



Indiana Juvenile Justice Plan

2018-2020

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DESCRIPTION OF THE ISSUE

SYSTEM DESCRIPTION

The Indiana Criminal Justice Institute (ICJI) serves as the state's planning agency for criminal justice, juvenile justice, traffic safety, and victim services. A Board of Trustees, appointed by the Governor, oversees ICJI. The ICJI Youth Division, with guidance from the Juvenile Justice State Advisory Group (SAG), oversees the distribution of funds from and compliance with the Juvenile Justice Delinquency Prevention Act (JJDP A).

State and Local Level Collaborations

Multiple state agencies collaborate on juvenile justice services. The Indiana Office of Court Services trains and certifies the juvenile courts and probation, and facilitates the state Juvenile Detention Alternatives Initiative (JDAI). The Indiana Department of Correction (DOC) administers state-run juvenile detention, parole, and community corrections. Other key juvenile service partners include the Department of Child Services (DCS), the Department of Education, and the Division of Mental Health, which is under the Family and Social Services Administration. Locally, law enforcement, public schools and prosecutor's offices provide juvenile prevention, diversion and intervention programming. Many community-based organizations support at-risk and justice involved youth.

Indiana's Juvenile Justice Process

Indiana's juvenile justice process flows through nine primary decision points. The decision points are 1) arrest, 2) referral to juvenile court, 3) case diversion, 4) secure detention (pre-trial), 5) case petition, 6) delinquency hearing, 7) probation placement, 8) secure confinement, and 9) transfer to adult court. The Juvenile Justice System flow chart (Appendix A) illustrates Indiana's

process in detail. The Indiana Juvenile Detention Center map (Appendix B) shows the location of the state's 19 secure detention facilities. The state also house 3 juvenile correction facilities.

Transfer to Adult Court

Indiana youth may be transferred to adult court by either direct file or by waiver. Indiana Code 31-30-1-4 requires direct file if the juvenile was at least 16 years of age but less than 18 years of age and is alleged to have committed attempted murder, murder, kidnapping, rape, robbery while armed with a deadly weapon, robbery resulting in bodily injury or serious bodily injury, or certain other crimes. Alternatively, after a full investigation and hearing, the juvenile court may waive jurisdiction to adult court if a juvenile is accused of committing a heinous or aggravated act, or act as part of repetitive pattern of delinquent acts (IC 31-30-3, *et seq.*). Due to the long-term impact on juveniles, ICJI closely monitors transfer data and type. This information also helps identify criminal trends and Disproportionate Minority Contact (DMC).

Dual Status Youth

Indiana youth are at high risk of dual status, meaning they are connected to both the child welfare and the juvenile justice systems. Indiana ranks 47th in child maltreatment and 43rd in juvenile detention (The Indiana Youth Institute, 2018). Some youth arrive in Juvenile courts as a "Child in Need of Services" (CHINS) due prior child welfare contact. Or, the court may declare the youth to be a CHINS during their trial. Nationally, researchers estimate that percentage of youth "referred to the juvenile justice system who are also involved with the child welfare system are upwards of 50 percent". (Thomas, 2015). When a youth has dual status, Indiana Code 31-41 requires the courts to determine whether the child welfare or juvenile justice system is better equipped to serve the child.

ANALYSIS OF JUVENILE DELINQUENCY & YOUTH CRIME

ICJI houses the state Statistical Analysis Center (SAC). The SAC assists in all data collection, research, and evaluation. The crime analysis includes a review of demographic, juvenile justice and high-risk behavior data. There are four positive key data/findings and five negative key data/findings for the state of Indiana.

Positive data and findings:

- Juvenile detention has decreased 27.3% since 2015.
- The majority (67%) of all juvenile offenses are handled informally.
- All juvenile offenders committed to secure confinement, regardless of where their case was heard, are held in juvenile facilities until turning 18 per the policy of DOC.
- Waivers to adult court are decreasing.

Negative data and findings:

- Waivers to adult court for robbery and/or weapons charges have increased.
- Minority youth are disproportionately overrepresented in the juvenile justice system.
- Indiana youth report higher rates of being offered, sold or given illegal drugs at school.
- Indiana youth report earlier use of synthetic marijuana, heroin, inhalants, and other illegal injectable drugs.
- The mean age of first use for heroin decreased by a full year from 15 to 14 years old.
- Indiana youth report higher rates of depression and feelings of anxiety.

Indiana Demographics

Population Size and Age Distribution

Based on 2019 population estimates, Indiana is the 17th largest state, with a population of approximately 6.7 million people. Children age 0-17 represented 23.4% of Indiana’s total population.ⁱ

Population Diversity

According to 2018 U.S. Census data, minorities make up 29.7% of Indiana’s youth population. African-American youth make-up approximately 10%, a figure that has remained relatively unchanged in the last five years. Hispanic youth make up nearly 10% of the youth population and has been increasing slightly in the last five years.ⁱⁱ

Table 1: Indiana Population Under 18 Estimates by Race and Ethnicity, 2018

Race	Number	Percent
American Indian Or Alaskan Native	2,858	0.16
Asian	32,559	1.86
Black	179,366	10.25
Native Hawaiian and Other Pacific Islander	677	0.04
White	1,228,275	70.22
Two or More Race Groups	84,840	4.85
Hispanic	170,901	9.77
Other	49,637	2.84
Total	1,749,113	100.00

Source: U.S. Census Bureau

Households and Families

While research indicates that the presence of a single-parent family alone is not a predictor of future delinquency, there is evidence to suggest that children in single-parent homes may be exposed to more adverse childhood experiences. In 2018, approximately 35% of Hoosier children were growing up in a single-parent household, a 1% increase from the previous year.ⁱⁱⁱ The national trend of grandparents raising their grandchildren continues to increase. Indiana also saw an increase in 2018, with 4% of children residing in grandparent headed

households. Approximately 6% of children in Indiana were living in households without either parent.^{iv}

The National Survey of Children’s Health, conducted as a mail and web-based survey by the U.S. Census Bureau, collects data on the physical and mental health, health care needs, families, neighborhood, school and social context of children 0 – 17 years old. The survey asked respondents if the child had ever experienced two or more adverse experiences, which includes: frequent socioeconomic hardship, parental divorce or separation, parental death, parental incarceration, family violence, neighborhood violence, living with someone who was mentally ill or suicidal, living with someone who had a substance abuse problem or racial bias. For the 2017—2018 survey, 20.4% of Hoosier children reported two or more adverse childhood experiences, compared to 18.6% nationwide.^v

Child Poverty

Since 2001, the poverty rates for Indiana have increased 44%, the 2nd highest increase in poverty in the Midwest.^{vi} In 2017 the poverty rate was 14.6% for all Hoosiers and 20.4% for children under 18 (See Figure 1 below). These rates were nearly identical to national poverty rates at 14.6% and 20.3% respectively.^{vii} Additionally, 47.1% of Indiana public school students received free or reduced lunch in 2017. In 2018, approximately 21% of children in Indiana resided in families that receive public assistance.^{viii}

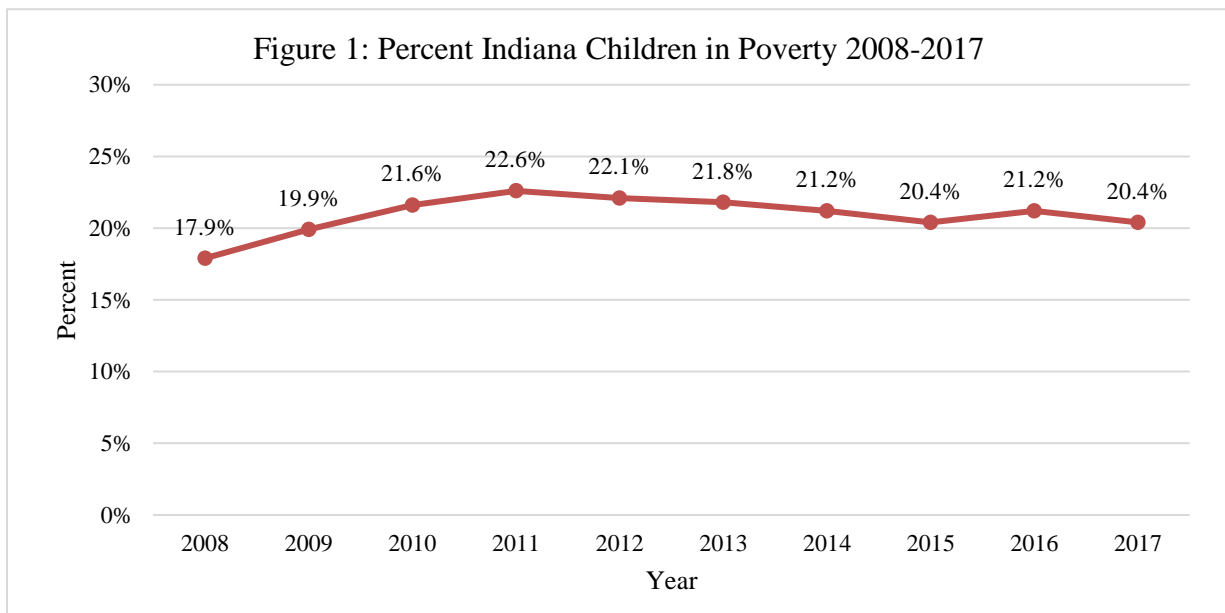


Figure 1. Source: U.S. Census Bureau^{ix}

Teen Pregnancy

Indiana's teen birth rate has been trending downward since 2005, except for a slight uptick in 2007, mirroring a similar downward trend nationally (see Figure 2). Births to single mothers of all ages represented approximately 43% of live births in Indiana in 2017. This rate is higher than the national level at 40%.^x

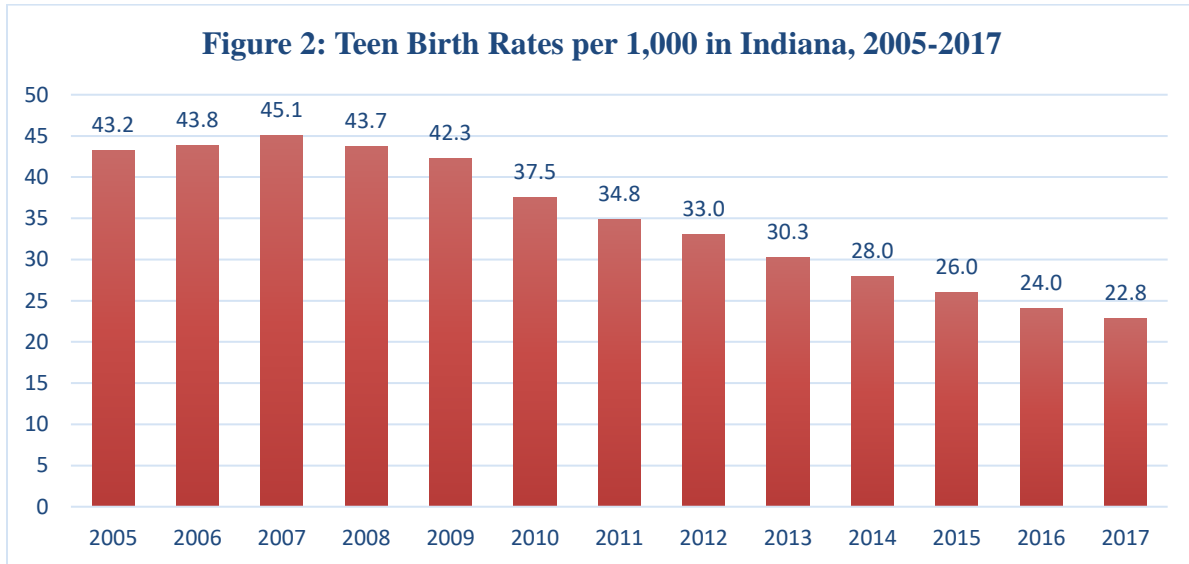


Figure 2. Teen Birth Rates per 1,000 in Indiana, 2005-2017

Child Abuse and Neglect

Child maltreatment is a significant problem in Indiana. From 2011 to 2017, the number of child neglect cases doubled, while the number of child physical abuse cases increased slightly from 1,995 substantiated cases to 2,048. There has been a 12% increase in sexual abuse cases from 2016 to 2017, but an overall decline in the number of cases from 2011 to 2017.^{xi}

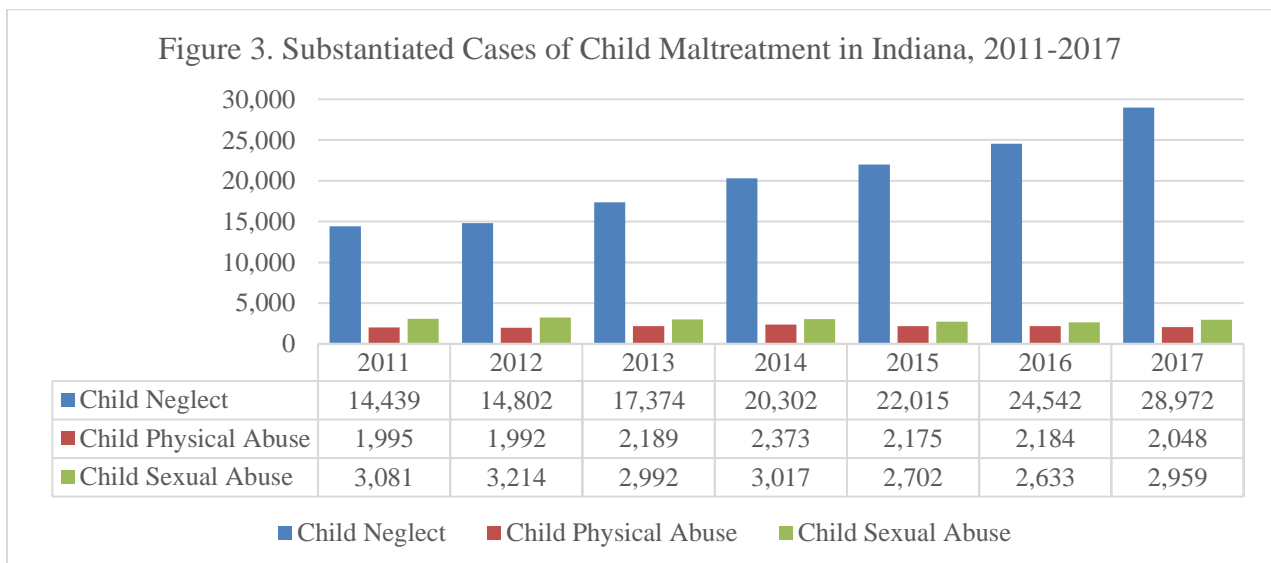


Figure 3. Substantiated Cases of Child Maltreatment in Indiana, 2011-2017

Adolescent Deaths

According to the Centers for Disease Control, in 2017 and 2018, suicide was the second leading cause of death among Hoosiers ages 10-19. For both years, the most common cause was unintentional injury and third most common cause was homicide^{xii} (Table 2).

Table 2. Causes and Number of Deaths for Hoosiers Ages 12-21, 2017-2018

Cause	Number of deaths	
	2017	2018
Unintentional Injury	122	120
Suicide	72	84
Homicide	54	62

Educational Indicators

Many studies have shown problems in school, such as a low commitment, poor academic performance, dropouts and suspensions, are associated with increased risk of delinquency.^{xiii} Indiana's graduation rate, as measured by the percentage of freshman graduating in four years, has remained fairly consistent since 2012 at around 89%. In 2012 and 2017, Indiana's graduation rate was 88.7%.^{xiv}

Dropout and Alternative School Figures

In Indiana, the number of teens ages 16 to 19 who are not in school and are not high school graduates has been decreasing since 2008 and remained steady through 2016. In 2017, the number of teens not in school increased to 22,000 and then declined again in 2018 (see Figure 4.) In 2006, Indiana's laws changed to limit students' ability to drop out of school before age 18, which may account for the reduction since that time in the number of teens without a high school diploma and not currently in school.^{xv}

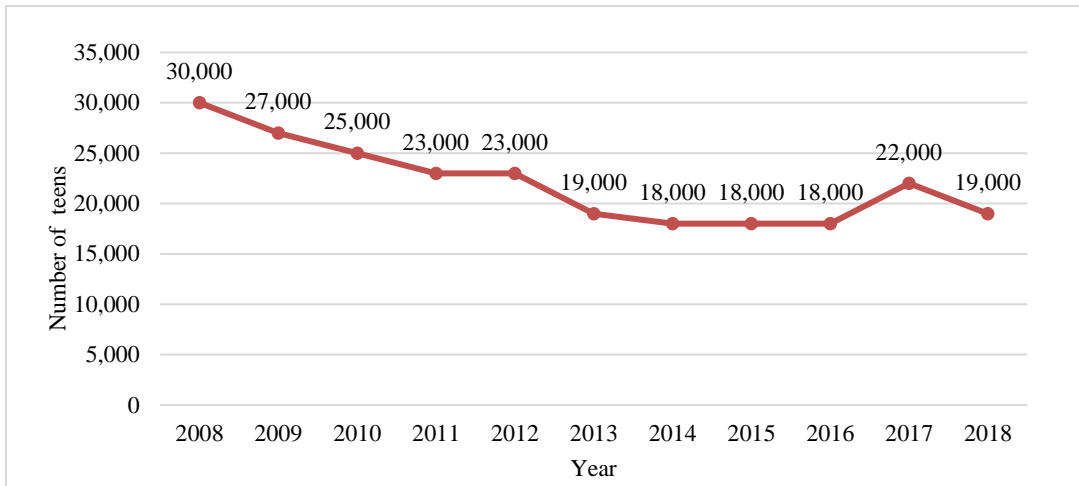
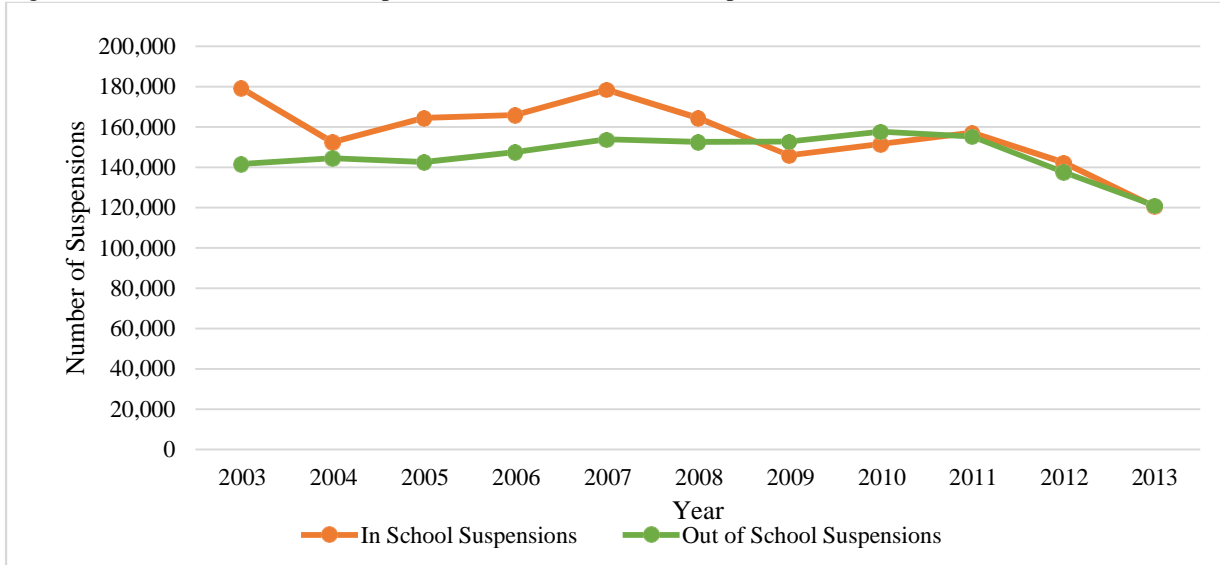


Figure 4. Number of Indiana Teens Ages 16 to 19 Not in School and No Diploma
 Source: Indiana Youth Institute Kids Count Database

Suspensions and Expulsions

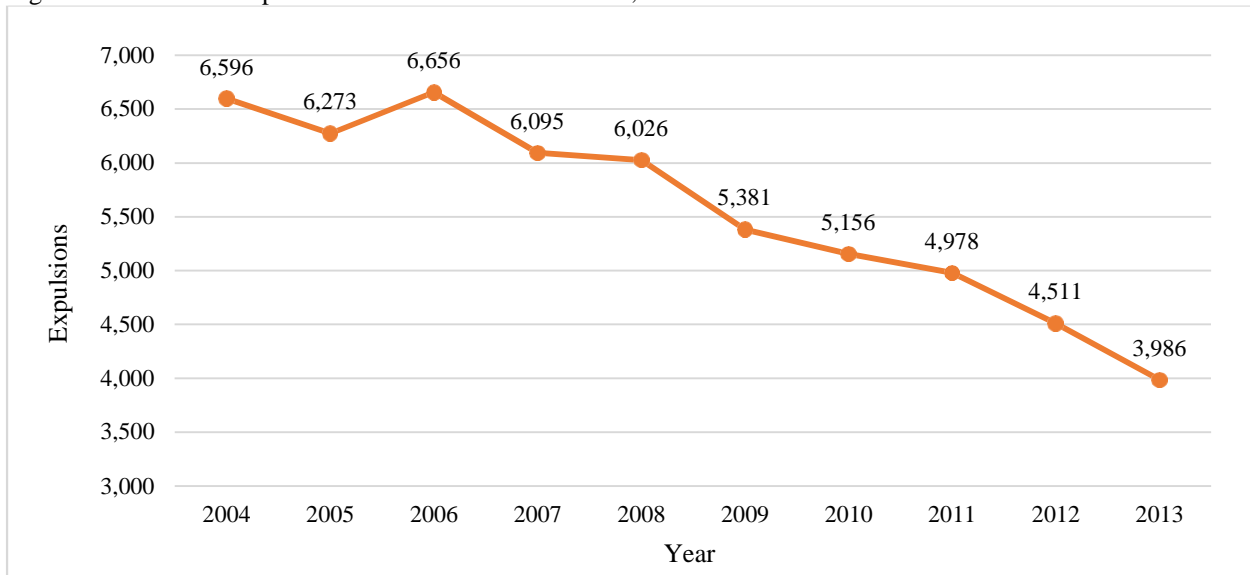
The number of in-school and out-of-school suspensions declined since 2011. The number of expulsions have also been steadily decreasing since 2004.

Figure 5. Number of In-School Suspensions and Out-of-School Suspensions in Indiana Public Schools, 2003-2013



Source: Indiana Department of Education

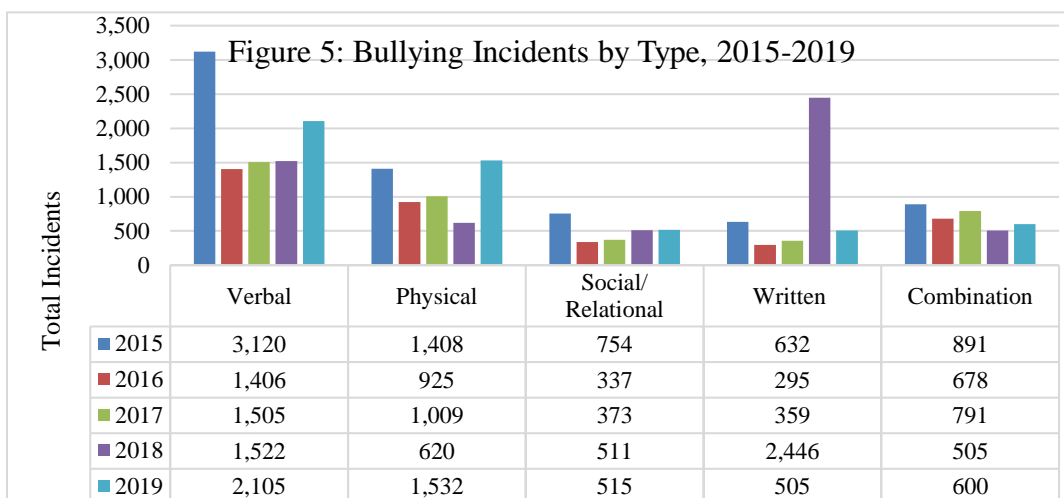
Figure 6. Number of Expulsions in Indiana Public Schools, 2004-2013



Source: Indiana Youth Institute Kids Count Database

Bullying

Indiana Code 20-34-6-1 requires each school to report the number of bullying incidents involving a student. The Indiana Department of Education collects the data and submits an annual report on bullying. For the 2018-2019 school year, a total of 5,257 bullying incidents were reported. This was a 6.6% decrease from the previous year and a 29.4% decrease from 2015. The figure below shows bullying incidents reported to the Indiana Department of Education for 2015-2019 (see Figure 5).^{xvi}



JUVENILE OFFENSES

Indiana Office of Court Technology provides juvenile offense data. Participating agencies submit data through the Indiana Court Information Technology Extranet (INcite) system. In total, 91 out of 92 Indiana counties reported data into INcite for 2017. Previously, only about half of the counties reported data into INcite. Therefore, data for 2017 implies juvenile crimes have increased, but due to incomplete data from past years, that determination cannot be made with certainty.

In 2017, a total of 24,192 juvenile offenses were reported. This number includes status offenses, delinquency offenses, warrants and violations. In many cases, one individual was charged with multiple offenses. The number of unique juveniles involved in the system is not tracked at this time. This issue will be explored as part of the system improvement effort described later in the plan. Over the past three years, 13 - 16 year olds made up the majority of the juvenile offenses, followed by 17 year olds and then 10-12 year olds (Table 3).

Table 3: Juvenile Offenses by Age

Age	2015	2016	2017
Under 10	335	333	403
10-12	1,512	1,525	1,900
13-16	14,531	14,237	15,517
17	5,471	5,695	6,049
18+	321	262	285
Unknown	12	47	38
TOTAL	22,182	22,099	24,192

Males made up roughly 66% of all juvenile offenders in 2017, although the ratio of male to female offenders has remained constant. The total number of female offenders increased; however, proportionally, the percentage of female offenders decreased by 0.4%.

Table 4: Juvenile Offenses by Gender

Gender	2015	Percent	2016	Percent	2017	Percent
Male	14,710	66.3	14,398	65.2	16,021	66.2
Female	7,410	33.4	7,567	34.2	8,167	33.8
Unknown	62	0.3	134	0.6	4	0.0
TOTAL	22,182	100	22,099	100	24,192	100

Offenses by Category

Offenses were categorized into 9 categories:

1. Person (i.e. Battery, Rape, Robbery);
2. Property (i.e. Burglary, Theft, Vandalism);
3. Drug/Liquor (i.e. Under Age Consumption, Possession);
4. Driving Under the Influence;
5. Weapons;
6. Society (i.e. Disorderly Conduct, Public Indecency, Gang Activity, etc.);
7. Status (i.e. truancy, runaway, curfew violation);
8. Technical/Administrative (warrants, violation of release);
9. Traffic (Reckless Driving, Speeding, Driving without a License, etc.)

Status offenses made up the highest portion of juvenile offenses, followed by property crimes and crimes against people during the reporting period. Most areas saw increases from 2015 to 2017. Liquor offenses saw the largest increase at 93% from 2015 to 2017. In addition, from 2015 to 2017, Drug offenses increased 61.3%, Traffic offenses by 43.9%, DUI offenses by 32.4%, Weapon offenses by 27.8%. A list for the top ten counties with the highest rate for each type of offense can be found in Appendix N.

Juveniles Referred to Probation and/or Juvenile Court

In 2017, the majority of delinquent offenses (83.6%) and 16.4% of status offenses advanced to juvenile court (Table 5). The most common delinquent offense type advanced to court was Property (22.0%) followed closely by Person offenses (22.0%). The fewest number of known delinquent crimes advanced to court were for Driving Under the Influence (0.6%).

Table 5. Juvenile Court Referrals by Offense Type, 2017

Offense Type	Number	Percent
Status	2,362	16.4%
Delinquent Total	12,029	83.6%
Techinical/Administrative	1,219	8.5%
Driving Under the Influence	87	0.6%
Drug	1,642	11.4%
Liquor	644	4.5%
Person	3,173	22.0%
Property	3,422	23.8%
Society	1,176	8.2%
Traffic	362	2.5%
Weapon	295	2.0%
Unknown	9	0.1%
Total	14,391	100.0%

The majority of youth referred to juvenile court were male (70.6%; Table 6). This percentage increase to 73.8% for delinquent offenses. For status offenses, the proportion across gender equalized, with 54.1% being male.

Table 6. Juvenile Court Referrals by Gender and Offense Type, 2017

Gender	Delinquent		Status		Total
	Number	Percent	Number	Percent	
Female	3,147	26.2%	1,083	45.9%	4,235
Male	8,871	73.8%	1,278	54.1%	10,153
Unknown	2	0.0%	1	0.0%	3
Total	12,020	100.0%	2,362	100.0%	14,391

The majority of youth were between 13 and 16 years old (65.2%) followed by 17 year olds (26.5%). Compared to delinquent offenses, a higher proportion of youth ages 6-9, 10-12 and 13-

16 were referred for status offenses (Table 7). Compared with 17-year-old delinquent offenders, a smaller proportion of 17 year olds were referred to juvenile court for status offenses. Nine juveniles were excluded because offense types were unknown.

Table 7. Juvenile Court Referrals by Age Category and Offense Type, 2017

Age Category	Delinquent		Status		Total
	Number	Percent	Number	Percent	
6-9	52	0.4%	29	1.2%	81
10-12	686	5.7%	196	8.3%	884
13-16	7,673	63.8%	1,705	72.2%	9,383
17	3,397	28.3%	418	17.7%	3,817
18+	188	1.6%	7	0.3%	195
Unknown	24	0.2%	7	0.3%	31
Total	12,020	100.0%	2,362	100.0%	14,391

Appendix N provides all data broken down by county, age category, race/ethnicity, gender, and offense type. Indiana’s two largest counties, Marion and Allen referred the most juveniles for delinquent offenses. Monroe County referred the most youth for status offenses.

Referrals to Probation by Delinquent and Status Offense

In 2017, 3,591 juveniles were placed on probation. Of those, 91.8% were for delinquent offenses. The most common reason for probation were technical/administrative (25.6%), also referred to as technical offenses, and property offenses (21.7%). The least common offense referred to probation was Driving Under the Influence (0.8%).

Table 8. Probation Referrals by Offense Type, 2017

Offense Type	Number	Percent
Status	293	8.2%
Delinquent Total	3,298	91.8%
Technical/Administrative	921	25.6%
Driving Under the Influence	29	0.8%
Drug	338	9.4%
Liquor	114	3.2%
Person	715	19.9%
Property	779	21.7%
Society	237	6.6%

Traffic	61	1.7%
Weapon	104	2.9%
Total	3,591	100.0%

The majority of all youth referred to probation were male. Males represented 76.7% of delinquent offense referrals and 59.4% of status offenses referrals.

Table 9. Probation Referrals by Gender and Offense Type, 2017

Gender	Delinquent		Status		Total
	Number	Percent	Number	Percent	
Female	768	23.3%	119	40.6%	887
Male	2,530	76.7%	174	59.4%	2,704
Total	3,298	100.0%	293	100.0%	3,591

The 13 to 16 age group received the majority of probation referrals (70.7%) followed by 17 year olds (23.4%). There were no youth for status offenses in the 6-9 or 18+ age categories (Table 10). Compared to delinquent offenses, a higher proportion of youth in the 10-12 and 13-16 age categories were referred to probation for status offenses. A lower proportion of 17 year olds were referred for status offenses than for delinquent offenses.

Table 10. Probation Referrals by Age Category and Offense Type, 2017

Age Category	Delinquent		Status		Total
	Number	Percent	Number	Percent	
6-9	1	0.0%	---	---	1
10-12	130	3.9%	21	7.2%	151
13-16	2,310	70.0%	228	77.8%	2,538
17	795	24.1%	44	15.0%	839
18+	60	1.8%	---	---	60
Unknown	2	0.1%	---	---	2
Total	3,298	100.0%	293	100.0%	3,591

Allen County referred the largest percentage of youth (18.1%) to probation for delinquent, followed by St. Joseph County (13.4%). For status offenses, LaPorte County referred 19.1% and Vanderburgh County referred 13.7% of all youth to probation for status offenses. Appendix N provides a breakdown of all probation referrals by county, age category, race/ethnicity, gender, and offense type.

Formal Cases Handling

Only 2017 data is reviewed in this section due to a change in the data system field names. In total, 59.5% of juvenile offenses reported had a formal petition filed in court. The most common disposition method was a petition for delinquent finding, followed by detention and then probation.

Table 11: Juvenile Cases Formally Handled by Disposition Type, 2017

Disposition Type	Number	Percent
Detention	4,061	28.2
Petition	8,191	56.9
Delinquent	3,610	25.1
Probation	3,438	23.9
Secured	347	2.4
Waived	53	0.4
Direct File	145	1

Table 12: Juvenile Cases Formally Handled by Gender and Disposition Type, 2017

Gender	Detention	Petition	Delinquent	Probation	Secured	Waived	Direct File
Male	3,172	6,004	2,666	2,599	287	46	134
Female	889	2187	944	839	60	7	11
Grand Total	4,061	8,191	3,610	3,438	347	53	145

Informal Cases Handling

A total of 9,801 juvenile cases were handled informally or diverted from juvenile court. Detention was the most common disposition type (18%), followed by a delinquency petition (8%). INcite does not require reporting of the following: no action taken; warn and release; informal adjustment; referrals to programs and/or services; and transfer to another county. Thus, several thousand cases do not have a reported disposition method. Expansion of disposition reporting will be explored as part of the system improvement effort described later in the plan.

Table 13: Juvenile Cases Informally Handled by Disposition Type, 2017

Disposition Type	Number	Percent
Detention	1,767	18
Petition	768	7.8
Delinquent	175	1.8
Probation	153	1.6
Secured	10	0.1
Waived	0	0.0
Direct File	1	--

Table 14: Juvenile Cases Informally Handled by Gender and Disposition Type, 2017

Gender	Detention	Petition	Delinquent	Probation	Secured	Waived	Direct File
Male	1,159	503	123	105	9	0	1
Female	608	265	52	48	1	0	0
Unknown	1	0	0	0	0	0	0
Grand Total	1,768	768	175	153	10	0	1

Juveniles in Adult Court

In 2017, 53 cases were waived to adult court and 145 cases directly filed in adult court. Overall, the number of waivers to adult court decreased 42% from 2016 to 2017. However, armed robbery/robbery and weapon offenses have increased over the three-year period as a percentage of all waivers. Weapon offenses accounted for 6% of all waivers in 2015. This number doubled by 2017, with weapons charges accounting for 12% of all waivers.

Table 15: Number of Waivers to Adult Court by Offense Type 2015-2017

Offense Type	2015		2016		2017	
	Total	% Total	Total	% Total	Total	% Total
Armed Robbery/Robbery	139	42.2	146	43.6	92	47.2
Burglary	32	9.7	39	11.6	16	8.2
Weapon	20	6.1	24	7.2	24	12.3
Drug	19	5.8	15	4.5	10	5.1
Murder/Manslaughter/Attempted Murder	17	5.2	9	2.7	9	4.6
Rape	12	3.6	8	2.4	7	3.6
Other	90	27.4	94	28.1	37	19.0
Total	329	100	335	100	195	100

DISPROPORTIONATE MINORITY CONTACT (DMC)

As documented in the FY2018 Compliance report (see Appendix G), 96% of minority youth live in counties with DMC. At the state level, statistically significant DMC exists at every juvenile justice decision point for at least one of the racial/ethnic groups. African-American and Hispanic youth have the greatest likelihood of disproportionate contact. African-American youth face the greatest disparity and are over-represented at seven decision points. Other key findings on DMC include:

African-American youth are

- 3.5 times more likely to be referred to court;
- 3.1 times more likely to be placed in secure confinement; and,
- 3.1 times more likely to be waived to adult court.

Hispanic youth are

- 1.5 times as likely to be referred to juvenile court;
- 1.7 times as likely to be placed in secure confinement; and,
- 2.8 times as likely to be waived to adult court.

HIGH RISK BEHAVIORS AND MENTAL HEALTH

Alcohol and Substance Use

A commonly used resource to show prevalence of teen substance abuse are surveys. One available source is the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance Survey (YRBSS). The CDC conducts the YRBSS every two years by sampling students in grades 9th – 12th. Every state participates and both public and private schools

administer the survey. Students are questioned about various health-risk behaviors, including alcohol and drug use.

Data obtained from YRBSS shows that Indiana’s youth substance abuse averages are the same as the national averages^{xvi} (See Table 23). However, Indiana’s youth heroin use and over-the-counter drug use is becoming more prevalent. The Indiana youth heroin use (2.4%) is reported as being slightly higher than the national average (2.1%). Indiana also has a slightly higher percentage (2.2%) of “ever injected any illegal drug” than the national average (1.8%). This is not significantly different from the national average, but these percentages do suggest that there is a potential for an increase in heroin abuse and injecting illegal drugs. More details on Indiana’s youth heroin use is discussed in more detail later in this section.

Table 16. Indiana’s Percentage of Youth Respondents to YRBSS, 2015

Survey Item	Percent
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	22.5
ALCOHOL	
Ever drank alcohol	62.3
Drank alcohol before age 13 years (other than a few sips)	15.4
Currently drank alcohol (used during the 30 days before the survey)	30.5
Drank five or more drinks of alcohol in a row (used during the 30 days before the survey)	17.4
Reported that the largest number of drinks they had in a row was 10 or more (within a couple of hours during the 30 days before the survey)	4.3
MARIJUANA	
Ever used marijuana	35.1
Tried marijuana before age 13 years	6.2
Currently used marijuana (used during the 30 days before the survey)	16.4
OTHER DRUGS	
Ever took prescription drugs without a doctor's prescription	16.8
Ever used synthetic marijuana	10.8
Ever used cocaine	4.0
Ever used ecstasy	5.0
Ever used heroin	2.4
Ever used methamphetamines	2.9
Ever used inhalants	7.4
Ever injected any illegal drug	2.2

Comparison by race and ethnicity

There were no statistically significant differences observed among race and ethnic groups. Table 17 shows percentages higher than the total population in bold. The highest percentage for each question is starred. Individuals who identified as Latino/Hispanic demonstrated a higher percentage compared to the total for all but two survey questions below. Multiple Race had the next highest percentage of survey questions (12) with responses above the total population, followed by Black (9), and White (4). Students who identified as White demonstrated a higher percentage on alcohol-related questions only. Students who identified as Black, Latino/Hispanic, or Multiple Race demonstrated a higher percentage compared to the total population for “ever injecting any illegal drug.”

Table 17. Comparison of Substance Abuse Behaviors by Race for Indiana Youth, 2015

2015 YRBSS Results	Percent				
	Total	White	Black	Hispanic	Mult. Race
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	22.5	20.2	31.1	28.2	34.3+
ALCOHOL					
Ever drank alcohol	62.3	63.6	54.6	62.4	68.6+
Drank alcohol before age 13 years (other than a few sips)	15.4	13.1	18.7	25.2+	16.8
Currently drank alcohol	30.5	31.3	23.3	33.8	35.1+
Drank five or more drinks of alcohol in a row	17.4	18.7	9.9	19.2+	17.7
Reported that the largest number of drinks they had in a row was 10 or more	4.3	4.7	1.8	2.9	6.1+
MARIJUANA					
Ever used marijuana	35.1	32.7	43.3	45.8	49.6+
Tried marijuana before age 13 years	6.2	5.4	6.7	10.1	12.0*
Currently used marijuana	16.4	14.9	23.2	18.1	23.4+
OTHER DRUGS					
Ever used synthetic marijuana	10.8	10.3	10.0	14.9+	13.9
Ever used cocaine	4.0	3.6	3.7	7.8+	3.5
Ever used ecstasy	5.0	4.8	4.9	8.4+	2.6
Ever used heroin	2.4	1.7	2.8	6.6+	2.9
Ever used methamphetamines	2.9	2.4	3.7+	3.2	2.8
Ever took prescription drugs without a doctor's prescription	16.8	16.7	14.1	22.0+	14.4
Ever used inhalants	7.4	6.7	12.1+	6.7	5.2
Ever injected any illegal drug	2.2	1.8	3.3	2.5	4.7+

Bold indicates percentage is greater than total population (not statistically significant)

+ indicates largest percentage for respective survey question (not statistically significant)

Comparison by gender

Males were more likely to report the following behaviors: drink alcohol before age 13, have 10 or more drinks in a row in one sitting, ever use cocaine, use methamphetamine, or inject any illegal drug (Table 18). These results were statistically significant at 95% confidence level.

Females reported higher rates for being offered, sold, or given illegal drugs on school property and having ever drunk alcohol. However the gender difference was not statistically significant for these two categories.

Table 18. Comparison of Substance Abuse Behaviors by Gender for Indiana Youth, 2015

2015 YRBSS Results	Percent	
	Female	Male
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	22.8	22.2
ALCOHOL		
Ever drank alcohol	63.2	61.3
Drank alcohol before age 13 years (for the first time other than a few sips)	13.3	17.3*
Currently drank alcohol	30.4	30.4
Drank five or more drinks of alcohol in a row	16.3	18.4
Reported that the largest number of drinks they had in a row was 10 or more	1.7	6.7*
MARIJUANA		
Ever used marijuana	34.3	35.6
Tried marijuana before age 13 years	5.2	6.9
Currently used marijuana	15.9	16.4
OTHER DRUGS		
Ever used synthetic marijuana	9.3	12.1
Ever used cocaine	2.7	5.2*
Ever used ecstasy	3.3	6.4
Ever used heroin	1.4	3.2
Ever used methamphetamines	1.4	4.1*
Ever took prescription drugs without a doctor's prescription	15.7	17.7
Ever used inhalants	6.6	8.0
Ever injected any illegal drug	0.7	3.5*

*statistically significant at 95% confidence level

Indiana Youth Survey

Indiana Prevention Resource Center at Indiana University conducts the annual Indiana Youth Survey and provides trend data regarding the use of and attitudes towards alcohol, drugs and tobacco.^{xvii} Results are presented as percentages in the annual report to ensure anonymity.

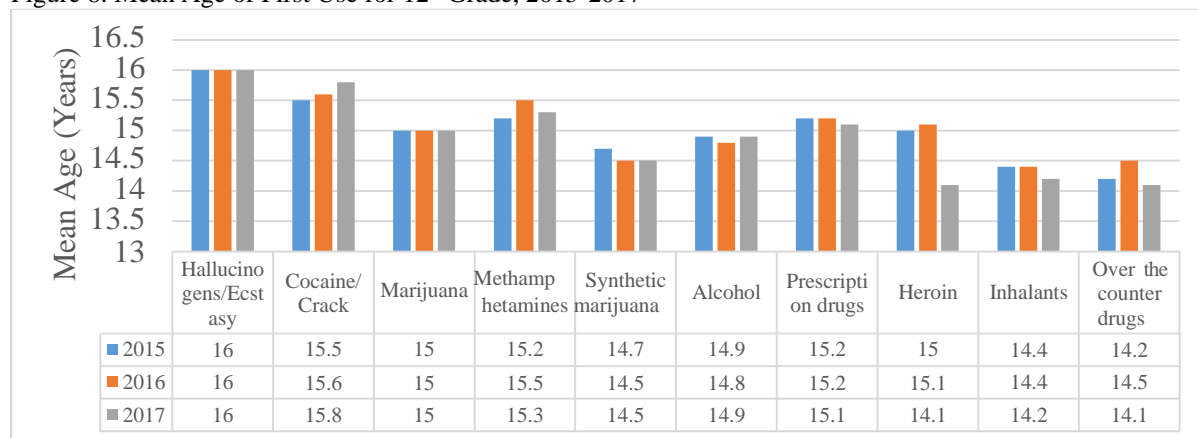
Overall, use of many substances have decreased from 2015 to 2017, particularly among the higher grade levels. Some areas of concern include, past-month use of marijuana increased significantly among 6th graders, 6th graders also reported an increase in past-month misuse of prescription drugs. While the prevalence rates of past month use of over-the-counter drug abuse increased for students in the 7th and 8th grades.

Mean Age of First Use

The survey documents the mean age of first use for 14 different substances for each grade level. With higher grade levels, the age of the student will increase as such the mean age of first use should also rise. In other words a 13-year old cannot report an age of 15 for first use of a substance. For this reason only 12th grade data was analyzed in order to gain a better understanding of the average age of first use of various substances. Sample sizes vary by year.

The mean age of first use was the lowest for heroin (14.1), over-the-counter drugs (14.1) and inhalants (14.2). Students reported being younger when first using synthetic marijuana than when first using alcohol. The highest mean age of first use were for hallucinogens/ecstasy (16.0 years) and cocaine/crack (15.8 years).

Figure 8. Mean Age of First Use for 12th Grade, 2015-2017



Substance Abuse Risk Factors

The CRAFFT screening instrument may be used to identify adolescents who may be at risk for a substance abuse problem. The CRAFFT has six “yes” and “no” questions. A “yes” response to two or more questions is a positive screen, which would require a more thorough assessment. CRAFFT stands for Car, Relax, Alone, Forget, Friends, Trouble; these are the six key words associated with the screening questions. The six questions are:

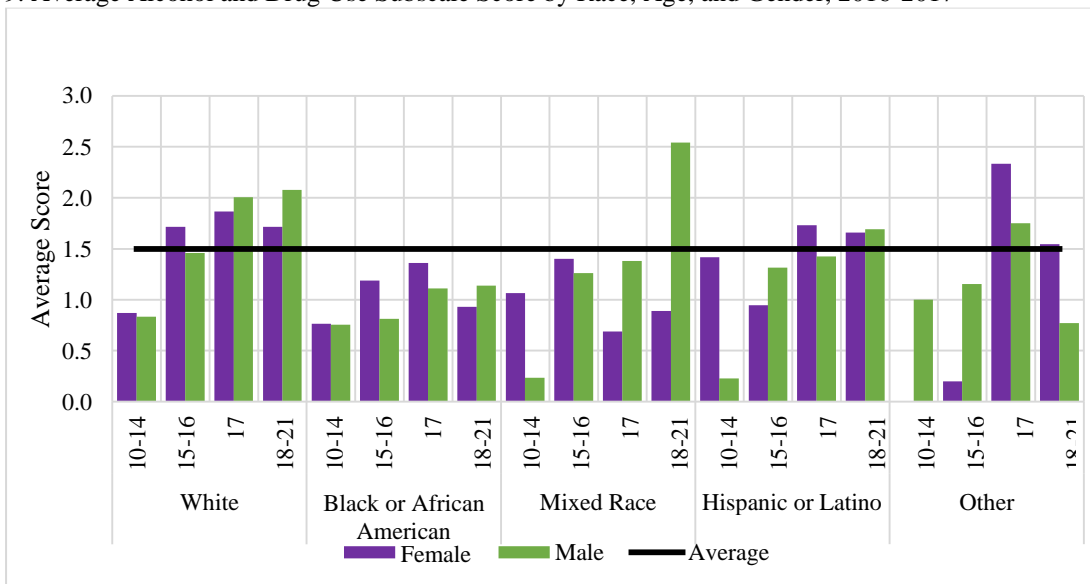
- Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to relax, feel better about yourself or fit in?
- Do you ever use alcohol/drugs while you are by yourself, alone?
- Do you ever forget things you did while using alcohol or drugs?
- Do your family or friends ever tell you that you should cut down on your drinking or drug use?
- Have you gotten into trouble while you were using alcohol or drugs?

CRAFFT is included in the Indiana Youth Survey. The majority (more than 60%) of all students surveyed said ‘no’ to all six CRAFFT questions from 2015 to 2017. Almost 20% of all students surveyed answered ‘yes’ to 1 CRAFFT question. As age increases, there is a statistically significant increase in respondents saying yes to two or more risk factors. The prevalence of a score of two or more risk factors was significantly lower for Caucasian, African American, and Other students compared to Hispanic/Latino students. Female students are significantly more likely to score a two or greater on CRAFFT than male students.

Mental Health of Justice Involved Youth

ICJI analyzed The Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) data to understand mental health and substance abuse issues present among youth entering juvenile justice services and/or detention. For the complete methodology and analysis, see Appendix C. Younger youth demonstrated mental health issues requiring immediate follow up; as age of the juvenile increased, emergency and urgent mental health needs decreased. Youth ages 10-14, were most likely to require mental health follow up. Gender-wise, more females (30.5%) needed mental health follow up than males (14.2%). The Alcohol and Drug Use Subscale measures frequency and pervasiveness of substance use. The number of “yes” responses are measured. On average, youth in 2016-2017 answered yes to 1.5 questions. Figure 9 shows the average alcohol and drug use scores by race, age, and gender. Subscale scores are positively correlated with age and indicates that as age increases, potentially problematic alcohol and substance use increases. Females demonstrated higher average scores at younger ages, while males demonstrated higher average scores at older ages. White youth show higher average scores than their peers, with a few exceptions.

Figure 9. Average Alcohol and Drug Use Subscale Score by Race, Age, and Gender, 2016-2017



JUVENILE JUSTICE GOALS AND OBJECTIVES

ICJI used a 3-pronged approach to identify needs and determine the Three-Year Plan priorities. First, ICJI conducted an in-depth crime analysis, described above, to uncover trends and changes since the last planning period. Second, the SAG and local stakeholders provided field input on community needs and promising practices. SAG members held a special meeting to discuss and rank the Office of Juvenile Justice and Delinquency Prevention (OJJDP) program and population areas. The rank of each program/population area selected is included in implementation section. Lastly, ICJI researched available federal, state and local youth program funding to identify under/unfunded program/population areas. Five priorities emerged from these efforts.

INDIANA'S JUVENILE JUSTICE PRIORITIES

Priority 1: Protect the legal rights of juveniles and ensure appropriate intervention in all cases, regardless of race, ethnicity, gender or geography.

Priority 2: Strengthen the juvenile justice system to improve the flow of information, data tracking and understanding of both the needs of youth and the system.

Priority 3: Support the safety and well-being of at-risk and justice-connected youth and mitigate risk factors, including mental illness, substance abuse and victimization.

Priority 4: Improve service provision and outcomes for youth involved in both the child welfare and juvenile justice systems.

Priority 5: Expand pathways to restorative justice and positive behavior support that allows youth to stay in their own homes, schools and communities.

Priority 1: Protect the legal rights of juveniles and ensure appropriate intervention in all cases, regardless of a youth's race, gender or geography.

Program Areas: Compliance Monitoring (19), Disproportionate Minority Contact (21), Gender-Specific Services (23) and Rural Area Juvenile Programs (30)

Need Analysis: Indiana youth face disproportionate contact and inequality with the juvenile justice system based on their race, ethnicity, gender and county of origin.

Goal 1: Broaden the understanding and capacity of youth-serving agencies to increase equity throughout the juvenile justice system.

Objectives

1. Increase internal stakeholders' understanding and knowledge of the subjects of implicit bias, disproportionality, equity, and facilitating systemic change.
2. Provide technical assistance to counties on how to interpret and assess DMC data.
3. Offer sub-grants to support local programs to address inequality and/or service access issues faced by local communities.

Goal 2: Obtain accurate and detailed county-level juvenile contact data for annual reporting.

Objectives:

1. Ensure all counties report data quarterly in the state DMC INCite application
2. Analyze juvenile justice data and proactively consider local context, gender, geography and/or other mitigating factors that may increase disproportionality.

Goal 3: Improve the quality of referrals to juvenile courts to focus on behaviors and actions that violate the law, regardless of a youth's race, ethnicity, gender, or geography,

Objectives

1. Understand referral sources, trends and impact.
2. Support collaborations to increase preventative programs, positive adult/youth interactions, and alternative justice models.

Priority 2: Strengthen the state JJ system to improve the flow of information, data tracking and understanding of both the needs of youth and the system.

Program Areas: System Improvement (27), Planning and Administration (28), State Advisory Group Allocation (32)

Need Analysis: As systems grow and technology changes, new opportunities for collaboration and improved planning emerge.

Goal 1: Understand and respond to the issue of inconsistent and disproportionate referrals to the juvenile justice system.

Objectives:

1. Investigate the source of referrals, understand referral trends and patterns, and recommend appropriate referral reduction responses.
2. Explore system enhancements to track referral sources consistently statewide.
3. Expand alternatives to referrals, including prevention and diversion programs, to address behavior needs without court intervention.

Goal 2: Understand the types of youth served by secure detention facilities and how custody/case status affects compliance, best-practice programming and reporting.

Objectives:

1. Update the Quest System to track child welfare status for youth in secure detention
2. Identify potential ways to collaborate on facility monitoring and finding reporting across ICJI, DOC and DCS.
3. Update ICJI compliance documents, sub-grant solicitations, publications and other documents to reflect cross-system policies, strategies and collaboration.

Goal 3: Engage with stakeholders in a way that is sensitive to geography, culture, demographics and local context.

Objectives:

1. Ensure the SAG membership is diverse and representative of all parts of Indiana.
2. Learn about best and promising practices occurring in Indiana through site visits, local collaboration meetings, and participation in training.
3. Provide a voice to young people and families who have experienced the juvenile justice system through the SAG and site visits.

Priority 3: Support the safety and well-being of at-risk and justice connected youth and mitigate risks factors, including mental illness, alcohol and substance abuse and victimization.

Program/Population Areas: Mental Health Services (12), Mentoring, Counseling and Training Programs (13), Substance and Alcohol Abuse (18), Gender Specific (23)

Need Analysis: Indiana youth face many mental health and substance abuse risk factors. Indiana has high rates of trauma related to child maltreatment and dual-status adjudication.

Goal 1: Enhance protective factors and/or mitigate risk factors for at-risk youth to prevent connection to the juvenile justice system.

Objectives:

1. Offer sub-grants for evidence-based programs that serve at-risk youth at the local level.
2. Leverage state's funds to support School Resource Officers and school-based programs.
3. Monitor and share data related to risk factors and behaviors that link to juvenile crime, particularly victimization, substance abuse and weapons charges.

Goal 2: Address the growing need for youth-centered alcohol and substance abuse prevention and intervention programs.

Objectives:

1. Engage with the Indiana Commission to Combat Drug Abuse on the connection between youth substance abuse and juvenile justice.
2. Expand training on and use of evidence based models for youth substance abuse.
3. Offer sub-grants for evidence-based programming.

Goal 3: Strengthen the availability and quality of mental health screening, treatment and aftercare support for juvenile justice youth.

Objectives:

1. Identify training needs to increase juvenile justice staff and stakeholders' understanding of the impacts of trauma and mental illness on youth behavior and rehabilitation.
2. Offer sub-grants to support programs that address screening, treatment and discharge needs of youth in custody.

Priority 4: Improve service provision and outcomes for dual status youth involved in both the child welfare and juvenile justice systems.

Program/Population Areas: Compliance Monitoring (19), System Improvement (27), Planning and Administration (28)

Need Analysis: Indiana’s data indicates that there is a large, but untracked, number of dual-status youth. These youth are more likely to have experienced trauma, which may result in behavior and wellness issues. In addition, they face delays, overlaps and conflicts related to case planning, placement, case management and outcomes.

Goal 1: Identify and track dual status youth consistently.

Objectives:

1. Enter into a data-sharing MOU with the DCS and the OCS to identify dual status youth.
2. Update the Quest system to document CHINS status of all youth in secure detention.

Goal 2: Promote positive youth development, mental health treatment and trauma interventions to support the unique needs of dual-status youth.

Objectives:

1. Offer Title II sub-grants to support programs for dual status and at-risk youth.
2. Identify cross-training needs and promote needed professional development.

Goal 3: Ensure juvenile justice needs and efforts are thoroughly represented and incorporated in to state planning for dual status youth.

Objectives:

1. Serve on the Juvenile Justice and Cross-System Youth Taskforce.
2. Engage DCS on the SAG and support JJ training for child welfare staff.

Priority 5: Expand pathways to restorative justice and positive behavior support that allow youth to remain in their own homes, schools and communities.

Program Areas: Mentoring, Counseling and Training Programs (12), Diversion (22), Rural Area Juvenile Programs (30)

Need Analysis: Many youth lack key protective factors and positive relationships with caring adults, putting them at increased risk of delinquency and risky behaviors.

Goal 1: Increase opportunities for youth to develop one-on-one mentoring relationships with supportive adults.

Objectives:

1. Promote evidence-based programming, including mentoring, vocational/technical training, and counseling that enhance protective factors and/or mitigate risk factors for at-risk youth.
2. Work with state partners to promote the need for and importance of mentors in young people's lives.
3. Support community implementation of evidence-based programs through sub-grants.

Goal 2: Expand use of diversion programs as an alternative to referrals and court intervention.

Objectives:

1. Collaborate with the Department of Education, public school corporations and charter schools to increase understanding and use of school-based restorative justice models.
2. Integrate findings from the Safe Haven School program with Title II findings where commonality exists.
3. Support implementation of diversion programs, particularly in counties that have not implemented JDAI, through sub-grants and training.

IMPLEMENTATION - ACTIVITIES & SERVICES

PROGRAM AREA PLANS

OJJDP provides states with 32 program/population areas. States are required to address Gender Specific, Rural Area Programs and Mental Health. The remaining program areas are optional. Based on Indiana's juvenile crime analysis and three-year goals, ICJI and the SAG selected the following areas, listed below from highest to lowest priority.

1. *Disproportionate Minority Contact (21)*
2. *Juvenile Justice System Improvement (27)*
3. *Alcohol and Substance Abuse (18)*
4. *Mentoring, Counseling and Training Programs (13)*
5. *Mental Health Services (12)*
6. *Compliance Monitoring (19)*
7. *Rural Area Programs (30)*
8. *Gender Specific Services (23)*
9. *Diversion (22)*
10. *State Advisory Group Allocation (32)*
11. *Planning and Administration (28)*

Disproportionate Minority Contact (21)

Equity in the juvenile justice systems is Indiana's top priority. Currently, 96% of Indiana's minority youth live in a county with DMC. The State DMC coordinator will provide technical assistance, monitor quarterly data and assist in the development of policies and procedures that improve equality.

Activities & Services

- Dedicate a full-time staff person to implement the DMC reduction model.
- Disseminate DMC information to juvenile justice decision makers.
- Analyze existing DMC data to improve understanding of state and county needs.
- Actively participate in system improvement efforts.

Juvenile Justice System Improvement (27)

ICJI identified several key issues that disrupt understanding of and service to youth across the justice and social service spectrum. These issues relate to inconsistent and potentially inappropriate referrals to the courts, data collection and sharing, placement of CHINS in secure facilities, and tracking of dual status youth.

Activities & Services

- Assess referral data and identify issues that need to be addressed.
- Enhance data collection systems by mandating key fields, tracking CHINS status and identifying referral source.
- Facilitate data sharing efforts and consolidate reporting when possible.
- Expand the SAG to represent the state demographically and geographically.

Substance and Alcohol Abuse (18)

Indiana is experiencing an extensive surge of drug abuse and is in the midst of an opioid crisis. Youth are not immune to this crisis; unfortunately, much of the programming, intervention and treatment is focused on adults. Working with juvenile justice providers, the Youth Division will support prevention and intervention efforts at the system and local level.

Activities & Services

- Solicit sub-grant applications for evidence-based programs.
- Support the use of evidence-based drug and alcohol prevention models.
- Collaborate with the ICJI Division of Substance Abuse Services and Local Coordinating Councils on programming, funding alignment and data collection.

Mentoring, Counseling and Training Programs (13)

ICJI and the SAG identified Mentoring, Counseling and Training programs as the top need in Indiana. These programs may support academic tutoring, vocational and technical training, and/or drug and violence prevention efforts.

Activities & Services

- Promote the need for and impact of adult mentors on the lives of young people.
- Collaborate with the Indiana Mentoring Partnership on data and technical assistance.
- Offer sub-grants to support local mentoring, counseling and/or training programs.

Mental Health Services (12)

Hoosier youth report above-average rates of depression and anxiety. Mental health issues can interfere with decision-making and behavior, which increases the risk of criminal activity. Youth in custody face additional stressors, but often have limited mental healthcare options.

Activities & Services

- Solicit applications for mental health services for youth in custody.
- Promote understanding and incorporation of mental health needs at all juvenile justice decision points to ensure appropriate intervention and care.
- Support statewide efforts to train and implement the Think Trauma Toolkit™
- Support the use of the MAYSI-2™ mental health screening.

Compliance Monitoring (19)

Indiana meets compliance standards for sight and sound separation, jail removal, and deinstitutionalization of status offenders. ICJI will monitor the 19 secure detention facilities for continued compliance. ICJI accepts responsibility to report all violations. ICJI's Youth Compliance Monitor will work with facilities to implement corrective action plans as needed.

Activities & Services

- Perform on-site planned and unexpected facility inspections.
- Identify, verify, and report violations through the Quest data system.
- Develop and implement corrective action plans as needed.
- Prepare and submit the compliance monitoring report to OJJDP annually
- Assess the status of non-secure facilities annual.

Rural Area Juvenile Programs (30)

Rural counties often have limited local resources for juvenile justice prevention, diversion and detention. Indiana has 43 rural counties as designated by the U.S. Census Bureau.

Activities & Services

- Ensure rural representation on SAG, in site-visit selection and when examining data.
- Solicit applications for programs serving at-risk youth in rural counties.
- Create and implement a rural outreach and communication plan.

Gender-Specific Services (23)

Juvenile justice programs must address difference in the needs of male and female youth. ICJI will offer sub-grants to support gender-specific programming, especially to address the needs of female youth connected to the justice system.

- Solicit applications for gender specific prevention and intervention programs.
- Continue to analysis and share delinquency trends by gender.
- Promote awareness of gender specific developmental and service needs.

Diversion (22)

Diversion programs offer resolution to justice issues without court involvement. ICJI will work with local governments and schools to support prevention programs and alternatives to referral when appropriate.

Activities & Services

- Solicit applications for alternatives to court involvement in non-JDAI counties.
- Promote evidence-based best and promising practices.
- Serve on the state JDAI Steering Committee and Grant Advisory Board.

Planning and Administration (28)

Indiana law (IC 5-2-6-3) authorizes ICJI to administer JJDPA. ICJI employs four full-time juvenile justice staff. ICJI coordinates both the SAG and the Board of Trustees' Youth Subcommittee. Planning and Administration funds a portion of staff salaries, as well as some training and travel expenses. Federal law limits P&A to 10% of states' total allocation. The state provides a 100% match to all P&A funds.

Activities & Services

- Offer sub-grants for all funded program/population areas.
- Provide technical assistance to sub-grantees, local officials and other stakeholders.
- Monitor sub-grantees to ensure project implementation.
- Submit compliance reports, budget and programmatic updates and other required documents.

State Advisory Group Allocation (32)

Federal law requires that states maintain a SAG. The governor (or his designee) appoints SAG members. The SAG assists in identifying juvenile justice priorities and implementing the three-

year plan. The SAG funds cover meeting, training, technical assistance and other group expenses.

Activities & Services

- Serve as subject-matter experts to ICJI, stakeholders and sub-grantees.
- Identify annual priorities and assist with implementation of the three-year plan.
- Gather and share local needs, and best and promising practices information.
- Host quarterly public meetings and sub-committee sessions as needed.

CONSULTATION & PARTICIPATION OF LOCAL UNITS OF GOVERNMENT

ICJI coordinates juvenile justice planning under the guidance of the SAG and the Youth Subcommittee of the Board of Trustees. Both groups have representation from local government including circuit judges, local law enforcement, prosecutors' offices and elected officials. All meetings and subcommittees of the SAG and the Board of Trustees are subject to Indiana's Open Door Law (IC 5-14-1.5, *et seq*). Notices are formally published and public comments are allowed in accordance with Indiana law.

In addition, ICJI actively supports local implementation of juvenile justice efforts. ICJI supports JDAI and juvenile community corrections implementation, both of which rely on input and action by local government. In addition, ICJI routinely works with local stakeholder groups, such as the Juvenile Justice Improvement Committee, to understand local context and community needs. ICJI also supports school-based prevention and intervention via the Indiana Safe School Fund and related programs.

COLLECTION & SHARING OF JUVENILE JUSTICE INFORMATION

ICJI's Research Division serves as the state's Statistical Analysis Center and oversees the collection and analysis of crime data. The Research Division is responsible for obtaining and compiling juvenile justice information and data from across state agencies and other sources. The division also works on special projects, such as the upcoming in-depth study of referral data and county-level DMC assessments. This allows ICJI to thoroughly and accurately understand trends, emerging issues and deviations from national patterns.

Gathering Juvenile Justice Data

The Research Division gathers data from the following sources:

- Centers for Disease Control,
- Indiana Office of Court Technology,
- Indiana Prevention and Resource Center,
- Indiana Prosecuting Attorneys' Council,
- Indiana Youth Institute,
- KIDS COUNT™ Data Center, and
- United States Census Bureau.

Over the last three years, the Office of Court Technologies partnered with ICJI on a statewide effort to better monitor juvenile-justice system utilization, youth risk factors, and outcomes.

First, the INcite system serves as a centralized web-based application that manages several different state databases, including the DMC database and the Indiana Risk Assessment System that houses MAYSI-2 assessment data. Further, the Office of Court Technologies provided data for all justice-involved youth that helped with the majority of the analysis for this plan.

Several other state agencies provided data for this three-year plan. The Indiana Prosecuting Attorney's Council regularly provides data on juveniles waived to adult court. The Indiana Prevention Resource Center provides data via their website on substance use, mental health, and other measures for Indiana youth in grades 6 through 12. The Indiana Youth Institute manages the KIDS COUNT data for the Annie E. Casey Foundation. Other data accessed for this plan included the CDC's Youth Risk Behavior Surveillance System, a biennial survey to youth nationwide on risk behaviors. Finally, the U.S. Census Bureau provided population and metropolitan statistical area data.

Data Barriers

Indiana has strong and robust data available related to juvenile crime. Despite the availability of juvenile crime data, ICJI has identified five data barriers while drafting this plan.

- Arrest Info – Juvenile Arrest information is not consistently reported across the state. ICJI will work with the offices of Court Services and Court Technologies on this issue.
- Referral Source – Juvenile justice referral source is not formally or consistently tracked at the state or county level. This makes it difficult to assess the appropriateness of referrals and to identify where and how to target technical assistance.
- Substance Abuse and Mental Health Information– Substance abuse and mental health concerns top Indiana's priorities, although, much of the data, including the MAYSI-2, is self-reported and subjective. Further, substance abuse and mental health records are protected health information under Health Insurance Portability and Accountability Act. Agencies safeguard this information per federal law, making data collection and analysis about presenting mental health and substance abuse issues and treatment difficult. As a result, it is hard to quantify the true needs of youth in these areas.

- Data Collection – Inconsistencies exist in data entry across agencies that collect data on justice-involved youth at the county level. For example, prior to 2017 only half of all counties reported juvenile offenses making it difficult to assess the statewide change in juvenile crime.

FORMULA GRANT PROGRAM STAFF

The following ICJI staff members support Title II administration, implementation and monitoring.

EMPLOYEE	POSITION	FUNDING SOURCE	STATE MATCH	% TITLE II
Devon McDonald	Executive Director	State and Federal	0%	10%
Jade Palin	Chief of Staff	State and Federal	0%	10%
Natalie Huffman	General Counsel	State and Federal	0%	10%
Sandra Warren	Regulatory Monitor	State and Federal	0%	10%
Michael Ross	Behavioral Health and Youth Division Director	State and Federal	50%	50%
Adam Winkler	Youth Grant Manager	State and Federal	50%	50%
Manpreet Kaur	State RED Coordinator	Title II	0%	100%
Renee White	Youth Compliance Monitor	Title II	0%	100%
Megan Brandt	Research Staff	State and Federal	0%	15%
Madison Shoemaker	Juvenile Justice and Recovery Specialist	State and Federal	50%	50%
Wade Stallings Robin Degner	Accounting CFO	State and Federal	0%	5%

PROGRAMS ADMINISTERED BY THE BEHAVIORAL HEALTH DIVISION

The Behavioral Health Division of ICJI administers the following other programs:

Prison Rape Elimination Act (Juvenile Allocation): A set-aside of the Title II allocation to support PREA compliance. ICJI passes on PREA funds to DOC for implementation.

School Safe Haven Program: 100% state funded by the Indiana Safe Schools Fund.

Grants provide matching funds to public school corporations and charter schools to support School Resource Officers and evidence-based programs.

Drug Free Communities: 100% state funded—since 1989—by the Indiana Drug Free

Communities fund. Provides funds to Local Coordinating Councils through local

counter-measure fees. These funds are non-reverting and 75% must be used at a 25%

(minimum split) for the following categories: (1) Prevention/Education, (2)

Treatment/Intervention, (3) Justice Services/Supports.

BEHAVIORAL HEALTH DIVISION – JUVENILE JUSTICE STAFF

Michael Paul Ross, MSW, LCSW – Behavioral Health Division Director

The Behavioral Health Division Director facilitates state-level juvenile justice and drug free community planning, policy development, and administration of juvenile justice and drug free community funds. The Division Director supervises all Behavioral Health Division staff, while interfacing with other Executive Team members and heads of agencies/programs. The Division Director oversees the review of all sub-grant application, proposals and funding recommendations. The Division Director supports the Juvenile Justice Specialist in their interactions and maintenance of the SAG and efforts to work with JDAI and other key stakeholders. The Behavioral Health Division Director works with ICJI Board of Trustees' Youth Subcommittee and represents the agency on related taskforces and committees. This position is 50% dedicated to juvenile justice efforts, with 40% dedicated to federal Title II, 40% dedicated to DFC, 20% dedicated to state Safe Haven Schools and other tasks.

Manpreet Kaur, State DMC Coordinator

The State DMC Coordinator facilitates efforts to address and reduce the overrepresentation of minority youth in the juvenile justice system. Duties include promoting inclusion of DMC goals into state planning and projects, monitoring DMC data and writing the annual DMC report. The DMC coordinator works closely with stakeholders to identify training and technical assistance needs. The DMC coordinator facilitates workshops and trainings, and represents ICJI on DMC workgroups. This position is 100% dedicated to and funded by Title II program dollars.

Madison Shoemaker, Juvenile Justice and Recovery Specialist

Work with the Division Director to train and oversee the SAG membership in their roles and functions. Assists with planning and development of methods and procedures for implementing trainings related to Juvenile Justice. Develops and/or sustains communication networks among all relevant segments of the community for the promotion of Title II knowledge and efforts. Represent ICJI locally and statewide through attendance at meetings, approved public presentations and correspondence. The individual prepares the state's annual Title II application, and assists with reporting. This position is 50% dedicated to and funded by Title II program dollars.

Adam Winkler, Grant Manager

The Grant Manager (GM) administers all juvenile justice sub-grants and works closely with regulatory affairs to ensure legal compliance. The GM prepares sub-grant solicitations, applications, and award packets. The GM oversees sub-grantee reporting and provides technical assistance to applicants, sub-grantees and stakeholders.

The GM makes funding recommendations to ICJI leadership. The position assists with development of the three-year plan and annual updates, and completes other duties as assigned. The GM is 100% dedicated to juvenile justice efforts, with 50% dedicated to federal Title II, 40% dedicated to state Safe Haven Schools, and 10% dedicated to Drug Free Communities.

Renee White, Youth Compliance Monitor

The Youth Compliance Monitor (YCM) assesses secure detention facilities for compliance with federal juvenile protection laws. The YCM's duties include providing technical assistance and conducting scheduled and random monitoring visits. The position analyzes compliance data, monitors violation reports, and submits the state's annual compliance report. The YCM oversees Title II sub-grantee monitoring in collaboration with Youth Grant Manager. The YCM handles other duties as assigned. This position is 100% dedicated to and funded by Title II program dollars.

REFERENCES

- ⁱ Stats Indiana: retrieved from <http://www.stats.indiana.edu/sip/population.aspx?page=pop&ct=S18>
- ⁱⁱ US Census Bureau: <http://quickfacts.census.gov/qfd/states/18000.html>
- ⁱⁱⁱ Kids Count Data Center Website: <http://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=16&loct=2#detailed/2/16/false/36,868,867,133,38/66,67,68,69,70,71,12,72/423,424>
- ^{iv} Kids Count Data Center Website: <http://datacenter.kidscount.org/data/tables/106-children-in-single-parent-families?loc=16&loct=2#detailed/2/16/false/870,573,869,36,868/any/429,430>
- ^v Kids Count Data Center Website: <http://datacenter.kidscount.org/data/tables/108-children-in-the-care-of-grandparents#detailed/2/16/false/870,573,869,36,868/any/433,434>
- ^{vi} The Status of Working Families in Indiana, 2012, Indiana Institute for Working Families. 2013 <http://www.incap.org/documents/iwif/2013/Status%202012%20Final.pdf>
- ^{vii} U.S. Census Bureau website: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_S1701&prodType=table
- ^{viii} Kids Count Data Center Website: <http://datacenter.kidscount.org/data/tables/5187-public-school-students-receiving-free-or-reduced-price-lunches?loc=16&loct=2#detailed/2/any/false/573,869,36,868,867/1279,1280,1281/13762,11655>
- ^{ix} <http://www.iyi.org/resources/pdf/KC-DATA-BOOK-IYI-2011.pdf>
- ^x Ibid <http://datacenter.kidscount.org/data/tables/7-births-to-unmarried-women?loc=1&loct=1#detailed/1/any/false/868,867,133,38,35/any/257,258>
- ^{xi} Kids Count Data Center Website: <http://datacenter.kidscount.org/data/tables/7805-substantiated-abuse-and-neglect-cases-by-type#detailed/2/any/false/573,869,36,868,867/2581,4092,4093/15068,15069>
- ^{xii} Centers for Disease Control, Web-based Injury Statistics Query and Reporting System (WISQARS), accessed at <https://webappa.cdc.gov>
- ^{xiii} Kids Count Data Center Website <http://datacenter.kidscount.org/data/tables/1131-child-abuse-and-neglect-deaths?loc=16&loct=2#detailed/2/any/false/868,867,133,38,35/any/2469>
- ^{xiv} Kids Count Data Center Website <http://datacenter.kidscount.org/data/tables/1102-public-high-school-graduates-4-year-cohort-graduation-rate?loc=16&loct=2#detailed/2/any/false/869,36,868,867,133/any/13769,11004>
- ^{xv} Kids Count Data Center Website <http://datacenter.kidscount.org/data/tables/1102-public-high-school-graduates-4-year-cohort-graduation-rate?loc=16&loct=2#detailed/2/any/false/869,36,868,867,133/any/13769,11004>
- ^{xvi} Retrieved from <https://www.cdc.gov/healthyouth/data/yrbs/index.htm>
- ^{xvii} For more information, go to <https://inys.indiana.edu/>
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- ⁱ Stats Indiana: retrieved from <http://www.stats.indiana.edu/sip/population.aspx?page=pop&ct=S18>
- ⁱⁱ U.S. Census Bureau website:retrieved from: https://data.census.gov/cedsci/table?g=0400000US18&tid=ACSDT5Y2018.B01001I&y=2018&t=Race%20and%20Ethnicity&vintage=2018&hidePreview=false&cid=B01001A_001E&moe=false
- ⁱⁱⁱ Kids Count Data Center Website: <http://datacenter.kidscount.org/data/tables/108-children-in-the-care-of-grandparents#detailed/2/16/false/870,573,869,36,868/any/433,434>
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- ^v The National Survey of Children’s Health Website: <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>
- ^{vi} The Status of Working Families in Indiana, 2012, Indiana Institute for Working Families. 2013 <http://www.incap.org/documents/iwif/2013/Status%202012%20Final.pdf>
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- ^{xvi} Indiana Schools Bullying, Safety Staffing, and Arrests Report, August 2019. Retrieved from <http://iga.in.gov/static-documents/a/f/5/1/af51efdc/2019-in-school-bullying-and-safety-staffing-report.pdf>