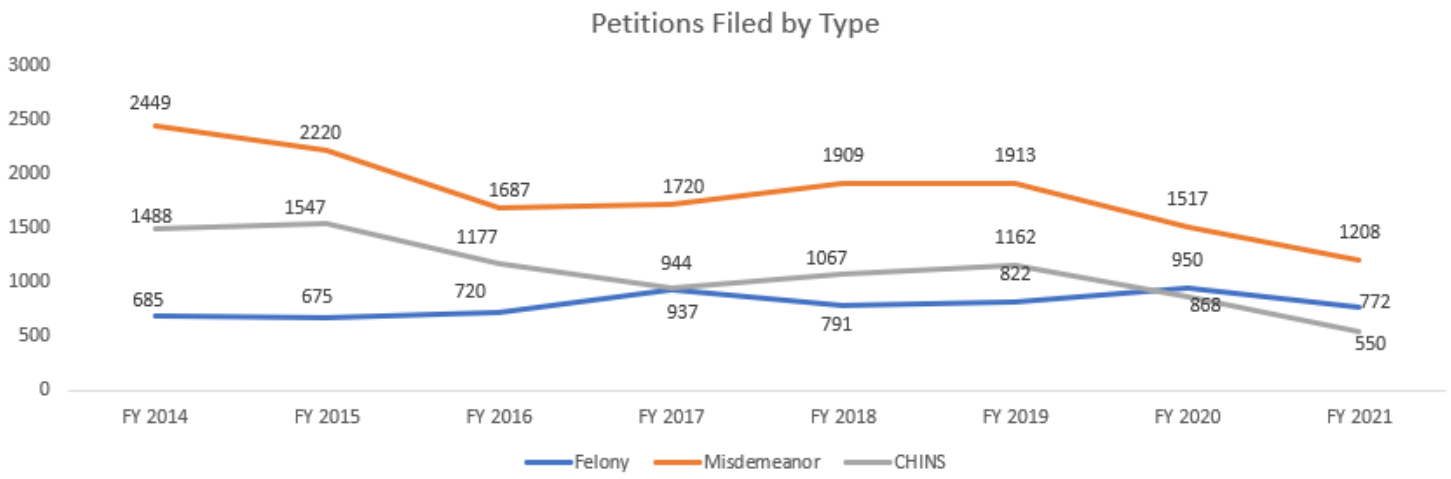
Petitions

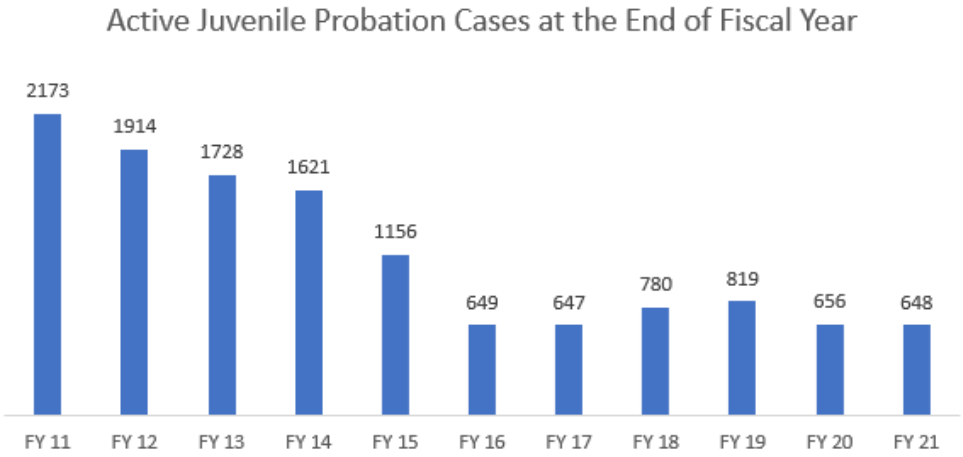


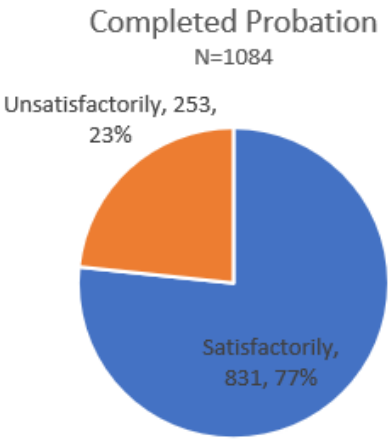
	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21
Felony Petitions Filed	686	685	720	936	790	822	950	772
Committing Felony Offenses	552	558	594	713	654	651	589	635

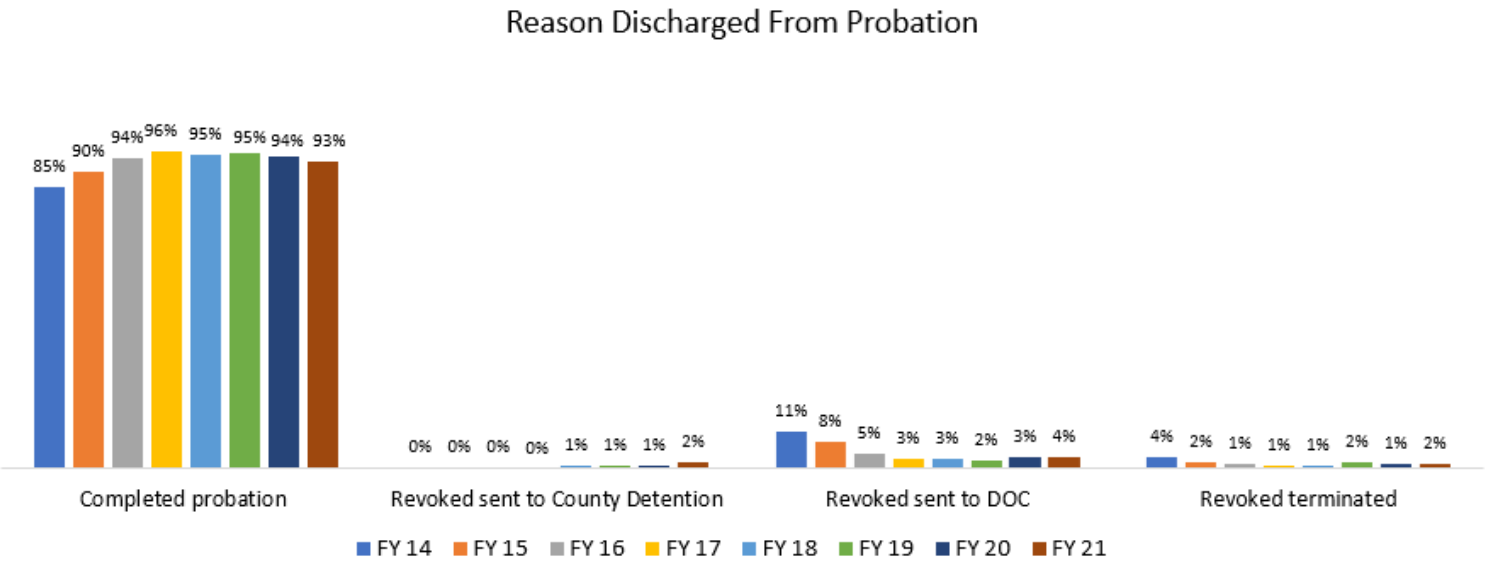
Increasing public safety is of the utmost importance to the Juvenile Justice Oversight Council. Monitoring juvenile arrest data and juvenile petition filings helps to determine if public safety goals are being achieved.

Prior to JJPSIA, a new delinquent offense committed by a youth on probation or in DOC custody may have been addressed through the revocation process and would not have resulted in the filing of a new petition. Following JJPSIA, with more targeted use of DOC commitments, and shorter probation terms, the decision to file petitions may have changed to allow increased options to address a new offense.

Probation

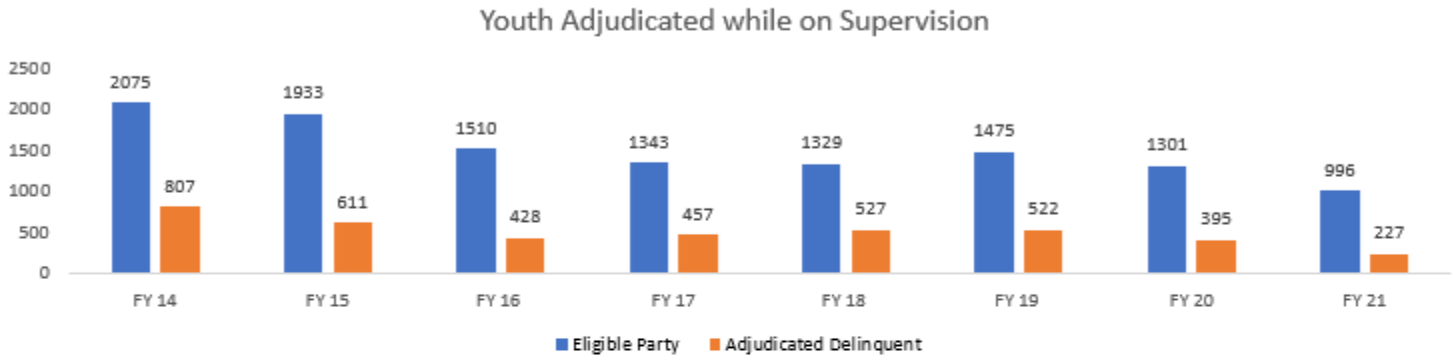

Active Juvenile Probation Cases at the End of Fiscal Year
2173
1914
1728
1621
1156
649
647
780
819
656
648
FY 11
FY 12
FY 13
FY 14
FY 15
FY 16
FY 17
FY 18
FY 19
FY 20
FY 21

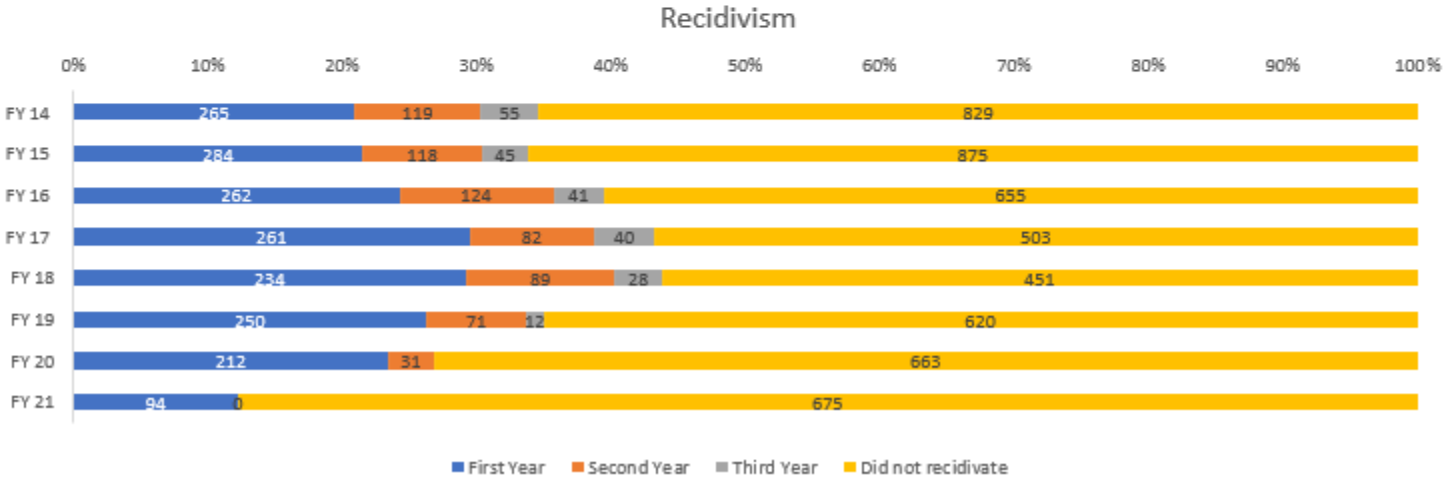

Completed Probation
N=1084
Unsatisfactorily, 253, 23%
Satisfactorily, 831, 77%


Reason Discharged From Probation
85% 90% 94% 96% 95% 95% 94% 93%
0% 0% 0% 0% 1% 1% 1% 2%
11% 8% 5% 3% 3% 2% 3% 4%
4% 2% 1% 1% 1% 2% 1% 2%
Completed probation
Revoked sent to County Detention
Revoked sent to DOC
Revoked terminated
FY 14 FY 15 FY 16 FY 17 FY 18 FY 19 FY 20 FY 21

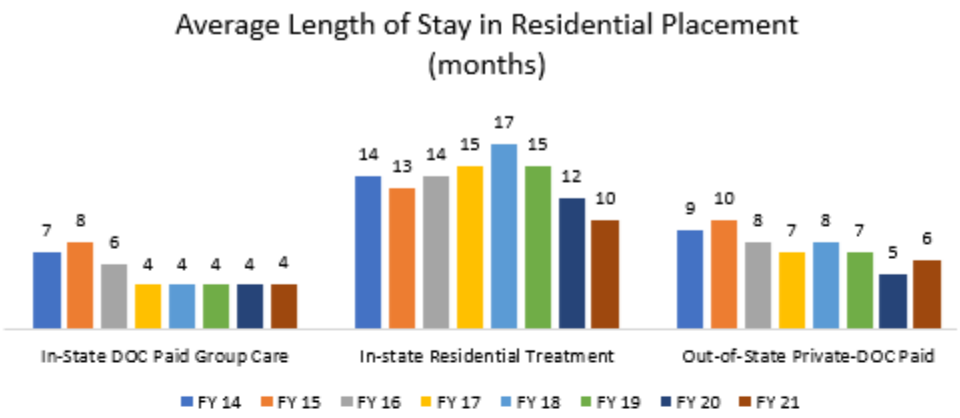
Recidivism (UJS)

Recidivism for the Unified Judicial System is defined as *"being adjudicated delinquent while on probation or adjudicated delinquent or convicted of a felony in adult court within one year, two years, or three years after discharge from juvenile probation."* SDCL 26-8D-1(5)
**Based on the definition of recidivism, the outcomes for FY 19, 20, and 21 are not final at this time.*

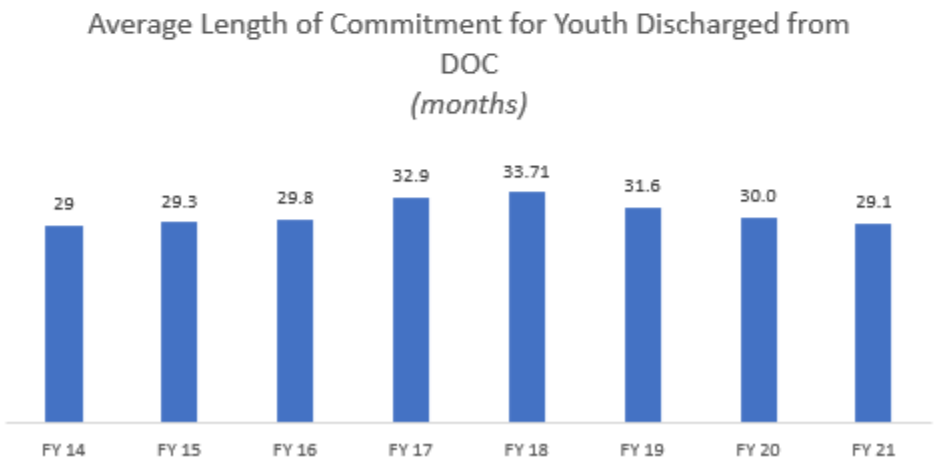




Average Length of Stay



*In-state residential includes Intensive Residential Treatment (IRT) and Psychiatric Residentia Treatment Facilities (PRTF)



Commitments to the Department of Corrections (DOC) were already in decline prior to the implementation of the JJPSIA. However, youth were found to be staying in facilities longer. Through the DOC's successful performance based contracting efforts with private providers, they have reduced their average length of stay without compromising public safety outcomes. This practice aligns with the findings of a robust body of research in that longer stays have no benefit for reduced recidivism across all program types for juveniles.

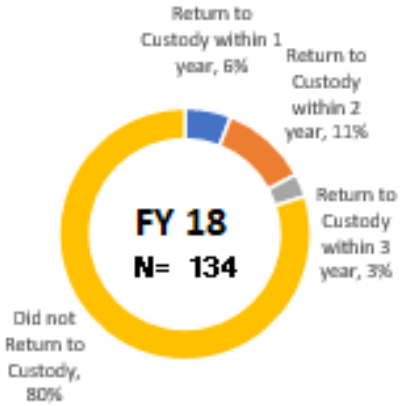
Key Takeaways:
The average length of stay for in-state DOC Paid Coup Care placements has maintained at the target goal of four months for the past five fiscal years. While very few young people in the custody of DOC are served by in-state residential treatment providers, the length of stay has decreased from a high of 17 months in FY 18 to ten months in FY 21. Out-of-state private DOC Paid placements which include both group care and psychiatric residential treatment beds increased by one month between FY 20 and FY 21.

The average length of commitment for youth discharged from DOC has fluctuated overtime. However, there was a decrease by one month between FY 20 and FY 21.

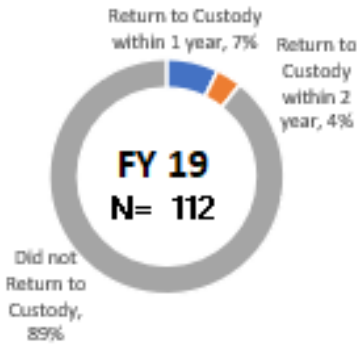
Recidivism (DOC)

The Department of Corrections (DOC) defines recidivism as a return to custody *"within one year, two years, or three years of discharge from the custody of the Department of Corrections, a juvenile commitment or conviction in adult court for a felony resulting in a sentence to the Department of Corrections"* SDCL 26-8D-1(5).

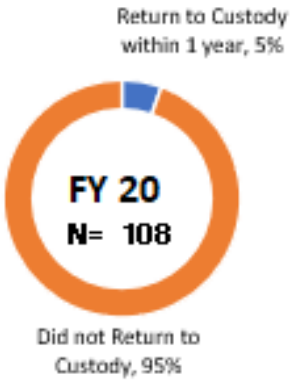
3 percent of youth returned to custody within 3 years of discharge



4 percent of youth returned to custody within 2 years of discharge



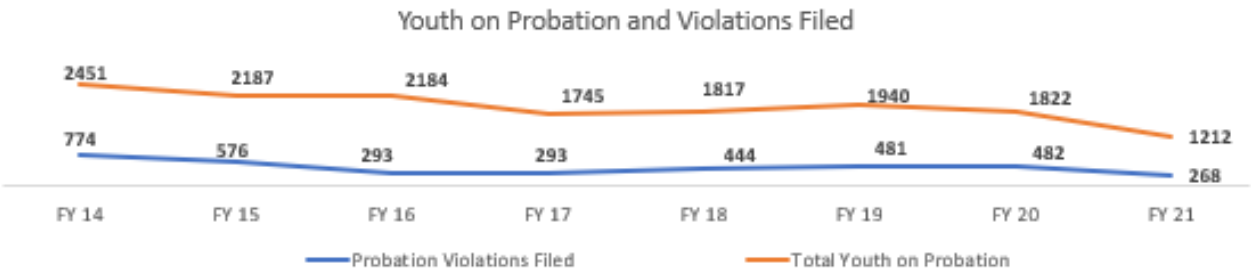
95 percent of youth discharged from DOC in FY 19 did not return to custody within 1 year

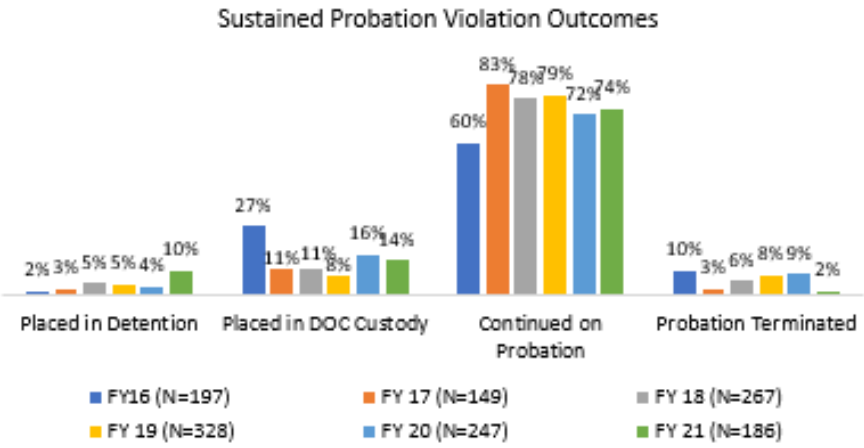


Youth on Probation

Effectively Hold Juvenile Offenders Accountable

When youth on probation are failing to show positive behavior changes and are not consistently following the rules of probation, Court Services Officers (CSOs) use available tools to appropriately respond to their behavior. A probation violation is the last resort after CSOs work with youth to problem-solve and address their needs and behavior to get the youth on a better path. Tables 10 and 11 show probation violations filed and the outcomes of the violations as decided by a juvenile court judge.





Key Takeaways

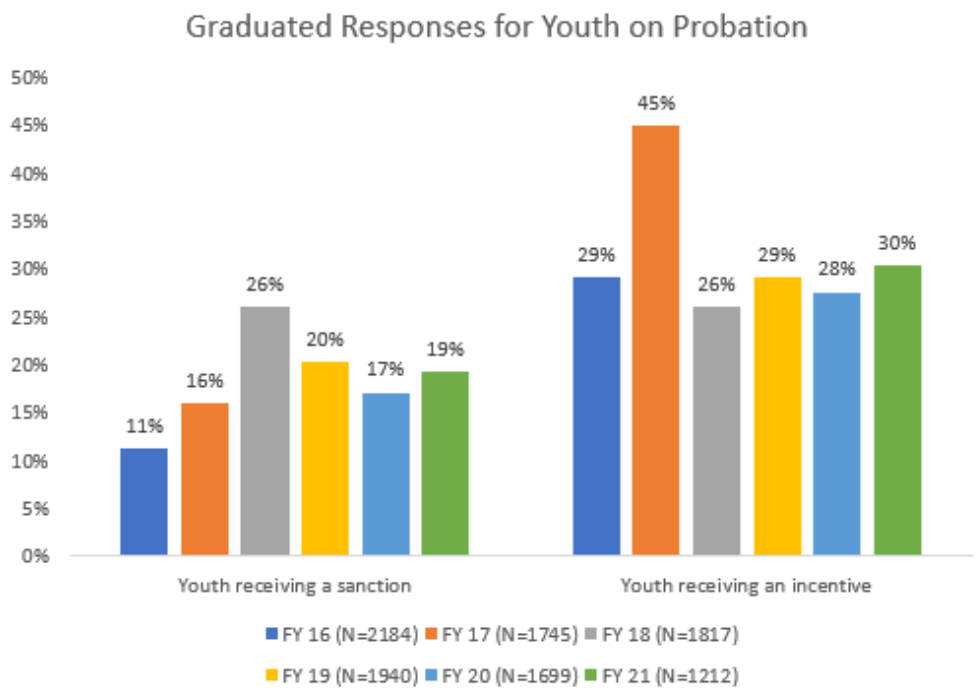
The number of youth placed on probation has been trending down for several years, and saw an additional decrease over the past fiscal year. The total number of probation violations filed has decreased.

The majority of youth who received a probation violation continued with probation.

Graduated Responses

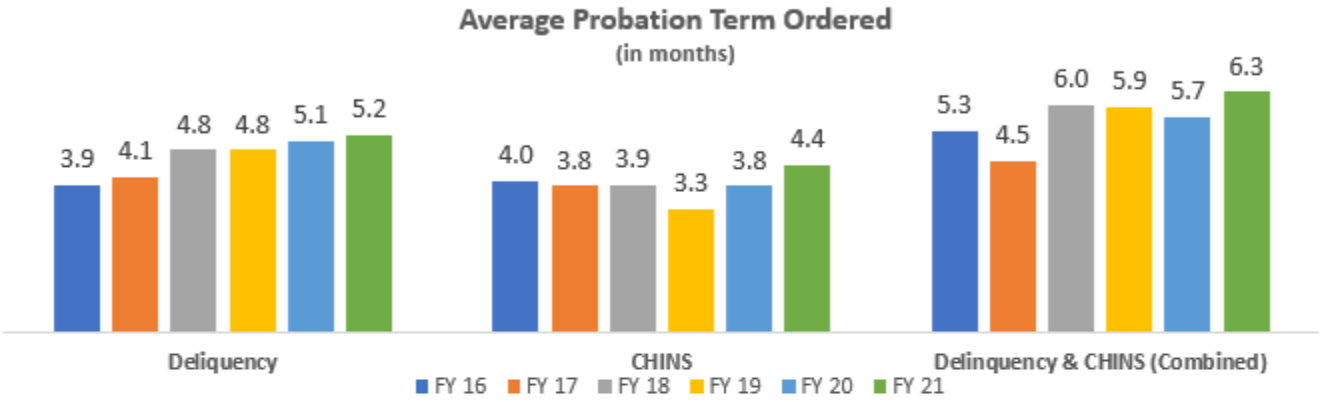
Graduated Responses
Graduated responses are the use of incentives and sanctions to encourage youth to alter their attitudes and behavior toward prosocial alternatives. The emphasis of graduated responses in supervision is skill-building and positive communication between the youth and CSO. It is important to consistently address positive and negative behaviors, but addressing the positive behaviors must outweigh the negative consequences to positively impact behavior change. Research repeatedly suggests that efforts to change juvenile behavior are most effective when they incorporate positive reinforcements that are utilized at a much higher rate than negative sanctions.*

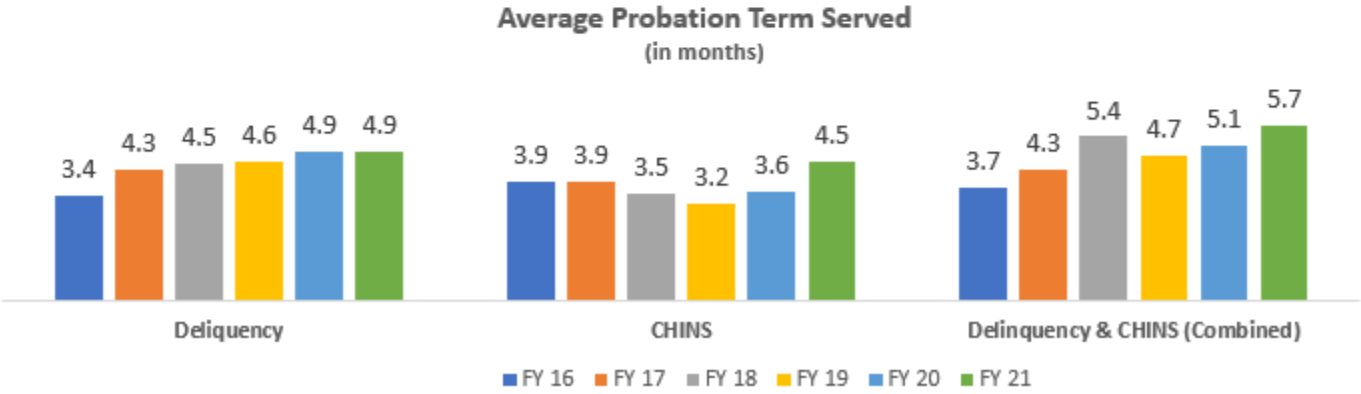
*Guevara, M. and Solomon, E. (2009). Implementing Evidence-based Policy and Practice in Community Corrections, National Institute of Corrections, US DOJ, 2nd edition.



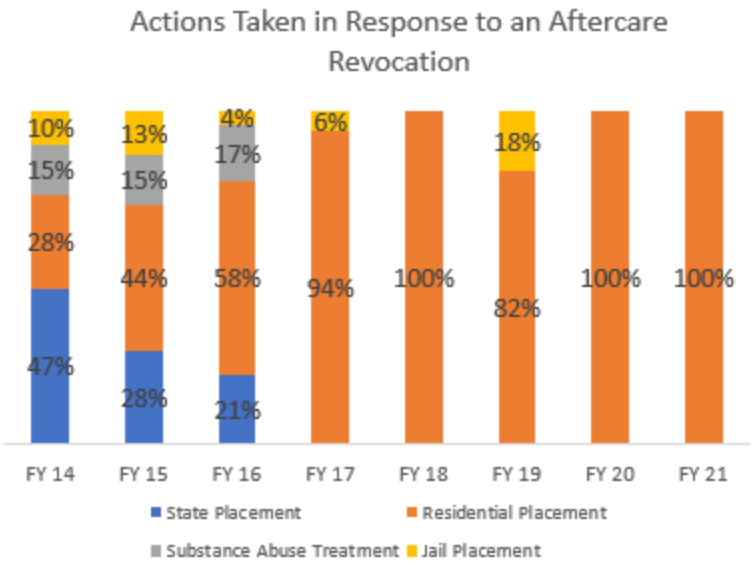
Time Ordered/Time Served

During the 2017 legislative session, guidelines for the initial term for youth on probation increased from four months to six months. If youth need more time to complete treatment, up to two extensions can be requested allowing for a total time on probation of up to 18 months. The shorter initial probation term prevents youth from being in the juvenile justice system longer than necessary and ensures that needed services are provided to the youth as soon as possible.





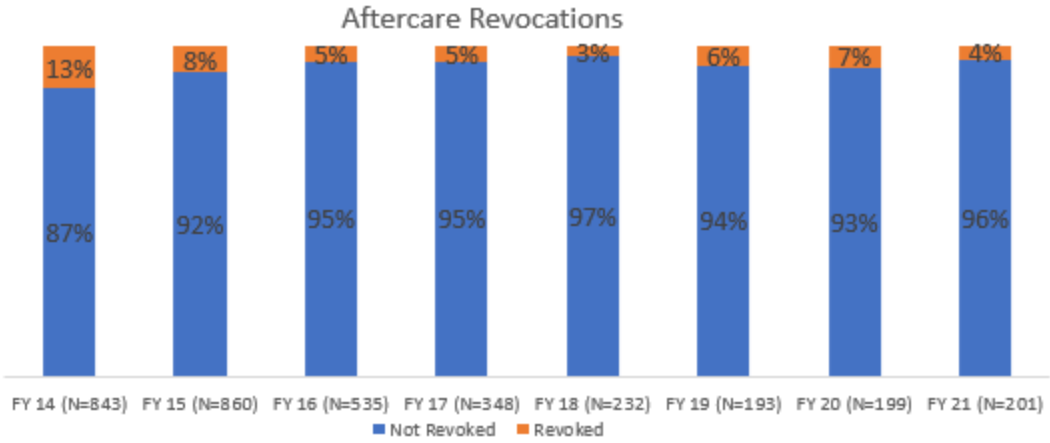
Aftercare



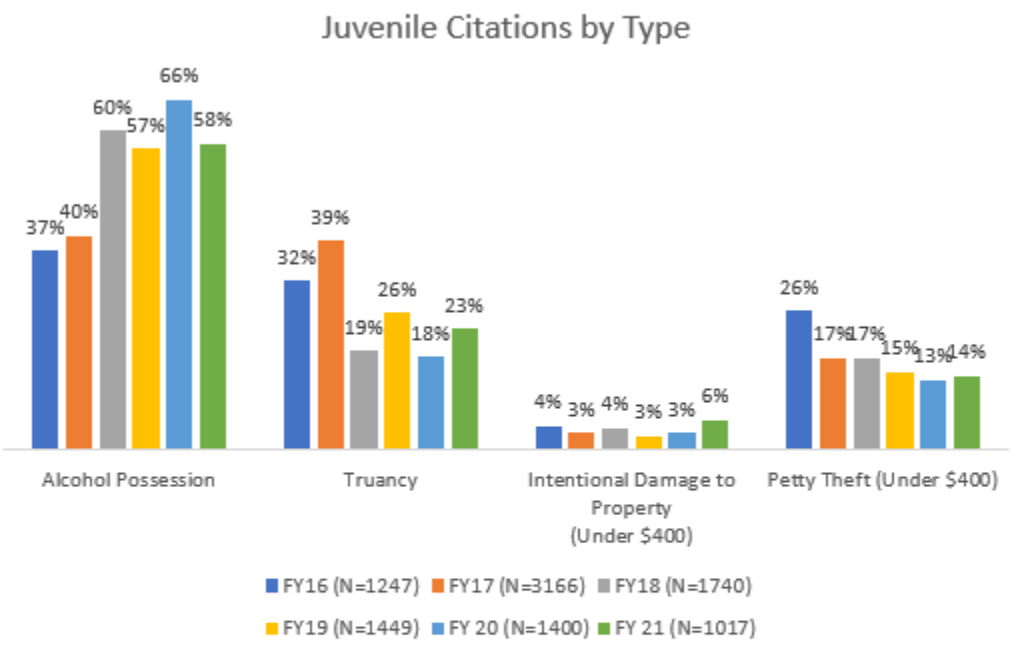
Aftercare is a conditional release to the community during which time the youth remains under DOC guardianship. Youth on aftercare are typically released home with a case plan which is an individualized service plan that targets a youth's areas of risk and need; and prepares a youth for progressively increased responsibility in the community. In addition to the supervision and monitoring systems provided by Juvenile Corrections Agents (JCAs), which stress accountability, aftercare supervision includes a combination of interventions or treatment services matched to the youth needs. JCAs use Effective Practices in Community Supervision model (EPICS), cognitive behavioral interventions and Carey Guides as intervention tools to support positive behavioral changes. In some cases, youth on aftercare are placed in Sequel Transition Academy (males) or other programs to assist with transition to the community. In some instances, despite efforts by JCAs to intervene, youth may continue to engage in illegal conduct and aftercare may be revoked.

Key Takeaways

Just 4 percent of youth on aftercare had their aftercare revoked in FY 21, a decrease from 7 percent in FY 20. Most youth, 96 percent complete aftercare supervision without a revocation event. All of the youth revoked while on aftercare were placed in a residential placement.



Juvenile Citations

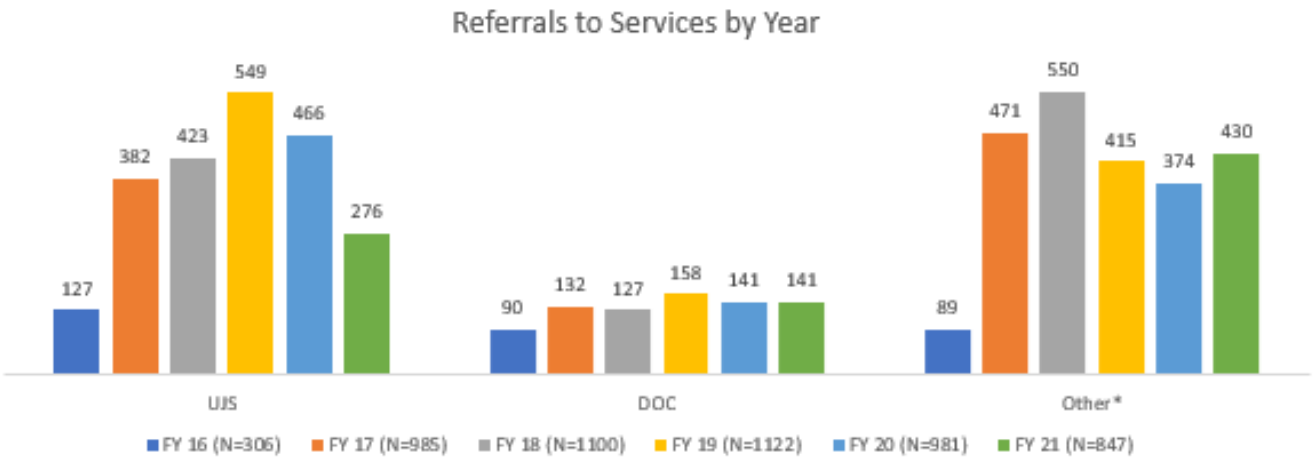


Juvenile citations were introduced in January 2016. Citations are being issued to address certain delinquency violations swiftly and certainly in the community. Youth receiving a citation may have a judgment imposed by the court requiring them to participate in a diversion program, pay a fine, or complete community service.

Referrals

Reduce Juvenile Justice Costs by Investing in Proven Community-Based Services and Preserving Residential Facilities for Serious Offenders

Research consistently shows youth placed in out-of-home placements recidivate at much higher rates than those who are treated in the community. Studies have shown that youth receiving community-based supervision/services are more likely to go to school, have employment, and avoid future delinquency. These findings emphasize the importance of keeping youth in their community and using alternative strategies to address their behavior and supervise them effectively. Since the passage of JJPSIA, the Department of Social Services (DSS) has expanded community-based services statewide to include Functional Family Therapy (FFT), Aggression Replacement Training (ART), Moral Reconation Therapy (MRT), and Substance Use Disorder (SUD) services.



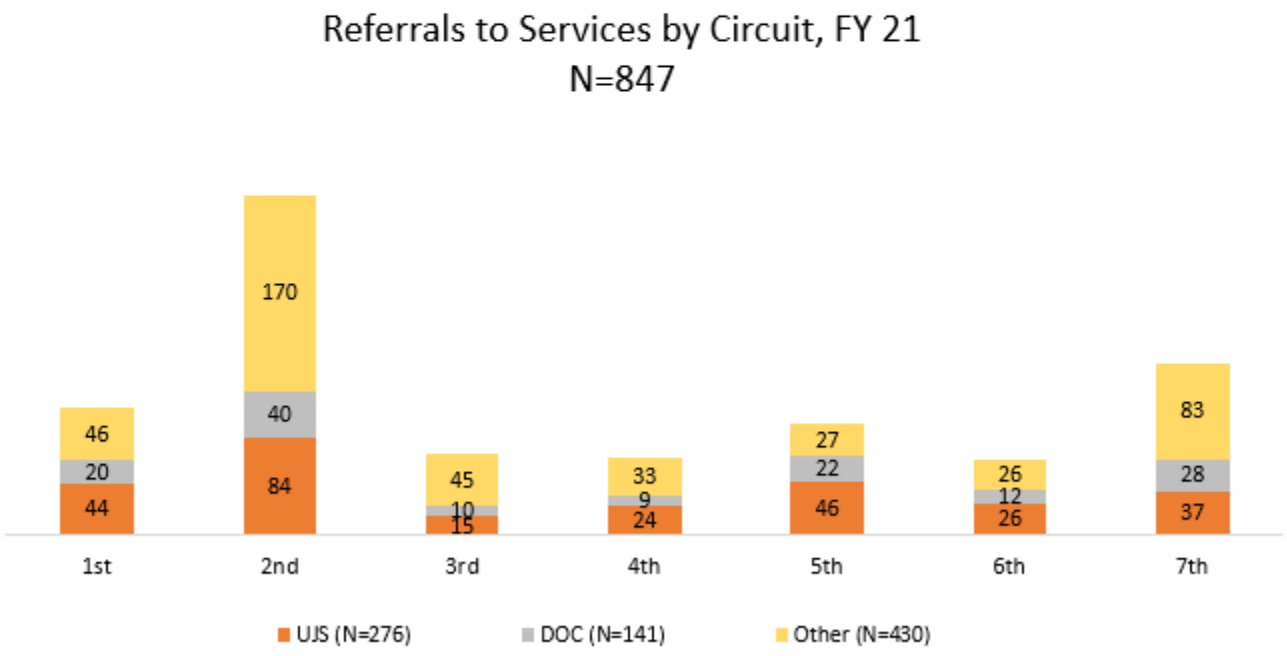
**Other includes any referral received outside of UJS or DOC, such as schools, parents, and diversion programs for youth at risk of justice*

Referrals

Referrals to community-based services come from Unified Judicial System Court Service Officers and Department of Corrections Juvenile Corrections Agents. Referrals can also come from sources such as parents seeking assistance, Child Protection Services, school districts, and internal referrals made by agencies for youth at risk of justice involvement. The graph shows the number of referrals made by each referral source by circuit in FY 21.

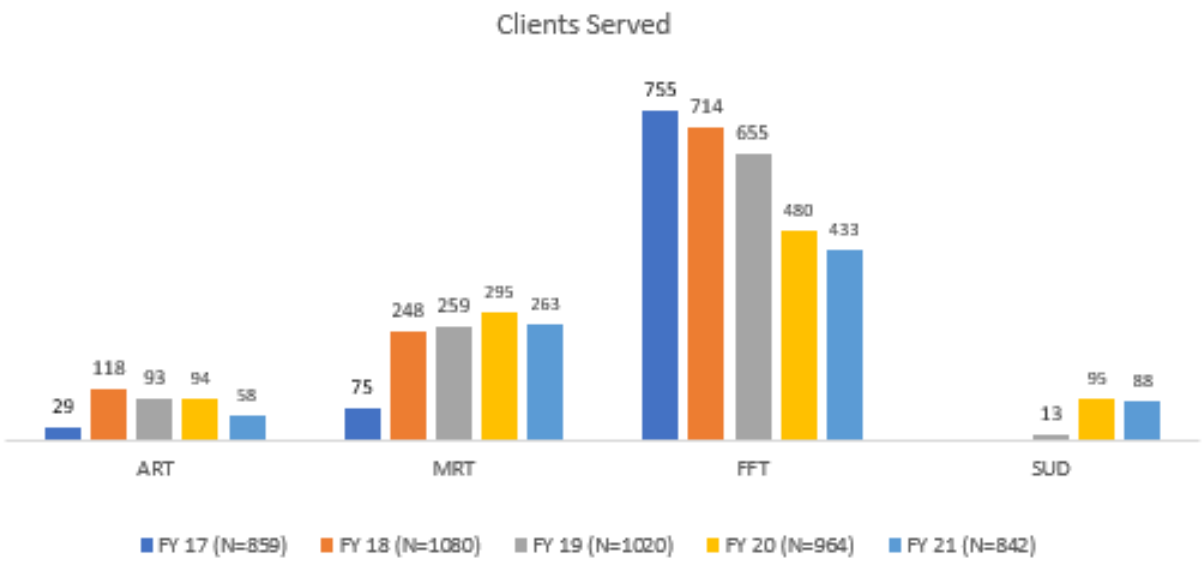
Referrals from UJS decreased by 41 percent in FY 21. Referrals from DOC remained the same, and referrals from other sources increased by 15 percent.

Overall, referrals for treatment services decreased by nearly 14 percent in FY 21.

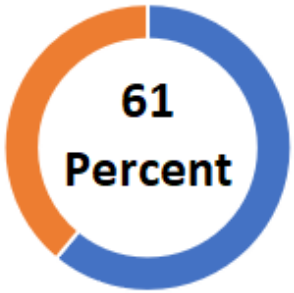


Clients Served

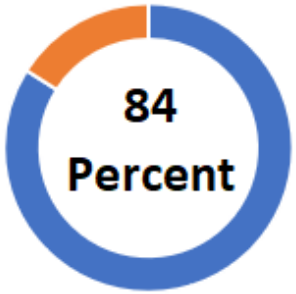
In FY 21, the number of clients served through targeted services for justice-involved youth decreased by nearly 13 percent. Some of this decrease was due to lower referral numbers, which may have been associated with COVID-19.



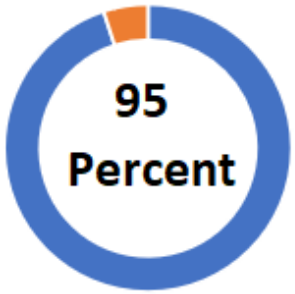
Functional Family Therapy



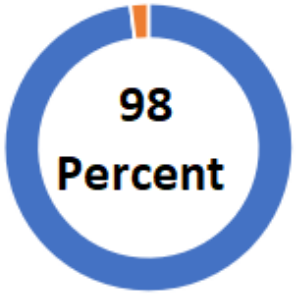
61 percent of families served successfully competed FFT, a total of 196 families.



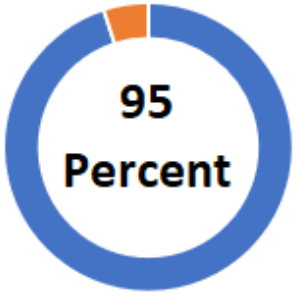
84 percent of youth and 86 percent of parents and guardians reported a positive general change in their family after FFT.



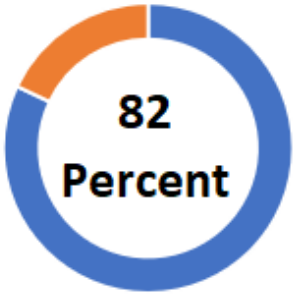
95 percent of youth were attending school or working upon completion of FFT.



98 percent of youth were living at home upon completion of FFT.

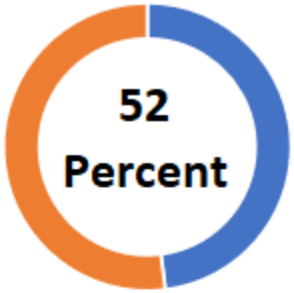


95 percent of youth and 98 percent of parents/guardians reported ease and convenience when accessing FFT services.

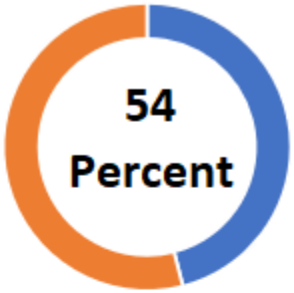


82 percent of youth and 79 percent of parents/guardians reported good outcomes as the result of FFT services received.

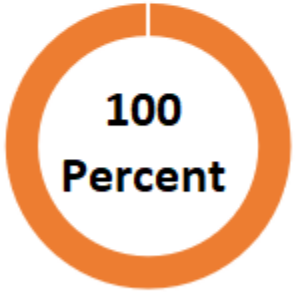
Aggression Replacement Training



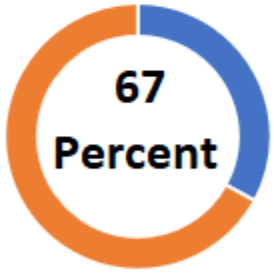
52 percent of youth served successfully completed ART, a total of 11 youth.



54 percent of youth participating in ART showed reductions in aggression, anger, and hostility.

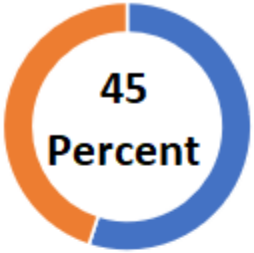


100 percent of youth and 67 percent of parents/guardians reported ease and convenience when accessing ART services.

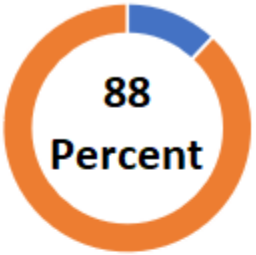


67 percent of youth and 90 percent of parents/guardians reported good outcomes as the result of ART services received.

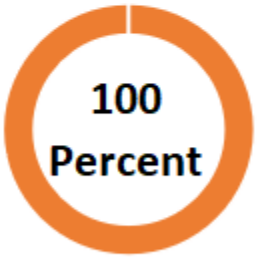
Moral Reconation Therapy



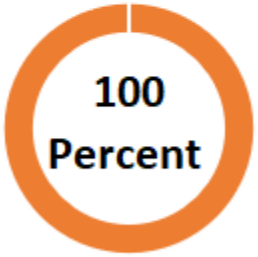
45 percent of youth successfully completed MRT, a total of 36 youth.



88 percent of youth participating in MRT showed a reduction in criminal thinking.



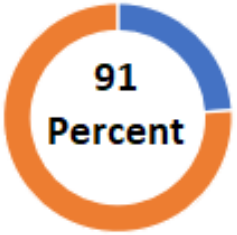
100 percent of both youth and parents/guardians reported ease and convenience when accessing MRT services.



100 percent of youth and 95 percent of parents/guardians reported good outcomes as the result of MRT services received.

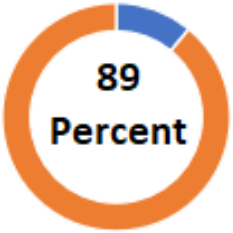
Systems of Care

Systems of Care (SOC) services help families navigate and access services with a goal of reducing barriers that would otherwise put the youth at risk of justice system involvement. SOC services in South Dakota are funded through JJRI and other general funds as well as through a Project Aware grant.

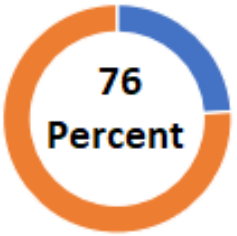


91 percent of famlies reported basic needs had been met

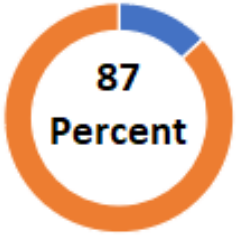
600 families served, including those served through JJRI, other general funds, and Project Aware



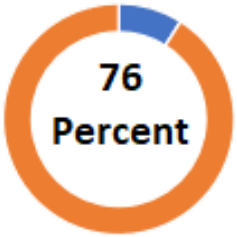
89 percent of families reported housing needs had been met



76 percent of families reported emotional needs had been met



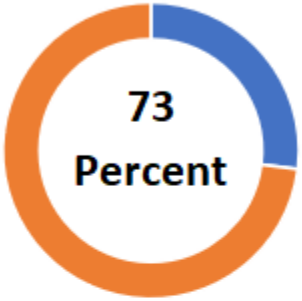
87 percent of families reported educational needs had been met



76 percent of families reported satisfaction with their family life

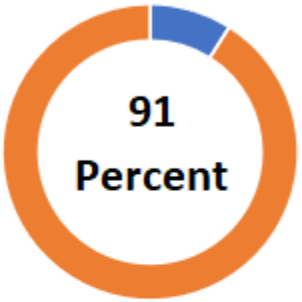
Family Support Program (FSP)

Families receiving SOC services as well as other publicly funded behavioral health services have access to the Family Support Program, which helps to address unmet needs of families receiving services. Examples include rental assistance, assistance with paying utility bills, memberships to community programs such as the Boys and Girls Club, clothing, household needs, transportation assistance, etc. Addressing these needs allows the family and the youth impacted to focus on their behavioral health.

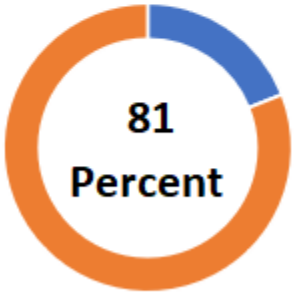


73 percent of families enrolled in FSP reported a decrease in safety threats and/or number of times being arrested.

638 supports were provided to families in need.



91 percent of families enrolled in FSP had their identified needs met.



81 percent of youth enrolled in FSP were actively attending and engaged in school.

Outpatient Services

Comprehensive specialized outpatient mental health services are available statewide at the following community mental health centers. Treatment services are also available via telehealth statewide.

Functional Family Therapy (FFT)

FFT is a research-based prevention and intervention program for justice system involved youth, or youth at risk of justice system involvement, and their families. The program is short term, three to five months, and addresses a range of behaviors, including violence, drug abuse/use, conduct disorder, and family conflict.

Systems of Care and additional specialized outpatient treatment services are also available.

FFT and SOC Services

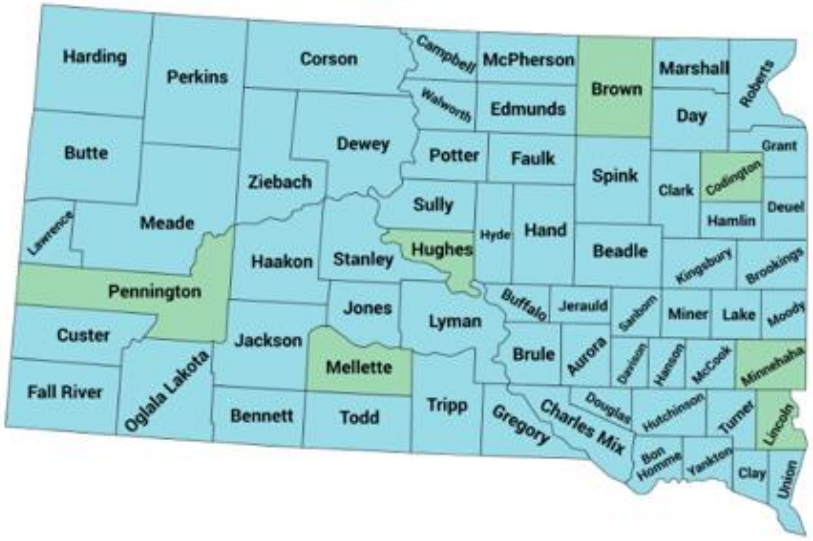
- In-Person FFT and Telehealth FFT
- SOC, In-Person FFT, Telehealth FFT
- SOC and Telehealth FFT

Aggression Replacement Training (ART)

ART is a cognitive behavioral intervention, training youth to cope with their aggressive and violent behaviors. The program consists of 30 sessions and is divided into three components; social skills training, anger control training, and training in moral reasoning.

ART Services

- Telehealth ART
- In-Person ART and Telehealth ART



Moral Reconation Therapy (MRT)

MRT is a cognitive behavioral program that combines education, group and individual counseling, and structured exercises designed to assist youth in addressing negative thought and behavior patterns.

MRT Services

- In-person MRT and Telehealth MRT
- Telehealth MRT

Substance Use Disorder (SUD) Services

Cannabis Youth Treatment (CYT) utilizes Motivational Interviewing, Motivational Enhancement Therapy, and Cognitive Behavioral Therapy to promote and sustain motivation in youth with addictions or co-occurring disorders. The length of CYT services varies by youth needs and can range from 5 to 22 sessions. CYT also includes a family support component.

Cognitive Behavioral Interventions for Substance Abuse (CBISA) is designed for individuals with substance abuse issues to practice new ways of handling risky situations. The program consists of 38 sessions which include: Motivational Engagement, Cognitive Restructuring, Emotional Regulation, Social Skills, Problem Solving Skills, and Relapse Prevention.

SUD Services

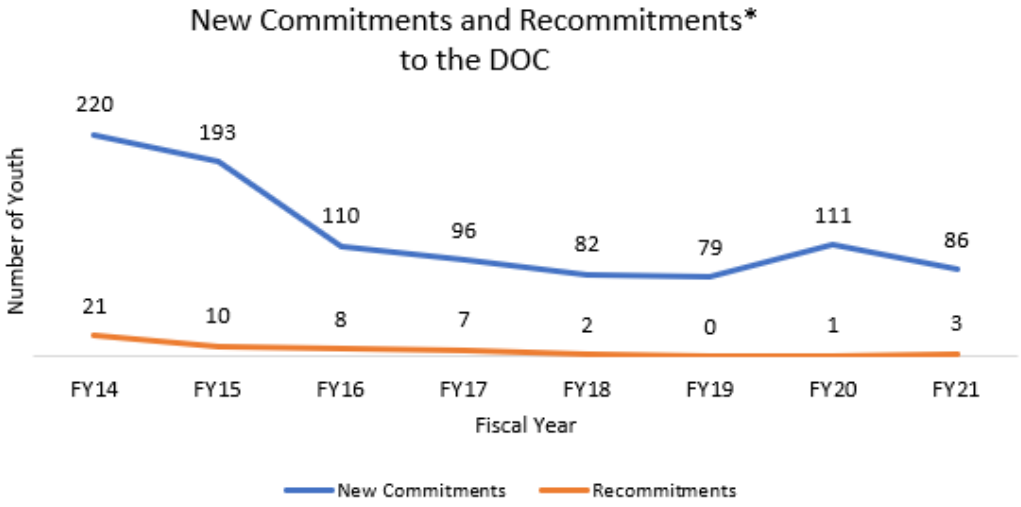
- In-Person CYT and Telehealth CBISA
- Telehealth CBISA

Community Response Teams

1st Circuit (FY 20)				
CRT Recommendation		Community Based Alt.	Court Disposition	Agreement
#1	No Community Alternatives	No	DOC Placement	Yes
#2	No Community Alternatives	No	DOC Placement	Yes
#3	No Community Alternatives	No	DOC Placement	Yes
#4	Commitment to the DOC	No	DOC Placement	Yes
#5	Commitment to the DOC	No	DOC Placement	Yes
#6	No Community Alternatives	No	DOC Placement	Yes
#7	DSS Placement	Yes	DSS Appt. Guardian for Further Placement in Foster Care	Yes
#8	DOC is the most stable option	No	DOC Placement	Yes
#9	DOC if no alternative placement	No	DOC Placement	Yes

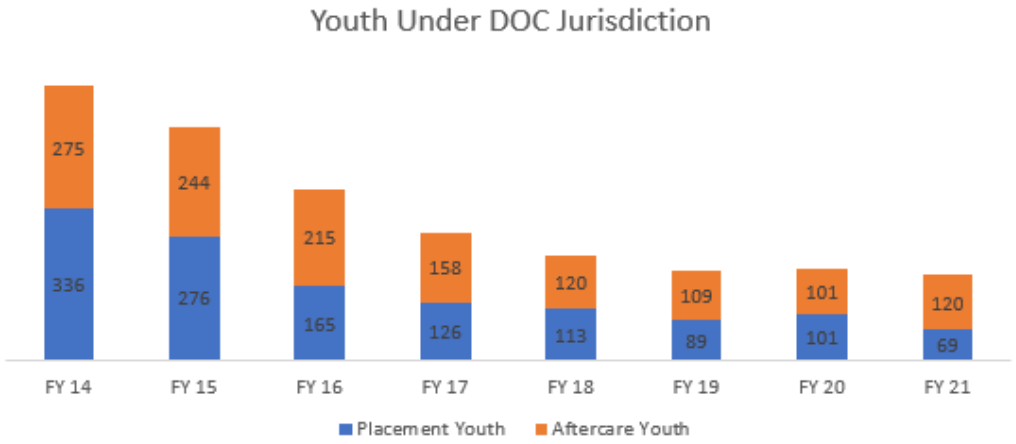
JJPSIA gives circuits the option to establish Community Response Teams (CRTs) as resources to help judges identify community-based alternatives to DOC commitment. The purpose of the CRTs is to utilize proven community-based options to improve outcomes for youth and families while improving public safety, and preserve residential facilities for the most serious offenders.

DOC Commitments



Key Takeaways
New commitments to DOC had decreased following the inception of the JJPISA until FY 20 where a 29 percent increase occurred. Commitments returned to expected levels in FY 21.

The total number of youth under jurisdiction of DOC has declined, along with an increased percentage of the DOC population of youth being served in the community in FY 21.



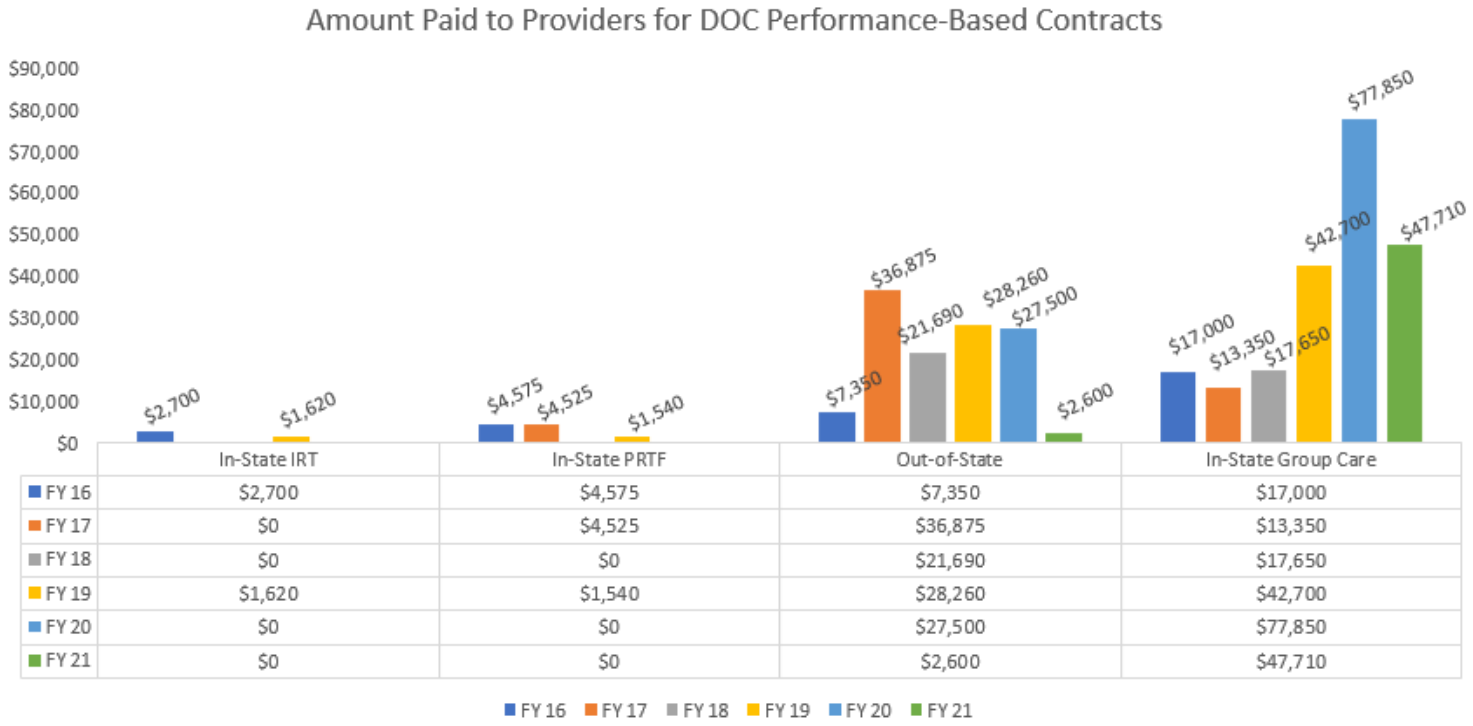
**A recommitment involves a youth who was previously under the jurisdiction of the Department of Corrections (DOC) and discharged and then has been adjudicated as a delinquent or CHINS for a new offense and is being recommitted to the DOC.*

Provider Pay

In FY 16, DOC entered into performance-based contracts with providers to ensure treatment goals are met within established timeframes, consistent with the research around length of stay.

FY 21 payments reflect on-going success, particularly with in-state group care providers and out of state providers.

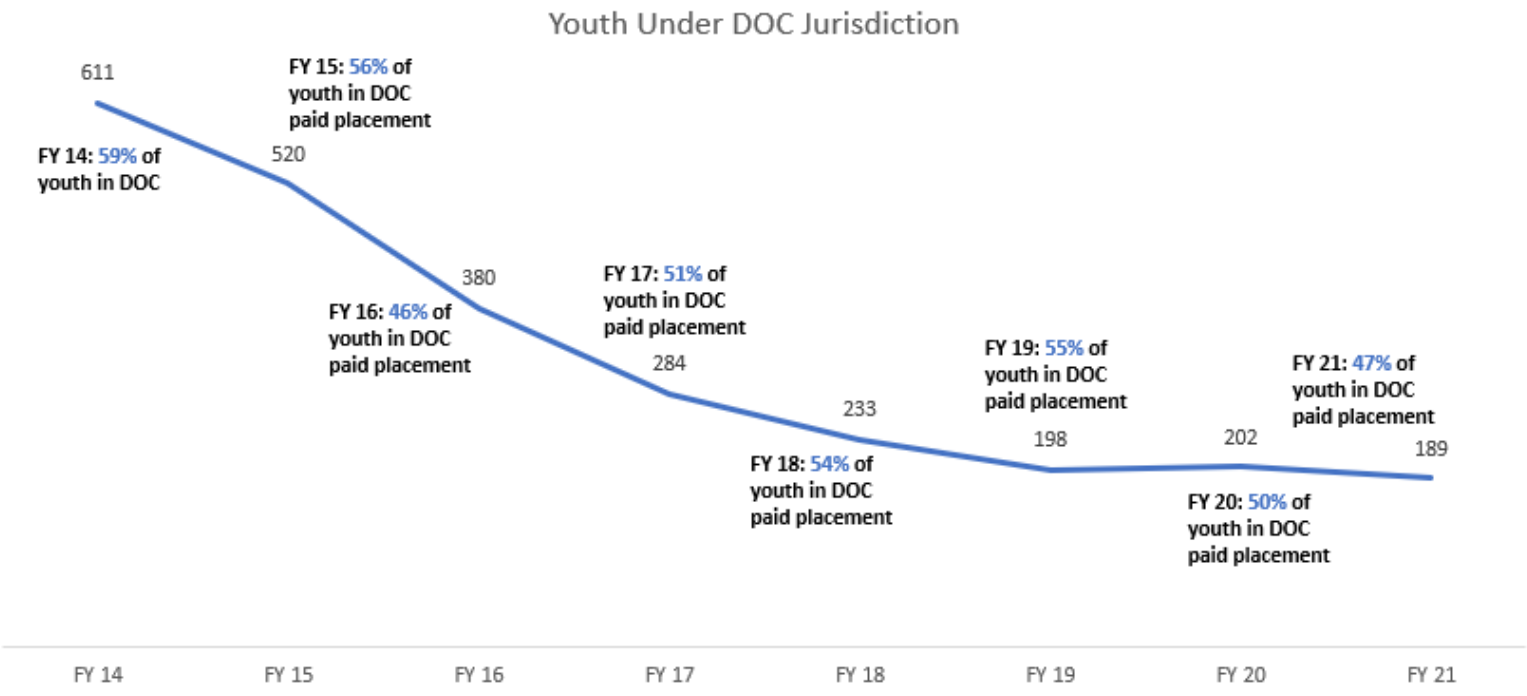
In FY 21, $50,310 was paid to DOC contracted providers on the performance-based contract model. DOC has demonstrated consistent success with reducing the length of stay for youth without compromising public safety outcomes.



	In-State IRT	In-State PRTF	Out-of-State	In-State Group Care
FY 16	$2,700	$4,575	$7,350	$17,000
FY 17	$0	$4,525	$36,875	$13,350
FY 18	$0	$0	$21,690	$17,650
FY 19	$1,620	$1,540	$28,260	$42,700
FY 20	$0	$0	$27,500	$77,850
FY 21	$0	$0	$2,600	$47,710

Youth under DOC Jurisdiction

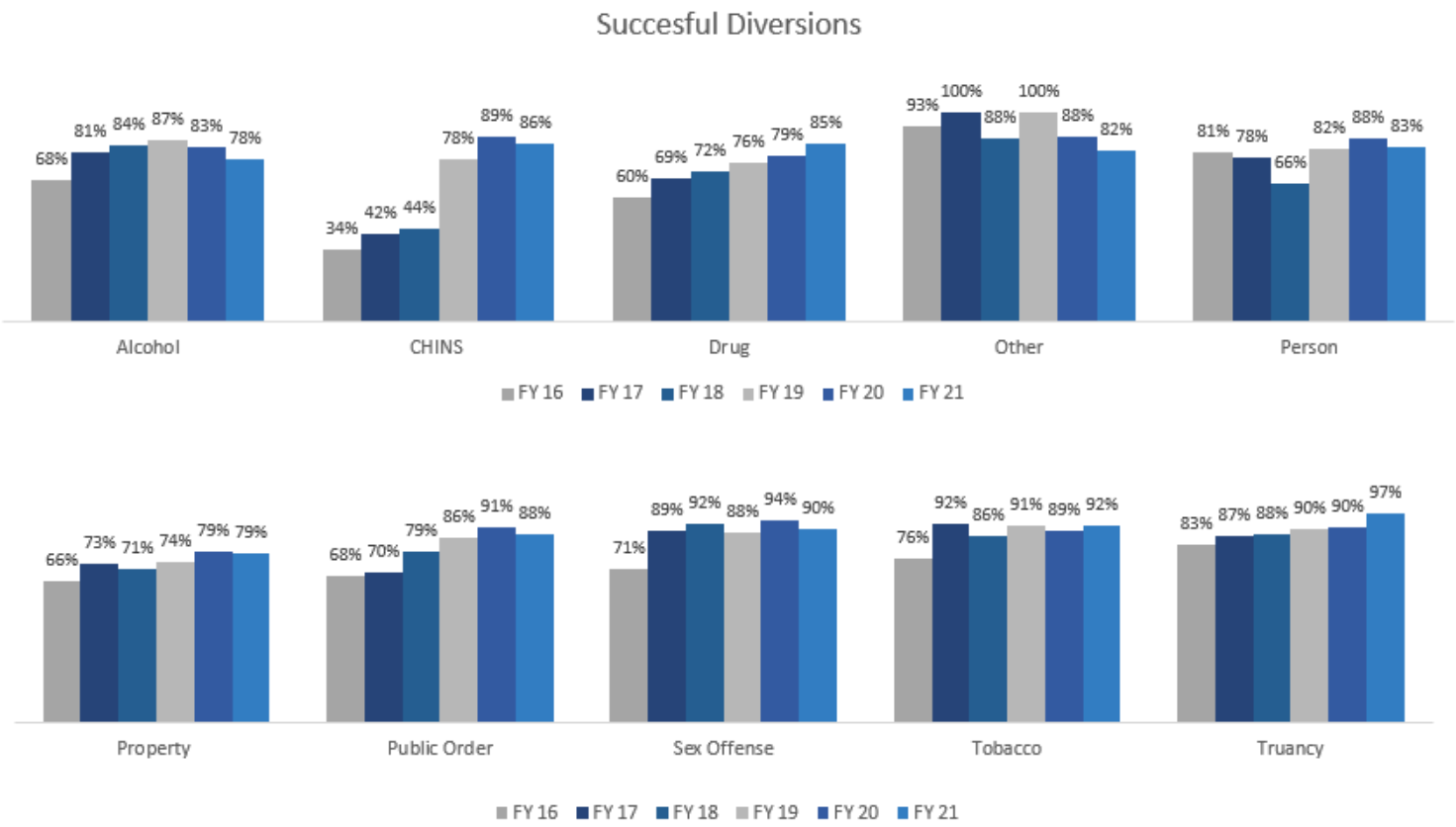
The number of youth under DOC jurisdiction in DOC paid placements has fluctuated overtime, with a decrease to 47 percent in FY 21. The intensive case management model and delivery of interventions by the Juvenile Corrections Agent's has increased the number of youth on aftercare in the community.



Diversions

JJPSIA expands the use of diversion by providing fiscal incentives to counties and encouraging broader use of diversion for non-violent misdemeanants and CHINS with no prior adjudications. All counties are eligible to submit data to the Department of Corrections for reimbursement of up to $250 per successful diversion

Consistent with the goals of the JJPSIA, there has been in an increase in both the number of diversion participants and the percentage of successful diversion completions. $1,822,525.71 has been paid to counties since the inception of the fiscal incentive program for 8,921 successful diversion completers.



Diversions

	FY 16		FY 17		FY 18	
	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful
Alcohol	122	58	111	26	134	25
CHINS	30	57	44	62	55	69
Drug	162	110	241	109	294	117
Other	14	1	23	0	21	3
Person	38	9	65	18	75	29
Property	209	109	187	68	210	85
Public Order	67	31	101	44	174	46
Sex Offense	5	2	42	5	59	5
Tobacco	13	4	12	1	19	3
Truancy	310	64	275	41	452	64
Totals	970	445	1101	374	1493	446

	FY 19		FY 20		FY 21	
	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful
Alcohol	192	28	180	36	158	45
CHINS	90	26	85	11	83	14
Drug	299	92	281	73	259	45
Other	14	0	23	3	9	2
Person	117	25	113	16	129	26
Property	159	55	167	44	167	45
Public Order	158	26	226	23	194	27
Sex Offense	22	3	61	4	53	6
Tobacco	114	11	72	9	147	13
Truancy	449	50	663	70	673	21
Totals	1614	316	1871	289	1872	244

Members of the Juvenile Justice Oversight Council

Greg Sattizahn (Chair)
Unified Judicial System

Justice Janine Kern
Unified Judicial System

Justice Scott Myren
Unified Judicial System

Kristi Bunkers
Department of Corrections

Bryan Harberts
Youth Care Provider

Charles Frieberg
Unified Judicial System

Kelly Marnette
Assistant Attorney General

Dr. Kelly Glodt
School Superintendent

Secretary David Flute
Department of Tribal Relations

Rep. Linda Duba
House of Representatives

Representative Kevin Jensen
House of Representatives

Melissa Klemann
Governor's Office

Tiffany Wolfgang
Department of Social Service

Senator Wayne Steinhauer
State Senator

Joanna Lawlor
Criminal Defense Attorney

Lindsey Riter-Rapp
Criminal Defense Attorney

Gerald Beninga
County Commissioner

Senator Red Dawn Foster
State Senator

Angela Shute
Deputy States Attorney