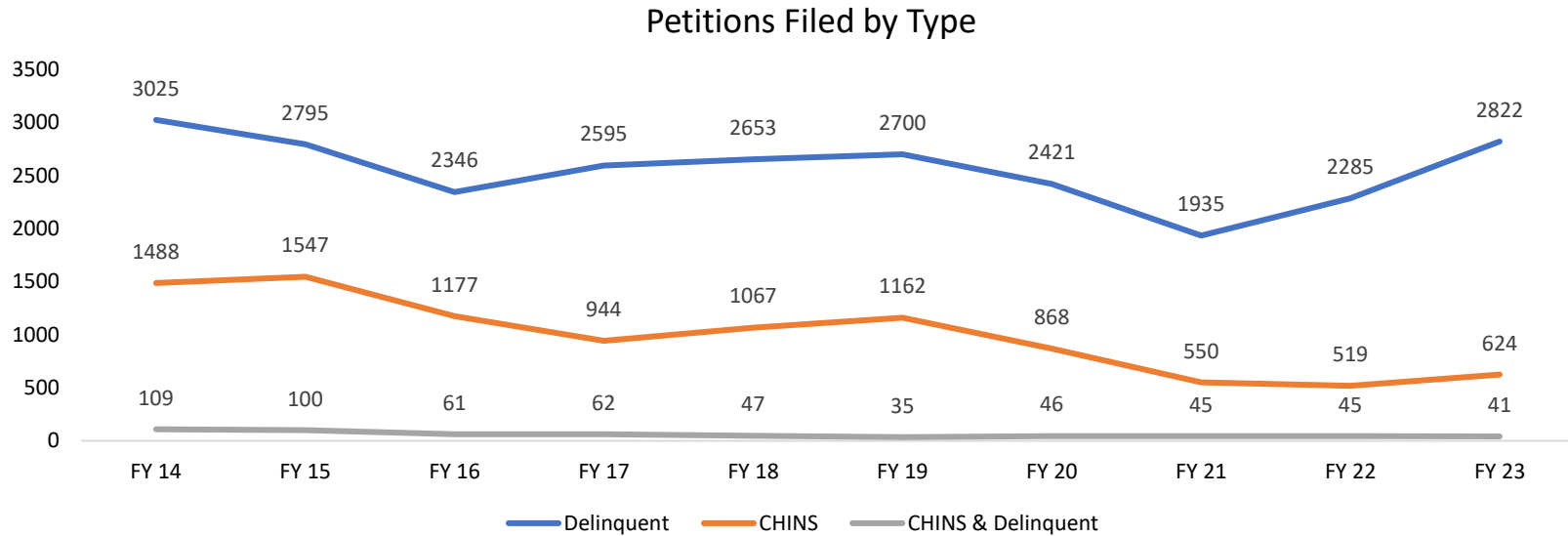


## Petitions Filed by Type

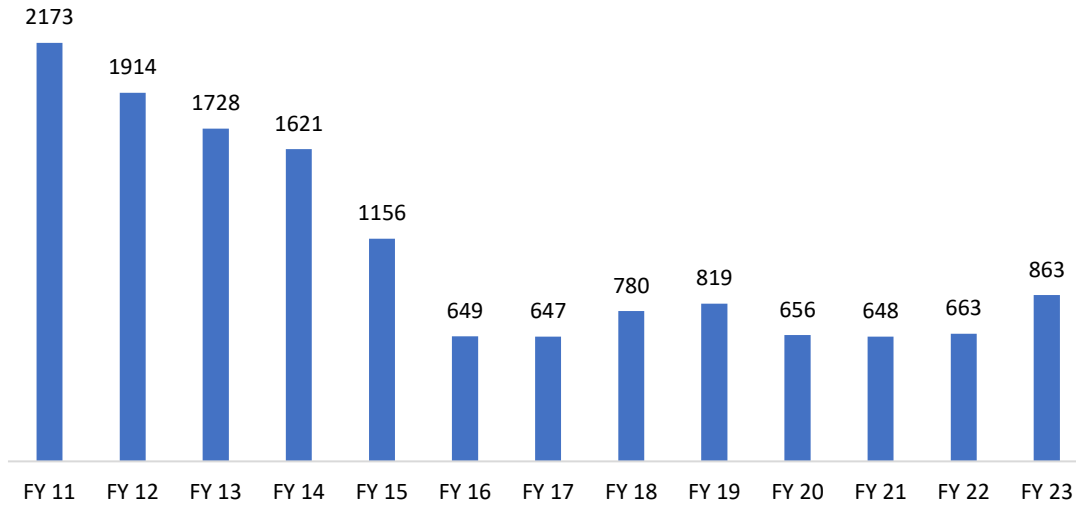


Increasing public safety is of the utmost importance to the Juvenile Justice Oversight Council. Monitoring juvenile arrest data and juvenile petition filings helps to determine if public safety goals are being achieved.

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.

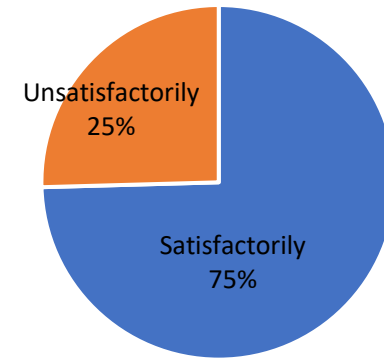
# Probation

## Active Juvenile Probation Cases at the End of Fiscal Year

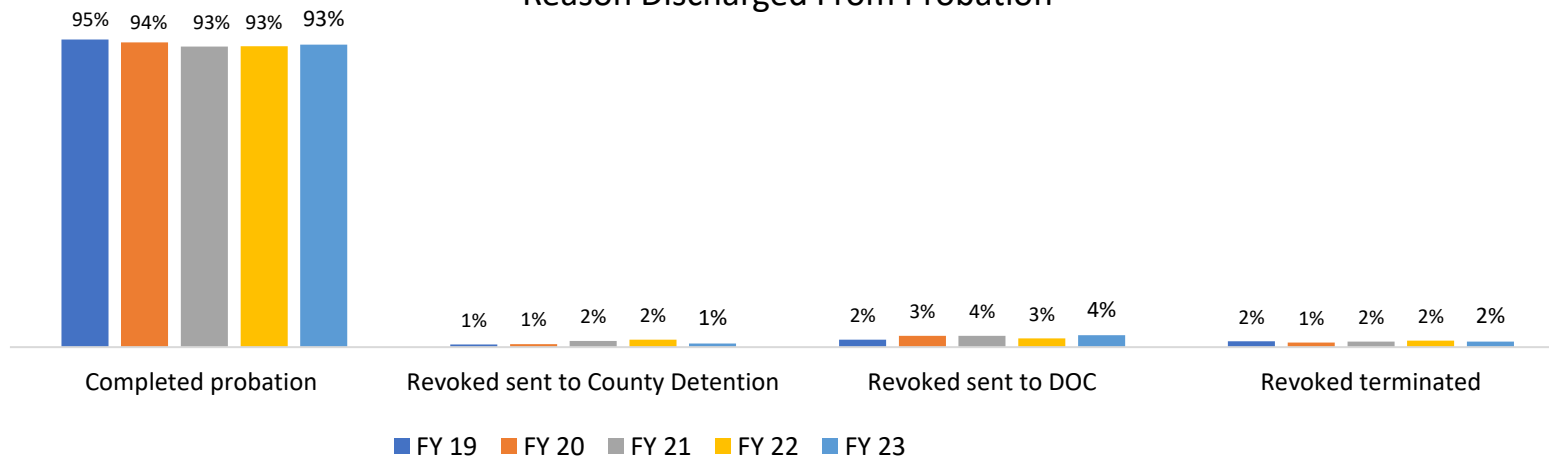


## Completed Probation

N=1085



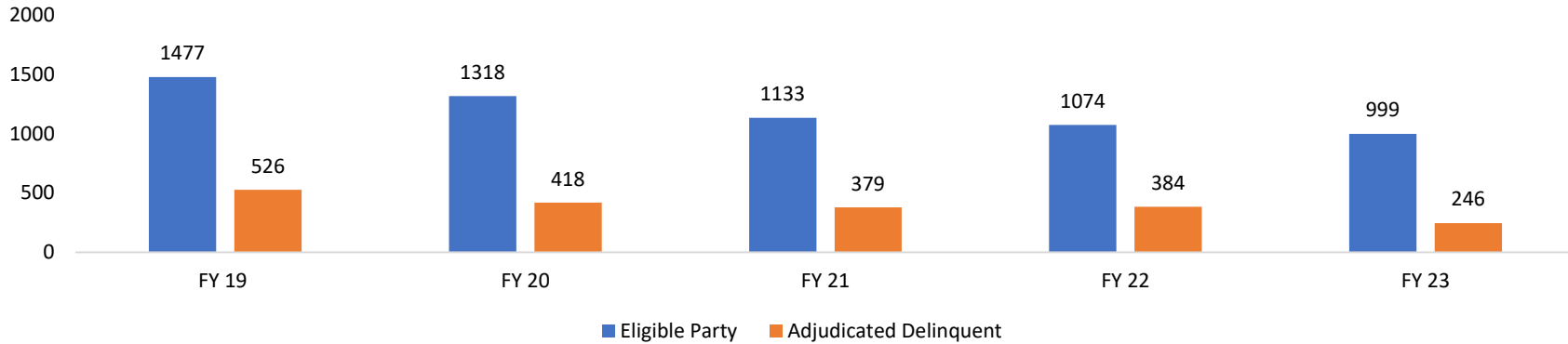
## Reason Discharged From Probation



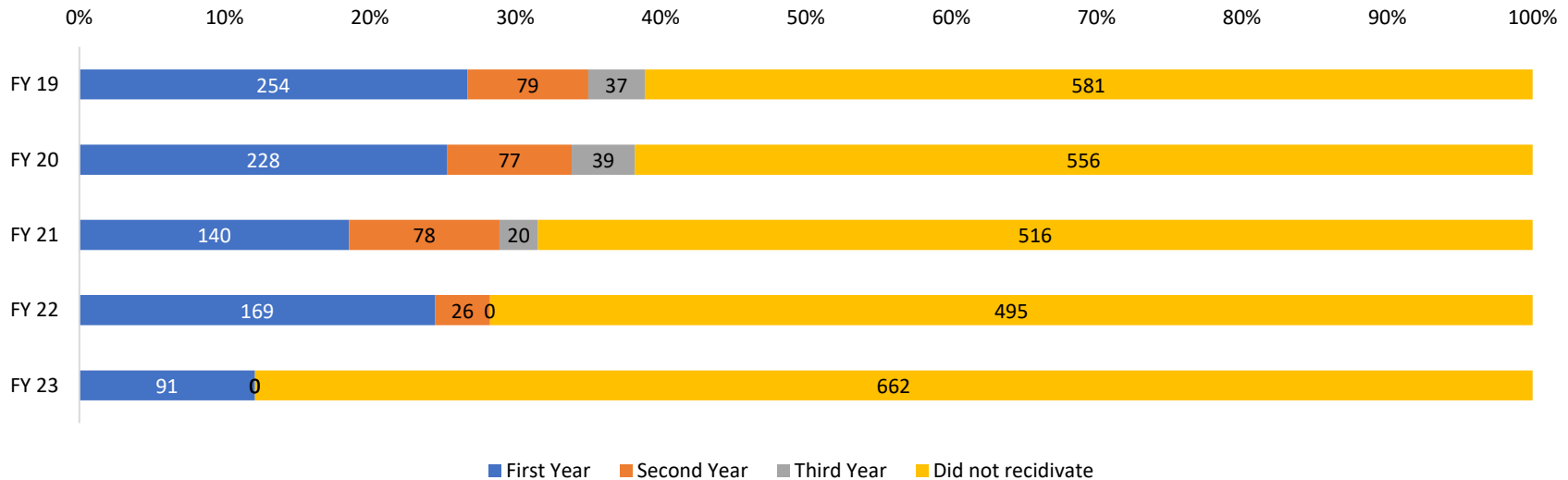
# UJS Recidivism

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 outcomes for FY 19, 20, and 21 are not final at this time.

## Youth Adjudicated while on Supervision

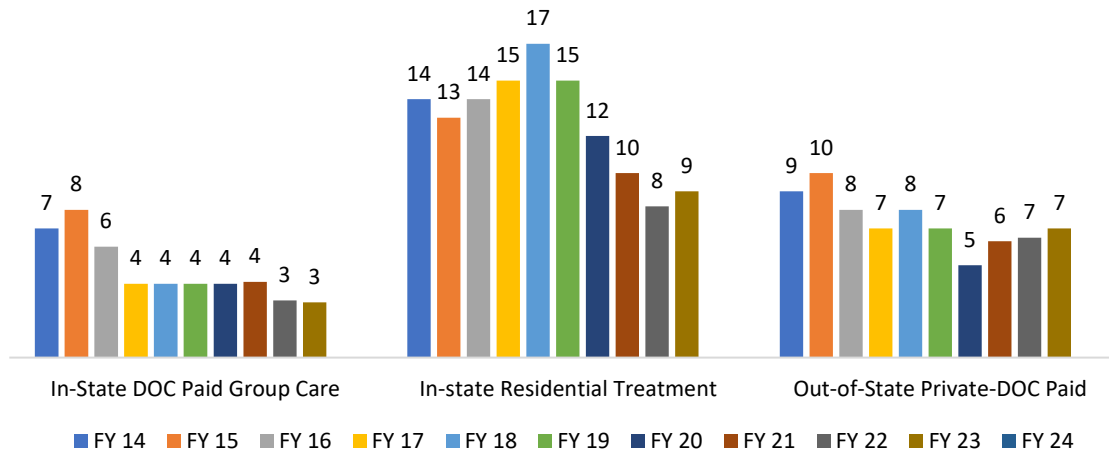


## Recidivism



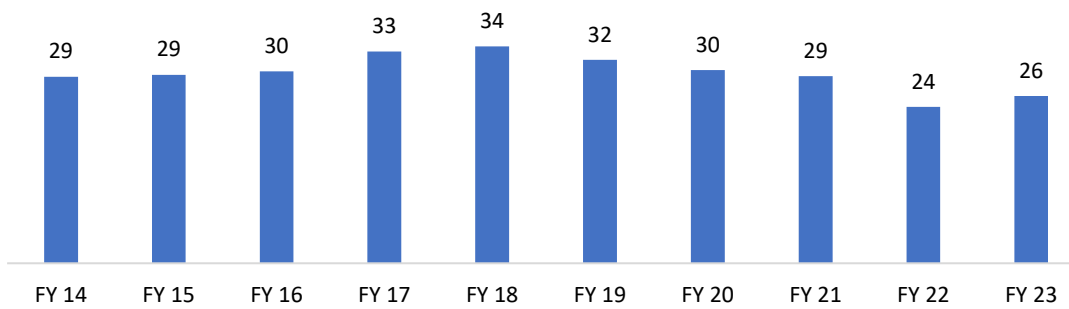
## Average Length of Stay

### 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.

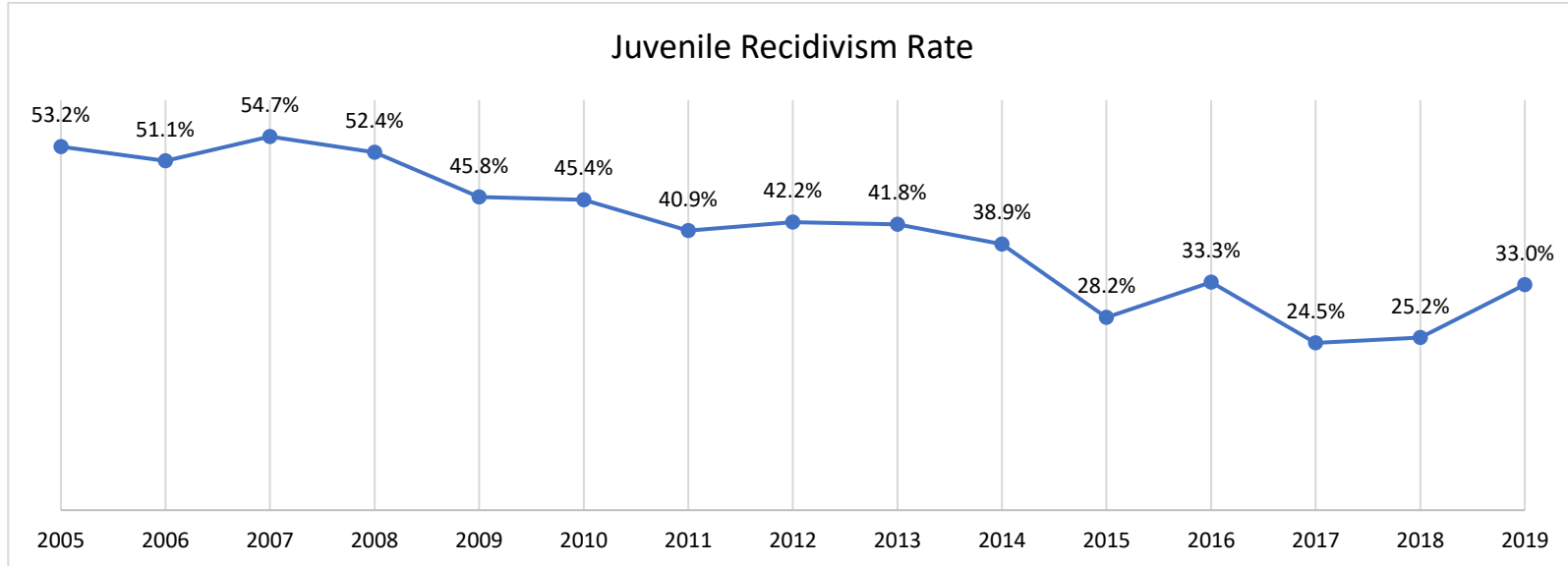
#### Key takeaways

The average length of stay for in-state DOC Paid Group Care has remained steady over the past seven fiscal years. While few youth in the custody of DOC are served by in-state residential treatment providers, the length of stay has decreased from a high of seventeen months to nine months in FY 23. Out of state private DOC placements which include both group care and psychiatric residential treatment beds has averaged 7 months.

The average length of commitment for youth discharged from DOC has fluctuated overtime. However, there was an increase by 2 months between FY 22 and FY 23.

## 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.

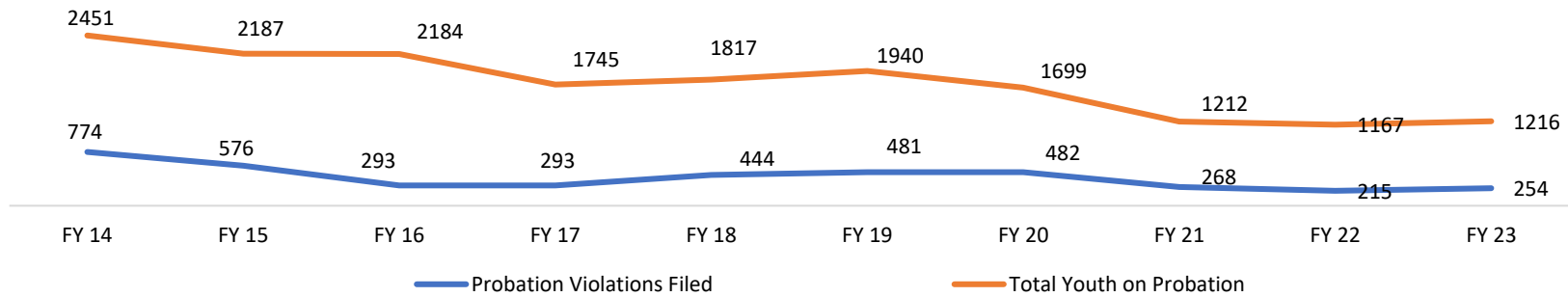


# Youth on Probation

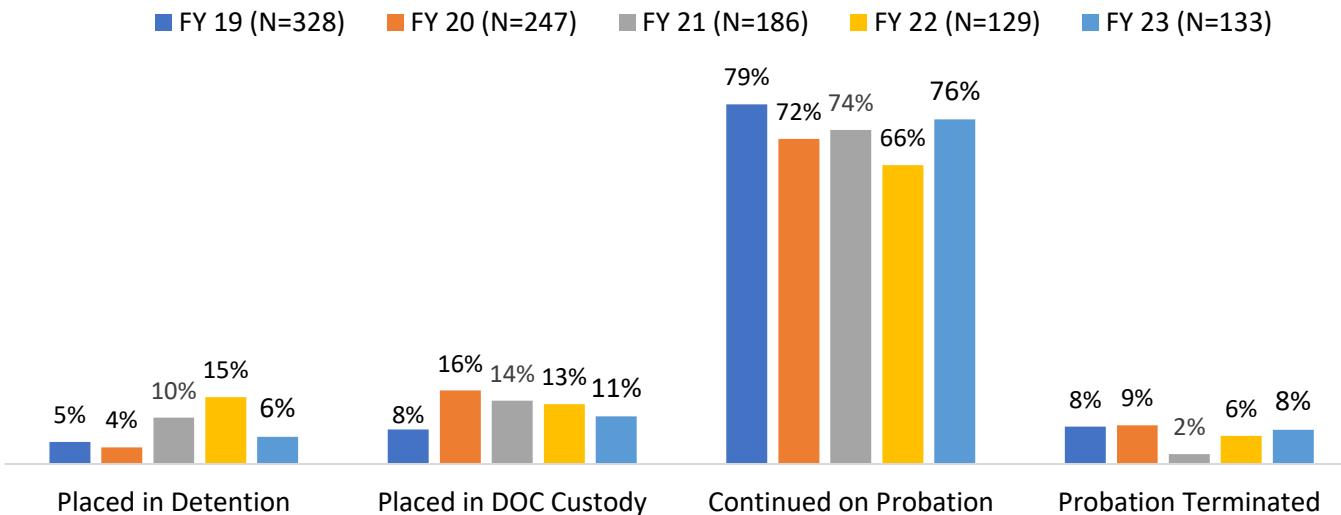
## Effectively Hold Juvenile Offenders Accountable

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



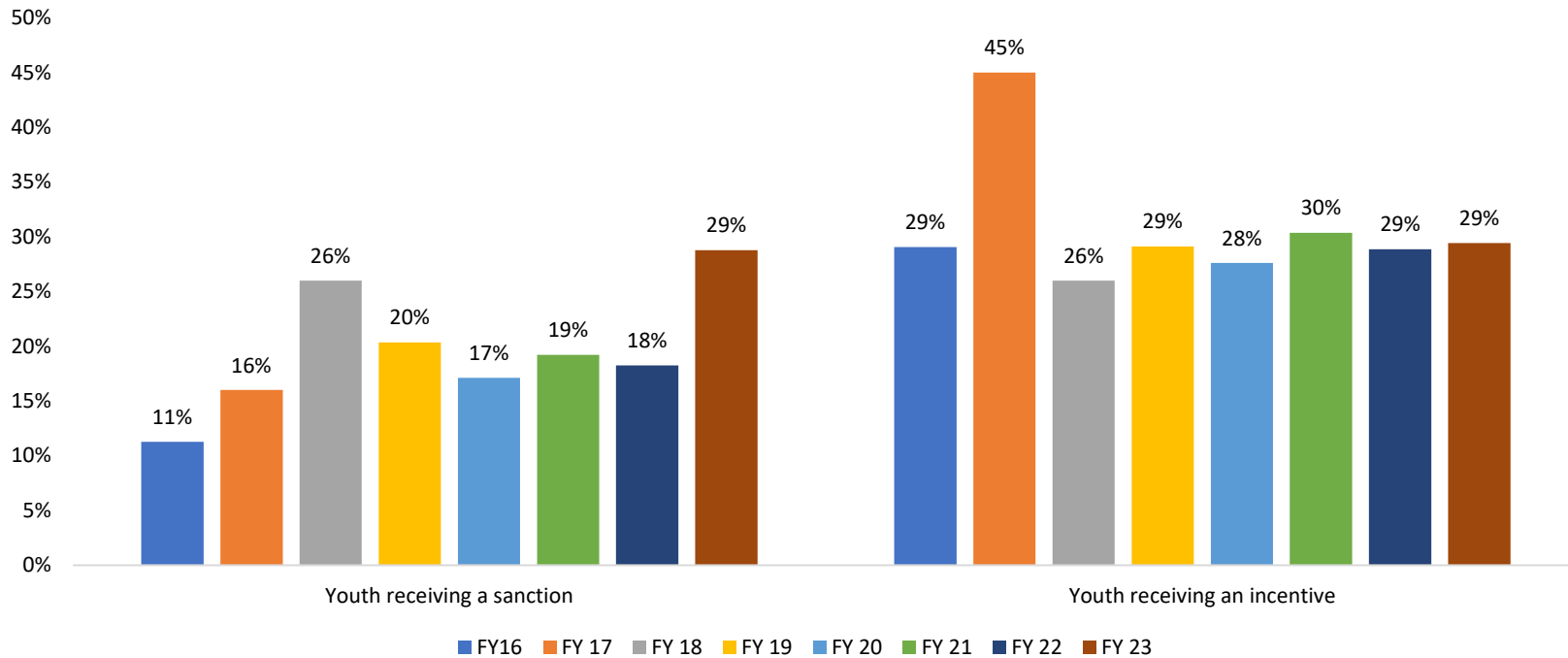
### Key Takeaways

The 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

## Graduated Responses

### Graduated Responses for Youth on Probation



### Graduated Responses

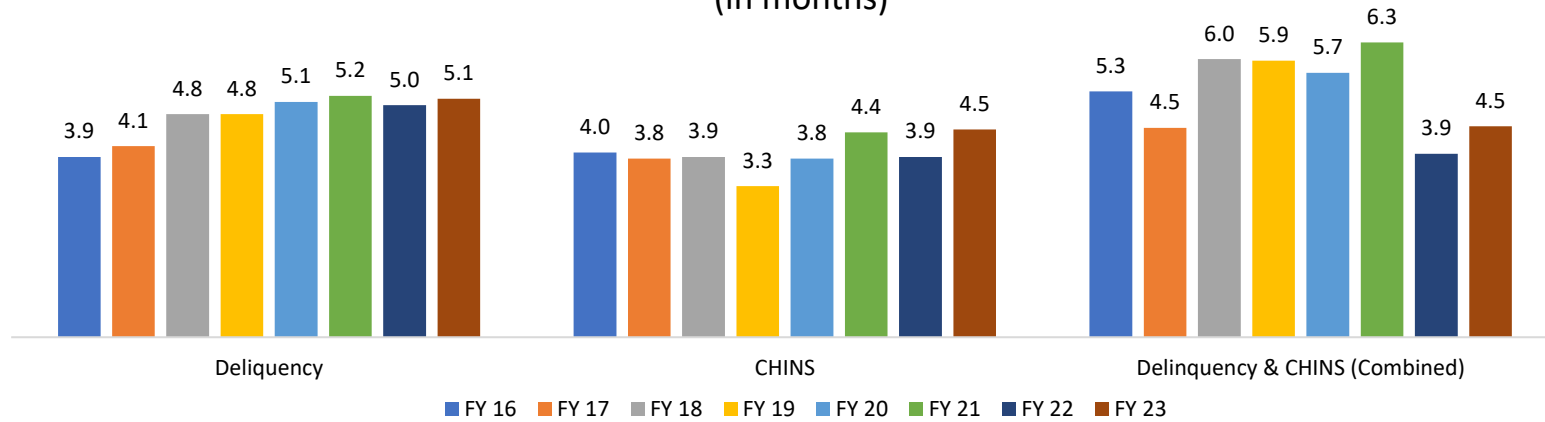
Graduated responses are the use of incentives and sanctions to encourage youth to alter their attitudes and behavior toward prosocial alternatives. The emphasis of graduated responses in supervision is skill-building and positive communication between the youth and CSO. It is important to consistently 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.

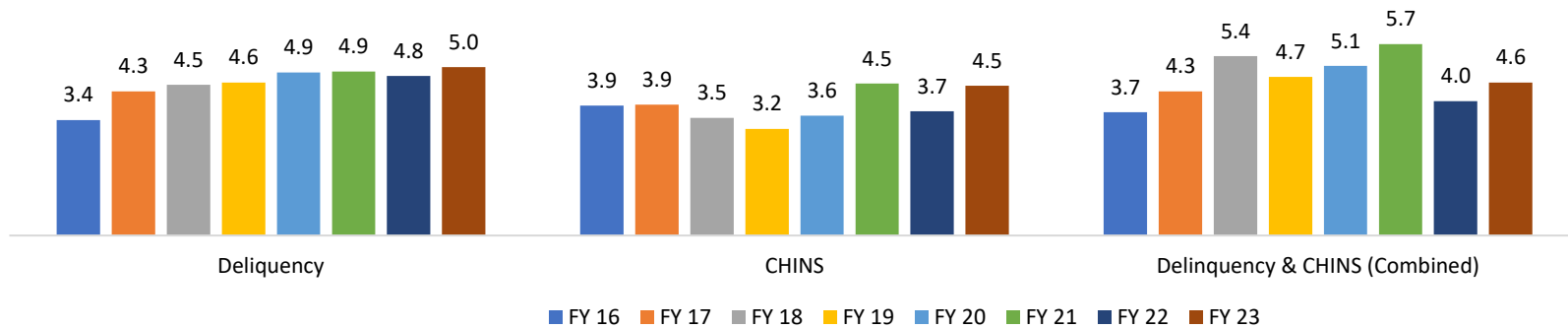
## Time ordered/Time served

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.

### Average Probation Term Ordered (in months)



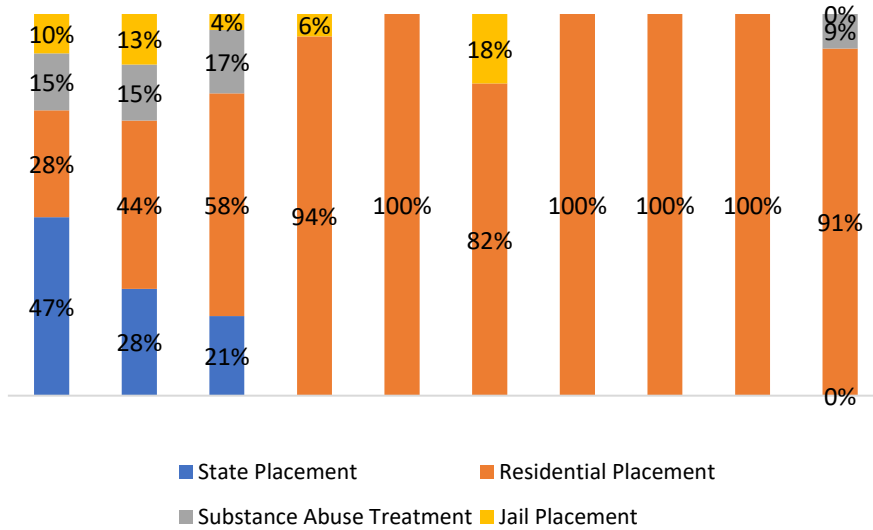
### Average Probation Term Served (in months)





# Aftercare

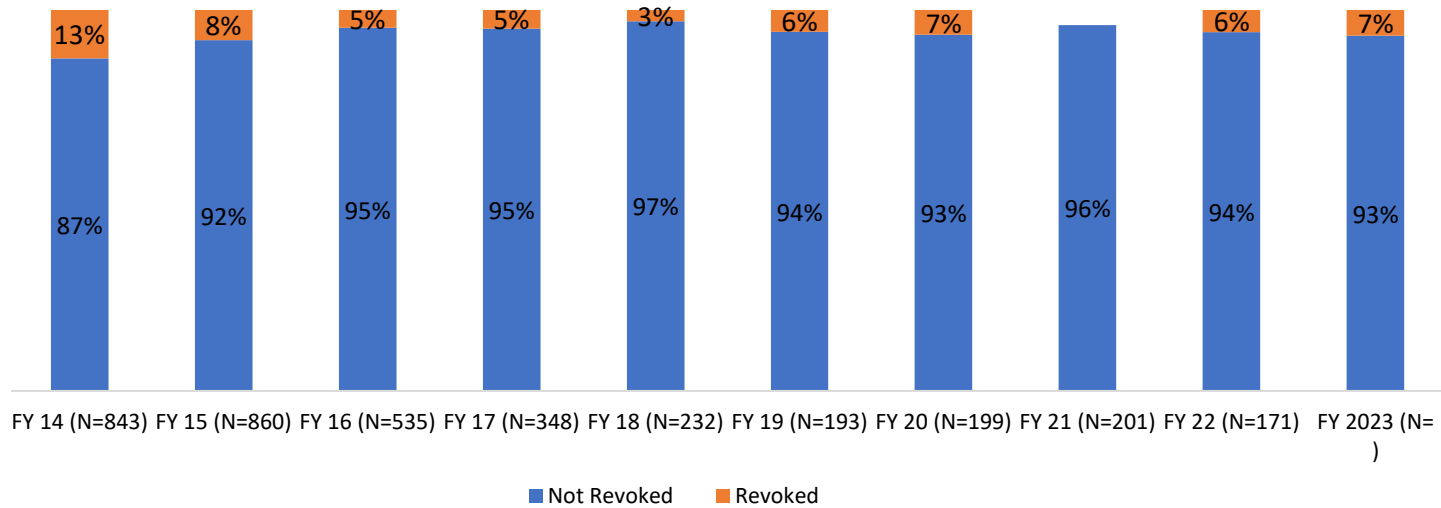
## Actions Taken in Response to an Aftercare Revocation



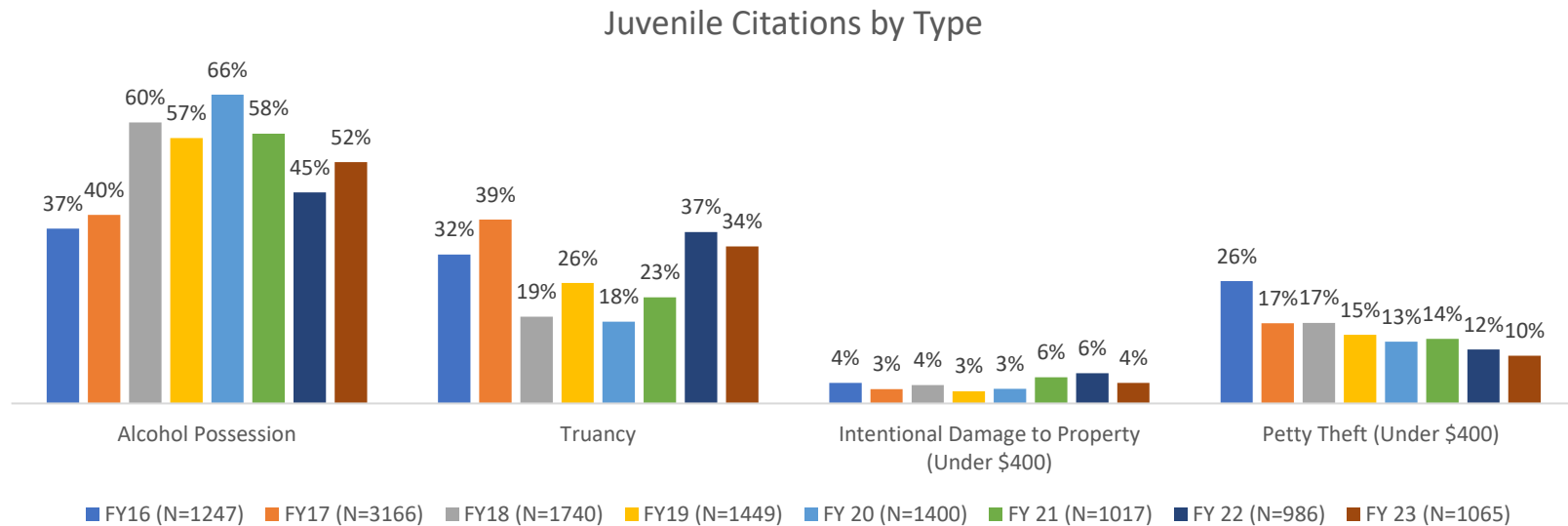
Aftercare is a conditional release to the community during which time the youth remains under DOC guardianship. Youth on aftercare are typically released home with a case plan which is an individualized service plan that targets a youth’s areas of risk and need; and prepares a youth for progressively increased responsibility in the community. In addition to the supervision and monitoring systems provided by Juvenile Corrections Agents (JCA’s), which stress accountability, aftercare supervision includes a combination of interventions or treatment services matched to the youth needs. JCA’s 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 JCA’s to intervene, youth may continue to engage in illegal conduct and aftercare may be revoked.

## Aftercare Revocations

**Key Takeaways**  
 Just 7% of youth on aftercare had their aftercare revoked in FY 23. Most youth, 93% complete aftercare supervision without a revocation event.



## 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.

<sup>1</sup> *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>

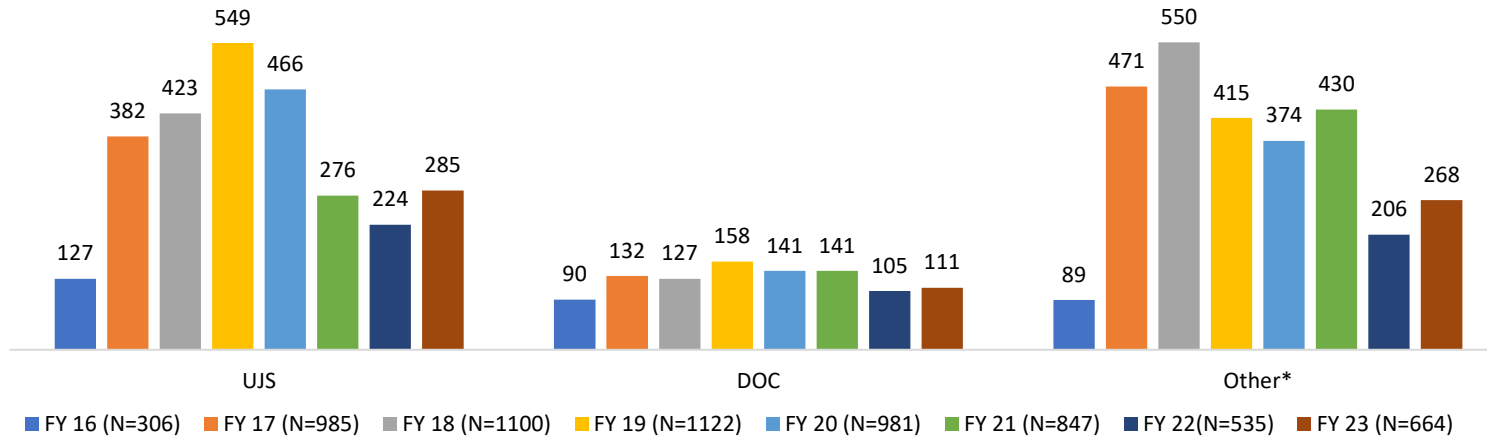
## Referrals to Treatment

### 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 Functional Family Therapy (FFT), Aggression Replacement Training (ART), Moral Reconciliation Therapy (MRT), and additional substance use disorder (SUD) treatment services.

- In FY 23, referrals from UJS increased by 27 percent, as compared to FY 22, referrals from DOC increased by nearly 6 percent, and referrals from other sources increased by 30 percent.
- Overall, referrals increased by 24 percent in FY 23, as compared to FY 22, and were down by 40 percent compared to the peak in FY 19.
- The Division of Behavioral Health continues to monitor the lingering impacts of COVID-19 on referrals to treatment services.

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.

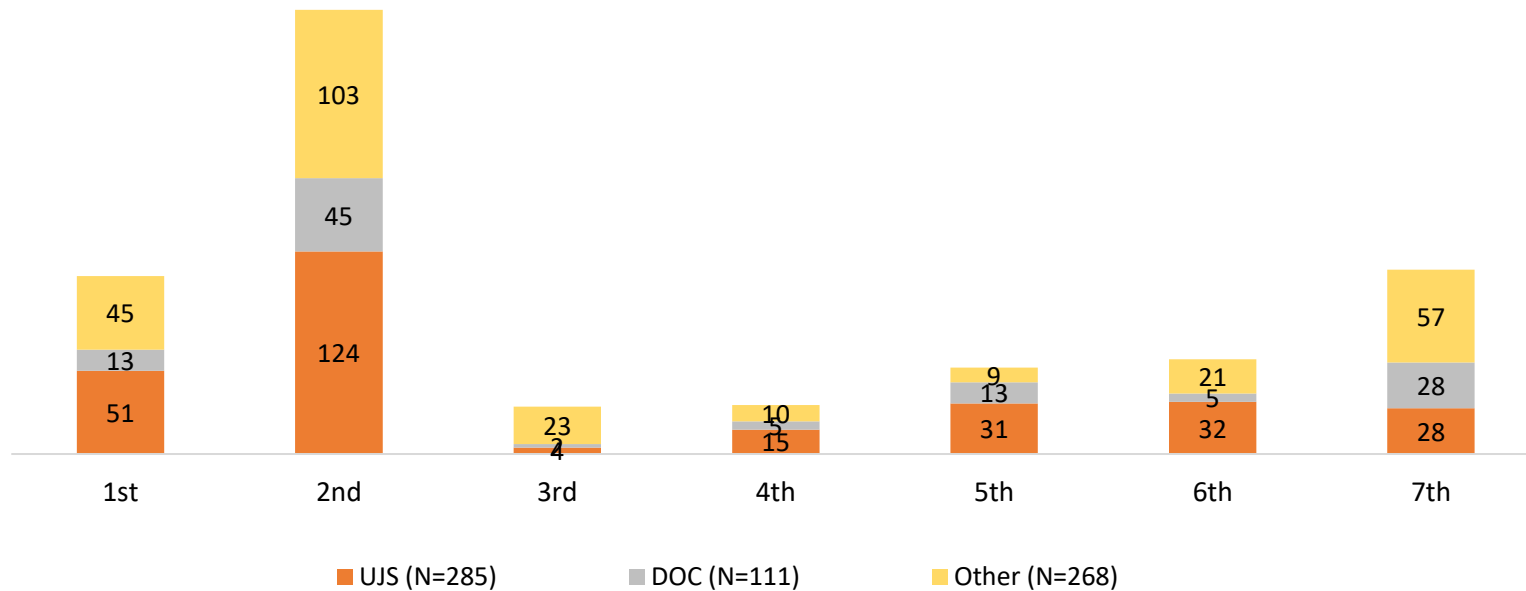
\*\*Referral numbers do not include referrals to Systems of Care services.

## Referrals by Circuit and Source

Referrals to community-based treatment services come from Unified Judicial System Court Service Officers 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 below shows the number of referrals made by each referral source in each circuit in FY23.

Referrals to treatment services decreased in the 1st, 3rd, 4th, and 5th circuit in FY23. Referrals to treatment services increased in the 2nd, 6th, and 7th circuit in FY23. The largest increase was in the 2nd circuit by nearly 69%, and the largest decrease was in the 3rd circuit by 19%.

Referrals to Services by Circuit and Source, FY 23  
N=664

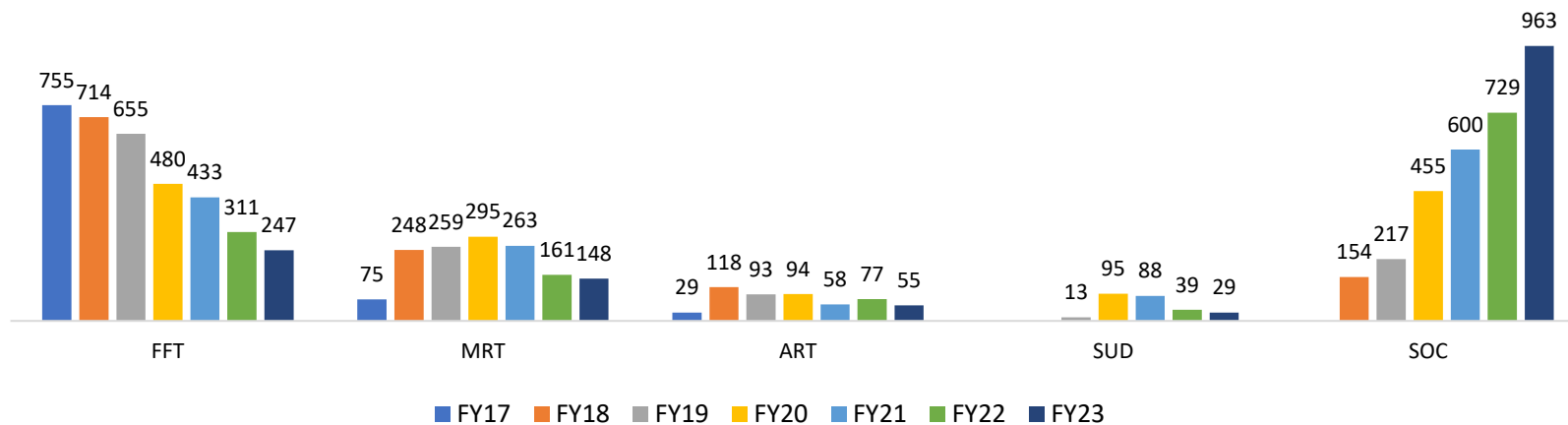


\*Referral numbers do not include referrals to Systems of Care

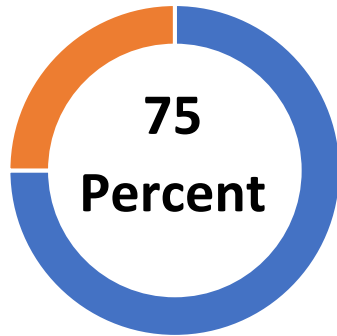
## Clients Served

The number of clients served in targeted treatment services for justice-involved youth grew through FY 18 and then began to decline. This decline is related to lower referral numbers, the impacts of COVID-19 as well as workforce challenges. The Division of Behavioral Health is actively partnering with treatment agencies to address workforce challenges and monitoring access to services. Additionally, the Division of Behavioral Health held listening sessions with treatment agencies and referral sources in FY23 to better understand gaps and barriers to service access and current treatment needs. Through the listening sessions, we learned that when core JJRI services are not available due to location, staffing or other barriers, justice-involved youth are referred to and served in other publicly funded treatment services, including the Child or Youth and Family (CYF) Services offered by Community Mental Health Centers and/or substance use disorder treatment services outside of the specific JJRI agencies. In FY23, a total of 5,187 youth were served in CYF Services and a total of 478 youth were served in substance use disorder treatment. The Division of Behavioral Health funded an additional 3.75 Systems of Care coordinators in FY23 compared to FY22.

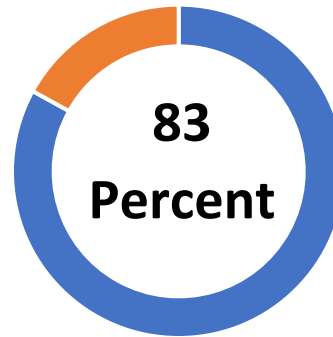
### Clients Served by Fiscal Year



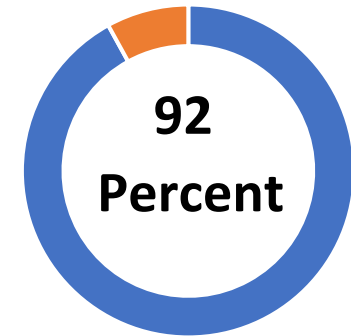
## Functional Family Therapy



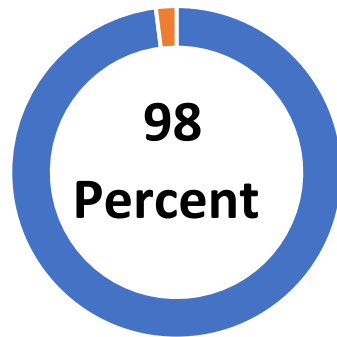
75 percent of families served successfully completed FFT, out of a total of 122 families.



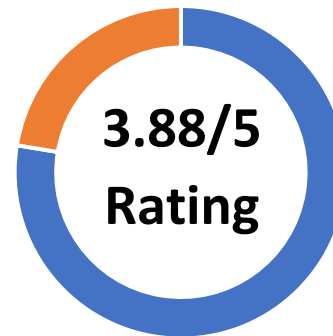
83 percent of youth and 79 percent of parents and guardians reported a positive general change in their family after FFT.



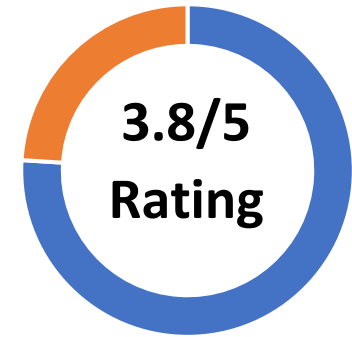
92 percent of youth were attending school or working upon completion of FFT.



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



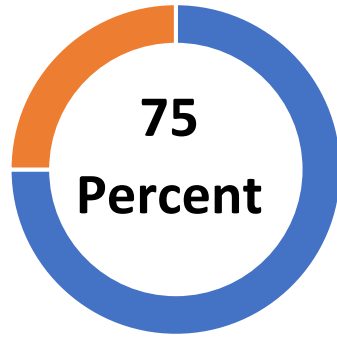
Youth rated their ease and convenience when accessing treatment services at 3.88 out of 5. Parents rated their ease of access 4.50 out of 5.



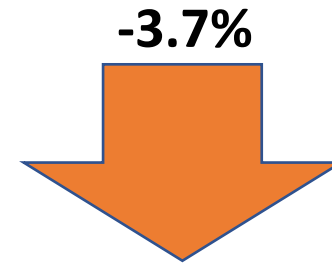
Youth rated their outcomes regarding mental health and social wellbeing at 3.80 out of 5. Parents gave a rating of 4.06 out of 5.

The percentage of families successfully completing FFT increased by 2.8 points compared to FY 22.

## Aggression Replacement Training



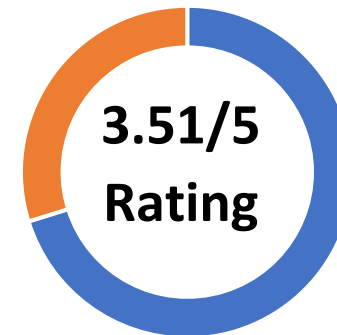
75 percent of youth served successfully completed ART, out of a total of 32 youth.



Youth participating in ART showed an average reduction of 3.7% in aggression, anger, and hostility.



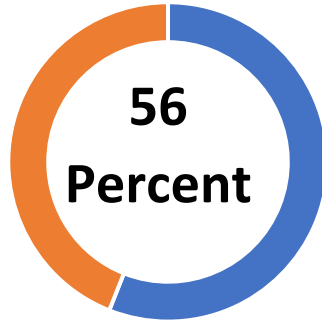
Youth rated their ease and convenience when accessing treatment services at 3.72 out of 5. Parents rated their ease of access 4.58 out of 5.



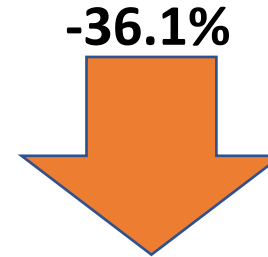
Youth rated their outcomes regarding mental health and social wellbeing at 3.51 out of 5. Parents gave a rating of 3.90 out of 5.

The percentage of youth successfully completing ART did not change compared to FY 22.

## Moral Reconciliation Therapy



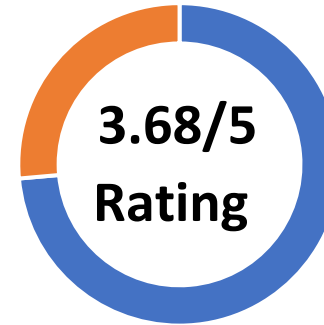
56 percent of youth successfully completed MRT, out of a total of 84 youth.



Youth participating in MRT showed an average reduction of 36.1% in certain cognitive distortions.



Youth rated their ease and convenience when accessing treatment services at 3.75 out of 5. Parents rated their ease of access 4.50 out of 5.

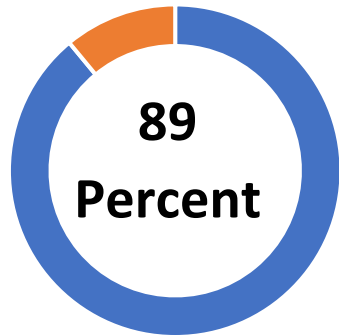


Youth rated their outcomes regarding mental health and social wellbeing at 3.68 out of 5. Parents gave a rating of 4.05 out of 5.

The percentage of youth successfully completing MRT decreased by 18 points compared to FY 22.

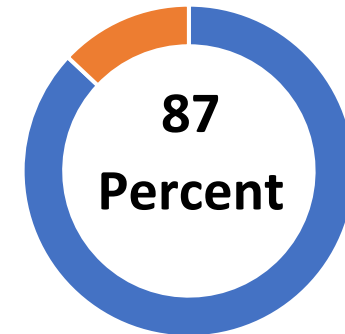


## Systems of Care (SOC) Services

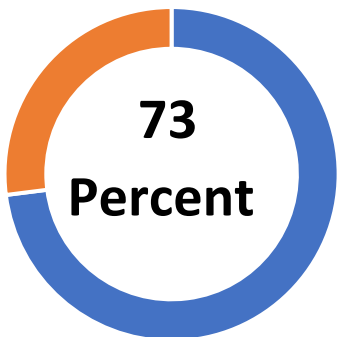


89 percent of families reported basic needs had been met

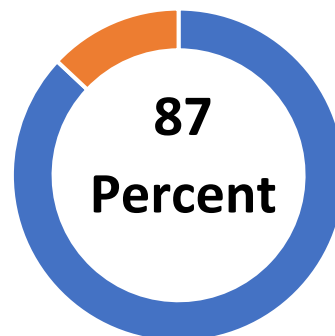
In addition to treatment services for the target population, Systems of Care (SOC) was expanded to support youth and families who experience barriers that may prevent them from participating in their recommended treatment. SOC is an early-intervention service that includes a wraparound approach to care 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



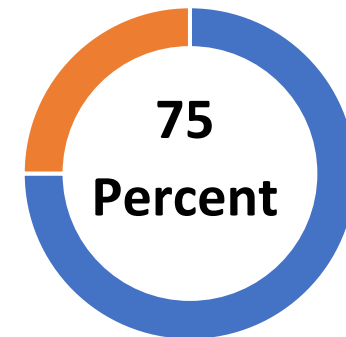
87 percent of families reported housing needs had been met



73 percent of families reported emotional needs had been met



87 percent of families reported educational needs had been met

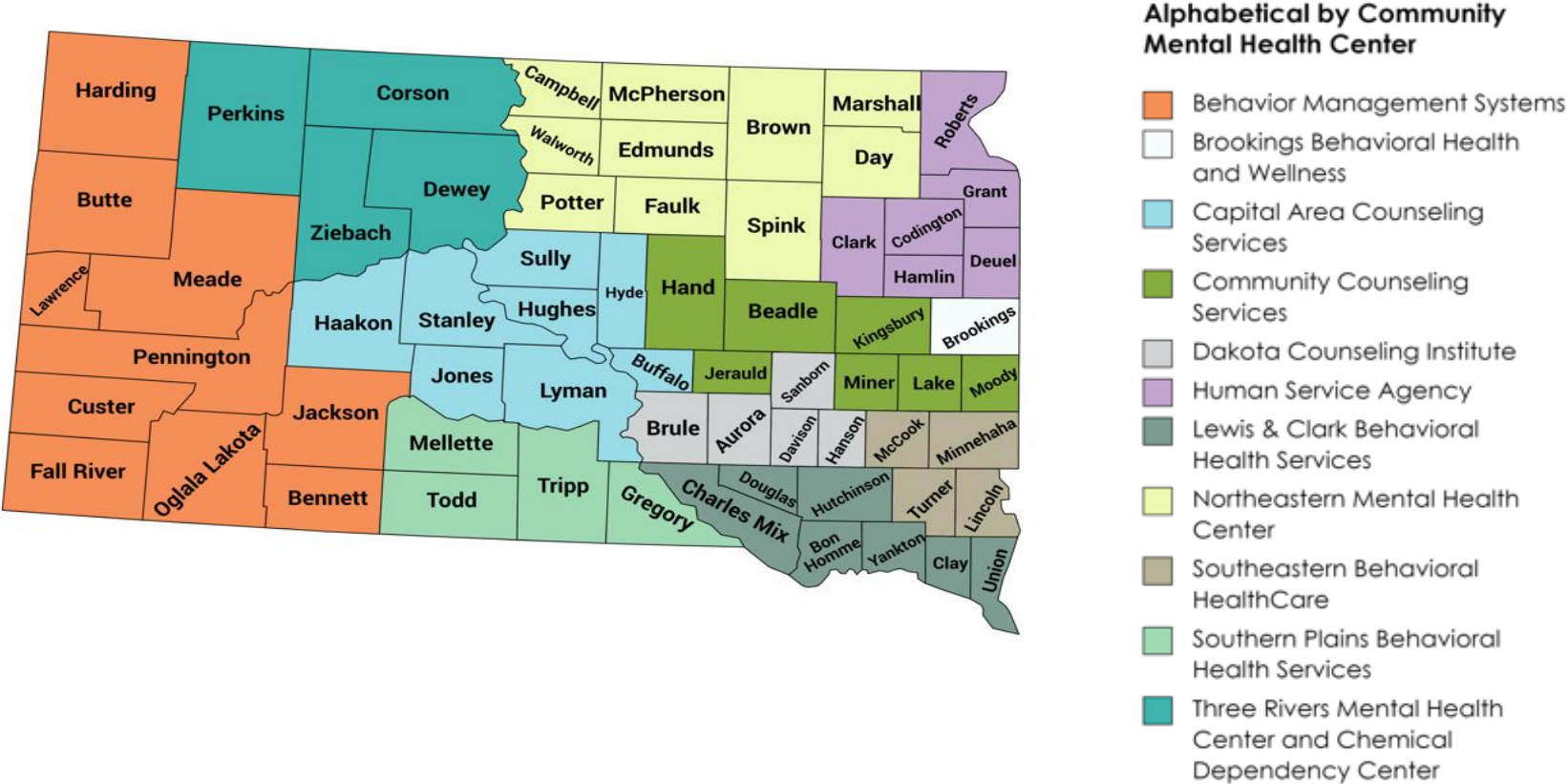


75 percent of families reported satisfaction with their family life

963 families received SOC services, impacting over 2,700 children.

# 2023 Services Maps

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



# Services Maps



## Functional Family Therapy (FFT)

FFT is a family-based therapy that focuses on building skills to improve family relationships, reduce behavioral issues, and improve school performance. FFT is a clinical model that increases a family’s motivation to change and tailors interventions to each family’s unique risk and protective factors.

### Functional Family Therapy (FFT)

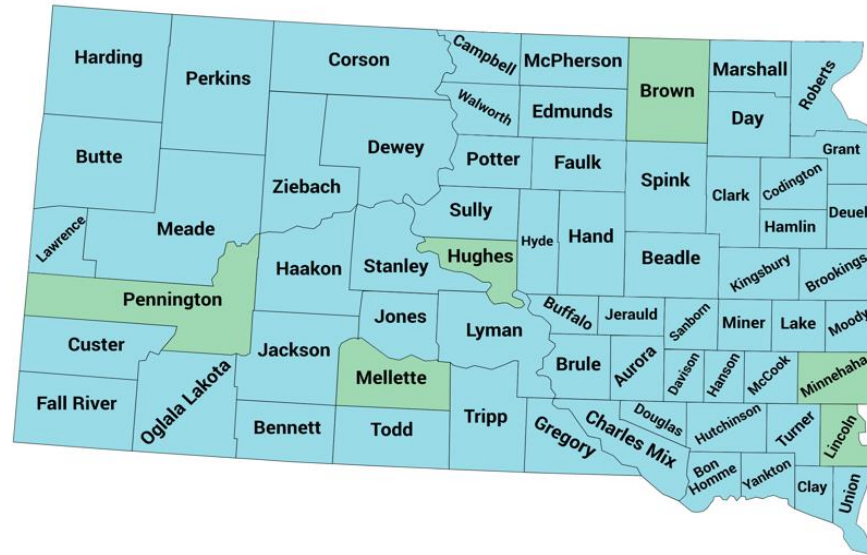
- In-Person FFT and Telehealth FFT
- Telehealth FFT

## Aggression Replacement Training (ART)

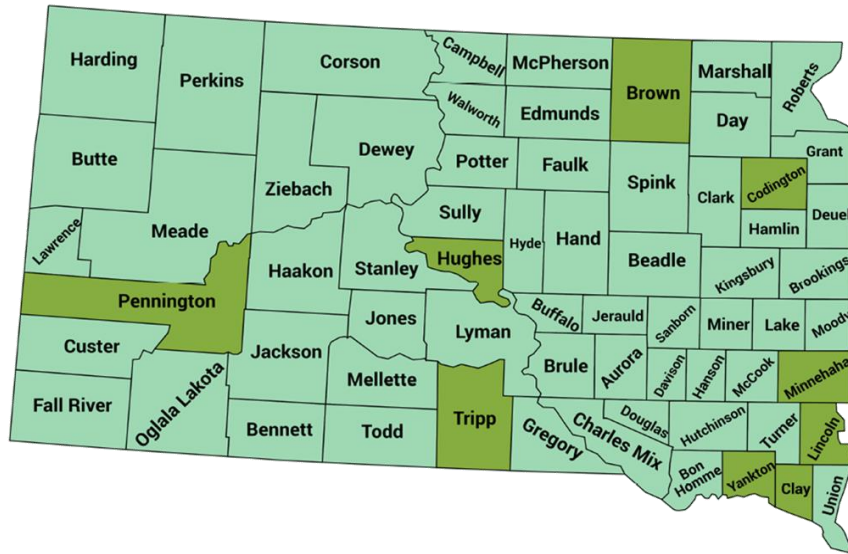
ART is designed to alter behaviors of chronically aggressive youth by using guided group discussions to correct anti-social thinking. ART uses repetitive learning techniques to teach coping skills for managing anger and impulsiveness. ART includes three interventions: social skills, anger control, and moral reasoning.

### ART Services

- In-Person ART and Telehealth ART
- Telehealth ART



## Services Maps



### Moral Reconciliation 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.

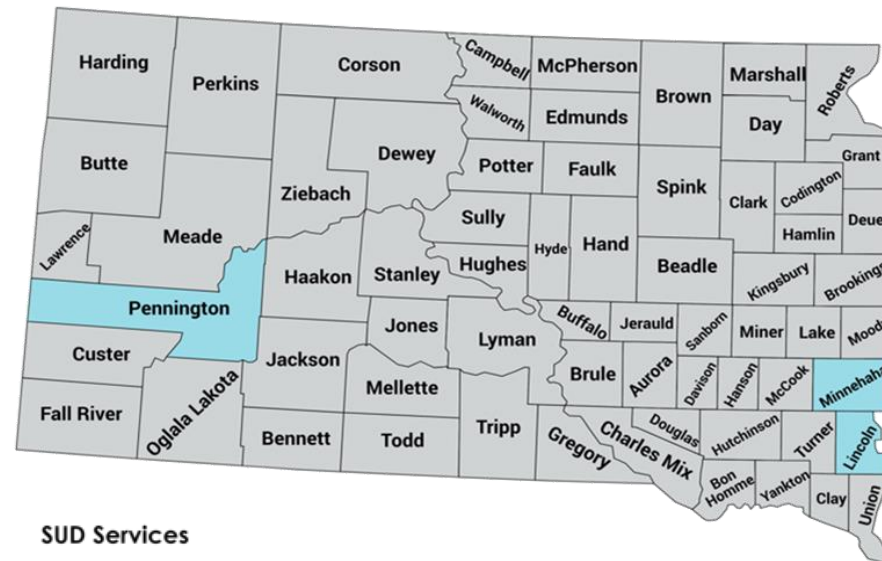
#### MRT Services

- 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 addiction or co-occurring disorders. The length of CYT services varies by the youth’s needs and can range from 5 to 22 sessions. CYT also includes a family support component. CYT is currently offered in Rapid City and Sioux Falls.

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. CBISA is offered statewide via telehealth.



#### SUD Services

- In-Person CYT and Telehealth CBISA
- Telehealth CBISA

## Services Maps



### Systems of Care (SOC)

#### Service Map

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 Services
- No SOC Services

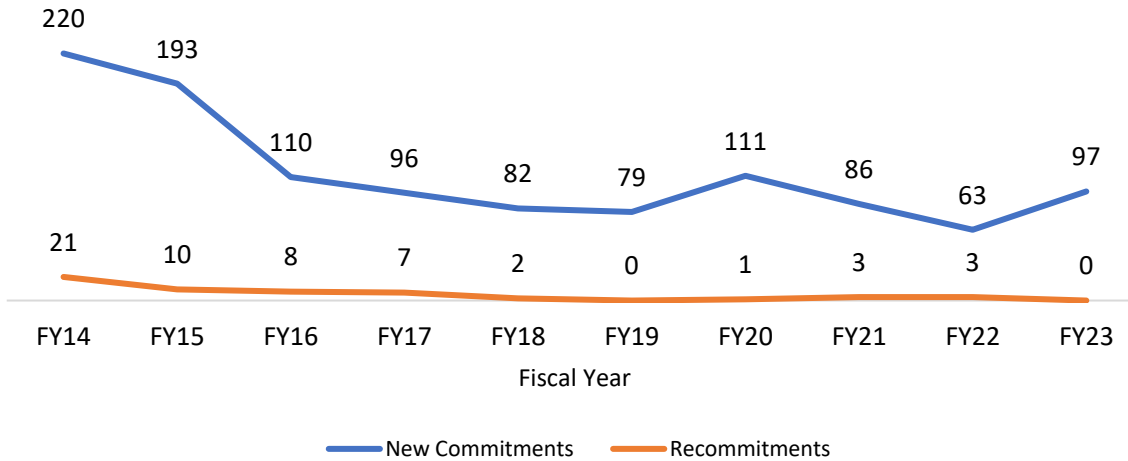
## Community Response Teams

1st Circuit (FY 23)				
CRT Recommendation	Community Based Alt.	Court Disposition	Agreement	
#1	DOC Placement	No	DOC Placement	Yes
#2	Intensive Probation	Yes	Intensive Probation	Yes
#3	DOC Placement	No	DOC Placement	Yes
#4	Intensive Probation	Yes	Intensive Probation	Yes
#5	DOC Placement	No	DOC Placement	Yes
#6	DOC Placement	No	DOC Placement	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.

## DOC Commitments

New Commitments and Recommitments\* to the DOC

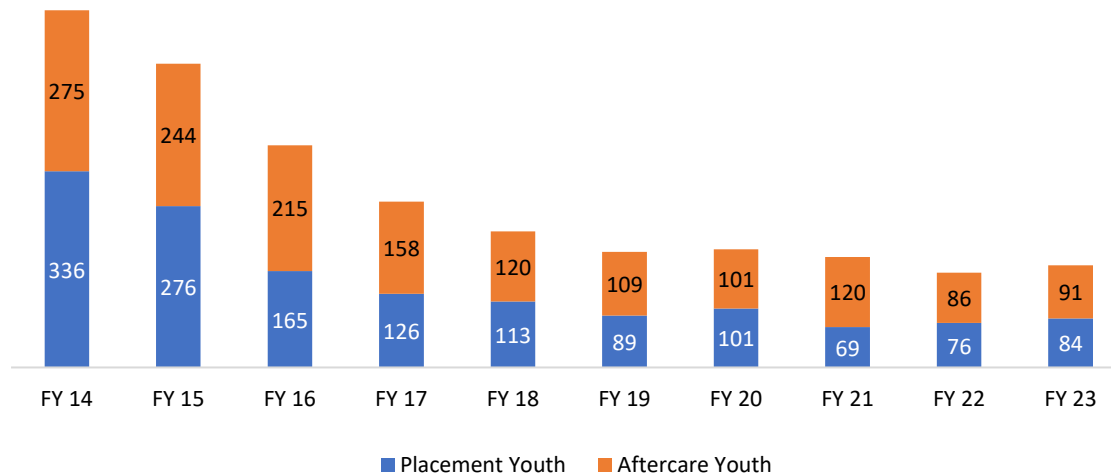


### Key Takeaways

New commitments to DOC in FY 23 increased by 32% from FY 22.

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.*

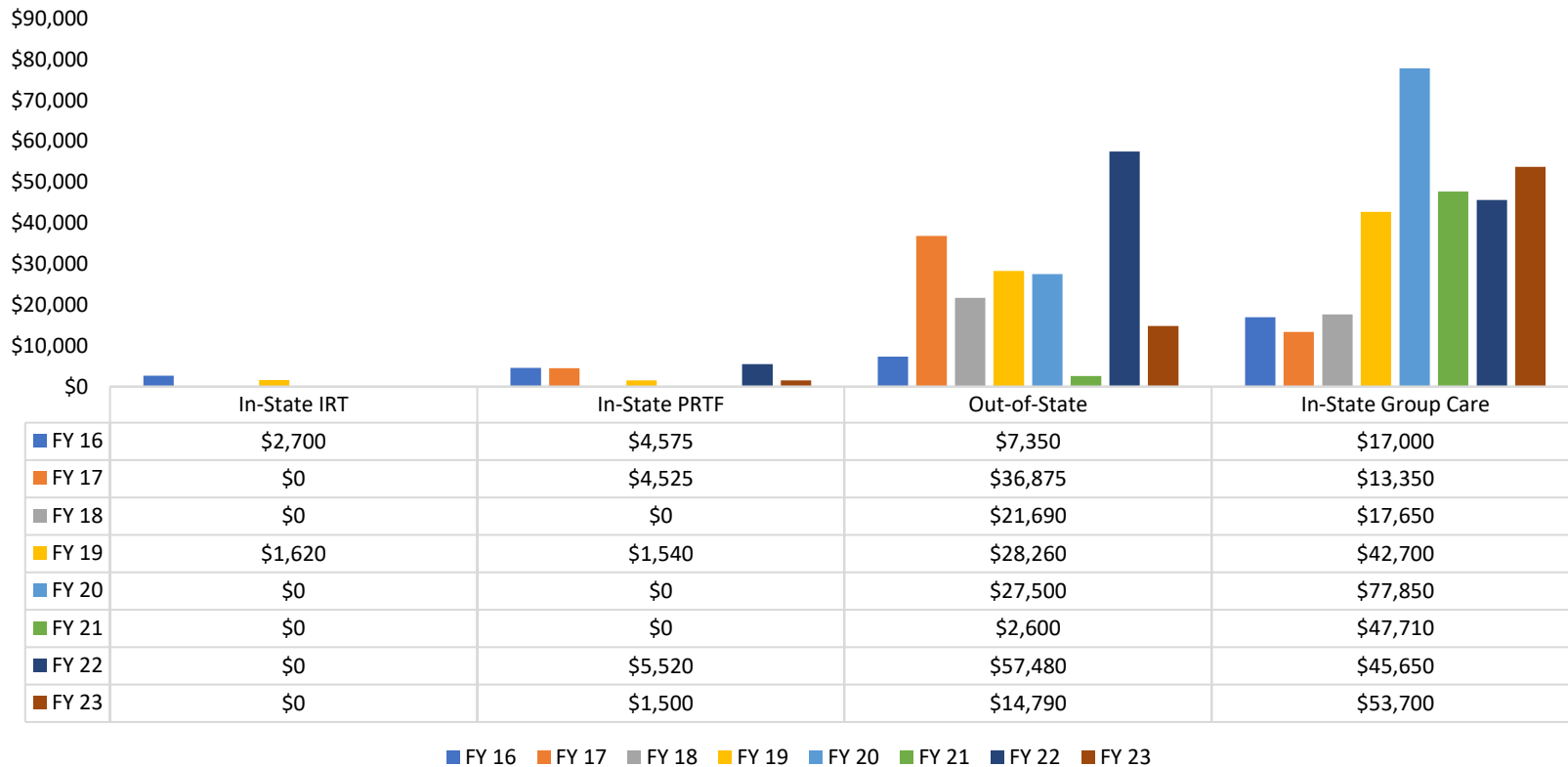
## Provider Pay

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.

FY 23 payments reflect on-going success, particularly with in-state group care providers.

In FY 23, \$69,990.00 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

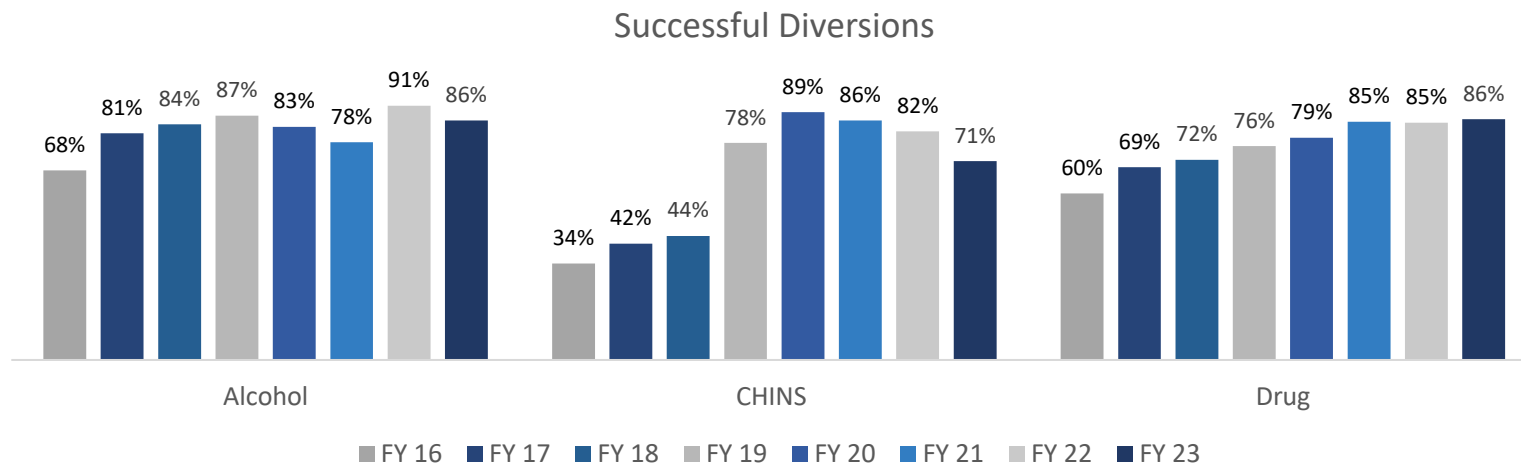




## Diversion

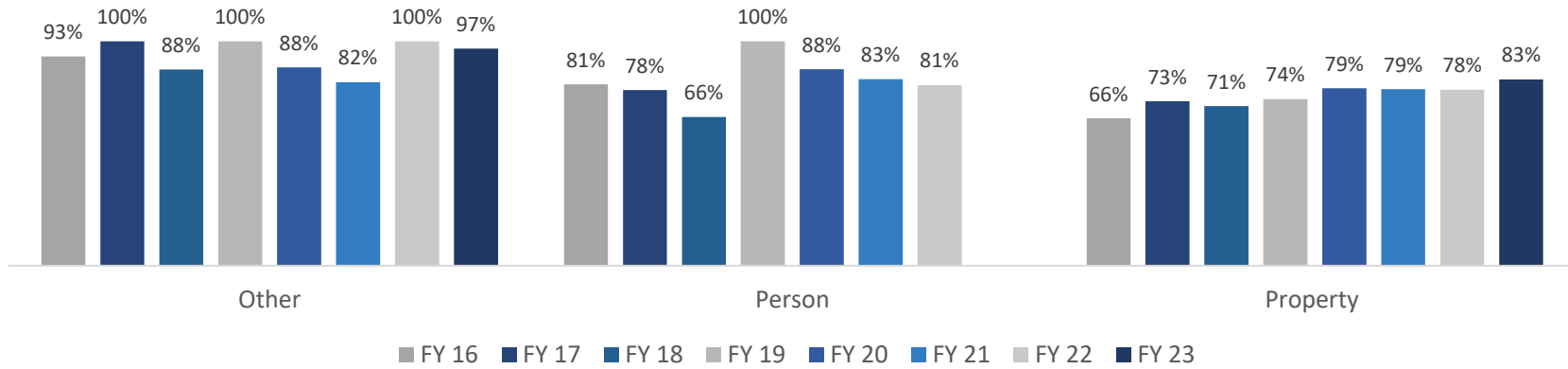
JJPSIA expands the use of diversion by providing fiscal incentives to counties and encouraging broader use of diversion for non-violent misdemeanants and CHINS with no prior adjudications. All counties are eligible to submit data to the Department of Corrections for reimbursement of up to \$250 per successful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

Consistent with the goals of the JJPSIA, there has been an increase in both the number of diversion participants and the percentage of successful diversion completions. \$2,693,277.95 has been paid to counties since the inception of the fiscal incentive program for 12,727 successful diversion completers.

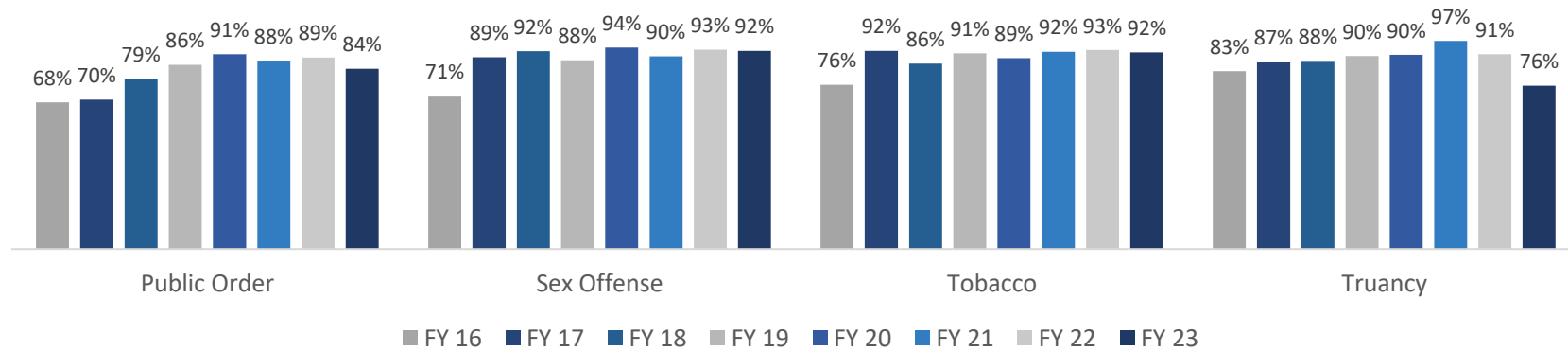


# Diversion

## Successful Diversions



## Successful Diversions



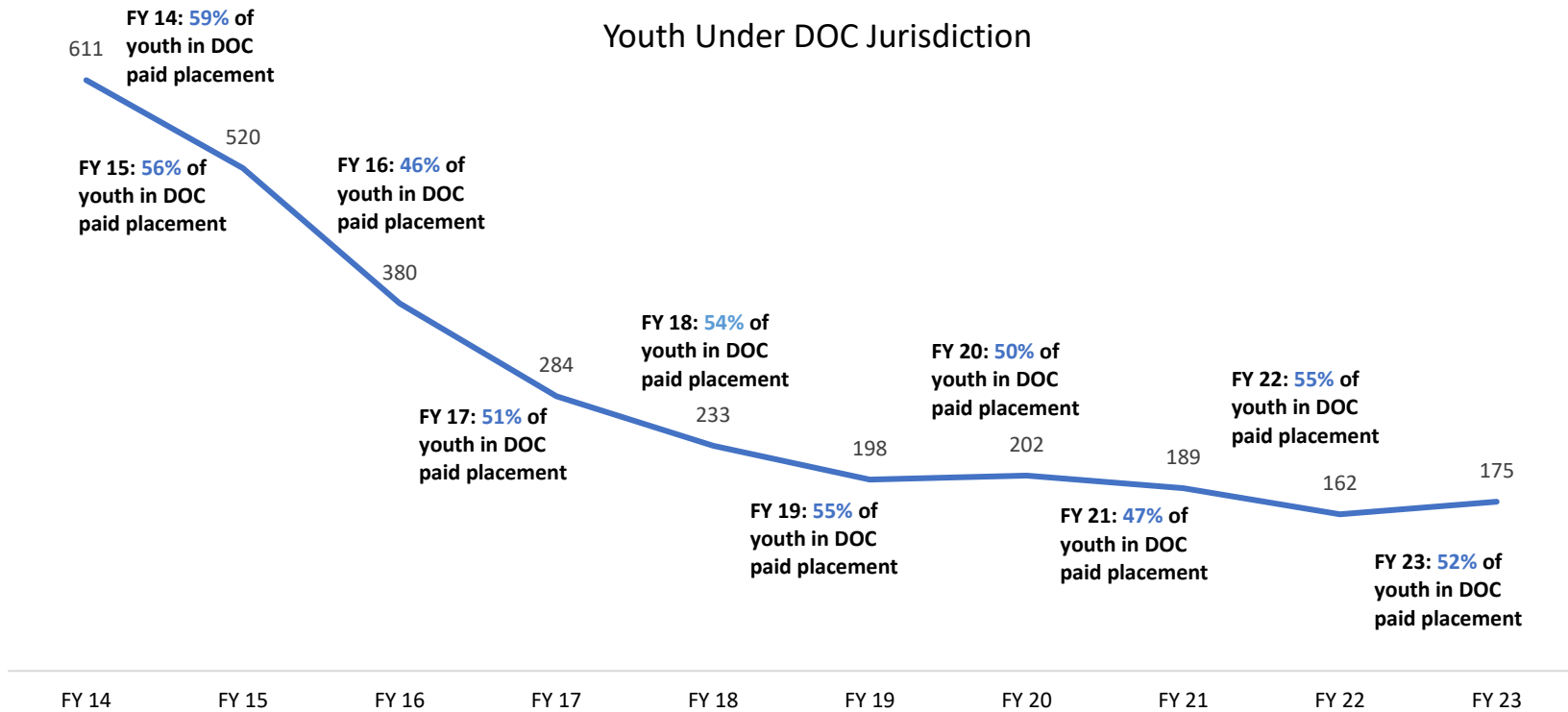
## Diversion

	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	
Person	38	9	65	18	75	29	117	25
Property	209	109	187	68	210	85	159	55
Public Order	67	31	101	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	275		452	64	449	50
<b>Totals</b>	<b>970</b>	<b>445</b>	<b>1101</b>	<b>333</b>	<b>1493</b>	<b>446</b>	<b>1614</b>	<b>316</b>

	FY 20		FY 21		FY 22		FY 23	
	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful
Alcohol	180	36	158	45	190	19	149	25
CHINS	85	11	83	14	125	28	86	35
Drug	281	73	259	45	273	49	326	53
Other	23	3	9	2	17	0	30	1
Person	113	16	129	26	153	37	194	47
Property	167	44	167	45	146	40	182	37
Public Order	226	23	194	27	298	36	282	54
Sex Offense	61	4	53	6	52	4	84	7
Tobacco	72	9	147	13	216	17	252	23
Truancy	663	70	673	21	513	52	238	75
<b>Totals</b>	<b>1871</b>	<b>289</b>	<b>1872</b>	<b>244</b>	<b>1983</b>	<b>282</b>	<b>1823</b>	<b>357</b>

## Youth Under DOC Jurisdiction

The number of youth in DOC paid placements fluctuates and has trended down overtime. The intensive case management model and delivery of interventions by the Juvenile Corrections Agent's has increased the number of youth served successfully on aftercare in the



# Oversight Council Membership

## Unified Judicial System Appointees

**Judge David Knoff**  
*First Judicial Circuit*

**Judge Heidi Linngren**  
*Seventh Judicial Circuit*

**Judge Margo Northrup**  
*Sixth Judicial Circuit*

**Annie Brokenleg**  
*Juvenile Diversion 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*

## Speak of the House Appointees

**Rep. Mike Stevens**  
*State Representative*

**Rep. Linda Duba**  
*State Representative*

## Attorney General Appointees

**Jessica LaMie**  
*Assistant Attorney General*

## Superintendent's Association Appointees

**Dr. Kelly Glodt**  
*School Superintendent*

**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*