

Iberia Parish  
Family Focused Juvenile Drug Court

A Drug Court Treatment Program

In and for the

16<sup>th</sup> Judicial District Court  
Parish of Iberia  
New Iberia, Louisiana



Policy & Procedure Manual

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## INTRODUCTION:

Only a few years ago a juvenile with substance abuse charges might be one of a group of kids caught smoking marijuana with friends behind the local convenience store, with a few joints in a backpack for the friends. Today, the juvenile judge is more often faced with a 13 or 14 year old arrested with \$1,000 in his pocket and 10 rocks of crack cocaine to distribute. With this change in youthful offenders, a more complex set of sanctions and treatment options are required by the Juvenile Court. For success with this population of juveniles, the interventions such as counseling or tutoring that are often utilized with low-level juvenile offenders must be greatly supplemented.

Treatment for the substance-abusing delinquent must involve the long-term, intensive approaches used with adult substance abusers. But juveniles are usually still a part of a family, which is also likely to be composed of substance abusers and/or adult drug offenders. Juvenile Court judges have long been aware of the importance of working with the entire family of the substance abusing juvenile during the juvenile court process, but have lacked both the sanctions and treatment options to address the needs of the family. With the adult drug offender, treatment, relapse prevention, and rehabilitative services are focused on getting the offender out of his substance-abusing criminal lifestyle, into a job and away from his criminally oriented peers. But when it comes to juvenile offenders, the judge may send a fourteen-year-old to Gateway Treatment Center in Alexandria for three months, and to a halfway house in New Orleans for another six months, where he may remain drug-free. Eventually, however, he will have to return to his family, some members of which abuse drugs or alcohol, and to his neighborhood where he is likely to associate with the same peers as prior to treatment and start the cycle of abuse and criminal behavior all over again.

To have any chance of success with juvenile substance-abusing offenders, the Juvenile Court requires additional options. To deal effectively with the juvenile offender and his family, the Court requires supervision of both the juvenile and his family throughout the treatment process and a treatment provider that will work with offenders and their family on a daily basis. Legislation in Louisiana that created the Families In Need Of Services (FINS) Program, which allows the Juvenile Court to lay down rules with the entire family about treatment provides the tool for supervision of families.

## MISSION STATEMENT

It is the belief of the Family Focused Juvenile Drug Court (FFJDC) that the adolescent criminal justice population has a substance abuse problem, which is a primary factor in the causation of Juvenile crime within Iberia Parish and the 16th Judicial District of Louisiana. The Iberia Parish Juvenile Drug Court Clinic will

provide intensive outpatient substance abuse treatment to the adolescent and their family.

## PROGRAM PHILOSOPHY

Alcoholism and drug dependency are regarded as diseases with multiple causation, which may involve emotional, physiologic, environmental and maladaptive factors. The Iberia Parish Juvenile Drug Court Clinic is an outpatient program for the rehabilitation and reunification of chemically dependent adolescents and their families who are referred by the 16th Judicial District Court. **The philosophy of the program is that, utilizing appropriate adaptive mechanisms, availing oneself of the resources of family, friends, community and treatment, and also structuring a suitable recovery environment, all people would be capable of living free from abuse or dependency of alcohol or other drugs.** The Iberia Juvenile Drug Court Clinic is designed to mentally and emotionally rehabilitate most patients within a treatment period structured to meet their individual needs so that they should be able to successfully participate in outpatient treatment free from alcohol or other drugs. The treatment modalities used to accomplish this is the concept similar to the methods used by most other recognized programs for substance abusers. Involved is the utilization of group, individual and family therapy, the self-help programs of AA/NA and case management in a structured and disciplined environment.

## GOALS & OBJECTIVES 2011-2012:

### Administrative Goals

Goal 1: To maintain a contract with SECON Drug Screening Company to provide urine screening services.

Objective 1: This service will be utilized to handle all urinalysis testing for the facility

Objective 2: Continue to provide services in keeping with OAD Licensing

Requirements and all regulations set forth by funding sources.

Goal 2: Continue participation in the Mentor Court Program through the National Association of Drug Court Professionals.

Objective 1: The Program Director will be responsible for the training of visitors from other programs as well as representation at national conferences.

Objective 2: Program will participate in the Mentor Court Showcase at the annual training conference for the National Association of Drug Court Professionals.

Goal 3: Continue to work with the Supreme Court Drug Court Office in the development of the statewide drug court MIS system.

Objective 1: The facility will provide support with the testing of the system and provide feedback.

### **Fiscal Goals**

Goal 1: To continue to research funding opportunities.

Objective 1: Work closely with grant coordinator to maximize grant-awarding potential in both the public and private sector.

Goal 2: To continue a cost reimbursement contract with The Iberia Parish Council to administer funds appropriately.

Objective 1: Work closely with Finance Director for Iberia Parish.

Goal 3: To improve cost effectiveness of program by working closely with purchasing and accounting to monitor all expenses.

Objective 1: The Administrator will have monthly contact with the director of finance to monitor all accounts.

### **Personnel Goals**

Goal 1: To enhance in-house training and supervision of all clinical staff.

Objective 1: A primary focus of the Program Director will be supervision and training of clinical staff.

Goal 2: Provide resources for additional training such as workshops and conferences.

Goal 3: To continue to support all counseling staff in their efforts to become licensed and or certified.

### **Treatment Services**

Goal 1: Achieve an active caseload, which fulfills the number of slots allotted by the Supreme Court Drug Court Office.

Objective 1: This caseload can be served with current staff.

Goal 2: To establish and on-going consultation relationship with a Psychologist for client evaluation, medication management, and follow-up care.

Objective 1: This service will be utilized for those clients who evidence a need for further mental health evaluation and treatment.

Goal 3: To follow the Supreme Court Drug Court Program policies and procedures.

Objective 1: To implement Supreme Court Program Policies and procedures by next fiscal year.

## Prevention / Education Services

Goal 1: Provide educational sessions to local high schools and other community programming which request speakers.

Goal 2: To support and enhance the growth of the Louisiana Association of Drug Court Professionals organization.

Objective 1: Encourage staff to become members.

Objective 2: To attend meetings and conferences held by the organization.

### DESCRIPTION OF THE FAMILY-FOCUSED JUVENILE DRUG COURT

The Iberia Parish Juvenile Drug Court's treatment model was developed in conjunction with the adolescent and family treatment team at St. Mary Parish Juvenile Drug Court. Realizing that the family plays an essential role in the development of adolescents, St. Mary Parish Juvenile Drug Court focuses on the family system rather than individual dynamics. That is, most of the counselor's focus is on the family unit rather than the targeted juvenile. As a result, this model is **Family-Intensive**. Iberia Parish has adopted this model.

All families in the Family-Focused Juvenile Drug Court have chosen to enter the program in lieu of their son or daughter going to jail for some juvenile offense. Some families enter the program eager to receive assistance; others view the program as an inconvenience and an invasion of their privacy. These families view drug court as the lesser of two evils. With this in mind, it is no wonder that there exists a great deal of resistance and hostility from not only the adolescents, but from their parents, who often plea innocence and blame their children for having to participate in the program. This in turn places even more pressure on an already overwhelmed adolescent manifesting in even more negative behaviors.

This cycle of blame and resentment has played a large part in the circumstances that present themselves when the family has reached this point. For this reason, counselors in this model focus on process rather than content dynamics; that is, *how* the family communicates rather than *what* they are communicating. This is the key tool in getting families to become healthier in their interactions with each other and with others outside their family system. Structured family therapy is utilized as it emphasizes organizational issues. Short term, interpersonal goals designed to reduce negatives in the family system are established with full input from all family members. Typical goals include correcting dysfunctional roles by putting parents in charge of their children and identifying subsystems that exist within the family. Other goals attempt to alter the faulty family structure by modifying the way each member relates to the other. These goals are kept simple and are stated in plain language that even

the youngest family member can understand. Goals focus on the present and use direct, indirect and paradoxical directives. At no time is a goal established that sets the family up for failure.

No model of family therapy can encompass all the problems a family will face as it grows and changes. This model is designed to provide each family with a repertoire of tools and coping skills it can use to best handle a given situation. There will be setbacks, arguments, parent-child tug-of-wars, etc. These are inevitable and exist in even the healthiest of households. This model focuses on altering the family only as much as needed to allow it to maintain itself without the use of the presenting problem. In this sense, the model is labeled **Realistically Structured Therapy**.

#### CRITERIA FOR PARTICIPATION IN THE JUVENILE DRUG COURT PROGRAM INCLUDE:

- 1) Possession of small amount of drugs or paraphernalia
- 2) No evidence of substantial drug dealing
- 3) No pattern of chronic violent offenses
- 4) No sex offenders
- 5) Between the ages of 13 and 17 years old

#### CASE PROCESSING:

##### *Referral*

Referrals from any one of the following sources: local city court jurisdictions, Iberia Parish F.I.N.S. (Family in Need of Services), or the 16<sup>th</sup> Judicial District Court. The Iberia Parish Juvenile Drug Court and the District Attorney's Probation Department then screen all referrals for eligibility.

##### *Screening*

See case processing model and screening packet in appendix 1.

##### *Plea Agreement*

The District Attorney's Office and the Public Defender's Office in the 16<sup>th</sup> Judicial District have designed a plea agreement which clients sign before entering the program. The District Attorney has used great discretion in the eligibility of

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program applicants in the Program and can be expected to make recommendations for sanctions that are fair and show a willingness to give each participant an opportunity to succeed in the program. For the Family-Focused Juvenile Drug Court, one Assistant District Attorney, A.C. Elias, will handle all cases involving juveniles and their families. Recommendations will be made to the District Attorney's Office from local law enforcement agencies and other city court jurisdictions.

### *Assessment*

The Iberia Parish Juvenile Drug Court will assess all juveniles upon entrance into the Family-Focused Juvenile Drug Court. A computerized version of the Addiction Severity Index (ASI) will be administered at the time of intake. The Case Manager will review the report to determine the kinds of services each client needs, including: education, employment, mental health, vocational training, detox, inpatient treatment, treatment for family members, etc. A physical examination will be scheduled for the first week of admission to the program. From that examination, the physician and the Case Manager will make referrals for other service needs such as mental health screening, HIV testing, etc. Since juveniles require a somewhat different approach than the adult drug court client, a part of the assessment is to indicate the intensity and projected duration of substance abuse treatment services and ancillary services, such as treatment for the juvenile's family.

### *Family Focus*

Realizing that the family plays an essential role in the development of adolescents, The Iberia Parish Juvenile Drug Court focuses on the family system rather than individual dynamics. That is, most of the counselor's focus is on the family unit rather than the targeted juvenile.

Counselors focus on process rather than content dynamics; that is, *how* the family communicates rather than *what* they are communicating. This is the key tool in getting families to become healthier in their interactions with each other and with others outside their family system. Structured family therapy is utilized as it emphasizes organizational issues. Short term, interpersonal goals designed to reduce negatives in the family system are established with full input from all family members. Typical goals include correcting dysfunctional roles by putting parents in charge of their children and identifying subsystems that exist within the family. Other goals attempt to alter the faulty family structure by modifying the way each member relates to the other. These goals are kept simple and are stated in plain language that even the youngest family member can understand. Goals focus on the present and use direct, indirect and paradoxical directives.

## DESCRIPTION OF FAMILY-FOCUSED JUVENILE DRUG COURT TEAM

**The Judge** is the “leader” he oversees the entire program. He works with all other players from admission to discharge. He monitors progress of clients, meets with clients on a regular basis at status hearings. The frequency of those meetings is as follows:

Phase I	Weekly
Phase II	Bi-Weekly
Phase III	1x / 3 Week period
Phase IV	Monthly

Status hearings are held each Wednesday afternoon at 5:30 P.M. to allow attendance of clients without the disruption of school. The Judge has the final word on all sanctions and incentives.

**The District Attorney** or Assistant District Attorney assigned to drug court meets regularly with all staff to discuss client issues. He refers all clients for admission. The ADA recommends appropriate sanctions for non-compliance. The ADA monitors probation officers and police officers to assure compliance with court procedures. The ADA attends all status hearings.

**The Public Defender** or clients' personal attorney meets with clients prior to admission to advise on program criteria and expectations. He also helps clients discern whether the program is appropriate for their particular case. He advises clients regarding the consequences of failure to complete the program. The Defender is present at the time of pleading and revocation. The Defender also addresses legal issues should they arise during a client's participation.

**The Probation Officer** screens all candidates and makes referrals for assessments by the treatment provider. Once clients are admitted, probation collects all fees due to the court, monitors any sanctions rendered by the court, i.e.: community service. The probation officer meets weekly with treatment staff to monitor client participation. The officer is available daily should problems arise. The officer is assigned exclusively to the drug court program. The officer reports to the court on a regular basis concerning status of clients and attends all status hearings.

**The Police Liaison** acts as a conduit between the court and treatment provider, working with all parties to assure client compliance. The Officer works closely with the Judge, relaying information obtained in the field such as; client's home environment, work environment and places frequented by the client that may constitute an obstacle to maintaining sobriety. The liaison also follows up on any

bench warrants issued and communicates daily with all community police agencies to monitor any re-arrests of participants.

**The Administrator** is responsible for the treatment component of the program. The Administrator supervises the Program Director and all administrative functions of treatment for the 16<sup>th</sup> Judicial District Court including financial and budgetary responsibilities. The Administrator establishes policy and procedure in accordance with the Louisiana Supreme Court.

**The Program Director** is employed by the treatment provider, and reports to the Administrator. The Director is responsible for the day-to-day operations of the Clinic including the training and supervision of all counseling staff. The Director is also responsible for the supervision and training of the drug testing component as well as the case management staff. The Director attends all staff meetings and status hearings. The Director directs activities and reporting to ensure quality care to all clients.

**The Counselor** is responsible for facilitating the client's recovery through family focused outpatient treatment. The treatment will include education on drugs of abuse, chemical dependency, and relapse prevention. The methods use will include individual counseling and psycho educational group sessions, as well as parent education sessions. The Family Intervention Specialist will be responsible for maintaining accurate and complete case records on each client. He will attend status hearings and make recommendations to the court with regard to appropriate sanctions and incentives and phase advancements.

**The Case Manager** is involved in screening clients for admission and once accepted, begins to address client needs for ancillary services. These services include; medical educational and employment needs. They may also include detox and / or inpatient treatment. The Case Manager also follows up on the status of clients when referred to other facilities. The case manager also prepares reports and maintains client records relating to school and medical testing. The Case Manager is responsible for compiling all of the data that is presented at each status hearing. This status report lists each person on that day's docket, what happened at the last court appearance, what the current status of the client is in treatment, recommendations based on clients' participation and tracks what happens at the current status hearing. This report is given to the Judge, the ADA, Probation, and Treatment. The report is used in the staff meeting prior to the status hearing (pre-status conference).

**The Support Staff** includes Clerical Staff, Administrative Assistant, Van Driver, as well as contracted clinical support staff such as Licensed Psychologist,

Contracted Medical Director, Licensed Professional Counselors, Licensed Social Workers and Licensed Addiction Counselors.

## PROGRAM STANDARDS;FJKL;ASDFJ

### **Four Phased Program**

The first three phases last a minimum of seven months and consist of highly intensive counseling:

- Home-based counseling with Family Intervention Specialist
- Psychoeducational Groups
- Intensive Drug Testing (Adolescents and Parents)
- Parent Group Sessions
- Individual therapy sessions with adolescents and/or family members

The Fourth, or *Transition*, Phase lasts a minimum of six months and consists of monitoring, random drug testing and home visits.

### **Core Functions of First Three Phases**

Phase I - Assessment and Goal Setting

- Minimum of 8 weeks

Phase II - Structural and Behavioral Changes

- Minimum of 3 months

Phase III - Application of learned techniques

- Minimum of 2 months

### **Program Goals - Phase I**

- Produce a clearly documented plan of clinical service delivery
- Complete a comprehensive assessment of family
- Provide clearly defined expectations of family participation in the program
- Develop clear and realistic short term treatment goals

### **Services - Phase I**

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- Home-Based counseling once a week
- Adolescent Individuals weekly
- Weekly Parent Groups
- Weekly Psycho-education Groups
- Weekly Status Hearings
- Three or More Drug Screens Weekly
- Family Individuals as needed

### **Program Goals - Phase II**

- Using proven family therapy techniques, achieve identified short-term goals.
- Implement a restructured family system and practice behavioral changes.
- Reestablish responsibility specific to roles of parents and adolescents.
- Teach and establish communication and coping skills within the family.
- Identify, address, and educate family on relapse prevention techniques.

### **Services - Phase II**

- Home-Based Counseling once per week
- Adolescent Individuals weekly
- Weekly Parent Groups
- Weekly Psycho-education Groups
- Bi-Weekly Status Hearings
- Three or More Drug Screens Weekly
- Family member Individuals as needed

### **Program Goals - Phase III**

- Assess family's ability to generalize learned behaviors into home, school, and community arenas.
- Complete comprehensive assessment of educational and vocational needs of the family.
- Establish clearly developed long-term goals.
- Begin to transition locus of control back to the family.
- Slowly reduce intensity and duration of direct treatment services to the family.

### **Services - Phase III**

- Home-Based Counseling or Adolescent Individual at least once a week
- Weekly Psycho-education Groups
- Tri-Weekly Status Hearings
- Three or More Drug Screens Weekly
- Adolescent/Family Individuals as needed.

#### **Phase IV - Transition**

- Process of structured ongoing monitoring of family and adolescent functioning.
- Allows for individualized short term intensive treatment services as needed.
- Provides support of independent family functioning with continuous court supervision.

#### **Program Goals - Phase IV**

- Support family in continued use of skills developed during treatment process
- Provide support and supervision to families utilizing learned techniques and behaviors
- Achieve previously developed long term goals
- Reduce and eventually terminate treatment services to family

#### **Services -Phase IV**

- Home Visits or Adolescent Individuals Monthly (or as needed) by FIS
- Random visits from Compliance Officer (at least once bi-weekly)
- Case manager monitors school/employment weekly
- Random drug screens, at least once a week to start, then at least once bi-weekly, then monthly
- Individual sessions as needed

#### *Psychological Services*

Psychological evaluation and treatment services are made available to all appropriate clients. Dr.

Henry LaGarde, Ph.D. is contracted to provide those services.

#### *Case Management*

The Iberia Parish Juvenile Drug Court will provide case management for clients. Following completion of the intake, the Case Manager will review the computer-generated report to determine the services needed by the juvenile client.

Referrals and appointments will then be made for such services as: education, mental health, detox, or inpatient treatment. For example, when the intake and previous family history indicates a need for treatment for a juvenile's parents, the Case Manager will make the referral to the Fairview Treatment Center Inpatient Program, to Claire House if the family consists of mother and children under age 10, or to the Iberia Parish Alcohol and Drug Abuse Outpatient Clinic. Perhaps the most important aspect of case management with substance abuse clients is frequent case monitoring and communication with all parties involved. Family-Focused Juvenile Drug Court will provide case monitoring routinely. For any client who is not in compliance with the program, Fairview will communicate with the court by fax on the day of noncompliance and by telephone to provide further, in-depth details. Immediate scheduling for status hearings, bench warrants and treatment referrals will then be addressed promptly.

### *Judicial Supervision*

Status hearings are an integral part of the Juvenile Drug Court Program. These hearings give the juvenile client, the court and the treatment program an opportunity to review his or her progress. Currently, Juvenile Court in St. Mary Parish meets only twice a month, and includes a docket of delinquency, FINS, and dependency cases, with little time for the intense supervision required with substance abusing offenders. In the IPJDC Program, hearings will occur once a week in Phase I, every two weeks in Phase II, and every three weeks for Phase III and once a month for Phase IV. The Iberia Parish Juvenile Drug Court Judge, staff from the Juvenile Drug Court, and the District Attorney will appear at all status hearings, in addition to the juvenile offender and appropriate family. In addition to regularly scheduled status hearings, representatives from the judiciary, prosecution, corrections, law enforcement and treatment will meet weekly to discuss client progress and program direction. Other community organizations will attend when necessary. The Iberia Parish Public Schools, for example, make referrals to the Juvenile Court for FINS cases and will be present when at-risk juveniles have been referred for FINS.

### *Educational/Employment*

All clients will be required to attend school on a regular basis. Clients may attend traditional schools, alternative schools, or learning centers. Clients are required to obtain or be working toward their diplomas or GED certificates. School attendance and status will be monitored and reported to the judge. Students who have completed their high school requirements will be required to attend higher education classes or obtain employment. It is the client's obligation to inform their employer of their participation in the Drug Court program (both clients and their adult family members) and make necessary arrangements for court appearances, groups, meetings, etc .

### *Drug Testing*

Drug testing will follow the testing policies and procedures already developed for the Adult

Drug Court Program. Written policies and procedures are in place. All collections are

observed by trained technicians from the contracted laboratory, SECON. Ten drugs of abuse, including alcohol, are screened in addition to alcohol breath tests (Cannabis, Cocaine, Amphetamine, Barbiturates, Benzodiazepines, Opiates, PCP, Propoxyphene and Methadone). The potential also exists for additional, specialized tests for specific drugs. Each juvenile client will be tested at least three times per week during Phases I and II for the first four to six months and then twice per week until the client graduates. When test samples indicate the positive presence of drugs, the client will have the opportunity to admit or deny the use of drugs. If the juvenile makes a denial, the sample is sent to the SECON-contracted lab for confirmation. The Court is informed of positive tests and confirmation tests. If a client fails to submit or falsifies a sample, the Court will be notified by fax on the same day and a hearing will be set on the next available court date to address the problem.

### *Courtroom Procedures*

Prior to each status hearing, the drug court team will meet to discuss client performance for that period. In attendance should be the judge, DA, probation, program director, counselors, case managers, and compliance officer. At this point the judge is given a report on each client along with a recommendation for incentives or sanctions. Once in the courtroom, the DA calls each client to the stand along with that client's family members. The judge asks the client for a report of his/her progress. The judge then praises or admonishes the client and delivers an incentive or sanction. The other members of the team are available for clarification at the judge's request, but do not play a large role in the hearing. A court clerk is on hand to record the minutes of the hearing and to serve each client with a summons for their next status hearing.

### *Sanctions and Incentives*

Sanctions and incentives for behavior in the treatment program will be implemented during the status hearings to sanction non-compliance or rules violations and to reward successful progress. Sanctions available to the Juvenile Drug Court will include:

- Verbal reprimands
- Report writing
- Phase demotion
- Periods in detention
- Increased frequency of drug testing
- Attendance at self-help support meetings
- Increased length of time in Family-Focused Juvenile Drug Court

- Referral to inpatient treatment
- Termination from the program

Perhaps the most important incentive for success is the relationship with the Family-Focused Juvenile Drug Court Judge who must take on the role of cheerleader in encouraging juvenile offenders through the treatment program. Other incentives in the Juvenile Drug Court will include:

- Encouragement and praise from the judge
- Extra privileges (i.e. extended curfew)
- Advancement to the next phase
- Graduation
- Dismissal of charges

### *Graduation*

The Family-Focused Juvenile Drug Court Judge will determine graduation from the program with input from the Treatment Provider, District Attorney, Public Defender, and the Juvenile Probation Officer. All four Phase of the program must be successfully completed in order to be eligible to graduate. In addition, a minimum of three (3) months continuous abstinence / sobriety on the part of the primary client is likewise expected. The court may require all fines and restitution be paid. Although expulsion from the program will be a matter of last resort, the Judge, upon advice from the parties mentioned above, will decide. Expulsion, or revocation, can occur for any number of reasons including, but not limited to, commission of a violent crime while in program, threats made to staff or clients, and / or refusal to participate in or comply with the program.

### *Discharge Planning*

Counselors are required to complete the discharge summary form on every client discharge regardless of the type of discharge. Once a client has been selected for graduation, the counselor must meet with that client and family to complete the graduation interview as well as the relapse prevention plan. A copy of the relapse plan will be given to the client and guardian before they leave the graduation interview

## DATA COLLECTION

The Iberia Parish Juvenile Drug Court utilized the Supreme Court's web based application for data entry, the Drug Court Case Management System (DCCM). All users are issued logon ID's and passwords in accordance with Supreme Court Policy.

## QUALIFIED SERVICES ORGANIZATION

The Iberia Parish Juvenile Drug Court Clinic and the following organizations or persons have entered into a cooperative agreement to provide ancillary services for our clients.

- Iberia General Children's Center: to provide medical examinations and referrals for additional medical treatment.
- Iberia Comprehensive Health Clinic: provides medical services for clients based on their ability to pay.
- Henry LaGarde, Ph.D. provides psychological evaluation, and assists staff with training.
- SECON provides witnessed drug screen collections, analysis and consultation services.
- LA Technical College: assists clients in continuing education to obtain an associates degree.
- LA Department of Public Health: provides follow up care including medications for clients that have been diagnosed with sexually transmitted diseases, tuberculosis, hepatitis or other communicable diseases.
- City Court of New Iberia: provides referrals to the Iberia Parish Juvenile Drug Court program as well as ongoing case monitoring.
- The Iberia Parish School Board: provides basic and special educational services to clients as residents of Iberia Parish. Child Welfare and Attendance and Special Services Departments specifically work in cooperation with drug court staff in order to track client behavior, school performance, as well as accommodations of special needs.
- Gateway Adolescent Center: provides inpatient substance abuse treatment services to adolescents in the state.
- Springs of Recovery: provides inpatient substance abuse treatment services to adolescents in the state.(Greenwell Springs)
- Office of Addictive Disorders Region III: state Alcohol and Drug Abuse treatment authority.
- Louisiana Rehabilitation Services: provides rehabilitate services, assists in accessing public funds for education, as well as case management.
- 16<sup>th</sup> Judicial District Court: acts as a referral source for the Iberia Parish Juvenile Drug Court.
- The Louisiana National Guard Youth Challenge Program.

