

## Juvenile Committals

### How are juveniles committed to the Department of Corrections?

Juveniles are committed to the DOC by the courts as either adjudicated delinquents or as children in needs of supervision (CHINS), as allowed by law.

A "delinquent" is defined by South Dakota Codified Law (SDCL) 26-8C-2 as any child ten years of age or older who regardless of where the violation occurred, has violated any federal, state, or local law or regulation of which there is a penalty of a criminal nature for an adult, except state or municipal hunting, fishing, boating, park or traffic laws that are classified as misdemeanors or petty offenses.

A child in need of supervision "Chins" is defined by SDCL 26-8B-2 as:

- Any child of compulsory school age who is habitually absent from school without legal excuse;
- Any child who has run away from home or is otherwise beyond the control of the child's parent, guardian, or custodian;
- Any child whose behavior or condition endangers the child's own welfare or the welfare of others; or
- Any child who has violated any federal, state, or local law or regulation for which there is not a penalty of a criminal nature for an adult, except violations of subdivision 34-46-2(2), or petty offenses or
- Any child who has violated SDCL 35-9-2 or 32-23-21

The court may commit a child adjudicated as a "Chins" to the Department of Corrections if the judge finds that:

- a) No viable alternative exists;
- b) The Department of Corrections is the least restrictive alternative; and
- c) The court finds from evidence presented at the dispositional hearing or from the pre-dispositional report that the youth presents a significant risk of physical harm to another person.

Any finding made pursuant to this section shall be made in the written decree.

The court may commit a youth that is adjudicated delinquent

- a) No viable alternative exists;
- b) The Department of Corrections is the least restrictive alternative; and
- c) The child is currently adjudicated delinquent for an offense eligible for transfer proceedings pursuant to 26-11-3.1; the child is currently adjudicated delinquent for a crime of violence pursuant to subdivision 22-1-2 (9), sex offense pursuant to 22-24B-1, felony registry offense from evidence presented at the dispositional hearing or from the pre-dispositional report that the youth presents a significant risk of physical harm to another person.

Any finding made pursuant to this section shall be made in written decree.

If a youth is adjudicated as a delinquent or CHINS, does a judge have other options other than committing the youth to the Department of Corrections?

Yes. For a child adjudicated as a delinquent, a judge can utilize any of the alternatives listed in SDCL 26-8C-7. For a CHINS, a judge can utilize any of the alternatives listed in SDCL 26-8B-6.

### Is a youth committed to DOC for a certain amount of time?

A youth is committed to the DOC until the age of 21. The actual length of stay in facilities and period of commitment depends on several factors including offense history, institutional conduct, efforts toward self improvement and the development of an acceptable aftercare plan. The majority of youth are discharged from DOC for good conduct prior to age 19.

### Once a youth is committed to DOC, are their parents still responsible for them?

Upon committal to DOC, the Secretary of Corrections becomes the guardian of the youth and may appoint the person in charge of a public or private institution or program as the youth's custodian.

However, parents, guardians or custodians of a child who has been committed to the DOC shall maintain financial responsibility of the child according to SDCL 26-7A-42. The committing judge determines what amount of parental support is to be paid to the Department of Corrections. Parents or guardians remain responsible for medical, dental and other costs while their child is in a correctional placement in accordance with court order. Any health and dental insurance coverage must be reported to the Juvenile Corrections Agent as soon as possible.



## **Juvenile Classification**

### **How is it determined what programming is needed for a juvenile committed to the DOC?**

There is an established assessment and classification process that is used to assess and respond to factors which impact a juvenile's programming and facility placement. Through the standardized risk assessment inventory, Youth Level of Service/Case Management Inventory (YLS/CMI 2.0), risks, needs and responsivity factors are assessed and directly linked to decisions regarding placement, case planning, aftercare supervision levels and treatment progress. Additional assessments may be used as well as medical necessity in determining a level of care for a juvenile. The initial assessment and classification process is completed by the JCA within 7 days of committal to the DOC. This assists with maintaining the security of each facility, the safety of staff, other juveniles and the public.

### **What factors in to a child's classification?**

During the initial assessment and classification, a risk level is assigned and preliminary information is gathered to determine the recommended level of care. The factors considered in determining risk levels include prior and current offenses, family circumstances, parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality/behavior and attitudes/orientation. The higher the risk score, the higher the level of supervision a juvenile will receive. Risk factors, along with any current psychiatric diagnostic impressions and behavioral concerns, are the initial criteria for determining an appropriate level of care and placement for youth. It is important to note that juveniles who are referred to a higher level of care, Psychiatric Residential Treatment Facilities (PRTF) & Intensive Residential Treatment Facilities (IRT), must meet additional requirements of a medical necessity review by an outside agency in order to qualify for admission. Admission to this type of facility is not determined solely by the Department of Corrections.

### **Do the youth keep that classification level the entire time they are committed to the DOC?**

No, classification is an ongoing process. A JCA completes a reclassification 3-months after a juvenile has been released to the community and every 6-months thereafter while in a community setting. A JCA will also complete a reclassification following a new delinquent offense or revocation of aftercare.

During the reclassification process, reviews are made of the same factors as during the initial classification. In addition, a juvenile's actual community risk behaviors are assessed during the timeframes the juvenile has been in the community location or aftercare.

## **Juvenile Placement**

### **What/who determines where juveniles are placed?**

Placement is guided by the standardized intake process Youth Level of Service/Case Management Inventory (YLS CMI 2.0), medical necessity and managed by the Director of Juvenile Services.

### **What options does the DOC have on where to place a youth committed to them?**

There are a number of options in which to place a youth committed to the DOC. They include placement with the Department of Human Services, in foster care, in a community based program or service, or in private care facilities.

### **What happens when a youth is placed in one of the programs?**

Each youth placed in an out-of home program is provided a treatment plan.

Parents, the committing judge and the Juvenile Corrections Agents (JCA) receive monthly reports on the youth's progress toward meeting their treatment plan goals. The progress reports include areas of progress, areas needing improvement, medical issues, mental health issues and education progress and status.

JCA's participate in monthly treatment team meetings to include the youth, placement staff, and the family whenever possible. The JCA reviews the youth's progress on treatment plan goals and evaluates the effectiveness of the services based on results of the risk/needs assessment. This is accomplished utilizing the staffing process as well as monthly contact with the youth and his/her family. That contact may be telephonic, written, or in-person. The JCA makes a written recommendation if they support reauthorization of services or if referral to a less restrictive treatment alternative or home will be pursued.

### **Can a youth committed to the DOC be sent to more than one program?**

Yes. Depending on their programming and treatment needs, youth could take part in more than one program.

### **What happens when a youth completes their programming/treatment?**

They could be discharged from the DOC or return home and be placed on aftercare supervision or placed in another setting.

### **What happens if a youth completes their DOC programming but their home environment isn't appropriate to return to?**

They could be placed in a secondary placement, in a DOC foster care home or other foster care program, or in an independent living program, where they live on their own while holding a job or furthering their education or another appropriate alternative such as placement at Job Corps.

## **Juvenile Aftercare**

### **What is aftercare for juveniles?**

Aftercare is the period of supervision of juveniles once they complete their out-of-home programming and treatment they are returned to the community.

### **What happens when a juvenile goes on aftercare?**

The Juvenile Corrections Agent (JCA) develops the aftercare contract, to include a case plan, in cooperation with the youth and family, based on the needs of the individual juvenile to assist with successful release from supervision.

The plan will include conditions that outline the expectations for the juvenile while on aftercare in the community. The terms of the contract may include but are not limited to:

- Indicating the location of residence
- Agreeing to get approval from the JCA prior to leaving the city, county or state
- Abiding by all federal and state laws
- Attending school as required and maintain satisfactory performance
- Submitting to drug testing when directed
- Attend and maintain satisfactory performance as outlined in case plan
- Complying with all instructions in matters affecting supervision
- Curfew
- Community Service
- Agreeing to a warrantless search and seizure of your person, residence, locker, vehicle, or any personal property
- Establishing a restitution payment plan, if applicable

In addition to the legal requirements outlined as conditions and terms in an aftercare contract, a JCA will work with the juvenile and his/her family to identify goals while on aftercare. All juveniles with a Youth Level of Service/Case Management Inventory (YLS 2.0) score of Moderate or above are required to have a case plan developed. The case plan is an individualized services plan a juvenile will prepare with input from the JCA. The case plan should define areas of risk and need as identified through the YLS 2.0. This plan will help prepare a juvenile for progressively increased responsibility in the community. Aftercare services may include counseling and monitoring by the JCA, individual, family, and cognitive behavioral group counseling, chemical dependency continuing care, mental health treatment, self-help programs and mentors.

### **Who makes sure a youth follows these conditions?**

The JCA maintains regular contact with the youth to ensure aftercare conditions are met. The contact may take place at home, in school, at the workplace or anywhere in the community.

There are four levels of aftercare supervision:

- Maximum; this level is the most restrictive and requires the most contact with a JCA
- Medium; emphasizes therapeutic intervention and focuses on family issues
- Minimum; allows juveniles and families to provide more input on privileges and consequences with ongoing JCA support
- Administrative; least restrictive, designed for final phase of aftercare supervision

### **What happens if a youth violates these conditions of aftercare?**

A JCA responds to every violation. Violations of the aftercare contract are subject to adverse consequences, consistent with the law, but not limited to: increased contact with the JCA, loss of driving privileges, house arrest or SCRAM. It is the goal of the DOC to help the youth succeed and to serve youth in the community whenever possible. Any JCA can begin revocation proceedings if an offender is accused of violating an act subject to transfer proceedings pursuant to SDCL 26-11-3.1, a crime of violence pursuant to subdivision 22-1-2 (9), a sex offense pursuant to SCDL 22-24B-1, felony sexual registry offense pursuant to SDCL 22-24B or burglary in the second degree pursuant to SDCL 22-32-3; or that the juvenile presents a significant and likely risk or physical harm to another person and has committed a new law violation. A revocation of aftercare may result in being returned to a DOC contracted facility.

### **How long is a youth on aftercare?**

Juveniles are committed to the DOC until age 21 or until discharge, as provided in SDCL 26-11A-5 and 26-11A-7. The actual length of commitment to DOC depends on several factors, including history of offenses, behavior of the juvenile while committed to DOC and successful completion of aftercare supervision levels.

**DOC Juvenile Population Distribution and Capacities  
September 30, 2016**

	Male	Capacity	Female	Capacity	Total
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<b>Placement</b>	Male		Female		Total
Detention DOC Paid	4				4
Detention Non-DOC Paid	8				8
DHS	1				1
Jail DOC Paid					0
Jail Non-DOC Paid	11		1		12
Private Placement DOC Paid	82		17		99
Private Placement Non-DOC Paid	9		5		14
AWOL	2				2
<b>Total Other Placement</b>	117		23		140

<b>Aftercare</b>	Male		Female		Total
Absconder	7		7		14
Foster Care DOC Contractual	2		1		3
Halfway Houses	1				1
Home (Detention, Relative, Parents, Non-Relative)	84		39		123
Independent Living	9		5		14
Independent Living Training	15		2		17
Job Corp					0
Other Foster Care			2		2
Other (Out of State, Boarding School, Union Gospel Mission)	8		4		12
Sequel Transition Academy	29				29
<b>Aftercare Total</b>	155		60		215

<b>Total Youth</b>	272		83		355
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