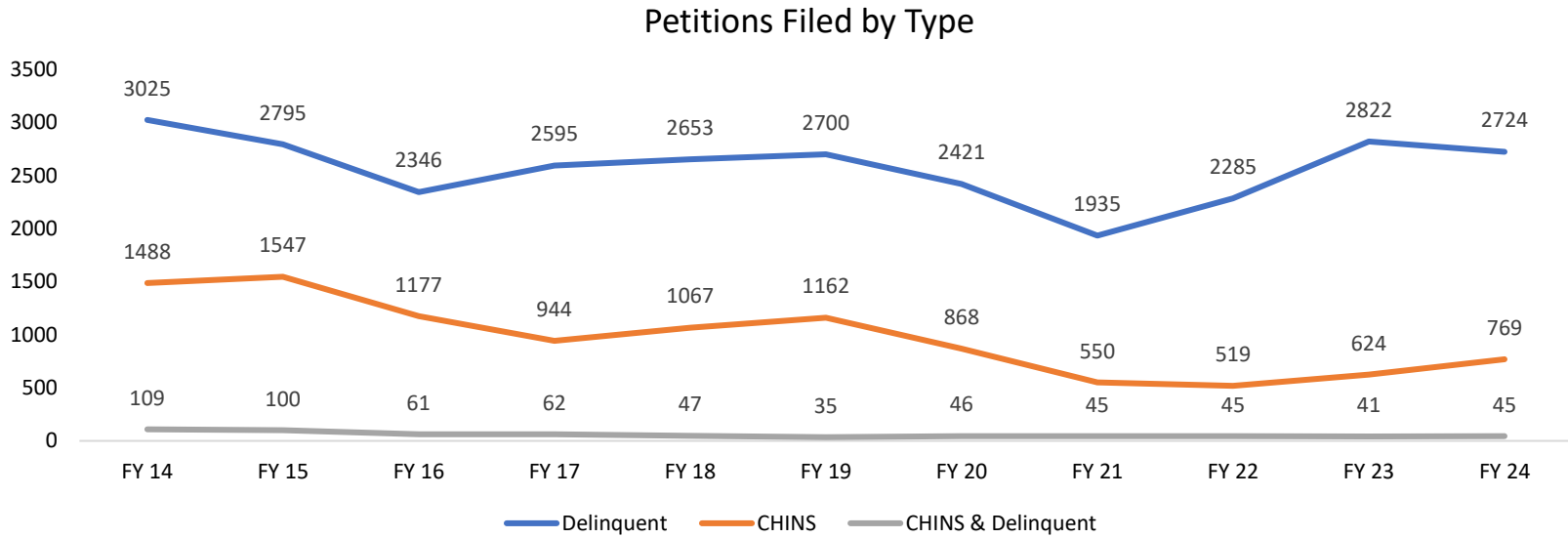


Petitions Filed by Type

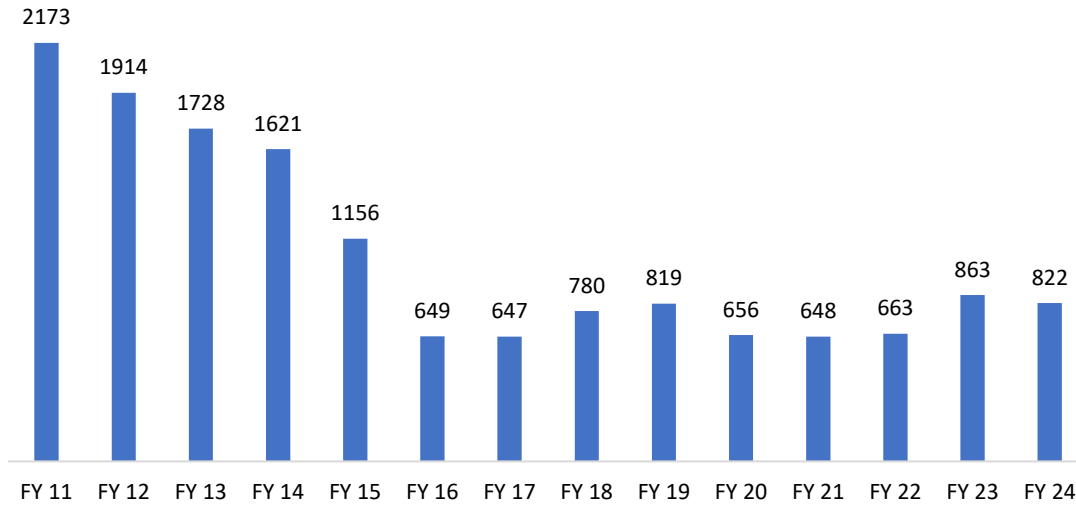


Increasing public safety is of the utmost importance to the Juvenile Justice Oversight Council. Monitoring juvenile arrest data and juvenile petition filings helps to determine if public safety goals are being achieved.

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.

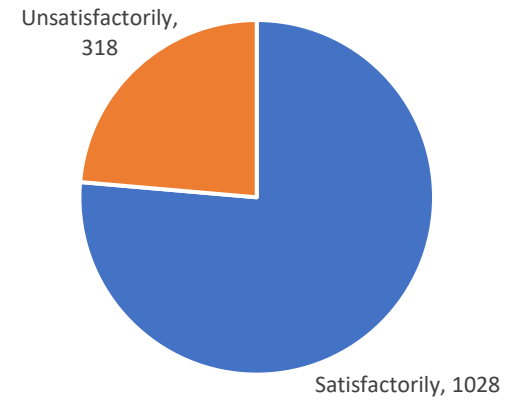
Probation

Active Juvenile Probation Cases at the End of Fiscal Year

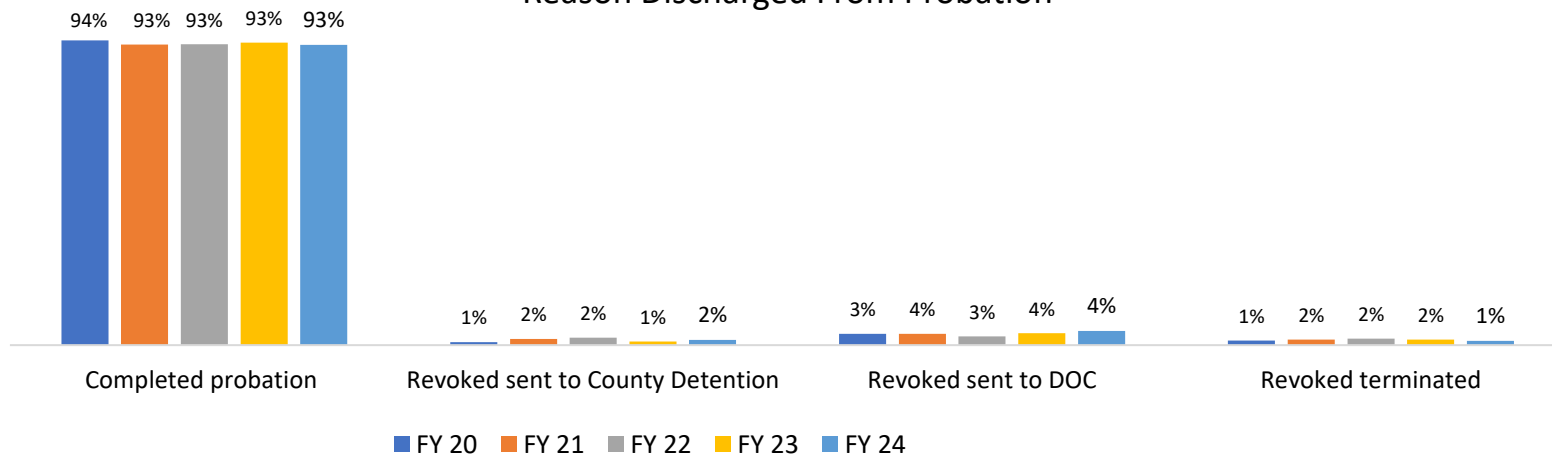


Completed Probation

N=1346



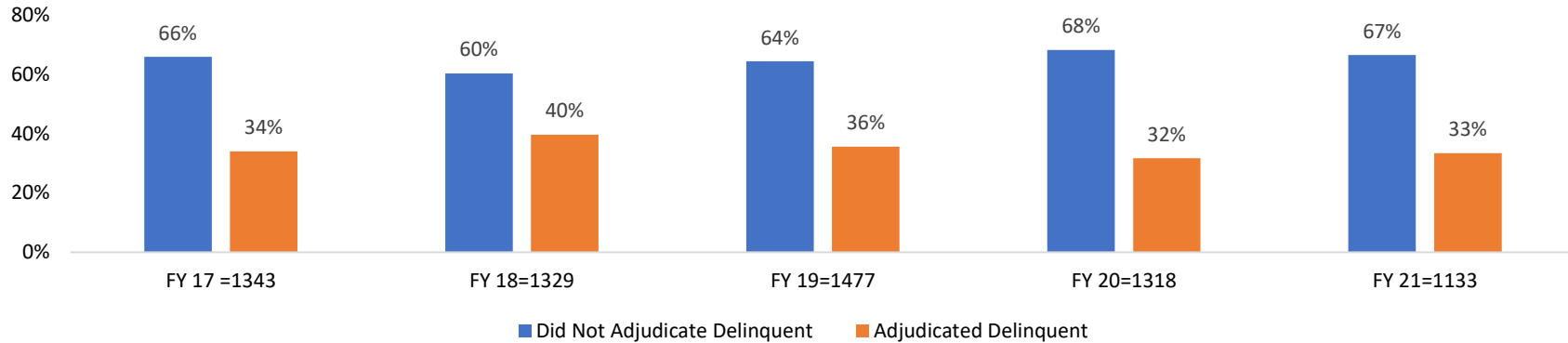
Reason Discharged From Probation



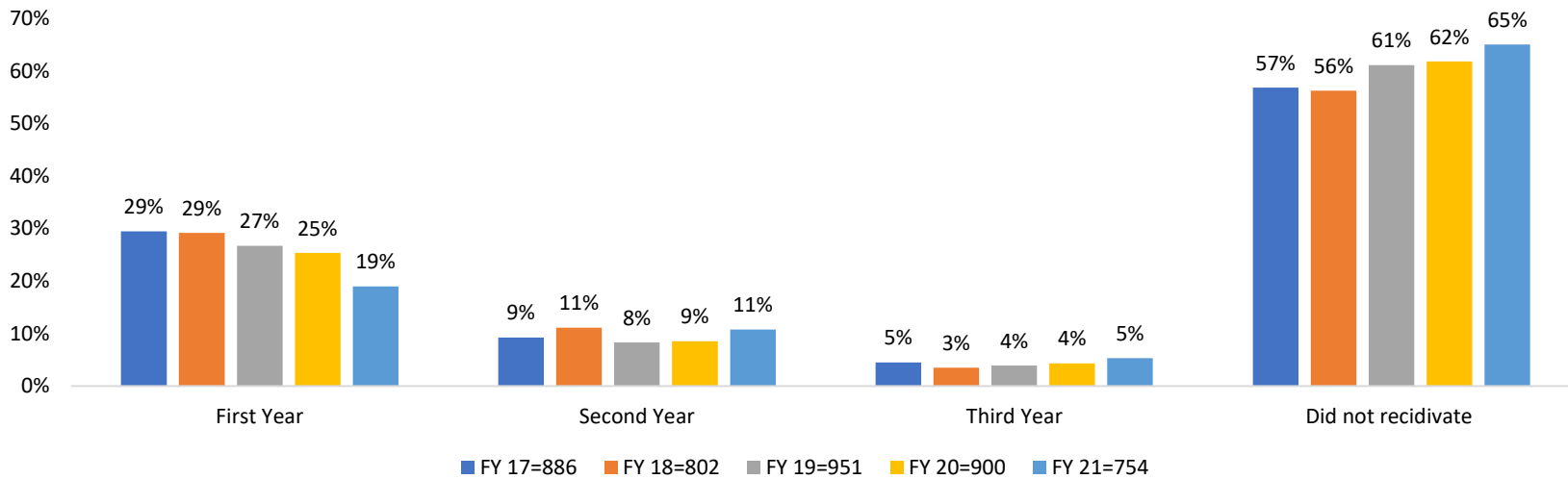
UJS Recidivism

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 earliest year that will show final results is FY 21.

Youth Adjudicated while on Supervision

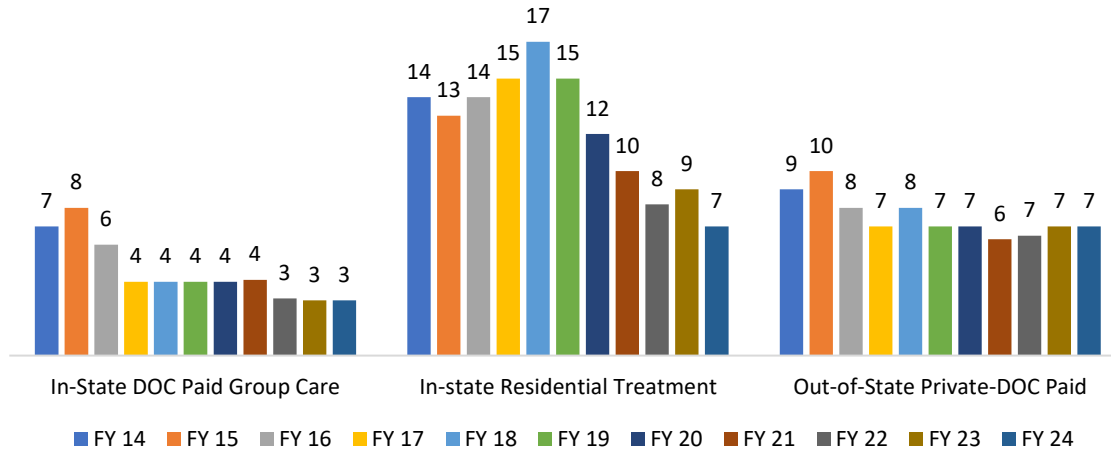


Juvenile Recidivism Post Probation



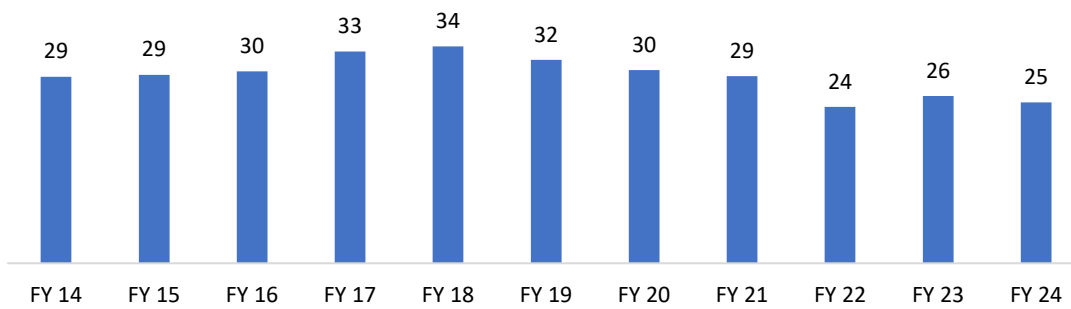
Average Length of Stay

Average Length of Stay in Residential Placement (months)



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

Average Length of Commitment for Youth Discharged from DOC (months)



Commitments to DOC were declining even prior to the implementation of the JJPSIA. However, youth were staying in facilities longer, an increase of 27% for South Dakota's youth population. Through the Department of Corrections successful performance based contracting efforts with private providers, DOC has reduced our length of stay without compromising public safety outcomes. A robust body of research has shown that longer stays have no benefit for reduced recidivism across all program types.

Key takeaways

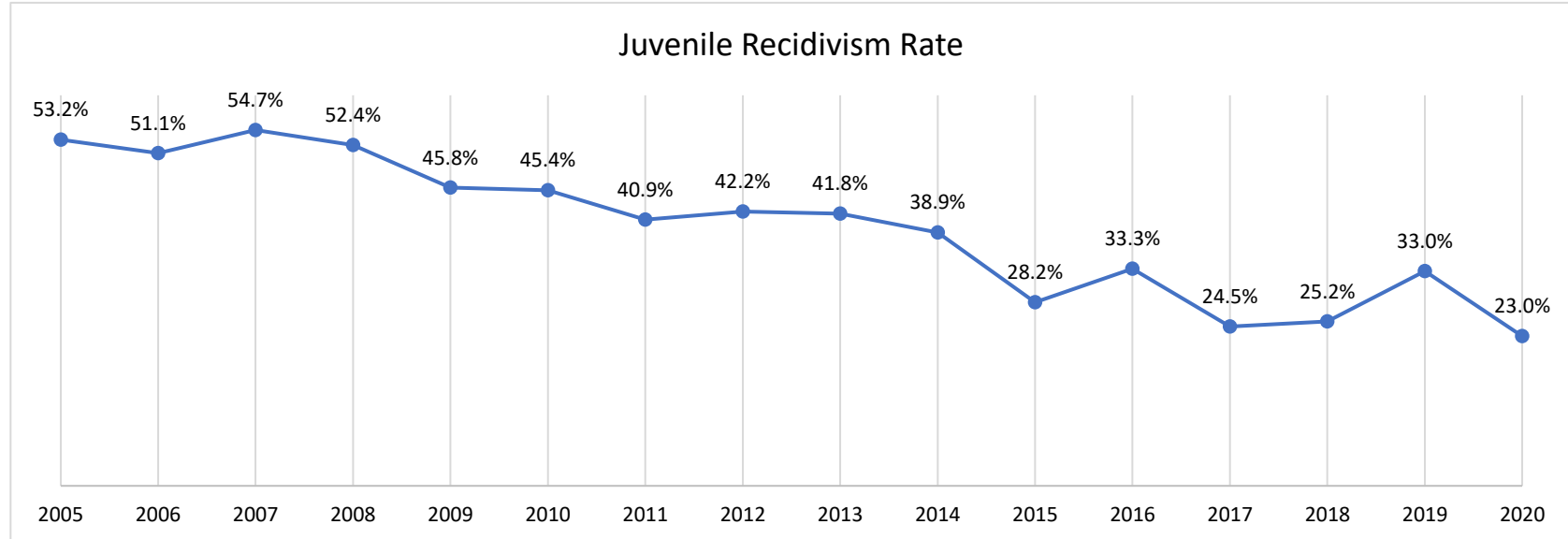
The average length of stay for in-state DOC paid group care has remained steady over the past eight fiscal years. While few youth in the custody of DOC are served by in-state residential providers, the length of stay has decreased from a high of 17 months to 7 months in FY 24.

Out of state private DOC placements which include both group care and psychiatric residential treatment beds continues to average 7 months.

The average length of commitment for youth discharged from DOC has fluctuated over time; however, there was a decrease by one month between FY2023 and FY2024.

DOC Recidivism

The Department of Corrections (DOC) calculates recidivism based on an offender's status three years following their release from placement to aftercare supervision. A return includes any admission back to the SDDOC following placement or discharge for a felony conviction or for a technical violation of aftercare supervision.

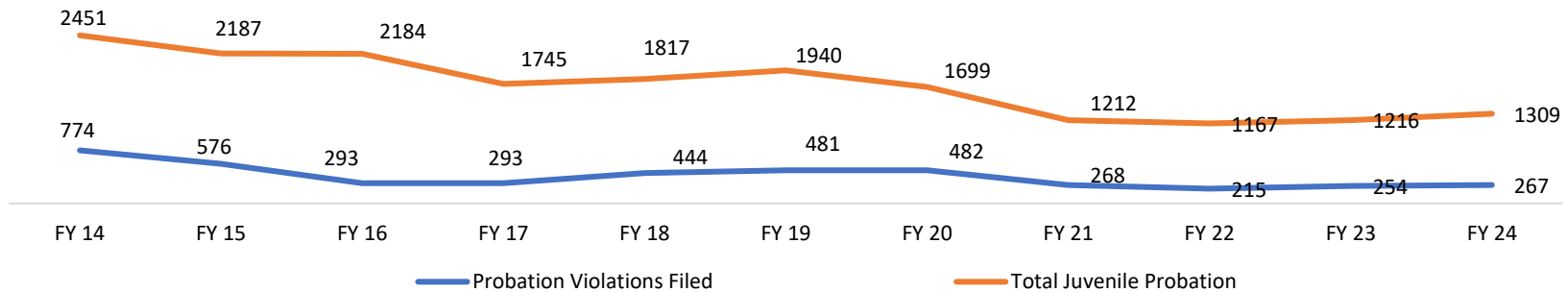


Youth on Probation

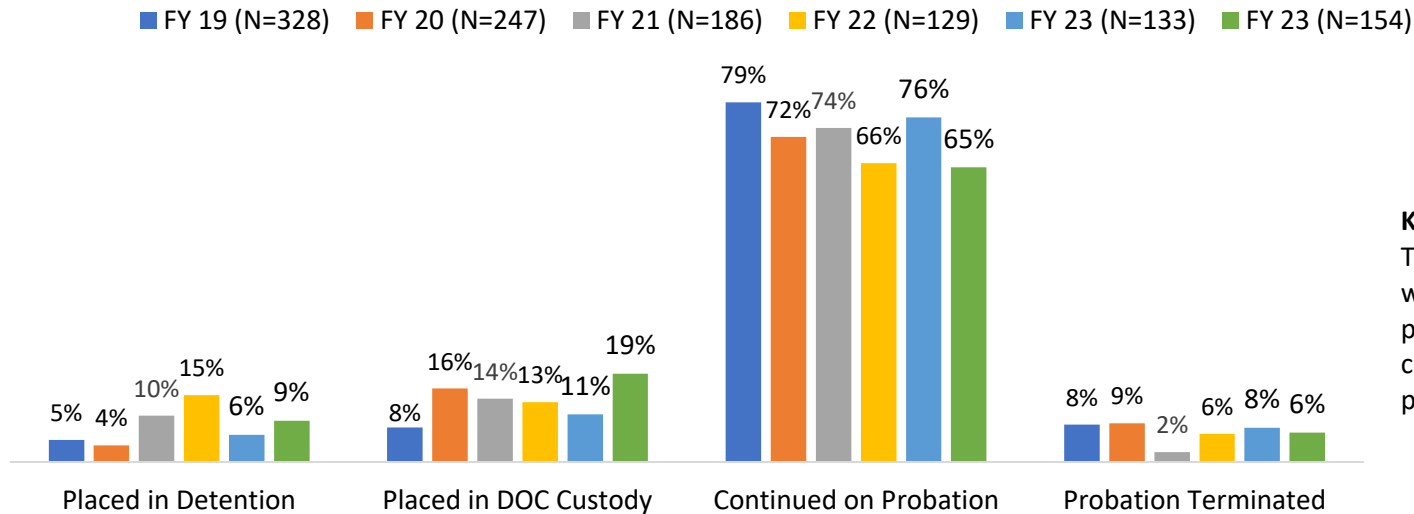
Effectively Hold Juvenile Offenders Accountable

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.

Youth on Probation and Violations Filed



Sustained Probation Violation Outcomes

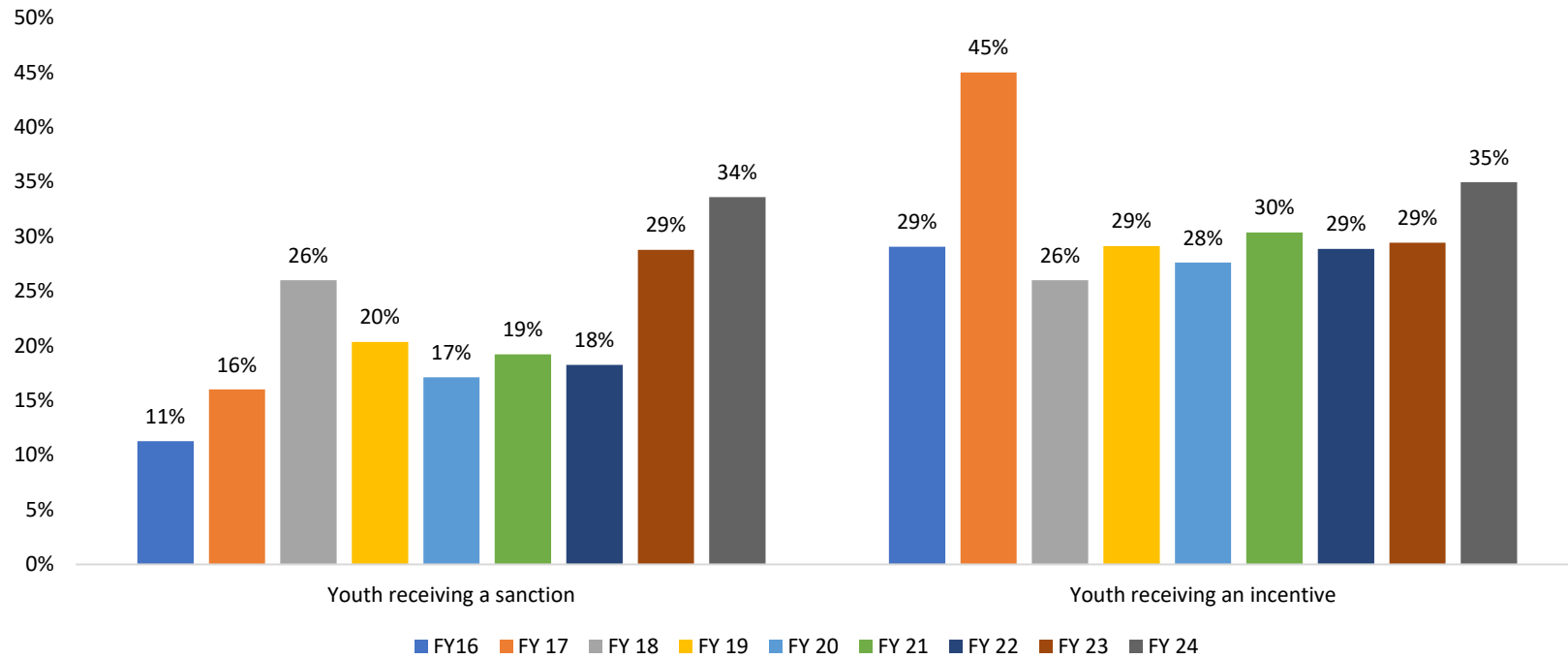


Key Takeaways

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

Graduated Responses

Graduated Responses for Youth on Probation



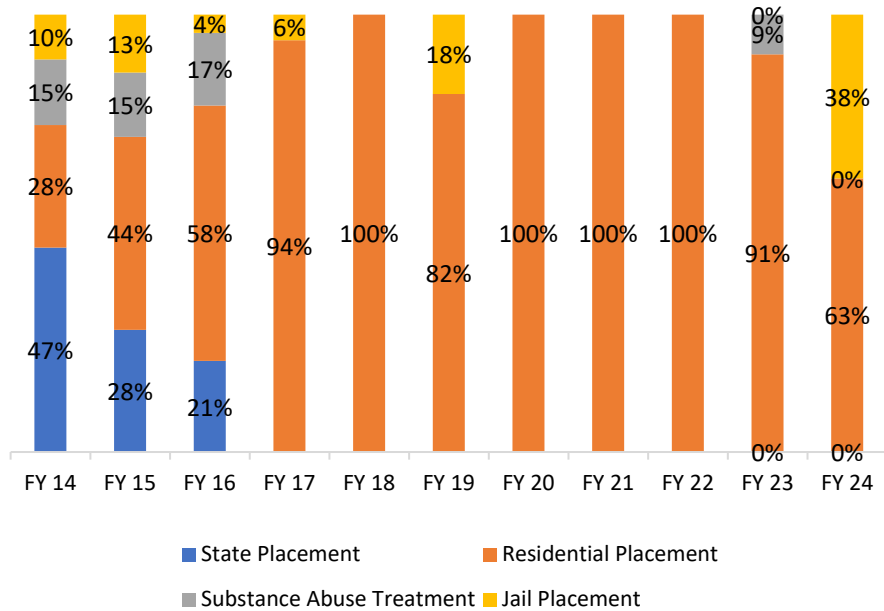
Graduated Responses

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.

Aftercare

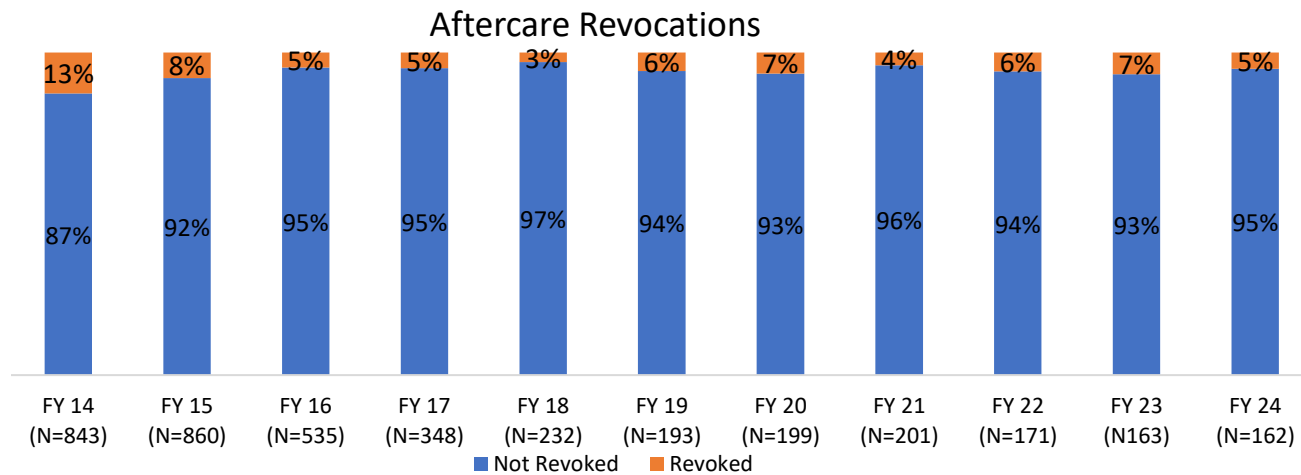
Actions Taken in Response to an Aftercare Revocation



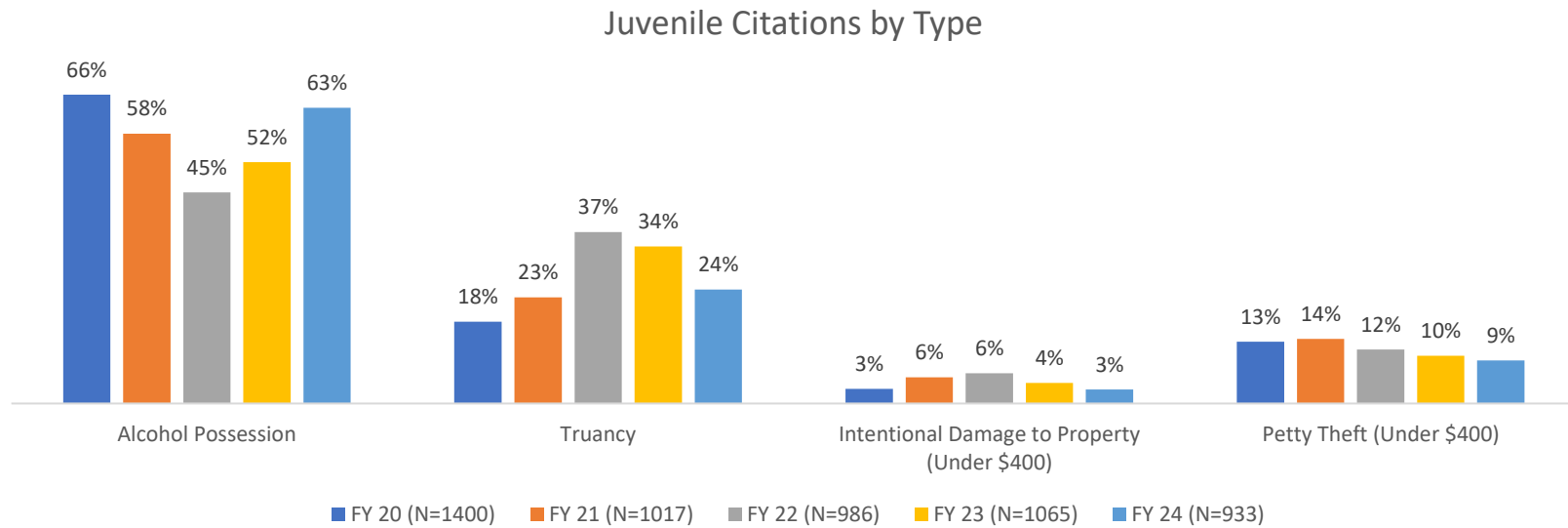
Aftercare is a conditional release to the community during which time the youth remains under DOC guardianship. Youth on aftercare are typically released home with a case plan which is an individualized service plan that targets a youth’s areas of risk and need; and prepares a youth for progressively 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 Brighter Transition Youth Treatment Center (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 5% of youth on aftercare had their aftercare revoked in FY 24, a decrease from 7% in FY 23. Most youth, 95% complete aftercare supervision without a revocation event. Most 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.

¹ *Four-year high school cohort graduation rate by Race/ethnicity: Kids Count Data Center.* KIDS COUNT data center: A project of the Annie E. Casey Foundation. (n.d.). Retrieved December 2021, from <https://datacenter.kidscount.org/data/tables/8959-four-year-high-school-cohort-graduation-rate-by-race-ethnicity?loc=43&loct=2#detailed/2/any/false/2029,1965,1750,1686,1654,1601,1526,1445,1250/144,12,350,172,9,107/17902>

Referrals to Treatment

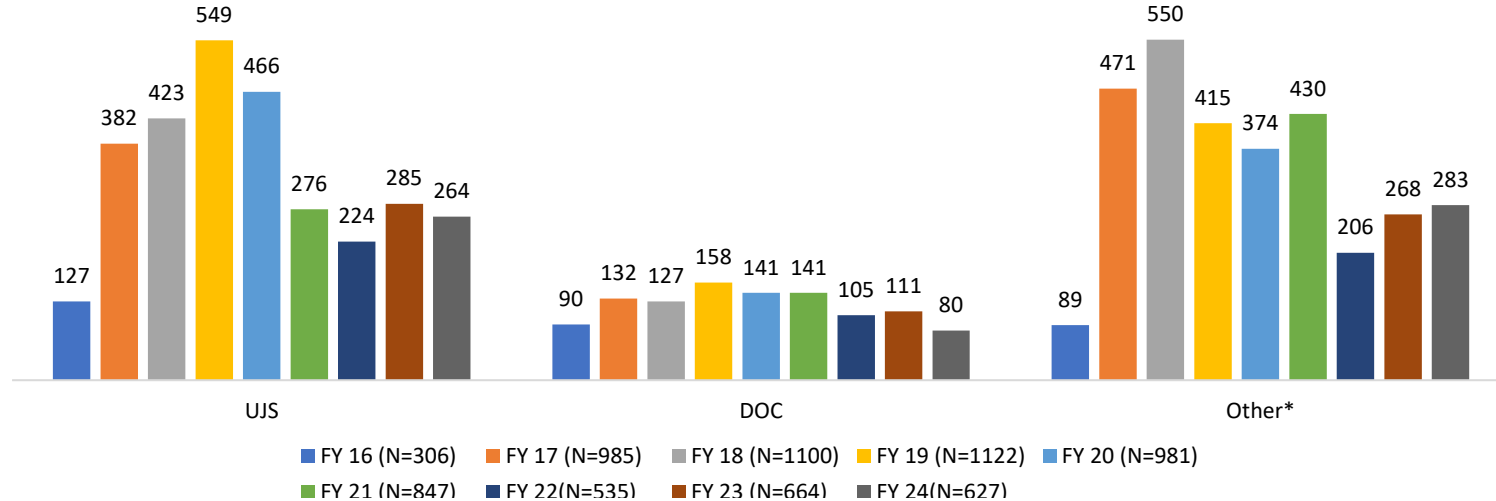
Reduce Juvenile Justice Costs by Investing in Proven Community-Based Services and Preserving Residential Facilities for Serious Offenders

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 treatment services statewide to include all evidence-based programs, these may include but are not limited to the following; Functional Family Therapy (FFT), Aggression Replacement Training (ART), Moral Reconciliation Therapy (MRT), and additional evidence based substance use disorder (SUD) treatment services. The Division of Behavioral Health hosted a series of collaborative communications with stakeholders and providers to update and streamline the referral process. Previously, the referral forms were established primarily for DOC and UJS utilization; however, through our collaborative efforts, the referral forms have been updated to reflect a variety of other referring entities as well. The Division of Behavioral Health has also made efforts to routinely communicate with providers after the initial referral is processed to assist with ensuring evaluation and access to services.

-In FY 24, referrals from UJS decreased by 7 percent, as compared to FY 23, referrals from DOC decreased by nearly 28 percent, and referrals from other sources increased by 6 percent.

-Overall, referrals decreased by 6 percent in FY 24, as compared to FY 23, and were down by 44 percent compared to the peak in FY 19.

Referrals to Services by Year



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

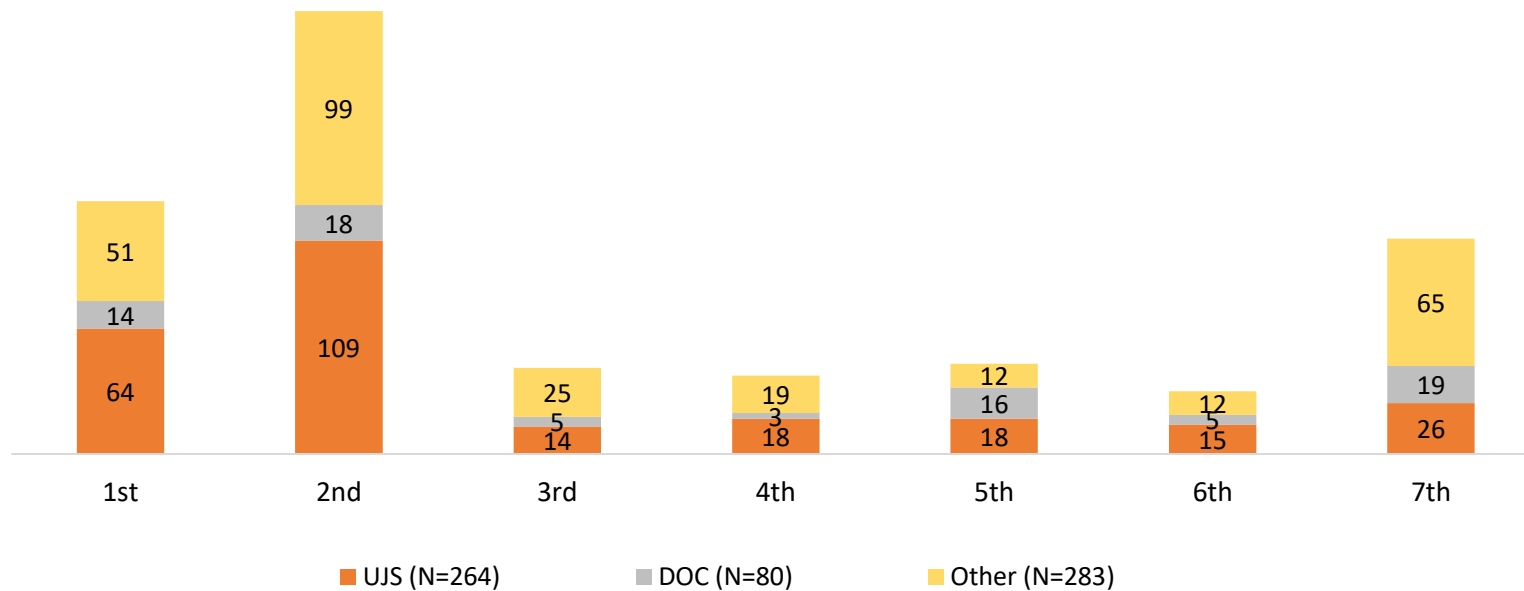
**Referral numbers do not include referrals to Systems of Care services.

Referrals by Circuit and Source

Referrals to community-based treatment services come from Unified Judicial System Court Service Officers, Department of Corrections Juvenile Corrections Agents, Diversion Coordinators and Child Protection Services. Other referrals can also come from parents seeking assistance, school districts attorneys, public defenders and internal referrals made by agencies for youth at risk of justice involvement. The graph below shows the number of referrals made by each referral source in each circuit in FY24.

Referrals to treatment services decreased in the 2nd, 5th, 6th, and 7th circuit in FY24. Referrals to treatment services increased in the 1st, 3rd, and 4th circuit in FY24. The largest increase was in the 3rd circuit by nearly 52%, and the largest decrease was in the 6th circuit by 45%.

Referrals to Services by Circuit and Source, FY 24
N=627



*Referral numbers do not include referrals to Systems of Care

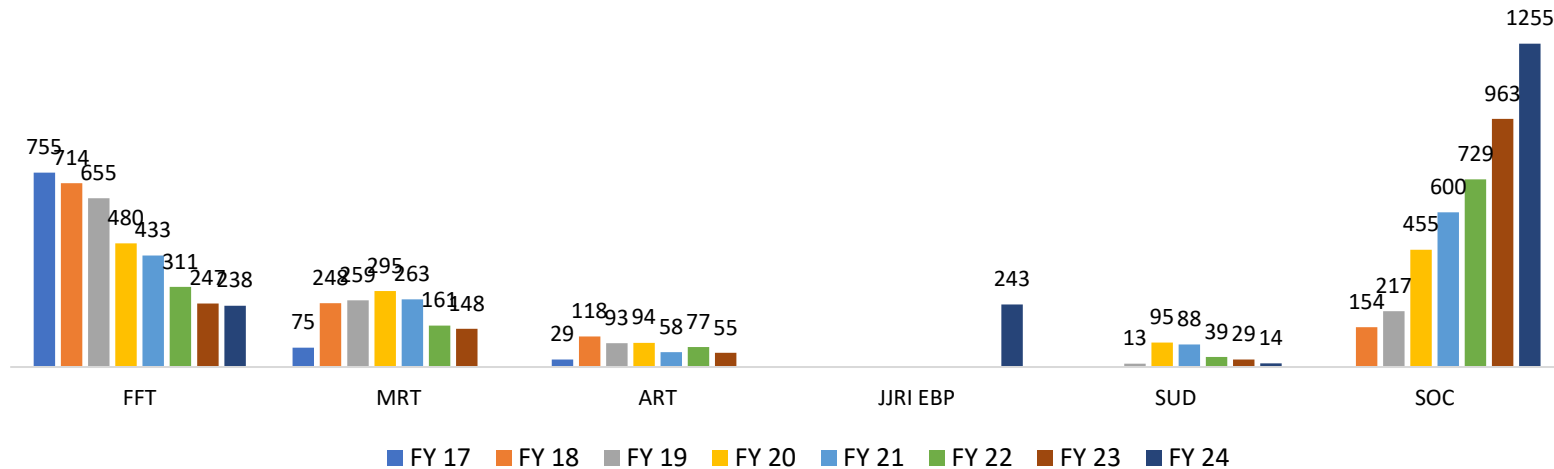
Clients Served

In FY24, the Division of Behavioral Health worked collaboratively with JJRI stakeholders and providers to increase flexibility of JJRI services to include additional evidence-based programming. As a result of the implementation of additional evidence-based programming, there have been changes to the reporting process for clients served by fiscal year. Evidence-based programs are inclusive of MRT and ART, along with a "variety of other evidence-based programs based on the treatment needs of the youth and family as identified by the clinician during the assessment and treatment planning process. In FY 24, the Division of Behavioral Health Staff made efforts to identify SUD service delivery gaps and discovered and corrected billing integrity limitations. Through these efforts, two new contracts for SUD services were established for FY 25, and discussions with existing contracted agencies regarding referrals and billing were collaboratively addressed. In FY 24, SOC services continued to see increases in utilization.

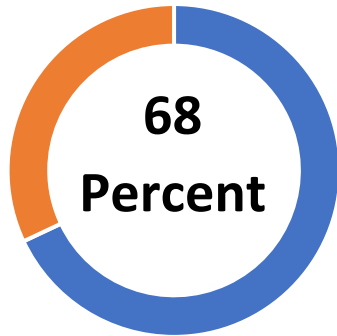
--4,775 Youth served in child or youth and family services in FY 24.

--466 Youth served in substance use disorder treatment.

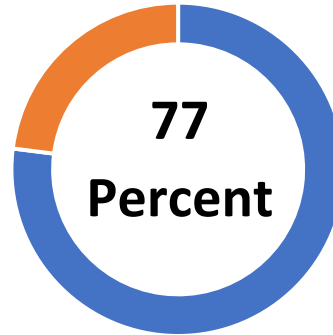
Clients Served by Fiscal Year



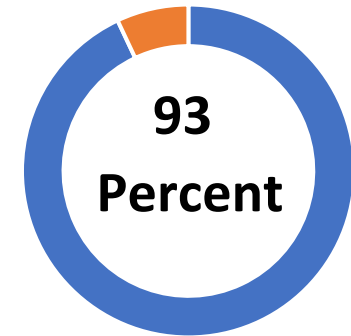
Functional Family Therapy



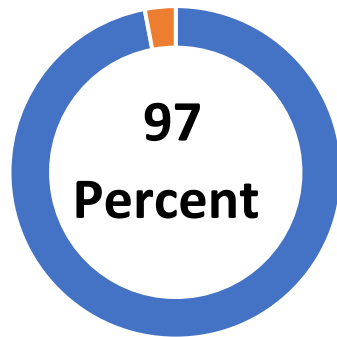
68 percent of families served successfully completed FFT, out of a total of 146 families.



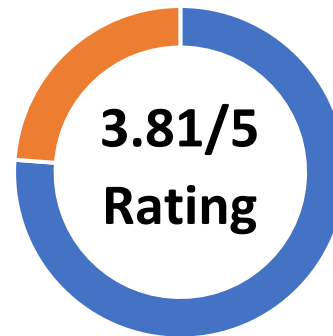
77 percent of youth and 82 percent of parents and guardians reported a positive general change in their family after FFT.



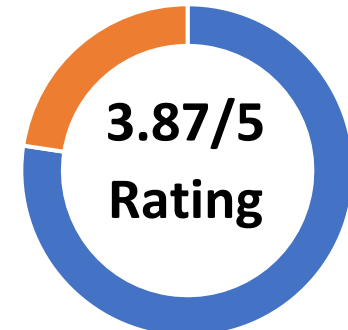
93 percent of youth were attending school or working upon completion of FFT.



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

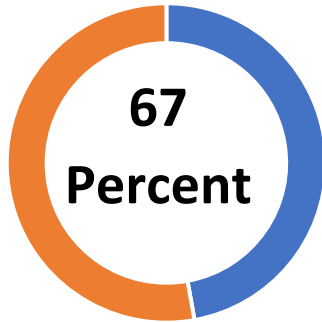


Youth rated their ease and convenience when accessing treatment services at 3.81 out of 5. Parents rated their ease of access



Youth rated their outcomes regarding mental health and social wellbeing at 3.87 out of 5. Parents gave a rating of 3.77 out of 5.

The percentage of families successfully completing FFT decreased by 7.6 points compared to FY 23.



67 percent of youth successfully completed JJRI EBPs, out of a total of 112 youth.

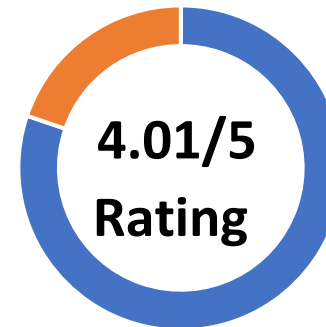
The Division of Behavioral Health has allowed flexible evidence based practices (EBPs) that encompass any programming that can meet the needs of the client and can be provided by the agency.

- EBPs may include but are not limited to:
- Aggression Replacement Training
- Moral Reconation Training
- Moral Reconation Therapy for Trauma
- Dialectical Behavior Therapy
- Cognitive Behavioral Therapy
- Brief Strategic Family Therapy
- Eye Movement Desensitization and Reprocessing

Outcome tool information as shown is gathered the same across all EBPs and obtained at admission and discharge.

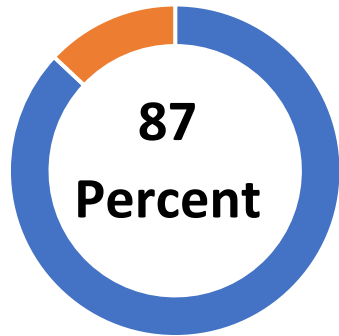


Youth rated their ease and convenience when accessing treatment services at 3.74 out of 5. Parents rated their ease of access 4.17 out of 5.



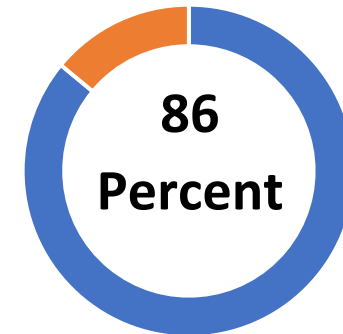
Youth rated their outcomes regarding mental health and social wellbeing at 4.01 out of 5. Parents gave a rating of 4.08 out of 5.

Systems of Care (SOC) Services

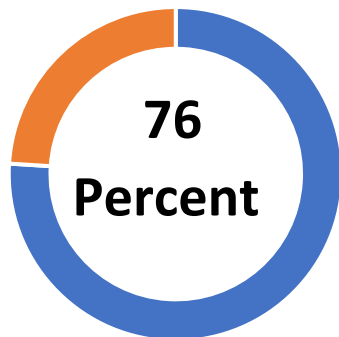


87 percent of families reported basic needs had been met

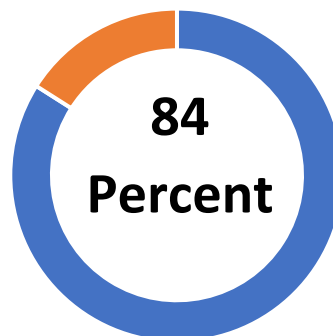
SOC is an early-intervention service that includes a wraparound approach to care coordination and service delivery for youth and families with complex needs. This approach is built on the values of being family driven, team-based, collaborative, individualized, and outcomes-based. SOC helps families to navigate and access services, while also giving them the skills they need to become self-reliant. SOC supports youth and families who experience barriers in 1 or more of the 8 life domains including basic needs, social supports, emotional needs, educational needs, community supports, housing supports, health, and safety by creating a family service plan that addresses these needs.



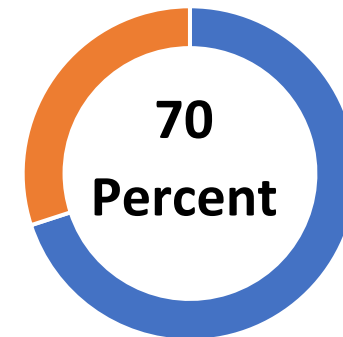
86 percent of families reported housing needs had been met



76 percent of families reported emotional needs had been met



84 percent of families reported educational needs had been met



70 percent of families reported satisfaction with their family life

1,255 families received SOC services, impacting over 3,300 children.

Community Response Teams

1st Circuit (FY 24)				
CRT Recommendation	Community Based Alt.	Court Disposition	Agreement	
#1	Continue on Probation	Yes	Continue on Probation	Yes
#2	DOC Placement	No	DOC Placement	Yes
#3	DOC Placement	No	DOC Placement	Yes
#4	Standard Probation	Yes	Standard Probation	Yes
#5	DOC Placement	Yes	Intensive Probation	No
#6	Intensive Probation	Yes	Intensive Probation	Yes

JPSIA 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.

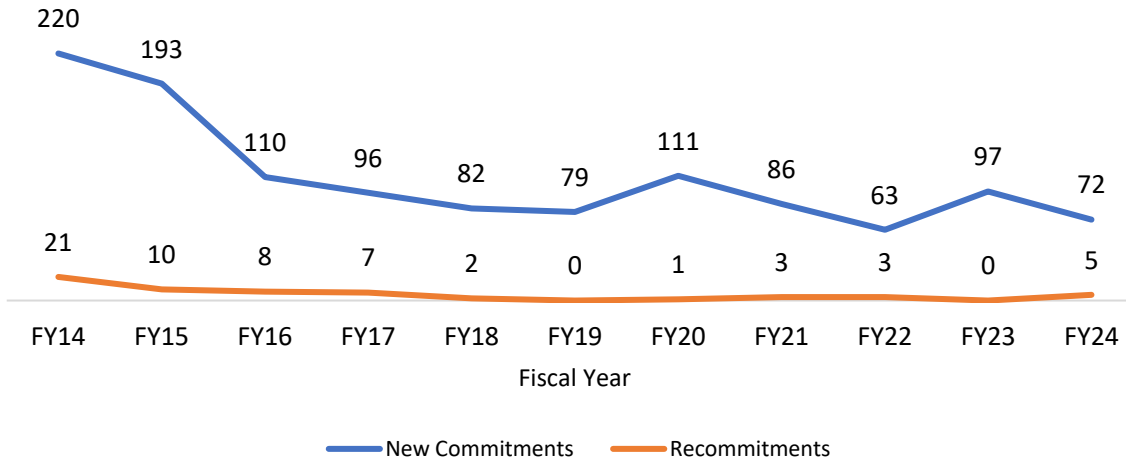
DRAFT

16

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DOC Commitments

New Commitments and Recommitments* to the DOC

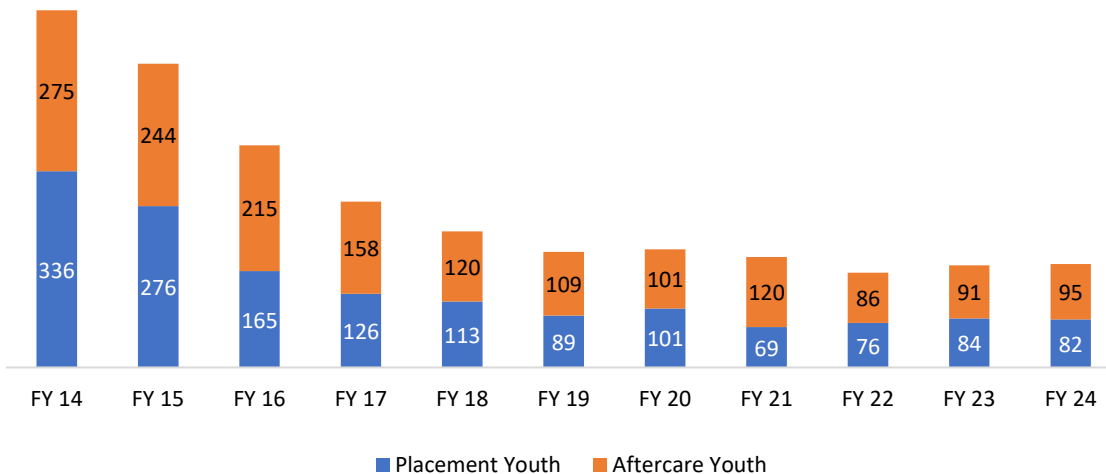


Key Takeaways

Commitments to DOC in FY 24 decreased by 21%.

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

Youth Under DOC Jurisdiction



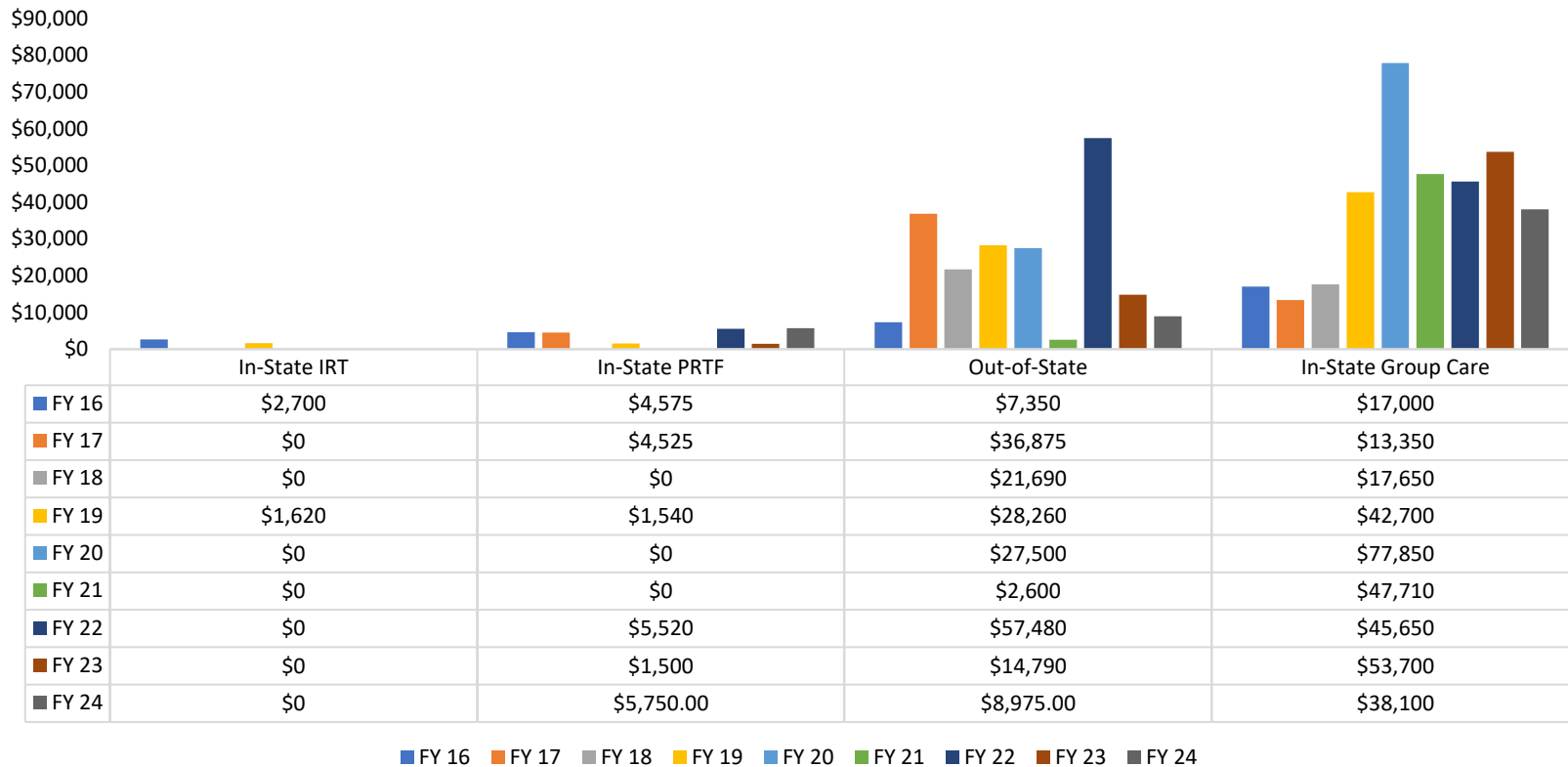
**A recommitment involves a youth who was previously under the jurisdiction of the Department of Corrections (DOC) and discharged and then has been adjudicated as a delinquent or CHINS for a new offense and is being recommitted to the DOC.*

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.

In FY 24, \$52,825.00 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.

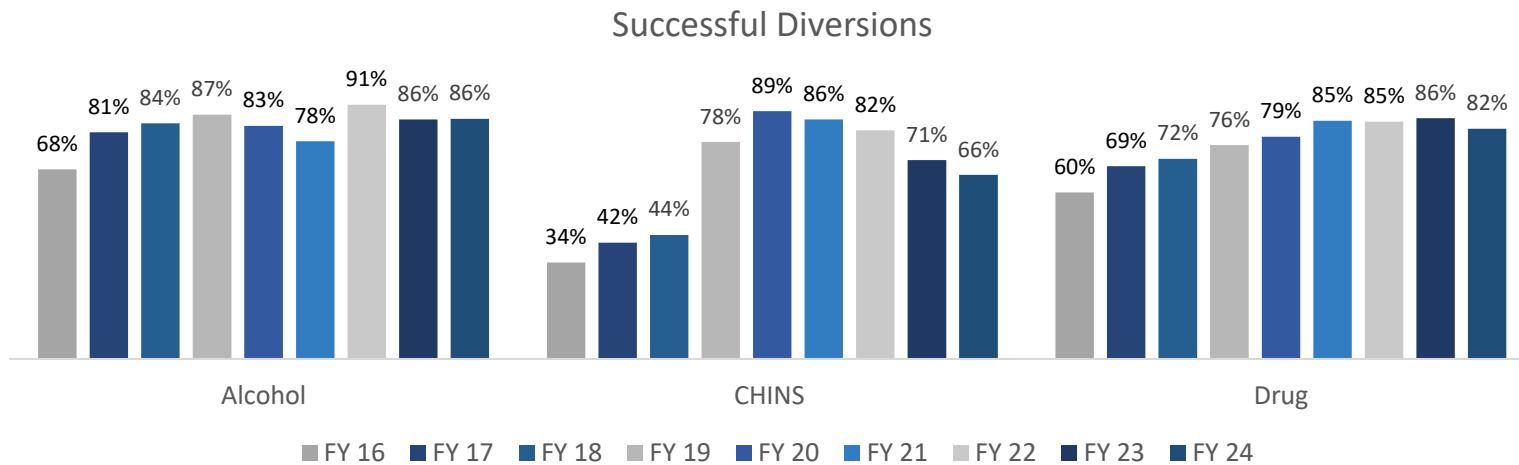
Amount Paid to Providers for DOC Performance-Based Contracts



Diversion

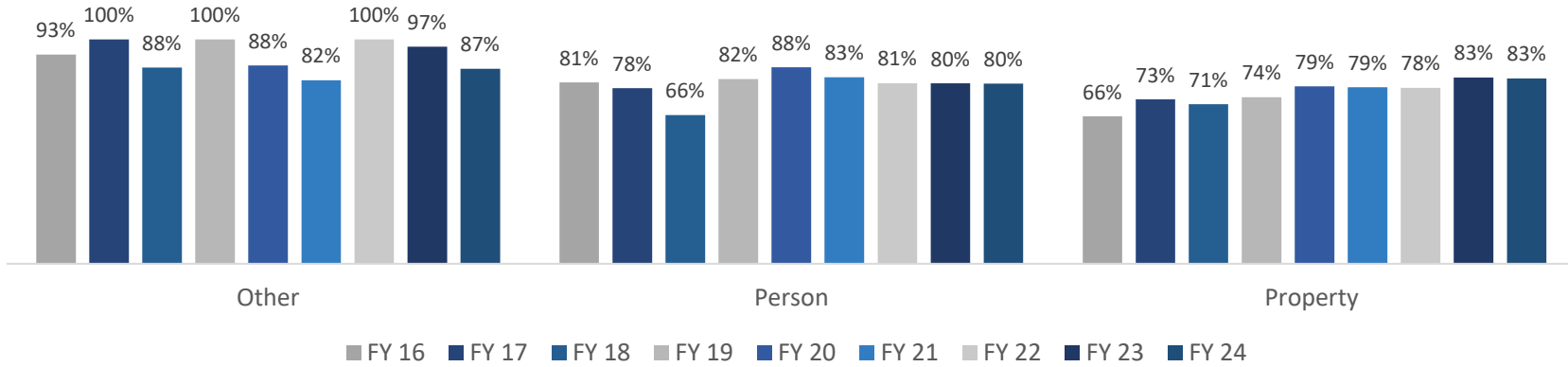
JJPSIA expands the use of diversion by providing fiscal incentives to counties and encouraging broader use of diversion for non-violent misdemeanants and CHINS with no prior adjudications. As part of the 2023 legislative session, SB 47 was signed into law, increasing the amount of funding available for successful diversions from \$250 up to \$750 per successful diversion. All counties are eligible to submit data to the Department of Corrections for reimbursement.

Consistent with the goals of the JJPSIA, there has been an increase in both the number of diversion participants and the percentage of successful diversion completions. \$4,186,527.95 has been paid to counties since the inception of the fiscal incentive program for \$14,722 successful diversion completers.

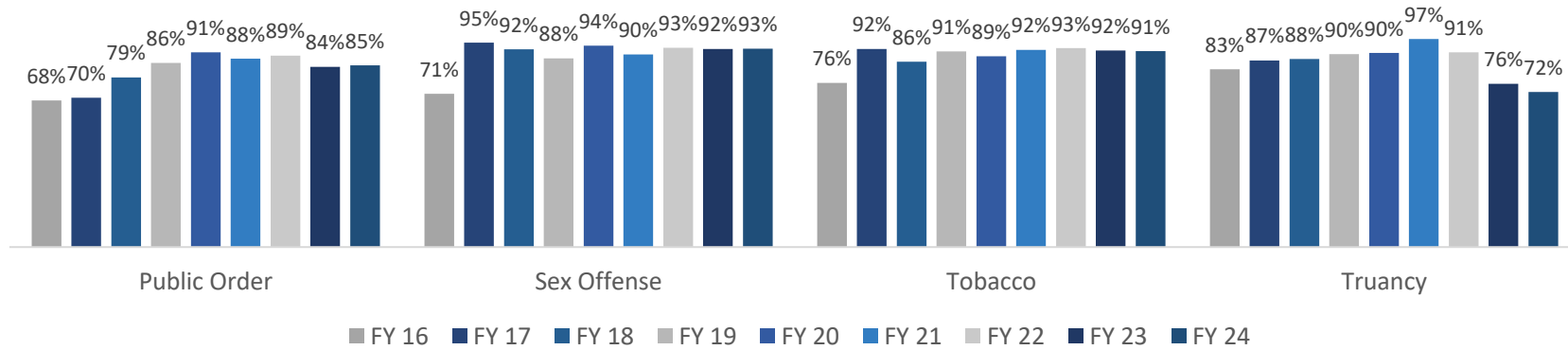


Diversion

Successful Diversions



Successful Diversions



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Diversion

	FY 16		FY 17		FY 18		FY 19	
	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful
Alcohol	122	58	111	26	134	25	192	28
CHINS	30	57	44	62	55	69	90	26
Drug	162	110	241	109	294	117	299	92
Other	14	1	23	0	21	3	14	0
Person	38	9	65	18	75	29	117	25
Property	209	109	187	68	210	85	159	55
Public Order	67	31	187	44	174	46	158	26
Sex Offense	5	2	42	5	59	5	22	3
Tobacco	13	4	12	1	19	3	114	11
Truancy	310	64	DRAFT	41	452	64	449	50
Totals	970	445	912	374	1493	446	1614	316

	FY 21		FY 22		FY 23		FY 24	
	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful
Alcohol	158	45	190	19	149	25	212	35
CHINS	83	14	125	28	86	35	146	76
Drug	259	45	273	49	326	53	358	77
Other	9	2	17	0	30	1	40	6
Person	129	26	153	37	194	47	250	61
Property	167	45	146	40	182	37	229	48
Public Order	194	27	298	36	282	54	221	40
Sex Offense	53	6	52	4	84	7	74	6
Tobacco	147	13	216	17	252	23	265	25
Truancy	673	21	513	52	238	75	195	75
Totals	1872	244	1983	282	1823	357	1990	449

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Unified Judicial System Appointees

Judge David Knoff
First Judicial Circuit

Judge Heidi Linngren
Seventh Judicial Circuit

Judge Margo Northrup
Sixth Judicial Circuit

Annie Brokenleg
JDAI Coordinator

Joanna Lawler
Criminal Defense Attorney

Amie Weglin
Court Service Officer

President Pro-Tempore Appointees

Senator Helene Duhamel
State Senator

Senator Red Dawn Foster
State Senator

Speaker of the House Appointees

Rep. Mike Stevens
State Representative

Rep. Linda Duba
State Representative

Attorney General Appointees

Karly Winter
Assistant Attorney General

**Superintendent's Association
Appointees**

Dr. Kelly Glodt
School Superintendent

Dr. Tammy Meyer
School Superintendent

Governor's Appointees

Ryan Brunner
At Large

Secretary David Flute
Tribal Relations

Bryan Harberts
Youth Care Provider

Tiffany Wolfgang
Dept. of Social Services

Kristi Bunkers
Dept. of Corrections

Vacant
Law Enforcement