

Juvenile Justice Public Safety Improvement Act  
South Dakota Juvenile Justice Oversight Council



# Annual Report

2024

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## INTRODUCTION

The data included in this report reflects 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. Monitor the impact of the policy changes and assess whether the goals of the juvenile justice system are being met.
2. Continue making sound data-driven policy decisions.

Additionally, the juvenile justice system 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.

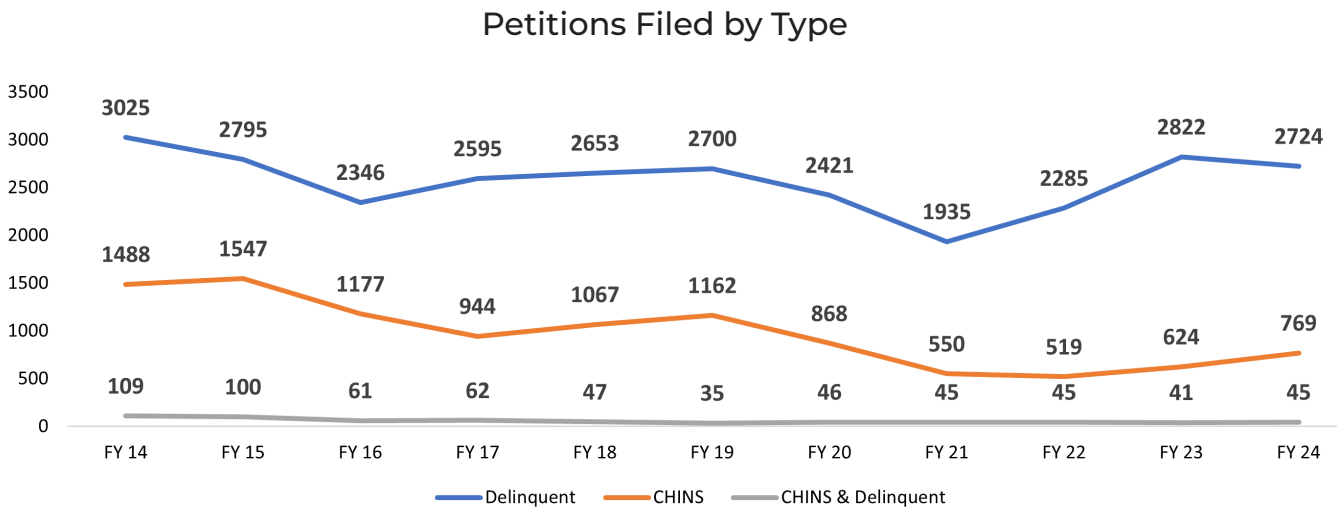


## PETITIONS FILED BY TYPE

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

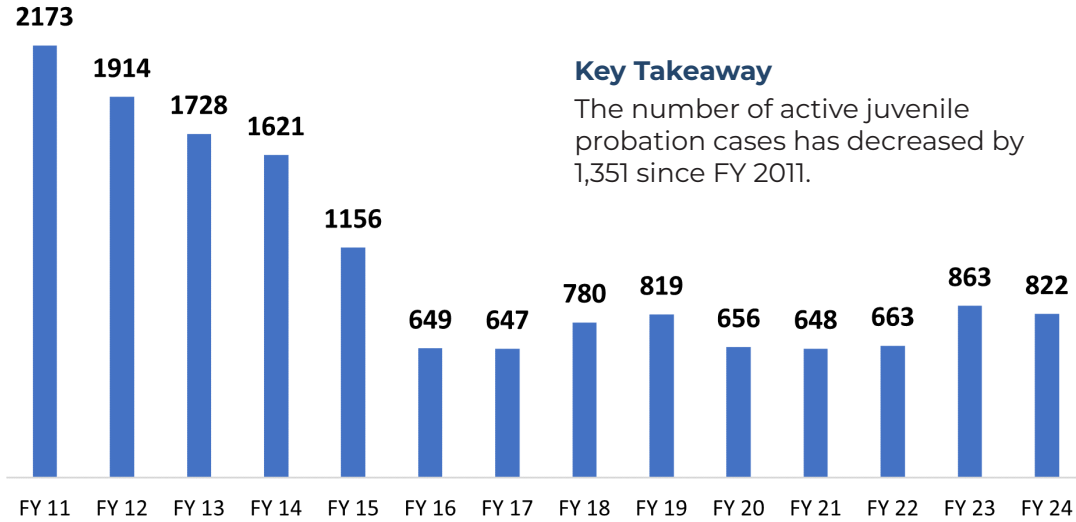
Prior to the Juvenile Justice Public Safety Improvement Act (JJPSIA), a new delinquent offense committed by a youth on probation or in Department of Corrections (DOC) custody may have been addressed through the revocation process and would not have resulted in the filing of a new petition.

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

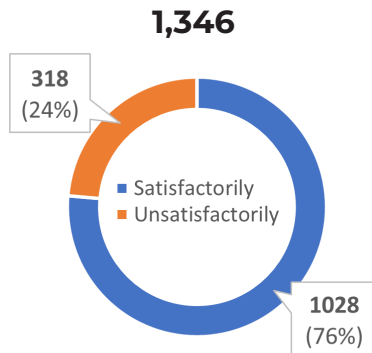
## Active Juvenile Probation Cases at the End of Fiscal Year



### Key Takeaway

The number of active juvenile probation cases has decreased by 1,351 since FY 2011.

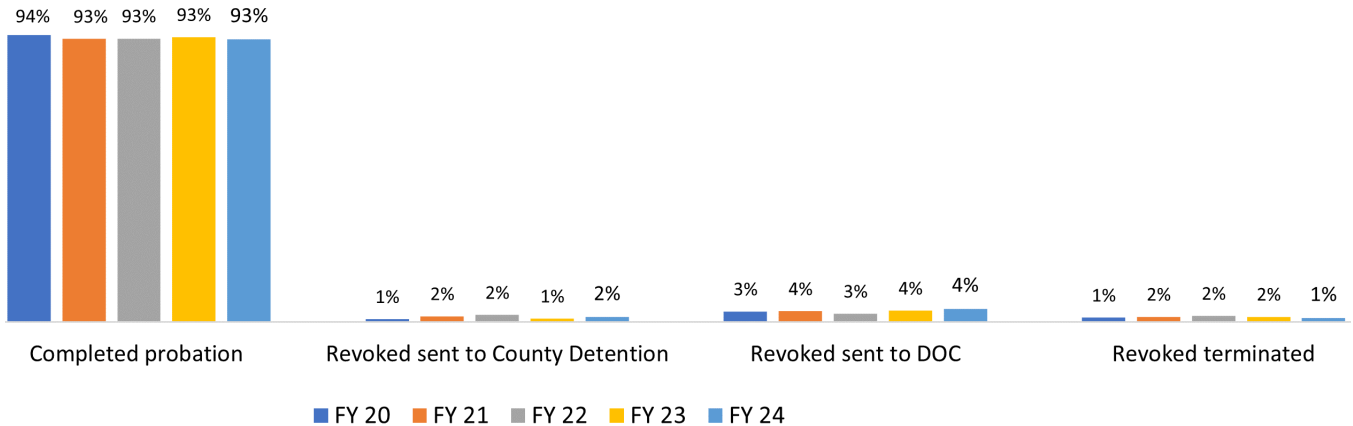
## Completed Probation 2023:



### Key Takeaway

Of the youth who complete probation in FY 2024, 76% did so satisfactorily.

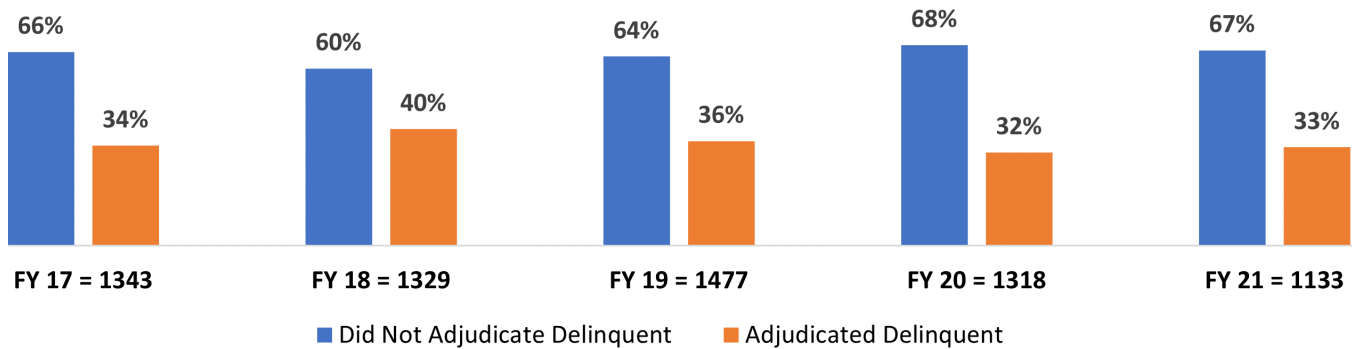
## Reason Discharged from Probation



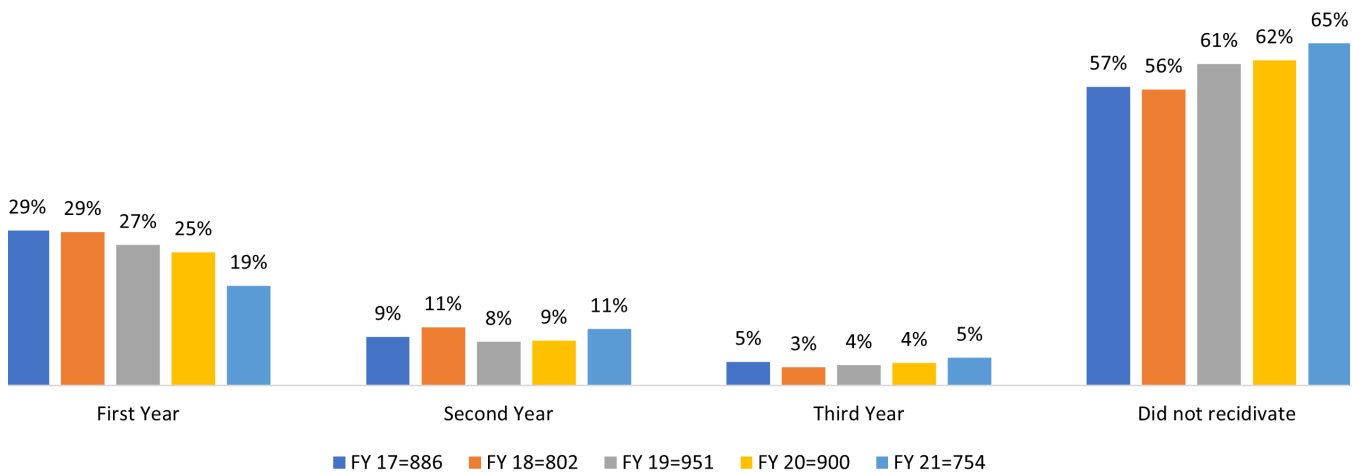
## UJS RECIDIVISM

For the Unified Judicial System, recidivism is defined as "being adjudicated delinquent while on probation or adjudicated delinquent or convicted of a felony in adult court within one year, two years, or three years after discharge from juvenile probation." SDCL 26-8D-1(5) Based on the definition of recidivism, the earliest year that will show final results is FY 2021.

### Youth Adjudicated While on Supervision



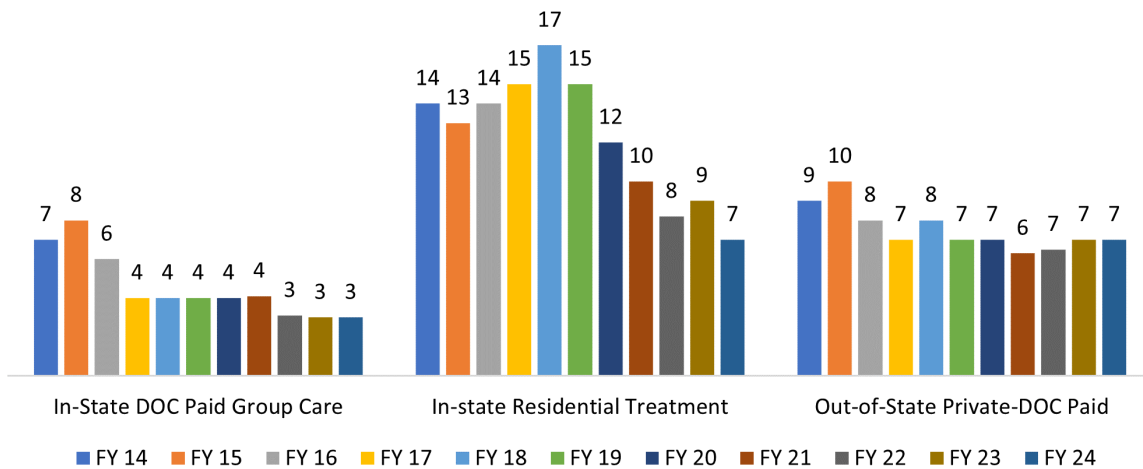
### Juvenile Recidivism Post Probation



## AVERAGE LENGTH OF STAY

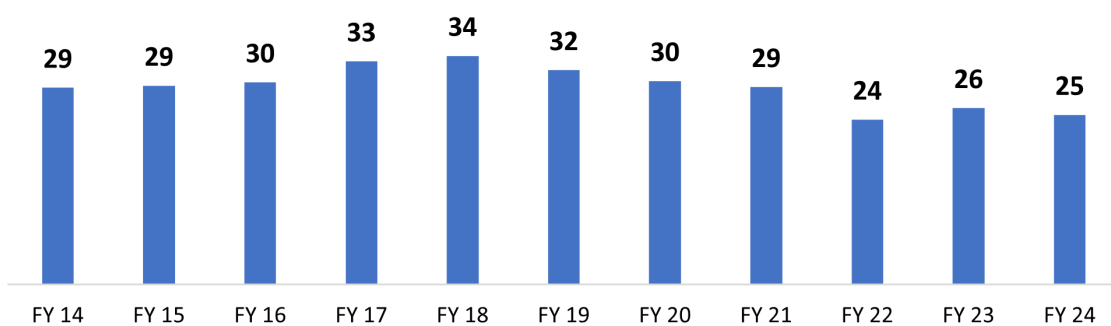
Commitments to DOC were declining even prior to the implementation of the JJPSIA. However, youth were staying in facilities longer, an increase of 27% for South Dakota’s youth population. Through DOC’s successful performance based contracting efforts with private providers, DOC has reduced our length 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.

**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)



### Key Takeaways

The average length of stay for in-state DOC paid group care has remained steady over the past eight fiscal years. While few youth in the custody of DOC are served by in-state residential providers, the length of stay has decreased from a high of 17 months to seven months in FY 2024. Out-of-state private DOC placements which include both group care and psychiatric residential treatment beds continue to average seven months.

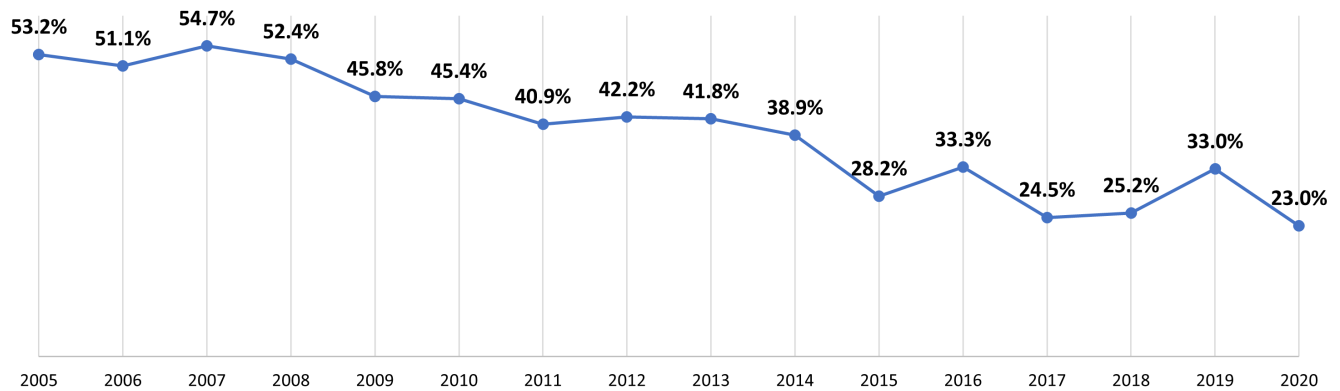
The average length of commitment for youth discharged from DOC has fluctuated over time; however, there was a decrease by one month between FY2023 and FY2024.

## DOC RECIDIVISM

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



Juvenile Recidivism Rate



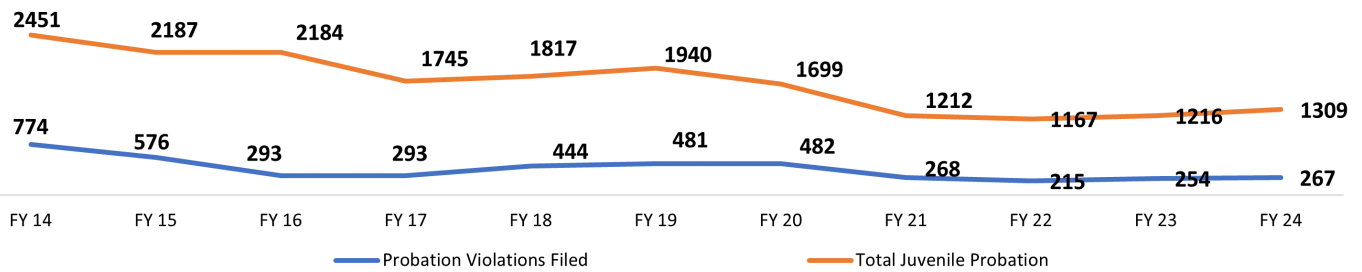


# YOUTH ON PROBATION

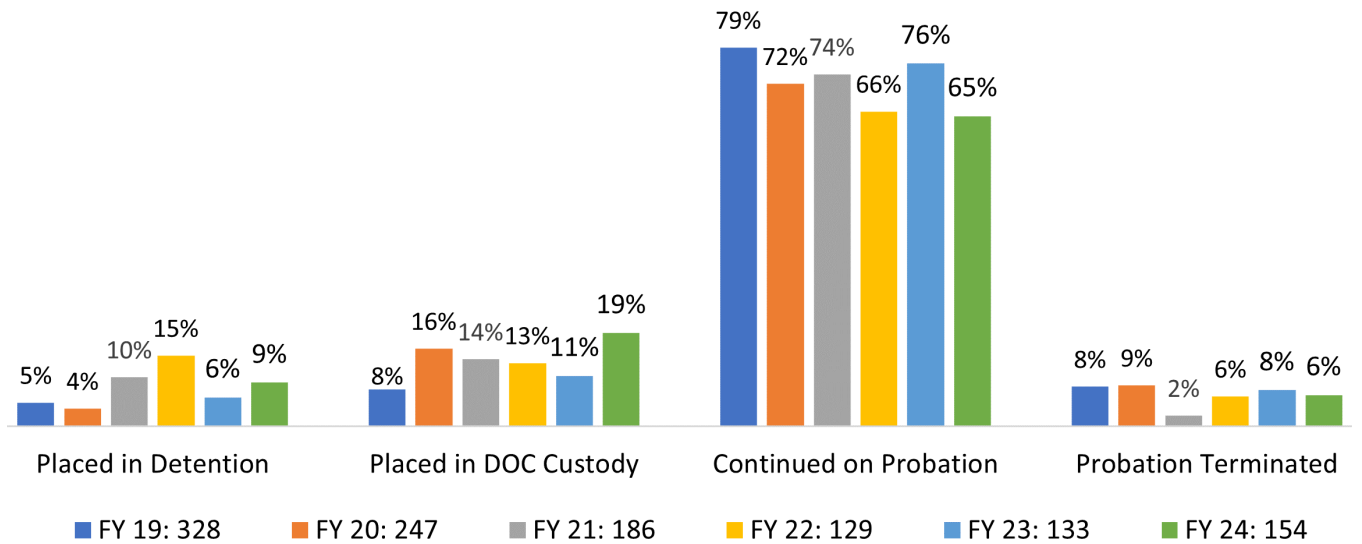
## Effectively Hold Juvenile Offenders Accountable

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



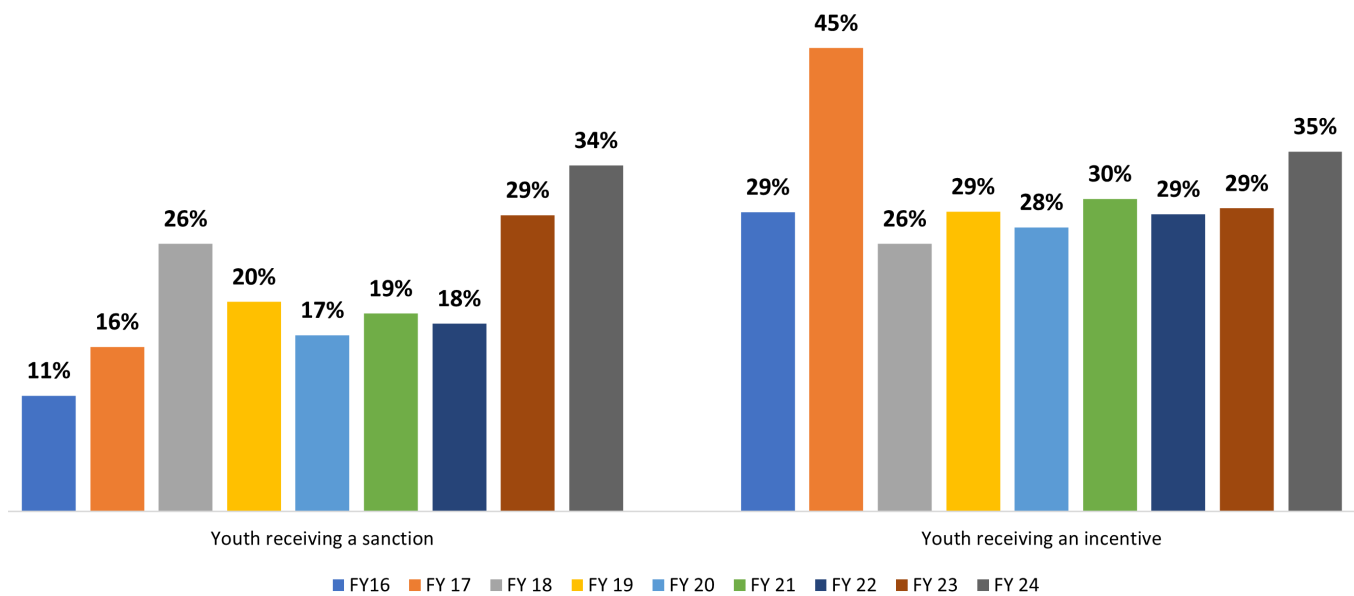
### Key Takeaway

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

## GRADUATED RESPONSES

Graduated responses are the use of incentives and sanctions to encourage youth to alter their attitudes and behavior toward pro-social 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.<sup>1</sup>

Graduated Responses for Youth on Probation



<sup>1</sup>Guevara, M. and Solomon, E. (2009). *Implementing Evidence-Based Policy and Practice in Community Corrections*, National Institute of Corrections, US DOJ, Second Edition.

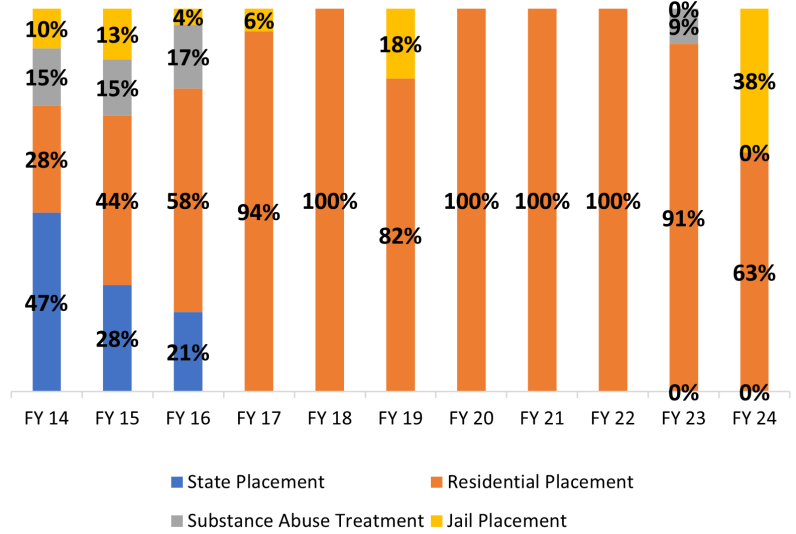
# AFTERCARE

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.

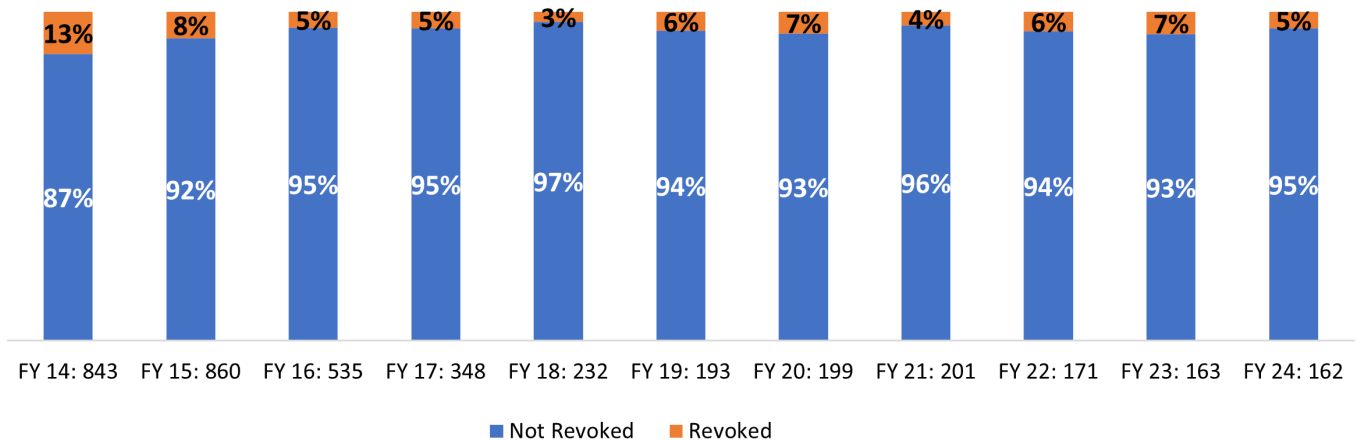
In addition to the supervision and monitoring systems provided by juvenile corrections agents (JCAs), which stress accountability, aftercare supervision includes a combination of interventions or treatment services matched to the youth needs. JCAs use Effective Practices in Community Supervision model (EPICS), cognitive behavioral interventions and Carey Guides as intervention tools to support positive behavioral changes.

In some cases, youth on aftercare are placed in 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.

**Actions Taken in Response to an Aftercare Revocation**



**Aftercare Revocations**



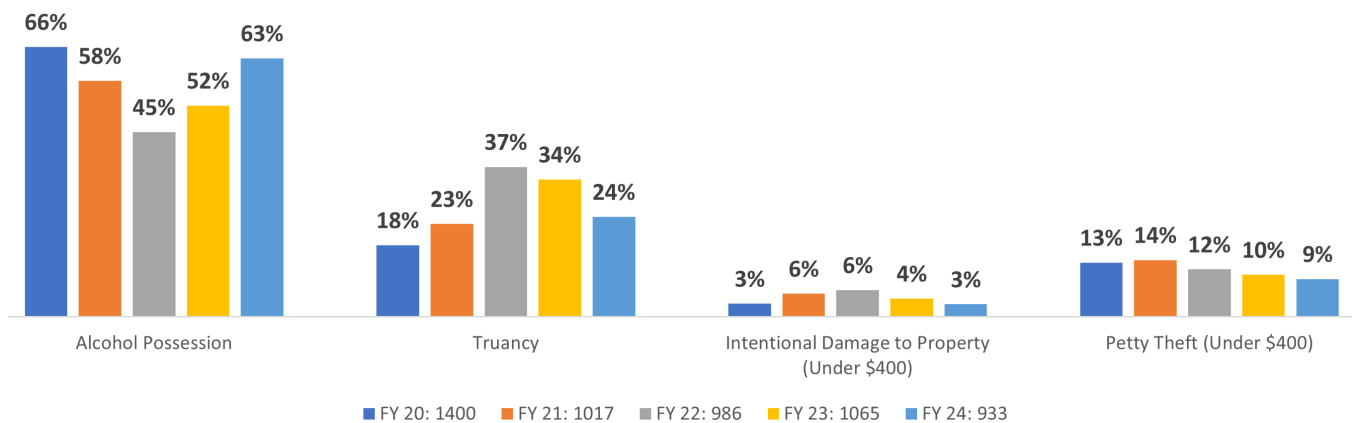
### Key Takeaways

Just 5% of youth on aftercare had their aftercare revoked in FY 2024, a decrease from 7% in FY 2023. Most youth, 95%, complete aftercare supervision without a revocation event. Most youth revoked while on aftercare were placed in a residential placement.

## JUVENILE CITATIONS

Juvenile citations were introduced in January 2016. Citations are being issued to address certain delinquency violations swiftly and certainly in the community. Youth receiving a citation may have a judgment imposed by the court requiring them to participate in a diversion program, pay a fine, or complete community service.<sup>7</sup>

Juvenile Citations by Type



<sup>7</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

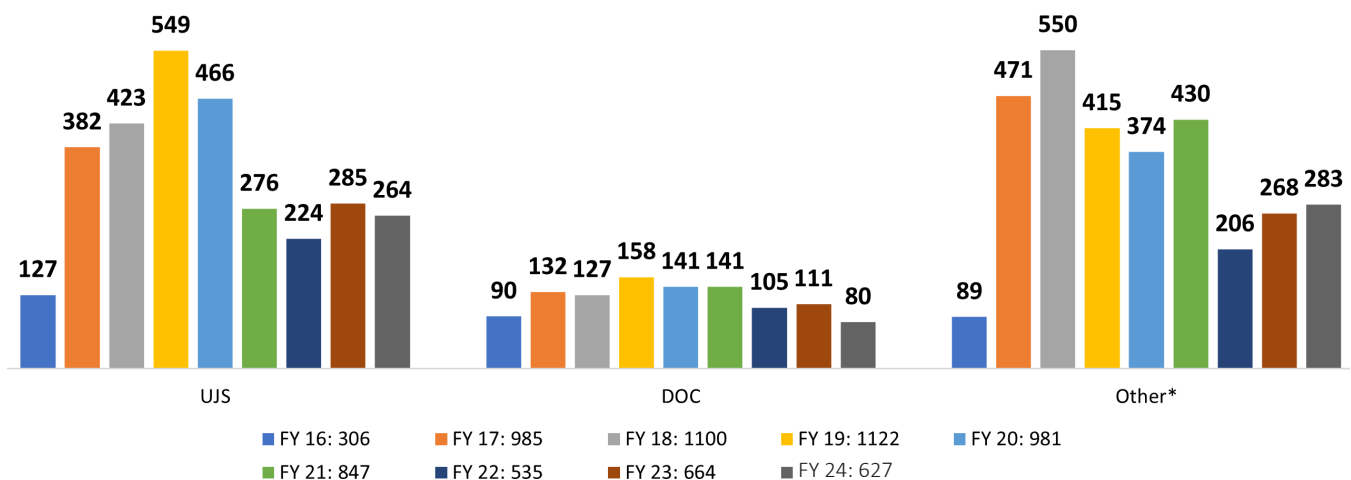
**Reduce juvenile justice costs by investing in proven community-based services and preserving residential facilities for serious offenders.**

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 all evidence-based programs, these may include but are not limited to the following: functional family therapy (FFT), aggression replacement training (ART), moral reconnection therapy (MRT), and additional evidence based substance use disorder (SUD) treatment services.

The Division of Behavioral Health hosted a series of collaborative communications with stakeholders and providers to update and streamline the referral process. Previously, the referral forms were established primarily for DOC and UJS utilization; however, through our collaborative efforts, the referral forms have been updated to reflect a variety of other referring entities as well. The Division of Behavioral Health has also made efforts to routinely communicate with providers after the initial referral is processed to assist with ensuring evaluation and access to services.

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.

### Key Takeaways

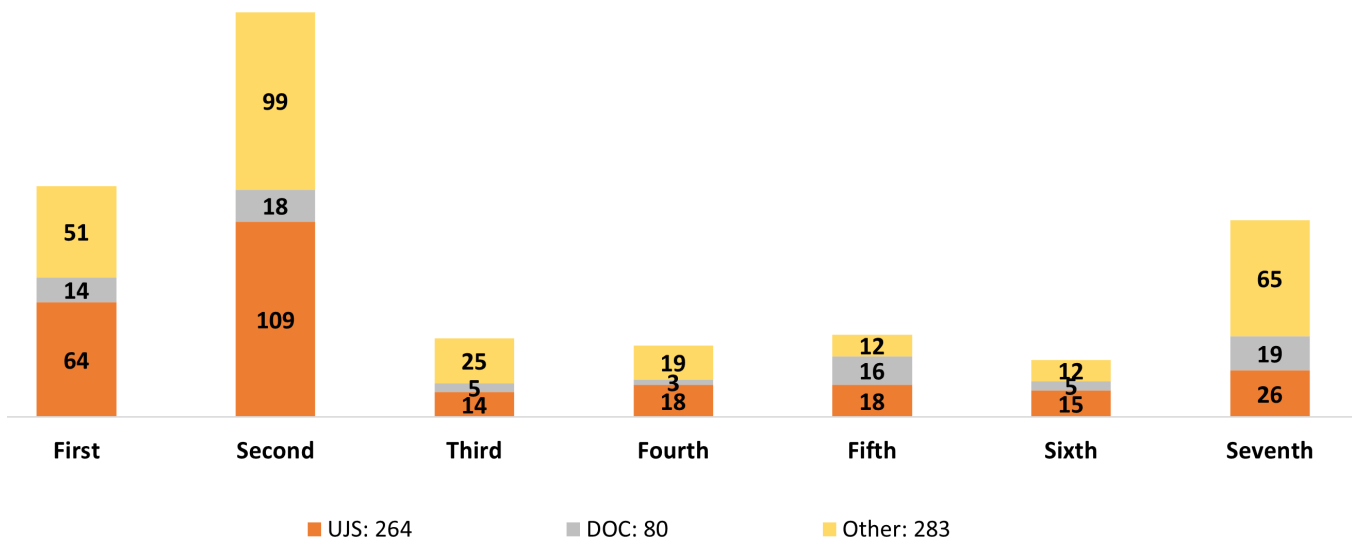
In FY 2024, referrals from UJS decreased by 7%, as compared to FY 2023, referrals from DOC decreased by nearly 28%, and referrals from other sources increased by 6%.

Overall, referrals decreased by 6% in FY 2024, as compared to FY 2023, and were down by 44% compared to the peak in FY 2019.

## REFERRALS BY CIRCUIT AND SOURCE

Referrals to community-based treatment services come from UJS court service officers, DOC juvenile corrections agents, diversion coordinators and Child Protection Services. Other referrals can also come from parents seeking assistance, school districts attorneys, public defenders, and internal referrals made by agencies for youth at risk of justice involvement. The graph below shows the number of referrals made by each referral source in each circuit in FY 2024.

FY 2024 Referrals to Services by Circuit and Source  
Total: 627



\*Referral numbers do not include referrals to systems of care services.

### Key Takeaways

Referrals to treatment services decreased in the Second, Fifth, Sixth and Seventh circuits in FY 2024. Referrals to treatment services increased in the First, Third and Fourth circuits in FY 2024. The largest increase was in the Third Circuit by nearly 52%, and the largest decrease was in the Sixth Circuit by 45%.

## CLIENTS SERVED

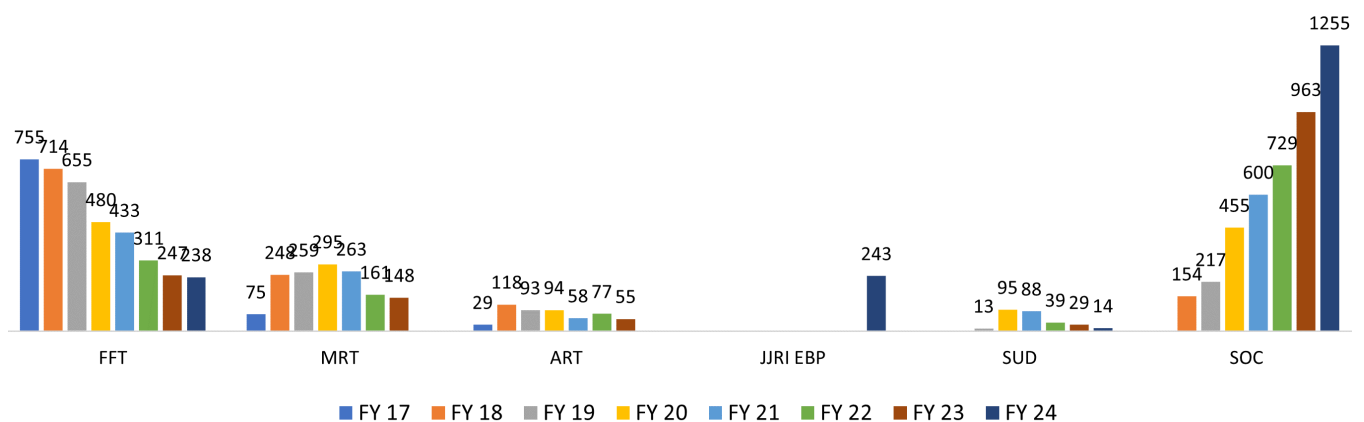
In FY 2024, the Division of Behavioral Health worked collaboratively with Juvenile Justice Reinvestment Initiative (JJRI) stakeholders and providers to increase flexibility of JJRI services to include additional evidence-based programming. As a result of the implementation of additional evidence-based programming, there have been changes to the reporting process for clients served by fiscal year. Evidence-based programs are inclusive of MRT and ART, along with a variety of other evidence-based programs based on the treatment needs of the youth and family as identified by the clinician during the assessment and treatment planning process.

In FY 2024, the Division of Behavioral Health staff made efforts to identify SUD service delivery gaps and discovered and corrected billing integrity limitations. Through these efforts, two new contracts for SUD services were established for FY 2025, and discussions with existing contracted agencies regarding referrals and billing were collaboratively addressed.

In FY 2024, systems of care (SOC) services continued to see increases in utilization.

<b>4,775</b>	Youth served in child or youth and family services in FY 2024.
<b>466</b>	Youth served in substance use disorder treatment.

Clients Served by Fiscal Year



## FUNCTIONAL FAMILY THERAPY

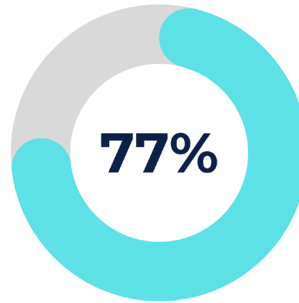
### THERAPY

Out of 146 families served, 68% successfully completed functional family therapy (FFT).



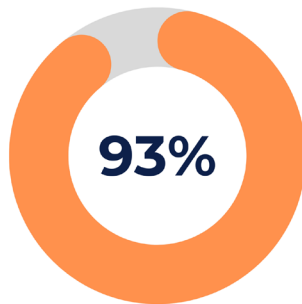
### CHANGE

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



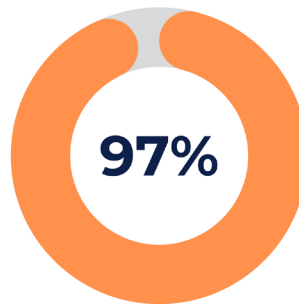
### SCHOOL OR WORK

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



### LIVING AT HOME

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



### ACCESS

When accessing treatment services, youth rated ease and convenience at 3.81 out of 5; parents' rating was 4.40 / 5.



### OUTCOMES

Regarding mental health and social wellbeing, youth rated their outcomes at 3.87 out of 5; parents' rating was 3.77 / 5.



### Key Takeaway

The percentage of families successfully completing functional family therapy decreased by 7.6 points compared to FY 2023.

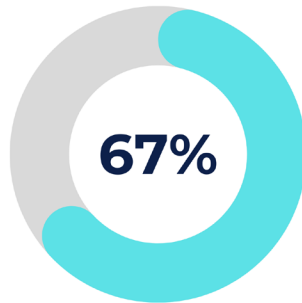


## JJRI Evidence Based Practices

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

### PRACTICES

Of 112 youth served, 67% successfully completed JJRI evidence based practices (EBPs).



### EBPs may include but are not limited to:

- aggression replacement training
- moral reconnection training
- moral reconnection therapy for trauma
- dialectical behavior therapy
- cognitive behavioral therapy
- brief strategic family therapy
- eye movement desensitization and reprocessing

### ACCESS

When accessing treatment services, youth rated their ease and convenience at 3.74 out of 5; parents' rating was 4.17 / 5.



### OUTCOMES

Regarding mental health and social wellbeing, youth rated their outcomes at 4.01 out of 5; parent's rating was 4.08 / 5.



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

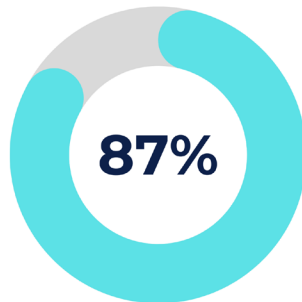
## SYSTEMS OF CARE SERVICES

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

SOC supports youth and families who experience barriers in one or more of the eight life domains including basic needs, social supports, emotional needs, educational needs, community supports, housing supports, health, and safety by creating a family service plan that addresses these needs.

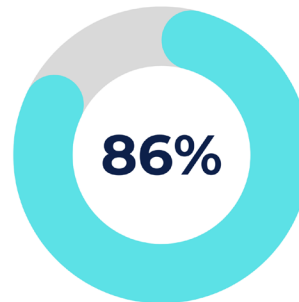
### BASIC NEEDS

87% of families reported basic needs had been met.



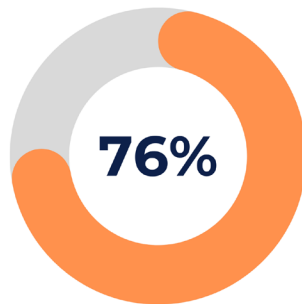
### HOUSING NEEDS

86% of families reported housing needs had been met.



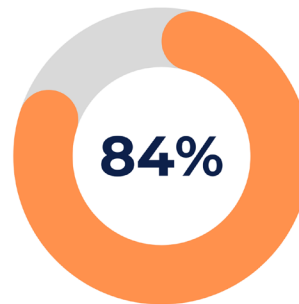
### EMOTIONAL NEEDS

76% of families reported emotional needs had been met.



### EDUCATION NEEDS

84% of families reported educational needs had been met.



### FAMILY LIFE

70% of families reported satisfaction with their family life.



### Key Takeaway

1,255 families received systems of care services, impacting more than 3,300 children.

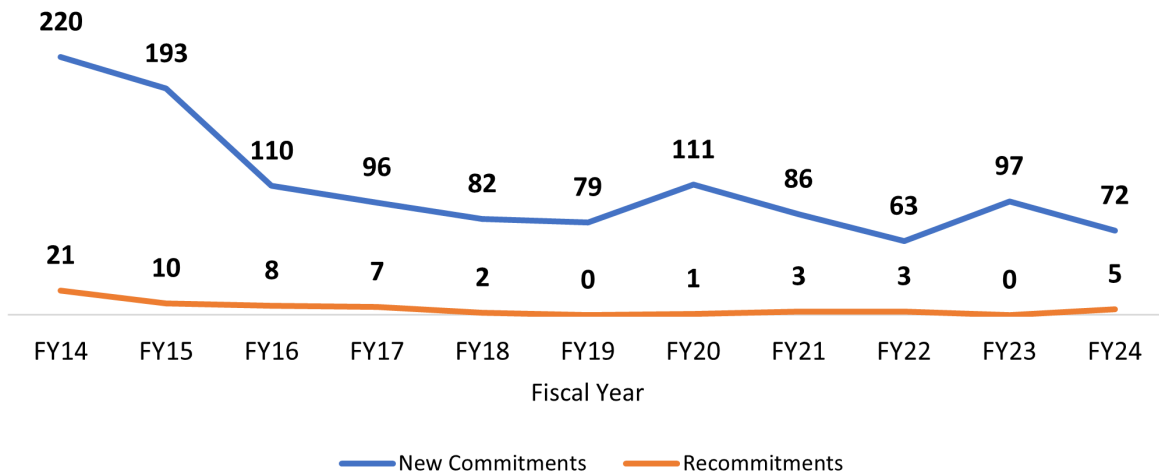
## COMMUNITY RESPONSE TEAMS

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 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.

First Circuit (FY 2023)				
CRT Recommendation		Community-Based Alternative	Court Disposition	Agreement
#1	Continue on Probation	Yes	Continue on Probation	Yes
#2	DOC Placement	No	DOC Placement	Yes
#3	DOC Placement	No	DOC Placement	Yes
#4	Standard Probation	Yes	Standard Probation	Yes
#5	DOC Placement	Yes	Intensive Probation	No
#6	Intensive Probation	Yes	Intensive Probation	Yes

# DOC COMMITMENTS

New Commitments and Recommitments\* to DOC

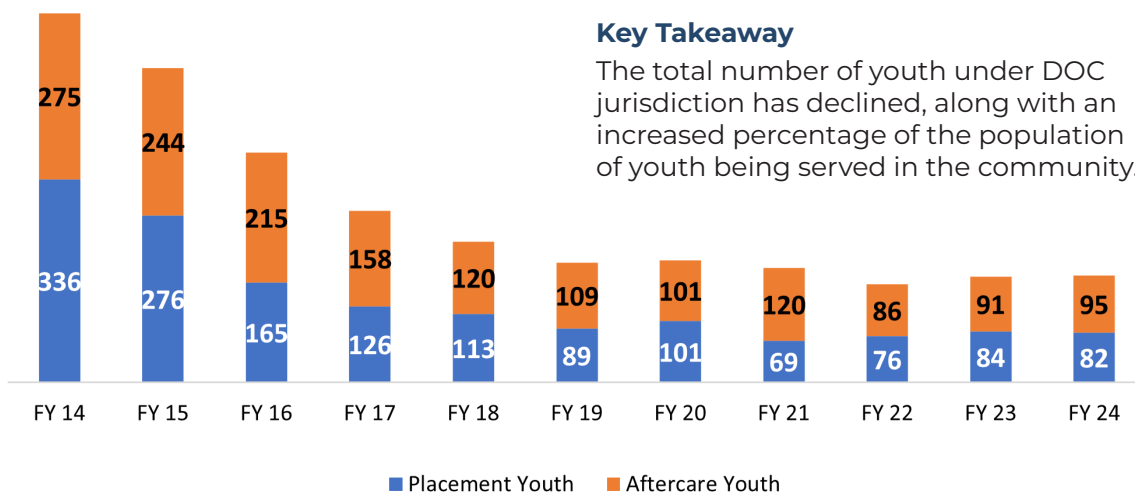


\*A recommitment involves a youth who was previously under the jurisdiction of the Department of Corrections (DOC) and discharged and then has been adjudicated as a delinquent or child in need of supervision (CHINS) for a new offense and is being recommitted to the DOC.

### Key Takeaway

New commitments to DOC in FY 2024 decreased by 21%.

Youth Under DOC Jurisdiction



### Key Takeaway

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

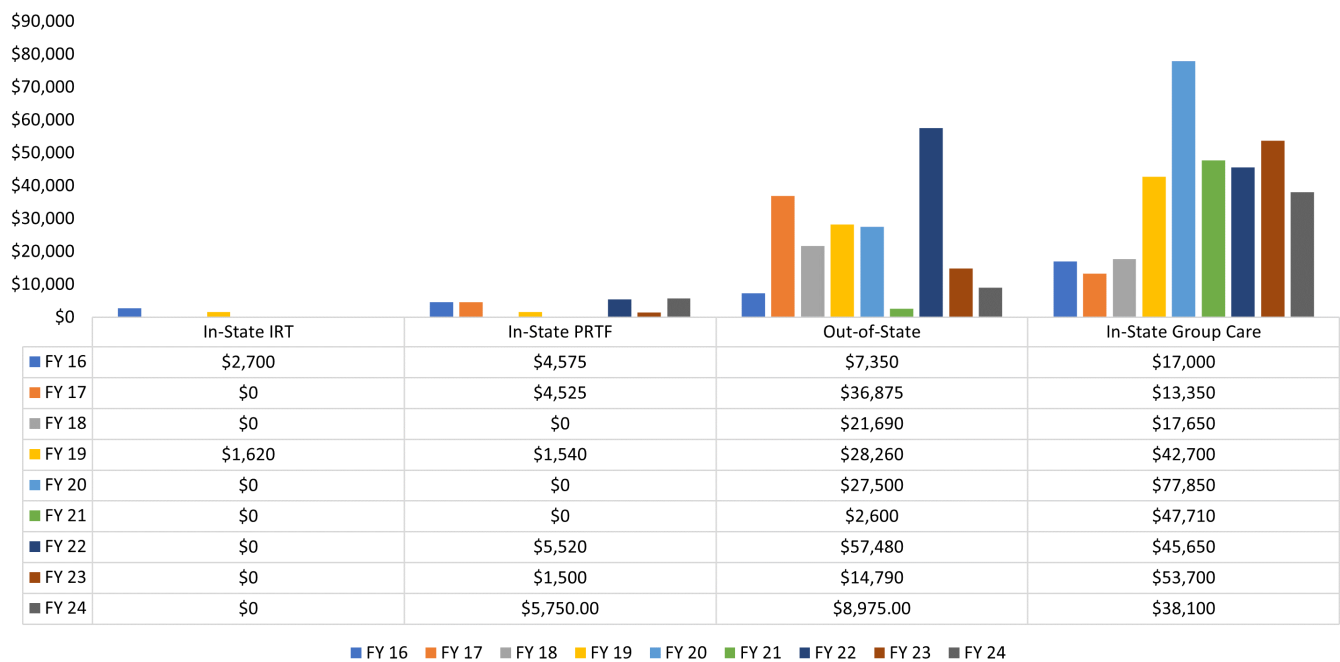
# PROVIDER PAY

In FY 2016, DOC entered into performance-based contracts with providers to ensure treatment goals are met within established time frames, consistent with the research around length of stay.

## Key Takeaway

In FY 2024, \$52,825 was paid to DOC contracted providers on the performance-based contract model. DOC has demonstrated consistent success with reducing the length of stay for youth without compromising public safety outcomes.

Amount Paid to Providers for DOC Performance-Based Contracts



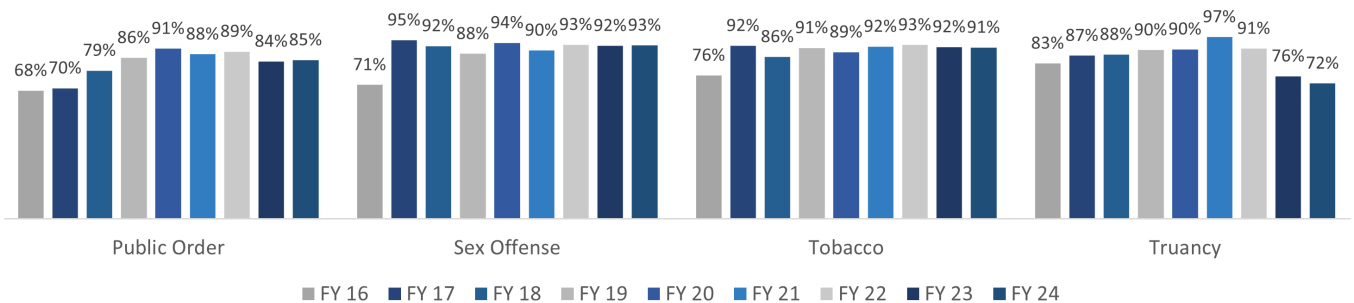
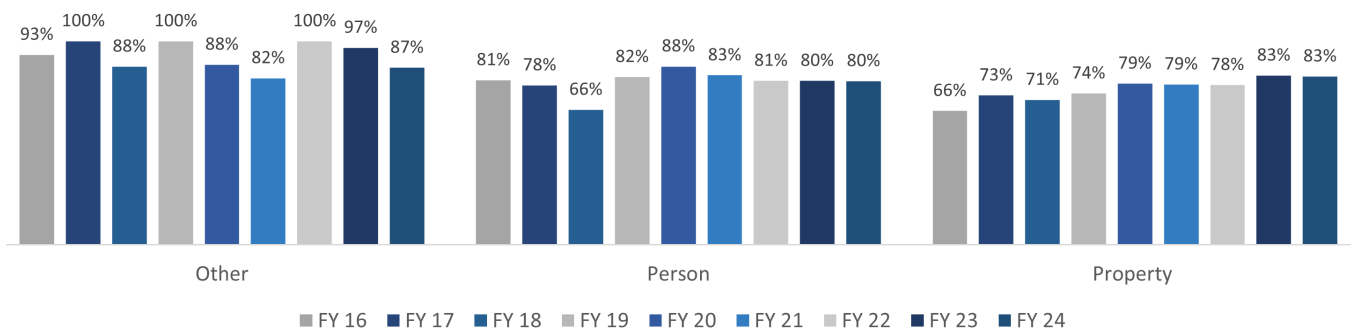
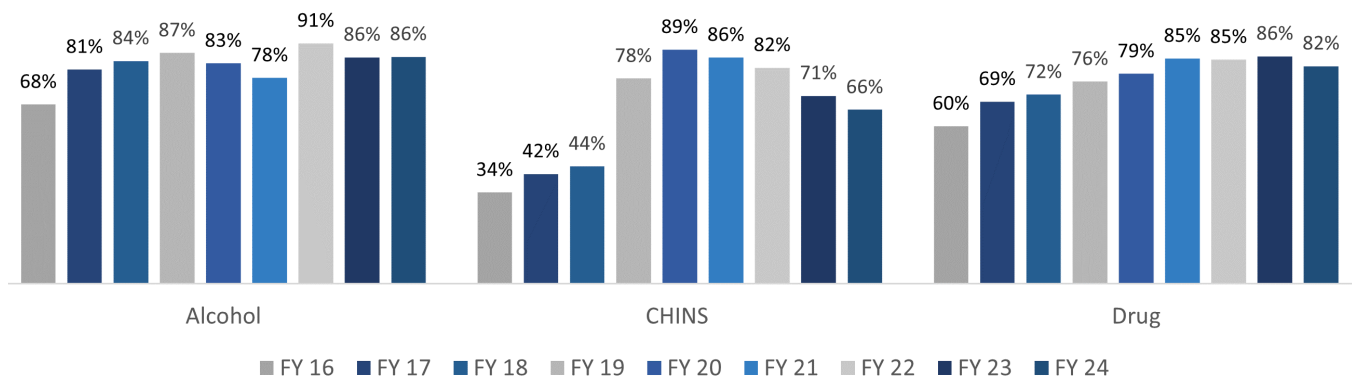
## DIVERSION

JJPSIA expands the use of diversion by providing fiscal incentives to counties and encouraging broader use of diversion for non-violent misdemeanants and CHINS with no prior adjudications. As part of the 2023 legislative session, SB 47 was signed into law, increasing the amount of funding available for successful diversions from \$250 up to \$750 per successful diversion. All counties are eligible to submit data to DOC for reimbursement. Consistent with the goals of the JJPSIA, there has been an increase in both the number of diversion participants and the percentage of successful diversion completions.

### Key Takeaway

\$4,186,527.95 has been paid to counties since the inception of the fiscal incentive program for 14,722 successful diversion completers.

### Successful Diversions



## DIVERSION

	FY 2016		FY 2017		FY 2018		FY 2019	
	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful
<b>Alcohol</b>	122	58	111	26	134	25	192	28
<b>CHINS</b>	30	57	44	62	55	69	90	26
<b>Drug</b>	162	110	241	109	294	117	299	92
<b>Other</b>	14	1	23	0	21	3	14	0
<b>Person</b>	38	9	65	18	75	29	117	25
<b>Property</b>	209	109	187	68	210	85	159	55
<b>Public Order</b>	67	31	101	44	174	46	158	26
<b>Sex Offense</b>	5	2	42	5	59	5	22	3
<b>Tobacco</b>	13	4	12	1	19	3	114	11
<b>Truancy</b>	310	64	275	41	452	64	449	50
<b>Totals</b>	<b>970</b>	<b>445</b>	<b>1101</b>	<b>374</b>	<b>1493</b>	<b>446</b>	<b>1614</b>	<b>316</b>

	FY 2020		FY 2021		FY 2022		FY 2023	
	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful	Successful	Unsuccessful
<b>Alcohol</b>	180	36	158	45	190	19	149	25
<b>CHINS</b>	85	11	83	14	125	28	86	35
<b>Drug</b>	281	73	259	45	273	49	326	53
<b>Other</b>	23	3	9	2	17	0	30	1
<b>Person</b>	113	16	129	26	153	37	194	47
<b>Property</b>	167	44	167	45	146	40	182	37
<b>Public Order</b>	226	23	194	27	298	36	282	54
<b>Sex Offense</b>	61	4	53	6	52	4	84	7
<b>Tobacco</b>	72	9	147	13	216	17	252	23
<b>Truancy</b>	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>

# DIVERSION

FY 2024		
	Successful	Unsuccessful
<b>Alcohol</b>	212	35
<b>CHINS</b>	146	76
<b>Drug</b>	358	77
<b>Other</b>	40	6
<b>Person</b>	250	61
<b>Property</b>	229	48
<b>Public Order</b>	221	40
<b>Sex Offense</b>	74	6
<b>Tobacco</b>	265	25
<b>Truancy</b>	195	75
<b>Totals</b>	<b>1990</b>	<b>449</b>



*Photo by Melissa Askew on Unsplash.*



## 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

### Speaker of the House Appointees

**Representative Mike Stevens**

State Representative

**Representative Linda Duba**

State Representative

### Attorney General Appointee

**Karly Winter**

Assistant Attorney General

### Superintendent's Association Appointees

**Dr. Kelly Glodt**

School Superintendent

**Dr. Tammy Meyer**

School Superintendent

### Governor's Appointees

**Ryan Brunner**

At Large

**Secretary David Flute**

Tribal Relations

**Bryan Harberts**

Youth Care Provider

**Tiffany Wolfgang**

Department of Social Services

**Kristi Bunkers**

Department of Corrections

**Vacant**

Law Enforcement



## SOUTH DAKOTA JUVENILE JUSTICE OVERSIGHT COUNCIL

Report compiled by:

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