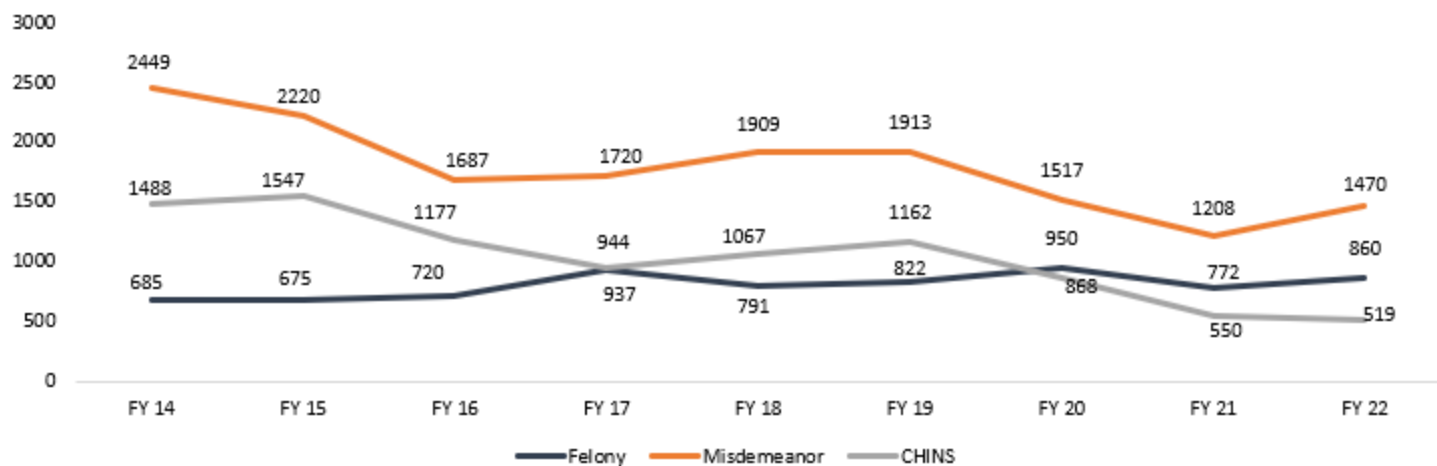


Petitions Filed by Type

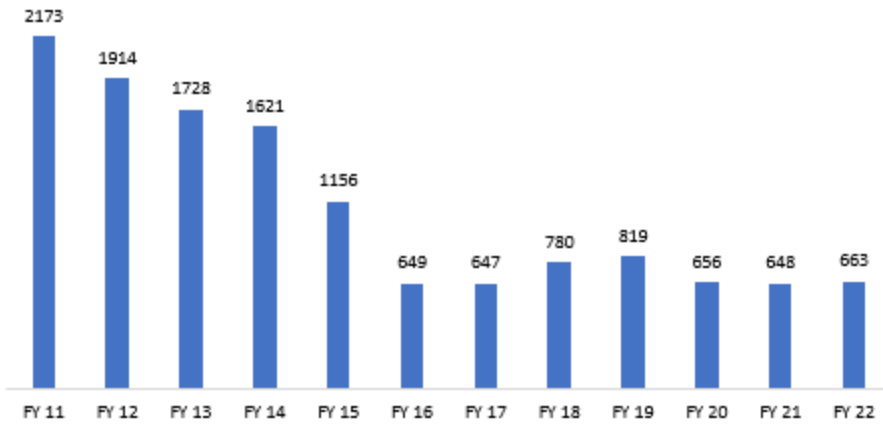


	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22
Felony Petitions Filed	685	675	720	937	791	822	950	772	860
Youth Committing Felony	552	558	594	713	654	651	589	635	675

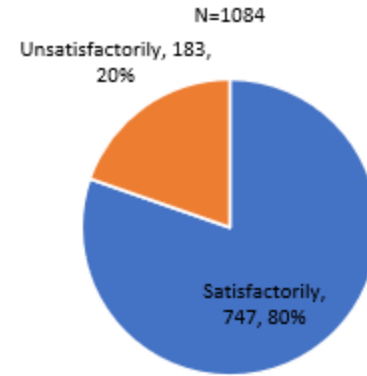
Increasing public safety is of the utmost importance to the Juvenile Justice Oversight Council. Monitoring juvenile arrest data and juvenile petition filings helps to determine if public safety goals are being achieved.

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.

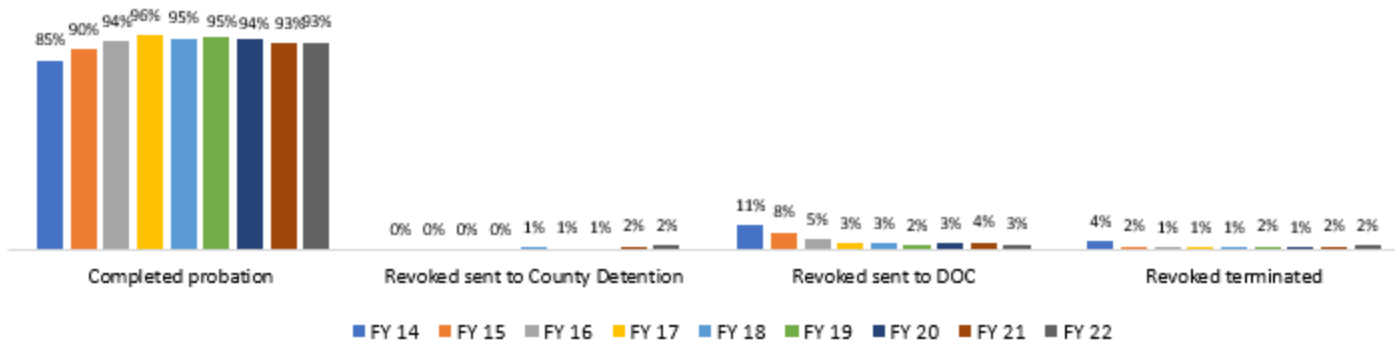
Active Juvenile Probation Cases at the End of Fiscal Year



Completed Probation

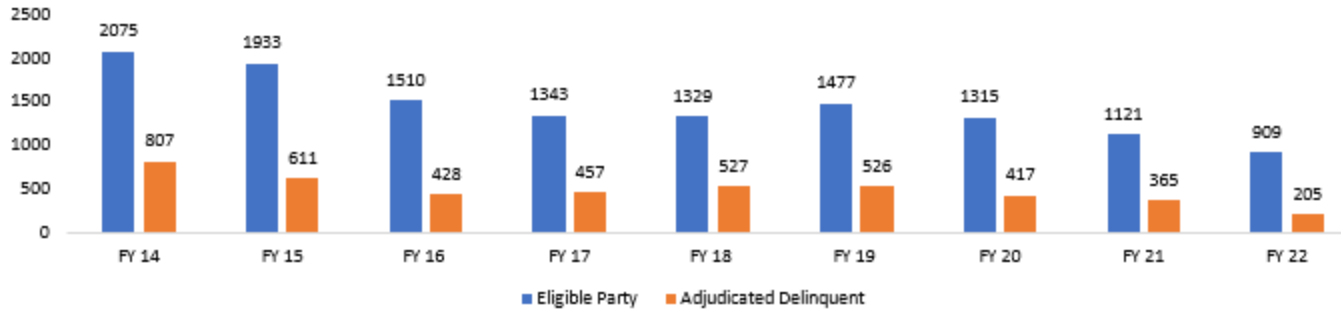


Reason Discharged From Probation

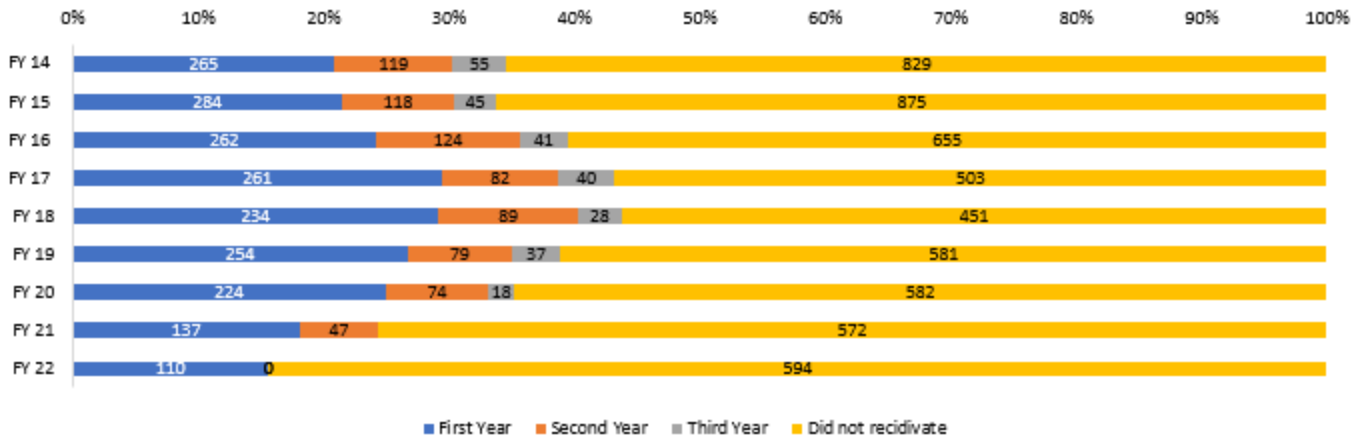


Recidivism for the Unified Judicial System is defined as "being adjudicated delinquent while on probation or adjudicated delinquent or convicted of a felony in adult court within one year, two years, or three years after discharge from juvenile probation." SDCL 26-8D-1(5)  
 \*Based on the definition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

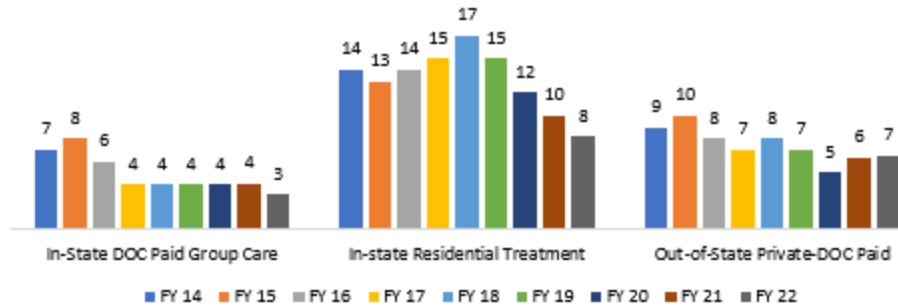
### Youth Adjudicated while on Supervision



### Recidivism

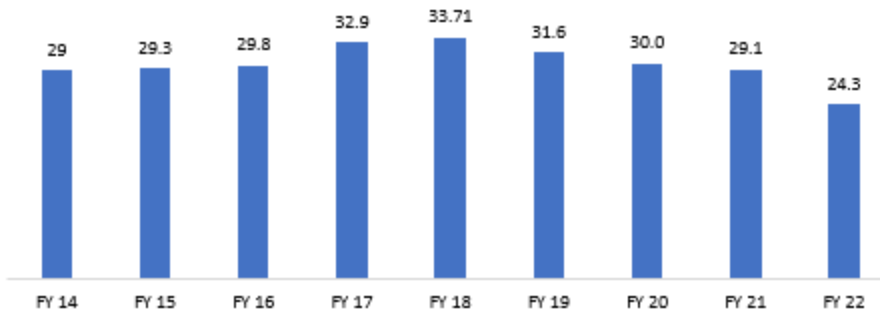


Average Length of Stay in Residential Placement (months)



\*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.

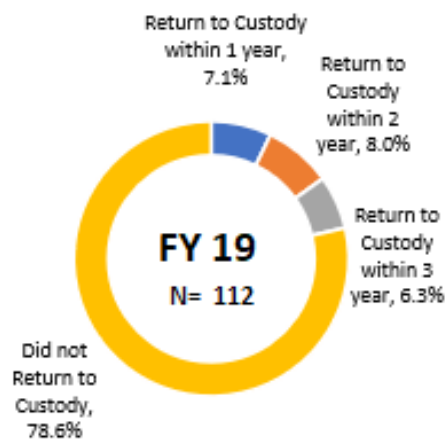
**Key takeaways**

The average length of stay for in-state DOC Paid Group Care has remained steady over the past six 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 eight months in FY 22. Out of state private DOC placements which include both group care and psychiatric residential treatment beds increased slightly between FY 21 and FY 22.

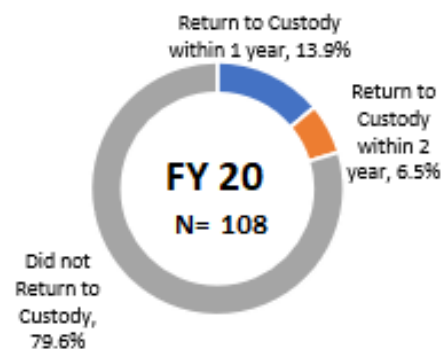
The average length of commitment for youth discharged from DOC has fluctuated overtime. However, there was a decrease by about 4 months between FY 21 and FY 22.

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).

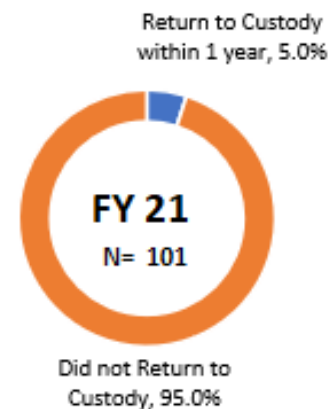
**For FY 19, 6% of youth returned to custody in 3 years.**



**For FY 20, 6.5% of youth returned to custody in 2 years.**



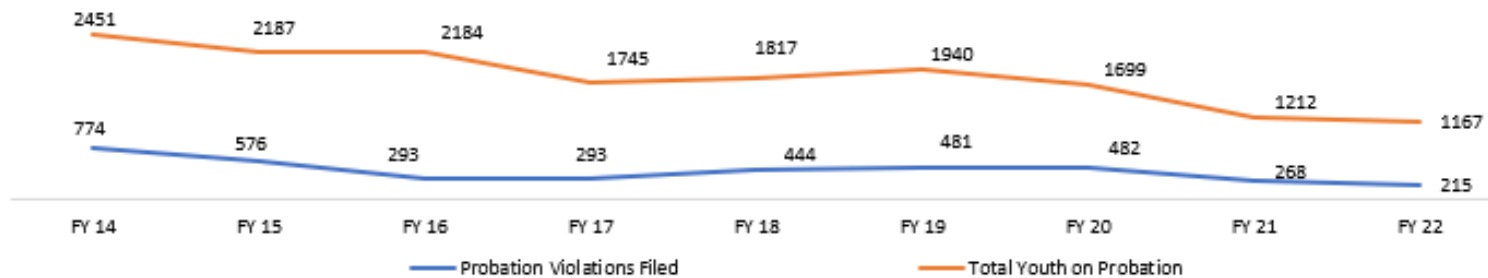
**For FY 21, 5% of youth returned to custody within 1 year.**



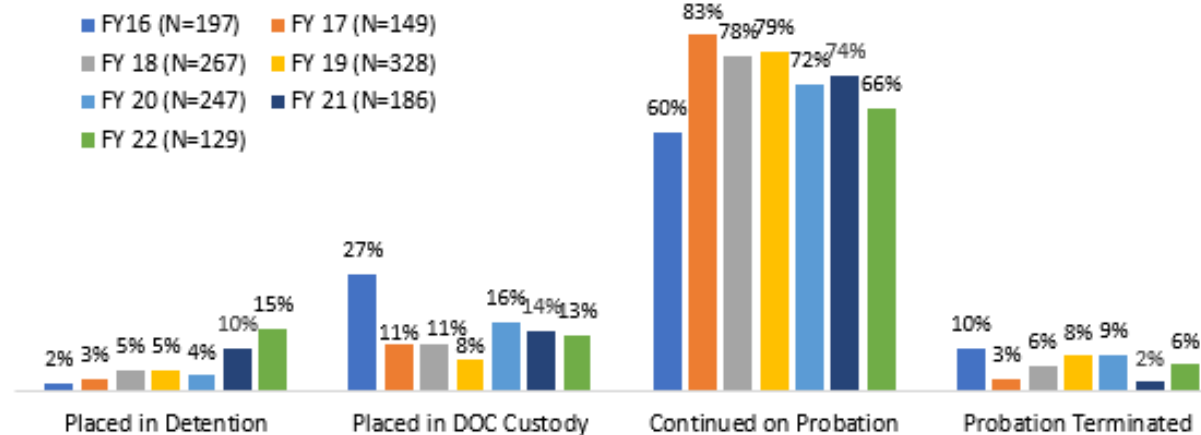
### Effectively Hold Juvenile Offenders Accountable

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

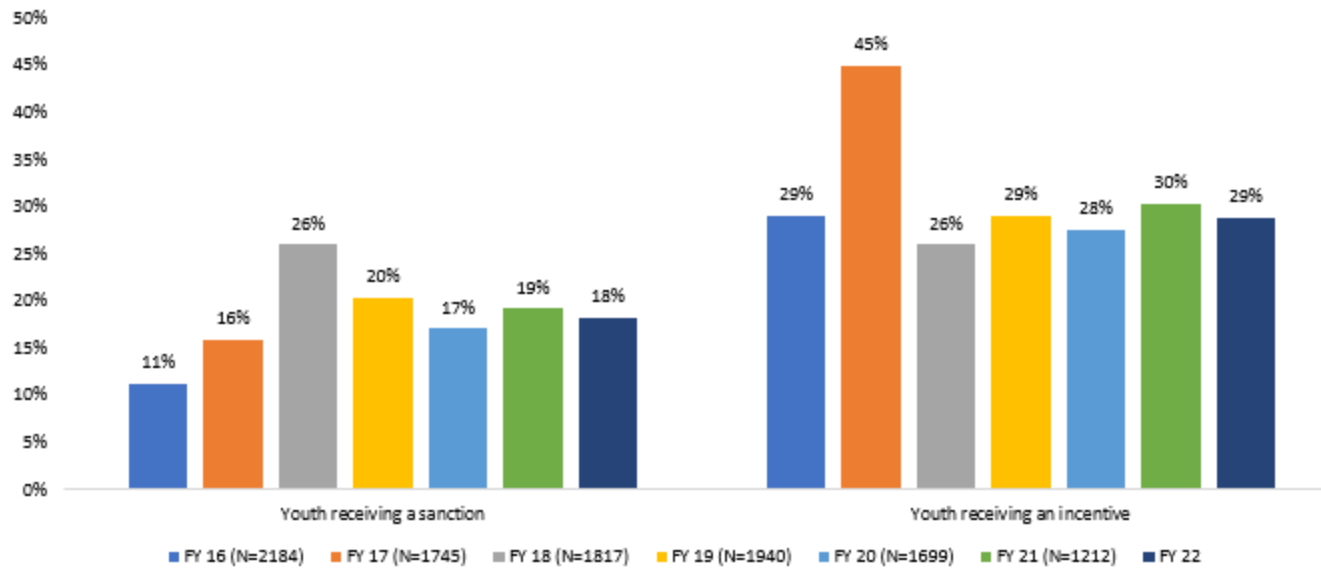


### Key Takeaways

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 continued with probation.

### Graduated Responses for Youth on Probation



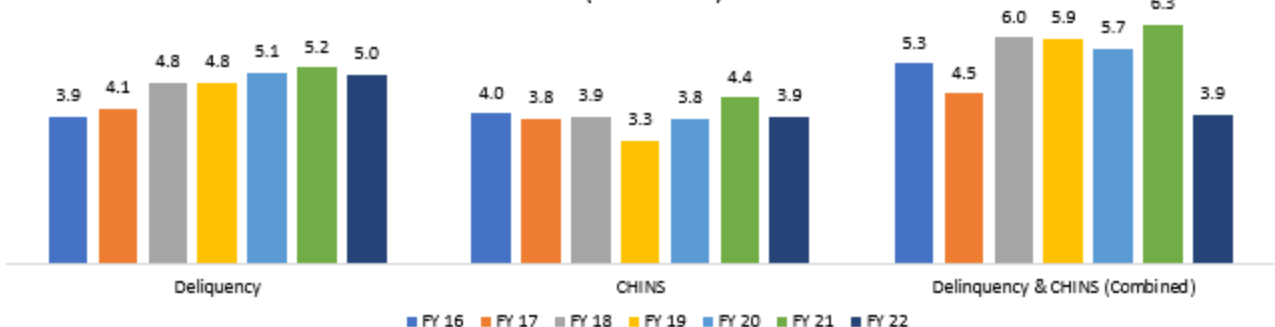
#### Graduated Responses

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.\*

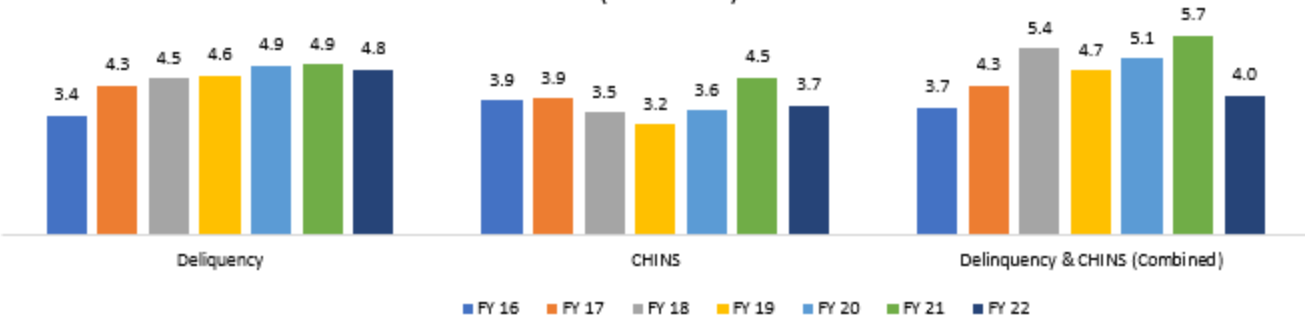
\*Guevara, M. and Solomon, E. (2009). Implementing Evidence-based Policy and Practice in Community Corrections, National Institute of Corrections, US DOJ, 2nd edition.

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)

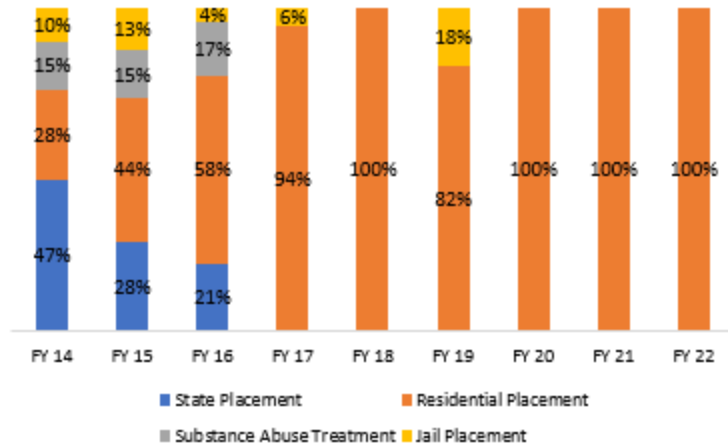


Average Probation Term Served  
(in months)





### Actions Taken in Response to an Aftercare Revocation

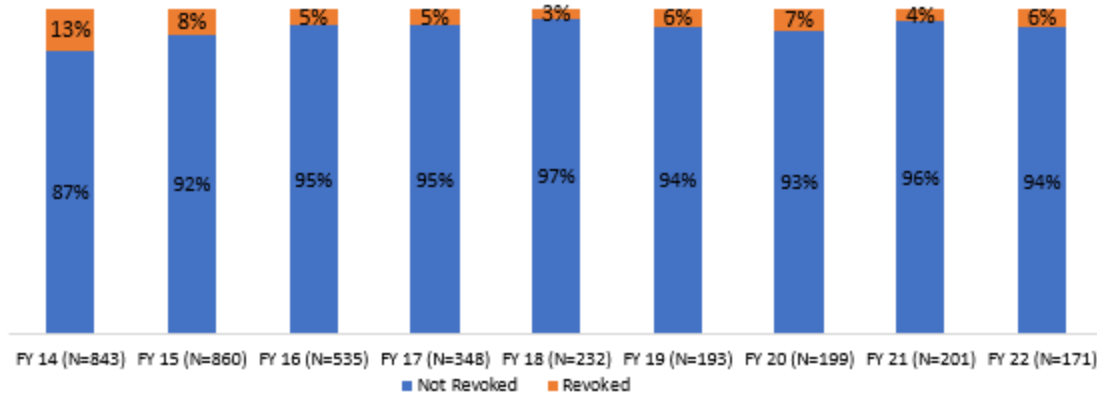


Aftercare is a conditional release to the community during which time the youth remains under DOC guardianship. Youth on aftercare are typically released home with a case plan which is an individualized service plan that targets a youth's areas of risk and need; and prepares a youth for progressively 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.

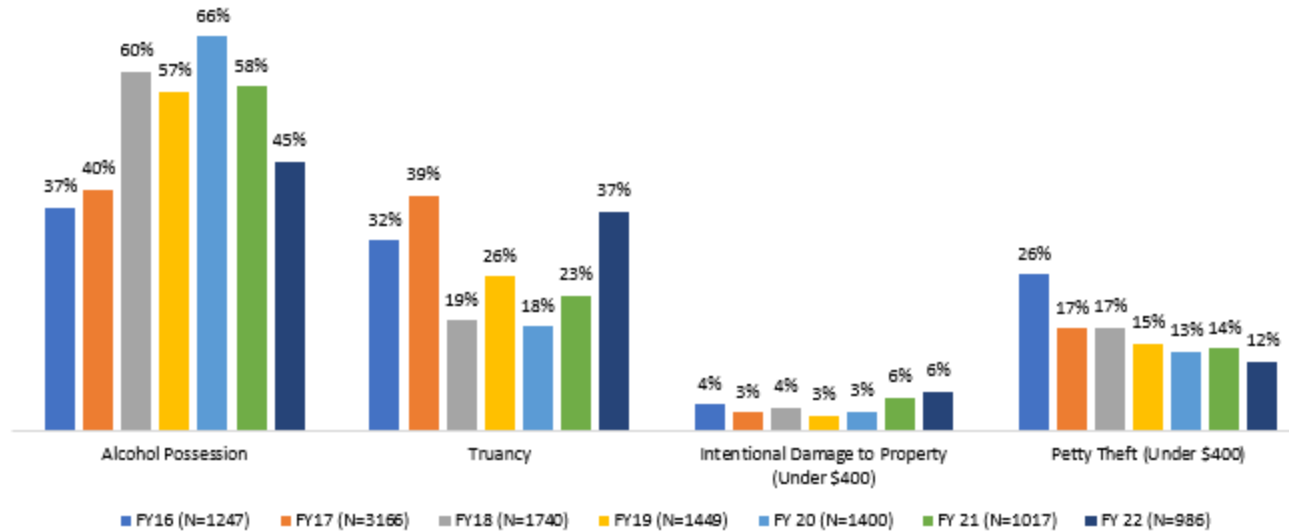
### Key Takeaways

Just 6% of youth on aftercare had their aftercare revoked in FY 22, an increase from 4% in FY 21. Most youth, 94% complete aftercare supervision without a revocation event. All of the youth revoked while on aftercare were placed in a residential placement.

### Aftercare Revocations



### 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.

<sup>3</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>

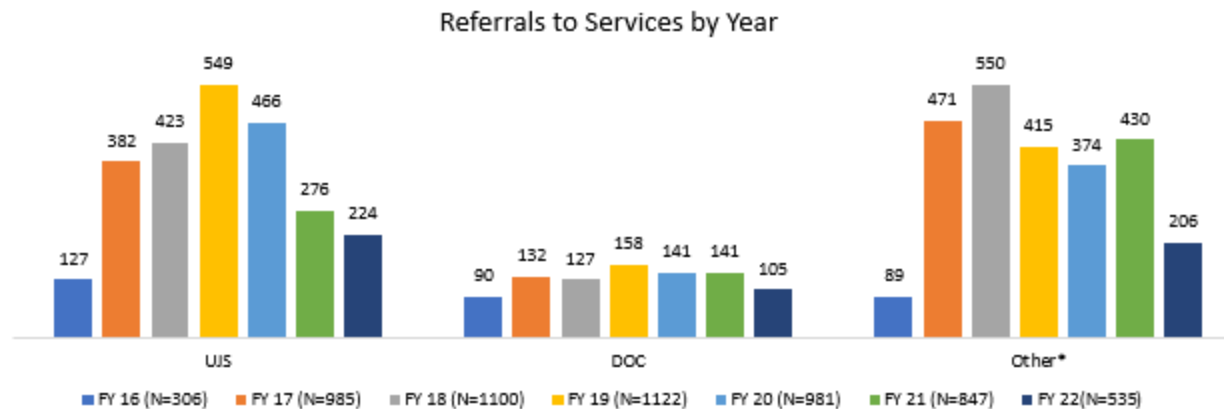
**Reduce Juvenile Justice Costs by Investing in Proven Community-Based Services and Preserving Residential Facilities for Serious Offenders**

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 22, referrals from UJS decreased by nearly 19 percent, as compared to FY 21, referrals from DOC decreased by nearly 26 percent, and referrals from other sources decreased by 52 percent.

-Overall, referrals decreased by nearly 37 percent in FY 22, as compared to FY 21, and were down by 52 percent compared to the peak in FY 19.

-Referral numbers decreased and have yet to stabilize following the COVID-19 pandemic. The Division of Behavioral Health continues to monitor the impact of COVID-19 on referrals to treatment services.



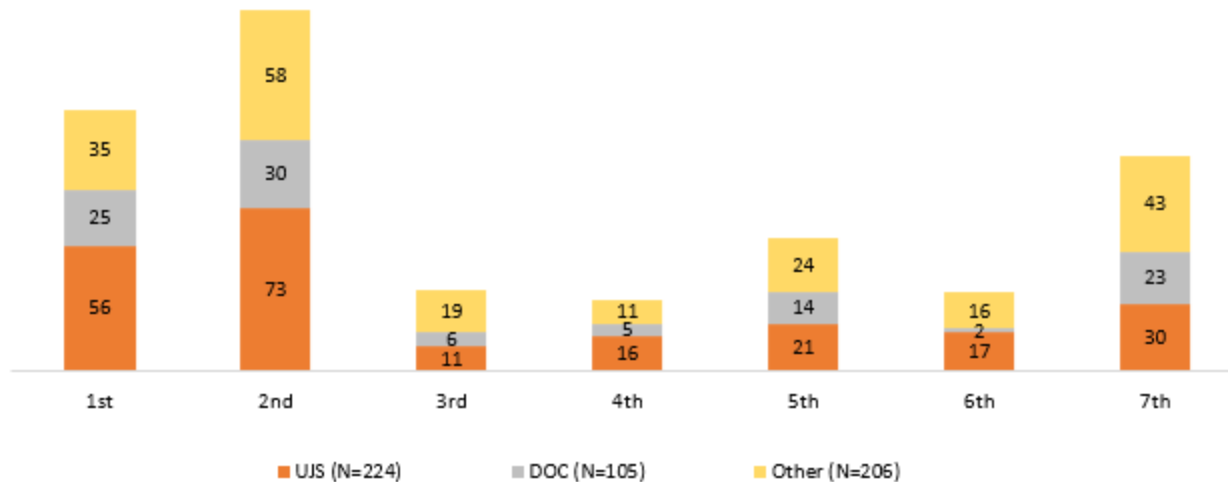
\*Other includes any referral received outside of UJS or DOC, such as schools, parents, and diversion programs for youth at risk of justice system involvement.

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

Referrals 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 FY 22.

Referrals to treatment services decreased in each circuit in FY22, ranging from a 28 percent decrease in Circuit 1 to a 65 percent decrease in Circuit 7, as compared to the peak in FY 19.

Referrals to Services by Circuit and Source, FY 22  
N=535

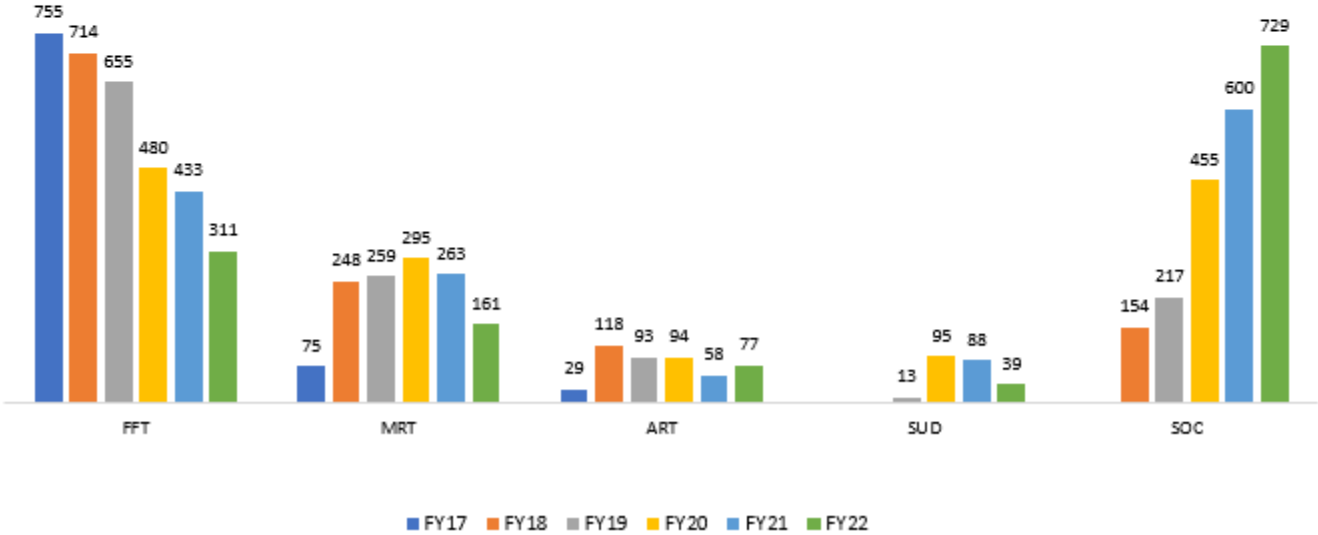


\*Referral numbers do not include referrals to Systems of Care services.

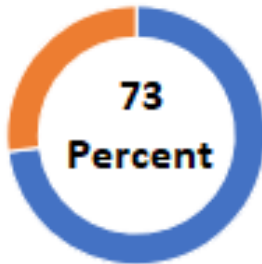
The number of clients served in targeted treatment services for justice-involved youth grew through FY 18 and then began to decline. Some of this decline is related to lower referral numbers and the impacts of COVID-19. The Division of Behavioral Health continues to monitor the impact of COVID-19 on the number of clients served.

In FY 22, clients served continued to decrease for some services but increased significantly for SOC services.

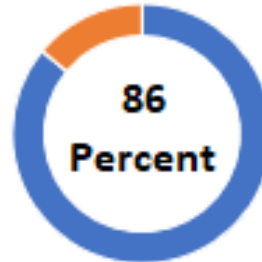
Clients Served by Fiscal Year



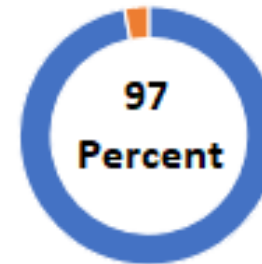
# FFT



73 percent of families served successfully completed FFT, a total of 123 families.



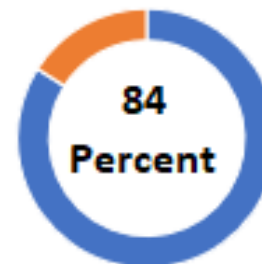
86 percent of youth and 84 percent of parents and guardians reported a positive general change in their family after FFT.



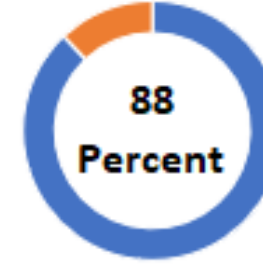
97 percent of youth were attending school or working upon completion of FFT.



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



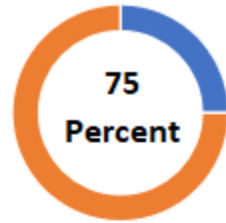
84 percent of youth and 88 percent of parents/guardians reported ease and convenience when accessing FFT services.



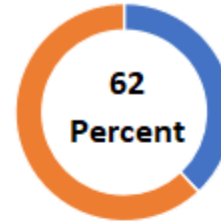
88 percent of youth and 89 percent of parents/guardians reported good outcomes as the result of FFT services received.

The percentage of families successfully completing FFT increased by 11 points compared to FY 21.

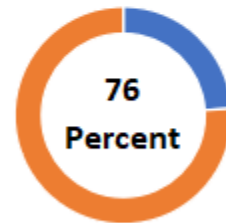
## ART



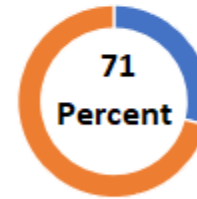
75 percent of youth served successfully completed ART, a total of 38 youth.



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



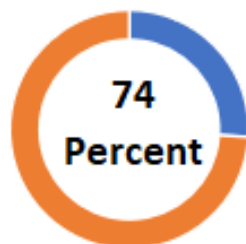
76 percent of youth and 92 percent of parents/guardians reported ease and convenience when accessing ART services.



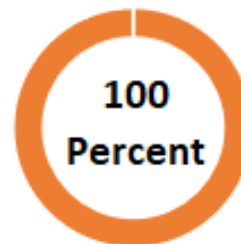
71 percent of youth and 83 percent of parents/guardians reported good outcomes as the result of ART services received.

The percentage of youth successfully completing ART increased by 23 points compared to FY 21.

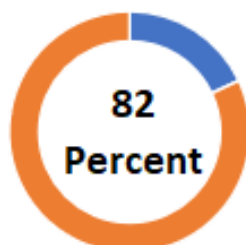
## MRT



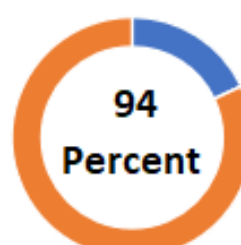
74 percent of youth successfully completed MRT, a total of 53 youth.



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



82 percent of youth and 69 percent of parents/guardians reported ease and convenience when accessing MRT services.

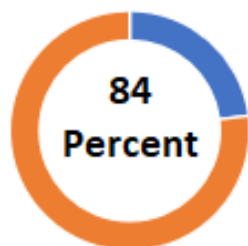


94 percent of youth and 86 percent of parents/guardians reported good outcomes as the result of MRT services received.

The percentage of youth successfully completing MRT increased by 29 points compared to FY 21.

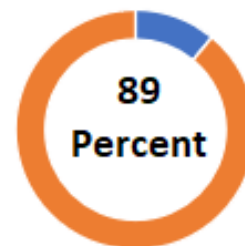


## Systems of Care

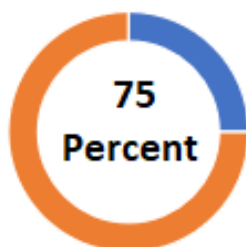


84 percent of families reported basic needs had been met

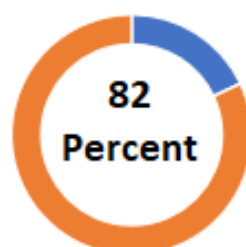
In addition to treatment services for the target population, Systems of Care (SOC) was expanded to support youth and families who experience barriers that may prevent them from participating in their recommended treatment. SOC is an early-intervention service that includes a wraparound approach to care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



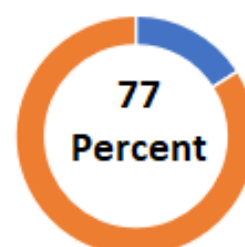
89 percent of families reported housing needs had been met



75 percent of families reported emotional needs had been met



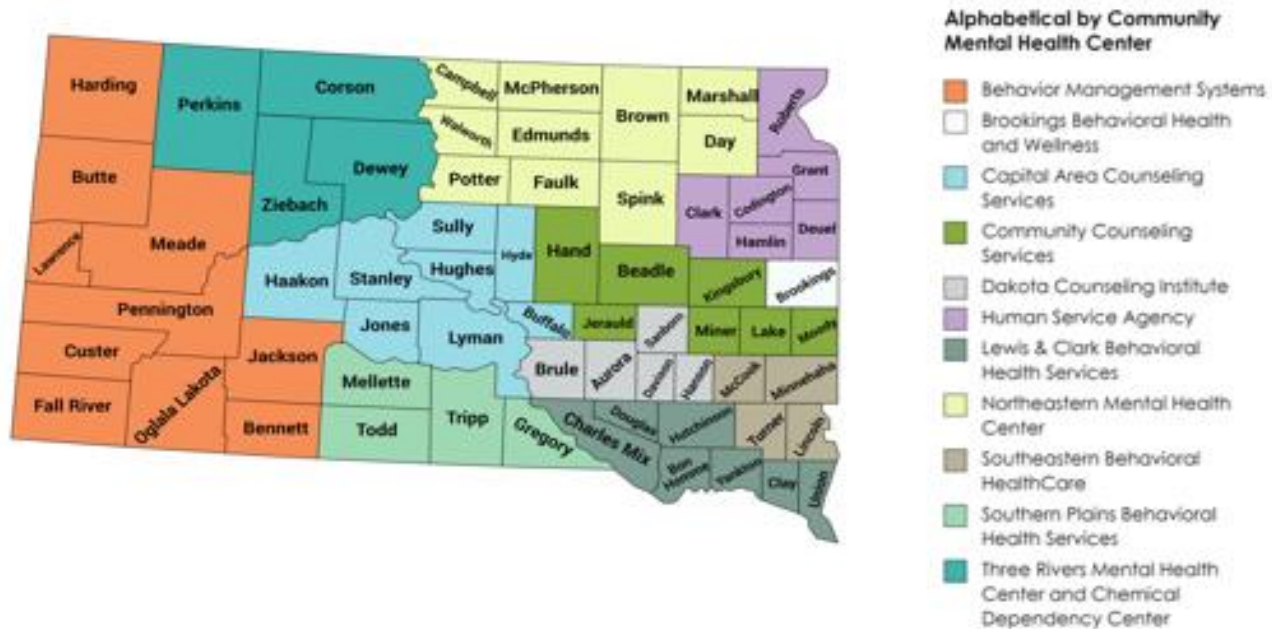
82 percent of families reported educational needs had been met



77 percent of families reported satisfaction with their family life

729 families received SOC services, impacting over 2,000 children.

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.





### 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.



### 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.





### 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

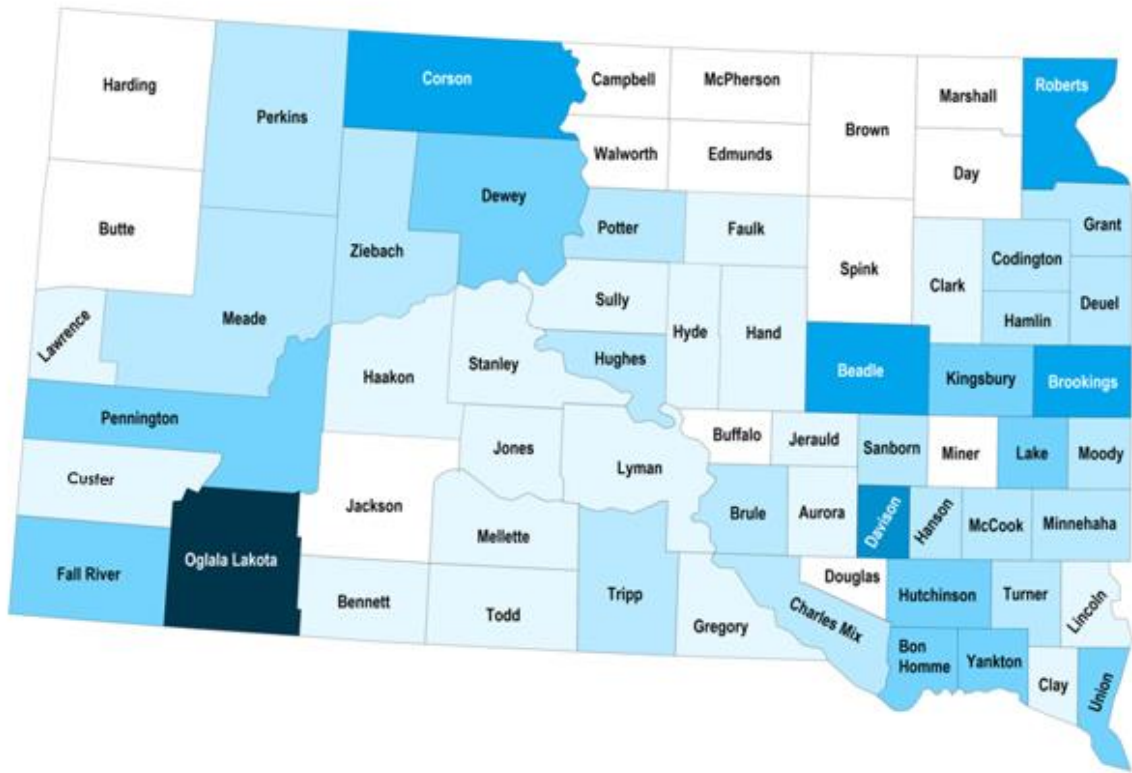
Cannabis Youth Treatment (CYT) utilizes Motivational Interviewing, Motivational Enhancement Therapy, and Cognitive Behavioral Therapy to promote and sustain motivation in youth with addiction or co-occurring disorders. The length of CYT services varies by the youth's needs and can range from 5 to 22 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

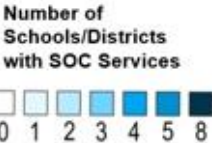
- In-Person CYT and Telehealth CBISA
- Telehealth CBISA



## Systems of Care (SOC)

### Service Map

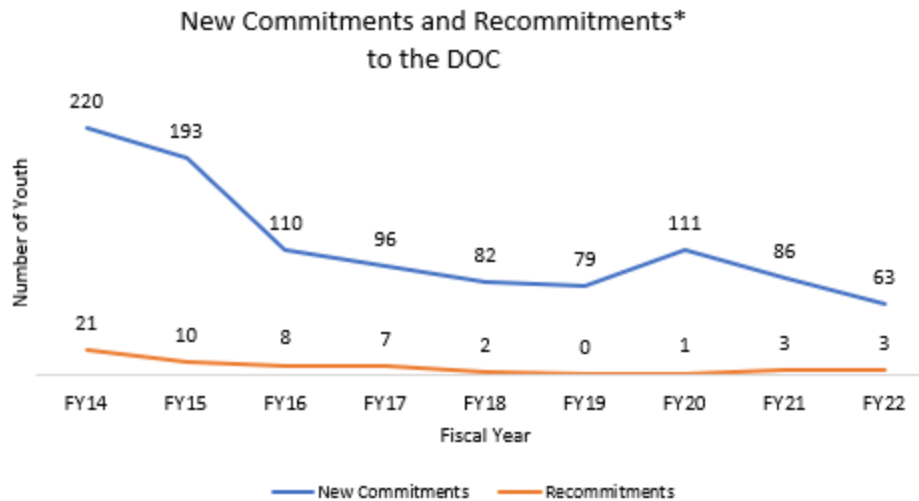
SOC is an early-intervention service that includes a wraparound approach to care coordination and service delivery for youth and families with complex needs. This approach is built on the values of being family driven, team-based, collaborative, individualized, and outcomes-based. SOC helps families to navigate and access services, while also giving them the skills they need to become self-reliant.



## Community Response Teams

1st Circuit (FY 22)				
CRT Recommendation		Community Based Alt.	Court Disposition	Agreement
#1	Commitment to the DOC	Yes	Probation	No
#2	Commitment to the DOC	Yes	Probation	No
#3	Commitment to the DOC	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	DOC Placement	Yes
#7	Commitment to the DOC	No	DOC Placement	Yes
#8	Commitment to the DOC	No	DOC Placement	Yes

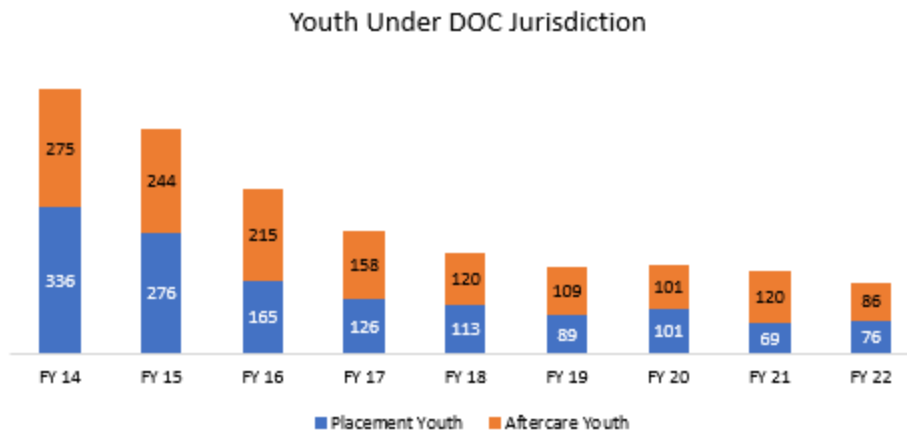
JPSIA gives circuits the option to establish Community Response Teams (CRTs) as resources to help judges identify community-based alternatives to DOC commitment. The purpose of the CRTs is to utilize proven community-based options to improve outcomes for youth and families while improving public safety,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



#### Key Takeaways

New commitments to DOC in FY 22 were at their lowest level since the inception of JJPISA, a 26% decrease from FY 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.



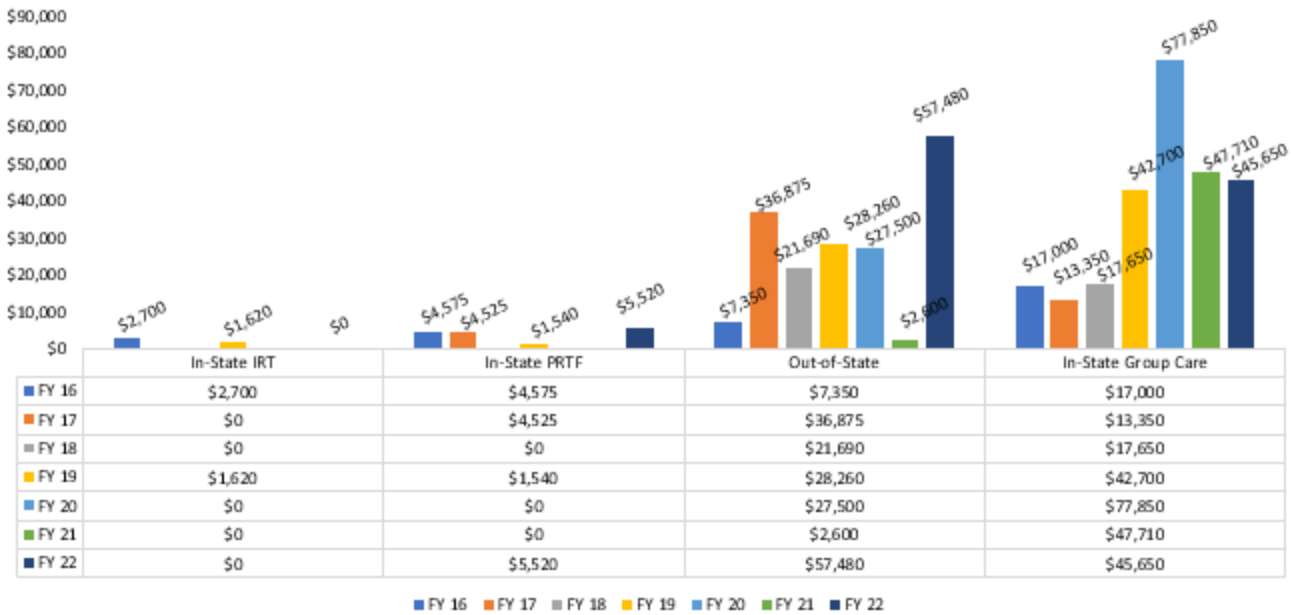
*\*A recommitment involves a youth who was previously under the jurisdiction of the Department of Corrections (DOC) and discharged and then has been adjudicated as a delinquent or CHINS for a new offense and is being recommitted to the DOC.*

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

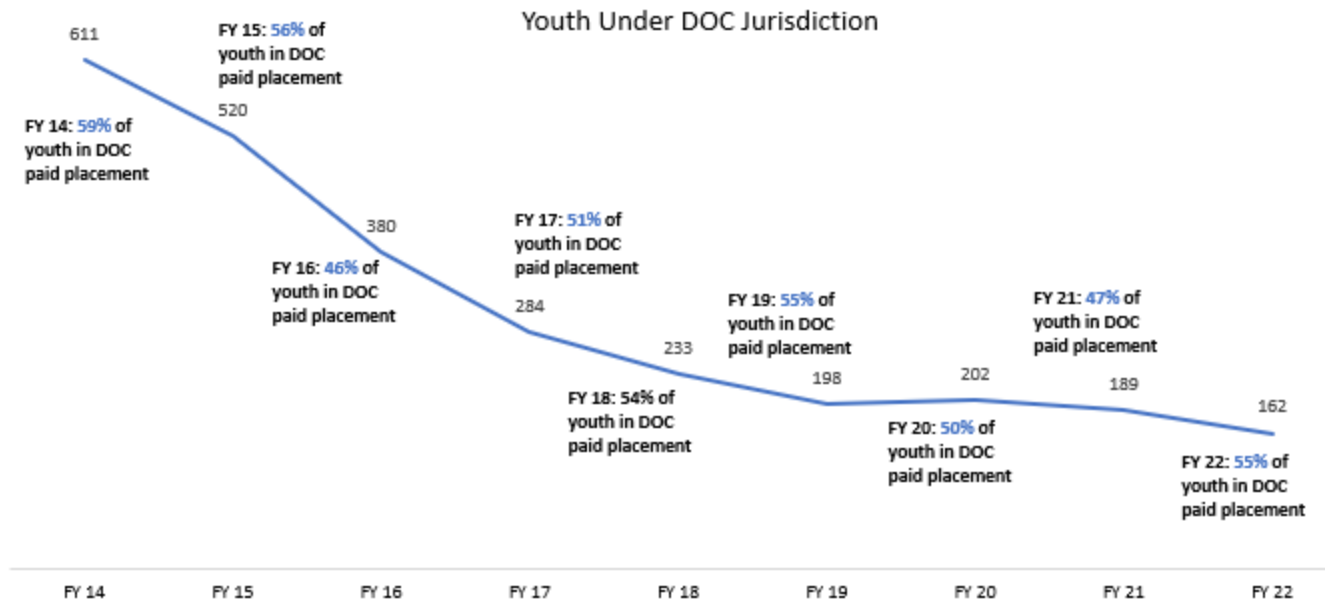
In FY 22, \$108,650.00 was paid to DOC contracted providers on the performance-based contract model. DOC has demonstrated consistent success with reducing the length of stay for youth without compromising public safety outcomes.

Amount Paid to Providers for DOC Performance-Based Contracts





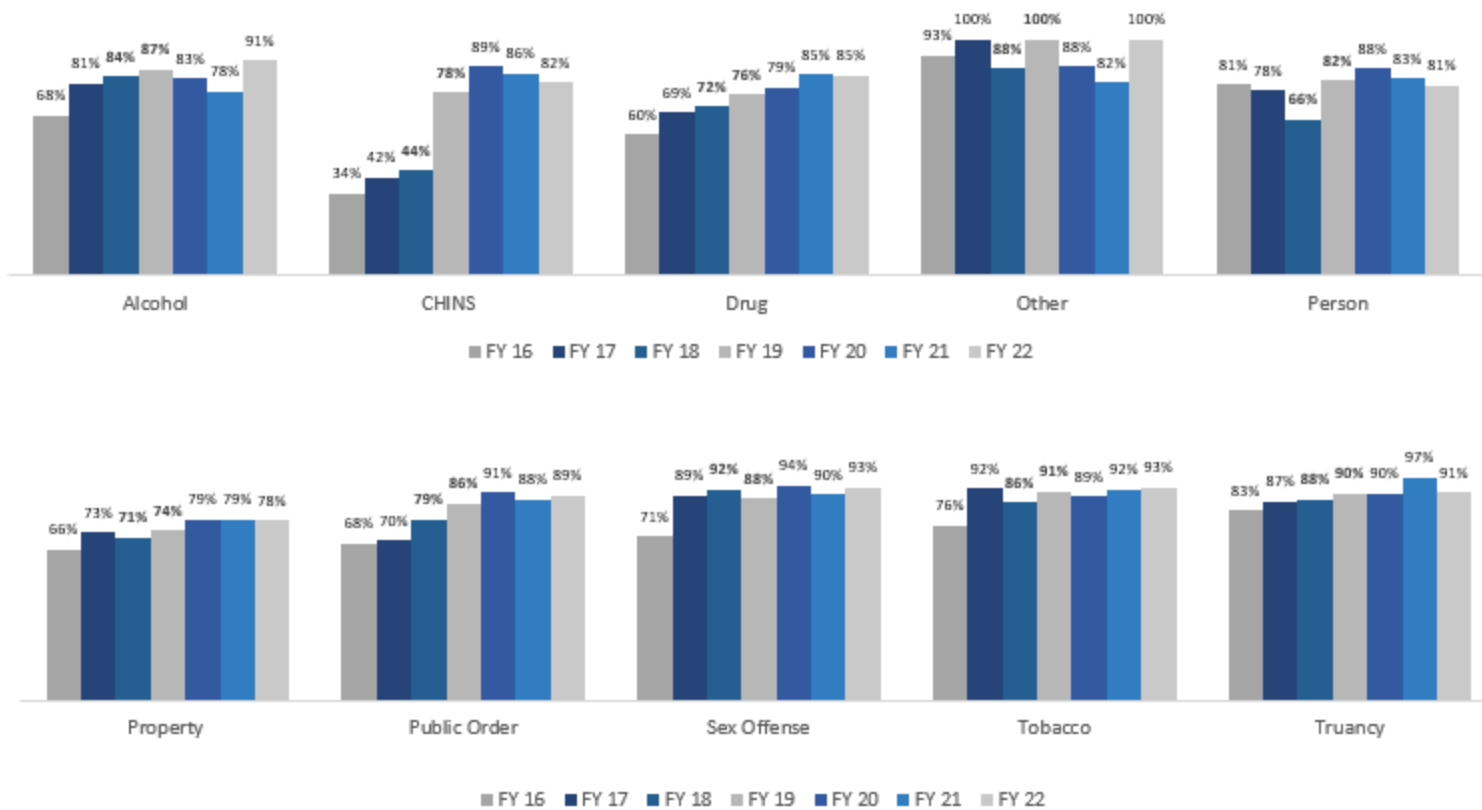
The number of youth in DOC paid placements fluctuates and has trended down overtime. The intensive case management model and delivery of interventions by the Juvenile Corrections Agent's has increased the number of youth served successfully on aftercare in the community.



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. \$2,237,527.95 has been paid to counties since the inception of the fiscal incentive program for 10,904 successful diversion completers.

### Successful Diversions



	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	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	41	452	64	449	50
Totals	970	445	1101	374	1493	446	1614	316

	FY 20		FY 21		FY 22	
	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful
Alcohol	180	36	158	45	190	19
CHINS	85	11	83	14	125	28
Drug	281	73	259	45	273	49
Other	23	3	9	2	17	0
Person	113	16	129	26	153	37
Property	167	44	167	45	146	40
Public Order	226	23	194	27	298	36
Sex Offense	61	4	53	6	52	4
Tobacco	72	9	147	13	216	17
Truancy	663	70	673	21	513	52
Totals	1871	289	1872	244	1983	282