

Paths to Better Futures
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Juvenile Justice and Equitable Outcomes
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INSTITUTE *for the* ADVANCEMENT
of the AMERICAN LEGAL SYSTEM



About 74 million children live in the United States

22.1% of the population.

They are increasingly diverse. In 1990, 69 percent of kids in America were white. By 2017, that figure was 53 percent.

Some 18 million children are immigrants or have an immigrant parent. Since 1990, the share of children with at least one immigrant parent has doubled from 13 to 26 percent.

Source: Annie E. Casey Foundation, *2019 Kids Count Data Book*

States vary in the growth of their child populations

The number of children peaked in 2009 at 74.1 million and declined slightly since then to 73.7 million in 2017.

Texas (which added 2.5 million kids), Florida (1.2 million) and California (1.1 million) accounted for half the total growth in the number of kids since 1990.

Every state but four in the South and West saw its child population grow; most states in the Northeast and four states in the Midwest saw theirs decrease.

Source: Annie E. Casey Foundation, *2019 Kids Count Data Book*

Every state has a greater percentage of children of color than three decades ago



Since 1990, California and New Mexico have become states where the majority of children are Latino. Texas will soon follow.

In 1990, Latino kids were only 1 percent of children in Alabama, Arkansas, North Carolina, South Carolina and Tennessee. By 2017, the percentages ranged from 8 percent (Alabama) to 16 percent (North Carolina).

In 1990, Asian and Pacific Islander kids were at least 5 percent of children in California, Hawaii (where they have long been the majority) and Washington. Since then, 12 more states have joined the list.

The percentages of African American and Native American kids nationwide held steady at 15% and 1%, respectively.

Source: Annie E. Casey Foundation, *2019 Kids Count Data Book*

There are encouraging trends in some measures of well-being.

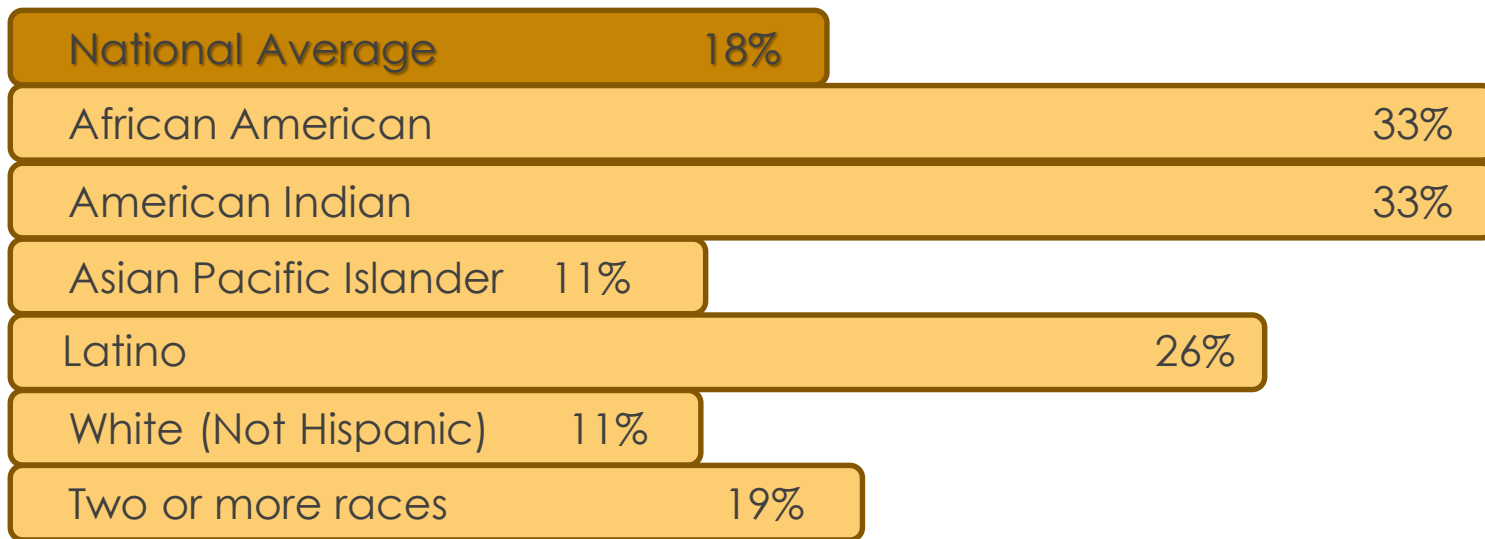


- Children living in poverty (13.4M) declined from 22% in 2010 to 17% in 2017.
- Those without health insurance (3.9M) declined from 8% in 2010 to 5% in 2017.
- Teens who abused alcohol or drugs (1M) declined from 5% in 2015-16 to 4% in 2016-17.
- Children living in single-parent families (24M) remained at 34% in 2010 and 2017.

Source: Annie E. Casey Foundation, *2019 Kids Count Data Book*

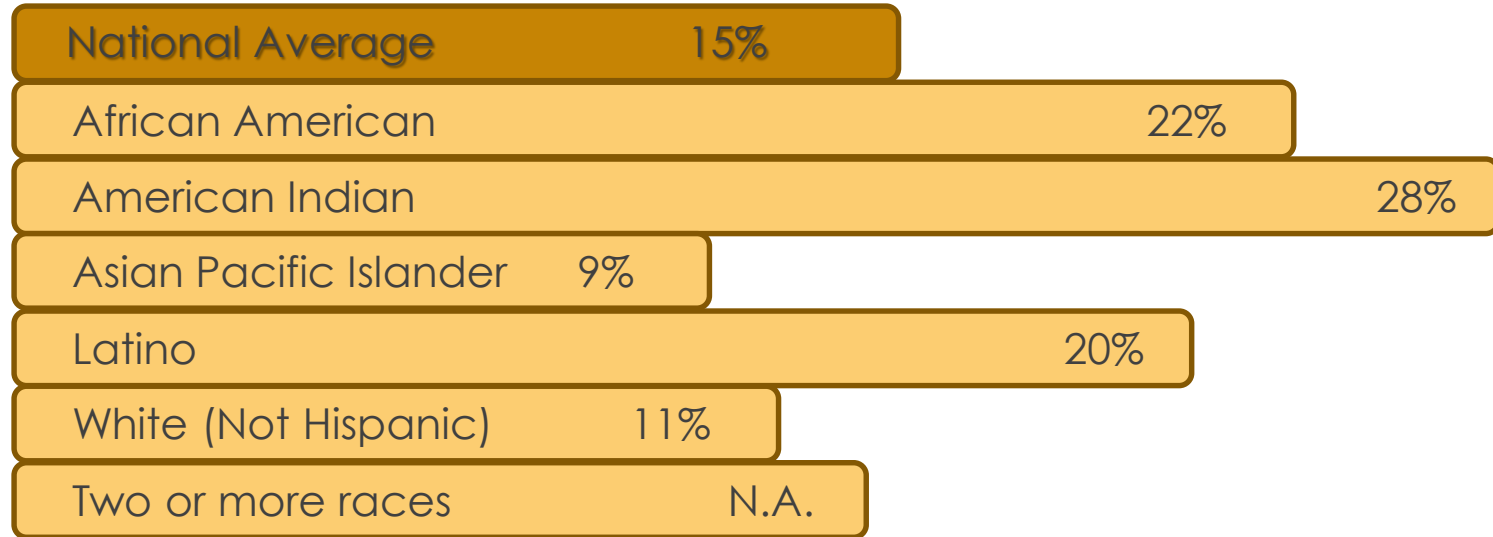
Racial inequities persist across many measures of well-being

- Children in Poverty -



Source: Annie E. Casey Foundation, 2019 Kids Count Data Book

High school students not graduating on time



Source: Annie E. Casey Foundation, *2019 Kids Count Data Book*

Children in single-parent families

National Average	34%
African American	65%
American Indian	54%
Asian Pacific Islander	15%
Latino	41%
White (Not Hispanic)	24%
Two or more races	41%

In 2017, 31 percent of single-parent families had incomes below the poverty line, compared with 7 percent of married couples with children.

Growing up in single-parent families increases the likelihood of children dropping out of school, not being in the labor market, and becoming teen parents.

Source: Annie E. Casey Foundation, *2019 Kids Count Data Book*

Teens who abuse alcohol or drugs

National Average	4%
African American	3%
American Indian	5%
Asian Pacific Islander	2%
Latino	4%
White (Not Hispanic)	4%
Two or more races	5%

Source: Annie E. Casey Foundation, *2019 Kids Count Data Book*

National data mask great regional and state variation in children well-being

The child poverty rate for 2017 ranged from a low of 10 percent in New Hampshire to a high of 28 percent in Louisiana. In Puerto Rico, 58 percent of children lived in poverty.

The 2016–17 school year, among states, the percentage of students not graduating from high school in four years ranged from 9 percent in Iowa to 29 percent in New Mexico.

Among states, the percentage of children living in single-parent families in 2017 ranged from 19 percent in Utah to 46 percent in Mississippi. Puerto Rico (62 percent) and the District of Columbia (51 percent) had the highest rates.

Source: Annie E. Casey Foundation, *2019 Kids Count Data Book*

Some favorable trends also exist in juvenile justice



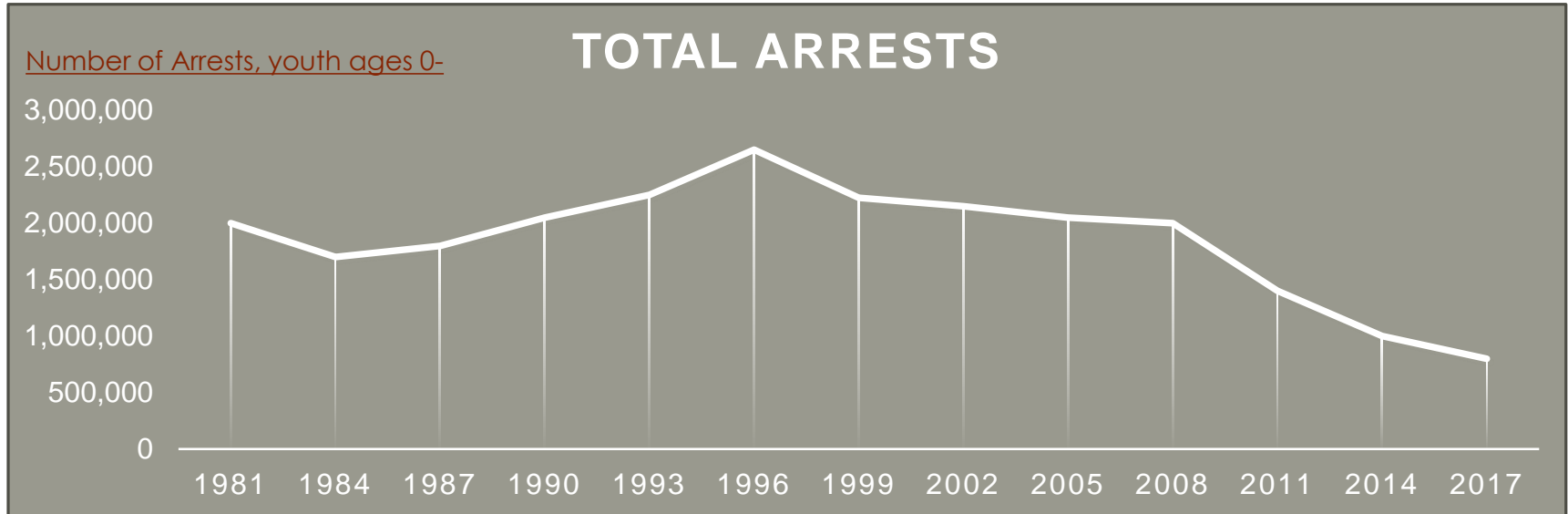
National rates of juvenile incarceration have decreased since 2001.

These trends resulted from efforts to reduce juvenile arrests and policy reforms to reduce adult prison admissions and lengths of sentences in a handful of states.

Juvenile drug arrest rates have consistently dropped since 2010.

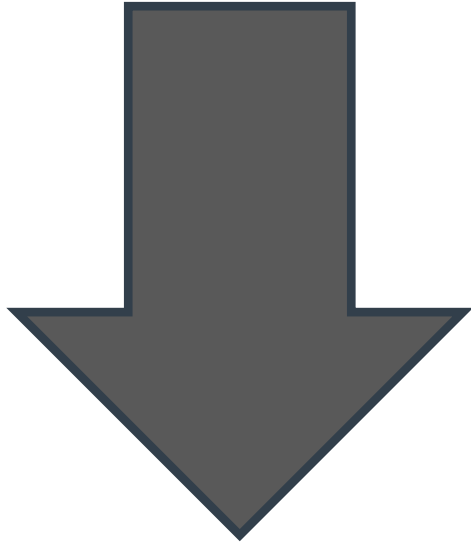
Source: Georgetown Center on Poverty and Inequality/Mental Health America, *Reimagining Behavioral Health: A New Vision for Whole-Family, Whole-Community Behavioral Health* (2019) ("Reimagining Behavioral Health").

Juvenile Arrests



Source: Charles Puzzanchera, *Juvenile Arrests, 2017*, U.S. Dept. of Justice, OJJDP National Report Series Bulletin, August 2019

Arizona has seen similar trends

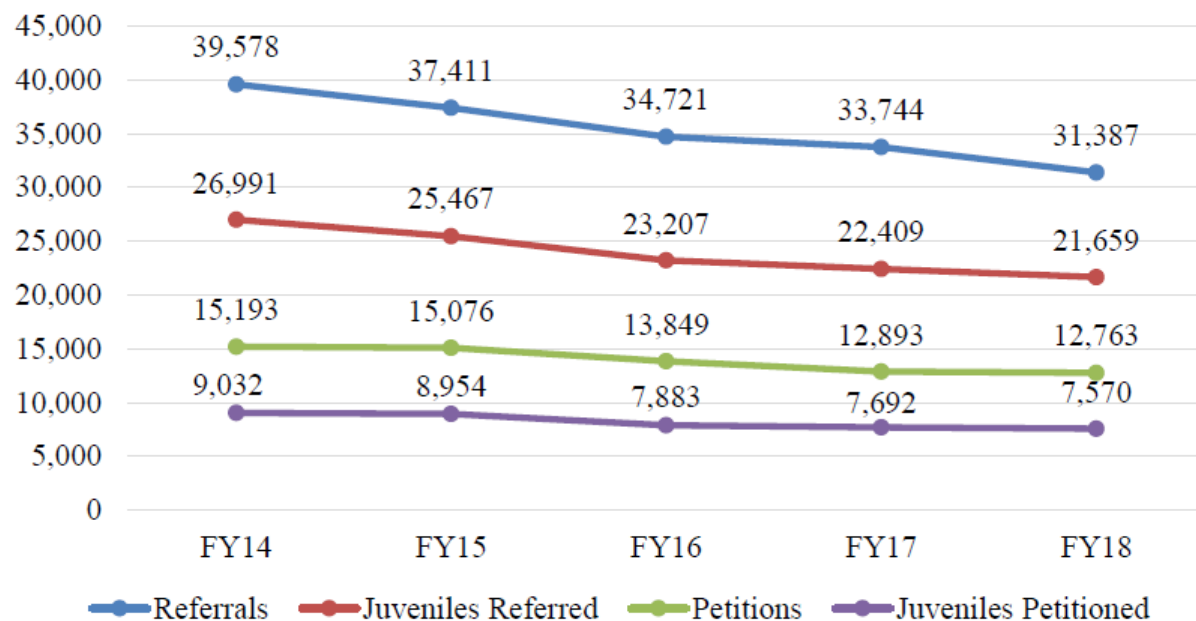


Since FY2014, there have been steady declines in:

- ⑩ The number of referrals
- ⑩ The number of petitions
- ⑩ The number of juveniles placed on probation
- ⑩ The number of juveniles held in ADJC custody

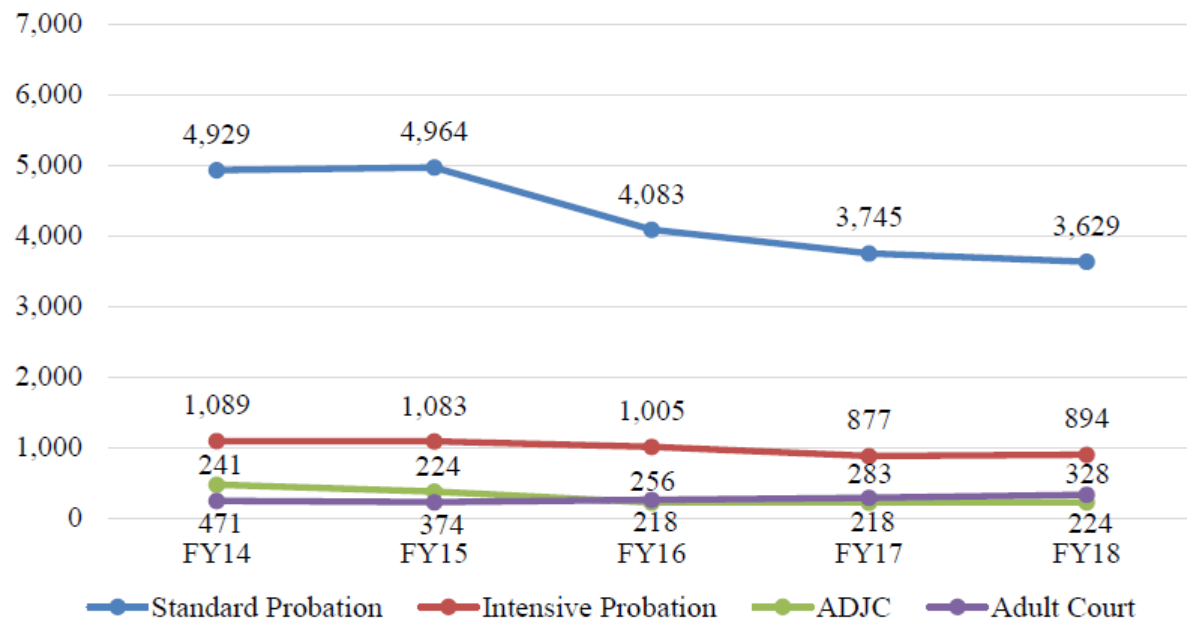
Source: Arizona Supreme Court, Juvenile Justice Services Division, *Arizona's Juvenile Court Counts: Statewide Statistical Information FY2018*

Referrals, Petitions Filed & Juveniles Referred and Petitions Fiscal Years 2014 – 2018



Source: Arizona's Juvenile Court Counts
FY2018

Juveniles Disposed to Probation, Intensive Probation, ADJC & Adult Court Fiscal Years 2014 – 2018



Source: Arizona's Juvenile Court Counts
FY2018

Minority Youth Face Disparate Impacts in the Juvenile Justice System

As measured by the Relative Rate Index (RRI), minority youth are:

- ✦ More likely to be referred to a juvenile court
- ✦ Less likely to receive diversion from formal prosecution
- ✦ More likely to be detained
- ✦ More likely to be petitioned
- ✦ More likely to be charged as an adult

Source: Puzzanchera, C. and Hockenberry, S., *National Disproportionate Minority Contact Databook (2017)*.
Prepared by the National Center for Juvenile Justice for the Office of Juvenile Justice and Delinquency Prevention
and available at: www.ojjdp.gov/ojstatbb/dmcd/b

Juvenile arrests disproportionately involved black youth

- ✦ In 2017, the U.S. population ages 10–17 was 75% white, 16% black, 6% Asian/Pacific Islander, and 2% American Indian.
- ✦ More than half (52%) of all juvenile arrests for violent crimes in 2017 involved black youth, 45% involved white youth, 1% involved American Indian youth, and 1% involved Asian youth.
- ✦ For Property Crime Index arrests, the proportions were 56% white youth, 40% black youth, 2% Asian youth, and 2% American Indian youth.

Source: Charles Puzzanchera, *Juvenile Arrests, 2017*, U.S. Dept. of Justice, OJJDP National Report Series Bulletin, August 2019

Black proportion of juvenile arrests in 2017

Violent crime	52%
Murder	61
Robbery	67
Aggravated assault	42
Simple assault	39
Property Crime Index	40
Burglary	41
Larceny-theft	39
Motor vehicle theft	52
Vandalism	28
Weapons	44
Drug abuse violation	22
Liquor law violation	6

*includes murder, robbery, and aggravated assault

Source: Bureau of Justice Statistics and the National Center for Juvenile Justice

Arizona minority youth are also overrepresented in the juvenile justice system

- ✦ African American juveniles were referred at 3.7 times the rate of white youth and Native Americans were referred at 1.8 times the rate of white youth.
- ✦ About 1 in 5 referrals result in detention. All minority groups showed some overrepresentation at this stage, except for Asians. Native American youth were detained for a referral at 2.5 times the rate of white juveniles.
- ✦ At the petition stage, the RRI's are slightly higher than 1. Native Americans had the greatest disparity at this stage.

Source: Commission on Minorities, Arizona Supreme Court, *Equitable Treatment of Minority Youth: Sixth Statewide Report Card* (2018)

Charging Children as Adults

Charging children in adult court continues to be the decision point with the greatest disparities.

African American youth were direct filed at almost 5 times the rate as white youth.

Hispanic youth were direct filed at over 3 times the rate as white youth.



Most petitions, about 67%, result in adjudication of guilt.

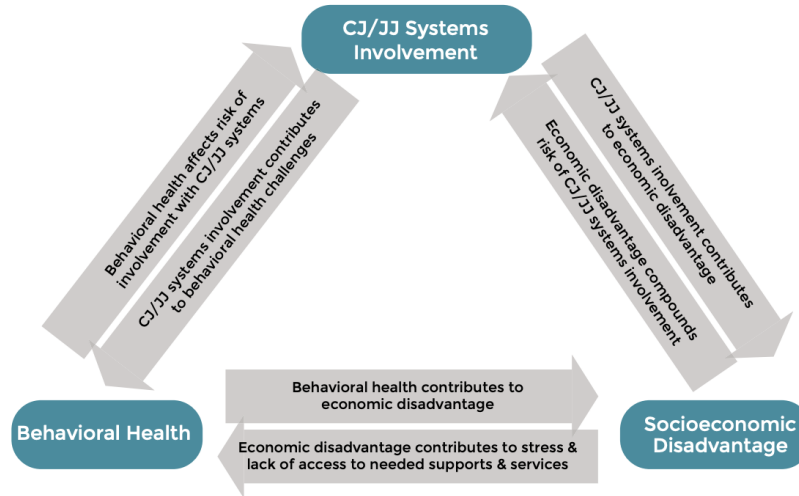
RRIs at adjudication did not indicate over- or under-representation for minorities, except for Asian youth who had an RRI of 1.3.

Source: Commission on Minorities, Arizona Supreme Court, *Equitable Treatment of Minority Youth: Sixth Statewide Report Card* (2018)

Inequality connects to behavioral health and the juvenile justice system

FIGURE 6a. Socioeconomic disadvantage contributes to behavioral health challenges & CJ/JJ systems interaction

Relationship between CJ/JJ systems involvement, socioeconomic disadvantage, & behavioral health

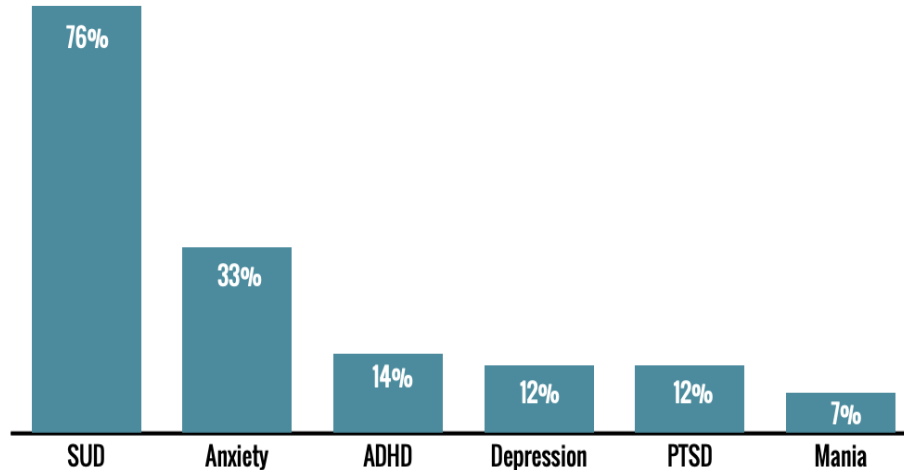


Note: CJ stands for Criminal Justice; JJ stands for Juvenile Justice.

Source: Georgetown Center on Poverty and Inequality & Mental Health America, 2019.

FIGURE 6e. Youth who are incarcerated have high rates of substance use disorders & mental health conditions

Behavioral health condition rates among incarcerated youth who committed the serious offenses in Philadelphia, PA & Phoenix, AZ, 2003-2010



Note: SUD stands for Substance Use Disorder; ADHD stands for Attention Deficit and Hyperactivity Disorder; & PTSD stands for Post-traumatic Stress Disorder.

Source: Georgetown Center on Poverty and Inequality & Mental Health America, 2019. Data from Schubert, Carol A., Edward P. Mulvey, and Cristie Glasheen. "Influence of Mental Health and Substance Use Problems and Criminogenic Risk on Outcomes in Serious Juvenile Offenders." *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(9): 925-937, 1 September 2011. Available at <https://doi.org/10.1016/j.jaac.2011.06.006>.

Health Challenges in Juvenile Justice

- ✦ Youths in the justice system who have committed serious crimes have much higher rates of behavioral health conditions than the general population.
- ✦ Up to 70 percent of those youths are estimated to face at least one behavioral health condition; at least 39 percent face more than one.
- ✦ Suicide rates for incarcerated youths are two to three times higher than the general youth population, and even higher for youth in solitary confinement.
- ✦ Incarcerated youths are 10 times more likely to face psychosis.
- ✦ The risk of developing behavioral health conditions increases the longer one has been in the system.
- ✦ African American and Latino youths are less likely to receive treatment.

Source: *Reimagining Behavioral Health*

Trauma is an underlying issue for many children in the juvenile justice system

Many involved in the criminal or juvenile justice systems have themselves been victims.



Data from Florida found that each additional adverse childhood experience (ACE) was associated with an increased risk of the juvenile being involved with a serious or violent crime or chronically offending by more than 35 percent.



Interaction with the juvenile justice may contribute to further trauma.

Source: *Reimagining Behavioral Health*

Detained youths may face higher mortality

A study from Cook County found that juveniles who have been detained have significantly higher mortality rates than the general population.

Females and Hispanics had significantly higher mortality rates.

Minorities had higher death by homicide rates.

Post-detention risk factors include drug dealing, alcohol use disorder, and gang membership.

Source: Linda A. Teplin, et al., *Firearm Homicide and Other Causes of Death in Delinquents: A 16-Year Prospective Study*, Pediatrics, July 2014

Incarceration poses even higher health risks for some youths



The diagram features a light pink horizontal bar with a large arrow pointing to the right. Two dark gray rounded rectangular boxes are positioned on top of this bar. The first box on the left contains the text 'Youths with developmental or intellectual disabilities'. The second box on the right contains the text 'Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals'.

Youths with developmental or intellectual disabilities

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals

Source: *Reimagining Behavioral Health*

Unmet treatment needs fuel the prison pipeline

- ✦ Justice-involved youth have substance use disorders (SUDs) at rates at least twice as high as the general population.
- ✦ The number of youth needing treatment (more than 800,000) far exceeds available treatment slots.
- ✦ Nearly 30% of the almost 2 million incarcerated adults were arrested as juveniles, and 84% report involvement with substances.

Source: Alwyn T. Cohall, *"Falling through the Cracks": Young Adults, Drugs, and Incarceration*, AJPH Editorial, June 2016

School discipline can funnel children to the juvenile justice system

- ✦ Students who face a suspension or expulsion are almost three times as likely to interact with the juvenile justice system in the next year.
- ✦ Students facing behavioral health conditions are disproportionately punished through suspension or expulsion compared to their relative share of the student population.
- ✦ Black girls are 2.6 times more likely to be referred to law enforcement and almost four times more likely to be arrested compared to white girls.
- ✦ In recent years, out-of-school suspensions have declined overall; however, African American students and students with disabilities are still disproportionately likely to receive such punishments.

Source: *Reimagining Behavioral Health*

Identifying paths to better futures

- ✦ Preventative interventions for young children through primary care and health care providers
- ✦ Training programs for law enforcement, school employees, and court staff
- ✦ Avoiding punitive school disciplinary practices with disparate impacts
- ✦ Use of standardized assessments tool to guide detention decisions
- ✦ Adoption of “Kids at Hope” philosophy
- ✦ Collaboration with other agencies, particularly for “cross-over” youth involved in dependency and delinquency proceedings
- ✦ County-level adoption of Juvenile Detention Alternatives Initiative

Behavioral Health Measures

- ✦ Implement SIM models for juvenile justice stakeholders.
- ✦ Increase funding for behavioral health services.
- ✦ Expand behavioral health Interventions in School-Based Health Centers (SBHCs).
- ✦ Adopt school-based wholistic approaches to identify and meet needs for behavioral health services.
- ✦ Expand legal assistance to help ensure services – e.g. Georgetown Law School partnership with Georgetown University Medical Center.
- ✦ Provide needs assessment and continuity of services for youths who interact with juvenile justice system.

Source: *Reimagining Behavioral Health*

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