. Shall not include the use of images that are in violation of title 13, chapters 35 and 35.1.

C. For the purposes of this section, "sex offender" means a person who is twenty-one years of age or younger who is adjudicated delinquent for or convicted of an offense that involves a violation of title 13, chapter 14 or 35.1 and that does not involve the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.

EXHIBIT B

ATSA PROFESSIONAL CODE OF ETHICS (2017)

https://www.atsa.com/Public/Ethics/ATSA_2017_Code_of_Ethics.pdf

The following quotes are from the above most recent Code of Ethics (2017) for all ATSA members and outlines the role of the ATSA guidelines with respect to the overall ATSA Code of Ethics.

Introduction – page iii

The Code of Ethics complements the ATSA Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers (2014) as well as the ATSA Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior (2017). Ethical violations may arise from failure to adhere to the best practices established in any of these professional guidelines.

Page 5, 2(k)

ATSA may consider deviations from the ATSA Adult Practice Guidelines and the ATSA Adolescent Practice Guidelines an ethics violation except to the extent that a guideline conflicts with applicable laws or professional regulations that pertain to a Member's practice.

Page 18: Upholding Values

As a condition of ATSA membership, Members indicate their consent to abide by ATSA's Code of Ethics, as well as the ATSA Adult Practice Guidelines and the ATSA Adolescent Practice Guidelines, when they sign the membership application. Members are bound to uphold this Code of Ethics in all respects of professional practice. Complaints regarding Members' conduct under this Code of Ethics are measured against the privilege of continued membership in ATSA.

EXHIBIT C

ARIZONA CODE OF JUDICIAL ADMINISTRATION

Part 6: Probation

Chapter 1: General Administration

Section 6-105.01: Powers and Duties of Officers Evidence-Based Practices

A. through D. [No change.]

E. Duties of Probation Officers.

1. and 2. [No change.]

3. Juvenile probation officers shall also:

a. through m. [No change.]

n. Ensure that, as part of a treatment program, any administration of a polygraph examination on a juvenile referred to the juvenile court shall only occur after obtaining written approval by a judicial officer of the juvenile court.

F. [No change.]

OUT-OF-HOME CARE: Least Restrictive to More Restrictive
Language is based on current Az. Dept. Health Services & Dept. of Child Safety Licensure
Diversion Juveniles are not eligible for Out-of-Home Care

Shelter Care

These facilities provide non-secure, short-term temporary or emergency out-of-home care in a safe environment.

Licensed Group Home

These facilities provide psycho-education and behavioral interventions in a group home setting for youth who do not have mental health or substance use disorder symptoms, as clinical treatment is not part of this service.

Intensive Behavior Modification Group Home

This service provides a short term very structured group home living environment with intensive behavioral modification interventions for youth who do not have mental health or substance use disorder symptoms, as clinical treatment is not part of this service. The focus is to prepare youth for re-unification with the family unit.

Behavioral Health Residential Treatment Facility:** Mental Health

These facilities provide counseling interventions in a residential therapeutic setting for youth with mental health symptoms and behavioral concerns, whose needs cannot be met by intensive outpatient, office, or in-home services

Behavioral Health Residential Treatment Facility:** Domestic Violence

These facilities provide counseling interventions in a residential therapeutic setting for youth with a primary presenting problem of domestic violence in the family; who may have mental health and behavioral concerns; and whose needs cannot be met by intensive outpatient, office, or in-home services

Behavioral Health Residential Treatment Facility:** Family Intervention / Reunification Program

These facilities provide short-term (typically 30 days or less) family intervention / crisis intervention counseling services in a residential therapeutic setting, when the needs of the youth / family cannot be met by intensive outpatient, office, or in-home services. The focus is to work with the youth and the family with the goal of re-unification. This service can also be used as a step-down service from a more restrictive environment.

OUT-OF-HOME CARE: Least Restrictive to More Restrictive
Language is based on current AZ Dept. of Health Services & Dept. of Child Safety Licensure

Behavioral Health Residential Treatment Facility^{**}: Substance Use Disorder

These facilities provide counseling interventions in a residential therapeutic setting, for youth with a primary presenting problem of substance use disorder, may include mental health symptoms and behavioral concerns, and whose needs cannot be met by intensive outpatient, office, or in-home services

Behavioral Health Residential Treatment Facility^{**}: Sexually Abusive Behaviors

These facilities provide counseling interventions in a residential therapeutic setting, only for youth adjudicated for sexually abusive behaviors, and whose needs cannot be met by intensive outpatient, office, or in-home services.

**Behavioral Health Residential Treatment Facilities are licensed to provide clinical / counseling services in a therapeutic setting but are not intended to address acute or unmanaged symptoms of mental health, psychiatric, or substance use disorders.

OUT-OF-HOME CARE: Most Restrictive, Highest Level of Need
Language is based on current AZ Dept. of Health Services

Behavioral Health Inpatient Facility: Mental Health

These are Inpatient Facilities, licensed for the highest level of care ~ provides psychiatric, psychological, and behavioral interventions for youth who have significant mental health symptoms which interfere with their functioning, rendering them unable to manage themselves in a less restrictive setting. Twenty-four hour on-site medical services are a requirement.

Behavioral Health Inpatient Facility: Sexually Abusive Behaviors

These are Inpatient Facilities, licensed for the highest level of care ~ provides psychiatric, psychological, and behavioral interventions to address sexually abusive behaviors and significant mental health symptoms which interfere with their functioning, rendering them unable to manage themselves in a less restrictive setting. Twenty-four hour on-site medical services are a requirement. Only juveniles adjudicated for sexually abusive behaviors qualify for this service.

Behavioral Health Inpatient Facility: Substance Use Disorder

These are Inpatient Facilities, licensed for highest level of care ~ provides psychiatric, psychological, and behavioral interventions for youth with a primary presenting problem of substance use disorder, may include significant mental health symptoms or severity of addiction which interferes with their functioning, rendering them unable to manage themselves in a less restrictive setting. Twenty-four hour on-site medical services are a requirement.

Matrix Stakeholder Rollout Schedule February/March 2020

- I. Central Region Rollout- Hosted by PINAL COUNTY
 - **Wednesday, February 26th, 2020**
 - Florence, AZ- 8:00am-11:00am
 - **COUNTIES: Pinal, Gila, Cochise, Graham, Greenlee**

- II. Southern Region Rollout- Hosted by PIMA COUNTY
 - **Wednesday, February 26th, 2020**
 - Tucson, AZ – 1:30pm-4:30pm
 - **COUNTIES: Pima, Yuma, Santa Cruz**

- III. Northern Region Rollout- Hosted by COCONINO COUNTY
 - **Thursday, March 5th, 2020**
 - Flagstaff, AZ – 1:00pm- 4:00pm
 - **COUNTIES: Coconino, Mohave, Navajo, Apache, Yavapai, La Paz**

- IV. Maricopa County Rollout- Hosted by MARICOPA COUNTY
 - **Friday, March 6th, 2020**
 - Phoenix, AZ- 9am-12pm
 - **COUNTY: Maricopa**

