

**INDIANA COMMISSION ON CHILDREN**

**PROBATION**

**Susan Lightfoot**

**August 7, 2013**

**(Updated August 15, 2013)**

## **Indiana Probation Overview**

While Probation in the State of Indiana is not actually considered a “state” agency and is more of a “hybrid” of local and state, since 1979 the Indiana Judicial Center has had the statutory responsibility as dictated by the Judicial Conference for certification, training and support of probation officers. The Judicial Conference sets guidelines and standards for qualification, training, testing and certification, and minimum compensation schedules. Probation officers and services fall under the judiciary at the county level and are subject to appointment and supervisory power of the courts they serve. Probation departments, their policies and the clients they serve are as diverse as each court, judge and county in the State. For years, several counties had more than one probation department. Effective January 1, 2011 based on Administrative Rule 18, courts of record were required to have a unified/consolidated probation department plan. The plans were to take effect January 1, 2012.

Probation funding is through local county revenues and probation user fees collected from probationers. The breakdown of probation budgets vary from county to county and may be a part of the court’s budget or a budget of their own. Probation data is reported quarterly to the State Court Administrator’s Office. Total probation officers reported in the 2011 Probation Report show 1300 probation officers in the state. This includes chief probation officers and does not break down adult and juvenile probation officers. Probation officers are compensated based on a minimum salary schedule set by the Judicial Conference of Indiana. (Ms. Judson will be reporting on the 2012 data for probation.) The minimum salary for a probation officer with no experience is \$29,912.

Juvenile probation departments address the needs of vulnerable youth by responding to referrals made by law enforcement, parents, schools and other agencies based primarily on delinquent behavior. While policies and procedures vary across counties based on Court philosophy and statutory interpretation, probation procedures are dictated by statute with the intent of providing adequate mental health, substance abuse, educational, and family services or referrals to appropriate agencies for these services in an attempt to deter the

youth from further delinquent activity while protecting the community in general. Often times these services are constrained by funding and community resources which also vary in each county. Probation departments are also charged with protecting the identity of vulnerable youth through strict confidentiality guidelines while also networking with community agencies to obtain the best possible case plan and resolution for each youth referred.

Challenges facing Probation in providing services to vulnerable youth in Indiana include deficits in consistent data collection throughout the state, available resources to address the varying needs of our youth, funding to provide the additional resources and services, and funding to provide additional staff so that workloads are manageable. Through the years, probation has been challenged to provide more services to more clients with less staffing and less resources. Probation officers are brokers of services and “champions” for our youth and provided with the necessary funding and resources can make a substantial difference in the lives of our vulnerable youth and their families.

## **Statewide Probation Top Five Topics for Vulnerable Youth**

Prepared for the Indiana Commission on Children

August 7, 2013

NOTE: The information below was collected through a request from the Indiana Judicial Center to Chief Probation Officers throughout the State for their top five concerns in regard to vulnerable youth in Indiana.

Topic 1:

### **Mental Illness:**

-Under this topic were such specifics as resources for mental health treatment for vulnerable youth (to include residential, inpatient, outpatient, and home based services), resources for comprehensive diagnostic services , resources for intensive psychiatric and medication management services, resources for sexually maladaptive behaviors (to include assessment, residential, outpatient and home based services) and the fact that without viable resources available to children and families, these children are falling into the Probation System with truly delinquent youth in order to obtain the services they require.

Topic 2:

### **Legislative Concerns (HB1001):**

-Under this topic were specifics that the complexity of legislation has brought to the field of Probation and dealing with vulnerable youth. This would include many new forms, layers of approval, time constraints and additional workload for Juvenile Probation Officers. This legislation also introduced guidelines and restrictions on providers that have resulted in providers discontinuing services and closing programs and facilities. Changes in the Emergency Shelter Care structure and time frames were specifically noted.

Topic 3:

**SUBSTANCE ABUSE ISSUES AND RESOURCES:**

-Under this topic were specifics of actual substance abuse resources (assessment, residential, in-patient, various levels of outpatient and home based services), the various community's perception and education, and prevention resources. Also, concerns around the illegal consumption statute and the ability to properly address them in its present form.

Topic 4:

**MEDICAID ISSUES:**

-Under this topic were specifics of the different types of Medicaid for vulnerable youth, the loss of Medicaid (or changing of types) when in secure detention or changing placements, the restrictiveness of Medicaid in regard to services available (inpatient, outpatient and home based) to vulnerable youth, and the availability of help to resolve Medicaid issues with vulnerable youth.

Topic 5:

**BOUNDARY/RELATIONSHIP ISSUES BETWEEN PROBATION AND DCS:**

-Under this topic were specifics in regard to open communication and information sharing on vulnerable youth between Probation and DCS, legislative/procedural issues that prevent Probation and DCS "sharing" a case, equality of resources available to Probation youth and DCS youth, availability of foster homes for Probation youth, availability of CASA/GAL for probation youth, and premature closure of open cases.

**Additional Topics listed that did not fall into the top five categories include:**

- Educational Alternatives for vulnerable youth.
- Parenting Resources (mentors, skills, education, accountability).
- “Holistic” Family Services for vulnerable youth.
- Expanded availability of Family Courts.
- Concerns about “Direct File” to adult cases and availability of resources for youthful adult offenders (18-21).
- Transportation Resources.
- Ability to focus on safety and need verses monetary constraints.

## **Statewide Probation Statistics**

### Statistical Data Available and Deficits:

One of the concerns with Probation Statistics is that Probation is not considered totally a “State” agency. Therefore, the amount of specific data is limited to what Probation reports on a quarterly basis to the State Court Administrator’s Office. These include for Juvenile Probation: referrals, supervisions, methods of disposition of each referral, supervision risk levels, supervision substance abuse convictions or adjudications, supervisions completed pre-dispositional and progress reports, probation personnel and salary expenses, and probation restitution. The Juvenile Law Services Report and Financial Report are also included in the Indiana Probation Report (Statewide Summary). The most current edition published is for the 2011 budget year. The 2012 statistics are being processed and are due to be published in September 2013. Ms. Lilia Judson State Court Administrator has the 2012 statistics available and plans to report on these at the August 21, 2013 Commission Meeting.

Additional Probation Data would include what individual Probation Departments are able to collect on their own. Some counties have more financial resources and staff to do this than others. A common consistent data base and financial resources for programming and equipment for probation in collecting statistical data would be extremely beneficial.

## **Statewide Probation Case Classification and Workload Measures**

In 1989 a need was observed by probation officers and judges in Indiana, so in conjunction with the Indiana Judicial Center, the search for financial and technical assistance was sought through the National Institute of Corrections, a consultant secured and the project undertaken. Through the hard work and cooperation of many Probation Officers, Judges, Judicial Center Staff and assistance of consultants the project evolved and a case classification system, consisting of a risk and needs assessment, was approved by Board of Directors of the Indiana Judicial Center for mandatory use by Indiana Probation Departments in September of 1993. The State Court Administrator's Office began collecting data on January 1, 1995. Workload measures were able to be calculated based on the numbers of offenders with the various levels of risk and the associated contact and time standards established for each level. This assisted with the number of Probation Officers needed to meet minimum contact standards and provide both adequate services to the offender, Courts and maintain community safety through Probation supervision.

While this tool was disseminated as mandatory, Probation Departments across the State commenced utilizing other risk and needs assessment tools. This created a disparity among departments on the method by which they were measuring risk and needs and the need for an updated more effective tool was sought.

As early as 2003, the Probation Officer's Advisory Board and the Indiana Judicial Center began discussions about the need for an updated risk and needs assessment tool and coinciding workload measures system. Based on the movement toward evidence based practices, the desire was to have a tool that could measure criminogenic risk to re-offend and be shared among Criminal Justice Agencies (Probation, Court Drug and Alcohol, Parole, Community Corrections and Department of Corrections). In 2006, a Risk Assessment Task force was comprised of all parties and financial and technical assistance was again sought through the National Institute of Corrections. Numerous "tools" were considered by the Task Force and it was determined that the tool used in Ohio

(OYAS/ORAS) upon accommodations for our population, was the best fit for Indiana, thus, the IYAS/IRAS). The Indiana Youth Assessment System went “live” in Indiana on October 1, 2010 as the mandatory tool for Probation Departments after approval from the Board of Directors of the Indiana Judicial Center. The IYAS/IRAS is electronically available through INCITE and is able to be viewed and shared among participating agencies. According to the Indiana Judicial Center, to date, there have been 870 individuals who have taken the IYAS training class. Ms. Michelle Goodman, Staff Attorney at the Indiana Judicial Center oversees this project.

The second phase of the project was to develop the Workload Measures System based off of the risk assessments. This project is underway currently with data being collected from Probation Departments. Once this part of the system is complete, Probation Departments will have access to an important tool is pursuing adequate staffing for minimum contact and supervision standards. Ms. Jenny Bauer, Staff Attorney at the Indiana Judicial Center oversees this project.

## **Other “Vulnerable Youth Oriented” Agencies Contacted For Agency/Committee Summary and Possible Data**

### **Probation Officer’s Advisory Board:**

Ms. Christine Ball, Chair, was contacted to determine if the Probation Officer’s Advisory Board to the Judicial Conference had a position on the 5 Main Concerns/Topics for Vulnerable Youth. Ms. Ball advised that this had not been specifically discussed by the Board and at this point, they did not have a formal position.

### **Probation Officer’s Professional Association:**

Mr. Don Travis, President, was contacted to determine if the Probation Officer’s Professional Association had a position on the 5 Main Concerns/Topics for Vulnerable Youth. Mr. Travis advised that there was not a formal position at this time, but he would get back with me.

### **Mental Health Screening, Assessment and Treatment Project:**

Ms. Amy Karozos, Project Director through the Youth Law Team was contacted to obtain information for the Commission:

The project began in 2006 as a pilot project and has been funded by Title II federal grants. The project was modeled off the Pennsylvania screening project which implements the Blue Prints for Change Model, the “Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System”. The project’s advisory board is chaired by Porter Circuit Judge, Honorable Mary Harper and consists of representatives from vulnerable youth oriented agencies. There are currently 22 detention centers throughout the state and the sites consist of 16 detention centers and 1 intake facility. The goal is for all 22 detention centers to be active sites. As a result of this project, over 35,000 mental health screens have been conducted on youth entering detention. The Massachusetts Youth Screening Instrument Version 2

(MAYSI-2) is utilized to identify youth who are in need of more in depth evaluation. In 2012, 6,621 screens were conducted and approximately 21% of youth scored about the cutoff. In 2012, the Connections to Care Workgroup was convened to address barriers to mental health treatment. It became apparent that youth identified were often unable to access services or that they were unavailable. Information and recommendations by the Workgroup have been provided to the Commission on Mental Health and Addiction. (This information is attached. Attachment 1)

**Department of Child Services Probation Placement and Services Data (paid for by DCS):**

Ms. Nancy Wever, DCS Probation Oversight Manager, was contacted to obtain any data available on Probation placements and services paid for by DCS. Ms. Regina Ashley, Deputy Director of Placement and Support Compliance, responded that this information would be provided directly by their Department at the Commission Meeting on August 21, 2013.

**Disproportionate Minority Contact (DMC) Data:**

Ms. Tashi Teuschler, Program Director, was contacted to obtain any data available on disproportionate minority contact that her agency had available. Ms. Teuschler forwarded the DMC data collection report. This report is attached. ( Attachment 2). Ms. Lila Judson has also requested this information and may also be reporting on it.

**Juvenile Detention Alternatives Project (JDAI):**

Ms. Michelle Tennell, Statewide Coordinator through the Youth Law Team was contacted for information on this project. Ms. Tennell responded that she would provide this information by August 13, 2013. This will be forwarded to the Commission upon its receipt.

**Additional Information Received 8/11/13:**

Per your request, I am sending some information about what the Juvenile Detention Alternatives Initiative (JDAI) process looks like. As you may be aware,

this model program embraces 8 core strategies that, when implemented with fidelity to the proven model, allows for continuing juvenile justice system enhancements, while increasing public safety and reducing the cost to tax payers. JDAI requires that communities make a conscious choice to do a self-evaluation of their policies, practices, and procedures along all of the decision points of the juvenile justice system from arrest through disposition. Through this self-evaluation, including a true collaboration between both system and non-system folks and with the assistance of state and national partners, communities often find ways to reduce reliance on secure detention for low-risk youth. Local jurisdictions are able to employ strategies that engage the community to provide local supervision through less restrictions of liberty, as appropriate, and realize better outcomes with regard to re-arrest and failure to appear rates. Additional information about the Annie E. Casey Foundation's National JDAI efforts may be viewed at:

<http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative/CoreStrategies.aspx>

Successful JDAI sites have found that the dual goals of protection of public safety and enhancing the outcomes for system-involved youth and families are often not at odds.

Some statistics regarding Indiana and the National JDAI:

- Eight Indiana counties currently JDAI sites: Lake, Porter, Tippecanoe, Elkhart, Howard, Marion, Johnson, and Clark represent 34% of Indiana Youth ages 10-17.

- 200 JDAI sites in 39 states and DC representing 25% of at-risk youth in America have joined the nationally renowned Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) over the past 20 years.
- JDAI Lead Collaborative Agencies are: Indiana Supreme Court, Indiana Dept. of Correction, Indiana Criminal Justice Institute, Indiana Dept. of Child Services.
- Every day in Indiana over 1000 individuals work collaboratively across systems at both the state and local level to improve outcomes for youth and families and enhance public safety.
- Indiana is in the process of a statewide expansion and has received Letters of Interest from 16 additional counties that wish to join JDAI. With their inclusion, 58% of Indiana's juvenile population ages 10-17 will be a part of the Indiana JDAI. The total detention beds in Indiana is 1109 as of 8/10/13. The 24 counties participating in/interested in joining JDAI represent 841 detention beds or 76%.

#### JDAI:

- Improves public safety
- Enhances lives of children, families and community
- Reduces reliance on secure detention for low-risk youth
- Assists with the goal of achieving racial, ethnic, and gender equity
- Stimulates overall juvenile justice system improvement

“JDAI assists with placing the right kids, in the right place, for the right reason, for the right amount of time.”

**2012 Indiana JDAI counties' statistics compared to baseline data from the year prior to becoming a JDAI site.**

**Admissions-** Total admissions in JDAI local sites decreased 49.5% from baseline to 2012 (9,266 admissions for baseline and 4,683 admissions in 2012).

**Average Daily Population (ADP)** - ADP in Secure Detention decreased by 39.6% from baseline to 2012 (331.46 youth for baseline and 200.04 youth in 2012).

**Average Length of Stay (ALOS)** – ALOS increased 11.4% in JDAI local sites from baseline to 2012. It is common that an increase would occur given that high risk youth who pose a risk to public safety or failure to appear would be securely detained and low-risk youth are placed in an Alternative to Detention Program (released with conditions) or released awaiting their initial court hearing.

**Re-Offense Rate-** There was a 16% reduction in re-offenses from baseline to 2012 (23% Re-offense rate for baseline and 7% Re-offense rate in 2012).

**Failure to Appear (FTA) Rate-** There was a 1% reduction in youth who failed to appear from baseline to 2012 (FTA was 4% for baseline and 3% in 2012). Note: FTA stats include data submitted by Johnson, Lake, Marion, and Tippecanoe counties.

**Indiana Department of Correction (IDOC) Commitments-** State commitments have decreased by 18.1% from baseline to 2012 (386 commitments for baseline and 316 commitments in 2012) in JDAI communities.

I am interested in attending the meeting on August 21<sup>st</sup>. Would you be so kind as to provide information regarding the location and time?

The last thought I'd like to leave you with is that the JDAI is not a program, it is a process which allows communities to continuously use these strategies on an

ongoing basis to align their community resources, both financial and human, with their community values.

If you would like to chat with me, please feel free to give me a call on my cell phone at: 317-417-8370.

Thank you for your hard work on behalf of Indiana children, families, and communities.

Michelle M. Tennell

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### **The Civil Rights of Children Committee:**

Ms. JauNae Hanger, Chair, was contacted for a brief description of the mission of their committee and their thoughts on the 5 Main Concerns/Topics for the Commission to consider in regard to vulnerable youth. Ms. Hanger advised that she would put this together and provide it by August 9, 2013. This will be forwarded to the Commission upon its receipt. Ms. Angela Reid-Brown, Indiana

Judicial Center, advised that Ms. Hanger had provided the Committee's Concerns to the Commission in May. These comments are attached. (Attachment 3)

**Additional Information Received 8/7/13:** (all PDFs and forwarded to Angela Reid Brown and Amber Holland electronically)

-An Assessment of Access to Counsel and Quality of Representation in Delinquency Proceedings

-Reforming juvenile Justice: A Developmental Approach

-2012 State of our Black Youth Report

-Final Report and Recommendations: Children, Mental Health and the Law Summit

-Summit on Racial Disparities in the Juvenile Justice System: A Statewide Dialogue

-Mental Health Project Final Report

-Trauma Informed /Based Reports

Attachment 1

Indiana Juvenile Health Screening, Assessment, and Treatment Project  
Information

## **Mental Health Needs of Indiana's Children: Options to Bridge the Gaps**

Over the past several years, the Advisory Board for the Indiana Juvenile Mental Health Screening, Assessment and Treatment Project has identified significant challenges in connecting the youth with mental health and/or substance use issues to appropriate treatment. A workgroup of the Advisory Board met regularly over the past year to further consider these challenges. The workgroup recognized that the challenges faced by youth who have contact with the juvenile justice system are common challenges for all youth with mental health and/or substance use issues across the state. The following summarizes important options to address the current challenges.

### Create a statewide, evidence-based treatment system of care for youth identified with mental health disorders.

- **Access:** Provide youth involved with juvenile justice (detention or probation) with access to care, including universal screening all youth entering the juvenile justice system for mental health and/or substance use issues, and including comprehensive assessments and treatment when necessary. This includes requiring a universal assessment process be used consistently by all systems, across all sectors (i.e., the Child and Adolescent Needs and Strengths tool). Adequately support implementation, and require comprehensive training through state funding.
- **Evidence-based intervention in community:** Ensure early intervention, community-based, best practices. This includes funding mental health front-end diversions for youth, and integrate them into detention reform efforts (e.g., Juvenile Detentions Alternative Initiative). Ensure that all assessments address trauma and educational needs, and require trauma-informed, culturally competent practices to be implemented across public systems. Place school behavior in context and implement interventions and alternatives in schools. Ensure that community based care framework is available to all youth in juvenile justice, including youth committed to correctional facilities. This includes receiving appropriate care for their mental health needs while in confinement, and that appropriate supportive services are provided to youth as they exit from juvenile justice facilities into community based care.
- **Cross-system collaboration:** Support and allow for cross-system collaboration of all child-serving agencies, including information and data sharing, and policy and funding system alignment. Require and fund evidence-based systems of care at sufficient levels in all counties. Services should be developed around home and community based care at multiple levels of intensity that are age appropriate, and should utilize a team approach which is driven by the child and family. Ensure a sufficient number of residential care beds within the state for those who need it. Create programs that allow residential care for stabilization and treatment of children without having to adjudicate the child and without the requirement of failed placements.

### Pilot a model of care through a collaborative consortium for purchasing services for all.

- Work with cross-system collaborative, including mental health, addiction, juvenile justice, academic community, child advocates, community mental health, health, education, legal, intellectual/developmental disabilities, families and caregivers, and child welfare, to plan a collaborative consortium for purchasing services for all children.
- Ensure that consortium services are accessible to youth in the juvenile justice system and youth ineligible for Medicaid.

Create a multi-agency fund or funding protocol for treating youth with serious mental illnesses.

- Reform funding and fiscal policies to support a “medically needed” Medicaid funding category so that children with serious mental health needs at all income levels can access care.
- Enable seamless care between systems without children entering the juvenile justice system. Ask DMHA, DOF, DDRS, DCS, DOC and OMPP to develop new funding protocols that blend multi-agency funding to deliver services to children at the earliest possible point. Children’s mental health needs should drive programs.

Develop or preserve statutory provisions that act as safety measures

- Prevent youth from entering the juvenile justice system due to mental health crisis or serious, complex mental health needs through statutory provisions that act as safety measures, allowing courts to order appropriate mental health care for children without a delinquency adjudication.

Definitions:

System of Care – a comprehensive spectrum of services and supports which are organized into a coordinated network to meet the multiple and changing needs of children and their families.

Evidence-Based – refers to the existence of a body of research that documents the effectiveness of the process.

Evidence-Based Practices – refers to a defined treatment process that has been shown through objective research to be effective in treating specified conditions.

Best Practices – refers to a defined treatment process that is accepted as being effective in treating specified conditions but does not have the body of objective research to support being classified as evidence-based.

Screening – a process, usually a brief set of questions, which is designed to identify individuals who are at-risk of having mental health/substance use problems or concerns and/or those who would most benefit from more in-depth assessment.

Behavioral Health Assessment – a formal process that is reliable (results are the same regardless of who conducts the assessment) and validated (measures what is intended to be measured) and that results in a thorough depiction of an individual’s mental health, social-emotional functioning and/or substance abuse.

For more information please contact:

Youth Law T.E.A.M. of Indiana

Amy Karozos

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Attachment 2  
DMC Information

# Identifying Disproportionate Minority Contact in Indiana

Submitted by

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## EXECUTIVE SUMMARY

In 1988, the United States Congress acknowledged a serious problem taking place in the country's juvenile justice system—the skyrocketing numbers of African American youth ending up in state correctional populations. Congress' response was to develop legislation that required states to collect data about "disproportionate minority confinement" in the juvenile justice system. This legislation was part of the reauthorization of the Juvenile Justice Delinquency Prevention Act (see 1988 reauthorization of the 1974 Juvenile Justice and Delinquency Prevention Act (JJDP) [Public Law 93-415, 42 U.S.C. 5601 *et seq.*]. Subsequent authorizations of the JJDP Act in 1992 (and later in 2002), re-defined the scope of data that was being collected so that states would be better able to address disproportionality when it occurred. More specifically, the later reauthorizations required states (interested in receiving Title II monies from the Federal Formula Grants Program) to collect data that encompassed all of the key decision points that take place in the juvenile justice system. This altered the previous focus from disproportionate minority confinement to a more inclusive disproportionate minority contact (DMC). The expansion of the focus was an important step towards ameliorating issues of unfairness and inequity in the system. In particular, the expanded focus allows states to examine whether disparate outcomes begin early in the process, continue throughout the process, and occur only at the decision to incarcerate, or determine if there are any significant DMC problems in the system at all.

In the fall of 2010, researchers from Indiana University's Center for Criminal Justice Research and the School of Public and Environmental Affairs at IUPUI partnered with the Indiana Criminal Justice Institute to conduct Indiana's DMC study. There are several reasons that necessitate this study: (1) it helps Indiana to remain in compliance with the DMC core requirement of the JJDP Act of 2002; (2) it gives the state an opportunity to see what the data reporting capability is in the various juvenile courts in the state; and (3) it allows ICH personnel to assist local decision-makers and justice practitioners in identifying if DMC is a concern in their jurisdiction and how they should address the disparity that exists.

Indiana's DMC study is quite comprehensive—with data from more than 205,000 juvenile cases in the state. In fact, we collected information about all the key decision points (except arrest) for every juvenile

case that was referred to each of the 92 juvenile courts in the state during the study period. Since our data is so comprehensive, we can both analyze and report the data in the aggregate (i.e., state level), or disaggregate the data and report it at the county level. Therefore, we are able to determine *if* DMC exists and *where* it exists in the state. Our charge was to first determine if the data could be collected and then collect and analyze it. In this report, we provide a basic “first look” at what is happening in terms of DMC in the state. We do not, however, provide any discussions about why DMC occurs, when it occurs. That is beyond the scope of this study.

Included below is a summary of what we learned about the data reporting capabilities of the various jurisdictions in the state, a brief recap of what needs to be done to address certain deficits, and an overview of what we learned from the DMC data.

Key findings related to data reporting:

1. We were asked to determine if the individual jurisdictions are in a position to report DMC data (on their own) to the state annually so that the state can report DMC data to OJJDP as required. In our judgment, the State of Indiana is not in a position to systematically report DMC data as required by OJJDP because the capacity to gather the data is non-existent. This should be a major area of focus for ICJ in its next three year DMC plan.
2. A statewide policy is needed that requires juvenile courts (and/or probation departments) to collect information (i.e., demographic information and the key decision points required by OJJDP) “in real time” for all cases that are referred to the juvenile court.
  - a. Since significant federal and state resources are tied to this information and the counties are in need of these resources, we suggest that state consider introducing legislation that requires counties to provide this data if not quarterly, then annually.
  - b. Given thoughtful planning, it is possible for jurisdictions to work with vendors and the state to develop a means for providing DMC data when they report their other legislatively required data to the State Court Administrator’s Office. More specifically, with some attention to the way information is entered into the various data management systems, we can foresee the development of a single interface that allows local jurisdictions to query their data and dump it into a web-based data repository that could generate the data needed for submission to OJJDP on an annual basis.
3. Periodic, if not annual training of court clerks, court administrators, and office staff (employed by the courts or probation departments) with responsibility of inputting case data as a part of their regular duties, is desperately needed.
4. We propose that the state enter into a personal services contract (for perhaps three years or so) to work with ICJ’s Statewide DMC Coordinator and Youth Division Director to develop and implement a plan aimed at improving data reporting capacity in the state.
5. Now that Indiana has a comprehensive DMC database to work with, it would be advantageous to engage some national experts to provide technical assistance to key stakeholders in the juvenile justice system that have significant DMC issues in their jurisdictions.
  - a. These same individuals could engage in trainings and continuing education opportunities at statewide judge’s conferences and the annual probation officer trainings.
6. Just as the FBI does with the Uniform Crime Reports, we recommend that the State require jurisdictions to use a common set of terms to identify the different decision points within the

juvenile court process. Making sure that each jurisdiction is using standardized definitions and rules for the classification of decisions would allow for stronger analyses and would serve to sensitize juvenile court personnel to DMC issues. In essence, this would increase the state's ability to compare apples with apples.

7. We also believe that legislation should be proposed that would stipulate that alcohol violations committed by persons under the age of 18, be filed as a status offense. This would decrease disparity in how these charges are filed and assert the juvenile courts underlying mission to help by requiring intervention that does little harm and is in the interest of the child.

Key findings related to the DMC data:

1. In Chapter three, we discuss the analysis performed on the data for 2009. This analysis includes data from every county.
  - a. Referrals to Court
    1. The strongest differences were found in the referrals to court. African-American juveniles are **3.23 times** more likely than White juveniles to be referred to juvenile court (and the RR is statistically significant).
    2. Hispanic juveniles are also **1.14 times** more likely to be referred to juvenile court than White juveniles (and the RRI is statistically significant).
    3. The "All Minorities" category (which includes all racial/ethnic groups other than white) demonstrates that minority youth in the state are **2.46 times** more likely referred to juvenile court than their White counterparts (and that RRI is statistically significant).
  - b. Detention prior to Adjudication
    1. African American juveniles are **1.65 times** more likely to be detained prior to adjudication than White juveniles (and that RRI is statistically significant).
    2. Hispanic juveniles are **1.28 times** more likely to be detained prior to adjudication than White juveniles (and that RRI is statistically significant).
  - c. Delinquency Petitions Filed
    1. African American juveniles are **1.08 times** more likely to have a delinquency petition filed against them than White juveniles (and that RRI is statistically significant).
    2. Hispanic juveniles are **1.07 times** more likely to have a delinquency petition filed against them than White juveniles (and that RRI is statistically significant).
  - d. Commitment to Indiana Department of Correction
    1. African American juveniles are **1.36 times** more likely to be sentenced to confinement in a secure juvenile correctional facility than White juveniles (and that RRI is statistically significant).
  - e. Each Decision Point was Significant for the "All Minorities" in 2009

1. What this says in essence is that youth of color in Indiana in 2009, were significantly more likely to be *referred to the juvenile court*, more likely to be *held in secure detention* prior to adjudication, more likely to have a *delinquency petition* filed against them, and more likely to be *committed to the Indiana Department of Correction* than their White peers.
  2. Minority youth were also significantly *less likely to receive a diversion* and *less likely to be given a probation disposition* than their White counterparts.
- f. The Over-representation of African American and Hispanics
1. The over-representation of both groups at referral, detention, petition, adjudication, and commitments to state correctional facilities, as well as their under-representation at *diversion* and *probation*, was not surprising as these findings mirror previous DMC research in other states.
  2. What was unexpected was the under-representation of both African American and Hispanic youth at *adjudication* and *waver* stages. We cannot easily explain why this is the case; however, a more definitive answer should become more apparent when the 2005-2008 data are analyzed.

2. All Overview of All of the Data

- a. Further analysis of this dataset is needed; however, we can say that DMC is evident in every year that we collected. DMC is evident in many counties as well.
1. Approximately one-half (51%) of the counties had at least one significant DMC finding for at least one of the racial or ethnic groups, in at least one of the years, for at least one of the decision points.
  2. One-third (33%) of the counties had at least one significant DMC finding for at least one of the racial or ethnic groups, in at least three of the years, for at least one of the decision points.
  3. Nearly one-quarter (23%) of the counties had at least one significant DMC finding for at least one of the racial or ethnic groups, in all five of the years, for at least one of the decision points.
  4. As a rule, the largest differences appear between groups at the referral to the court stage.
  5. Finally, we should note that simply because 49% of counties did not have any significant differences between groups does not mean that they are exempt from DMC concerns. When there is data in the tables and there is no red font, then there was no DMC detected. However, in tables that have no data reported, all that we can reasonably say is that the population base of the particular groups and/or the number of observations is not large enough to perform an analysis.

This study was not charged with determining why youth of color are facing disparate outcomes across the various regions in the state; but, what it does tell us is that we have a serious problem that needs serious solutions to make certain that all youth in the state are dealt with consistently and fairly—regardless of race, ethnicity, age, gender or region of the state.

## Attachment 3

### Civil Rights of Children's Committee Information

To: Justice Rush

From: JauNae Hanger

Date: May 29, 2013

Re: Statewide Children's Commission—top 5 areas of concern

Thank you for the opportunity to provide comments on the top 5 areas of concern for the commission to address.

1. Re-examine last few decades of harsher laws and criminalization of juvenile justice policy given the implications of research on and growing knowledge of adolescent development. Potential topics for review: whether there should be an age-floor for juvenile adjudications and detention; whether lower level criminal offenses should be removed from the direct file statute; whether the collateral consequences from a juvenile adjudication adversely impacts rehabilitation goals of the juvenile justice system and accordingly whether that body of law should be reformed to limit or remove long term consequences that adversely impact a youth's life opportunities; whether to prohibit the detention and incarceration of repeat status offenders (truancy, run away, etc.); how to provide more opportunities for diversion for youth with high needs or low level offenses; how to create more opportunities for youth to expunge juvenile records; and how to use diversion, restorative justice and community-based responses to achieve more effective results throughout the juvenile justice system.
2. Improving the legal system for children. Potential areas of concern: whether funding of and support for the juvenile legal service delivery systems are adequate to support appointment of counsel pre and post disposition; whether the provision of juvenile legal services would benefit from the creation of a state-wide juvenile defender system; how to improve appellate advocacy for youth in the juvenile justice system; how to collaborate across juvenile and child welfare systems to improve outcomes for crossover youth; how to address DMC—racial and ethnic disproportionality and disparities in juvenile justice system at all points of contact and for all system involved professionals, including law enforcement and legal community, through reforming policies and practices, and providing training on implicit bias, cultural responsiveness, and age appropriate interactions with youth; how to create age and developmentally appropriate legal system responses—through the use of diversion options, mental health courts, legal processes to determine competency to stand trial, etc.
3. Reforming law enforcement practices and education policies, practices and laws that contribute to the unnecessary criminalization of children and racial disparities in the juvenile justice system. Potential areas of concern: whether the use of law enforcement in schools is contributing to excessive criminalization of youth, particularly for youth of color and youth with high needs; how to regulate and train law enforcement at the state level to ensure that school safety is achieved in a

positive school environment; and how to ensure that school based referrals to the juvenile justice system are reserved for youth who pose serious public safety risks.

4. Improving the conditions of confinement: The current process to revise detention standards should be supported to embrace best practices and achieve adequate state funding levels to address known deficiencies. Of particular concern is adequate funding for and delivery of mental health care, medical care and age-appropriate, developmentally appropriate educational services. The use of discipline and isolation should be reviewed to conform with best practices and training to minimize trauma and improve results of managing behavior of youth in custodial care.
5. Building on, supporting and collaborating with existing efforts at juvenile justice reform: The current reform efforts of JDAI statewide expansion and the mental health project should be supported to increase collaboration across child care delivery systems and individual reform initiatives. The commission should consider public policy and practice reforms that will enhance the development of a continuum of care for children that minimizes the use of restrictive placements and keeps children in community based care. An important issue is how to support the development of a state-wide data collection and reporting system that can measure outcomes and help guide system reform.