SOUTH DAKOTA JUVENIE JUVENIE JUSTIC SAFETY IMPROVEMENT ACT

2020 ANNUAL REPORT

Fifth Report of the south dakota juvenile justice oversight council

SOUTH DAKOTA JUVENILES JUSTICE

OVERSIGHT • COUNCIL



JUVENILE JUSTICE OVERSIGHT COUNCIL

FROM THE CHAIRMAN

It is an overstated fact that this has been an unprecedented year. Despite the disruptions faced by nearly all facets of society, COVID-19 has not halted the work to improve juvenile justice and enhance public safety.

Last year, the Oversight Council dedicated the year to traveling the state meeting with communities to discuss local juvenile justice concerns. This year, the Council put what was learned into practice and recommended two changes to statute.

First, the Council learned from communities that there were additional instances where a Department of Corrections commitment would be necessary. HB 1206 expanded the criteria to allow the court to commit a youth who has previously been unsuccessful on probation and is considered high risk for reoffense if the youth has been adjudicated for intentional damage to property over \$5,000 or if the child has been adjudicated for a drug distribution offense that is punishable at least as a Class 4 felony. The Council believed, and the legislature agreed, that this would help strengthen the current juvenile justice laws.

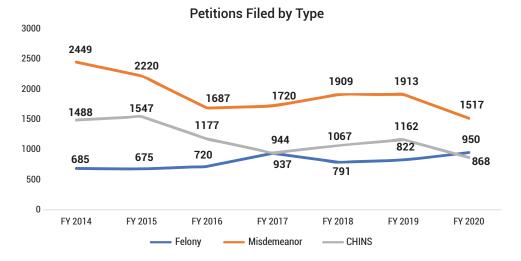
Second, the Council learned that there was still much work to be done, and it could not be accomplished before the Oversight Council was set to expire at the end of this year. HB 1207 expands the life of the Council by three years. This will allow for greater stakeholder engagement, as well as concentrated implementation analysis.

It has been an honor serving as the chair of the Juvenile Justice Public Safety Oversight Council. I would like to thank all the members of the Council, as well as the staff at the Department of Corrections, Department of Social Services, the Unified Judicial System, and the numerous stakeholders who have aided it improving the juvenile justice system in South Dakota.

Greg Sattizahn Chairman, South Dakota Juvenile Justice Oversight Council State Court Administrator, Unified Judicial System

The majority of the policy changes included in JJPSIA went into effect January 1, 2016. The data included in this report reflect performance and outcome measures as of the end of the current fiscal year, as well as historical data for prior years, where available. The purpose of reporting these measures is two-fold: 1) to monitor the impact of the policy changes and assess whether the goals of JJPSIA are being met; and 2) to continue making sound data-driven policy decisions.

Additionally, the JJPSIA was designed to increase public safety by improving outcomes for youth in the juvenile justice system; effectively hold juveniles more accountable; and, reduce costs by investing in proven community-based practices while saving residential facilities for juveniles who are a public safety risk. The following report is designed to assess alignment of these goals with what is happening in the South Dakota juvenile justice system.



	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20
Felony Petitions Filed	685	675	720	937	791	822	950
Youth Committing Felony Offenses	552	558	594	713	654	651	589

Top 3 CHINS Offenses

- 1. Truancy
- 2. Runaway
- 3. Curfew Violation

Top 3 Misdemeanor Offenses

 Simple assault with the attempt to cause bodily injury;
 Possession of 2 ounces of marijuana or less;
 Ingest intoxicant other than alcoholic beverage.

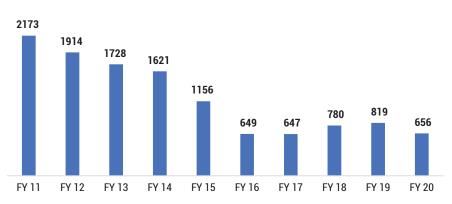
Top 3 Felony Offenses

 Possession of a controlled substance in schedules I or II;
 Burglary-3rd Degree;
 Receiving stolen vehicle.

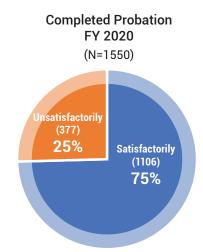
Increasing public safety is of the utmost importance to the Juvenile Justice Oversight Council. Monitoring juvenile arrest data and juvenile petition filings helps to determine if public safety goals are being achieved.

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



KEY

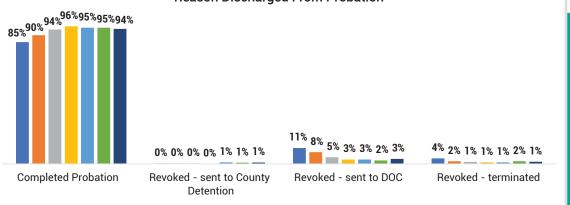
TAKEAWAYS The number of active probation cases has been decreasing for the past several years. Very few

youth do not complete

those who do complete probation do so satisfacto-

probation, and 75 percent of

Reason Discharged From Probation

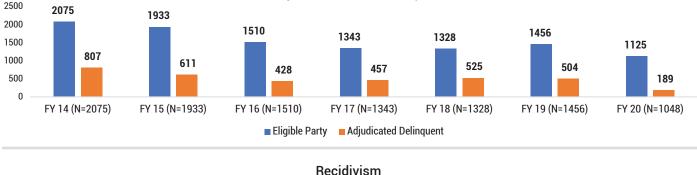


■ FY 14 ■ FY 15 ■ FY 16 ■ FY 17 ■ FY 18 ■ FY 19 ■ FY 20

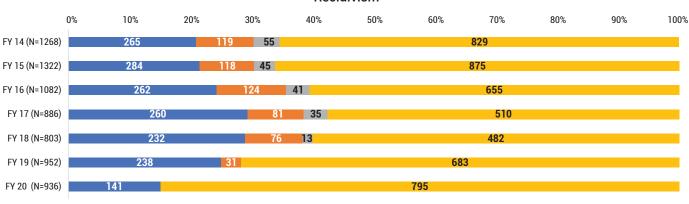
RECIDIVISM

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 18, 19, and 20 are not final at this time.

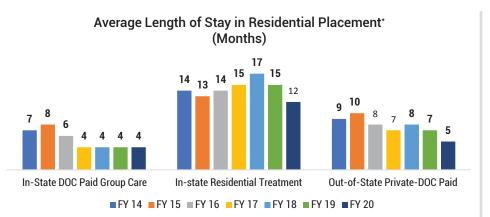


Youth Adjudicated while on Supervision



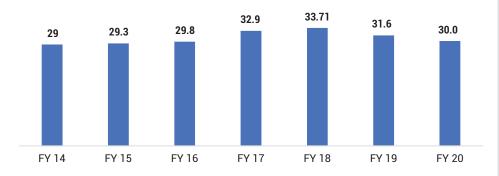
First Year Second Year Third Year Did not recidivate

DOC COMMITMENT



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

> Average Length of Commitment for Youth Discharged from DOC (Months)



In an effort to reduce the overreliance on out of home residential placements, JJPSIA defined the criteria for commitment to the DOC for youth posing a significant risk to public safety. As the population of youth in DOC custody has changed with the implementation of JJPSIA, the total length of the commitment period has increased slightly. However, the overall time in residential placement has decreased consistent with the research on length of stay.

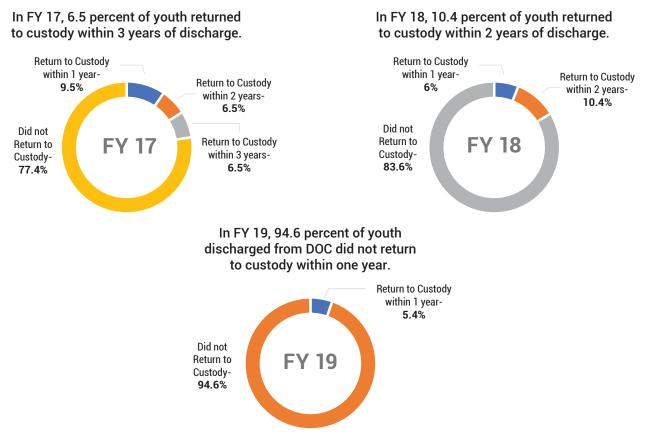
KEY TAKEAWAYS

The average length of stay in-state DOC Paid Group Care has maintained at our target goal of four months for the past four fiscal years. While few youth in the custody of DOC are served by the in-state residential treatment level of care, the length of stay decreased by three months between FY 19 and FY 20. Out-of-state private DOC paid placements which encompass both group care and psychiatric residential treatment beds decreased by two months between FY 19 and FY 20.

The average length of commitment for youth discharged from DOC decreased by two months between FY 19 and FY 20.

DOC RECIDIVISM

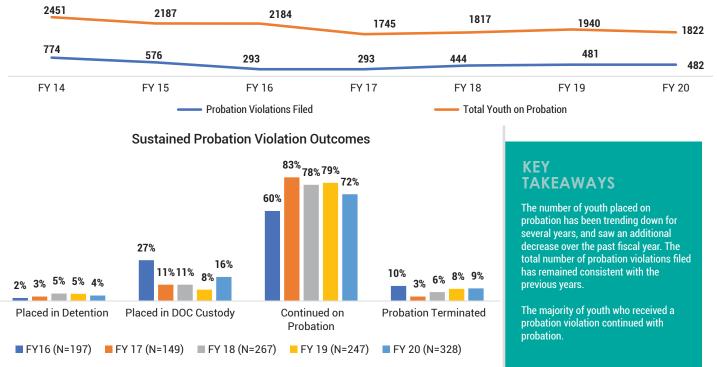
The Department of Corrections (DOC) defines recidivism as a return to custody "within one year, two years, or three years of discharge from the custody of the Department of Corrections, a juvenile commitment or conviction in adult court for a felony resulting in a sentence to the Department of Corrections"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



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.

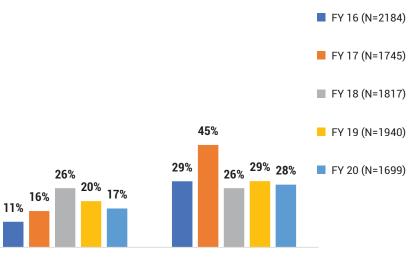


Youth on Probation and Violations Filed

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 Evidencebased Policy and Practice in Community Corrections, National Institute of Corrections, US DOJ, 2nd edition. Graduated Responses for Youth on Probation



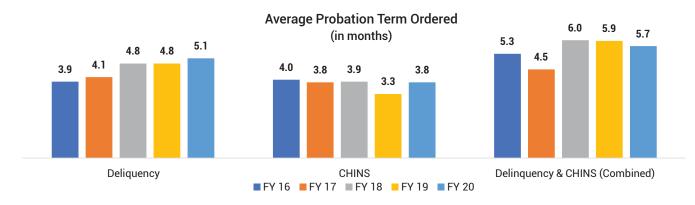
Youth receiving a sanction

Youth receiving an incentive

GRADUATED RESPONSES

PROBATION TERMS

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.





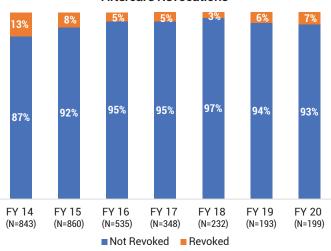
AFTERCARE

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.

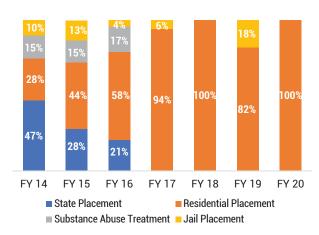
KEY TAKEAWAYS

- Just 7% of youth on aftercare had their aftercare revoked in FY 20, a slight increase from 6% in FY 19.

- Most youth, 93% complete aftercare supervision without a revocation event.
- All of the youth revoked while on aftercare were placed in a residential placement.



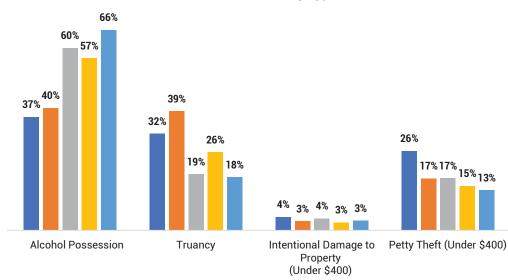
Aftercare Revocations



Actions Taken in Response to an Aftercare Revocation

CITATIONS

Juvenile Citations by Type

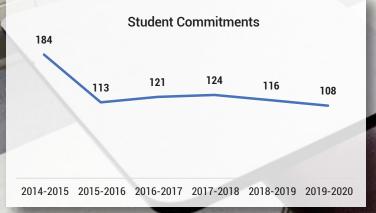


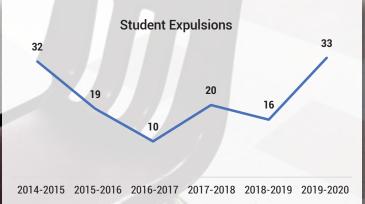
Juvenile citations were introduced in January 2016. Citations are being issued to address certain delinquency violations swiftly and certainly in the community. Youth receiving a citation may have a judgment imposed by the court requiring them to participate in a diversion program, pay a fine, or complete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

■ FY16 (N=1247) ■ FY17 (N=3166) ■ FY18 (N=1740) ■ FY19 (N=1449) ■ FY 20 (N=1400)

JUVENILE CITATIONS

EDUCATION INFORMATION





KEY TAKEAWAYS

- There were a total of 16 districts that expelled students, with a total expelled count of 33 (no district had 10 or more expulsions).
- There were a total of 36 districts that committed students, with a total committed count of 108 .
- There were 3 instances of a persistently dangerous transfer.

COMMUNITY-BASED SERVICES FOR JUSTICE INVOLVED YOUTH

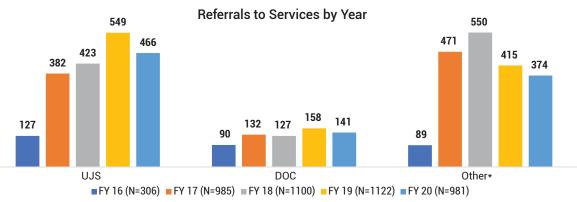
Reduce Juvenile Justice Costs by Investing in Proven Community-Based Services and Preserving Residential Facilities for Serious Offenders

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.

KEY TAKEAWAYS

In FY 20, referrals to JJRI services decreased from all sources. Referrals from UJS decreased by 15 percent, referrals from DOC decreased by 11 percent and referrals from other sources decreased by 10 percent.

Overall, referrals for treatment services decreased by 13 percent in FY 20, and were likely impacted in the last three months by COVID-19.

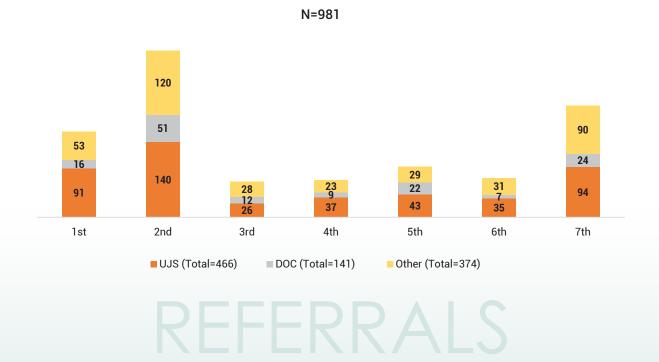


*Other includes any referral received outside of UJS or DOC, such as schools, parents, and diversion programs for youth at risk of justice system involvement.



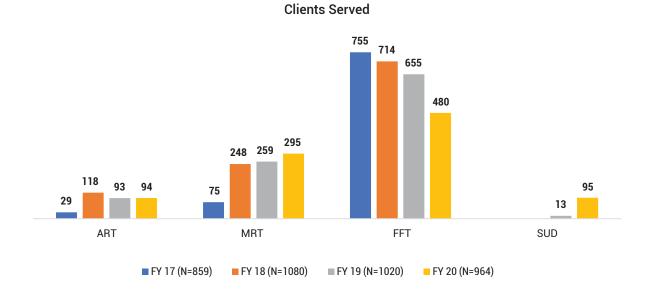
Referrals to community-based services come from Unified Judicial System Court Service Officers and Department of Corrections Juvenile Corrections Agents. Referrals can also come from sources such as parents seeking assistance, Child Protection Services, school districts, and internal referrals made by agencies for youth at risk of justice involvement. The graph shows the number of referrals made by each referral source by circuit in FY 20.

Referrals to Services by Circuit, FY 20



CLIENTS SERVED

In FY 20, there was an overall 5.5 percent decrease in youth served through JJRI funding. Some of this decrease was likely related to COVID-19 as well as increased utilization of Child or Youth and Family (CYF) services. CYF funded services saw a 2.5 percent increase in FY 20.



FUNCTIONAL FAMILY THERAPY



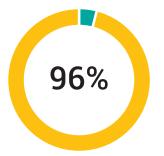
58 percent percent of families served successfully completed FFT, a total of 199 families. The target successful completion rate for FFT is 70 percent.



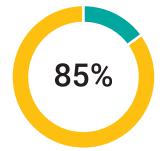
89 percent of youth and 92 percent of parents and guardians reported a positive general change in their family after FFT.



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



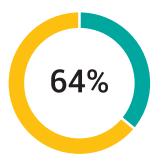
96 percent of youth were living at home upon completion of FFT.



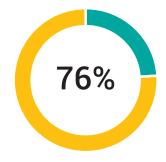
85 percent of youth and 96 percent of parents/guardians reported ease and convenience when accessing FFT services. 77%

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

AGGRESSION REPLACEMENT TRAINING



64 percent of youth served successfully completed ART, a total of 39 youth. The target successful completion rate for ART is 70 percent.



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



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



92 percent of youth and 94 percent of parents/guardians reported good outcomes as the result of ART services received.

MORAL RECONATION THERAPY



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



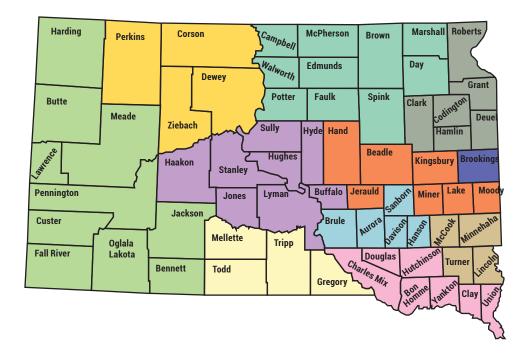
62 percent of youth participating in MRT showed a reduction in criminal thinking.



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

OUTPATIENT SERVICES

Comprehensive specialized outpatient mental health services are available statewide at the following community mental health centers.

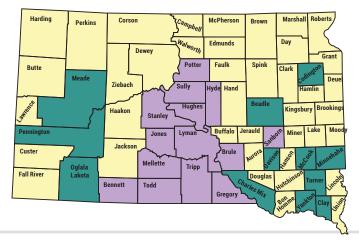


Community Mental Health Centers

Behavior Management Systems
Capital Area Counseling Services
Community Counseling Services
Dakota Counseling Institute
Brookings Behavioral Health and Wellness
Human Service Agency
Lewis & Clark Behavioral Health Services
Northeastern Mental Health Center
Southeastern Behavioral HealthCare
Southern Plains Behavioral Health Services
Three Rivers Mental Health Center and Chemical Dependency Center

EVIDENCE-BASED SERVICES

Additional evidence-based services are available to justice involved and at-risk youth.



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 started in March of FY17. In-person groups were available in 7 counties across the state in EY 20 as well as statewide via telehealth

ABT Services

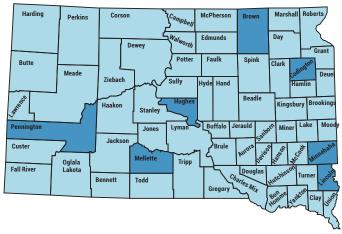
- In-person ART and Telehealth ART
- Telehealth ART

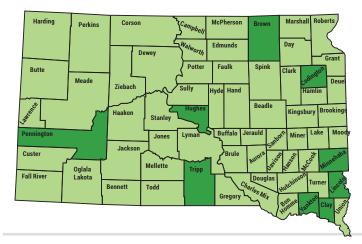
Functional Family Therapy (FFT)

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. FFT was available in 52 out of 66 counties in FY20. Systems of Care (SOC) and additional specialized outpatient treatment services are available to the counties without FFT.

FFT and SOC Services

■ SOC Only ■ FFT Only ■ FFT and SOC





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. 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.

CYT and CBISA Telehealth services began in January of FY19.

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 started in February of FY 17. In-person groups were available in 9 counties across the state in FY 20 as well as statewide via telehealth.

MRT Services

- In-person MRT and Telehealth MRT
- Telehealth MRT



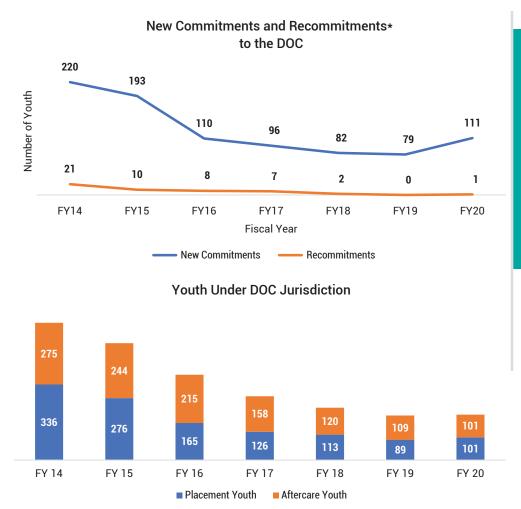
Telehealth CBISA

COMMUNITY RESPONSE TEAMS

1st Circuit (FY 20)						
CRT Recommendation		Community Based Alt.	Court Disposition	Agreement		
#1	No Community Alternatives	No	Intensive Probation	No		
#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	Commitment to the DOC	No	Standard Probation	No		
#7	Commitment to the DOC	No	DOC Placement	Yes		
#8	Residential Placement	No	Educational Placement at McCrossans	Yes		
#9	Intensive Supervision-12 Months	Yes	JIPPS 12 Months	Yes		
#10	Supervised Probation-6 Months	Yes	Standard Probation- 6 Months	Yes		
#11	Community Supervision	Yes	Juvenile Intensive Probation	Yes		
#12	No Specific Recommendation	N/A	Juvenile Intensive Probation	N/A		

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 64% between FY14 and FY19. However, between FY19 and FY20 DOC saw a 29% increase in commitments.

There was just one recommitment to DOC in FY20.

The total number of youth under jurisdiction of DOC had declined by 67% over a six year period. However, there was a slight increase from FY19 to FY20.

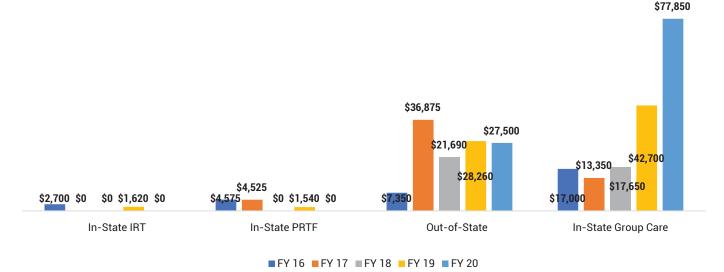
*A recommitment involves a youth who was previously under the jurisdiction of the Department of Corrections (DOC) and discharged and then has been adjudicated as a delinquent or CHINS for a new offense and is being recommitted to the DOC.

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 20 payments reflect on-going success with out of state providers and in-state group care providers.

In FY20, \$105,350 was paid to DOC contracted providers on the performance based contract model. We saw a significant increase with In-State Group Care, which nearly doubled between FY 19 and FY20. DOC has demonstrated consistent success with reducing length of stay without compromising public safety outcomes.

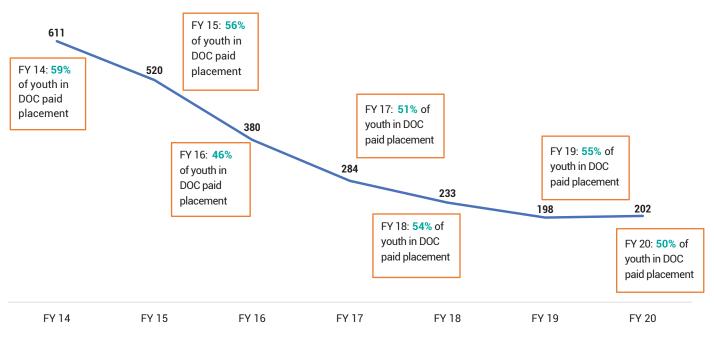


Amount Paid to Providers for DOC Performance Based Contracts

See appendix for a list of all providers in-state and out-of-state eligible for participation in the performance reimbursement rate.

PAID PLACEMENTS

The number of youth under DOC jurisdiction in DOC paid placements has fluctuated over time, with a decrease to 50% in FY20, even with an increase in number of commitments during the fiscal year. This is attributed to effective case management provided by Juvenile Corrections Agents employed by the department.

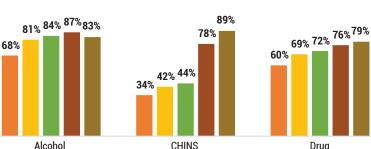


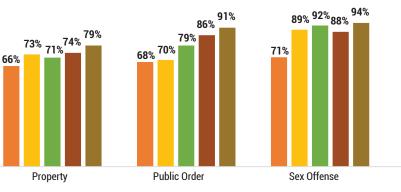
Youth Under DOC Jurisdiction

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*

*See Appendix for a list of court-approved diversion programs and the fiscal Incentive diversion program submission summary.





Percent of Successful Diversion Completions by Offender Type

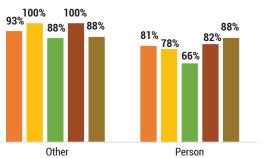
Drug

■ FY 16 ■ FY 17 ■ FY 18 ■ FY 19 ■ FY 20

KEY TAKEAWAYS

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.

\$1,157,513.43 as total amount paid to counties over the past four years for 5,435 successful diversion completers.

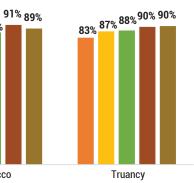


92%

76%

86%

Tobacco



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DIVERSION

	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	57	29
Property	209	109	187	68	210	85
Public Order	67	31	101	44	174	46
Sex Offense	5	2	42	5	59	5
Тоbассо	13	4	12	1	19	3
Truancy	310	64	275	41	452	64
TOTALS	970	445	1101	374	1475	446

	F	Y 19	FY 20		
	Successful	Unsuccessful	Successful	Unsuccessful	
Alcohol	192	28	180	36	
CHINS	90	26	85	11	
Drug	299	92	281	73	
Other	14	0	23	3	
Person	117	25	113	16	
Property	159	55	167	44	
Public Order	158	26	226	23	
Sex Offense	22	3	61	4	
Тоbacco	114	11	72	9	
Truancy	449	50	663	70	
TOTALS	1614	316	1871	289	

Members of the Juvenile Justice Oversight Council FY 2020

Greg Sattizahn (Chair) Unified Judicial System

Justice Steven Jensen Unified Judicial System

Justice Janine Kern Unified Judicial System

Kristi Bunkers Department of Corrections

Judge Scott Myren Unified Judicial System

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 **Representative Kelly Sullivan** House of Representatives

Representative Kevin Jensen House of Representatives

> **Tom Hart** Governor's Office

Tiffany Wolfgang Department of Social Service

Senator Craig Kennedy State Senate

Lindsey Riter-Rapp Criminal Defense Attorney

Neil Von Eschen County Commissioner

Senator Wayne Steinhauer State Senate

Angela Shute Deputy State's Attorney

Sadie Stevens, Oversight Council Staff

2020 Annual Report

South Dakota Juvenile Justice Oversight Council

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